Health Issues Related to Bullying: A Reassessment

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Abstract

The main reason why most people are concerned about bullying is because they think it is harmful to the health of many vulnerable persons. If they are right, the anti-bullying movement is most clearly vindicated. The trouble is that claims that bullying is the cause of a great deal of avoidable personal suffering and ill health are often highly subjective and based loosely on selected anecdotal evidence. Hence, as far as possible, we need studies of the relationship between health status and involvement in bully/victim problems that are based upon credible, replicated, empirical investigations. This paper remains a humble attempt at exploring the health related issues in relation to bullying.

KEYWORDS: bullying, psychology, health, positive influence, negative influence

Introduction:

Give them power and someone or something weaker than themselves. Thatseems to be enough to make them torment that someone or something.Have psychiatrists ever investigated this? Have they tried to find out whysomething weak and vulnerable inspires compassion in some people andcruelty in others?

–Ruth Rendell (1998, pp.282–283)

Different views are held on the relationship between involvement in bully/victim problems and health. These may be listed as follows:

i. Essentially there is no relationship. Whilst being bullied may not be pleasant at the time, the effects on a victim's health are generally trivial and not enduring. Further, bullying others is typically the expression of 'normal' aggressiveness and has no significant health implications.
ii. Being bullied may have a positive effect on one's health and well-being in so far as it evokes a positive response to a temporary stressor and commonly has the effect of making a targeted person more resilient. Successfully bullying others adds to one's self-esteem.
iii. Being continually bullied is stressful and typically undermines one's sense of well-being and can impair one's physical health and the effects can be enduring. Bullying others is generally undertaken by people whose mental health is deficient.

A definition of health is warranted before a detailed discussion on the impact of bullying on health of individuals. Defining 'health'In the highly influential definition of health proposed by the World Health Organization (WHO) in 1948, 'health' was conceived as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organization 1986). Such a positive and holistic view

of health is nowadays widely accepted, although it has its critics. For example, Saracci (1997) has suggested that the mission statement of the WHO comes closer to the concept of happiness than health. He argues for a clear distinction between feelings of well-being and conditions of physical health. At the same time, there is evidence of a close association (though not a necessary connection) between states of low psychological well-being and symptoms of poor physical health.We can identify four aspects of health that may be affected by bullying:

i. Psychological well-being, as indicated by self-esteem and happiness.
ii. Social adjustment, as indicated by involvement with others as opposed to being isolated and alienated from one's environment.
iii. Psychological comfort, as opposed to feeling distressed as in suffering from attacks of anxiety and depression.
iv. Physical wellness, as indicated by an absence of physical health complaints.

Research Trends:

Generally researchers in this field have sought to examine whether involvement in bully/victim problems – as a bully or a victim or both – is associated with one or more of the aspects of health indicated above. This research has been conducted for the most part with children in schools. However, in recent years increasingly reports have appeared describing the health of people who have been bullied in the workplace.Health of school children who have been identified, either through self-reports or through observations by others, as bullies or victims at school or as both bullies and victims, has been investigated in detail. In the course of administering the Peer Relations Questionnaire to Australian school children (aged 8 to 18 years) over the past 7 years (Rigby and Slee 1993c), some 31,980 children have responded to the pictorial measure of happiness. They have been asked to indicate 'which face is most like you when you are at school'. The overwhelming majority of children (85% of girls and 77% of boys) have pointed to happy faces. However, a small minority (4% of girls and 7% of boys) have pointed to unhappy faces. Among children categorized as 'victims' (those who reported being victimized at least once a week) the proportions of children who saw themselves as unhappy at school were much higher. he frequently victimized children were more likely to represent themselves as unhappy. The differences are all significant by chi square at the .001 level. The contrasts are most striking for younger children (under 13 years); among girls, frequently victimized children were more than 7 times more likely to see themselves as unhappy; among boys, the ratio was more than 3 to 1.Other cross-sectional surveys using verbal measures of happiness provide support for a connection between peer victimization and happiness with students in both primary and secondary schools: in Ireland (O'Moore&Hillery 1991); in England (Boulton and Underwood 1992); and in Australia (Forero et al. 1999).

One study by Rigby and Slee (1993) does suggest that bullies too tend to be relatively unhappy children. When asked to indicate the facethat best described them at school, they were, like the victims, significantly more likely than others to choose the less happy-looking faces.Although it seems likely that being bullied does reduce the happiness of those targeted, we have to consider the possibility that simply going around looking miserable can actually result in a person being picked on by others, especially by peers

who are lacking in empathy. Similarly, there appears to b no concrete evidence regrding whether bullying others makes one more unhappy or whether being unhappy makes one more likely to bully others. Research trends reveal that the second possibility is true. It may be that the pleasure that comes from dominating others helps to lift the gloom experienced by some bullies and transfer it to their victims.Relatively low levels of self-esteem or self-worth have been reported in a substantial number of studies involving frequently victimized children in different age groups. These have included cross-sectional survey studies conducted with primary school children in England by Boulton & Smith (1994); Callaghan and Joseph (1995) and Mynard& Joseph (1997); in Ireland by O'Moore & Hillery (1991); and in Australia by Rigby &Slee (1993a) and Rigby &Cox (1996).The link between self-esteem and peer victimization among older students has been examined in a number of school-based studies. In Australia Rigby and Slee (1993a) assessed secondary students (N = 877) aged 12 to 18 years using a reliable self-report measure of peer victimization and the Rosenberg (1986) measure of self-esteem. After controlling statistically for the effects of behaving anti-socially and as a bully, being victimized by peers was found to be significantly and independently associated with low self-esteem. This means that we can say that the low self-esteem experienced by children who are often victimized was not due to some of them being anti-social characters. The statistical link between being a victim and having low self-esteem was supported in subsequent studies in England with adolescent schoolgirls by Neary& Joseph (1994) and Stanley &Arora (1998). In this latter study, the authors focused upon one particular aspect of peer victimization generally considered to be more prevalent among girls, namely that of excluding others.In a further study of the relationship between peer victimization and self-esteem, Rigby &Slee (1999b) conducted another study with secondary school students in Australia, this time controlling for the possible effects of social support, psychological introversion and the tendency to disclose one's feelings to others, a factor believed to promote mental health (Larson & Chastain 1990). Low self-esteem remained a significant predictor of peer victimization, and (it could be claimed) was not due to the kinds of children who are often victimizedbeing introverted, with little social support or being inclined to keep things to themselves – although these qualities may have made them more vulnerable to attack and also contributed to them feeling bad about themselves.There are also some indications from longitudinal studies that severe peer victimization can have long-term effects on self-esteem. A study conducted in Scandinavia by Olweus (1992) focused on 15 men aged approximately 23 yearswho had been identified previously, through teacher ratings, peer nominations and peer reports, as being severely victimized at school during their adolescence. After applying appropriate statistical controls, Olweus found that compared with other subjects in the study the men who had been victimized at school had significantly lower scores on Rosenberg's (1986) scale of global self-esteem. This suggests that peer victimization can have serious enduring effects.It is sometimes argued that children bully because they have low self-esteem, and that one way of treating bullies is to encourage them to feel better about themselves. There is little empirical support for this view. O'Moore&Hillery(1991) have provided some evidence that suggests that bullies at school are more 'troublesome' (an aspect of low self-esteem) than others but failed to provide significant support for the view that overall they have lower self-esteem than non-bullies. The bulk of the evidence

suggests that the self-esteem of bullies does not differ significantly from that of others (Olweus 1993; Rigby 1997).

Social Adjustment of Victims:

A number of studies have shown that children who are repeatedly victimised at school, not surprisingly, have an aversion to the school environment. This is evidenced in various ways. Repeatedly victimised children report that they do not like school. At the age of 5 years, according to Kochenderfer& Ladd (1996), children nominated by their peers as being victimized by others are more likely to say that they dislike school. This association has also been reported in relation to older primary and secondary students in Australia (Rigby &Slee 1993).Some studies indicate that victimized students tend to avoid going to school. In their large-scale study of children's health in Western Australia, Zubrick et al. (1997) reported that victimized children were more likely to be absent from school. The figures for absences from school in Australia are higher for children who are frequently victimized. For example, some 19 per cent of boys and 25 per cent of girls who are bullied frequently (at least weekly) report having stayed at home because of bullying; for those who are bullied less frequently, the corresponding figures are 4 per cent and 12 per cent, that is considerably less (Rigby 1997c). This suggests that absenteeism increases as a function of the severity of being victimized by peers.Some longitudinal studies throw further light on cause–effect relationships between social adjustment and peer victimization. Long-term effects on social adjustment have been suggested in several retrospective studies with adults. In a study of 206 American undergraduates aged 18 to 22 years, those reporting having been victimized at school (18 women and 8 men) were as adults significantly more lonely than others (Tritt& Duncan 1997). In a study of 276 adults (aged 15 to 66) in England who had stammering problems at school, nearly one half reported long-term effects, predominantly affecting personal relationships (Hugh-Jones and Smith 1999). This is an example of how a disability (stammering) can attract victimization through ridicule and increase the likelihood of subsequent 'maladjustment'. In his retrospective study of American adults, Gilmartin (1987) suggested that interpersonal difficulties of males who are subjected to victimization at school may take the form of disabling shyness in making relationships with the opposite sex.There is some retrospective evidence that bullying can seriously affect the capacity of victims to form intimate and sexual relationships. In the USA Gilmartin (1987) asked adults to recall their relationships with their peers at school. He found that men who were severely victimized by their peers were more 'love shy', as he put it, than others, that is, they were much less successful in achieving satisfactory intimate relationships with members of the opposite sex. In Australia Dietz (1994) assessed the psychological well-being of both men andwomen who were victimized at school and likewise found that they had marked difficulties in forming close intimate relationships.

Social Adjustment of Bullies:

There are results from research indicating that children who bully appear not to like school as much as others do (Rigby &Slee 1993a) and are absent from school more often than most children. However, researches reveal that what may be a reasonable index of

maladjustment for one group may not be so for another. It may be, for instance, that their more extraverted and adventurous lifestyle associated with being a bully leads many school bullies to feel bored with school and to seek distractions outside the school. A further question is whether engaging in bullying has consequences for the future adjustment of children. It has been claimed that confirmed and seriousbullies at school have a much greater chance than others to come before the courts as young adults on charges of delinquency (Olweus, 1993). In the long term, at least, it would appear that maladjustment – according to community standards – may result from habituation to bullying that some children do not grow out of.

Psychological Influences:

One of the more commonly reported emotional reactions to peer victimisation is chronic anxiety. In an early study in Sweden of so-called 'whipping boys', that is boys who were frequently targeted by aggressive peers, Olweus (1978) reported that such children were significantly more anxious and insecure than others. Subsequently O'Moore and Hillery (1991) and Salmon, Jones and Smith (1998) reported that feelings of anxiety characterised peer-victimised children in Ireland and England respectively. In a large scale study (N = 2692) of English primary school children (aged 7 to 10 years), Williams et al. (1996) noted that 'victimised children were significantly more likely to report [not sleeping well] and also [bed wetting]'. Fear of bullying was reported by 25 per cent of students in a study of 11,535 students aged 13 to 15 attending schools in England and Wales (Francis and Jones 1994). Among English secondary students (N = 703), Sharp (1995) found that victimized children tended to report feeling irritable, nervous and panicky after episodes of bullying. Many of them (32%) said that they had had recurring memories of bullying incidents; some 29 per cent said that they had subsequently found it hard to concentrate.Depressive reactions on the part of victimized children have been reported in several studies. In Australia, Slee (1995) reported that primary school students (mean age ten years) identified by peers as frequent victims were more likely than others to manifest symptoms of clinical depression. Similar conclusions were drawn in studies of peer victimization among primary schoolchildren in England (Callaghan & Joseph 1995; Neary& Joseph 1994; and Williams et al. 1996, and in Finland by Kumpulainen et al. (1998). Research with older students has also yielded similar results. In an early study of 110 Finnish schoolchildren aged 14 to 16, Bjorqvist et al. (1982) reported that a sample of 18 students identified by peers as frequently victimized were significantly more depressed than others. More recently, Kaltialo-Heino et al. (1999) have reported results from a large study (N = 16,410) of Finnish adolescent schoolchildren which confirmed this finding.Students who are frequently victimized may have mixed emotions and show a variety of symptoms of distress. For example, in a nationwide survey in England involving 6282 primary and secondary school students, Borg (1998) reported that self-declared victims commonly experienced emotions of anger, vengefulness and self-pity, with the latter appearing as more common among girls.In a study of the mental health of Australian adolescents Rigby, Slee& Martin (1999), examined whether the 'effects' of peer victimization could be explained as being due to inadequate parenting. Schoolchildren completed the Parental Bonding Instrument (PBI) of Parker,Tupling& Brown (1979) assessing perceived parental care and perceived parental over-control, as well as measures of peer victimization and the GHQ. It was found that parenting factors

and peer victimization each independently accounted for a significant amount of variance in adolescent mental health. A further study addressed the question of whether the apparent effects of peer victimization could be due to low levels of social support. Results indicated that low social support does indeed contributesignificantly to poor mental health, but, again, does so independently of peer victimization (Rigby 2000).

Whether psychological distress is a consequence or cause (or both) of peer victimization has received relatively little attention. But a few studies have suggested that being bullied is a precursor to psychological distress. Rigby (1998) reported that a relatively high proportion of students who had been frequently victimized indicated that they had felt either angry (32%) or sad (37%) as a result of being bullied at school. A substantial proportion (33% of boys and 55% of girls) of those frequently victimized expressed the view that their general health had deteriorated as a result of how they had been treated by other students. Gender differences in reactions to bullying were particularly marked, with girls more likely to report feeling sad rather than angry and to have been affected more by peer victimization. Student judgments certainly suggest that negative health effects of being bullied are not uncommon.

Results from a study of the psychiatric health of self-reported bullies suggest that bullies are more troubled than others. This is particularly true of male bullies aged between 13 and 16 years. On each of the four indices of psychiatric ill health on the GHQ –somatic disorder, anxiety, poor coping and depression–the degree to which Australian male students (n = 338) engaged in bullying others correlated significantly with mental ill health scores. For female students (n = 361) attending the same schools and in the same age group the correlations were notably lower, yet still statistically significant on each of the indices except coping. Hence there is reason to believe that adolescents who frequently engage in bullying others tend to be somewhat distressed.

Conclusion:

To increase our understanding, we need to know more about the kinds of bullying that are more likely to be associated with bad health outcomes. It may turn out to be the case that relational or social bullying is not only the most hurtful (as we have seen among children) but also the most devastating to one's health. Weneed to know inmore detail the conditions under which bullying may have the most effect on health; for example, what kinds of attributions made by victims increase or decrease vulnerability to stressors. Finally, there is considerable scope for exploring the health condition of bullies, a task begun in schools but not, as yet, undertaken in workplaces. The finding in schools that both bullies and victims tend to be highly depressed people suggests that those who are both bullies and victims are probably most at risk of serious ill-health.

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