

Anuario de Psicología Clínica y de la Salud / Annuary of Clinical and Health Psychology, 2 (2006) v-vii

Editorial

Following the appearance of the publication Anuario de Psicología Clínica y de la Salud / Annuary of Clinical and Health Psychology, we completed the edition of the second volume which also focuses on the subject of violence in a very specific manner, as it is in this case, localized in the school context.

We will not discuss here the most appropriate concept to designate a concrete form of school violence, whether it be intimidation, school harassment, peer abuse, or more often, bullying (an Anglicism widely used as keyword in the publications), because what really matters is that this is a frequent problem that causes such a serious impact, both on the individual and collective levels that, as pointed out by Núñez, Herrero and Aires in this volume, several requests were made to include these conducts within the concept of criminal conducts under the Law of minor

In the Editorial of the former volume we emphasized the need to address the modality of extreme violence which was analysed at that moment (terrorism) not only from the viewpoint of the victims, but also from the perpetrators' standpoint. In the case we are dealing with now, probably because they are immediate and daily life situations, this aspect a little more known. Also, the field explored in this topic is also extensive, because the characteristics of the bullying victims and the aggressors (or bullies) have been circumscribed, the typologies of the acting roles of the protagonists have been outlined, treatment programs have been developed and information access resources have been designed to open the possibilities of intervention (i.e., the use do Internet.) Nevertheless, as stated by Cerezo in this volume, there is not sufficient evidence in the analysis and intervention of victims and aggressors concerning this problem. It is worth adding that, at the moment of the development of the study of this subject, considering the outstanding level of the publications, we should develop a higher level of analysis to describe the degree of efficiency of such interventions and define the useful tools to be included in such interventions.

An aspect that we have considered at the time of choosing the main issue of the second volume was to attempt to present it, mainly, from the clinical (and psychopathological) point of view. Nobody fails to consider that the main contributions to bullying are provided by the educational area, which evidences that the context of appearance has mediated its analysis, even if the consequences, especially for the victims, may transcend the school environment and cause, occasionally very serious and/or long-term psychopathological sequelae. Moreover, if several of the best known Psychopathology handbooks devoted to the formation of the prospective Psychology practitioners are analysed, it become noticeable that school harassment is an absent content, and, nevertheless, a remarkable space is devoted to other forms of abuse, for example, family violence. From the point of view of psychopathological analysis, we find no reason why any of these concepts should be excluded, because, both family violence and peer abuse correspond to well known clinical phenomena.

Probably, this difficulty is related to a current problem that consists of focusing the psychopathological analysis from the diagnosis, this is, from the international classifications (of illnesses or mental disorders statistical handbooks), instead of doing that for such final diagnostic process. Recently, de la Gándara and Álvarez (2005), when dealing with the terms burnout, mobbing and bullying, make an effort to elucidate that such concepts cannot refer to disorders, even though they may trigger a psychopathological disorder; emphasis is placed on the "diagnosis" of such situations and it is highlighted that, for example on page 84, this "pathology" should be consider when the habitual treatments are ineffective. It is therefore evident that this issue deserves further clarification: on the one hand, it is recognized that the situation is pathological in itself; on the other hand, it is obviated because it cannot be assimilated to the classification of illnesses. In this sense, the relational perspective supported by Guimón (2002) seems more appropriate in our opinion. We will refer to this point in the future.

A common consideration is to refer to adjustment disorders when there are outstanding manifestations in the bullying. Nevertheless, this idea clashes with the long-term duration of the effects in many of these cases, as it was previously stated, and because the symptomatic expression may go from the interference with school performance to mood disorders and even suicide which does not accurately correspond to the definition of "adjustment". De la Gándara and Álvarez (2005) reject other possibility, which was considered occasionally: the Post-Traumatic Stress Disorder. Nevertheless, we should notice the similarity with the fact of being exposed to

v

situations in which there is a perception of life threatening (or a real situation), where the intentionality of the human and violent act are worth mentioning (as opposed to the acts of nature) and where physiological activation symptoms, disorders in the interpersonal relationships and avoidance conducts, among others, may be expressed. Perhaps, as pointed out by Vázquez (2005) in the former volume of this Publication, it is true that we overestimate the vulnerability of the human being, and, even the initial intensity of the response to a traumatic event is not a good reference; moreover, as pointed out by the author, it is more useful to analyse the degree of disturbance and the long-term consequences that may be caused. Nevertheless, in many cases, bullying manifestations may not be equal to the well-reported long-term effects (Schäfer, 2005).

As it was criticized before, the question is not to place a label of the current classification systems that may fit in a real problem, rather, it should be the other way around. Far from a typification of conducts with diagnostic labels that may increase the number of considered disorders (Phillips, First and Pincus, 2005) what is evidenced is the insensitiveness of these diagnostic systems to define certain kind of problems. The absence of a diagnosis does not imply the absence of a problem. If a biopsychosocial perspective is accepted in the analysis of the human conduct psychopathology should not only refer to localized (or individual) clinical consequences; relational-related disorders should also be considered.

In this sense, Kupfer, First and Regier (2004) developed the concept of Relational Psychopathology although they circumscribed it to the intra-familiar environment. They claim that those are manifestations with a recognizable symptomatic pattern and identifiable course; they analyse the characteristic comorbidity, the possible biological and psychosocial aetiology and even an observable family tendency among the individuals that present that type of disorders. They point out that this pathology, clearly framed, should not have a marginal location in the international diagnostic classifications, that is to say: among the problems that may the object of clinical attention both in the axis I (main cause of the consultation) and in the axis IV (stressors) (DSM-IV-TR; APA, 2000), or among the factors influencing health conditions (in the CIE-10, chapter XXI; OMS, 1992), as suggested by us.

Following this rationale and classification effort, the above mentioned authors point out several types of clinical conditions, as a matter of fact, they are under study for the prospective DSM-V: marital relationship disorder, non-violent marital conflict disorder, marital abuse disorder and relationships disorders that fall within adolescent and infant syndromes (Kupfer et al., 2004; Phillips et al., 2005). Finally, reference is made to the violence transmission patterns among those who had been formerly victims and their relationship with mood disorders.

Going back to the conceptual field of bullying, we refer to a relational style that seeks asymmetry and dominance as a manner of acquiring social and personal esteem (Olweus, 1998), in typically structured situations (as it was previously described for the Army or Prisons) but that is pointless outside the dynamics of social relations. The study of relationship-related disorders may account for many personal factors (i.e. anxious pattern having difficulties with relationships) and social (the group on which the dominance is imposed) which makes possible the analysis of the manner in which such factors alter the adaptation process in certain situations, thus causing a pathology, whether it be an adjustment disorder, post-traumatic stress, or later, mood disorder. Briefly, a complete psychopathological analysis should include social and/or relational aspects among its aetiological considerations, without this analysis diminishing the Scientism, as pointed out by Houts (2002). This perspective should lead to the consideration that peer environment at school could also be included within the altered relational pattern types. Perhaps, it is not redundant to remember that this relationship disorder is so extensive and relevant in the development of youngsters as the family context, to which we have made a brief reference.

In the present volume we may find a series of works that analyse the phenomenon of bullying deeply and from different perspectives. The paper of Jordi Llovell and Carme Escudé provides a useful introduction of this monographic section because they develop a contribution from a psychopathological point of view. The authors define clearly and precisely the main concepts involved in this framework and underline the group nature of this phenomenon both for its understanding and intervention. As a matter of fact, in the last paragraph of the work, the authors emphasize that the clinical approach should be directed, precisely, to the analysis of the relational pathology.

The paper of Fuensanta Cerezo, author of the test Bull-S for the detection of bullying, carries out a comparative research and shows a clinical case for its analysis. This paper evidences the increased incidence of schoolchildren involved in bullying situations, mainly in the case of boys. She highlights the importance of the differences that the protagonists of such situations have of the perception or awareness of the problem, as well as the different facilitating aspects of bullying.

The third invited paper for the analysis of bullying, of Joaquín Mora-Merchán, is based on the wide background of the research in this subject. The introduction of this paper is actually a useful summary of several current research lines and the recent findings involved. It also emphasizes the long term effects of this type of violence by finding a relevant issue: the strategies commonly used by the students when dealing with these difficulties fail to provide a protecting factor as regards the long term disturbance caused by such experiences.

In the paper of Núñez, Herrero and Aires, the bibliography about bullying is reviewed: meta-analytical papers, historical perspective, centered on the intervention, on the evaluation, as well as transversal and longitudinal

studies. We consider that this may be a complete and detailed work that may provide an approach to the bullying phenomenon.

The paper of Carmen Morán is highly attractive. Apart from describing the process of an intervention, from its individual application to the need of extending it to the environment in which these conducts take place, it evidences, as properly stated by the author, that the accuracy of an intervention design is one matter, and another different one, is to achieve, by means of such intervention, the modification of the more or less established motivations and attitudes of a collective against something or somebody.

Consistently with a complete biopsychosocial perspective, we should undoubtedly refer to a dimension that, perhaps, may go beyond our discipline, and makes some edges of this problem unavailable, because it involves social, ethical or even political decisions, that have a decisive impact on the behaviour of the groups (Magris, 2001). The question of Schäfer (2005): are they unpopular because they are bullied, or are they bullied because they are unpopular? does not seem rhetorical to us. To make matters worse, it is implied that one of the distinct characteristics of bullying that causes a bad prognosis, refers to the difficulties in the socialization process of many people, precisely in one species, the human one, which is definitely social. Cerezo, in his work, pointed out to low seriousness perception and cohesion indicators in the studied population, which reveals that socializing youngsters may develop social insensitiveness, as it was early indicated by Pinillos (1977) in his analysis on the big urban environments: the dehumanisation of our times, as said by the illustrious professor.

If these comments are true, the agents and procedures that may cause an adequate socialization of the human being are yet to be defined: who is in charge of this action and how should it be carried out?

REFERENCES

American Psychiatric Association (APA) (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. DSM-IV-TR. Washington, DC: APA.

de la Gándara Martín, J.J. y Ávarez Álvarez-Montoserín, M.T. (2005). Burnout, Mobbing y Bullying: ¿Nuevas Psicopatologías Emergentes o Problemas Sociolaborales. En J. Vallejo Ruiloba, Up Date. Psiquiatría (pp 75-90). Barcelona: Masson.

Editorial (2005). Psicopatología y Terrorismo. Anuario de Psicología Clínica y de la Salud / Annuary of Clinical and Health Psychology, 1, v-vii.

Guimón, J. (2002). Clínica Psiquiátrica Relacional. Ginebra: Core Academic.

Houts, A.C. (2002). Discovery, Invention, and the Expansion of the Modern Diagnostic and Statistical Manuals of Mental Disorders. En L.E. Beutler y M.L. Malik (Eds), Rethinking the DSM: A Psychological Perspective (pp 17-68). Washington: APA.

Kupfer, D.J., First, M.B. y Regier, D.A. (Eds.) (2004). Agenda de Investigación para el DSM-V. Barcelona: Masson (original en inglés, 2002).

Magris, C. (2001). Utopía y Desencanto. Historias, Esperanzas e Ilusiones de la Modernidad. Barcelona: Anagrama (original en italiano, 1999).

Olweus, D. (1998). Conductas de acoso y amenaza entre escolares. Madrid: Morata.

Organización Mundial de la Salud (OMS) (1992). Trastornos Mentales y del Comportamiento. CIE-10. (10ª Ed.). Madrid: Meditor.

Phillips, K.A., First, M.B. y Pincus, H.A. (2005). Avances en el DSM. Dilemas en el Diagnóstico Psiquiátrico. Barcelona: Masson (original en inglés, 2003).

Pinillos, J.L. (1977). Psicopatología de la Vida Urbana. Madrid: Espasa-Calpe.

Schäfer, M. (2005). Acoso Escolar. Investigación y Ciencia, 11, 21-23.

Vázquez, C. (2005). Reacciones de estrés en la población general tras los ataques terroristas del 11S, 2001 (EE.UU.) y del 11M, 2004 (Madrid, España): Mitos y realidades. Anuario de Psicología Clínica y de la Salud / Annuary of Clinical and Health Psychology, 1, 9-25.