



## **Cognitive-behavioural intervention in school harassment: a clinical case of bullying**

**Carmen Morán Sánchez<sup>1</sup>**

*Psychologist. Private Clinic, País Vasco (Spain)*

### **INTRODUCTION**

It is difficult to explain how a moral harassment process starts both at school and at work, or in the couple because, as Hirigoyen (1999) says, as perverse little acts happen every day, they seem normal. They begin with a mere lack of respect, a lie or manipulation. However, we only find them unbearable if they affect us directly (page 17).

It is difficult to understand violence, which might justify our difficulty in detecting it sometimes. We can explain that the reason for violence and harassment is the greed for power and perversity, in the company, and the desire for domination and even for possession of the other, in the couple. At school, it has gone from being regarded as certain circumstantial phenomena inherent in the immaturity of relations among peers to becoming a highly worrying issue on account of both its high incidence and the disruption it causes to school life (Carranza, 2004; prologue: page 11).

It is also difficult to define aggressive behaviour, which is the result of a complex associative sequence of ideas, feelings and tendencies of behaviour (Cerezo, 2004, page 27). However, research has been revealing that both victims and aggressors have specific personality and sociability features that can help us little by little to understand how, where and why this kind of behaviour occurs.

The scant importance that was given, until a few years ago, to the expression of emotions – and especially to aggressiveness –, to the deficit in social skills of children and adolescents, both at school and within the family, has often contributed to the development, in many of them, of low self-esteem, low empathy, school difficulties (sometimes serious), maladjusted behaviour, and to situations of harassment and violence among classmates.

It is true that the information that has been made known in the last few years about the importance of emotional intelligence and social skills in the integral education of children and adolescents, has led schools

to establish learning and improvement of the main personal and social skills, as well as the teaching of values as new educational goals. But these goals are like a turtle, they need time to become incorporated into the personal repertoire of every child and adolescent, while culture is like a hare that confronts us constantly with the present reality: the lack of some fundamental values, inadequate educational styles, the deficit in social skills, moral harassment and violence at school and in other environments ...

We, the persons who work with children and adolescents: parents, teachers, pedagogues, social educators, psychologists ..., cannot wait until all these objectives have been assimilated in order to try and solve said problems; it would be late and consequences might be disastrous. Therefore, we find it necessary to work with the instruments available to us at this time and keep on searching for new strategies and measures that may hold back the worrying advance of some negative emotions, such as depression or aggressiveness, whose levels increase continuously, and which have become one of the issues of most developed societies, which besides, are the most studied (del Barrio, 2002, page 12).

Bullying is defined as a form of maintained violence, mental or physical, exerted from a schoolchild or a group against another schoolchild. It can range from the most direct manifestations (physical and verbal aggression) to indirect forms, such as social exclusion (Cerezo, 1991). The clinical case presented below shows several aspects of this definition and the difficulties we found (victims, parents, psychologists ...) to make the others understand that some behaviours, which happen every day, and are perceived as normal, as we said in the first lines of our introduction, cause unbearable pain and do serious harm, often irreparable, to those who suffer such acts of aggression day after day.

### **METHOD**

#### *Description of the case*

The patient, whom we will call María, is an adolescent of 13 years and nine months of age. She is in second year of “ESO”, and attends one of the two state secondary schools in a provincial town.

<sup>1</sup>Psychologist. Master in Behavioural Therapy. Consultant Specialized in Cognitive-Behavioural Therapy with children and adolescents  
Contact Address:  
Carmen Morán Sánchez. C/ Juan de la Cruz, 1 3°C. 20301 Irún (Guipúzcoa).  
E-mail:cmoransanchez@gmail.com

She has a sister who is three years younger and who studies in the same centre. Her family is middle-class (her father is a skilled worker, and her mother is a homemaker).

She has been very quiet since she was a little girl; she hardly speaks at home, but it has been more than one year now since she began to quarrel with and beat her sister without any reason at all. She is very irritable. She had never answered back; now she easily yells and complains about everything. A few days ago, she was given her school report for the first academic period, which contained several fails. Her parents talked to her because it was the first time she got so many fails. María merely says that she does not want to receive tuition, because they laugh at her in those classes.

### **Evaluation procedure**

#### *Initial evaluation and results*

The information was compiled over one month, in a total of two sessions with the parents and two sessions with María, separately. Both María and her parents did not want the intervention to be known at school, so at first we did not contact the teachers.

#### *a) interviews with parents*

From the information gathered in the two sessions we can highlight that when she was two years old, she attended the nursery school of this institution. According to the teachers, she did not speak in class, she mixed properly with the other children in the schoolyard, but whenever an adult approached her, she stopped talking.

As a baby, she was diagnosed with a squint. She has worn an eye patch for a long time. This technique has not solved her problem completely since as soon as the patch was removed her eye squinted again, and within a few weeks, she will undergo surgery. Her mother thinks this might have affected her.

Throughout her school years, teachers have repeatedly complained that she is very quiet and does not participate in class. Ten years ago, she was being treated by the school psychotherapist. There has been no improvement in her behaviour.

Her parents explain that she is very punctual, she always arrives at school at the right time, and that she does her homework without being asked or ordered. She is very moderate, and does not usually ask for branded clothes or money. She is very affectionate and likes being fondled by her father.

She has some "tics", such as playing with a string in her mouth or with a piece of paper. She is jealous of her little sister who is very different from her, very sociable and gets better academic results.

By the end of last school year, two classmates began to mock her, spit at her when she walked up the stairs, most often when there were no teachers present. Her tutor talked to her two classmates and later with these children's parents because they would not stop teasing her. When the year was over, there seemed that the problem had been solved.

Her parents are worried, especially her mother, because she never arranges to go out or do any activity with her girlfriends in her free time. She likes to stay at home, use the computer or go out with her mother. Although María did not like it, she was forced to go to a summer recreational centre, where she met

some girl classmates. Her mother thinks it is not normal that at her age she won't go out with friends, and constantly urges her to ring someone and even forces her to do so, which provokes María's arguing and yelling.

The questionnaire "PEE- Perfil de Estilos Educativos para Padres" (García Pérez y Magaz Lago, 1998), along with the interview, enabled us to identify more specifically the ideas, beliefs, attitudes and values for the educational style that both parents followed.

#### *b) interviews with María*

María is a thin girl, of childlike appearance, having dark, curly and frizzy hair, who avoids the look of any person who talks to her. She is slow to react to any instruction or to answer questions. She moves slowly, hesitates, and looks insecure, as if she did not know where to stand.

In the first interview she was very nervous, at times she trembled all over; she was several times on the verge of tears, and replied in monosyllables to the questions she was asked. She assured us that she was not forced to go to therapy. Perceiving the suffering that the situation involved, we decided to proceed with some self-administered questionnaires, leaving for the next interview the gathering of more information. The instruments used in this first session and their results were the following:

EMA - Escala Magallanes de Adaptación (García Pérez and Magaz Lago, 1998) to assess adaptation in the family and school environments and personal adjustment. Both adaptation to her classmates and her personal adjustment scored low.

ICPJ - Inventario de Características Personales para Jóvenes (García Pérez, 1995). The answers reveal the following:

1. Low self-esteem and a negative view of herself: "I do not consider myself smart enough ... I see myself as different from the rest of the people ... I'm a solitary and reserved person ... I am a shy person ... I have not had enough initiative ... I feel inferior to the others ..."
2. Huge worry about the others' assessment: "I need to know what an impression people have about me ... I am afraid of any disagreement with the others ... I am a submissive person ..."
3. Thoughts and behaviours that generate significant levels of anxiety: "I usually reproach myself for things I do wrong ... I would like to do things better than the others ... I find it difficult to control my temper ... I study way too hard ... I feel bad if I do not get what I want ... very often I feel guilty about how bad things go for me..."
4. A high level of suffering: "I often feel deeply sad ... It is hard for me to express what I feel ... I think I have many obstacles in my life ... I generally feel a little lonely against the world... I find it hard to live at ease with the people that are close to me ... I feel helpless, defenceless ... I don't feel at all like doing anything ... I try not to think about my problems ... I frequently feel humiliated ..."

At the end of this first interview, we suggested to her that she should write the reason of her visit, for the following session, so as to make it easier for her to express her emotions.

She attended the second session calmer, and brought three typewritten pages. She explained on them what was happening to her with her classmates

and her expectations about visiting the psychologist. We began to read aloud what she had written and we asked her to give us more details of all that. From the information gathered, we highlight the following:

- At school, she had been occasionally mocked when she was little.
- By the middle of the last school year, some boys began to make fun of her every day. They called her "fanny hair", and spat at her from the top of the stairs.
- "All that made me lose concentration, pay scant attention to the teachers' explanations, feel uncomfortable at school and with my classmates ..."
- The tutor talked to those children and their parents, and she says that at present they do not tease her.
- From the beginning of the school year, they make fun of her on her way into or out of the school, and sometimes during the break, when there are no teachers around who may witness such situations.
- She would like to change her relationship with her "girlfriends", talk more, express what she does not like, say no to any of their demands or requests.
- She would like to feel more loved and taken into consideration by those "girlfriends" who ignore her when she is with them, who talk about their things and only address her to make a negative comment about her bad taste in clothes; who never ring her to go out (instead, she rings them sometimes, urged by her mother); who don't wait for her after school when she tries to catch them up (though they live on the same street) but they do wait for other girls; who as soon as the computing lesson finishes they run out of the classroom and leave her alone so that she will switch the computer off and take out the floppy disk; who stand her up in the capital of the province, because they sleep over at some other girl's house and had not told her so although they have known that for several days ...
- "I would like to be more uninhibited ... be like everybody else ..."

She was asked to fill in the following questionnaires as well:

IME - Inventario de Miedos Escolares (Méndez, 1988). The total score was 117. Answers were assessed on a qualitative rather than quantitative basis. It revealed that many interaction situations in class and with her classmates caused her great anxiety.

ADCA -I Escala de Evaluación de la Asertividad (García Pérez and Magaz Lago, 1994). It is used to identify the cognitive style that regulates the social behaviour of the assessed individuals. It revealed a significant assertiveness deficit.

Structured Learning Skills questionnaire (Goldstein *et al.*, 1980). It showed a significant deficit in basic communication skills.

*a) Functional analysis*

After the assessment, María and her parents were provided with clear and detailed information about the origin of the symptoms she presented with, as well as about the possibilities of intervention.

We explained to them that María's assertiveness and social skills deficits were due to her shyness and to a number of direct adverse experiences that took place at school and within the social environment, which determines an intense anxiety response to the situations in which she has to deal with or act before schoolmates of her age.

At the time of the assessment, the conditioned anxiety responses consisted mainly of: avoiding her feared classmates, not attending tuition classes, not ringing or going out with her "girlfriends", muscular tension, irritability and lack of concentration, negative thoughts about herself and about her relationship with her "girlfriends" and classmates.

Her avoidance behaviour was facilitated by her assertiveness deficit and her lack of social skills. This behaviour was maintained by negative reinforcement: avoidance of anxiety, not attending tuition classes, not ringing her "girlfriends" or going out with them, not talking, and by positive reinforcement: her mother's care, staying home on holidays, playing computer games, going out with her parents. These consequences, as they were contingent and continuous, prevailed over the negative concept of herself ("I see myself as different from the rest of the people ... I'm a solitary and reserved person ... I am a shy person ... I do not have enough initiative ... I feel inferior to the others ...") and over the negative consequences of social isolation.

**Treatment**

As what both María and her parents wanted and requested was the improvement of María's social skills, and as they did not consider her classmates' behaviour very important, because they believed that it would be modified at school by teachers, the objective set was to improve said skills. We explained the treatment plan, the approximate duration of said plan, as well as the general guidelines of the intervention, to both the patient and her parents. Table 1 shows a summary of the main psychopathological aspects dealt with in the intervention program and the therapeutic techniques used for each of them.

The treatment was administered over six months, from February until the end of July. School holidays were utilized to increase interactions with her girlfriends outside school. A one-year follow-up was established, with the first session to be held one month after the beginning of the new school year, and each remaining session to take place every quarter.

Psychopathological Aspects	Therapeutic techniques
Deficit in self-esteem	Cognitive restructuring
Anxiety	Diaphragmatic breathing Relaxation
Assertiveness deficit	Assertiveness training
Communication skills deficit	Communication skills training
Deficit in the resolution of problems	Resolution of problems training Self-instructions training
Parents' educational deficit	Educational counselling Educational styles Assertive education

Table 1.- Intervention Summary

**RESULTS**

The therapeutic change was measured by the patient's own assessment and using the information supplied by the parents. The achievement of the different therapeutic objectives gradually increased the

number of situations in which María responded assertively both to her classmates and her girlfriends. She began to receive tuition in some subjects, and her academic results improved. Her repertoire of social skills gradually increased and thus she felt more self-satisfied. The quarrels with her sister ceased.

**Follow-Up**

In the first follow-up session, one month after the beginning of the school year, María is again very tense and nervous. We check her progress and the learnt behaviours that persisted. She looks more assertive and has more skills when it comes to mixing with her classmates. The relationship with her sister is very good, since they do not beat each other or quarrel any more.

In August, she went on holiday with her family. She admits that since we last met by the end of June, she has not gone out with her friends, and does not know whether they have, because neither did they ring her nor did she ask them. When asked about the reason for this behaviour, she gets nervous, begins to tremble like she did in the first interview and she ends up telling about the harassment to which she is being subjected both by her classmates and by children from the other class of the same level, during breaks and outside school.

**Assessment of bullying**

A semi-structured interview was held to gather information, the results are shown in Table 2.

Type of aggressions	<ul style="list-style-type: none"> <li>- Insults such as “monster”, “fanny hair” ... in a low voice, when they walk past her.</li> <li>- Rejection: They ignore her, they move away from her, lifting their arms so as not to touch her, they ignore her in the schoolyard, they do not want to include her in any group; so the teacher “imposes” her on any of them.</li> <li>- Comments in a loud voice to those who have been in her group or touched her: “today you can either wash thoroughly or fumigate your clothes ...” “wait, she’s coming out, and you can contaminate yourself ...” “I will have to jump so as not to contaminate myself...”</li> <li>- They do not allow her to move freely, forcing her to go through places where she can get hurt or walk past other classmates who whisper insults to her.</li> <li>- They laugh at her clothes, they say she doesn’t have good taste ...</li> <li>- They spit at her hair from the top of the stairs.</li> </ul>
Where the aggressions take place	<ul style="list-style-type: none"> <li>- In the classroom, corridors, schoolyard</li> <li>- Outside school</li> </ul>
Frequency of aggressions	<ul style="list-style-type: none"> <li>- Several times a day</li> <li>- Every school day</li> </ul>
Subjective assessment of the gravity of the aggressions	<ul style="list-style-type: none"> <li>- Quite a great deal</li> </ul>
Feeling of security	<ul style="list-style-type: none"> <li>- Little or nothing</li> </ul>
Information about aggressors	<ul style="list-style-type: none"> <li>- Almost her entire class, and the other of the same level</li> <li>- Some people do not participate in the harassment but they do not give her their support either.</li> </ul>

Table 2.- Characteristics of bullying

Her mother came with her to the therapy session. We explained to her what was happening since María had not said a word about that at home. They had noticed that she was again very quiet, made any excuse not to go out or ring her “girlfriends”. Until then, both María and her parents did not want to make known that she had therapy. They were explained about the need to report these events and situations to the teachers and establish contact with her tutor.

At first, María’s parents contemplated changing her to the other secondary school in the town. As the harassment also took place outside school, we made them realize that such a decision would not be very beneficial to solve the problem.

**Intervention program at school**

- María’s parents met with the tutor and explained everything to him.

- At school, parents of ESO third-year students were called to an urgent meeting. At that meeting, parents were told about what was happening to a certain student (the name was not disclosed) in order that they should become aware of the problem.

- Teachers tried to make parents take part in the search for solutions.

- The tutor of every ESO third-year class interviewed every student under his charge individually in order to evaluate the real situation.

- María’s tutor contacted us to compare the information regarding to bullying.

- After all the information was compiled and evaluated, tutors sought the support of the rest of the teaching staff to implement the intervention program that is summarized in Table 3. They formulated the main objectives and the intervention strategies; we were informed of all that and asked for our counselling.

Objetives	Intervention Strategies
<p><b>With teachers:</b> 1: Sensitize teachers to the problem</p>	<ul style="list-style-type: none"> <li>• Assessment of the situation</li> <li>Analysis of the data compiled</li> <li>• Transmission of results to the teaching staff and the school council</li> <li>• Implementation of the intervention program</li> <li>• Regular meetings of the teaching staff</li> <li>• Coordination of tutorials.</li> </ul>
<p><b>With students:</b> 1. Sensitize students to the problem</p> <p>2. Prevent situations of violence</p> <p>3. Detect and control the specific situations of school violence</p>	<p>Interviews with the victim and all the other students</p> <ul style="list-style-type: none"> <li>• Work during tutoring hours on the ways violence is expressed, personal rights, by means of the dramatization of problem situations, the reversal of roles and discussion groups.</li> <li>• Training in social skills</li> <li>• Training in problem resolution</li> </ul> <p>• Individual interviews with students on a weekly basis to detect possible situations of violence.</p> <p>• Closer surveillance during breaks and in common spaces.</p>
<p><b>With parents:</b> 1. Sensitize parents to the problem</p>	<ul style="list-style-type: none"> <li>• Parents' school</li> <li>• Meetings with parents</li> </ul>

Table 3.- Protocol of the intervention carried out at school

**Intervention program with María and her parents**

The progress achieved to this point was assessed, and a second intervention program was started, which is summarized in Table 4. The

treatment was implemented over three months, and a monthly follow-up was established until the end of the school year. One-year follow-up, consisting of one session per quarter was done.

Objetives	Therapeutic Techniques
1. Improve her self-esteem	Cognitive restructuring
2. Review her assertive strategies	Assertiveness training
3. Reinforce her communication and problem resolution skills	Training in communication skills
4. Counselling to parents	Training in problem resolution

Table 4.- Summary of the second treatment program

**RESULTS**

Intervention aimed at improving her social skills resulted in major changes in the acquisition of communication skills and in her assertive behaviour. All that was conducive to the improvement of the image of herself and to her greater self-satisfaction.

As regards the effects of the intervention, at school, on the bullying process, we can summarize that:

- Her classmates' acts of aggression stopped, both at school and on the streets.
- Her classmates had a rough time throughout the intervention process put into operation at school, and they felt attacked.
- Her classmates did not have a smooth relationship with her. They were correct if they were obliged to work with her but they did not show any kind of interest or affection.
- They allowed her to form part of their groups in class and in the schoolyard, but they never encouraged her to do that.
- On several occasions, she rang her "girlfriends" to go out, but they excused themselves repeatedly.
- In some of the tutorials, in dramatization situations, her classmates stressed that María did not get close to

them, and that they were not willing to make things easier for her after all that happened.

- In one of those tutorials, María ended up apologizing to the entire class for all that happened. Nobody apologized. When we asked her why she had done so, she told us that she could no longer bear the tension perceived in class, the schoolyard, as well as on the streets (the entire town knew what was going on).
- María's parents agreed to her not going out with "girlfriends" in her free time and to her going out with them at times.
- The following year, María attended a secondary school in the capital city.

**CONCLUSIONS**

It might be interesting to let readers reach their own conclusions as regards the intervention carried out in this case of school harassment, but we also consider it important to comment on the results obtained.

In the first place, it seems that the procedure followed turned out to be effective to eliminate the patient's problems, and resulted in the patient's acquisition and strengthening of social skills

and assertive behaviour patterns. The cognitive strategies used have shown their effectiveness to improve María's negative view of herself and low self-esteem.

Second, the main objective was to eliminate as soon as possible the acts of harassment at school. The intervention developed at school managed to hold back the classmates' acts of bullying.

However, there are aspects that no therapy can restore, such as the trust and the others' consideration, at least after the person undergoes a bullying situation. The victim of harassment, although this behaviour may have ceased, will not any longer be naive in the relationship with other people, because it is difficult and impossible to understand gratuitous violence the part of other human beings. We have seen that bullying leaves an indelible mark that conditions interpersonal relations. From our point of view, only the passage of time and, above all, the succession of positive emotional relations might lessen distrust.

Through adequate strategies, we can manage to make violence cease, but we cannot force the others to love or like us, to take us into consideration, not to treat us as if we were transparent, as if we did not exist. That is why that, in spite of having achieved the therapeutic objectives set, we have the feeling that there is still too much to be done, especially to eliminate this kind of gratuitous violence that is bullying.

## REFERENCES

- Bermudez, M.P. (2000). *Déficit de autoestima*. Madrid: Pirámide.
- Cerezo, F. (1997). *Conductas agresivas en la edad escolar*. Madrid: Pirámide.
- Cerezo, F. (2004). *La violencia en las aulas*. Madrid: Pirámide.
- Echeburúa, E., Fernández-Montalvo, J. y Amor Andrés, P.J. (2002). *Vivir sin violencia*. Madrid: Pirámide.
- Hirigoyen, M.F. (1999). *El acoso moral*. Barcelona: Paidós.
- Goldstein, A.P., Sprafkin, R.F., Gershaw, N.J. y Klein, P. (1989). *Habilidades sociales y autocontrol en la adolescencia*. Barcelona: Martínez Roca.
- Kemmler, R. (1983). *Relajación para niños y adolescentes*. Madrid: Tea Ediciones.
- Maciá Antón, D. (2000). *Un adolescente en mi vida*. Madrid: Pirámide.
- McKay, M. y Fanning, P. (1991). *Autoestima: evaluación y mejora*. Barcelona: Martínez Roca.
- Méndez, X. y Maciá, D. (1990). *Modificación de conducta con niños y adolescentes*. Madrid: Pirámide.
- Michelson, L., Sugai, D., Word, R. y Kazdin, A. (1987). *Las habilidades sociales en la infancia: evaluación y tratamiento*. Barcelona: Martínez Roca.
- Pope, A.W., McHale, S.M. y Craighead, W.E. (1996). *Mejora de la autoestima: técnicas para niños y adolescentes*. Barcelona: Martínez Roca.
- Rodríguez, N. (2004). *Guerra en las aulas*. Madrid: Temas de Hoy.
- Schallenberg, F. (2004). *¡Te ha tocado! Mobbing entre alumnos*. Barcelona: Vergara-Grupo Zeta.
- Serrano, I. (1996). *Agresividad infantil*. Madrid: Pirámide.