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Running title: Bullying behavior at school

Morbidity among bystanders of bullying behavior at school: Concepts, concerns, and clinical/research issues

Ian Rivers, PhD

School of Sport and Education, Brunel University, United Kingdom

Abstract: The role of the bystander is not one that is easily understood in the anti-bullying literature. Roles within the unofficial hierarchy of the schoolyard and playground overlap considerably, and each role has its own social dynamic that brings with it a shifting behavioral landscape that affects every student. In this article, the mental health correlates of three categories of bystander are explored: *the co-victim*, *the isolate*, and *the confederate*. Each category of bystander has its own characterizations and mental health correlates. Reports of posttraumatic stress, internalised hostility, substance use, and suicide ideation are discussed with reference to studies involving witnesses of family abuse, community and school violence and well as bullying. It is argued that bystanders are the key to challenging bullying in schools, and their mental health and well-being is pivotal to the effectiveness of anti-bullying interventions.

Keywords: Bystander, bullying, morbidity

Correspondence: Ian Rivers, School of Sport and Education, Brunel University, Uxbridge, UB8 3PH United Kingdom. E-mail: ian.rivers@brunel.ac.uk

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Introduction

The role of the bystander is much misunderstood. Social psychologists have long focused upon the bystander as an individual who observes but does not invest (through action) in the situation he or she witnesses. Early research on bystanders, and particularly that addressing bystander apathy, omitted to explore whether or not witnesses were affected by what they had observed. Indeed, it seems that much of this research has inferred that bystanders were left, to all intents and purposes, unscathed by the series of events that unfolded before their eyes. In social-psychological terms, this lack of action has been accounted for by situational ambiguity where cues to the appropriate level of response are taken from observing the activities (or lack thereof) among other bystanders [(1)]. Such is the case of Catherine Susan ('Kitty') Genovese whose murder in 1964 in the street was supposedly witnessed by no less than 38 neighbours – none of whom were reported to have called the police as they watched this helpless woman being stabbed repeatedly. Popular misreporting of the case and subsequent studies based upon this misreporting suggested that the neighbours' lack of action could be explained in terms of a diffusion of responsibility wherein each observer was only partially responsible for her or his inaction. However, more recent critics of such research have argued that it is necessary to understand the social dynamics at play in instances of bystander apathy, not only taking into

account the ambiguities (if indeed there are any), but also the cultural dynamics that underpin the acceptability or justification for certain actions, particularly in cases where men assault women [2] [3].

What is a bystander?

As noted above, a bystander has traditionally been portrayed as someone who has acted in the role of an observer but has not become involved in that he or she has observed [4]. Thus, in violent interactions, such as the Genovese murder, the role of the bystander has not been, unless prompted otherwise, allied to that of the perpetrator or the victim. However this view of the bystander is not one that sits comfortably with those researchers who have observed the violent interactions that occur daily in the yards and playgrounds of our schools. Indeed the school yard view is one more closely allied to that of the critics of those early studies where the social dynamics that underpin the official and unofficial hierarchies in play at any given time determine which students will be subjected to the violent behaviour of others (the *'victims'*), which students will hold the power to enact it (the *'bullies'*), and which students will be, for the present, reprieved to the sidelines (the *'bystanders'*). However, it is the nature of that reprieve which has prompted further research and forms the foundation of this article. How does a student ensure that he or she does not become a future victim? What investment (if any) does he or she make in the social dynamics of the school to ensure his or her personal safety?

Christina Salmivalli and her colleagues in Finland were perhaps the first researchers to explore more closely the social dynamics of the school yard and playground, and to identify four very different types of bystander – *the assistant, reinforcer, defender* and *the outsider* [5].Each of these types of bystander has a very particular role and investment within the unofficial hierarchy. At the top of the schoolyard 'hierarchy' sits the bully with his or her *assistants*, followed by those who reinforce the bully's actions by encouraging him or her, or by laughing at the victim's plight (*the reinforcers*). Next to come are *the outsiders* whose modus operandi is to attempt to keep away from any and all altercations. Following *the outsiders* come *the defenders* - students who support the victim either by trying to stop episodes of bullying or by offering support and friendship to him or her. Although not victims themselves, unless their social status is unassailable within the schoolyard hierarchy, the potential for victimization is an ever present danger for defenders when they intervene. Finally, at the bottom of the hierarchy are the victims whose daily taunts have been the focus of much of bullying literature. By way of contrast, Stuart Twemlow and his colleagues explored the roles of the victim, victimizer, and bystander respectively from a psychodynamic as well as behavioural standpoint [4]. They argued that these roles are co-created, defined dialectically and, when individuals occupy these roles, they are 'mentalized' – demonstrating impairment in self-awareness, self-agency, reflexivity, as well as an inability to assess the mental states of others as well as themselves. They identified seven different types of bystander, each distinguished by the degree to which they act upon the feedback they receive from others and the subjective state associated with the role they take up. The first type of bystander – *the bully bystander* – is excited by the prospect of victimizing others whereas *the puppet-master variant of the bully bystander* manipulates social situations and is committed to violent interactions with peers. *The victim bystander* is fearful, apathetic, and perceives himself or herself to be helpless. *The avoidant bystander*, like *the outsider*, withdraws from bullying episodes and allows them to continue by denying their existence. *The abdicating bystander* refuses to take responsibility for those less able to defend themselves, and considers

those victims to be deserving of their lot in life. The *sham bystander* protects himself or herself from victimization by 'taking on' the role of victim or victimizer when it is appropriate. Finally *the helpful bystander* is compassionate, horrified by the harm done to others, and develops social skills to resist any potential for victimization for himself or herself as well as for others.

Most recently, Rivers and colleagues have used students' reports of their own experiences to identify four behavioural categories of bystander – *bully-witness, victim-witness, witness, and bully-victim-witness*[6]. Although not as refined as those role descriptors offered by Salmivalli, Twemlow and their colleagues, the measure used (the Olweus Bully/Victim Questionnaire with mirror questions for witnesses) demonstrated that bullying can have an effect upon the whole school population, with the majority of students reporting having witnessed bullying up to a few weeks before they were surveyed.

INSERT TABLE 1 ABOUT HERE

As Table 1 illustrates, comparison between the three studies cited above demonstrates a significant degree of overlap with approximately seven different types of bystander (collapsing Twemlow et al.'s *the bully bystander* and *the puppet master variant of the bully bystander* into one). However, in terms of understanding the potential implications of bystander status for well-being and mental health, it is possible to cluster these roles into three distinct categories: (1) those who are also victims or co-victims (i.e. they experience upset at the sight of others being tormented) – hereafter referred to as *the co-victim*; (2) those who actively avoid bullying situations or deny their existence – *the isolate*; and (3) those who actively seek to deflect attention away from themselves by highlighting the inadequacies or failings of others, or by supporting bullies in their endeavours – *the confederate*.

Morbidity among bystanders: issues to consider

Given that there are potentially three very different categories of bystander, it also stands to reason that the mental health implications will also vary according to the category or type of bystander a student becomes. Theoretically, it might be expected that those who actively seek to deflect attention onto others and act to support bullies (*the confederate*) may experience remorse or cognitive dissonance much more so than those who, by virtue of their empathy or sensitivity towards the plight of victims and by their abject fear of personal persecution may display many of the psychological symptoms normally found in victims of abuse (*the co-victim*). In the following sections of the article, each of the categories of bystander will be explored further, focusing particularly upon the potential harm to well-being and mental health that may be associated with being a witness to bullying behaviour at school. The observations made are informed by various studies conducted by researchers and clinicians who have worked with individuals and families who have experienced or witnessed various forms of trauma and abuse.

The co-victim. Within psychiatry it is well understood that an individual can be traumatized by the very act of observing someone else losing his or her life, or by the potential threat of personal injury or death in the face of a natural disaster (eg. earthquake or tsunami) or man-made event (eg. road traffic accident or act of terrorism) [7] [8] [9]. Researchers have also shown that, in instances where an individual - particularly a young person - has taken his or her own life, there is often a need to provide counselling or guidance to those peers who knew or

might empathise with the victim in order to reduce the collective distress caused by such a suicide, or to stem the potential for further loss of life [10].

For *the co-victim* who is affected by the bullying he or she witnesses, clinical research has shown that the potential for long-term psychological harm is as real as if he or she had been the subject of the bully's taunts. For example, in one systematic review of 26 studies of the implications of exposure to community violence among urban adolescents, such exposure was found to be correlated with increased reporting of mental health symptoms, posttraumatic stress, and aggression [11]. In one study of 349 youth aged between 9 and 15 years resident in one of ten low-income housing communities, witnessing violence was found to be correlated with reports of distress that included intrusive thoughts and feelings (indicative of posttraumatic stress), difficulties in concentration, and constant vigilant/avoidant behaviour [12]. Of particular note in this study was the fact that younger participants as well as boys and those young people who showed an aptitude for problem solving were more likely to report experiencing intrusive thoughts when compared to the other youth in the study. Evidence of emotional numbing, distraction, family problems and a lack of belonging were also found.

The significance of symptoms usually associated with posttraumatic stress disorder (PTSD) among witnesses is well documented, especially in cases where children have observed domestic violence. In one study of 84 children (mean age 11 years) who had been referred from shelters for women abused by their partners, 47 children were found to meet the criteria for PTSD (re-experiencing events, avoidance, and hyperarousal) [13]. Furthermore, in a study of symptoms of posttraumatic stress among former victims of homophobic bullying, 26% of participants said that they continued to be distressed regularly by recollections of bullying with 21% reporting distressing or intrusive memories of those events [14]. While only 4% said they experienced nightmares about being bullied at school, 9% said they had experienced flashbacks (hallucinations or dissociative episodes), or the feeling that they were reliving the events even though they were awake. In their study of witnesses of bullying behaviour, Rivers and colleagues found evidence of an impact upon psychological functioning among students who had only observed bullying at school and did not report either having been victimized themselves or having victimized others [9]. In terms of substance abuse, this study also found that witnesses shared some of the abusive characteristics usually found among perpetrators of bullying suggesting that, for some students, alcohol and drugs were used as a coping mechanism either to escape fear or to alleviate cognitive dissonance. Finally, in a related study, members of the same research team found that witnesses of bullying, particularly those who were also sometimes victims and sometime bullies, were more likely to report thinking about end their own lives when compared to those students who were primarily identified as bullies or victims [15].

Although the impact of exposure to violence and fears of recurrence have been researched particularly thoroughly at the community level, including among school-aged children, in a review of research and potential 'first aid' interventions for young people exposed to violence at school, it has been suggested that mental health professionals have a particular role to play in supporting school faculty and staff. On visiting such a school they need to be able to help the teachers build a secure and less anxious classroom environment where students are given permission to express feelings, clarify cognitive confusions, and where they are encouraged to seek help or advice [16]. In such an environment it has been argued that young people who are vulnerable and require one-to-one consultations can be easily identified by their symptom responses (see Table 2).

INSERT TABLE 2 ABOUT HERE

While the responses identified in Table 2 suggest that they relate to victims rather than bystanders, as previously stated, those who witness violence and are themselves fearful of becoming victims, will also display many of the same symptoms [17]. Thus, a whole school or community-wide initiative is often needed to combat trauma resulting from violence.

The isolate. In contrast to the co-victim, there is little specific research on the student who opts to remove himself or herself from bullying situations. In some of the studies that have been conducted to date, these students are often represented as reference groups or control groups, because they report little or no interaction in episodes of school bullying. However, there are significant differences between those students who opt to absent themselves from bullying situations and those who have not seen bullying take place. Methodologically, this suggests that there may be a flaw in the approach some researchers have taken in identifying reference or control groups as professionals working with young people in schools have suggested that those who isolate themselves from others as a means of self preservation can themselves experience mental health difficulties as a result of their isolation [18]. Indeed, in the case of bullying in schools, it has been argued that regardless of whether a bystander is passive or provocative, he or she promotes an environment that encourages bullying by failing to challenge it or stand up for the victim [19]. Indeed the fear of humiliation and abuse actively encourages some young people to isolate themselves in order to ensure their safety, but comparable with the co-victim, such an approach can itself have devastating effects [20]. For example, suicide and para-suicidal behaviour have been associated with reports of extreme social isolation among young people [21]. Additionally, while social isolation may, in the short-term, reduce cognitive dissonance and personal responsibility for the welfare of victims of bullying, the desire to intervene coupled with a failure to act can result in internalised hostility and self-loathing which, in turn, may be one of the factors that promotes suicidal thoughts [6] [15]. Finally, isolation itself may not be a useful long-term strategy to protect oneself from bullying. Social isolation has been linked to unpopularity among peers, and may actually identify the isolate as a potential victim without popular friends to protect him or her in the face of hostile others [22].

Ultimately there is a great deal more research needed on this particular category of bystander to understand fully the implications of withdrawing from bullying situations, not only in terms of its impact upon school-wide anti-bullying interventions, but also in terms of the mental health of those who choose to isolate themselves as a protective measure.

The confederate. The confederate is perhaps the most conflicted of categories of bystander. As noted previously, this not only includes those who might be identified as *assistants* or *reinforcers*, it also includes those who stand on the sidelines watching bullying take place. As Hazler and Denham pointed out, whether bystanders are proactive or passive in terms of their support for the bully, their actions promote an environment that allows bullying to thrive [19]. This particular group are perhaps the most likely to experience cognitive dissonance in that while they attempt to protect themselves they are also likely to be aware of the fact that they are promoting the bullying of others. Research conducted both in the United Kingdom and in Canada suggests that experiences of cognitive dissonance may be directly related to symptoms of internalised hostility, and that self-loathing coupled with anger may result in potentially harmful outcomes not only for the bystander, but also for the victim who may become the object of that anger either through a process of transference or through a desire (by the bystander) to maintain

his or her own positive self-image (perhaps as a result of academic failure or difficulties at home) [4] [6] [20] [22]. Linked to the above, it has also been found that being both a witness and perpetrator of bullying (*the bully-witness*) predicts elevated levels of substance use - alcohol, tobacco, and class 1 or 2 (US) or A (UK) drugs [6]. It has already been argued that substance use may be linked to a desire to dull or escape the effects of cognitive dissonance. In terms of suicide ideation and para-suicidal behaviour, researchers have also shown that this particular group are at greater risk of reporting thoughts of ending life [15]. Those who identified as having been victims, bullies, and also witnesses were significantly more likely to contemplate ending their lives when compared to students not involved in bullying interactions, those who were both victims and bullies, those who were both victims and witnesses, and those who were bullies and witnesses. While this particular group (the bully-victim-witness) exemplify the type of student who deliberately seeks to protect himself or herself from bullying through an alliance with the bully, it should be noted that this student has never been drawn to the attention of mental health professionals working in schools. However, Twemlow and colleagues have characterized the more provocative bystander as one that is not only thrilled and excited by the prospect of violence being perpetrated against others, but also one that revels in the power he or she holds over the well-being of the victim [4]. While it has been argued that among bystanders such characterizations or subjective states demonstrate a cognitive and emotional impairment, other researchers have argued that rather than failing to understand the plight of the victim, bullies and their confederates understand all too well the impact their behaviour has [23]. The *sham bystander* is a case in point; he or she consciously manipulates social relationships in a calm and deliberate manner for his or her own political ends.

There is substantially less research on bullies and their confederates than there is on victims, and even less of the mental health correlates of perpetrating or encouraging bullying behaviour at school. It is important that we understand the ramifications of bystander status in all its guises for the well-being and mental health of our student populations.

Discussion and conclusion

School bullying is a complex phenomenon that cannot be understood in terms of a simple dyadic relationship between the perpetrator and his or her victim. Roles overlap considerably, and each role has its own social dynamic that brings with it a shifting behavioural landscape that affects every member of a school's student community. While a great deal of research attention has been focused on the mental health correlates of victim status it is clear from this review that much more attention should be placed upon the mental health correlates of bystander status. Whether a student is a passive or provocative bystander, and isolate or a co-victim, he or she is also likely to be suffering. It is incumbent upon schools and those who administer schools to find ways of supporting the whole educational community rather than focusing their attention upon victims and perpetrators. Posttraumatic stress, internalized hostility, substance use, and suicide ideation are issues as commonly found among witnesses as they are among victims of assault, abuse, natural disasters, or man-made events. It should not be surprising to clinicians that those symptoms usually reported among adult populations who have suffered abuse or trauma are also to be found among student populations similarly abused or traumatized as a result of adult or peer violence. However, it seems that there has been some reticence on the part of school and educational authorities to recognize the implications bullying has for the mental health of all the students in their care. Indeed most recently anti- bullying campaigns such as *'It Gets Better'*,

while highlighting the significant mental health implications of bullying (homophobic bullying in this instance), take the focus away from 'the here and now' and the protection of young people in schools by inferring that the hardships they face today will not affect them in the future. Is it right that we ask young people to wait until they are grown up our school communities are at risk now?

Bystanders have a significant role to play in stopping bullying behaviour. It is important that we find a means of ensuring that bystanders invest in their school environment and make an investment in the welfare of their peers. Twemlow and his colleagues provided a very useful clinical characterization of a pathological and a healthy charisma associated with altruistic helpfulness (this was first developed by Peter Olsson, M.D.). In this characterization the healthy, altruistic individual is one who encourages his or her peers, is empathetic and understanding, is creative, has facilitative skills that support group cohesion, gains reward from helping others, and mentors future leaders in younger classes or grades. It seems likely that if such individuals were to be nurtured through a series of positive programs, it would be difficult for bullies and their confederates to gain power over others at school [4] [24].

This short review provides an outline of the issues that should concern teachers, administrators, school counsellors and psychologists, pediatricians, child and family therapists who work with students involved in bullying. It identifies three categories of bystander, each with its own series of mental health concerns. It is only by understanding the experiences of all of the inhabitants of a school where bullying takes place that it is possible to challenge this pernicious and, alas, still ever present form of abuse.

Table 1: Bystander roles

	Individual & behavioural characteristics		
No. of bystander types	Salmivalli et al. (1996)	Twemlow et al. (2004)	Rivers et al. (2010)
Type #1	*Assistant* Passive followers, joined in harassment when started by others.	*Bully bystander* Sets up opportunities for victimization of others *Puppet-master variant of Bully bystander* Seeks violent outcomes through manipulation of others.	*Bully-witness* Sometimes a bully and sometimes an observer.
Type #2	*Reinforcer* Provide bullies with positive reinforcement of behaviour	*Abdicating bystander* Scapegoats others	
Type #3	*Defender* Provides support to victim in or after bullying episodes, actively tries to stop bullying	*Helpful bystander* Mature use of individual and group psychology to stop bullying episodes, skilled in resisting victimization	
Type #4		*Victim bystander*	*Victim-witness*

		Passive, drawn into the Victimization process by fear	Sometimes a victim and sometimes an observer
Type #5	*Outsider* Withdraw from bullying Situations	*Avoidant bystander* Denial of personal responsibility	*Witness* Observes bullying but has not been a victim or bully
Type #6		*Sham bystander* Role of victim or bully is adopted for personal political reasons.	
Type #7			*Bully-victim-witness* Takes on multiple roles at school; sometimes a bully, sometimes a victim, other times an observer

Table 2: Symptoms responses of students exposed to community/school violence by grade/age (Adapted from Pynoos & Nader, 1988)

Preschool-2nd Grade (4-8 Years)	3rd-5th Grade (8-12 years)	6th Grade and Up (12 years +)
Helplessness, passivity	Preoccupation with issues of responsibility and guilt	Detachment, shame, guilt
Generalized fear	Fears related to being alone	Self-consciousness about their own fears, vulnerabilities, fear of being labelled different
Cognitive confusion	Traumatic play (retelling and replaying an event)	Post-traumatic 'acting out', drug use, anti-social behaviour, inappropriate sexual behaviour
Difficulty in identifying source of worry	Fear of being overwhelmed by feelings (e.g. crying, anger)	Self-destructive/accident prone behaviour
Selective mutism, nonverbal traumatic play	Impaired concentration/learning	Difficulties in interpersonal relationships
Attributing 'magical' qualities to reminders of trauma	Sleep disturbances	Focus on revenge/retribution
Sleep disturbances	Concerns about safety of self and others	Significant changes in attitudes towards life
Anxious attachment (clingy behaviour, concern at caregiver's absence)	Inconsistent/unusual/out of character behaviour	Leaves school early, marries/embarks upon a relationship early, reluctant to leave home
Regressive behaviour (thumb sucking, bed-wetting, regressive speech patterns)	Somatic complaints	
Anxieties related to failure to understand concepts such as death	Concerns about impact on parents, others	
	Disturbed/ frightened by their own grief	

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