Techniques for Reducing the Severity of Bullying Behavior Among Children - Prevention and Anti-Bullying Mechanisms -

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Abstract:

The present study aims to shed light on cognitive behavioral therapy as one of the most ,important proposed therapeutic programs for addressing bullying problems and reducing their severity within the school environment, given its three-dimensional perspective that integrates behavior, thoughts, and emotions. A number of definitions related to this approach are reviewed, while highlighting the most important modern techniques for reducing the severity of bullying behavior among children according to this approach, using assertiveness, problem solving, relaxation, role playing, reinforcement, and self-control among children. The importance of this study lies in its inclusion of a body of theoretical information directed as scientific material to every researcher in the field of cognitive behavioral therapy; once these techniques are mastered, it becomes easier for specialists to apply and practice them in the field.

Keywords: cognitive behavioral therapy, bullying behavior among children, therapeutic techniques.

Introduction:

Bullying is an old phenomenon that has existed in all societies since ancient times among members of the human species in different forms and varying degrees, and it appears when appropriate conditions are available. However, research on this topic is relatively recent. Behavior is considered bullying when it includes unprovoked psychological, verbal, and physical attacks on the victim. This behavior begins at an early age in childhood, around the age of two, when the child begins to form an initial concept of bullying that gradually develops and continues until it reaches its peak in the last

three grades of primary school, and continues during the middle school stage, then begins to decline gradually by the end of adolescence.

Addressing bullying problems has become a school priority in several countries, which have proposed many methods to deal with such problems. Cognitive behavioral therapy is considered among the proposed programs for addressing these problems, as it is a relatively modern therapeutic approach that integrates cognitive therapy and its various techniques with behavioral therapy and its techniques. It deals with various disorders from a three-dimensional perspective cognitive, behavioral, and emotional and relies on establishing a cooperative therapeutic relationship between the therapist and the client, within which the client's personal responsibility is defined for distorted thoughts and irrational beliefs that are responsible for the disorders suffered and the resulting distress and suffering. Bullying behavior is among the most common psychological disorders in children, appearing clearly through its psychological, social, educational, and economic impact on the individual and society.

Bullying may differ in its forms among children according to age, gender, and culture, as well as parenting style and socialization, and it may appear in many forms and manifestations.

1. Study Problem:

In recent times, bullying behavior has increased, making it one of the widespread problems among children, developing at an early age and continuing into later stages, affecting their future interactions and causing clear manifestations of emotional and behavioral disorders during childhood. The bullying child may practice bullying against peers or become a victim of others' bullying.

Bullying behavior is an acquired behavior from the environment in which the individual lives, and it leads to serious consequences for all parties involved. The stronger party (the bully) inflicts psychological, physical, verbal, and social harm on another individual who is weaker in physical abilities (the victim). This is confirmed by Hala Ismail (2010), who views school bullying, with its aggression toward others whether physical, verbal, social, or electronic as a problem with negative effects on the bully, the victim, and the entire school environment. Adams (2006) also indicated that aggressive behavior may lead to bullying behavior among students.

Schools have become sites of daily bullying incidents, and the spread of bullying in schools has been demonstrated by many studies worldwide. In a study by Coy (2001) entitled "Bullying in Schools," the results revealed that approximately 160,000 students flee schools daily due to bullying by their peers. Bullying is defined as a form of violence, abuse, and harm directed by a person or group of people toward another person or group, where the aggressor is stronger than the other, through

physical assault, actual harassment, and other violent methods. Bullies follow policies of intimidation, coercion, and threats. Bullying is divided into main types: verbal bullying, physical bullying, emotional bullying, and cyberbullying. The study recommended adopting the Dan Olweus Bullying Prevention Program and applying it at the school level in the Kingdom of Saudi Arabia.

Ismail (2010), in two studies the first examining psychological variables among victims of bullying in the primary stage found a positive and statistically significant correlation at the level (0.01) between bullying victims and study variables represented by state and trait anxiety, self-esteem, psychological security, and psychological loneliness, and at the level (0.05) between victims of school bullying and low psychological security. In the second study, which examined the effectiveness of bibliotherapy in reducing school bullying among children, the results indicated the effectiveness of bibliotherapy in reducing bullying among children in schools.

This paper focuses intensively on bullying in schools and its important dimensions, relying on some recent scientific studies to describe its reality in the school environment, using illustrative figures and diagrams, and concluding with a presentation of the latest global programs for intervention and prevention of bullying in schools, as well as practices in the field at the local level.

The study by Cross et al. (2011) aimed to examine the effectiveness of the Friendly Schools Program in reducing bullying behavior. The study sample included 29 schools, and a self-report bullying assessment questionnaire and a guidance program were applied, involving a group of schools. The program aimed to provide assistance to teachers and bullying students and their victims, and to monitor bullying phenomena among students in schools where the program was implemented. It was found that low social context and poor parental and school treatment were positively associated with the spread of bullying.

The study by Farmer et al. (2010) aimed to evaluate the impact of an early education program in rural areas based on increasing teachers' and students' awareness of peer groups in reducing bullying behaviors. Thirty-nine teachers and 466 students participated, teachers provided lessons on social dynamics and peer group processes, and cognitive social mapping procedures were used to assess and balance students' perceptions.

From our review of previous studies, and within the limits of the researcher's knowledge, there are few studies that have addressed cognitive behavioral therapeutic techniques in reducing the severity of bullying.

Accordingly, the problem centers on the following main question:

- What are the most important cognitive behavioral therapeutic techniques that may reduce the severity of bullying behavior among schoolchildren?

3. Study Objectives:

- The present study aims to identify the most important cognitive behavioral therapeutic techniques that may reduce the severity of bullying behavior among schoolchildren.

- Identifying the most common manifestations of bullying behavior among a group of schoolchildren.

- Contributing to efforts to employ the principles and techniques of cognitive behavioral therapy in developing therapeutic programs that would reduce the severity of bullying behavior among these schoolchildren.

4.Importance of the Study:

This study acquires special importance by drawing the attention of all specialists and practitioners to the value of cognitive behavioral therapy and introducing its most important principles and techniques, as well as by focusing on a specific segment of society represented by schoolchildren, who constitute one of the pillars of the educational process, and by attempting to understand the phenomenon of bullying and to gain an accurate understanding of the most important cognitive behavioral therapeutic techniques that can be relied upon in developing therapeutic programs.

5. Definition of the Study Concepts:

Bullying behavior: A form of intentional, deliberate, and repeated verbal, physical, or psychological abuse aimed at causing harm and damage to others.

Therapeutic techniques: Techniques developed within therapeutic programs in order to test their effectiveness with clients.

To answer the study question, we reviewed the relevant literature, including books, articles, and previous studies, and noted the recurrence of six (6) basic techniques that have proven effective in reducing the severity of bullying behavior. These will be addressed below through explanation and clarification. To properly understand these techniques, it is first necessary to identify cognitive behavioral therapy.

Therapeutic Techniques of Cognitive Behavioral Therapy:

A program that integrates cognitive and behavioral techniques.

1. Definition of Cognitive Behavioral Therapy

- Cognitive behavioral therapies are integrated therapeutic approaches, meaning that they combine various treatments within a shared theoretical model that brings together learning theories, cognitive theories, and emotional theories, all of which are subject to scientific scrutiny (Boufiya, 2019, p. 43).

- Palazzolo (2005) believes that cognitive behavioral therapy works to change maladaptive behavior in a person's daily life, as well as the thoughts and cognitions associated with maladaptive behavior (Polkerat, 2018, p. 71).

- Cognitive behavioral therapies constitute a current in the field of psychotherapy and are currently dominant in several countries, especially Anglo-Saxon ones. These therapies appear under the following labels: cognitive behavioral therapies, TCC in French, and CBT in English (Farhat, 2019, p. 10).

2. Principles of Cognitive Behavioral Therapy

Cognitive behavioral therapy is based on the principle that cognitions are causally related to emotional distress and behavioral problems. It also targets emotional experiences, physical symptoms, and behaviors (Hofmann, 2012, p. 33). It should be noted that there is a set of principles that form the foundation of the cognitive behavioral approach, involving the therapist, the client, and the therapeutic experience, and these principles are as follows:

a- The client and the therapist work together to evaluate problems and reach solutions.

b- Cognition plays a fundamental role in most human learning.

c- Cognition, emotion, and behavior are linked by a reciprocal causal relationship.

d- Attitudes, expectations, attribution, and other cognitive activities play a fundamental role in producing and understanding behavior, treatment effects, and predicting them.

e- Cognitive processes are integrated into behavioral patterns. (Al-Zarrad, n.d., p. 23)

3. The Cognitive Behavioral Psychotherapist

3.1. Definition of the Psychotherapist:

Cognitive behavioral therapists are practitioners who have chosen the profession of psychotherapy. They have a desire to help individuals who suffer from psychological difficulties and a desire to better understand psychological life in general. They have studied in specific disciplines: medicine with specialization in psychiatry, or clinical psychology, or psychopathology at the university level. After completing these higher studies, they undergo training in cognitive behavioral therapies lasting two

or three years and begin applying these therapies under the supervision of an expert therapist at the beginning. They also participate in other training sessions, seminars, and workshops to exchange experiences and develop their skills while keeping up with new therapeutic techniques. They may practice therapy in private clinics, hospital services, and nursing homes (Boufiya, 2019, p. 73).

3.2. Role of the Cognitive Behavioral Psychotherapist:

The role of the psychotherapist consists of working with the patient to find adaptive solutions to solvable problems and encouraging the patient to ask questions to ensure understanding and agreement with the therapeutic approach.

The primary role of the psychotherapist in cognitive behavioral therapy is highly active, as the therapist should teach patients the basic principles of this therapeutic approach. In addition, psychotherapists often find that patients need strong guidance in the early stages of therapy to help them successfully identify misconceptions and relevant automatic thoughts. As therapy progresses, the patient is expected to become more active in treatment, and the skilled cognitive behavioral therapist enhances the patient's independence (Hofmann, 2012, p. 49).

5. The Cognitive Behavioral Approach in Explaining Psychological Disorders

Beck distinguishes based on the nature of therapeutic strategy between rational, experiential, and behavioral approaches, all of which are important aspects of cognitive behavioral therapy. Proponents of the cognitive behavioral approach believe that maladaptive beliefs (schemas) can lead to maladaptive cognitions (often automatic) when attention is directed to certain stimuli such as situations, events, sensations, or even other thoughts. These attentional processes often display a high degree of automaticity and may occur at a level adjacent to awareness. Once the process reaches the level of awareness, stimuli are interpreted and evaluated, and the evaluation then leads to personal experience, physical symptoms, and behavioral responses (Hofmann, 2012, p. 39).

Positive interactions between the psychotherapist and the patient form a collaborative relationship. In general, the therapist's behavior should be honest and warm, and the patient should not be considered passive but rather an expert in their own personal problems. Thus, patients actively and effectively participate in the therapeutic process. For example, the therapist encourages patients to formulate and test certain hypotheses in order to gain a better understanding of the real world and their own problems as well (Hofmann, 2012, p. 49).

6. Mechanism of Bullying According to the Cognitive Behavioral Approach

The Norwegian researcher Dan Olweus—the founding father of research on bullying in schools defines bullying as deliberate negative actions by one or more students intended to harm another student, occurring repeatedly over time. These negative actions may be verbal, such as threats, scolding, teasing, and insults; physical, such as hitting, pushing, and kicking; or even without words or physical contact, such as facial expressions or inappropriate gestures, with the deliberate intention of isolating the victim from the group or refusing to respond to their wishes. According to Olweus, bullying can only be discussed in cases of imbalance of power or energy (an asymmetric power relationship), that is, when there is difficulty in self-defense. When a conflict arises between two students who are approximately equal in physical strength and psychological energy, it is not considered bullying, nor are cases of provocation and joking among friends. However, repeated rough joking accompanied by bad intentions and continuing despite signs of distress and objection from the targeted student falls within the scope of bullying.

7. Global Anti-Bullying Programs

First: The Olweus Bullying Prevention Program, which is considered one of the most comprehensive programs for confronting this phenomenon. This program provides a clear framework for administrators, teachers, and parents and can be applied at national and global levels across different educational stages, as well as at the level of the school, classroom, and students themselves. It is achieved through the cooperation and combined efforts of school administration, teachers, parents, students, and specialists from outside the school, with ensured commitment to helping stop bullying. Its implementation extends from year to year to measure its effectiveness in reducing the spread of bullying and mitigating its effects. The program has resulted in several positive outcomes, including:

- Activating the role of discussion and exchange of opinions between teachers and administration.

- Strengthening cooperation and information exchange between teachers and parents.

- Improvement in the climate of relationships between teachers and students (greater understanding, clarity, and openness).

- Positive changes in organizational structures, break systems, and the redesign of playground spaces.

- A significant decrease in cases related to bully/victim problems in classrooms that implemented some of the core components of the Olweus intervention program compared to classrooms that implemented only a few components.

- A decrease in the rate of students' involvement in other antisocial behaviors or an improvement in the social climate of classrooms.

Intervention at the school, classroom, and individual levels.

Second: Other programs and various strategies that have been used around the world to address different aspects of the bullying process, whether at the school, classroom, or individual level.

8. Dealing with Bullying According to the Cognitive Behavioral Approach

Researchers have identified several coping strategies used by victims to confront bullying. The most commonly reported strategy by students was seeking social support, such as asking for advice or encouragement from parents, teachers, and friends. Additional coping strategies included problem solving, such as developing a plan and reducing stress; distancing, such as ignoring and moving away from sources of anxiety and tension; cognitive restructuring, such as focusing on positive aspects; and external behaviors such as self-blame (Al-Dasuqi, 2016, p. 26).

Positive interactions between the psychotherapist and the patient form a collaborative relationship. In general, the therapist's behavior should be honest and warm, and the patient should not be considered passive but rather an expert in their personal problems. Thus, patients actively and effectively participate in the therapeutic process. For example, the therapist encourages patients to formulate and test certain hypotheses in order to gain a better understanding of the real world (Hofmann, 2012, p. 49).

After establishing the therapeutic relationship, the therapist follows the following steps during treatment:

a- Encouraging the child to accept his or her condition.

b- Assessing current difficulties.

c- Agreeing on a list of problems.

d- Setting goals.

e- Assessing the severity of bullying behavior in the child.

f- Asking questions and collecting information to monitor the child's mood.

g- Explaining the cognitive model.

h- Training the child to fill in pleasant activity schedules, achievement scheduling, and to evaluate each activity.

i- Training the child in therapeutic strategies (problem solving, relaxation, cognitive restructuring). Ensuring treatment follow-up to reduce relapses. (Burney et al., 2008, p. 217)

Cognitive behavioral therapies include a wide range of therapeutic techniques (behavioral, cognitive, and emotional), which represent, in a sense, intervention tools in cognitive behavioral therapy. The therapist must master them in order to be able to use them according to each disorder and with each patient. They have a dual objective: improving the patient's condition and enabling the patient to develop self-control. We will present and explain the most important therapeutic techniques used, based on our review of previous studies and the relevant literature, as follows:

8.1 Relaxation

Abdel Sattar Ibrahim (1993) states that relaxation is the complete cessation of all muscular contractions and tensions, and it differs from apparent calmness or even sleep (Belhassini, 2014, p. 106). It is a bodily technique within the behavioral approach that allows the individual to produce a state of relaxation, and there are many methods of relaxation (Boufiya, 2019, p. 22).

Relaxation was introduced into cognitive behavioral therapies in the form of techniques taught to the patient in the clinic with the therapist, after which the patient applies them independently on a regular basis. Relaxation sessions usually last from 10 to 30 minutes. This technique is based on two methods: the Schultz method, known as autogenic training, which focuses on sensations of warmth and heaviness in the body, and the Jacobson method, known as progressive muscle relaxation, which is based on the physiological response associated with muscle tension and relaxation (Farhat, 2019, p. 125).

Training in structured relaxation in psychological clinics usually consists of six therapeutic sessions, each of which should allocate at least 20 minutes to relaxation training. At the same time, the patient is asked to practice relaxation exercises for 15 minutes daily on their own according to therapeutic instructions (Abdel Sattar, 1994, p. 160).

The fundamentals of relaxation include:

✓ The therapist explains to the patient that he or she is about to learn a new experience or skill, no different from any other skill previously learned in life. In other words, the therapist clarifies that the patient, like many people, has learned to be tense and stressed and can learn the opposite that

is, to be relaxed and calm and that the therapist's role is to accompany the patient in reaching this state.

✓ The therapist also explains that as a result of relaxation, the patient may feel strange sensations such as tingling in the fingers or a sensation close to falling, and that there is no need to fear this, as it is normal and a sign that the body's muscles have begun to relax.

✓ The therapist advises the client to focus all thoughts on the present moment, that is, on the relaxation process, to help deepen the sensation and to assist the therapist in achieving the greatest possible success. At this stage, the patient is asked to imagine moments in life during which he or she experienced calm feelings.

✓ One of the fears experienced by some patients is the feeling that they will lose self-control. In such cases, it is preferable for the therapist to intervene from time to time to reassure the patient. The optimal role of the therapist at these moments is that of a guide or teacher who does not aim to control the body as much as to teach the patient a new experience (Abdel Sattar, 1994, pp. 161–164).

8.2 Assertiveness

Assertiveness is defined as the ability to express emotions appropriately regarding situations and people (Abdel Sattar, 1994, p. 203). This technique is used with individuals suffering from depression in order to develop relational abilities in the child, enabling him or her to assert themselves in social relationships in general and in relationships that cause tension in particular (Boufiya, 2019, p. 106).

Assertiveness is considered one of the traits of a positive personality. It is an ability that can be trained, mastered, and developed in individuals, and it consists of self-expression and defending personal rights. Therefore, the goal of therapy is to train patients to increase their ability to express themselves assertively and to increase self-confidence in situations in which they are unable to do so. This means not being afraid to let others know our feelings instead of hiding them inside, which creates warm relationships, positive interaction, and mutual reassurance. This type of positive relationship is one of the important aspects of overcoming depression (Mahmoud, 2009, p. 201).

8.3 Cognitive Restructuring

The original formulation of the bullying behavior model in cognitive behavioral therapy assumes that individuals who bully have a negative view of themselves, the future, and the world. These schemas trigger maladaptive automatic cognitions in certain situations. Through cognitive behavioral therapy, maladaptive cognitions are identified, explored, and corrected, along with maladaptive beliefs and schemas (Hofmann, 2012, p. 169).

The cognitive restructuring technique aims to enable schoolchildren to identify their various thoughts, verify their validity (that is, question them, as by definition they are distorted), then generate more adaptive thoughts. Cognitive work focuses on irrational thoughts. The therapist must investigate whether the negative thoughts causing depression are adaptive (rational) or maladaptive (irrational). If the thoughts that make the person depressed are rational, it would be wrong to attempt to restructure them. Therefore, the therapist must accurately identify the irrational aspects of thoughts before deciding to apply cognitive restructuring (Boufiya, 2019, p. 110).

8.4 Thought Correction (Modification of Distorted Beliefs)

The principle of cognitive behavioral therapy is that thoughts guide behavior and arouse emotions, and that distorted thinking leads to the emergence of many psychological problems. Cognitive therapists rely on reformulating the patient's negative automatic thoughts by encouraging the patient to search for the essence of adopting such poor and illogical thinking (Belhassini, 2014, p. 115).

Accordingly, psychotherapists have developed different concepts regarding the value of mental and cognitive factors in psychological disorders. They agree that psychological or mental disorders cannot be separated from the way the patient thinks about themselves and the world, or from their attitudes toward themselves and others. Psychotherapy must therefore focus directly on changing these mental processes before expecting any decisive change in the patient's personality or in the symptoms that prompted the request for treatment (Abdel Sattar, 1994, p. 273).

The psychotherapist seeks to modify and correct these cognitive distortions during the therapeutic session. There are three specific questions (called Socratic questions) posed to the client by the therapist to help the client review negative thoughts. These questions are:

1. What is the evidence for your beliefs?

2. How can the situation be interpreted?

3. If that is true, what does it mean to you?

   Each question provides a way to explore negative beliefs more deeply and to elicit more objective thoughts (Belhassini, 2014, p. 116).

8.5 Positive Reinforcement

The concept of reinforcement refers to any action that leads to an increase in the occurrence or repetition of a particular response, such as words of praise and encouragement, or material or moral

rewards for a certain pattern or patterns of responses issued by the individual. Reinforcement may be positive or negative (Abdel Sattar, 1994, p. 160).

Cognitive behavioral therapies focus on reinforcement theory to help individuals change behaviors that pose problems for them, and positive reinforcements are the most commonly used in these therapies (Boufiya, 2019, p. 26).

Positive reinforcement refers to any action or event whose presentation to the individual leads to an increase in the frequency of the desired behavior (Abdel Sattar, 1994, p. 230).

This technique is used in cases of patients who suffer from disorders that significantly hinder them, where it is useful to introduce positive reinforcers during therapy to reinforce behaviors considered desirable. The therapist encourages the child when applying therapeutic techniques and when gradually overcoming difficulties by saying, for example, "That's great," "Bravo," "Congratulations, you did a good job." These are examples of positive reinforcements commonly used in cognitive behavioral therapy to support treatment and enhance patient improvement. When the patient notices improvement, this is considered a form of self-reinforcement, encouraging continued effort in therapy. Primary or secondary positive reinforcers may also be used (Boufiya, 2019, p. 25).

8.6 Behavioral Activation (Homework Assignments)

Bullying behavior is often associated with aggressive behaviors. As a result, the lives of bullies become deprived of reinforcement, satisfaction, and happiness. Therefore, behavioral activation is necessary at the beginning of treatment in order to raise the patient's energy level. A program is used to resume activities gradually while taking into account the child's low motivation. The therapist and client create a list of activities that the child should have been doing but no longer does. Then a realistic and feasible activity is chosen, divided into graded steps, and a program is set to implement each step.

When the child completes the first step, this often enhances the sense of personal competence and self-esteem, which constitutes positive reinforcement that supports subsequent steps and the resumption of activities. This dynamic has an effective impact on reducing bullying behavior (Boufiya, 2019, p. 107).

Conclusion:

In light of the theoretical framework presented on cognitive behavioral therapy and its approach to the phenomenon of school bullying, we concluded that cognitive behavioral therapy is a relatively

modern therapeutic approach that integrates cognitive therapy with its multiple techniques and behavioral therapy with its techniques. It addresses different disorders from a three-dimensional perspective cognitive, emotional, and behavioral and relies on establishing a collaborative therapeutic relationship between the therapist and the child based on full understanding, a nonjudgmental stance, adopting the patient's perspective, and the ability to comprehend underlying motivations.

We also identified the most effective cognitive behavioral techniques in reducing the severity of bullying behavior among schoolchildren, namely relaxation, assertiveness, cognitive restructuring, correction of distorted beliefs, positive reinforcement, behavioral activation, and modeling. Cognitive behavioral therapy contributes to reducing the problem of bullying among school students if the efforts of all stakeholders are combined through guiding and counseling students and raising their awareness of bullying behavior, its forms, manifestations, and causes, in order to prevent behaviors that cause harm to others, and by training them to develop creative thinking. Excessive use of punishment or verbal aggression should be avoided, as such behavioral patterns create an aggressive model that makes overcoming the problem of bullying impossible.

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