Using disability models to understand how schools create bullying

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Abstract
The great mass of bullying research focuses on individual children through a deficit model of their personal variables which are categorised and catalogued using typologies such as high levels of aggressiveness, low levels of empathy and so on. This paper proposes a reconsideration of ‘the school’ as an unproblematically benign institution whose ethos is inimical to bullying, and reframes it as a social system in which current arrangements make bullying almost inevitable. The paper deploys theoretical constructs drawn from outside the usual field of psychology to critically examine many taken-for-granted features of schooling. In particular, the paper briefly describes the medical and social models of disability to illuminate the philosophical differences between the psychological and sociological paradigms in bullying research. It argues a moral imperative for more research on bullying that critiques political and systemic factors in education, rather than ever more funding that designates children as psychological deviants.

Key Words: Bullying, schooling, psychology, sociology, disability models.

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1. The traditional approach to research on bullying

Bullying in schools has been identified as a matter of concern for many years, perhaps as long as schooling itself has existed, but at least as long as the English public school system in the 19th century, as described by Hughes (1994). It is a common remark in antibullying circles that the fact that bullying was long recognised but unaddressed by society is nothing less than astonishing. Despite years of suffering by thousands if not millions of children, it took the suicide of three boys in Norway in 1983 for the authorities to react. The reaction was a huge antibullying campaign in which Dan Olweus’ research set the benchmark for the scientific study of bullying. Olweus, a psychologist who had been working on peer aggression since the early 1970s, developed a programme of data collection and intervention that has been the cornerstone of antibullying research ever since.
The act of bullying has been described variously, and there are many academic definitions that present different aspects of bullying, but most share a set of core features. These include: an intent; a power imbalance; a hurt and; a repetition. Different settings for bullying can give a different emphasis on these elements, for example power imbalance might not be so evident in very young children, or intent might not be clear amongst pupils with learning difficulties. In recent times, the research on bullying outside school systems has been more prolific, with racial (McPherson, 2007), adults with learning difficulties (Sheard et al., 2001), prison (Ireland, 2005) and workplace bullying (Jennifer, et al., 2003), all being examined. However, school bullying remains the most funded area of research (a recent search on the electronic database SWETSWISE returned 421 hits for that phrase) and that is the subject of this paper.

The focus of bullying within schools has been virtually exclusively on the pupils themselves, with very rare exceptions (Roland and Galloway, 2004; Whitted and Dupper, 2008). Often, the official definitions of antibullying interventions as well as academic formulae explicitly state this focus, for example:

We say a child or young person is being bullied or picked on when another child or young person, or a group of children or young people (….)

(Smith et al., 1999 p143)

Such definitions are now embedded in the national psyche, and neatly deflect any reference to parts adults might play in bullying. Instead, the preoccupation is with finding out more about which pupils bully whom, then intervening at that level. Interventions on a school-wide basis tend merely to cover the same ideas, but en masse, in class or year groups in the form of preventative talks and activities.

In this endeavour, the default data collection instrument is the questionnaire – often a variant of Olweus’ original instrument translated into the home language. Antibullying questionnaires of one sort or another tend to have their provenance in psychology, and contain a set of assumptions and interests in the individual person derived from that training – a discipline which itself evolved from 19th century medical origins. Some of these assumptions and interests can be seen in the titles of research papers on bullying:

Situational and interpersonal correlates of anxiety associated with peer victimisation
So, the situation is that the thrust of antibullying research in schools is carried out by psychologists taking a positivist approach and gathering statistics that posit bullying as a problem generated by deviant children in a school setting (Reid, Monson and Rivers 2004). Once this pathologisation has been established there is work to be done in restoring normality by changing the child’s behaviour (either/or bully and victim). Failing that, the job is restoring normality to the school by removing those children to a place that has special powers and skills to deal with that type of deviant. One analysis of the above process might be: survey, police, incarcerate, treat: but that might be too harsh.

2. An alternative approach to the problem of bullying in schools

The pathologisation of individual children might carry some force if it were not for the fact that by their own measurements, psychologists have established the massive prevalence and frequency of bullying in schools. Katz (2001) for instance found more than 30% of boys and 25% of girls admitted personally bullying others ‘a little and/or a lot’. This high level of bullying must surely indicate that bullying is not psychopathological, but normal behaviour (Bansel et al., 2009).

‘Normal’ behaviour is not necessarily desired behaviour, or behaviour that does anyone any good, for example, smoking would fall into that category. Neither should normal behaviour be exempt from some sort of modifying intervention. However, causes for such behaviour are not exclusively rooted in individual personality, they are widely acknowledged to be informed by environment, culture, and society too, otherwise the discipline of sociology would be redundant. Despite the success of the sociological tradition in illuminating problems in human behaviour, very little sociology has been applied to the problem of bullying.

An excellent but rare sociological contribution to understanding bullying comes from Yoneyama and Naito (2003). They assert the importance of external factors on school bullying by exploring the cultural differences of
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Yoneyama and Naito consider the Japanese school system much more overtly hierarchical and authoritarian than that of Western schools. They argue that Japanese cultural features such as group conformity and profound deference to authority are key elements in the way that pupils bully others. An example of this is that in Japan the whole class often turn against one weak or deficient group member (see the original definition of bullying in Scandinavia as mobbing, Pikas in Tattum et al, 1988), whereas Western aggressors are more often seen as a single person serially attacking individual targets.

The work of Yoneyama and Naito has had a negligible impact on the prolific psychological research on bullying. Virtually no work since that date has engaged with (or even referenced) their theories, and yet there is a glaring paucity of theorisation about the causation of bullying in that same literature. The idea that some features of school life have a bearing on the forms of bullying associated with that system appears very obvious. It would seem logical then that the schools themselves play a part in not only shaping bullying, but perhaps generating it, or at least promoting conditions in which it can flourish.

The overwhelming assumption in the literature however, is still that some children bully because they are naughtier than their peers, and victims are selected because they are weaker than their peers, in other words, a psychological deficit model of attribution. Any ‘sociology’ that enters the mainstream debate is limited to further pathologisation, but of the family or community, and is still of a conservative and positivist nature. Most recently Bowes, et al. (2009) for example, provide huge amounts of statistical data to conclude:

Family therapy strategies focusing on the relationship between parent and child, and encouraging parents to take a more active role in their children’s lives, may have an impact on children’s likelihood of being involved in bullying. (p.552)

It seems that we have come a very short way in the past quarter century when Lagerspertz et al. (1982) reckoned that:

The children's personality variables were studied with questionnaires. The victims had low self-esteem, were subjectively
maladjusted, and experienced their peer relations negatively. The victims were physically weaker than well-adjusted children, and obesity and handicaps were more common among them. The bullies were physically strong, and handicaps were also among them more frequent than among well-adjusted children. (p.1)

3 The medical model of disability applied to bullying

Such disregard for other more obvious clues to why there is so much bullying in our schools appears to me almost wilful. It is preoccupied with a deficit model of schoolchildren – twisted, deviant, abnormal, dysfunctional and disruptive to the smooth running of the school. Even more disappointing is the recommendation of therapy, treatment and counselling as the answer to the problem. The mobilisation of medicalised services, of scientific cure, is offered as the best use of financial and human resources.

This model of aberrant children is uncannily similar to the way disabled people suffered the oppressive attentions of the medical profession for generations. Until the 1980s, there was no alternative paradigm for figuring disability other than as a personal ownership of a broken, missing or dysfunctional body or mind. It was the job of experts to define, identify and treat those disabled people, and the same was true of children who we now prefer to describe as having special needs (Clough & Corbett 2000).

The new special needs agenda in the UK was heralded by the Warnock Report of the 1970s translated into legislation in the 1981 Education Act, but only possible by radical theorisation and political agitation by disabled activists in the preceding years. These activists and theorists challenged the ‘medical’ model of disability which they described thus.

• The impairment is the disability, and the person is seen as fundamentally different, abnormal, dysfunctional, broken, diseased, incomplete, flawed
• The expert defines the problem and labels the subject
• The expert prescribes the cure or treatment
• The incurable are segregated with others of their ilk
• Although the service is a national one paid by taxes, the treatment is not negotiable, and the subject must accept it, often without alternative
• The individual is a passive recipient even when it is against his or her interests
In the context of school bullying, this model appears to have some similarities to the dominant paradigm:

- Bullying is seen as individual abnormality
- Bullying is the fault of the bully or attributed to differences in the victim
- Experts define bullying and identify the bullies and victims
- Bullies are treated by experts for anger management, empathy training, etc.
- Victims are treated for low self-esteem, lack of assertiveness, poor social skills
- If the bully is not cured, then s/he is segregated to a special unit with similar others
- There is no alternative to the state-controlled system, and the experience is often a negative one for the child

Changes in social sensibilities and inspiration from other oppressed groups helped to challenge the medical model of disability. Activists contested the expert-led, top-down approach as, well, bullying, of disabled people. The new, ‘social’ model of disability made some challenging statements:

- Impairment is part of human diversity, not an abnormality; it should be expected and planned for as a matter of human right
- Society is flawed for not accepting such diversity, and assuming a ‘normal ideal’
- Disability only occurs when human diversity is disregarded by society – e.g. steps instead of a ramp would disable a wheelchair user
- The individual is the expert on themselves, self-advocacy is expected
- Everyone is included in the mainstream, not segregated for the benefit of the majority

Applying these ideas to schooling, one can see parallels in that the dominant paradigm of aggressive behaviour is one of expert professional perfection and flawed pupils. Schools would function much better if it were not for messy human diversity (Rivers et al., 2007). But surely I’m not defending bullying? Of course not, but just as the social model of disability exposes certain flaws in society’s thinking, concentrating on the institution illuminates some very important features of schooling pertinent to bullying.

4 Inevitable conflicts in compulsory schooling systems
The whole structure of schooling is built on a principle of conformity to norms. Schooling compels all children to attend and to all perform the same activities in an age-stratified way. The crazy logic behind testing is to identify a norm then exhort all to exceed it. Those who fail to meet this ideal are considered problems. The problem children fall into two categories – academic and behavioural, but often the two have an association, and sometimes overlap. Pupils that feel unfulfilled and unvalued by school may well attempt other ways to achieve some power and recognition, and that might entail aggressing against peers.

The option of controlling other people in a harsh and unfair way is not something that such children will find new. But I argue that it is not in professionals’ power, nor ought it to be, to modify family relationships. It is more pertinent, and morally imperative, that school professionals attend to changing the things they can change, such as their own behaviour to their pupils. It is a truism that not everyone is the same, so why do we expect young people to sit quietly in a group of 30 for six hours a day? Why do we press children to improve their performance against others, or themselves, and set targets that constantly ratchet up on a logic that nothing is ever good enough?

When one considers the compulsion, compression, competition and control that is visited on children in the UK for 15,000 hours of their lives, perhaps it is no wonder that schools are so inextricably entwined with the phenomenon of bullying (Duncan, in Richards & Armstrong, 2007). The real wonder is why there is so much research on bullying children, and so little on bullying schools.

5 Conclusion: morality, economics and research orientation

Some disability theorists argue that disabled people will always be oppressed because it suits society to have a ‘negative other’ against which to define the ‘positive self’. Others believe that it is because professionals can make a good living from the disability industry – I admit myself in that number. Maybe the cost of bullied children in schools is a price society will pay to uphold a compulsory system that is more concerned with economic competitiveness and social control than it is with child welfare. Professor Dan Olweus, the original guru of research and intervention on bullying, has a corporate website that promotes his products and services where a two-day training course will cost no more than $3000. On the website video interview (Olweus, 2009) he tells us that it is:
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…basically a fundamental human right for a student to feel safe at school and be spared this kind of repeated humiliation that is implied in bullying. Bullying is definitely a serious problem in today’s schools.

I would agree, but unfortunately he was just referring to peer-abuse.

**Bibliography**


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