THE "UNMAKING" OF A BULLY THROUGH DEVELOPMENTAL

TRANSFORMATIONS

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ABSTRACT

THE "UNMAKING" OF A BULLY THROUGH DEVELOPMENTAL

TRANSFORMATIONS

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This theoretical research explores how Developmental Transformations may be used as a

drama therapy treatment approach to bullying. According to Dr. Neufeld's (2012) Alpha

Askew Thesis, the bully instinct is born when the individual becomes emotionally

desensitized due to psychological wounding and is defended against the emotions of

caring and responsibility associated with the alpha instinct, leaving only the drive to

dominate others. The analysis and synthesis of relevant anti-bullying prevention and

interventions programs are presented, followed by a description of Neufeld's attachment-

based developmental theory, and Developmental Transformations. The research then

aims to address Neufeld's proposed solutions on how to "unmake" the bully through

utilizing Developmental Transformations and a therapeutic approach. Bullying here is

presented as an attachment-based syndrome and disorder of embodiment, encounter, and

transformation.

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Chapter 1: Introduction

My interest in writing my research paper on bullying began while working with a client who was experiencing teasing and bullying both at school and work. As I witnessed the impact it was having on her self-esteem and confidence, I could not help but recollect my own experience with bullying and the severity of its impact on me as a developing adolescent. I knew then that I wanted to help prevent any unnecessary wounding to children and adolescents who are at the receiving end of bullying.

As I began my research on bullying prevention and intervention programs, my curiosity to find out why individuals bully increased. I wanted to know why someone would intentionally inflict pain on another for seemingly no reason. When I was introduced to Neufeld's Alpha Askew Thesis, my position that individuals' bully due to having suffered trauma was vindicated. Neufeld's theory explains bullying from a perspective in which I agree with while also offering suggestions on how to deal with the source of the problem - the bully's emotional desensitization - rather than focusing on what to do when bullying occurs as is the case with most anti-bullying prevention and intervention programs. I have always been of the opinion that bullies need just as much support, care, and attention than victims and bystanders.

I sincerely believe that what is proposed in this research paper can have a significant impact on the prevention and intervention of bullying. Most importantly, I believe that the drama therapy method, Developmental Transformations, has the ability to tackle Neufeld's proposed solutions to help dismantle defenses some children undeservedly needed to form to protect themselves due to suffering emotional wounding.

Chapter 2: Methodology

A theoretical research approach was applied to this qualitative research to address the question: How might Developmental Transformations be combined with Gordon Neufeld's Alpha Askew Thesis to reduce bullying behaviours in elementary age children?

Theoretical Research

A theoretical research "critiques and integrates existing theories in an attempt to generate new knowledge and theory" (Junge and Linesch, 1993, p. 66). This research consist of a synthesis of literature and research on previous anti-bullying prevention and intervention programs conducted with primarily with elementary school-age children, a detailed description of Gordon Neufeld's (2012) attachment-based developmental approach and Alpha Askew Thesis, and Developmental Transformations (DvT). It aims to investigate a drama therapy approach that could be utilized with youth-at-risk, elementary school-aged children more specifically, and could be applicable in possibly reversing or obstructing the development of the bully instinct based on Neufeld's Alpha-Askew Thesis.

A theoretical methodology is appropriate given that no research has been done on using DvT as an anti-bullying prevention/intervention strategy, much less in concordance with Neufeld's theory. Furthermore, this paper attempts to fill in the gap in the research by incorporating therapy into the prevention/intervention process to show the possible benefits a therapeutic relationship might have on the emotional well being of the identified bully. This research paper is important because it considers how DvT can be used in the possible prevention and intervention of emotional desensitization, thus

broadening the research of drama therapy being used in the "unmaking" (Neufeld, 2012) of a bully.

Data Collection and Analysis

The theoretical research process consisted of a literature review on previously implemented school-based anti-bullying prevention and intervention programs, Gordon Neufeld's (2004, 2012) attachment-based developmental approach and Alpha Askew Theory, and DvT. To conduct the literature review, qualitative and quantitative data was collected from peer-reviewed journals, annual reviews, dissertations and theses, government documents, and research reports from previous and current anti-bullying interventions research found in academic databases, such as *ScienceDirect, Routledge, Elsevier, PubMed,* and *PsychINFO* retrieved from Concordia University's database, as well as public database like Google Scholar. Academic journals included: *The Arts in Psychotherapy, American Psychological Association, Journal of Behavioral Education, Middle School Journal, School Psychology Review, The Journal of Applied Theatre and Performance, Journal School of Health, Procedia – Social and Behavioral Sciences, Journal of Adolescence, Clinical Child Psychology and Psychiatry* and *School Psychology International.*

The literature collected was limited to the year 1995 to the present (2017) and was identified using the following keywords: "bullying," "bullying intervention programs," "bullying prevention," "school + bullying intervention," "empathy + elementary children," "Social-Education Learning," "Social-Skills Training," "drama therapy + bullying interventions," "Theatre of the Oppressed," "Forum Theatre," "play-building for educational purposes," "Educational Theatre," "zero-tolerance," "drama," "drama

therapy," "Developmental Transformations," "Developmental Transformations + bullying," "Developmental Transformations + trauma," "Therapeutic relationship," Therapeutic relationship + bullying," and "Gordon Neufeld." Published books and book chapters found under the key words were also used.

After collecting the data, considerable time was spent reading and reviewing the literature, and identifying common relevant and irrelevant themes and concepts. A synthesis of similarities and differences between anti-bullying prevention and intervention programs, and findings was conducted. A qualitative codebook was used to code and organize the data according to themes and concepts found in the literature (Creswell, 2013). The researcher used predetermined codes based on the theory being examined, such as the type of prevention/intervention program (e.g., social-skills training, empathy building, whole-school approach, and drama-based), the duration of the program, and the research findings (i.e., significant and non-significant). The age of individuals receiving the prevention/intervention programs was a central point of focus to determine which studies were to be included or excluded from this research. After the initial coding, a revision of the themes and concepts was done to determine if they needed to be redefined or grouped together (Liamputtong, 2009).

Establishing Quality

Tracy (2010) lists eight criteria for qualitative quality: worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics, and meaningful coherence. A worthy topic refers to research that is relevant, timely, significant, and interesting (Tracy, 2010). Currently there is no literature on using DvT as a prevention or intervention strategy to address bullying, especially from Neufeld's perspective.

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Additionally, most prevention/intervention programs are directed at improving the school environment by implementing strategies that address the entire school body, rather than focusing on individuals (i.e., identified bullies). Therefore, this qualitative research is worthy as it investigates a different perspective on the root of the cause for bullying and an intervention strategy (i.e., DvT) that has the potential to reduce violent behaviors and restore emotional well being (Landers, 2002) in an attempt to determine a potential strategy that could be applied to diminish bullying behaviors in elementary school-age children. The additional element of providing therapy to the identified bullies through the use of drama therapy could potentially enhance the quality of the intervention and produce the desired results. With support from abundant research, data collection and analysis, and description of the findings, this theoretical study could potentially provide useful information for others in the field to incorporate the findings into their own research.

As mentioned in the previous section, the data collected from the research was gathered from a variety of sources, and thoroughly analyzed and organized to ascertain its validity, which is in agreement with Tracy's (2010) second criteria, rich rigor.

Hypothesis and Assumption

This research study is based on the hypothesis that bullying behaviors results from emotional desensitization caused by defenses formed due to severe emotional wounding. Therefore, the deconstruction of defenses and the restoration of feelings and ability to tolerate vulnerability will dissuade individuals' from engaging in bullying behaviors (Neufeld, 2012).

In addition, the study operates under the assumption that drama therapy and DvT more specifically is a viable option to help deconstruct defenses and restore emotions, helping bullies live a less rigid and more dynamic life. Potential drawbacks of these assumptions include the omission of other possible reasons for bullying behaviors, as well as drama therapy approaches that could be suitable to the "unmaking" of a bully.

Chapter 3: Literature Review

Definition and Types of Bullying

   Bullying has gained a lot of attention from researchers and school administrations as it has become a significant health concern. Bullying is defined as reoccurring acts of physical aggression (e.g. hitting, pushing, kicking, etc.), relational aggression (e.g. social exclusion, gossiping, spreading rumours, injuring the reputation of others, and writing hurtful letters and text messages), and verbal harassment and intimidation (e.g. threats, coercion, psychological intimidation) (Burton, 2010; Merrell, Gueldner, Ross, & Isava, 2008). These acts can either be pro-active or reactive, and direct or indirect (Espelage & Swearer, 2003), and they are usually "against a victim who is weaker than the perpetrator in terms of physical size, psychological/social power, or other factors that result in a notable power differential" (Merrell et al., 2006, p. 26). Direct bullying includes physical and verbal aggression and is the easiest to detect, and "consist of an expression of power" (Shetgiri, 2013, p. 34). Indirect bullying consists of relational aggression and is more difficult to identify. Relational aggression is more common though not exclusively done by girls (Shetgiri, 2013). Moreover, bullying knows no age, gender, race, ethnicity, and socio-economic status (Bhukhanwala, 2014).

Psychological and Physical Consequences

   Victim. Being subjected to bullying can have damaging effects on the victim's mental and physical health. It can cause loneliness, peer rejection, anxiety, depression, low self-esteem, suicide ideation, and psychosomatic problems (Colvin, Tobin, Beard, Hagan, & Sprague, 1998; Burton, 2010; Vessey, DiFazio, & Strout, 2013). Academic performance/achievements are also at risk as victims often develop an aversion to school

as a result of perceiving it as an unsafe environment. Chronic absenteeism and truancy are common for victims (Walden & Beran, 2010; Shetgiri, 2013). Physical symptoms can include "headaches and migraines, ulcers, panic attacks, irritable bowel syndrome, and frequent illnesses" (Aluede et al., 2008, as cited in Walden & Beran, 2010, p.6).

Bully. There are significant negative outcomes and troubling trajectories for perpetrators. Bullies may suffer from poor academic performance and grades due to having negative attitudes towards school (Burton, 2010; Gueldner, et al., 2008; Shetgiri, 2013), and are "less likely than their peers to have achieved success academically, professionally or socially" (Burton, 2010, p. 159). According to the researcher, involvement in bullying significantly increases the risk of depressive symptoms, and suicidal ideation and attempts (Dake, Price, & Telljohann, 2003; Shetgiri, 2013), and is associated with problem behaviors such as a higher rate of smoking and underage drinking (Nansel et al., 2001 [in Walden & Beran, 2010]; Shetgiri, 2013). Involvement in bullying during childhood increases the risks of being the perpetrator of "sexual harassment, date violence, gang attacks, marital abuse, child abuse, and elder abuse" (Pepler & Craig, 2000, p. 5). Furthermore, there is an increase risk of intergenerational ramifications for children who exhibit bullying behaviors.

> Children who bully at a young age are at a higher risk of having children who are also bullies. A cycle of violence appears to occur in which children exhibit bullying behavior at an elementary school age, turn to more serious forms of harassment, dating abuse, and sexual abuse at high school age, and ultimately, to serious acts of violence as adults. (Colvin et al., 1998, p. 296)

Bully-Victim. Bully-victims are both victim and bully, and are known as "reactive bullies or provocative/aggressive victims" (Shetgiri, 2013, p. 36). Bully-victims may be victims that transition into bullies due to prolonged victimization, or react to being bullied with impulsive aggressive behaviors (Shetgiri, 2013). They are more likely to be maladjusted, have conduct problems, and become aggressive (Vessey et al., 2013; Shetgiri, 2013). Bully-victims have poorer social and problem solving skills than their counterparts, and are less liked by their peers (Shetgiri, 2013). They have "significantly higher levels of psychosomatic symptoms, such as poor appetite, and sleeping difficulties" (Vessey, Difazio, & Strout, 2013, p. 339). Common psychological outcomes for bully-victims are low self-esteem, depression, and anxiety (Walden & Beran, 2010). They are at a higher risk of developing substance abuse than bullies (Vessey et al., 2013), and are more likely to instigate school shootings due to being constantly victimized (Vessey et al., 2013).

Age. Several studies have observed that, although bullying can be found at all ages, it peaks and is more prominent during the middle school years (Belliveau, 2005; Walden & Beran, 2010; Bhukhanwala, 2014; Espelage & Swearer; 2003; Merrell et al., 2008). From this therefore, we can infer that bullying prevention/intervention programs should be conducted with students below the 8th grade, particularly during the transition between elementary and middle school (Espelage & Swearer, 2003). Belliveau (2005) explains that one of the major reasons why this is the opportune age to intervene is because "bullying intervention programs are more likely to succeed during the elementary years when students are more empathetic towards the bullied" (p. 138).

Factors in Becoming a Youth-at-Risk

A combination of individual, family, peer, and school factors contribute to the risk of children becoming bullies (Espelage & Swearer, 2003; Jolliffe & Farrington, 2011; Pepler & Craig, 2000; Shetgiri, 2013). Individual characteristics include difficult temperaments, attention problems, and hyperactivity. Family factors include aggression within the home, ineffective parenting, and family stress. Peer factors include aggressive peers, rejection, and marginalization. Lastly, school factors include school personnel ignoring antisocial behavior, inconsistent consequences, and alienating interactions with the bullies (Pepler & Craig, 2000).

It cannot be assumed, however, that every bully experiences a hostile family environment, but some research has shown that there appears to be a correlation between dysfunctional family dynamics, such as inadequate parental supervision, family violence and conflict, and general aggressive behaviors in youths (Espelage & Swearer, 2003; O'Sullivan and Ryan, 2009).

Four Prevailing Theories

There are four prevailing theories that attempt to explain bullying (Neufeld, 2012). The Power Thesis popularized by Alfred Adler postulates that bullying results from a preeminent drive or quest for superiority that accounts for our striving for dominance (Neufeld, 2012). The Concept of Entitlement Thesis, or the "sense of entitlement thesis," suggests that bullies are children who are spoiled by their parents, who are unable to differentiate between acceptable and unacceptable behavior, and expect everyone to give into their demands (Esmail, 2014; Neufeld, 2012). Learned Behavior Thesis argues that bullying behaviors is a learned behavior since humans are

not born bullies. If the behavior can be learned it can therefore be unlearned (Coloroso, 2002; Neufeld, 2012). Finally, the Empathy Failure Thesis emphasizes the assumption that bullying results from low levels of empathy (Farrington & Jolliffe, 2011). The theory suggests that teaching bullies relational skills, how to care and be considerate will disincline them to continue bullying.

Interventions

Norwegian researcher Dan Olweus pioneered the research on school bullying in the 1970s. His school-wide prevention program that was designed to better peer relations and reduce bulling is still widely recognized in the literature and continues to influence contemporary anti-bullying prevention and intervention programs today (Merrell et al., 2008; Olweus & Limber, 2010). Many approaches have been developed to address, prevent, and intervene bullying behaviors in schools since, as schools are increasingly being mandated to develop anti-bullying policies (Espelage & Swearer, 2003; Vessey et al., 2013).

Zero tolerance. The term "zero tolerance" was initially developed "as an approach to drug reinforcement [before it] became a widely adopted policy in schools in the early 1990s" (American Psychologist, 2008, p. 852). The assumption is that in order to create improved school climate students who violate school rules and exhibit bullying or disruptive behaviors in the school environment must be removed (e.g., expelled or suspended) to deter others from being influenced and engage in the same types of behaviors (American Psychologist Association, 2008; Espelage & Swearer, 2003; Skiba, 2000).

In 2008, the American Psychological Association (APA) commissioned the Zero Tolerance Task Force to review the literature on zero tolerance policies to investigate its efficacy. Amongst the various findings, the Zero Tolerance Task Force found that the school climate rates actually decreased as suspensions and expulsions increased. Rather than being an effective means of punishment for disruptive behaviors, suspensions and expulsions increased the likelihood of future misbehaviors and suspension for those who were suspended. The Zero Tolerance Task Force concluded that the research has not shown that the removal of "troublemakers" improves school safety or climate, nor does it improve student behavior (American Psychological Association, 2008).

Shetgiri (2013) and Skiba (2000) reported the same findings; the zero tolerance policy results in an increase of misbehaviors, higher suspension and expulsion rates, and worsen school climate. The data on zero tolerance provides little evidence on the effectiveness of the policy (American Psychological Association, 2008; Shetgiri, 2013; Skiba, 2000).

Whole-School Approach. The whole-school approach is the collective and collaborative endeavor by the school community to promote a safe school climate, and foster students' learning, behavior and well being by implementing strategies and effective disciplinary policies (Colvin et al., 1998). The approach is based on the assumption that bullying is a systematic problem and that interventions should be multifaceted and directed at the individual, peer, and whole-school level (Koiv, 2012; Richard, Mallet, & Schneider, 2011; Shetgiri, 2013). It consists of "whole-school multidisciplinary interventions, curriculum interventions, social and behavioral skills

group training interventions, and other single-component interventions" (Shetgiri, 2013, pp. 42-43).

Smith, Schneider, Smith, and Ananiadou (2004), and Merrell et al. (2008) both conducted a meta-analysis of whole-school anti-bullying programs. Smith et al. (2004) reviewed 14 research publications solely on whole-school intervention programs, while Merrell et al. (2008) reviewed 16 that included interventions at the individual classroom level, as well as the whole school. They both concluded that the majority of the studies did not yield significant outcomes.

The literature suggests that although whole-school intervention programs are useful in increasing awareness and understanding of bullying, they do not yield significant effects in reducing bullying behaviors (Belliveau, 2005; Merrell et al., 2008; Richard et al., 2011; Shetgiri, 2013; Smith et al., 2004). However, investing in the building of relationships between teachers, pupils, and peers appears to be just as conducive as creating a positive school climate (Belliveau, 2005; Colvin, et al., 1998; Richard et al., 2011). For instance, Richard et al. (2011) reported that there were fewer bullying episodes among students who have positive student-teacher relationships.

Social Skills Training. Social-skills training (SST) has become a fundamental component in bullying prevention and intervention programs because "[social-emotional] skills enable children to be socially competent citizens within the school environment and help build an overall positive climate within the school" (Committee for Children, 2012, p. 1). Furthermore, it is believed to be an effective method to decrease aggressive behaviors (Colvin et al., 1998). SST consists of teaching students' interpersonal skills

(e.g., assertiveness, conflict resolution, anger management), social problem solving, and teaching prosocial behaviors (Colvin et al., 1998).

Koiv's (2012) Social Skills Training Programme combined social skills learning and cognitive-behavioral techniques with the intent to "build basic behavioral and cognitive social skills, reinforce prosocial attitudes and behavior, and build adaptive coping strategies for social problems of bullying" (p. 240). The sample included peer nominated bullies and victims in grades 5 to 9 from two schools in Estonia. After the nine-month follow up, the results showed a 50% decrease in the frequency of bully/victim problems among the participants, and a slight improvement in the whole-school ratings of bullying behavior. Koiv (2012) concludes that SST may be a necessary component to bring about lasting behavioral changes but is ultimately ineffective unless it is part of a whole-school anti-bullying program.

The U.S. based program *Steps to Respect: A Bullying Prevention Program* involves a school-wide social-emotional learning (SEL) program that focuses on teaching elementary school age children skills, such as empathy building, perspective taking, emotional-management, and interpersonal skills (Committee for Children, 2012). Brown, Low, Smith, & Haggerty (2011) replicated the program over the course of one academic year in 33 elementary schools in California. The researchers reported that the study "demonstrated significant intervention effects for the prevention of school bullying on 50% of all outcomes examined across the three sources of data" (i.e., individual students, peers, and the larger school environment) (p. 439). However, they also noted that effect sizes were small (less than 0.3) due to the short duration of the study.

Making Choices: Social Problem Solving Skills for Children (MC) is a school based study that was designed to strengthen children's information processing and emotional regulation skills to help foster social competence and reduce aggressive behaviors (Frazer et al., 2005). The researchers reported that the third graders who received the MC program in 2001-2002, followed by MC supplemented with teacher and parent activities the following year (2003-2003), scored higher in information-processing skills and social competence, and lower on social and overt aggression (Frazer et al., 2005).

Bullis, Walker, and Sprague, (2011) sought out to find whether SST with at-risk and antisocial children and youth (preschool to high school) was effective in forestalling the development or continuation of antisocial behaviors. After reviewing the literature, they concluded that, in general, there was minimal support that SST interventions was an effective tool to "prevent or effectively treat antisocial behavior" (Bullis et al., 2011, p. 69). However, they do support that SST has the potential to positively affect children and at-risk youths and should be included in prevention programs to forestall continuing antisocial behavior.

The overall consensus appears to be that SST is a step in the right direction but that it should be supplemented with other types of interventions to increase its effectiveness. SST may work for some bullies, but Colvin et al. (1998) argue that "aggressive students who find dominating other students reinforcing need to learn more than problem solving skills" (p. 307).

Empathy. It is a widely held belief that bullies lack empathy (Espelage & Swearer, 2003; Jolliffe & Farrington, 2011; Smokowski & Kopasz, 2005). The

assumption is based on extensive literature that documents the correlation between high

levels of empathy and the increase of prosocial behaviors and inhibition of antisocial

behaviors (Jolliffe & Farrington, 2011), and suppression of aggression (Espelage &

Swearer, 2003). In contrast, low levels of empathy are associated with antisocial

behaviors, which may be due to the individual not recognizing the impact that their

actions have on the emotions of the other and therefore does not experience adverse

vicarious emotions (Jolliffe & Farrington, 2011).

The internationally renowned *Roots of Empathy Program* (ROE) focuses on

raising levels of empathy to foster more respectful and caring relationships in

schoolchildren as a means to reduce levels of aggression (ROE, 2017). The classroom-

based intervention program is a 27-session curriculum administered by certified

professionals. The interventions consist of introducing a caregiver and their newborn into

the classrooms so that students can observe the parent-infant interaction. Students also

learn about early brain development, temperament, attachment, and the reading of

emotional cues (Santos et al., 2011).

In 2002-2003, Santos et al. (2011) conducted a study to evaluate the effectiveness

of the ROE program. They implemented the program in three different grades

(kindergarten, grade 4, and grade 8) in three school divisions in Manitoba, Canada. After

a three-year follow-up, Santos et al. (2011) concluded that the ROE was as, if not more,

effective as similar programs, school-wide approaches, and SST programs. Schonert-

Reichl, Smith, Zaidman-Zait & Hertzman (2001) found similar results when they

implemented the ROE program in grades 4 through 7 in public schools in Vancouver and

Toronto. They stated that there was a significant increase in prosocial behavior and a

decrease in proactive and relational aggression. Schonert-Reichl et al. (2012), on the other hand, were puzzled when the results of their findings suggested that "there were no significant differences in self-reported empathy and perspective taking between ROE and controlled children" (p. 17).

Action for Children organization in Scotland commissioned a research team to evaluate the ROE program with 5 to 8-year-old children (Wrigley, Makara, & Elliot, 2015). The unpublished research reported that, according to surveys administered to teachers, there was an increase in both affective and cognitive empathy in those who participated in the study. They also reported that there was a significant decrease in aggression during the academic year for those involved in the program, while there was an increase in aggression in the control group. Furthermore, boys who received the intervention increased in prosocial behavior and affective empathy. Both boys and girls decreased in aggression. Based on their findings, the researchers suggest that the intervention may be more effective for boys than girls (Wrigley, Makara, & Elliot, 2015).

In 2011, Jolliffe and Farrington administered questionnaires to 720 adolescents between the ages of 13 and 17 in three secondary school in England to examine whether low empathy was related to bullying. After controlling for "other individual and social back ground variables linked with bullying," the researchers concluded that those involved with bullying had low affective empathy (p. 59). More specifically, males had lower affective empathy, and bullying appeared to be "a failure to consider the consequences before acting and the absence of emotional restraint" (Jolliffe & Farrington, 2011, p. 68). Conversely, in females, neither cognitive nor affective empathy accounted for bullying behaviors, but a result of high impulsivity, low socioeconomic

status, and low verbal fluency. In other words, what accounts for the differences in empathy are low socioeconomic status and "a failure to consider the consequences of their actions on others" (Jolliffe & Farrington, 2011, p. 68).

According to these findings, low affective empathy may also play a role in bullying behaviors (Espelage & Swearer, 2003; Jolliffe & Farrington, 2011; Santos et al., 2011; Schonert-Reichl et al., 2012; Smokowski & Kopasz, 2005; Wrigley et al., 2015). Therefore, increasing affective empathy may be instrumental in increasing prosocial behaviors and decreasing antisocial and aggressive behaviors in children.

Drama. Drama techniques have been widely implemented in various contexts such as clinical and educational settings (Costa, Faccio, Belloni, & Iudici, 2014). Drama is a creative and active approach that facilitates cognitive and affective learning (Belliveau, 2005), and is commonly used as a pedagogical approach to teach and promote the development of social skills, perspective taking, creative problem solving, collaboration, teamwork, and empathy (Belliveau, 2005; Bhukhanwala, 2014; Burton, 2010; Costa et al., 2014). Drama provides a unique experience of exploring real-life situations and dilemmas through role play and improvisation with distance and without consequences.

There are two ways in which drama interventions have been structured to address bullying in schools. The students/participants watch a dramatic performance about bullying that aims to provoke them to make connections with their own lives, identify with the characters, and acquire new knowledge and skills (Belliveau, 2005; Costa et al., 2014; Ross & Nelson, 2014), or participate in the dramatic performance and use various drama techniques to portray the social problem from different perspectives (Costa et al., 2014).

Beran and Shapiro's (2005) research evaluated the effectiveness of the anti-bullying program *Project Ploughshares Puppets for Piece (P4 program)* with grade 3 and 4 students from two Canadian public schools. The program involves professional puppeteers performing a 45-minute show to educate elementary school-age children about bullying and conflict resolution. To analyze short and long-term effects, the students were required to answer a questionnaire pre and post-show, and again three months later. The data indicated that the program did not meet its intended goal of increasing the students' awareness of types of bullying and strategies to manage it; however, the students reported an increase in empathy towards victims of bullying, and a decrease in feelings of fear when dealing with bullies.

Theatre of The Oppressed (TO) is a theatrical method developed by Augusto Boal that is used to address and portray everyday-life forms of social and cultural oppression (Boal, 2002). Bhukhanwala (2014) used Boalian Theatre activities, such as Image Theatre and Forum Theatre, in his after-school program with six and seven grade students in a middle school in the United States who were self-identified bullies, victims and/or bystanders. The primary focus of the program was to help the participants make sense of bullying and empower them by teaching effective skills to intervene when bullying occurs. The data collected during and after the 10 90-minute sessions revealed that the intervention gave space for the participants to share, understand and take ownership over their own experience with bullying. The participants' self-reports also indicated an increase in feelings of empathy towards all parties involved in bullying, and confidence in their ability to have agency to resolve conflicts in a more humane way.

In 2010, the Acting Against Bullying Applied Theatre program worked in collaboration with DRACON (2005) to create an anti-bullying program at the Hilltop School in Brisbane, Australia (Burton, 2010). Since Hilltop School is an all-girls high school, the focus of the intervention was to teach students strategies in dealing specifically with relational aggression. Burton (2010) used drama techniques, such as improvisation, scene-work, and enhanced forum theatre, as his intervention strategies. Although classified as a whole-school approach, the facilitators focused on two Year-11 drama classes for their intervention, which spanned over seven weeks, with each session being one hour long. According to the student reports during the intervention and collected after the final week, the drama techniques were effective in "enhancing identification, empathy and self-esteem in adolescent girls to enable them to deal more effectively with relational aggression" (Burton, 2010, p. 255). Furthermore, through drama they were able to "come to understand the behavior of bullies by identifying with them within the action of the drama work [and were] able to generalize about the motives that drove students to bully, and to identify more clearly the reasons for their actions" (Burton, 2010, p. 265). This study reveals an important finding; through scene-work and improvisation, an individual can come to identify with the bully, understand his or her behaviors, and develop empathy for both the bully and the victim.

Interventions that use drama have similar intentions and results as those that focus on social skills training and empathy building. They assist in fostering awareness about bullying, perspective taking, empathy, and skills to intervene when bullying occurs in the hopes that these changes will prevent or diminish bullying behaviors and create a more humane school environment. (Belliveau, 2005; Bhukhanwala, 2014; Burton, 2010).

Social skills training, affective empathy, and perspective taking appear to be instrumental factors in reducing antisocial behaviors. A prevention or intervention program that aims to decrease bullying behaviors should therefore include all three components to maximize the probabilities for the desired outcome. According to the findings listed above, drama therapy has the ability to address, teach and increase SST, empathy and perspective taking skills possibly making it the most favorable method and strategy to decrease the incidents of bullying and victimization behaviors in schools.

Chapter 4: Gordon Neufeld's Attachment-Based Developmental Approach

Introducing Gordon Neufeld

Dr. Gordon Neufeld (PhD) is a developmental psychologist who specialized in child development for over 40 years. He was a professor at the University of British Columbia for almost 20 years, where he taught courses in personality theory, developmental psychology and parent-child relationships (The Neufeld Institute, 2016).

Neufeld developed his own theory of human development known as *Neufeld's Attachment-Based Developmental Approach.* The approach is rooted in psychology and developmental theory, inspired by attachment theorists such as John Bowlby, Konrad Lorenz and Harry Harlow, and embedded in neurological science (The Neufeld Institute, 2016). His approach gained significant interest internationally and is currently being taught at the Neufeld Institute in Vancouver, Canada. Dr. Neufeld has used his attachment-based developmental approach as a basis to find the root of the cause of bullying behavior.

After working in forensic psychology and various correctional institutions for several years, where he specialized in the area of violent youth offenders, Neufeld developed his own theory that he called *Theory of Aggression,* in which he proposed that aggression is deeply rooted in emotion and instinct (The Neufeld Institution, 2016). Neufeld realized that all offenders where either bullies or victims and that the bully's psychology is different than others. His quest to find the cause of the bully syndrome lead to the development of his 'alpha askew' thesis (Neufeld, 2012). Rooted in attachment, the 'alpha askew' thesis states that "the bully instinct results from natural alpha instincts perverted by emotional defendedness" (Neufeld, 2012). In order to understand Neufeld's

theory and how the bully instinct and syndrome manifest, it is necessary to first unpack his attachment model.

Attachment-Based Developmental Explanation

Attachment is "the pursuit and preservation of proximity, of closeness and connection" (Neufeld, 2004, p. 17). Attachment, togetherness, is our preeminent drive and it is governed by emotion and instincts (Neufeld, 2012). We need physical, emotional, and psychological contact and closeness in order to survive and thrive. According to Neufeld (2004; 2012), attachments are not equalitarian but hierarchically arranged. All mammals with a limbic system are born with *alpha* instincts and *dependent* instincts. They are the basis on which we form attachments and serve the evolutionary purpose of facilitating dependence and caretaking (Neufeld, 2012).

Dependent and Alpha Instincts

The basic drive of the dependent instinct is *seeking;* to solicit the help of the alpha instinct of the person to which we have attached (Neufeld, 2012). The evolutionary purpose of the *dependent* instinct is to get one's bearings; to serve and obey; to seeks assistance; to look up to; to belong; to follow; to wait for orders; to look for guidance; and to comply and conform (Neufeld, 2012). When we speak of a dependent personality, these are the qualities that describe it.

The basic drive of the alpha instinct is *providing:* to be the *answer* to the person who is in need of help and guidance. The purpose of the *alpha* instinct is the complete opposite of the dependent instinct. It is to orient and inform; to protect and defend; to guide and direct/to look out for; to possess, to lead; to give the orders; to transmit one's values; and to command and prescribe (Neufeld, 2012).

For instance, an infant (seeker/dependent) must attach to their primary caregiver (provider/alpha) in order to get their needs met. The primary caregiver (provider/alpha) must attach to the infant (seeker/dependent) in order to want to provide for the child. We also form attachment this way in other types of relationships (i.e., friendships, intimate relationships, student/teacher, etc.). One party will naturally take on the position of the dependent and the other the position of the alpha. However, everyone is born with both sets of instincts and should be able to maintain a balance between them. The alpha instinct and dependent instinct are meant to be complimentary, fluid, and responsive to the situation and relationship (Neufeld, 2012). If the person in the alpha position should be in need of help or is vulnerable and a stronger alpha is present and can take care of that individual, then she is meant to move naturally into the dependent position. The alpha instincts are the exact opposite of the dependent instincts because they are fundamentally meant to *be* the answer (Neufeld, 2012).

Alpha Complex

Should these instincts become stuck, they can have a lasting affect on the personality. For instance, for those whose dependent instincts are more pronounced will always look dependent and helpless, and will need constant caring (Neufeld, 2012). In contrast, in some individuals the alpha instinct is much more present, stronger, than the dependent instinct and this causes them to constantly seek to dominate. This is referred to as the *alpha complex* (or alpha personality) (Neufeld, 2012). Some of the signs that an individual may have an alpha complex are that they tend towards being bossy, controlling and demanding; they are compelled to take over and to take charge; they can be driven to show superiority; they often have difficulty taking direction or asking for assistance

(Neufeld, 2012). However, having an alpha personality can be an asset; it is only when the alpha complex is caused by default or by defence that it becomes problematic. These individuals are stuck in the alpha role because they do not feel that it is safe to depend on others (Neufeld, 2012). It may be caused by an absence of alpha adults, parenting practicing that make the child feel exploited, abused or not taken care of, or being constantly shamed and/or humiliated by those responsible for them (Neufeld, 2012). The inability to depend on someone else due to being defended against dependency is a crucial component to the formation of a bully.

The Purpose of the Alpha Instinct

The alpha instinct is located in the limbic system, which is the emotional part of the brain (Neufeld, 2012). In order for it to serve its purpose - to provide - one must be *moved* by emotion to assert dominance (e.g., to take the lead/control, to give orders, to provide answers), to assume responsibility (e.g., to make things work/better for, to feel guilty/badly when, to fix things for), and to care for and to care about (e.g., to be concerned about, to give assistance to, to provide what is needed) when perceiving vulnerability (Neufeld, 2012). The two signs of vulnerability that causes the alpha instinct to be activated are perceived vulnerability and perceived alpha challenges (Neufeld, 2012). For instance, perceiving someone who is unhappy, afraid, helpless, or defenseless will activate our emotional responses and *move* us to feel concern (to care about) and move us into action (assert dominance) to try and help the individual (assume responsibility). Perceiving someone who is disrespectful or shows superiority will also activate our alpha instinct and move us to take action against the assault.

In summary, alpha and dependent instincts are how we form attachments. Perceived vulnerability activates the alpha instinct (our emotional response) and moves us to provide for the other by asserting dominance, assuming responsibility, and caring for and about them. The alpha instinct is always activated in the individual whom has an alpha personality (or alpha complex) therefore constantly on high alert to perceived vulnerabilities in order to assert their dominance.

Alpha Askew Thesis

Neufeld's (2012) alpha askew thesis maintains that "the bully instinct results from natural alpha instincts perverted by emotional defendedness." Humans are sensitive beings and can easily be psychologically wounded. In order to protect our emotional/psychological health, we unconsciously activate defensive filters located in the limbic system where our emotions reside. Feelings of futility (sadness, disappointment, grief, sorrow), feelings of alarm (apprehension, anxiety, fear), and feelings of woundedness (hurt feelings, anguish, pain) are just three of the eleven vulnerable feelings that are most defended against (Neufeld, 2012).

If an individual has suffered too many psychological and emotional wounds and has not the resiliency to defend against the threats, defensive filters can become stuck resulting in emotional desensitization. This may be a result of being subjected to wounds too much to bear, such as facing a difficult separation, from feeling too alarmed or alarmed for too long, or being hypersensitive (Neufeld, 2012). Emotional desensitization or "hardening" does not mean that the individual is protected against *being* wounded; only from *feeling* wounded (Neufeld, 2004). Because the emotions and impulses associated with caring and responsibility are much more vulnerable than those associated

with dominance, the feelings of caring and responsibility are defended against leaving only the instinct to dominate (Neufeld, 2012). In other words, the instinct to dominate is not longer tempered by caring and responsibility. This is how the bully instinct is born.

The Bully Instinct

The bully instinct is defined by when the quest for dominance is divorced from its intended purpose, to provide, and now evokes exploitation rather than caretaking. The bully is highly sensitized to signs of vulnerability and challenges to the alpha position. The perceived vulnerabilities that once evoked the impulse and the need to take responsibility and care now become perceived threats and challenges. They assert their dominance, which was biologically intended to be helpful, through exploiting the vulnerable. Neufeld's bully instinct equation is as follows:

Alpha complex + defended against caring and responsibility = bully instinct

The bully exploits the vulnerable through fear, intimidation, shaming, humiliation, exposing, embarrassing, tricking, and conning (Neufeld, 2012). To use the previous example, if an individual with the bully instinct perceives someone who is unhappy, afraid, helpless, or defenseless they will no longer be moved to take care or feel concern, but will instead use the vulnerability to shame, embarrass, and demean the individual.

Conditions the Give Rise to the Bully Instinct

In order to develop the bully instinct and syndrome, the individual must be stuck in the alpha complex by default or by defense *and* be emotionally desensitized. The conditions that give rise to the main factors that come together to form the bully are (1) when the individual perceives dependency as an aversive state because they do no trust that the authority figures in their lives are on their side, and that they are safe and taken

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care of. Authoritarian parenting, where the child is taken advantage of or fear is used as a means to manipulate them, and/or disciplinary actions where the authority figures use what the child loves most against them (people, objects, or physical proximity) can give rise to an aversion to dependency (Neufeld, 2012); (2) The failure of adults to assume alpha roles; (3) attachments lacking natural hierarchy can lead the child to believe that they have to take care of themselves if the adults do not take on the role of provider or if that role has been imposed on the child; and (4) peer orientation (Neufeld, 2012). Peer orientation is a crucial ingredient in the development of the bully instinct. Children have an innate orienting instinct where they need to get their sense of direction and bearings from somebody - usually a parent (Neufeld, 2004, p. 7). Neufeld (2004) states that "social, economic, and cultural trends in the past five or six decades have displaced the parent from its intended position as the orienting influence on the child" (p. 7), and peers have become the primary source of orientation. This distortion has dire consequences and leads to major wounding because peer relationships lack "unconditional love and acceptance, the desire to nurture, the ability to extend oneself for the sake of the other, the willingness to sacrifice for the growth and development of the other" that is usually present with parent relationships (Neufeld, 2004, p. 10). Children attach to one another hierarchically but without the corresponding role of responsibility or caretaking. Furthermore, vulnerability is shamed in peer pop culture, while invulnerability is venerated (Neufeld, 2012). All of these conditions lead to vulnerability becoming too much to bear, a flight from vulnerability and emotional desensitization (Neufeld, 2012).

The Bully Syndrome

Three personality traits emerge due to emotional desensitization when the bully instinct - which is not genetic or learned - is deeply embedded in the individual (Neufeld, 2012). (1) Fearless with resulting alarm dysfunction (Neufeld, 2012). Their "alarm system," the instinct to avoid potential danger, does not function properly. The bully will instead seize the opportunity to exploit someone even if this means putting themselves at risk of serious injuries. (2) Tearless with resulting failure to adapt (Neufeld, 2012). Generally speaking, individuals feel disappointment and sadness when encountering futility. Crying is a sign that futility has been registered and that the individual understands that circumstances cannot be changed. For the bully, however, this realization never 'sinks in' leaving them "tearless." They do not feel acute sadness and disappointment (Neufeld, 2012). Furthermore, they perceive feelings of futility in others as a challenge, and sadness, disappointment, sorrow and grief as red flags (Neufeld, 2012). And lastly, (3) untempered in experience and expression (Neufeld, 2012). Bullies do not feel emotional discord, resulting in a prefrontal cortex that is under developed, leaving them in major developmental arrest (Neufeld, 2012). As a result, they are unable to control their impulses, to take on the perspective of others, or take others into consideration.

The "Unmaking" of a Bully

In order to "unmake" the bully, the conditions that give rise to the bully instinct and syndrome must be reversed. The reversal of only one condition, either the attachment or vulnerability problem, is enough to get the individual out of the bully instinct

(Neufeld, 2012). The solution according to Neufeld is to embed the bully in natural attachment hierarchy and "soften the bully's heart."

Bullies desperately want a relationship but will not initiate it because it sets them up for getting hurt (Neufeld, 2012). It is therefore up to the adults to engage the bully's attachment instincts by playing to their alpha instincts and by fostering a caring dominant relationship. Embedding the bully in a natural hierarchy attachment with a younger child (at least two years younger) where their alpha instincts are not threatened will restore feeling of care and responsibility associated with the intended purpose of the alpha instinct. Also, establishing and fostering an attachment with a caring dominance, an alpha type adult, who takes the lead, who can be depended on, and makes the bully feel like they matter will overturn the bully's perception that dependency is an aversive state (Neufeld, 2012).

To soften the bully's heart, or re-sensitize them to emotions, one must help the bully restore their vulnerable feelings (Neufeld, 2012), making the bully feel like it is safe to express their feelings reduces the need for defenses. Once they are no longer emotionally defended and feelings have been restored, there will be no more instinct to pray on the weak and vulnerable (Neufeld, 2012). Shielding the bully with a safe emotional connection with caring adults can also reverse the bully instinct and prevent those at-risk of becoming emotionally defended. The one-on-one relationship is the most important factor in keeping children from becoming or staying defended because even if it will not prevent them from being emotionally wounded, it will prevent the formation of defenses (Neufeld, 2012). In summary, to "unmake" the bully, it is necessary to make it

safe to depend on others, maintain adult orientation, assume the alpha roles, and draw out the tears of futility.

Chapter 5: Developmental Transformations

Developmental Transformations (DvT) is a form of drama psychotherapy that is "based on an understanding of the process and dynamics of free play" (Johnson, 2009, p. 87). Its practice involves the continuous transformation of emerging associations through embodied encounters in the playspace (Johnson, 2005).

The theory of DvT is informed by various theoretical perspectives, object relations theory, client-centered therapy, dance therapy, existentialism, deconstruction, and Buddhism (Johnson, 2009; Butler, 2012). DvT theory suggests that being, others, and life itself is unstable and illness is derived from the fear of these instabilities. The objective of DvT is to assist clients in developing and strengthening their tolerance to these instabilities by engaging them in free play within a dynamic therapeutic setting.

Four Major Components of Developmental Transformations

The four central concepts that form the approach are: playspace, embodiment, encounter, and transformation (Johnson, 2009).

Playspace. The playspace is a mutual agreement amongst participants that what is occurring is play, a representation only (Johnson, 2009; Johnson, 1986). The playspace is also the container of the therapeutic action where sessions "consist entirely of dramatic, improvisational interactions between the therapist and client(s)" (Johnson, 2009, p. 89). It is an improvisational space that is constantly transforming and meant to represent the instability of life so as to help the client rehearse and become more comfortable with instability.

There are three fundamental conditions that define the playspace: it is a restraint against harm, a mutual agreement, and consists of discrepant communications. (1)

Restraint against harm is the most important condition (Johnson, 2009). There is an understanding that in the playspace one may only represent or pretend to inflict pain on another. If there is a possibility for harm, the play will lose its energy, signifying a breach of boundaries. If there is a threat for harm or real harm is done, the play ends and both parties leave the playspace. (2) There is a mutual agreement and understanding that what is being experienced or played out by the other in the playspace is not real, but only pretend. (3) The playspace is inherently a discrepant communication, "meaning that reality and fantasy (and thus the boundaries between them) are revealed simultaneously" (Johnson et al., 2003, p. 81). The therapist and client enact representations of reality or imagination, "the boundary between the playspace and the real world is portrayed along with the content of the representations" (Johnson, 2009, p. 93). The degree to which discrepant communication is needed to maintain the playspace will vary according to the client's need in the moment.

 Embodiment. In DvT, "both client and therapist are engaged physically in the activity with attention frequently drawn to the body" (Butler, 2012, p. 89). They use their body, which is the source of thought and affect and the mean in which it is expressed, in action and movement by taking on different characters, roles, and movements. Using embodiment "tends to minimize intellectualization and avoid well-rehearsed schemas that are often verbalized" (Johnson, Smith, & James, 2003, p. 82). By paying attention to the client's body, the therapist can also determine the client's level of energy and engagement after each intervention or introduction of a new element, which serves as valuable information (Johnson, 1986).

 Encounter. There are no props or objects in the playspace, therefore emphasizing

the interpersonal encounter between the client and therapist. Encounter is one of DvT main components because "encountering another free consciousness is one of the major sources of instability in our lives, and therefore an important challenge" (Johnson, 2013, p. 46). The client is forced to deal with and find ways in which to cope with the anxiety that ensues when encountering another individual (or individuals) without physical objects on which to project, manipulate, or bind to (Butler, 2012). Furthermore, within the context of the play, encounter enables the revealing of possible social roles and interpersonal relationship problems and difficulties, and "eventually move to the deeper existential anxieties of being in the presence of another, of being seen and grasped by another consciousness" (Johnson, 2003, p. 82). Without props or objects, the therapist thus becomes the client's *playobject*, attending to what the client calls for and "faithfully render[s] in dramatic form the feelings, images, and scenes that are evoked by the client" (Johnson, 2009, p. 14). This is equivalent to Rogers' (1975) empathic understanding but in dramatic, embodied, and imaginal form (Johnson, 2009). The therapist becomes a physical reflection of the client's emerging thoughts and feelings.

Transformation. DvT values the principle of transformation. The action within the playspace continually shifts and changes as the client is asked to allow thoughts and feelings to arise as they experience them in the present moment, to engage with them by playing them out through dramatic movements, sounds, images, and scenes, and then let them go as other thoughts and feelings arise. The stream of consciousness, or constant flow, of new thoughts and feelings that are experienced in the here-and-now by the client will inevitably change the scenes, characters, and actions. The process of letting and acknowledging new, free flowing thoughts and feelings to arise, engaging with them, and

letting them go is similar to meditative practices. In DvT however, the "process takes place in an embodied, interactional, and dramatic form rather than sitting in silent meditation" (Johnson, 2003, p. 81).

Role of the Therapist

The therapist is an active participant during a DvT session. The therapist's job is to help the client remain in the playspace by maintaining a state of play (especially during impasses) through mindfully applying various techniques (Johnson, 2009). As mentioned preciously, the therapist becomes the client's *playobject* by becoming "an animated presence that the client must contain; the roles of container/contained are therefore partly reversed in this method of therapy" (Johnson, 2009, p. 95). The therapist uses a process called *Faithful Rendering,* where he/she faithfully renders what the client "calls for" by representing the feelings, images, and scenes that are evoked by the client in dramatic form (Johnson, 2009).

Throughout the therapeutic process, the therapist begins with playing with the *playables,* and gradually moves towards playing with the *unplayables;* the areas that are "inevitably more personal concerns about [the client's] current situation" (Johnson, 2003, p. 84)*.* The unplayables are difficult thoughts and feelings that the client is not able to play with, and which causes defenses and rigidity. The therapist aims to deconstruct the client's defenses by intentionally introducing divergent elements, transforming the scene, and repetition (Johnson, 2009).

Here-and-Now is a technique that is often used in DvT to address what the client is feeling, as well as what is occurring at the present moment between the client and therapist. The client and therapist transform the play into "reality" and discuss what is

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happening between them. Since there is no verbal processing after sessions, this technique allows the client to "integrate his observing self with his self-in-action" (Johnson, 2009, p. 15).

In summary, DvT theory proposes that life and Being is unstable. We cling to things that give us the perception that we have control and that there is order in the world. We attempt to comprehend the world when encountering discrepancies and incompleteness by stabilizing concepts, ideas, and repetitions to give us the temporary illusion that life is stable (Johnson, 2009). In reality, everything is impermanent and subject to change and transformation. In DvT, these rigid thoughts and perceptions are confronted by the therapist's continuous and purposeful variations in response to the client's representations or repeated forms. As the action continuously changes due to new ideas and images that surface, the client is forced to cope with these transformations. Furthermore, as thoughts and feelings are free to emerge spontaneously, difficult thoughts, feelings and issues will also inevitably emerge, and will seem unplayable to the client. The goal in DvT is for the client to be able to play with the unplayables and break through rigidities. As these difficulties repeatedly arise and are played with, they eventually loose their grip on the client, breaking through rigidity and defenses. As Johnson (2013) explains, "the essential aim of DvT is to move the player from states of static equilibrium to dynamic equilibrium by dimentionalizing their experience" (p. 37).

Chapter 6: Discussion

There have been positive steps taken to prevent bullying behaviors in schools. Diverse methods have been applied to a variety of mediums to tackle this pervasive problem. The literature shows that although prevention and intervention programs appear to be useful for some individuals and in certain contexts, they continue to yield varying results (Merrell et al., 2008). Bullying may therefore need to be looked at from a different perspective. The terms "bully" and "client" will be used interchangeably during this chapter.

This research will attempt to examine a proposal based on the research; Developmental Transformations (DvT) could be an effective method to "unmake" a bully based on the definition of Dr. Neufeld's (2012) Alpha-Askew Thesis. As previously discussed, bullying stems from the alpha instinct gone awry (Neufeld, 2012). Dr Neufeld (2012) asserts that to "unmake" a bully we must reverse the conditions that give rise to the bully instinct. To do so, we must embed them in natural caring hierarchical attachments, and "soften their hearts."

Attachment

Bullying is an attachment-based syndrome (Neufeld, 2012). One solution to "unmake" a bully is a strong emotional connection with a caring, alpha adult (Neufeld, 2012). Engaging and embedding the bully in a hierarchical relationship where dependency is not perceived as aversive will restore the bully's natural instincts.

First and foremost, the bully must feel like the adult who is attempting to form an attachment is on their side and is trying to see things from their perspective. Empathetic attunement is regarded as one of the essential characteristics of effective therapy, for clients will "profit enormously simply from the experience of being fully seen and fully

understood" (Yalom, 2002, p.18). In DvT, therapists attune to the client by faithfully rendering what the client calls for in a dramatic and embodied manner. This lets the client know that the therapist has entered into, and is attempting to understand, the client's private world (Johnson, 2003). Faithful rendering conveys to the client that the Developmental Transformations therapist is sensitive, supportive, responsive, and accepting of the client's feelings and behaviors, which facilitates the development of a secure attachment (Walden & Beran, 2010). Generally, prevention and intervention programs focus on changing the bully's behavior, not on trying to understand the underlying cause *for* the behavior (Merrell et al., 2008). In DvT, as in other forms of therapy, however, the relationship and process is regarded as more important than the problematic behaviors (Yalom, 2002), which Dr. Neufeld (2012) asserts is vital to help facilitate attachment.

Limits within a therapeutic relationship are essential for clients to feel emotional and physical security and trust in order to begin to heal themselves (O'Sullivan & Ryan, 2009). O'Sullivan and Ryan looked at how therapeutic limit setting in non-directive child-centered therapy can foster a secure-attachment between therapist and client. They reported that:

> …limit setting seems to have a pivotal role in establishing therapists as children's secure base, containing their unmanageable feelings and enhancing their self-regulation and exploration of difficult thoughts and feelings (p. 230).

DvT is client-centered and emphasized the need for limit setting (Johnson, 1986). The most important condition of the playspace is its constraint against harm (Johnson, 2005;

Johnson, 2009). This limit is essential as it establishes a secure environment for the therapeutic work by protecting both client and therapist from real physical harm. The playspace allows the client and therapist to play with the causes and effects of actions with consequences represented in pretend, not reality (Landers, 2002). The playspace is therefore a moral relationship among participants (Johnson, 2009) that emphasizes the need for security and trust, which are part of the foundation of any healthy relationship.

DvT values the therapeutic benefit of containment and attunement to the individual's needs (Johnson, 2009), which O'Sullivan and Ryan (2009) claims to enhance attachment. The playspace is the container in which the client can safely explore personal material (Johnson, 2009). The Developmental Transformations therapist provides containment "through interweaving the dramatic scenes with the client's personal material, here-and-now processing, and previously unimagined possibilities" (Johnson, 2009, p. 14). Trust develops when the client perceives the therapist as being containing, thus making it possible to forge a therapeutic relationship (O'Sullivan and Ryan, 2009).

It is possible for someone to offset the bully instinct by helping the bully perceive the adult (i.e., therapist) as a caring and trustworthy alpha adult, and that their dependency upon them as non-threatening (Neufeld, 2012). This is attainable by presenting the bully with an opportunity to development a therapeutic relationship with a therapist who offers unconditional positive regard, empathetic attunement, containment, and sets therapeutic limits. Moreover, an honest, trusting, and safe relationship promotes and supports the unfolding of the emotional healing drive (Pearson & Wilson, 2009).

"Soften Hearts"

Dr. Neufeld's (2012) second proposed solution to the "unmaking" of a bully is to "soften the bully's heart." The bully instinct can be reversed if emotional defensiveness is interjected or dismantled (Neufeld, 2012).

Based on Johnson's (1998) object relations' explanation, identification with the aggressor happens when an individual experiences a traumatic event or events (e.g., neglect, abuse, pain, loss), with a power differential being a prominent feature and is unable to integrate the Other, the aggressor, with the Self (Johnson, 1998; Landers, 2002). When one identifies with the Other it is an attempt to distance oneself with the pain "by directing the hostility towards others who represent the vulnerable Self" (Johnson, 1998, p. 91). In the case of bullies, it is possible that they need to maintain distance from their own experience of victimization by actively seeking out vulnerable others to contain their Self. According to Landers (2002), "the playspace in Developmental Transformations appears to offer the conditions for dismantling the perpetrator role" (p. 23) Developmental Transformations therapists believe that the Self is not static but dynamic, composed of numerous roles and subject to change. When one identifies with the aggressor, there is rigidity as one is unable to assume the role of the victim or experience the associating feelings. Bullying can therefore be viewed as a disorder of embodiment, encounter, and transformation.

Bullying: A Disorder of Embodiment

Bullying can be seen as a form of disembodiment since bullies are not free to act freely or without constriction as they are controlled by their impulses (the bully instinct) and access to a narrow range of schemas (Landers, 2002). DvT sessions are done in an

embodied manner allowing for the playing of various roles and scenes (Landers, 2002; Johnson, 2009), and bypassing well-rehearsed schemas (Johnson et al., 2003). The "as if," or me-but-not-me, condition of the playspace allows for the client to enrole and de-role various characters, transform the scenes, and commenting on the here-and-now, which can help the client have more control of the role rather than being compelled by it (Landers, 2002). DvT brings "flexibility and imagination to the roles of victim and perpetrator," that may be helpful for the bully to form new associations and schemas when faced with cues, such as vulnerability, that trigger violent and aggressive behaviors (Landers, 2012, p. 24). Along with the playing of various role, the Developmental Transformations therapist also encourages the client to explore and express a wide range of emotions, go to extremes, and play with for a full embody experience (Butler, 2012). It may be possible for the client to re-experience feelings that were previously defended against by playing and portraying various emotions in session. Even a small rupture is enough to break through the defensive wall and restore feelings (Neufeld, 2012).

Bullying: A Disorder of Encounter

Encounter in DvT can reveal interpersonal relationship difficulties (Johnson, 2003). As established earlier, this is especially significant for the bully as they often encounter others as Object rather than Subject, and they exploit victims because of the emotions and vulnerabilities they manifest, not because of who they are, per se. This negatively impacts the way bullies encounter those around them and prevents them from forming the emotional attachments that they may desire (Neufeld, 2012). In DvT, the client and therapist are simultaneously Object and Subject in the playspace. The approach focuses on the process of "(1) noticing what the other is doing, (2) having feelings about

what they are noticing, (3) letting their bodies be animated by the feelings, and (4) expressing something through their bodies as a result" (Landers, 2002, p. 24). The client receives immediate feedback on their behavior and ability to attune to the other as the therapist "maintains a consistent dialogue, commenting on the here and now experience of the client" (Butler, 2012, p. 90). These series of actions and reaction may help the bully notice what triggers their aggressive behaviors and the associating feelings and their expression. Furthermore, the process of internalizing and sharing each other's subjective states during the state of play, thereby coming to know each other as Subject rather than Object (Landers, 2002), may transfer outside of therapy as the bully will begin to see and treat others as Subject rather than Object.

Bullying: A Disorder of Encounter Transformation

Bullies may be locked into rigid patterns of behavior due to having strong associations/schemas that are activated when they perceive vulnerabilities and threats, and have weak associations in managing emotions and impulses that cause them to act out (Landers, 2002). A playful approach is seen as a useful method for bypassing defenses (Pearson, & Wilson, 2009), and it loosens and removes "psychic structures that inhibit the client(s) from accessing primary experiences of Being" (Johnson, 2009, p. 89). The continuous changes of action in DvT, as new images and ideas arise and are transformed into new experiences, has the ability to break through the client's rigidity and defenses, giving them the opportunity to try new actions through its constant, shifting nature (Butler, 2012). The Developmental Transformations therapist's job is to faithfully render what the client brings forth, while also introducing divergent elements that alter the structure of the play. As the playobject, the therapist partially gratifies and partially

interferes with the client's violent impulses (Landers, 2002). The therapist models the accommodation of multiple responses to cues that emerge in the play that helps the client learn to also "accommodate to the world by coming up with new schemas, which may mean creating new connections between cue and the schemas those cues activate" (Landers, 2002, p. 24).

As previously discussed, the bully's aggressive and violent behaviors are possibly due to their being controlled by their traumatic experiences. The "as if" condition of the playspace allows them to gratify their impulses and need to assert dominance without hurting anyone, to step outside and attain some distance from their traumatic experience, release pent up feelings, and "integrate them as experiences that happened but that no longer compel [the bully] to repeat them" (Landers, 2002, p. 244). The continuous transformation of play has the ability to soften defenses and break constrictions that might have occurred during the traumatic experience, helping the bully communicate their emotional experience as both victim and aggressor, and assist them in assimilating the traumatic experience.

In summary, DvT has the potential to be an effective method to reverse the conditions that give rise to the bully instinct. Empathetic attunement, limit setting, and containment provide the necessary components to develop a secure therapeutic relationship between the bully and therapist to establish an attachment where dependency is not an aversive state, thus restoring the bully's natural instincts. Moreover, DvT puts value on the body as part of the therapeutic process, which is crucial to emotional learning, as it is a mind-body phenomena (Camilleri, 2007). As a form of drama therapy, DvT has the ability to loosen the defense of identification with the aggressor, to help the

bully connect with others in a constructive rather than destructive way, to express and process emotional and psychological pain, and help regulate the limbic system in order to develop emotional intelligence, regulation, and literacy (Camilleri, 2007). Through DvT's core concepts of encounter, embodiment and transformation, it is possible to address and dismantle the defenses caused by emotional wounding, thereby restoring feelings and emotions.

The theoretical arguments presented in this paper that are based on the analysis and synthesis of relevant research suggest that using drama therapy's Developmental Transformations could potentially be an appropriate therapeutic intervention for elementary school-age children who are emotionally defended and fear intimacy. As previously explained, DvT can be effective in preventing or interrupting the formation of defenses and emotional desensitization that give rise to the bully instinct. Moreover, DvT is a playful approach to therapy, which makes it less stigmatizing for children. It increases client involvement and enhances the therapeutic relationship (Camilleri, 2007), which may also help disrupt or dismantle the formation of defenses caused by the alpha instinct gone awry. This research is limited in that it is theoretical. Future research is therefore required to examine the effectiveness of this intervention.

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