

PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

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But it makes you tough... doesn't it? Everyone goes through it... right?

The myths and truths behind bullying and self-esteem.

"I saw a 10-year-old boy for a persistent gastro-intestinal complaint and was chatting to him about what he liked and general "guy stuff". When I asked him about school, everything changed. I noticed he didn't make much eye contact anymore, even though I have known him his whole life", says Johannesburg-based GP Dr van der Merwe. "When I asked him his favorite hobby was – drama, he hated rugby, but wanted to be on stage."

And that's when the tears came. There were children at school who were calling him names and picking on him, he was being teased, even physically pushed around, because he wanted to act rather than play a sport. And it was getting worse.

Timmy* was not a tough kid, not a child who liked to 'rough-and-tumble'. 'His father was concerned, worried there was something wrong because his son wasn't 'like other boys'. He encouraged the taunting at school, told his son to fight back, even enrolled him in a Judo class. This hurt Timmy far more than what the bullies did to him every day", says Dr van der Merwe.

Bullying is on the increase in South Africa. Even more frightening is we tell our children to expect it – and accept it – because "kids will be kids". Bullying is abusive behaviour by one or more people against a victim. It can be a direct physical attack like teasing, taunting, hitting, punching and stealing or it can be more subtle and malicious through gossiping, spreading rumours and intentional exclusion. The result is the victim becomes socially rejected and isolated. Physical or psychological intimidation creates an ongoing pattern of harassment and abuse - the vicious cycle of bullying.

A basic but good 'definition' of bullying is: it's bullying if someone is hurting another person on purpose, and the person who is doing it has more power. If a child or teen ever feels scared, alone, threatened, or is hurt physically, and the person who is causing that reaction is doing it maliciously – it is bullying.

Bullying elicits strong and very personal reactions – yet far too many adults, even though they may identify with the torment, say and do nothing to stop it. Bullying can happen to anyone and it is never the victim's fault. "Parents often feel angry, and powerless – but there are things you can do", says anti-bullying site founder (respectme.co.za) Janine Shamos. "Bullying decimates a child's self-esteem and their view of themselves as they internalise negative perceptions the bully has of them and believe that they have no worth. It's very important to get your child counselling to boost his self-esteem and teach him coping and resilience skills – sadly there are bullies everywhere, at every stage of life."

The South African Depression and Anxiety Group offers toll-free telephonic counselling for anyone in crisis on 0800 567 567 or SMS 31393. SADAG also offers referral to experts – psychologists, psychiatrists, and Support Groups. Bullying is very often highly traumatic and children and their parents need counselling, advice and support – and SADAG can offer this.

Children and teens typically don't tell adults about being bullied as they feel that intervention is infrequent and inconsistent and will only make matters worse. Also many children feel that teachers and parents see bullying as a harmless rite of passage that is best ignored, as it will pass naturally. This is not so. It takes a special type of person to intentionally cause pain to others.

The way we understand bullying has changed, and anyone working with children, whether as a paediatrician, a GP, a therapist, needs to accept that bullying has long-term consequences, it is preventable, and you are in an ideal place to recognise symptoms of a low self-esteem. Physical complaints are common in children who are bullied or who have low self-esteem. Many of these have no medical cause. In fact, UK research has shown that a terrifying 5% of all children's appendectomies have no organic cause.

Bullying often results in the child believing the bully's view of him and the child starts to see himself as worthless. There are signs you can look out for that point to a low self-esteem. Children with self-esteem problems generally show it through their behaviour in one of two ways: through over-control, or under-control. A child who over-controls his behaviour will typically be shy, withdrawn, clingy, fearful and timid, are socially isolated, are perfectionists or apathetic about work, and don't take risks.

Those children who under-control their behaviour are typically aggressive, violent, arrogant and boastful, won't co-operate when asked to do something, blame others for their mistakes, and generally make life difficult for adults and other children. These bullies are much harder to see as 'victims'. Yet they are.

Many bullies try to make themselves feel more important because of their lack of self-esteem. When they pick on someone else, it can make them feel powerful. Bullies often pick on someone they think they can have power over - they might pick on kids who get upset easily or who have trouble sticking up for themselves. Sometimes bullies pick on someone who is smarter than they are or different from them in some way

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like they wear glasses. It's sad but some bullies learn their behaviour from what they see at home – and as a doctor your intervention in these cases is vital.

"I was systematically bullied at school, by teachers too. 17 years later, I am still living with the scars and depression. Every story I hear about bullying strikes a resonating chord deep within me. I would give anything to finally be happy and accept myself for who I am, not for what the bullies told me I was." (Charles*) Research into bullying has shown it has long-term affects, and not just to victims but to the bullies themselves. Targets of bullying are more likely experience low depression and suicidal thoughts, under-perform at school and later in life, abuse substances, and get involved in abusive relationships.

Bullies are less likely to finish school, keep jobs, and are more likely to continue their bullying and abusive behaviour right into adulthood.

The American Academy of Paediatrics will publish their latest version of the paediatrician's role in preventing youth violence next month and, for the first time, it will include bullying making use of Prof Dan Olweus's recommendation that schools adopt a prevention model. Prof Olweus, a research professor at the University of Bergen, Norway, started studying bullying in the 1970s and has developed programmes to "work at the school level and the individual level; they combine preventive programmes and directly address children who are involved or identified as bullies or victims."

So what should you, as a doctor, ask during a consultation with a child patient? SADAG has some suggestions:

- How's school?
- Who are your friends at school?
- What do you usually do at break?
- Tell parents that bullying is not a right of passage, that it can be prevented.
- Encourage parents to contact the school and get experts in to handle the situation.

"It's important that your patients feel they can trust you, that you won't judge them", says SADAG's Cassey Amooore. "Open the door to a discussion on bullying by saying something like, 'school can be tough, and I remember break was sometimes lonely'. If you speak out and get a conversation going, it becomes easier for victims to stand up, and speak out."

Parents of bullied children need to be encouraged to get the schools involved and take action – speak to the principal yourself if necessary. If there's one child being bullied, there are others. "Follow up with the children and their parents, and make sure the situation is getting better", says Amooore.

Victims or targets of bullying also need emotional help and a means to raise their self-esteem – as do the bullies themselves. "Simply suspending bullies isn't good enough. We need to look at why they are acting out and intentionally hurting others. We need to teach schools, parents and kids to express their emotions in a different way", says respectne.co.za.

"Honestly at the time I didn't know what to really do besides encourage the child to continue his desire to be on stage – he really is very talented too. And I didn't even think about the bullies, and what their futures would be like – I was too angry with them to see them as victims too", says Dr van der Merwe.

If we are to really protect our children, we need to be proactive – good intentions are no longer enough. Parents, communities, and schools must get and send the message that bullying will not be tolerated.

If you have a patient you are concerned about or want more information, please contact:

The South African Depression and Anxiety Group (SADAG) on 011 262 6396 or visit www.sadag.co.za; or www.respectne.co.za for more information on anti-bullying talks, workshops, and programmes.

WARNING SIGNS:

- Social withdrawal
- Grades deteriorate
- Fear of going to school, being at school, walking to and from school
- Crying to sleep
- Nightmares
- Changes in eating habits
- Refusal to say what's wrong
- Excuses not to go to school

WHAT PARENTS CAN DO:

- Be open to the possibility that your child may be being bullied
- If you suspect something may be wrong - ask
- Listen to your child
- Take him/her seriously
- Never blame the child – it is not their fault
- Reassure them they were right in telling you
- Don't promise to keep it a secret
- Discuss practical ways to solve the problem
- Teach self-confidence, assertiveness and social skills
- Enrol kids in extra mural activities to help them widen their social circle
- Never expect kids to work it out on their own
- Talk to teachers and other parents – if there's one bullied kid, there will be others.