

How do you feel? Students' emotions after practicing *bullying**

Como você se sente? Emoções de estudantes após praticarem *bullying*

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ABSTRACT

Our objective was to identify and analyze emotions generated in students involved in bullying situations as aggressors. This is a cross-sectional descriptive study, conducted with 232 students from the sixth to ninth year of middle school, who answered a self-reported questionnaire. We analyzed the data with the Statistical Analysis Software, through descriptive statistics and Fisher's exact test. Of all students, 17.4% were identified as aggressors. Not feeling any emotion after practicing aggression against friends was prevalent for boys (36.7%) and girls (25.0%). Boys demonstrated to feel anger (26.7%) and sadness (23.3%) in smaller proportions, while girls also demonstrated to feel guilt (25.0%), sadness (16.7%) and shame (8.3%). The study indicates investigated aggressors presenting emotions that do not compete to comprehend negative effects of the practiced violence, as well as it does not collaborate to interrupt aggressions.

Descriptors: Bullying; Expressed Emotion; School Health; Pediatric Nursing.

RESUMO

Objetivou-se identificar e analisar as emoções geradas em estudantes envolvidos em situações de *bullying* como agressores. Trata-se de estudo transversal descritivo realizado com 232 estudantes do sexto ao nono ano do ensino fundamental que responderam a um questionário autoaplicável. Os dados foram analisados no Statistical Analysis Software, mediante estatística descritiva e Teste Exato de Fisher. Do total de estudantes, 17,4% foram identificados como agressores. Prevaleceu não sentir nenhuma emoção após a prática de agressões contra colegas para meninos (36,7%) e meninas (25,0%). Os meninos demonstraram sentirem ainda raiva (26,7%) e tristeza (23,3%) em menor proporção, ao passo que as meninas também demonstraram sentir culpa (25,0%), tristeza (16,7%) e vergonha (8,3%). O estudo indica que os agressores investigados apresentam emoções que não concorrem para compreensão dos efeitos negativos da violência que praticam, bem como não colaboram para a interrupção das agressões.

Descritores: Bullying; Emoções Manifestas; Saúde Escolar; Enfermagem Pediátrica.

INTRODUCTION

Adolescence represents an important period for development, in which many biological, psychological, and social changes occurring collaborates to build personality, reflected in concepts, beliefs, attitudes and habits that help to mold lifestyles, which influence juvenile health conditions⁽¹⁾. As adolescents tend to withdraw from the family influence while searching for more freedom and autonomy, they start to dedicate more time at school and in peer groups. Thus, a good quality of developed social relationships at the school environment causes a positive impact on these adolescents' health and quality of life⁽²⁾.

Students satisfied with the interactions established with peers at school are less likely to smoke and consume alcoholic drinks excessively⁽³⁾. On the other hand, when such interactions are affected by situations of violence or bullying, the social and scholar bond can be compromised in such way to cause isolation, poor academic performance, absenteeism and withdraw from studies. Besides, participation in bullying specifically, is associated with an increase of physical and mental health problems, constituting a significant predictor to develop psychiatric disorders in adult age⁽⁴⁾.

Bullying is generally defined as being the intentional manifestation of violent and repetitive attitudes, performed by one or more people against their peers. Such attitudes include physical (for example: kicking, pushing and punching), verbal (give nicknames, insult and curse, etc.) or psychological aggressions (blackmailing, exclude a colleague from a group, gossip, within others). A phenomenon that implicates on the existence of a power unbalance (physical, verbal or social) between aggressors and their victims. Most of times, bullying occurs within relatively small and stable contexts, as classrooms, corridors and cafeterias, characterized by the presence of the same people⁽⁵⁾.

The Brazilian National Research of Student's Health (PeNSE), conducted in 2012 with 109,104 students from the ninth year of middle school in public and private schools in Brazilian capitals, identified that 28% of the sample had involvement in bullying situations on the past 30 days, within those 20.8% practices some sort of aggression against colleagues⁽⁶⁾. Internationally, the prevalence of bullying in schools is equally high, a transnational research developed in 40 countries identified an involvement average of 26% in a sample of 202,056 students⁽⁷⁾.

Due to the elevated prevalence in scholar contexts of diverse countries, as well as the negative consequences propitiated to students involves in the practice, bullying is considered a public health problem and managed a considerable academic, social and, political attention on the past decades⁽⁸⁾. Regardless, a convergence of the specialized literature for the study of victims is noted, in a way to exist few studies directly aimed to investigate the aggressor's characteristics, especially on the national reality. Therefore, the present study will direct the focus to this group, also because it is a vulnerable group to adopt different risk behaviors to health (alcohol consumption and other drugs, early sexual relationships, domestic violence, practice of infractions, within others) and by presenting physical and mental diseases (insomnia, depression, hyperactivity, within others)^(5,9-10).

There are two basic forms of aggression in the bullying context, one of them is reactive, representing a defensive answer to the aggression or provocation. It is a self-defense trial, aiming to end the violence suffered, normally accompanied by anger. On the other side, the proactive aggression constitutes a deliberated and planned action, driven to reach some objective, not needing stimulus to be effective. It transmits a pleasure or satisfaction sensation to the aggressor⁽¹¹⁾.

The proactive aggression is more practiced in bullying and it is opposed to the traditional view that aggressors present low levels of social competence. In this sense, it is important to note that some aggressors are social, popular, have leadership skills and are manipulative⁽¹²⁾. Such characteristics allow them to anticipate thoughts and actions of other students and, therefore, manipulate group processes underlying the bullying dynamics, as well as to trick adults when they are seen or told due to aggression practices.

One of the aspects to help clarify the aggressor's behavior is how they feel in relation to aggressions practiced and which emotions are associated to them. Because emotional states subsidize behavior, the emotion felt by aggressors after the violent act constitute an indicator to continue or interrupt the violence⁽¹³⁾. Regarding this, there is a particular type of emotion that can collaborate for these aggressive attitudes to not be repeated, denominated moral emotions: guilt, shame and sadness, for example.

The comprehension of emotions related to bullying situations can indicate consistent guidelines to plan interventions aiming to propitiate more knowledge to

aggressors about how they react emotionally in social interactions and, to assist them to develop more mastery about themselves and to relate to their peers in a non-violent way⁽¹⁴⁾. From the presented assumptions that emotional development is so important for health maintenance associated to bullying episodes, this is still a theme little explored by the literature⁽¹³⁾. For these reasons, the objectives of the present study were to identify and to analyze the emotions generated in aggressor students.

METHODS

A cross-sectional descriptive study conducted in 2011 with 232 adolescent students from the sixth to ninth year of middle public school at the interior southeast region of Brazil. The school was selected from a non-intentional probabilistic way, through accessibility, in order to constitute a research field and university extension, linked to the research group, which the researchers belong to.

The inclusion criteria were to be enrolled, attending classes, to be present on the day of questionnaire application, to have signed the Consent Term and to have a guardian signing the Free and Informed Consent. The adolescents meeting the inclusion criteria answered a structured questionnaire, composed by open and closed questions.

Regarding structure, the questionnaire presented 19 questions subdivided in two parts, being the first referring to sociodemographic information: age, gender, and school year, number of reprobation/retention and skin color. The second part was designated to data collection related to bullying participation, and contemplated questions as: type and frequency of suffered and/or practiced aggressions and emotions felt after suffering and/or causing aggressions. Following some examples: Have you ever been attacked, threatened, humiliated, or excluded by colleagues at school? How did you feel when being attacked, threatened, humiliated, or excluded by colleagues? Have you ever attacked, threatened, humiliated, or excluded any colleague at school? How did you feel when you attacked, threatened, humiliated, or excluded a colleague?

Questions related to emotions had five alternatives as answers, corresponding to those more prevalent on the literature (shame, sadness, anger, fear and guilt)^(13,15). Thus, there was one open options so that participants could cite any

other emotion if eventually that experienced by the student was not present within the presented options.

The questionnaire application occurred collectively in classrooms during class time. The researchers provided detailed information about the questionnaire and how to answer it, and, while adolescents answered the questions, researchers walked inside the classroom to answer emerging questions. The mean time to answer the questionnaire was approximately 30 minutes.

Regarding data analysis, all obtained answers were entered in a spreadsheet on Microsoft Excel to be statistically treated. Initially an exploratory analysis was conducted, with the basic objective of summarize the sample observations using frequencies and percentages. Following, the Fisher's Exact Test was applied to measure the association of the type of aggression practiced related to the emotions felt by aggressors. The results were obtained using the SAS software (version 9.2) and it was considered a significance level of 5% ($p < 0.05$) in all analyses.

The research project to which this study is linked was submitted and approved by the Ethics in Research Committee of the Nursing School of Ribeirão Preto from Universidade de São Paulo - EERP-USP (Protocol nº 1422/2011), as well as by the school coordination where the study was conducted. All students received detailed information about the study so they could freely decide about their participation and, for those interested, the Consent Term was presented to sign, as well as the Free and Informed Consent presented to their guardian and returned signed to researchers.

RESULTS

The results indicated a high percentage of involvement in bullying situations as aggressors 17.4% (39/232) among the adolescents participating in the study. Regarding gender, more boys prevailed (64.1%). The distribution by age presented an interval between 11 and 17 years, the mean was 13 years and the highest concentration was between 11-12 years (46.2%). The data regarding school year was on the same direction, signaling higher proportion of aggressors on the first two years of the Middle School II, sixth and seventh years (61.5%). The quantity of aggressors who had failed a school year was elevated, demonstrating that almost half of them are older than their colleagues (43.6%). The results related to type of practiced aggression are synthetized on Table 1.

Table 1: Frequency of practiced aggressions in accordance to gender (n=39). Ribeirão Preto, SP, Brazil, 2011.

Type of aggression	Boys (n=27)		Girls (n=12)	
	Frequency	Percentage	Frequency	Percentage
Physical				
To hit, kick or punch	12	16.4	05	13.9
To destroy belongings	07	9.6	01	2.8
Verbal				
To give nicknames	15	20.6	06	16.6
To mock	11	15.0	05	13.9
To curse	07	9.6	04	11.1
To insult	01	1.4	01	2.8
Psychological				
To threaten	08	11.0	05	13.9
To isolate	07	9.6	04	11.1
To gossip	05	6.8	05	13.9
Total	73	100	36	100

Table 1 points verbal aggressions being more practiced by students of both genders, almost equivalent, totalizing 46.6% for boys and 44.4% for girls. This convergence was also presented for subtypes of verbal aggression, and to give nicknames to colleagues was the most practiced by both genders. In sequence, appeared to mock, to curse and, to insult occurred less. The second most frequent type of aggression was psychological, in which girls practiced more (38.9%) in relation

to boys (27.2%). Within the subtypes of most practiced psychological aggression by boys, the following sequence was observed in order of occurrences: to threaten, to isolate and to gossip about colleagues. The physical aggressions in their turn, demonstrated lower prevalence in relation to the other two types investigated (verbal and psychological).

The emotions generated on aggressors are presented on Table 2, according to gender.

Table 2: Frequency of emotions generated according to gender (n=39). Ribeirão Preto, SP, Brazil, 2011.

Emotion	Boys (n=27)		Girls (n=12)	
	Frequency	Percentage	Frequency	Percentage
None	11	36.7	03	25.0
Anger	08	26.7	02	16.7
Sadness	07	23.3	02	16.7
Fear	02	6.7	01	8.3
Shame	01	3.3	01	8.3
Guilt	01	3.3	03	25.0
Total	30	100	12	100

The results presented on Table 2 indicate that not feeling any emotion was prevalent for both genders, noted for boys (36.7%) that equally demonstrated to feel anger (26.7%) and sadness (23.3%) as more recurrent emotions. Most boys did not feel emotions or anger (63.4%). On the other hand, girls demonstrated to feel more emotions related to interruption of

aggressions (50.0%) in comparison to boys (29.9%), highlighting for them: guilt (25.0%), sadness (16.7%) and shame (8.3%).

Differences statistically significant were not found in any association between the type of aggression and the emotion generated in aggressors, as demonstrated on Table 3.

Table 3: Association between the type of aggression and the emotion generated (n=39). Ribeirão Preto, SP, Brazil, 2011.

Emotion	Type of aggression		
	Physical	Verbal	Psychological
Anger	0.7258	0.99	0.4801
Sadness	0.99	0.0855	0.0648
Shame	0.4615	0.99	0.99
Fear	0.2065	0.4130	0.4872
Guilt	0.3183	0.99	0.6050
None	0.99	0.2384	0.99

DISCUSSION

The results from this study indicated aggressors as equivalent to 17.4%. The literature presents mixed results regarding bullying prevalence in the Brazilian reality. For example, one investigation conducted in Porto Alegre – RS identified 15.9% of aggressors⁽¹⁷⁾. Another study conducted at the same state, in Caxias do Sul –RS verified that 7.1% of investigated students fit the aggressor profile⁽¹⁸⁾. Yet, the Brazilian National Research of Student's Health found a total of 20.8%⁽⁶⁾.

Such disparity reflects the difficulty to compare results of prevalence studies for bullying, once rates can vary in accordance with the instrument used to measure this phenomenon, the adopted definition for bullying, the level of student's development (childhood or adolescence), the type of aggression practiced (physical, verbal or psychological) and contextual characteristics of the investigated location⁽¹⁹⁾. Notwithstanding, as bullying is associated to the appearance and maintenance of different psychosocial and health problems in students involved with it, independently of the frequency of occurrence, it needs to be considered at the measure that it occurs and to measures designated to cope with it and prevention should be applied.

In relation to gender, data indicated that boys practice bullying in proportion almost two times superior than girls. National and international studies points this result^(17,20-22) and suggest that this occur because boys are physically stronger than girls, and have more aggressive styles to interact with their peers, they have deficient social skills in higher proportion when compared to girls and due to cultural requirements related to masculinity image. Similarly, the result regarding the decrease in the quantity of aggressors at the measure that students get older, equally founds convergence in the literature, indicating higher quantity of aggression practiced during initial school years⁽⁵⁾. In addition, as almost half of aggressors presented at least one school reprobation, the greater physical development presented by them can facilitate the practice of aggressions towards smaller colleagues from the same classroom.

The highest frequency of verbal aggressions practiced by both genders diverge from the literature in general, it associates this type of aggression to females, while for males, physical aggressions are prevalent⁽²⁰⁻²¹⁾. However, there are indications that physical aggressions tends to decrease during adolescence and verbal aggressions tends to increase, because they are

considered by school authorities as having less weight and thus they are less passive of suffering disciplinary intervention⁽⁵⁾. This can be the explanation for aggressors of both genders to practice more verbal aggressions. On the other hand, although physical aggressions are more evident, results demonstrate that both boys and girls excessively practice it. This can happen due to the occult nature of aggressions practiced on bullying, generally practiced away from adults, making its identification difficult by school professionals.

About the emotions felt after aggression towards colleagues, for aggressors of both genders, not feeling any emotion was prevalent. To not feel anything collaborates for adolescents to not notice harmful aspects of their actions towards the victims, therefore it can prolong the duration of violence. In addition, the absence of specific emotions, especially those of moral nature, making it difficult to recognize the suffering experimented by others, impeding empathy to arise in relation to the aggressed colleague⁽²³⁾.

Considering the emotional development being so important for physical and cognitive health and wellbeing⁽¹⁵⁾, results from this study indicate that investigated aggressors need special attention referent to emotional expression. As emotions are manifested as answer to specific conflict situations are associated to behavioral answers to these episodes⁽¹⁴⁾, to not feel anything can indicate not only the continuity of aggressions, but the increase of its acts severity, as well as the development of more severe conducts during adult age, as criminality⁽²⁴⁾.

For boys, it was also noticed to feel anger after practiced aggressions. The literature indicates that anger negatively impact the physical and psychological wellbeing, being associated with appearance of neuroses and depression, as well as manifestation of adverse behaviors to health, as smoking, excessive consumption of alcohol and low levels of physical activity⁽²⁵⁾. Besides these effects, in the bullying context, anger implicates destructive, punishment and/or vengeful behaviors. Those behaviors impede aggressors to be aware about the harmful character of their actions towards their colleagues and thus they attribute the responsibility of their actions to their victims, overvaluing the violence as a way to solve conflicts or to use it as a way to obtain power in relation to their peers⁽²³⁾.

The anger can still be connected to psychological mechanisms of defense, triggered in a trial to compensate sensations of inferiority, frustration, incompetence, low self-

esteem, within others⁽⁵⁾. Thus, it can prolong the violence by masking its true causes not only noticed or questioned. Such situation is more worrying for boys participating on this study, as the majority demonstrated to not feel anything or feel anger after aggressions practiced by them.

In counterpart, girls demonstrated to feel more emotions related to the interruption of aggressions in comparison to boys, especially: guilt, sadness, and shame. These emotions perform an important role to recognize the harm suffered by the victim and they are intimately connected to responsibility and regret by the aggressor, which can indicate that aggressions will not be practiced again. Besides, these emotions can implicate on the need to repair the harm caused, in a way to approximate aggressors and victims in relationships characterized by the non-violence⁽²³⁾.

CONCLUSION

As school is fundamentally a social enterprise, the wellbeing of students is necessarily affected by sharing a safe and violence-free environment. Thus, results of this study indicate that most of the investigated students that are aggressors, especially males, present emotions that do not compete to comprehend the negative effects from the violence practiced towards their peers, as well as they do not collaborate with the interruption of aggressions, as it occurs with moral emotions.

Yet, the emotions manifested for girls constitute a first step to comprehend the school as a collective space permeated by the singularity of each student, a space where differences need to be respected. Thus, efforts directed to bullying prevention can have as acting focus, the stimulus for moral emotions of aggressors, aiming to propitiate interactions among peers based on non-violent conducts.

Some strong points of this study include the focus on a theme still little investigated in the bullying context, where emotions permeate the psychological experience of aggressors students and where moral emotions can stimulate the non-recurrence of aggressions. However, some limitations need considerations; one of them refers to convenience sample, composed by a public school, limiting the generalizing of results. Future research will be able to work high larger and more diverse samples, to obtain results to be generalized to other contexts and social realities. The cross-sectional design of the study also represents another limitation, as it is impossible to

establish cause-consequence relationships. Thus, future research will be able to advance on this aspect when adopting a longitudinal design. A more precise comprehension of the influences caused by emotions in the bullying context, the impacts caused on wellbeing and health of aggressors, were found beyond the objectives of this study. Thus, qualitative studies can be conducted as they are more adequate to this type of investigation for those subjects.

To finish, it is important to highlight that although this investigation focused on emotions pertaining to the personal level of students, bullying presents a complex nature and efforts for its study, prevention and coping from the health perspective, needs to be considered by its multiple determinants, found in the students, school environments, families, community, culture, among others. Thus, it is important to investigate and build networks of collaboration among the school, families, community and, health services. More efficient and long lasting solutions to reduce bullying happen through multi-faced and inter-sectorial programs. Not obtaining, any effort directed to the intervention should at first identify relevant actors and social levels that permeate violent manifestations at school, and following, to find in each of them the primordial aspects to promote the desired change. Thus, this study signaled the importance to consider the emotion of aggressors in the comprehension of violence relationships between peers at school, as well as the planning of interventions aiming to reduce scholar bullying.

The knowledge from this study can base prevention and coping strategies for bullying that aim to promote integral and inter-sectorial actions, especially between health and education, considering the focus on social determinants of health and actions of different professionals. In the promotion perspective and in the context of the primary health care, nurses, for example, can be involved in prevention actions and combat against bullying, as well as support students involved, their families, school community and broad society.

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