

Digital Commons
@ LMU and LLS

Journal of Catholic Education

Volume 19 | Issue 3

Article 9

May 2016

Stigma Is the Origin of Bullying

Mike Huggins

Seattle University, hugginsm@seattleu.edu

Follow this and additional works at: <https://digitalcommons.lmu.edu/ce>

 Part of the [Other Education Commons](#), and the [Public Health Commons](#)

Recommended Citation

Huggins, M. (2016). Stigma Is the Origin of Bullying. *Journal of Catholic Education*, 19 (3). <http://dx.doi.org/10.15365/joce.1903092016>

This Article is brought to you for free with open access by the School of Education at Digital Commons at Loyola Marymount University and Loyola Law School. It has been accepted for publication in *Journal of Catholic Education* by the journal's editorial board and has been published on the web by an authorized administrator of Digital Commons at Loyola Marymount University and Loyola Law School. For more information about Digital Commons, please contact digitalcommons@lmu.edu. To contact the editorial board of *Journal of Catholic Education*, please email CatholicEdJournal@lmu.edu.

Stigma Is the Origin of Bullying

Michael Huggins
Seattle University

Bullying in schools has escalated far beyond childhood teasing. In recent years, torture, murder, and suicide have been associated with bullying (van der Kolk, Weisath, & McFarlane, 2007). While bullying is unacceptable behavior in any school, it is particularly problematic in Catholic schools, which must embody Gospel values. Catholic education rests upon essential foundations, three of which include a Christian understanding of what constitutes humanity, finds expression in community formed through communion and essential relationship, and is itself exemplified and sustained by a Gospel witness (Miller, 2006). This article draws from national news stories about court cases related to bullying in Catholic schools. It explores the notion of bullying as a result of stigmatization and uses the extended example of diabetes as a cause for stigma. It concludes with recommendations for Catholic school leaders to address bullying in schools.

Keywords

bullying, stigma, diabetes, school leadership, discipline

The following three stories were obtained from published newspaper reports about bullying in Catholic schools. These are three among many; bullying has become a phenomenon of increasing interest because it is damaging and dangerous.

When Julia Rivas,¹ a 10-year-old student at St. Agnes Catholic Elementary School in Phoenix, Arizona, was required to take medication, she began to gain weight. As her body changed, several students began to harass her. Students made chalk drawings in public spaces, caricatures of Julia that exaggerated her body and compared her to other children. At one point, several

¹ The names of students and family members referenced in this article are real names, as these stories have been culled from newspaper articles and the identifying information is part of the public record.

classmates took Julia's glasses from her and broke them. Other children would steal Julia's lunch, telling her that she was too fat to eat. Teachers and administrators allegedly observed these situations but did not intervene. The incidents continued for three months, during which time her mother, Dominique, approached school officials on numerous occasions and filed written complaints. School administrators and teachers did not deny the reports were made or that the incidents occurred, but observed, "Bullying is open to interpretation."

School officials stated that they took action where it was appropriate but, according to the child's mother, responses were ineffective and the bullying continued. Julia's mother came to the school and confronted school officials, demanding to know if it would take "a suicide" for the bullying to be addressed. The school interpreted the mother's actions as disrespectful and disruptive, and claimed that the mother's actions constituted harassment. This incident led to a meeting with school officials and the parish priest. During this audio-recorded meeting, Julia's mother was instructed to sign a document acknowledging that she was banned from campus. Her daughter would then be allowed to finish the school year, but would not be permitted to return the following year. When Dominique refused to sign, the parish priest told her that her daughter could no longer remain a student in the school. There are no indications that the children who harassed and bullied Julia were ever corrected or redirected, or that adults in the school acted to protect Julia from these children. In April 2014, Julia's mother sued the school on behalf of her daughter, and the case moved into the courts for resolution (Haros, 2014). Julia's mother maintains a Facebook page devoted to preventing bullying and telling her daughter's story, and Julia herself has recorded a YouTube video about her experiences at St. Agnes and how bullying has affected her.²

In the Diocese of Baton Rouge, Louisiana, William and Jeanine Holmes enrolled their children in Holy Ghost Catholic School. In the latter part of 2014, their two children began to experience bullying at the hands of two classmates. This harassment and bullying was not only on school grounds, but also included cyber-bullying. The parents met with teachers and administrators of the school who refused to acknowledge the actions as bullying. The parents responded by removing one child from school, and used Holy Ghost

² Readers can access Julia's video at the following URL: <https://www.youtube.com/watch?v=NIKbocofVk>

curriculum materials to home school this child. The other child remained in the school, and the bullying continued. School officials were accused by the parents of actually asking the child who remained in school “what they should do” about the bullying, which allegedly included threats of physical harm. The Holmes’s daughter was at one point hospitalized for the effects of severe trauma related to bullying and intimidation; she had begun to cut herself. While the school claimed it did discipline the two classmates who were accused of bullying, the Holmes claimed that this response was ineffectual as the children remained in the classroom. School administrators responded by insisting that expulsion would not teach the accused children the lessons they needed to learn about bullying. This case has also moved into the courts, with the Holmes suing Holy Ghost school, the Diocese, and the parents of the two children who allegedly did the bullying (WWLTV, 2014).

A young boy in his ninth year of Catholic education, Anthony, who had a diagnosis of Autism Spectrum Disorder, was a student at St. Monica Academy in the Northwest side of Chicago. His mother claimed that for the last two years of her son’s education at St. Monica, he endured repeated and severe bullying at the hands of several students. Anthony’s mother claimed that the bullying rose to the level of cruelty, and included physical attacks on multiple occasions. While St. Monica School did have a published antibullying policy, Anthony’s mother claimed it was never enforced with those who bullied her son. When she complained about how students were treating her son, administrators responded by banning her son from basketball, volleyball, and school dances. Anthony was not permitted to attend after-school math tutoring unless a family member accompanied him. Several other parents came forward, including a special education teacher at St. Monica’s, to support allegations against the school. The principal is alleged to have ignored the bullying and insisted that the parents of the children involved should “work it out among themselves.” In the complaint, the principal is accused of having witnessed a child physically assault Anthony, yet refusing to intervene. Anthony’s mother withdrew her son from St. Monica’s and enrolled him at a public school nearby that had a zero tolerance approach to bullying. At that point, she approached St. Monica’s to explain her reasons and to ask for an apology for the way her son was treated. She stated that she did not receive any acknowledgement of her son’s treatment at the school, and felt it was her responsibility to file a lawsuit (*Chicago Tribune*, 2012).

What is Bullying?

A widely accepted definition of bullying is a repetition of negative actions (physical, verbal, or psychological) specifically directed at a target individual over time, in the presence of a power differential between the parties involved (Olweus, 1993; Olweus, Limber, & Mihalic, 1999). Bullying has become a widespread phenomenon with increasing levels of violence. Nansel et al. (2001) determined in a nationwide study that approximately 30% of students across the US—or six million children—in grades six through 10 reported either being a bully, being bullied by others, or participating in both categories. Bullying behaviors have increased to a point of great concern to both educators and parents. Bullying in schools has escalated far beyond childhood teasing. In recent years, torture, murder, and suicide have been associated with bullying (van der Kolk et al., 2007). Children have been murdered by bullies, had their reputations destroyed in social media, and have committed suicide as a result of being bullied (Boyle, 2005; Hinduja & Patchin, 2010; Kalman, 2012).

While bullying is unacceptable behavior in any school, it is particularly problematic in Catholic schools, which must embody Gospel values. Catholic education rests upon essential foundations, three of which include a pursuing Christian understanding of what constitutes humanity, creating an expression of community formed through communion and essential relationship (*communio*), and exemplifying and sustaining that inchoative understanding of *communio* by being a Gospel witness (Miller, 2006). The presence of bullies and bullying undermines all of these goals.

Many Catholic schools have developed policy statements in their handbooks that directly address bullying; and, in fact, St. Monica's Academy (the third example above) had specifically done so. However, unenforced policies are ineffectual policies, and in the case of St. Monica's the principal is alleged to have stated that it was the obligation of the parents to address bullying, even when it occurred within the school.

Bullying is a phenomenon that apparently persists wherever humans are organized into communities. The persons who punish are termed "bullies," and they themselves are social creations. The persons whom bullies punish are individuals who have less power, and who have somehow been relegated to a category making them unable to resist the judgment of their community and the actions of the bully. This subjection is true especially when the victim's wider community—whether a classroom, a schoolyard, or an entire school—

ignores the actions of the bully or perhaps even encourages the bullying behaviors.

In this author's view, one of the most interesting theories about the origins of the bullying phenomenon is that it occurs as community cohesion lessens, or at least that its appearance positively correlates with the destruction of the warp and weft of the community tapestry. This is one expression of the social disorganization theory, which identifies specific characteristics of communities that strongly predict bullying behaviors (Kubrin & Weitzer, 2003). Some of the variables predicting the appearance and activity of the school bully include student-teacher ratio, school type (bullying is most prominent in middle schools), concentration of student poverty, suspension rates, highly mobile student population, and urban settings versus rural schools (Bradshaw, Sawyer, & O'Brennan, 2009).

The dyad of the bully and the bullied is a curious phenomenon. Strong research supports that bullies (and their victims) are children with emotional and behavioral problems that were not effectively treated and resolved during their early years (Leiner et al., 2014). The lack of resolution in difficult circumstances helps set the stage for the emotional and physical punishment that bullies mete out to others. What is not so easily understood is how bullies select their victims. Since the operative definition of bully includes a power differential—bullies have power, victims have none—how is this power differential established? The social disorganization theory of Kubrin and Weitzer (2003) offers some elucidation. Children are marginalized merely through the effect of being different, or being associated with microcommunities with different norms than the macrocommunity in which the student must live. Once this marginalization occurs, children with their own instabilities claim power by expressing community norms through violence (Leiner et al., 2014). The arrogation of authority to defend community norms is the work of the bully, who directs force toward the child who does not meet these norms. Unless competent authority intervenes, bullies will select victims and express force without stopping. These victims are termed “the other.” Persons of this type are considered nonmembers in community, and are regarded as a threat to the existence of the community. Miller (2008) offered a phenomenological definition of the “other” that includes what may be called the “dark side” of our own personality. From a sociological perspective, however, the “other” is an individual—though perhaps not fully a person—who does not embody or express the norms of the community. “Others” are considered a threat. Bullies may be considered the finger that points out the

“other” and then proceeds to neutralize that individual. This entire phenomenon is a matter of much exploration from psychological and phenomenological perspectives; the Center for Otherness is one organization that continues exploration into this dynamic (<http://www.otherness.dk>).

A necessary step in bullying is stigmatization of “the other.” This act begins in earnest once the power differential has been established, which occurs when an individual is labeled as different, or “other.” Once identified as “other,” the excluded person is subject to vicarious punishment of the wider community via the actions of the bully. Though the processes of stigmatizing and bullying can be complex, they can be identified and stopped. Accomplishing this is the focus of this article.

The Role of the Bully

Social theory implicitly recognizes the role of force in maintaining the boundaries necessary for community identity and cohesion (Durkheim, 1965; Mead, 1934). However, force is not just an amorphous concept; it requires intentional application to be effective. If use of force is widely disseminated among all members of a community, cohesion can trend toward dissolution due to divergent ideas concerning baseline acceptable behavior. In recognition of this, communities authorize leadership to deputize. This deputizing function involves the transfer of authority from a larger group to a smaller one in order to accomplish a specific task or objective. The intended outcome, whether understood or not, is the preservation of much larger social structures and boundaries for individual behavior through the use of proxies, or deputies (Tyler & Huo, 2002). Deputizing is also synonymous with *delegation*, in which authority is transferred to a person or group of persons, however with accountability retained by the person or group that authorizes the actions of the junior person or group.

Individuals or groups that refuse to meet social norms or stay within acceptable boundaries of behavior are always considered threats to the social and political contract that defines the community (Durkheim, 1965). The intensity of the threat is conjured by a combination of the commitment of the larger group to its own norms and the extremity of the variant individual or group expression of departure from those norms. Individuals or groups who depart from community norms face stigmatization, the intensity of which reflects the distance from accepted social norms or the interpretation of the variant individual’s actions as a danger to the community. A teenager

with bright purple hair will likely not align to the norms of a conservative midwestern farming community. Likewise, a teenager who has a methamphetamine laboratory in the garage will also violate community norms. The response by the community to these two situations will be quite different. However, the social concept applicable in each case involves the attachment of stigma to both teens, and some sort of response by the community to the teens' actions and behavior. In the latter case, the response will likely involve response by police. In the former, the response may simply be school administrators' reaction to a violation of school handbook, if "natural" hair color is required. But both cases share the attachment of stigma and the reaction toward the stigmatized individual through application of punishment or perhaps even extreme force.

Social theory demands that persons or groups who refuse to meet acceptable community standards be stigmatized (Durkheim, 1965; Falk, 2001). These stigmatized persons or groups are then subjected to punishment in an attempt to change their behaviors, or to isolate or destroy them. The intended effect is to neutralize the perceived danger they introduce into the social system. Social condemnation is the important but subterranean work of all communities in an attempt to safeguard and promote internal cohesion. While this effort is sometimes actualized through legislation—such as the Chinese Exclusion Act (Pfaelzer, 2002)—at other times the reaction is less organized, with pressure against the stigmatized person being expressed via social isolation or overt acts that often go unnoticed, ignored, or tacitly approved by the larger community. An example of this response may be seen in the actions of the Ku Klux Klan burning a cross on the lawn of a family of color who has moved into a historically all-White neighborhood located in an area of the country where social pressure is uniquely expressed in racial terms.

When these reactions to maintain community norms are not effective, or at least not effective enough, more force may be added, leading to physical violence or homicide. If persons who do not have authority employ force toward stigmatized persons, the notion of "bullying" is appropriate. Bullying has a long history in human communities. It is viewed as an alternative to legitimate policing, a secondary method of neutralizing perceived threats. Unlike the legitimate application of force, bullying accomplishes its ends without linking violent actions to community leaders, whose ethical stances cannot visibly connect them to the essential destruction of other community members (Martocci, 2015).

Bullies appropriate the role of safeguarding community standards. In effect, they assume the role of deputies without receiving formal delegation from legitimate authority. Nevertheless, bullies do receive implicit and sometimes explicit permission from authorities as they act to punish what they perceive to be unacceptable violations of community norms. Bullies receive permission to continue their activities every time their actions go unaddressed. Implicit permission can be amplified to the point of explicitness when the effect of their actions is extreme and still met with silence by persons or groups that the bully considers legitimate authority, or that the bully particularly fears. In a microcommunity such as school, bullies are a tool readily employed by community leaders who themselves cannot be observed punishing what they consider aberrant behaviors by other community members. Bullying is highly ironic in this regard: While it is recognized as being completely unacceptable, it also appears to be an expression of a community's extraordinary desire to remain homogeneous and therefore is often dismissed. Only when bullies overwhelmingly insult the conscience of a community are their actions addressed. Otherwise, in an effort to maintain community cohesion and identity, community leaders or spokespersons tend to ignore the overt bullying behaviors and minimize and dismiss the specific actions of bullies. Bullies are therefore instant tools for the illegitimate reinforcement of social norms.

Because they are so effective at punishing stigmatized individuals (those who are viewed as semicomunity members and persons on the margins of society), bullies may be regarded as instrumental by those in authority (Kohut, 2007). In the three cases above, the children who were bullied were likely viewed as hangers-on in the community, not "real members," and thus possible sources of dissolution of the school community. The stories of these students indicate that they were somehow stigmatized. They did not meet, agree with, or exemplify perceived community or social norms of being or behavior: This made them targets for stigmatization and punishment.

It is important to note that any deviation from the accepted average, the mean of being or behavior, is interpreted as potentially threatening. This is a key concept in social theory (Durkheim, 1965). Expulsion of such persons appears to be a primordial need. Yet who will share this message, or enforce it? Legitimate authority in an enlightened age cannot do so, particularly when that authority is required to promote a message of inclusion, tolerance, and recognition of each individual's inherent value and gifts. This message arises from fundamental Gospel values, yet is also at variance with human fears

and human nature. Despite the call “to love one another as I have loved you” (John 13:34), individuals and communities can embrace bigotry and fear to a point where “the other” is identified, dehumanized, and destroyed. This occurs at the national level, particularly in wartime. It occurs also in much smaller communities and can be just as devastating. A uniquely effective tool for this task is the bully, who carries the message in fist and word, and whose highly visible presence draws one’s attention away from the authority who, covertly or overtly, empowers the action of the bully.

Stigma and Bullying

As noted above, stigma is uniquely associated with the sociological status of “the other” (Berger, 1967; Mead, 1934), and the determination that a particular individual does not fit into the accepted order. In other words, members of a particular community share a unique set of characteristics that allows them to identify one another. These characteristics can be as simple as gender or race, or as complex as socioeconomic status. When an individual appears within the boundaries of the community who does not express or share these characteristics, a strong response can follow in order to exclude that individual from gaining access to the goods of the community. Previously accepted members can also undergo a change, such as illness, physical deformity, or loss of income; these can all be perceived as threats. The typical response is to stigmatize such persons with the objective of “protecting” the community from harm (Goffman, 1963).

Stigmatizing another person assumes explicit permission to isolate “the other” from persons who share a particular communal identity. Sometimes, characteristics that brand an individual as “other” are as simple as a weight gain that community arbiters find unacceptable. At other times, individuals such as Anthony (above) bear the marks of “other-ness” in their medical or psychological diagnosis. This inescapably marks them as different. Fundamentally, stigma is a primeval social behavior that aims to promote safety of the larger community in the presence of a perceived threat. Durkheim (1965) insisted it was a necessary component of all human societies.

It is not enough, however, just to stigmatize someone. Once a person has been identified, labeled, and had a stigma attached, enforcers of the established communal order arrive: the bullies. These individuals make palpable the judgment of the community. Bullies carry the message that the stigmatized person has been wholly rejected and no longer has any right to mem-

bership in or access to goods of the community. Bullies make certain the message of rejection is neither missed nor misunderstood. Notably, however, it is sociologically unacceptable to stigmatize an otherwise unmarked (meaning, “not an outsider”) member of one’s own community without risking the expulsion and stigmatization of oneself (Durkheim, 1965); once a person has been stigmatized, a mark has been placed that allows other bullies to identify that person.

The Problem of Bullying

Much of the early research into bullying was conducted in Europe (Austin, 1996), but in the last decade, investigation into the phenomenon of bullying in American schools has increased. Several large studies (Boyle, 2005; Messias, Kindrick, & Castro, 2014; Nansel et al., 2001) attempted to gauge the extent in numbers and severity. Research has established that the incidence and prevalence of bullying are still not well known, but appear to be increasing. From a scholarly perspective, the concept of bullying has been defined. However, school administrators and teachers—and students—often have no clear functional understanding of what constitutes bullying. Further, while adults seem to recognize that bullying is a problem, it is often minimized in ways that allow adults to dismiss it as harmless. Bullying persists in environments in which more children are reporting being bullied, and where bullying is no longer only a face-to-face encounter but is expanding through use of social media. Further, bullying correlates positively with suicidality, and a growing body of data positively and strongly correlates the cases of children who have taken their own lives to having been bullied. In many of these cases, bullying was simply not taken seriously or addressed successfully. There appears to be a glaring disconnect between the phenomenological and a functional understanding of bullying. Until this disconnect is bridged, it is unlikely that schools will be able to be effective in proactively addressing bullying or its consequences.

What makes children vulnerable to being bullied? Research has identified risk factors related to the notion of difference or “other-ness.” The American Academy of Pediatrics (2006) and the United States Department of Health and Human Services (2012) identified prominent risk factors associated with bullying. These include:

- viewed “being different” from peers in appearance; weight difference, wearing clothes or hair differently, or wearing glasses;

- perceived as being weak, or unable to defend themselves;
- viewed as depressed, sad, anxious, or having little self-esteem;
- isolated, or with few friends;
- maladroit in social behavior and not mixing easily or well with others
- viewed as having a developmental or physical disability.

To this list, Cook, Williams, Guerra, Kim, and Sadek (2005) identified “poor problem solving” as a risk factor for being bullied.

It is the position of this author that being different is a precursor to stigma. Once difference is noted, and stigma is attached and tacitly accepted by others, bullying is used to emphasize the stigmatized person’s essential unbelonging-ness. Bullying is a vehicle for repetitious restatement and condemnation of unworthiness. Until the message is understood and accepted by the victim, bullying continues and worsens. The expected response by the stigmatized person is to disappear, though this may not actually be sufficient. This illustrates the scapegoating phenomenon, the notion that communal sins are transferred to the stigmatized person and require the sentence of death in order to achieve absolution for the entire community (Berkert, 1985; Major & Eccleston, 2004). Whether bullies understand this sequence or not, one essential objective of bullying is to attach blame for a community’s ills upon another person, thereby transferring judgment, depersonalizing, and ultimately removing the stigmatized person (Juvonen & Graham, 2014). The immediate goal is depersonalization of the stigmatized individual and removal of all community prerogatives. This communal separation is a form of death for an individual, because human persons exist as essentially relational beings.

While there are some cases in which bullies have actually killed, a growing body of research has identified bullied children and teens who have understood the message of their own terminal inadequacies. At least partly as a result of this judgment, they have taken their own lives. The primordial nature of the stigmatizing phenomenon, or its function within human societies, must not be dismissed. However, to address it requires an understanding of stigma, and in particular self-stigma that potentially leads an individual to self-harm (Vogel, Wade, & Hackler, 2007). Though research has indicated that school administrators and teachers often have no clear functional understanding regarding the constituents of bullying, nevertheless many school personnel do realize that bullying in schools has increased in both incidence and severity (Boyle, 2005). How can teachers, staff, and administrators identify children involved in this complex behavior, both as perpetrators of bul-

lying and as targets? As an aside, it must be observed that many children are both bullies and bullied; research into this role variation continues (Cook et al., 2010). Further, is there a way to understand the process in a manner that allows responsible adults to intervene much earlier?

It is the intention of this article to present a foundation for bullying which educators can use to gain a better understanding of the phenomenon. The conceptual model of stigma offers a useful structure for educators who can then fashion interventions that could halt the insidious process of stigmatization. A reduction in bullying is a predicted outcome of these interventions.

What Exactly is Stigma?

The word *stigma* comes from the Greek language, existing both as a noun (stigma) and a verb (to stigmatize). It signifies a mark or brand burned into the skin in order to identify an individual (Goffman, 1963). Fundamentally, stigma exists as a way to identify someone who exists outside the boundaries of one's own group and is thus unworthy of the benefits of in-group membership.

Stigma should not be confused with the hagiographical concept of "mystical stigmata," which are the marks upon certain saints' bodies of the wounds of Christ. These two concepts are connected through the notion of "mark." The only connection between the two arises from the Greek meaning of the word "mark" and the fact that, in this article, stigma forms a mark that identifies a person as worthy of punishment. In that sense, Christ became the expiation for all the sins of humanity. The marks of Christ's crucifixion, sometimes experienced as bleeding on the hands and feet of some of the saints, are referred to as stigmata (the plural form of stigma) (Poulain, 1912). This sense of "mark" fundamentally differs from the sociological concept of stigma, which although an indelible mark, nevertheless functions not as a reminder of Christ's wounds but rather as a judgment of unworthiness separating an individual from a community.

Stigma as a concept arises from the social and cultural contracts in societies, processes that define and restrict relations between those who enjoy access to the full resources of society—the *in-group*—and those who do not—the *out-group* (Falk, 2001). Stigma is often acted out by way of microaggressive speech and behaviors, quiet denial of resources, and subtle reminders. Where these fail, overt acts can become violent (Peter, Taylor, & Chamberland, 2015).

Popular media reinforces what is expected of members of the in-group to the point that some persons expend great energy on looking and behaving in

ways they believe is expected of them, even when these are self-destructive. This is an illustration of Mead's (1934) "Symbolic Interaction." Mead (1934) argued that humans as social creatures do not immediately apprehend reality but rather interpret reality through signals in the environment and association with other persons and objects. To achieve belonging and enjoy predictability, humans interpret expectations of others and seek to meet these expectations themselves. Humans know that to reject these expectations risks violating social norms and can lead to expulsion from the community. Stigma is the effect of the judgment of one's community just prior to removal of prerogatives and communal goods and actual expulsion from the confines of one's group (Falk, 2001; Goffman, 1963).

Stigma can be overt and enforced, such as in the involuntary relocation in World War II of American citizens of Japanese ancestry (Robinson, 2009). It can be as subtle as children refusing to allow a classmate to sit at their lunch table for not wearing clothing in the latest fashion. However it is expressed, it is identical in process if not necessarily in effect.

Why is stigma such an effective weapon for social control? Diderichsen and Hallqvist (1998) offered the following analysis, which speaks directly to the risk factors for bullying noted above. They identified four dimensions that help illuminate why certain persons are at a unique risk for stigmatization. These dimensions include social stratification, differential exposure, differential susceptibility, and differential consequences.

How would this theory apply to school-aged children? The first step in stigmatizing is the achievement of social stratification through "marking" certain children. This marking, or branding of stigma, can be based on such things as race, gender, hairstyle, glasses or contact lenses, food preferences—the list is as endless and varied as the imaginations of in-group members. Once marked, these children have been stigmatized. Per Durkheim (1965), doing so provides social clarity; who we are as humans becomes possible only by pointing out who we are not. In school children, this can be as simple as singling out those with subsidized breakfasts and lunches, or who dress in last year's fashion, or who do not have the "right" kind of book bag. Once the process begins, the child is marked as a member of the "out group," is stigmatized, and is thereby vulnerable to exclusion, judgment, and punishment.

Thus marked, children experience a differential in exposure to social stressors. In fact, stigmatized children are often subjected to influences that simply cannot be predicted or understood. Sometimes these involve harsh words, but other times these stressors are physical and include pushing, shov-

ing, or hitting. Diderichsen and Hallqvist (1998) theorized that bullies are in some manner able to determine exactly what sort of punishment works best for each stigmatized child; not every bully approaches every stigmatized child with identical armaments.

There is also a differential susceptibility among stigmatized children, and they may respond to stressors in exaggerated ways. What appear to be simple acts by members of the in-group toward a stigmatized child may result in extraordinary violence in ways that simply cannot be predicted. Children exposed to cyber-bullying have been known to take their own lives. Hinduja and Patchin (2010) found that children who experienced cyber-bullying were almost twice as likely to have suicidal ideation, attempted suicides, or actual suicides. Kalman (2012) presented some initial research that linked homicidal behaviors to persons who have been bullied. This was initial research, and pointed to the need for a more comprehensive approach to the phenomenon of bullying and how it affects children and schools, as well as how being bullied sets a foundation for embracing violence as a means for communication.

Finally, the out-group, stigmatized child suffers a differential in the consequences of stigma and the withdrawal of benefits accorded to members of the in-group. An exclusionary act of bullying toward a stigmatized child may be expressed more strongly and felt more deeply because the possibility of in-group membership simply does not exist. This is the road to extreme loneliness, judgment, and shame for the excluded child and can provoke extreme reactions.

Stigma exists as the cardinal sign of out-group membership (Diderichsen & Hallqvist, 1998). Through the stigmatizing process, the entire out-group experiences separation and marginalization. This makes the out-group uniquely susceptible to negative outcomes in any social interaction. If a child is stigmatized, he or she cannot gain access to the resources of the in-group and becomes susceptible to isolation and punishment. Stigmatization is considered justified and inevitable by members of the in-group, and often even accepted as reasonable by others who have been stigmatized. Thus bullying is seen as something that occurs over a continuum with little in the way of awareness or control, until a final event occurs that brings the violence to everyone's attention. What is this "mark" of stigma that seems both invisible to the eye yet so glaringly obvious to members of the in-group? How is it formed? Can it be removed, or at least alleviated, so that acts toward the stigmatized are reduced or even prevented? If this is possible, it must start with an even deeper investigation into the concept of stigma.

Stigma: How it Works

Stigmatization is an insidious process that instills and magnifies inappropriate shame and unworthiness within an individual (Goffman, 1965). In addition to this powerful shaming, power relationships shift inequitably between the recipient and the possessor of resources, whether those resources are food and water or group esteem and cultural recognition. Stigma enlarges the disparity between a person who possesses resources and an individual who lacks them, and is an important step in creating the in-group and out-group (Link & Phelan, 2001). Essential resources remain concentrated in the hands of those who have power. Stigmatized persons may be dissuaded from even seeking access to these resources (O'Driscoll, Heary, Hennessey, & McKeague, 2015).

Stigma Unpacked

Link and Phelan (2001) identified five operational components of stigma. These components are hypothesized to form the skeleton of a process that results in discrimination of persons or groups in a manner that effectively isolates them. Each of the following six components of stigma was analyzed in order to understand the complex phenomenon of stigma: labeling and depersonalization, stereotyping, isolation, denigration, power, and reinforcement.

Labeling and depersonalization. The first component of stigma is a fundamental activity in social selection. Labeling identifies individuals and groups as “other” and limits their access to power or resources (Link, 1987; Link & Phelan, 2001). If persons or groups cannot be completely removed from access, they are depersonalized, or made invisible, and a powerless status is imposed upon them. In a real way, they have lost their voice (Burton, 1999; Erikson, 1962; Scheff, 1974). Becker (1963) observed this loss at the heart of society's process of victimization and isolation from the resources necessary to create meaning in life.

Stereotyping. The act of stereotyping enables those in power to reaffirm self-understanding (Durkheim, 1976; Goffman, 1963; Major & Eccleston, 2004) and allows the in-group to justify its stigmatizing actions toward members of the out-group (Fein & Spencer, 1997). Stereotyping allows the identity of the out-group to be associated with a dangerous archetype and allows the in-group to view stigmatized individuals or groups from a frozen perspective. As time passes, the processes of stereotyping attain historical

inertia, making reconsideration even less likely. Not only is historical inertia created, but also an historical trajectory forms that more indelibly marks the members of an out-group as stigmatized.

Stereotyping allows for a sense of control and satisfaction with a transient understanding of the endlessly complex and challenging human person (Arndt, 2009). Its ultimate effect is ignorance of the other person, and acceptance as limited. Stereotyping destroys the essential relationality that defines other persons, and ultimately the self. As a result, the stability of the in-group is established. The out-group is also fixed in such a way that discussions regarding social justice are considered dangerous and destabilizing. As noted above, persons who challenge the boundaries of the in-group can become subject to intense scrutiny, punishment, or even loss of in-group membership.

Isolation. As stereotyping becomes an embedded, unconscious activity of in-group members, stigmatized persons and groups become isolated. This leads to an enforced separation between the in-group and the out-group. This separation rests upon the self-image by members of both the in-group and the out-group. Whether this self-image is correct is of little concern; the fact that it exists is what matters. Rare is the community that does not have a clear demarcation between the power group and the powerless group or groups. In many towns and cities, it is possible to identify a particular geographical area where “they” or “those people” live, both those with power and those without power. This phenomenon is evident in all levels of society and seems to be present in every society (Fu, Exeter, & Anderson, 2015). It can even be seen in children who break into groups in the cafeteria. Lunchroom tables can appear as islands in a vast sea, with almost no children rowing from one table to another. The table becomes the identity, and the threat always exists that a child could find him- or herself without a seat at the table. The lunchroom is filled with social prompts that guide behavior in ways modeled by high-status children and powerful adults, and tends toward group stabilization. The reciprocal causation model of Bandura (1985) offers a way to see this social behavior in both a positive and a negative context. Without strong correction, behaviors that provide reward for stigmatizing behaviors toward others tend to be reinforced.

Isolation and enforced separation serve important purposes in stigma. They reinforce stereotypes by making knowledge of the out-group even less likely. Isolation and separation also protect in-group members from the actions and thoughts of out-group members, which is the goal of stigma in the first place. Finally, isolation embeds a willful ignorance that serves as

further justification for the denial of resources. Overcoming this ignorance requires members of both groups to examine the prejudices that undergird strong opinions. Vincible ignorance has moral implications; it is an ignorance amenable to correction by informed retrospection and reflection on new evidence (Delaney, 1910). Yet the process of overcoming vincible ignorance can be extremely destabilizing to social and religious institutions. There seems to be a strong correlation between the benefits to the in-group arising from the stigmatizing process, and the amount of energy expended to avoid overcoming vincible ignorance, the latter being necessary to maintain the inequitable power relationships.

Denigration. A fourth component of stigma is denigration, in which the out-group's loss of status is indelibly marked. Denigration is accompanied by activities of discrimination toward persons in the out-group. These activities serve to justify denigration by providing a rationale by the in-group for its actions. The term is illustrative of the entire stigmatizing process, comes from the Latin *denigratus*, meaning "to blacken, or deface with a visible mark." During the active process of denigration, in-group members create, affirm, and energetically support social and cultural structures that serve to remind out-group persons of their unworthiness to acquire resources and power. While many subliminal messages lead to and enforce denigration, some are blatantly verbal.

A powerful example of this is the exhortation to "know your place." However, in case the verbal message is not heard clearly enough, this message is also transmitted in many ways by social structures that serve to remind out-group members of their place. These social structures appear to act as vehicles for transgenerational stigma, a process that is highly damaging for stigmatized individuals and groups. Some of the social structures that perpetuate transgenerational stigma include poor schools, lack of community health resources in certain areas of town, poor roads, and few stores where healthy foods may be purchased.

An example of denigration in Catholic schools may be seen as it affects the child with diabetes, either Type I or Type II. Well-meaning adults attempt to enforce dietary restrictions upon these children as an outgrowth of their understanding of parental and medical instructions. These actions—lacking a more comprehensive approach that educates not only the child with the condition but also other children—results inevitably in the denigration of a child so affected. The child with the disease is misunderstood and thereby separated. Another example occurs with the child who has a peanut allergy,

and who may thus be the cause of all peanuts and peanut products no longer allowed in the school—something other children may not appreciate or understand. This action, intended to ensure health, can strip the child of his or her in-group membership (Link & Phelan, 2001)

Power. A final component of stigma, as theorized by Link and Phelan (2001), is power. By virtue of the political and social contract, power rests with the in-group. As a social concept, power is radically defined as access to resources. It has the paradoxical characteristic of creating and perpetuating in-group identity at the same time. Power is used prejudicially to objectify and condemn what is identified as the deviance of the out-group. This purported deviance serves to legitimize the in-group's preferential grasp of resources and decision making for the entire community.

The possession of power helps the in-group gain an understanding of superiority, which members seeking affirmation of their identity readily find. Lack of power paradoxically works the same way for members of the out-group; they see this lack of power as but one more justification for their stigmatized status. Through inequity in power, separation of the out-group is maintained and the in-group sequesters resources for its own use.

One may see power and its effects even more pronounced in adults than in children, likely due to the fixed image of in-group prerogatives that adults have come to expect. Rare is an administrator or coach who does not have to find a way to deal positively with an angry parent who believes his or her child to have been slighted by not belonging to the “right” (or in-group) team. The separation in athletics is a glaring example of power differential between in-group and out-group, even while the effects of the power differential do not themselves have to be acute.

Diabetes: An Expression of Stigma

Consider the following fictitious story of Billy. In a local Catholic elementary school, parents arrived at the beginning of the school year to enroll their 11-year-old son. They had recently moved to the community from a different state, and during a meeting with school personnel, the parents explained that their son Billy had a diagnosis of Type I diabetes. Billy attended a diabetes education program and had an excellent grasp of his condition and what he needed to do to monitor his condition. He also had all the supplies he needed for monitoring and treatment. His teacher was present at the meeting with parents, and voiced understanding of circumstances in which

she should summon help or administer emergency Glucagon should Billy's blood sugar fall too low. Billy's first several days were uneventful in class, and though he was shy he seemed responsive to welcoming by other children. However, his classmates did not welcome his frequent absences from class, times during which he assessed his serum glucose level and administered insulin. One student in particular had taken it upon himself to complain out loud in class that Billy was treated specially, and that was unfair. On several occasions, Billy's materials for treatment were missing and his mother had to come to school to bring necessary supplies. The school responded by locking the supplies in the main office. This caused Billy's absences from class to become longer and more noticeable. He appeared more withdrawn, and his teacher observed that few children spoke with him during recess. He sat alone during lunch. On one occasion, his teacher discovered that his lunch was missing. On that particular day, the teacher bought Billy one of the school lunches, and he ate foods that were not on his diet. This resulted in a hyperglycemic crisis, and his parents were called to the school; Billy had to be taken to the emergency department of the local hospital.

As the weeks passed, Billy refused to join other children on the playground, and his teacher allowed him to sit in the classroom alone. Though Billy's teacher observed other children pushing and shoving Billy, she considered this typical child behavior and dismissed it. A few months into the school year, Billy's parents requested a meeting with the principal. The teacher joined them, and Billy's parents shared the news that their son refused to return to school. He told his parents that other boys in the class threatened to hurt him, and had physically kept him from going to the office when he needed to check his blood sugar and inject insulin. He had not been able to take his noon medications over the last several weeks because of these threats and his fear of being hurt. Billy shared with his parents that some boys beat him up in the bathroom, and that he told his teacher. The principal asked the teacher about this, and the teacher admitted Billy did tell her. She dismissed it as a schoolboy prank, and never reported it to school administrators. Billy's mother also reported that her son had been losing weight over the last several weeks. Billy told her that he was not eating lunch because he felt bad after lunch when he could not inject his insulin. The teacher replied that she was too busy to watch only one person in the lunchroom.

Diabetes and Stigma

In Catholic schools, anecdotal evidence from administrators points to an increase in the number of students with diabetes. This is one of the most common diseases in school-aged children (Centers for Disease Control, 2010), and places the responsibility on the child and adults for monitoring and treatment. Unfortunately, labeling and depersonalization can occur when other students, faculty, staff, and administration begin to see “a disease” instead of a child.

How deeply does this disease penetrate Catholic schools? In the public school system, one of the largest and most recent studies of children with diabetes is the SEARCH study (Pettit et al., 2014). This study identified a dramatic rise in the number of children with diabetes from 2001 to 2009. Racial and ethnic disparities were also identified in this study. The SEARCH study identified a diagnosis of diabetes in approximately one in 433 youth, making it one of the leading chronic diseases in childhood. The study did not include any data more recent than 2009. Thus, no data exist that interventions since that year have had any effect in reducing incidence of the disease in children. Because this study was conducted via community-based health care providers and without respect to private educational settings, it is presumed that children in the Catholic schools reflect those in general society and in fact mirror the image presented by large surveys of the general pediatric population.

How can this disease contribute to stigma? Diabetes requires careful monitoring, daily medications, and sometimes injections. Students with this disease quickly become labeled. Teachers can succumb to stereotypical presumptions, believing that all children with diabetes will present the same challenges and disruptions. Frequent blood sugar monitoring required in treatment of diabetes leads to fear of exposure to blood and blood products, a fear that emphasizes “difference” as well as danger. Serum glucose (blood sugar) monitoring must be performed away from other children, near a red “sharps” box into which the used needles will be deposited. This scenario can contribute to isolation, and for children with this condition the red sharps box can become their personal scarlet letter; they are now labeled. The disease of diabetes and its treatment becomes a reminder that there is something “different” about these children and they can be marked, or denigrated for requiring an unusual or special set of resources. These circumstances emphasize a power differential between children who are “normal” and need no

extra resources, and children with diabetes who “must receive special attention” (Link & Phelan, 2001). Great care must be exercised lest these children become labeled and depersonalized, in effect stigmatized, by the disease they suffer. As teachers and staff become concerned and uneasy, children discern this response and can embody these concerns in their own actions and behaviors toward those with this condition. If teachers do not see this treatment, or do not intervene appropriately, children with diabetes will predictably be excluded from the in-group and thereby stigmatized. By inaction or implicit approval, adults whom children consider powerful figures within schools will have contributed to this conduct (Kuhot, 2007).

Reinforcement: A Final Component

The author posits the argument that bullying arises from a final component that has not yet found a place in the conceptual model of stigma. This component is *reinforcement*. The purpose of reinforcement is to make the separation between the in-group and the out-group so impenetrable and so permanent that the wall of separation cannot be scaled. The work of the reinforcer is to prevent prerogatives from being shared by those perceived to be unworthy. Further, reinforcers see that no member attempts either to cross from one group to another, or to bring any other person from one group to another. In this way, persons who act in the reinforcement capacity can be either members of the in-group or the out-group.

Must reinforcers always be people? The author posits that while persons commonly act as reinforcers, social structures can sometimes act as reinforcers. Some of these social structures have been forbidden by law yet may persist in educators who hold onto certain convictions. Some educators, staff, or administrators may believe that children of wealthy or politically powerful parents deserve more resources in classrooms. Hopefully, the day is past when color, national origin, or first language will determine how children perceive their place in our Catholic schools. Catholic schools continue the struggle to determine how children find group membership when they have parents of the same sex. Because Catholic school administrators, teachers, and staff have not yet decided how—or whether—to accept this arrangement, and children take their behavioral cues from adults, this area is ripe for stigma. It is the role of the reinforcer to receive the stressors arising from these controversies and to transform them into action. This is likely to occur when the previous five operational components in the stigmatizing process have been met, though it is important to remember that stigmatizing processes are inchoative.

Bullying as an Expression of Reinforcement

Students who have been ejected from in-group membership, and repeatedly told they are not worthy through the bullying behaviors of the reinforcers, have two options. These students can give up and keep their heads down, hoping to survive these bullying experiences until they leave school. Another option is to respond with equal or superior force. While it is always dangerous to apply laws of the physical universe upon human behavior, the author recalls Sir Isaac Newton's Third Law of Motion: *For every action, there is an equal and opposite reaction* (Gordon, 2003). How will children subjected to persistent acts by reinforcers respond? In too many instances, the resulting experience is that the reaction is not equal. It is instead violent, disproportionate, unrestrained, and traumatically damaging to persons and communities. This hyperbolized reaction may be one origin of the bullied student who arrives one day to school with an arsenal and then unleashes extreme violence on the school community.

How Reinforcers Act

Reinforcers act through perceived permission by power holders in their own group. Sometimes the group power holders are clearly identified, and sometimes they are not, but the power holders nevertheless exercise influence over reinforcers and guide, by neglect or by instruction, the punishment wielded upon others.

An example of this arrangement may be seen in an administrator or teacher distancing him- or herself from student groups that arise in an environment of neglect. Some administrators believe that the best way to govern a school is by being invisible. Others believe that they must be strongly present and visible. Faculty members may also share these convictions. As in all things, virtue lies in the middle way, and the extremes may provide tacit permission for students to adopt the role of reinforcers, in order to be part of what they perceive allows them to share power with in-group adults. Reinforcers may perform acts of group boundary stabilization in an atmosphere of neglect or group leader ignorance; they may also perform acts of reinforcement at what they believe to be the instruction or tacit approval of powerful adults in leadership positions. Reinforcers support power concentration by in-group members; bullies personify this power in their propensity to commit violence and their general preference toward violence to achieve desired ends

(Boyle, 2005). Together, the work of reinforcement through the vehicle of bullying is an explosive mixture.

In the fictitious example of Billy, the new student with Type 1 diabetes (story above), how did reinforcers act? Children in the classroom observed Billy and arrived at the conclusion that he was “different” and enjoyed special prerogatives that they did not have. This created resentment. Students noted that their teacher was highly stressed whenever Billy received attention due to health problems, and they observed how this upset their teacher and disturbed the rhythm and activities of the classroom. Their initial response was to refuse to interact with Billy, but this expanded to mild pushing and shoving during activities on the playground. They refused to allow Billy to join them in the lunchroom, and he was isolated during his meals, which his peers criticized as being “strange food.” As these peers observed their teacher’s frustration increasing with Billy’s frequent absences during lessons, they stole and then discarded his medicines and supplies.

When no action was taken against them, their interpretation was that adults agreed with them and approved of their behavior. Eventually, this conduct escalated to the point that Billy was afraid to leave the classroom and go to the office for his medication and supplies; he had been accosted and hit by other students during his trip to the office. When he finally got the courage to tell his teacher, she dismissed his concerns and told him that he “just needed to be a man about it.” By this time, peers who were punishing Billy realized that they were not going to be punished, and their actions intensified further. At each point, adults—the power-holding individuals—either watched and approved, or did not bother to intervene when Billy complained. In this story, the bullying behaviors of Billy’s peers might seem mild. However, if Billy had a serious complication of his diabetes, it could have cost his life. If his mother had not come to school to share her concerns, it is reasonable to conclude that the behaviors of Billy’s classmates would have continued to escalate. The purpose: to deprive Billy of his in-group status, and to make certain he understood that he was not welcome to remain as part of the community. In effect, his diabetes had become the vehicle for stigmatization and all that includes. His bullies enforced the message of this stigma, emphasizing that because of his difference, Billy was not welcome—and they would enforce that message until he had been effectively eliminated. It was unlikely that these bullies intended his death; but, following social theory, they intended to share the message that he needed to disappear. The real culprits in this story were the adults who looked but never saw, and who made decisions

not to know, who refused to intervene when it would have been appropriate, and did not consider the origin of things they knew Billy was enduring.

Reinforcers serve the purpose of group boundary stabilization. This is an important social and structural activity, as Durkheim (1965) observed. Without their activity, boundaries can blur. With the loss of definition, cultural and social groups lose their identity, something that groups cannot survive and so resist at all costs. Group stability is important even in primary schools because it allows a student to gain identity in the midst of ego uncertainty. The same importance of group identity and permanence persists throughout school and into life as an adult. Humans see most clearly when in relationship to others, and tend to cluster in groups to enjoy a shared identity. Reinforcers serve to stabilize this identity, and thus are an important part of group activity. However, when reinforcement finds expression in bullying behaviors, group boundary preservation can become violent.

How Stigma Creates Bullying

The operational components of stigma inform us that once a child is stigmatized, he or she is effectively cut off from the in-group. Bullies act in ways to deny stigmatized persons access to resources, stability, protection, and social status. They erect boundaries to prevent social movement of stigmatized children. The only group membership available is out-group, and the child may reject this at all costs. As the social isolation becomes fixed, the stigmatized person becomes even more vulnerable to the judgment of the in-group. If the out-group is of such a size that allows protection of its own members, the stigmatized person may find security as a member. Even then, however, stigmatized persons who are all members of the same out-group are rendered so powerless that they cannot protect their own. Much like a herd, these individuals circle in an attempt safeguard their flanks. Often, they leave one of their own on his or her own, vulnerable to the punishment of the in-group. This is another expression of the scapegoating discussed earlier.

In a society of adults, the punishment that accompanies stigmatization ranges from benign neglect to outright violence and murder. In school-aged children however, who know at some level that adults are watching them, the tendency to violence usually becomes attenuated. What one may see includes isolating behaviors, hurtful words, and “soft” violence of pushing, shoving, and tripping (Boyle, 2005). Children who do these things are clearly sending a message even while they protect themselves from intervention by adults

who may look but do not see. The theory of stigma informs us that adults look the other way because they are socializing the in-group children to the values these very adults find attractive, values that for them provide a necessary self-understanding and identity. In effect, the adults have joined the children in isolating out-group children, in judging them, and agreeing with the stigmatization to which the out-group children have been subjected. It is at this point that reinforcers come into play, emphasizing the message of rejection from the in-group.

When reinforcers are let loose by those who could control them yet choose not to do so, acts of violence can occur. It is the author's contention that this is the basis for bullying. When teachers, staff, or administrators are unaware of stigmatizing activities, children can lose their group prerogatives and even be ejected from a privileged group. Reinforcers see that this happens, and perhaps that it happens permanently. Their methods can range from hurtful words to hard fists. In response to their actions, particularly in young persons who have not encountered the concept of proportionate response—or who are supervised by adults who also do not understand that concept—the results can be catastrophic.

Conclusion: Overcoming Stigma in the Classroom

Educators have frequently encountered the philosophy of some teachers—and some staff and administrators—who believe the best way to educate children is to become their best friend. While there are many responses to this philosophy, the author believes that the most important reason to reject the “best friend” philosophy of education is the following: Adults in the educational sphere provide a fixed point around which children find their realities. In effect, adults provide the standards, the expectations, for behavior that children must meet. Teachers are the foil against which children repeatedly measure themselves—for good or ill. Teachers are in the very best position to observe children, both the in-group and the out-group, who participate in stigmatizing acts toward one another.

The six stages of the stigmatizing process lead to vulnerabilities that invite bullying on the part of members of the in-group, or sometimes by proxies who seek membership and purchase it with what they believe will be violent yet sanctioned behaviors. Teachers, staff, and administrators who are aware of these “steps to stigma” can work effectively to prevent them. As each step is denied a place in the classroom and school itself, and even in parent-teacher

meetings or in school assemblies, the stigmatizing process can be interrupted. If stigma can be prevented or attenuated, permission to violence can be removed. If there is no acceptable target, if the invitation to bullying and violence is removed, and if tacit permissions to act violently do not exist—on the part of reinforcers of both the in-group and out-group—educators should see a lessening of angry, dangerous acts of bullying (Peter et al., 2015). However, to achieve this outcome, educators must become aware of the stigmatizing process and intervene at all available points.

The author believes that knowledge of stigma, and of the stigmatizing process, can be useful for educators to understand how students can be unwillingly separated into groups, and how those students can sometimes react to their group membership. Further, with the addition of reinforcement into the conceptual model of stigma, educators may see how bullying arises as a result of processes inherent in human social structures. At every step of the way in the conceptual model of stigma, insightful educators, staff, and administrators have opportunities to arrest the development of harmful actions and persons. Even while stigma appears to be part of human experience, the stigmatizing behaviors and their effects can be minimized within the school environment. Doing so requires the knowledge of processes and the will to act creatively in order to overcome them.

The author believes the work of Albert Bandura is especially informative in this regard. Bandura's social learning theory (Bandura, Ross, & Ross, 1961) offers a vivid example of how children learn not only positive behaviors but also negative ones by observing and modeling adults. The "Bobo the Doll" experiments that Bandura and his associates performed in the early 1960s established the importance of modeling, particularly of aggressive behaviors and especially the effects upon boys by men who exhibited these behaviors (Hock, 2012). These experiments informed us that bullying behaviors are highly unlikely to arise *de novo*, that is, without the bullies first seeing these behaviors in adults. These adults may be their own parents, their coaches, their teachers, or media personalities. The point is that bullying behaviors are *learned behaviors*. And learned behaviors can be unlearned. But one of the most important things adults in educational environments can do is check their own prejudices. Educators must know their own vulnerabilities, and recognize how they react to children who are different. That teachers react is not the issue; social theorists tell us that we all react to stressors in varying ways within our communities. But educators, administrators, and staff who react to a child in need in a positive manner will, per Bandura, become a model

for imitation by children who observe them. It is also helpful to realize that children see everything. The mind of a child is incredibly plastic, and easily molded to imitate events in his or her sphere. Thus, the first step to addressing bullying is to acknowledge that we have played a part in its development.

The educator, administrator, or staff-person unconsciously exhibiting even silent judgmental behaviors toward children must be charitably corrected. If Bandura's theories are correct, these persons are themselves modeling what they have experienced as children. If their experiences were traumatic, addressing them may require significant therapy before effective introspection is possible.

From an interior realization of one's own passive participation in bullying comes the next steps. These include agreeing upon an operative definition of bullying, and making that definition as clear as possible within our schools. When behavior is observed or reported that models this definition, one must avoid the tendency to minimize the behavior. Because bullying is so pervasive, it may be helpful for a school to develop a group of educators who look objectively at each bullying episode. Specific areas of investigation would include aspects of the child bullied to identify variables that research establishes contribute to bullying (Bradshaw et al., 2009).

An important task alongside this effort is to identify children who may already be subjects of stigmatizing acts by bullies. In order to accomplish this, teachers and administrators must approach the question systematically. Assessing each of the components of stigma is critical. We must ask which, and how many, children are isolated. Do we hear structural language in our schools that supports, even passively, this isolation? Are we truly welcoming of the stranger in our midst, or have we created overly bureaucratic processes in our schools that result in labeling certain students? One example in this regard could be children whose parents are of the same sex.

Is there evidence of depersonalization? For example, are we actually saying, "the diabetic" or do we actually, intentionally use the words, "the child with diabetes"? If the former, we have depersonalized the child into the disease. If the latter, we are using speech to intentionally emphasize the person, albeit with a medical condition.

The components of stigma—depersonalizing, stereotyping and labeling, isolating, denigrating, and allowing or reinforcing power differentials among children—are likely present in our schools, as they are constitutive of our communities. But they do not have to be unconsciously endured, and must not be if we wish our children to create a better world. Not giving due

attention to this conduct creates a rich loam for reinforcers (bullies) to arise and begin their work. Bullies will have seen examples that inspire them. At least some of these examples will have been adults who themselves have been bullied, were bullies, or both. Perpetuating these aggressive behaviors will, per social theorists, likely be an unconscious behavior.

Stopping bullying, and attenuating or arresting stigmatizing behaviors must be an active, intentional, and planned process. In the Gospel of Matthew, Jesus explains why parables are used to share messages of deep importance. Jesus said, “The reason I talk to them in parables is that they look without seeing and listen without hearing or understanding” (Wansbrough, 1985). Without a specific, intentional, and intelligent understanding of the roots of bullying, educators are unlikely to be successful in stopping these behaviors. The author offers the conceptual analysis of stigma and bullying as a lens through which educators may examine the processes hypothesized to underlie the behaviors. In this manner, it is hoped that educators will have an important tool to interrupt this damaging source of violence within our schools.

References

- Arndt, S. (2009). Stereotyping and the treatment of missing data for drug and alcohol clinical trials. *Substance Abuse Treatment, Prevention, and Policy*, 4(2). doi:[10.1186/1747-597X-4-2](https://doi.org/10.1186/1747-597X-4-2)
- Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575–582.
- Becker, H. (1963). *Outsiders*. Glencoe, NY: Free Press.
- Berger, P. L., & Luckmann, T. (1967). *The social construction of reality: A treatise in the sociology of knowledge*. New York, NY: Anchor Group.
- Boyle, D. J. (2005). Youth bullying: Incidence, impact, and interventions. *Journal of the New Jersey Psychological Association*, 55(3), 22–24.
- Bradshaw, C. P., Sawyer, A. L., & O’Brennan, L. M. (2009). A social disorganization perspective on bullying-related attitudes and behaviors: the influence of school context. *American Journal Of Community Psychology*, 43(3–4), 204–220. doi:[10.1007/s10464-009-9240-1](https://doi.org/10.1007/s10464-009-9240-1)
- Brachear, Manya A. (2012, June 6). Catholic school blamed for bullying. Chicago Tribune. Retrieved from http://articles.chicagotribune.com/2012-06-06/news/ct-met-catholic-bully-lawsuit-20120606_1_anti-bullying-catholic-school-school-law
- Burton, V. S. J. (1999). The consequences of official labels: A research note on rights lost by the mentally ill, mentally incompetent, and convicted felons. *Community Mental Health Journal*, 26, 267–276.

- Centers for Disease Control and Prevention (CDC). (2011). *National diabetes fact sheet: General information and national estimates on diabetes in the United States*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>
- Cook, C. R., Williams, K. R., Guerra, N. G., Kim, T. E., & Sadek, S. (2005). Predictors of bullying and victimization in childhood: A meta-analytic investigation. *School Psychology Quarterly*, 25(2), 65–83. doi:[10.1037/a0020149](https://doi.org/10.1037/a0020149)
- Delany, J. (1910). Ignorance. In *The Catholic encyclopedia*. New York, NY: Robert Appleton Company. Retrieved May 17, 2015 from <http://www.newadvent.org/cathen/07648a.htm>
- Diderichsen, F., & Hallqvist, J. (1998). Social inequalities in health: Some methodological considerations for the study of social position and social context. In B. Arve-Parès (Ed.), *Inequality in health – A Swedish perspective* (pp. 25–39). Stockholm, Sweden: Swedish Council for Social Research.
- Durkheim, É. (1965). *The rules of the sociological method*. New York, NY: Free Press.
- Erikson, K. T. (1962). Notes on the sociology of deviance. *Social Problems*, 9, 307–14.
- Falk, G. (2001). *Stigma: How we treat outsiders*. Amherst, NY: Prometheus Books.
- Fu, M., Exeter, D. J., & Anderson, A. (2015). The politics of relative deprivation: A transdisciplinary social justice perspective. *Social Science & Medicine*, 133, 223–232. doi:[10.1016/j.socscimed.2014.12.024](https://doi.org/10.1016/j.socscimed.2014.12.024)
- Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. New York, NY: Simon and Schuster.
- Gordon, J. E. (2003). *Structures: Or, why things don't fall down*. Boston, MA: Da Capo Press.
- Haros, Sandra (2014, May 2). *Elementary student leaves Phoenix school over alleged bullying incidents*. KTAR News. Retrieved from <http://ktar.com/22/1728802/Elementary-student-leaves-Phoenix-school-over-alleged-bullying-incidents>
- Hinduja, S., & Patchin, J. W. (2010). Bullying, cyberbullying, and suicide. *Archives of Suicide Research*, 14(3), 206–221. doi: [10.1080/13811118.2010.494133](https://doi.org/10.1080/13811118.2010.494133)
- Hock, R. (2012). *Forty studies that changed psychology*. (7th ed.). Upper Saddle River, NJ: Pearson Publishing.
- Juvonen, J., & Graham, S. (2014). Bullying in schools: The power of bullies and the plight of victims. *Annual Review of Psychology*, 65, 159–185. doi: [10.1146/annurev-psych-010213-115030](https://doi.org/10.1146/annurev-psych-010213-115030)
- Kalman, I. (2012). Bullying contributes to school shootings. In L. I. Gerdes (Ed.), *Juvenile crime*. Detroit, MI: Greenhaven Press.
- Kohut, M. R. (2007). *The complete guide to understanding, controlling, and stopping bullies and bullying at work: A guide for managers, supervisors, and employees*. Ocala, FL: Atlantic Publishing Group.
- Kubrin, C. E., & Weitzer, R. (2003). New directions in social disorganization theory. *Journal of Research in Crime and Delinquency*, 40, 374–402. doi: [10.1177/0022427803256238](https://doi.org/10.1177/0022427803256238)
- Leiner, M., Dwivedi, A. K., Villanos, M. T., Singh, N., Blunk, D., & Peinado, J. (2014). Psychosocial profile of bullies, victims, and bully-victims: a cross-sectional study. *Frontiers in Pediatrics*, 21. doi:[10.3389/fped.2014.00001](https://doi.org/10.3389/fped.2014.00001)
- Link, B. G. (1987). Understanding labeling effects in the area of mental disorders: An assessment of the effects of expectations of rejection. *American Sociological Review*, 52, 96–112. doi: [10.2307/2095395](https://doi.org/10.2307/2095395)

- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385. doi:[10.1146/annurev.soc.27.1.363](https://doi.org/10.1146/annurev.soc.27.1.363)
- Major, B., & Eccleston, C. P. (2004). Stigma and social exclusion. In D. Abrams, J. Marques, & M. A. Hogg (Eds.), *Social Psychology of Inclusion and Exclusion* (pp. 63–87). New York, NY: Psychological Press
- Mead, G. H. (1934). *Mind, self, and society*. Chicago, IL: University of Chicago Press.
- Messias, E., Kindrick, K., & Castro, J. (2014). School bullying, cyberbullying, or both: Correlates of teen suicidality in the 2011 CDC youth risk behavior survey. *Comprehensive Psychiatry*, 55, 1063–1068. doi:[10.1016/j.comppsy.2014.02.005](https://doi.org/10.1016/j.comppsy.2014.02.005)
- Miller, J. (2008). Otherness. *The SAGE encyclopedia of qualitative research methods* (pp. 588–591). Thousand Oaks, CA: SAGE Publications. doi:[10.4135/9781412963909.n304](https://doi.org/10.4135/9781412963909.n304)
- Miller, J. M. (2006). *The Holy See's teaching on Catholic schools*. Manchester, NH: Sophia Institute Press.
- Nansel, R. N., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among U.S. Youth. *Journal of the American Medical Association*, 285(16), 2094–2100. doi:[10.1001/jama.285.16.2094](https://doi.org/10.1001/jama.285.16.2094)
- O'Driscoll, C., Heary, C., Hennessy, E., & McKeague, L. (2015). Adolescents' beliefs about the fairness of exclusion of peers with mental health problems. *Journal of Adolescence*, 42, 59–67. doi:[10.1016/j.adolescence.2015.03.008](https://doi.org/10.1016/j.adolescence.2015.03.008)
- Olweus, D. (1993). *Bullying at school*. Malden, MA: Blackwell Publishers.
- Olweus, D., Limber, S., & Mihalic, S. (1999). *Bullying prevention program*. Boulder, CO: Center for the Study and Prevention of Violence.
- Peter, T., Taylor, C., & Chamberland, L. (2015). A queer day in Canada: Examining Canadian high school students' experiences with school-based homophobia in two large-scale studies. *Journal of Homosexuality*, 62(2), 186–206. doi:[10.1080/00918369.2014.969057](https://doi.org/10.1080/00918369.2014.969057)
- Pettit, D. J., Talton, J., Dabelea, D., Divers, J., Imperatore, G., Lawrence, J. M., . . . Hamman, R.R. (2014). Prevalence of diabetes in U.S. youth in 2009: The SEARCH for diabetes in youth study. *Diabetes Care* 37, 402–408. doi:[10.2337/dci3-1838](https://doi.org/10.2337/dci3-1838)
- Pfazel, J. (2002). *Driven out: The forgotten war against Chinese Americans*. Los Angeles CA: University of California Press.
- Poulain, A. (1912). Mystical stigmata. In *The Catholic Encyclopedia*. New York, NY: Robert Appleton Company. Retrieved May 17, 2015 from <http://www.newadvent.org/cathen/14294b.htm>
- Robinson, G. (2009). *A tragedy of democracy: Japanese confinement in North America*. New York, NY: Columbia University Press.
- Rodrigue, A. (2014, March 27). *Hammond Catholic school sued over bullying incident*. WWLTV. Retrieved from <http://www.wvlv.com/story/news/2014/09/05/14692522/>; [http://media.wvlv.com/documents/Petition+\(Holy+Ghost+School\)+Filed.pdf](http://media.wvlv.com/documents/Petition+(Holy+Ghost+School)+Filed.pdf)
- Scheff, T. (1974). The labeling theory of mental illness. *American Sociological Review*, 39, 444–452.
- Scambler, G. (1998). Stigma and disease: Changing paradigms. *The Lancet*, 352(9133), 1054–1055. doi:[10.1016/S0140-6736\(98\)08068-4](https://doi.org/10.1016/S0140-6736(98)08068-4)
- Tyler, T. R., & Huo, Y. J. (2002). *Trust in the law: Encouraging public cooperation with the police and courts*. New York, NY: Russell Sage Foundation.

- van der Kolk, B. A., Weisaeth, A. C., & McFarlane, L. (2007). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York, NY: The Guildford Press.
- Vogel, D., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: the mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, 54(1), 40–50. doi: [10.1037/0022-0167.54.1.40](https://doi.org/10.1037/0022-0167.54.1.40)
- Wansbrough, H. (Ed.). (1985). *New Jerusalem Bible*. New York, NY: Doubleday.

Michael Huggins, Ed.D., APRN, FAANP is Associate Professor in the College of Nursing at Seattle University. Correspondence regarding this article can be sent to Dr. Huggins at hugginsm@seattleu.edu