Bullied Students in the Arts: Psychiatric Sequelae and Response to Interactive Theater

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ABSTRACT

The present study examined the prevalence and impact of being bullied among high school students in the arts; it sought to determine whether this impact might be addressed, in part, through interactive theater. A high percentage of students in the arts reported being bullied in the past year. Compared to non-bullied students, bullied students reported significantly more psychiatric symptoms and showed significant enhancements in self-efficacy and outcome expectations following interactive theater. Results suggest students in the arts may be at increased risk for victimization, and bullied students may be particularly responsive to interventions that build understanding along with communication and problem-solving skills.

KEYWORDS: interactive theater, self-efficacy, outcome expectations, bullying, adolescents

School-based bullying, which may lead to a number of behavioral and emotional problems (Juvonen, Graham, & Schuster, 2003), is defined as an intentional and repeated form of aggression toward individuals who are unable to defend themselves (Andreou, 2004; Howard, Horne, & Jolliff, 2001; Wang, Iannotti, & Nansel, 2009). A perceived power imbalance exists between perpetrators and victims (Idsoe, Dyregrov, & Idsoe, 2012), and the aggressive act is intended to cause harm, fear, and humiliation (Tehrani, 2004; Wolke, Wood, & Samara, 2009).

The present study seeks to examine whether victimization (i.e., being the target of bullying) is more common among high school students in the arts than high school students in general, whether victimization is associated with specific psychiatric symptoms, and whether interactive theater might facilitate confidence and problem solving among victims of bullying. Though not without limitations, this study includes a large sample of high school students in the arts and employs a robust pre-test/post-test design with established research measures.

Prevalence estimates of victimization range from 10-32% of secondary school students (Idsoe et al., 2012; Juvonen et al., 2003; Smith, Schneider, & Smith, 2004), and we are predicting that the rate may be higher among students in the arts. Bullies appear to choose victims who are perceived as different (Smith et al., 2004), and any differences in personality, interests, or behavior are liable to increase risk for being a target of bullying (Aluede, Adeleke, Omoike, & Afen-Akpaida, 2008). Studying in the arts, by definition, includes some distinctive behaviors and interests, and some research even points to the possibility of distinct personality styles for at least some students in the arts (MacLellan, 2011). Beyond singular case studies and anecdotal reports suggesting students in the arts may face victimization at increased rates (Carter, 2013; Schneider, O'Donnell, Stueve, & Coulter, 2012), "there is no published research that establishes bullying victimization rates of arts students" (Elpus & Carter, 2016, p. 324). Elpus and Carter (2016) recently used the School Crime Supplement to the National Crime Victimization Survey to establish that college students in music and theater are at significantly higher risk for bullying victimization. The present research study seeks to advance understanding of relative risk for bullying among high school students in the arts.

While some adults may misapprehend bullying as a normal "rite of passage" (Adams & Lawrence, 2011, p. 4), research suggests that victims of bullying suffer from significantly more frequent and severe psychiatric symptoms than their non-victimized peers. In particular, frequent victimization appears to raise the risk for internalizing symptoms (Beran, Stanton, Hetherington, Mishna, & Shariff, 2012; O'Moore & Kirkham, 2001; Schneider et al., 2012; Tehrani, 2004). "Internalizing" symptoms, like depression and anhedonia (low interest in pleasure), are often not fully visible to outside observers like parents and teachers. Bullying's impact may be more severe and enduring if psychiatric symptoms are innervated.

Interactive theater has shown promise in promoting skill and attitude change among medical professionals, parents, and youth facing a variety of professional and community challenges; the present study seeks to examine its use in helping students in the arts cope with and prevent bullying. Interactive theater can be traced back to Augusto Boal, whose innovative "theater of the oppressed" techniques sought to create a "learning community that empowers participants, generates critical understanding, and promotes transformation" (Howard, 2004, p. 218). Today, interactive theater typically includes multiple phases: first, a brief scene is performed without interruption; next, audience members are invited to ask questions of the actors, who remain in character; then, the scene is performed a second time with audience members interrupting and redirecting the action; finally, an open discussion occurs among the audience, the actors (as themselves), and a facilitator.

Recent research demonstrates the breadth of potential applications for interactive theater. Second-year medical students expressed satisfaction with interactive theater designed to address breaking bad news to patients (Skye, Wagenschutz, Steiger, & Kumagai, 2014), and medical school faculty reported gaining useful information and skills from interactive theater focused on preparing for culturally sensitive case conferences with medical students (Kumagai, White, Ross, Purkiss, O'neal, & Steiger, 2007); both of these studies included only yet-to-be-validated questions asked after the theater experience (the questions were not yet demonstrated through prior research to produce scientifically accurate results). Hughes, Luz, Hall, Gardner, Hennessey, and Lammers (2016) found support for interactive theater as a tool for helping health professionals work with elderly LBGT patients; "not for…rigorous scientific study" (p. 300), the evaluation was based on yet-to-be-validated questions. Employing rigorous methodology (pre-post design and validated measures), Noone, Sullivan, Nguyen, and Allen (2012) found evidence for the effectiveness of interactive theater with parents hoping to communicate successfully with their teens about sexuality, and Lightfoot, Taboada, Taggart,Tran, and Burtaine (2015) found evidence for the effectiveness of interactive theater with teens gaining information and prevention strategies regarding HIV.

While interactive theater often touches on themes related to bullying (e.g., Hewitt, 2009; LaFrance & Shakrah, 2006), research on interactive theater directly targeting high school bullying is rare. Johnson (2001) outlined how drama might provide space for young students to verbalize and respond to the varying emotions surrounding bullying behaviors, to role-play positive responses to bullying, and to empower students to stand up for themselves and their peers; however, Johnson (2001) did not collect related data and test these hypotheses. Salas (2005) proposed that "seeing their stories acted out helps many young students understand their own experience in a new way" (p. 78), but assessment was limited to informal "comment cards." Still, the potential of drama to facilitate progress on bullying seems clear. Joronen, Konu, Rankin, and Åstedt-Kurki (2012), for example, found a 20% decrease in bullying among elementary school children exposed to year-long drama pedagogy (in duration and format, differing from brief, focused interactive theater).

Interactive theater may help students by bolstering self-efficacy (belief that I can do it) and outcome expectations (belief that doing it will make a difference) – two key constructs from Bandura's social learning theory (Bandura, 1999). Through interactive theater, participants can attempt solutions, gain feedback, and make adjustments, while also learning vicariously from the attempts of peers. The present study predicts that self-efficacy and outcome expectations will be positively affected by interactive theater.

Self-efficacy is defined as belief in one's ability to organize and execute a course of action (Bandura, 1999; Howard et al., 2001), leading students to perceive themselves as competent in social situations (Pöyhönen, Juvonen, & Salmivalli, 2012). Programs designed to increase self-efficacy may decrease victimization because the potential victims would be better equipped to create a supportive, safe environment. Pöyhönen, Juvonen, and Salmivalli (2010; 2012) discovered social self-efficacy is associated with defending behavior in bullying situations, and Howard, Horne, and Jolliff (2001) garnered support for programs focused on raising teachers' perceptions of self-efficacy in bullying intervention. Beeri and Lev-Wiesel (2012) found that "potency," a construct correlated with self-efficacy, is associated with lower distress among victims.

Outcome expectations may also play an important role in the persistence of bullying. When a student intervenes on his or her own behalf or for another student, the student must believe the intervention will make some sort of difference. Either positive (O'Connell, Pepler, & Craig, 1999; Salmivalli, 1999) or negative (Juvonen & Galvan, 2008) outcomes might be anticipated when standing up to bullying. Expecting positive outcomes may potentiate protective action, while expectation of negative outcomes might inhibit protective action.

The purpose of the current study is to examine bullying experienced by high school students in the arts and to explore the potential benefits of interactive theater. We hypothesize that students in the arts will report a high rate of victimization (i.e., being bullied) and victims will report more psychiatric symptoms than non-victims. We expect that bullying's impact might be effectively addressed through interactive theater, resulting in enhanced self-efficacy and outcome expectations for victims.

Methods

Participants

The sample consisted of 92 high school students (74% female students; mean age = 16.3 years) attending a three-week, residential summer arts academy designed for highly motivated student artists in music, theater, dance, or visual art. Interested students must complete an application including artistic samples (via an audition video and/or portfolio), and a panel of professional artists and educators select those who are ultimately invited to the academy, which is hosted by a state university. A total of 101 students attended the academy, but parental consent could not be obtained for six, and three students' protocols included missing data. The racial/ethnic distribution of our sample was 75.00% White, 8.70% Black, 8.70% Biracial, 4.34% Asian,

and 2.17% Hispanic/Latino.

Procedures and Materials

Participants' parents gave informed consent, and the adolescent participants provided assent upon arriving at the three-week summer arts academy. Data were collected through surveys administered in a monitored university computer lab. Participants completed measures on the first day of the academy (pre-test) and last day the academy (post-test). Participants attended the *Giving Voice* (interactive theater) program on the seventh day.

We classified the students as victims or non-victims of bullying based upon the results of a modified version of the Olweus Bully/Victim Questionnaire (OBVQ; Olweus, 1996; Stromeier, Karna, & Salmivalli, 2011), a frequently used and well validated measure of bullying phenomena. The scale was adapted from its original form by including 9 forms of bullying behavior and removing the global question regarding frequency of general victimization. The resulting 18-item scale has two subscales: a bully subscale and a victim subscale, only the latter of which is used in this study. Participants answered items on a 5-point rating scale consisting of "not at all," "once or twice," "2 or 3 times a month," "about once a week," and "several times a week." Each subscale asks specific questions tapping into the 9 different types of bullying behaviors. Given that Solberg and Olweus (2003) found support for using "2 or 3 times a month" as a lower-bound cutoff point for identifying victims of bullying, participants who indicated at least one of the types of bullying had occurred "2 or 3 times a month" or more were classified as victims. The participants who did not reach this threshold were classified as non-victims.

A form of interactive theater, *Giving Voice* presents dramatic scenes related to bullying and invites audience members to practice social skills and gauge efficacy. The *Giving Voice* interactive theater program – which was attended by all students on the seventh day of the summer arts academy – occurs in four phases. In the first phase, students watch a dramatic scene of a school-based interaction in which bullying occurs (across several characters, a number of instances of verbal or relational bullying are evident). The second phase invites members of the audience to ask the actors questions about each character's mindset, motivation, and background. In the third phase, the scene is presented again, but audience members are now encouraged to step literally into the scene to prevent or interrupt bullying exchanges. Finally, a facilitator leads an open discussion among the audience and the actors (as themselves). Throughout the program, participants used Turning Point Technology clickers to answer questions such as "Which character is most like you?" and

"To what extent was the presentation similar to experiences you have had?" Students were immediately able to view responses, which fostered a sense of community and involvement in the production. In the large audience, then, even students who did not choose to step into the enactment or ask questions of the characters in the second phase were still engaged in an interactive presentation.

Measures of psychiatric symptoms, self-efficacy, and outcome expectations were administered on both the first day (pre-test) and the last day (post-test). Administering a pre-test and post-test allowed us to establish the reliability of the psychiatric symptom report. Pre-post comparisons also might reveal effects of interactive theater on self-efficacy and outcome expectations.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) Level 1 Cross-Cutting Symptom Measure, a measure in the Patient-Reported Outcomes Measurement Information System (PROMIS), is a 23-item self-report measure of psychiatric symptoms (American Psychiatric Association, 2014). For the purpose of this study, we shortened the questionnaire to eight items representing symptoms commonly associated with bullying. Items asked participants to rate how often they experienced each symptom on a 7-point rating scale ranging from "never" to "always" with higher scores indicating more frequent symptoms. Participants completed the DSM-5 Level 1 Cross-Cutting Symptom Measure at the beginning of the summer arts academy and again two weeks after the interactive theater. Test-retest reliability for the items presented in the current study ranged from .64 for detachment to .78 for depressed mood (Narrow et al., 2012).

The self-efficacy scale consisted of twelve items measuring self-efficacy on a 5-point scale ranging from "never" to "always." Higher scores are indicative of more self-efficacious beliefs. Nine items asked students about their perceived level of general self-efficacy in terms of altruism, accomplishment, and competence (adapted from Shank & Cotten, 2013), and three items were specific to perceived self-efficacy in bullying situations, or defender self-efficacy (adapted from Barchia & Bussey, 2011). Participants completed the self-efficacy scale at the beginning of the summer arts academy and again two weeks after the interactive theater.

A 5-item questionnaire (adapted from Pöyhönen, Juvonen, & Salmivalli, 2012) measured participants' outcome expectations for intervening in a bullying situation. Participants indicated the extent to which they agree or disagree an outcome would occur if they were to intervene in bullying situations on a 5-point scale ranging from "strongly disagree" to "strongly agree." Two items represented positive outcomes (decreasing bullying and enhanced social esteem),

two items represented negative outcomes (increasing bullying and becoming a target), and the final item broadly covered the belief that intervening would make a difference in a bullying situation. A total score was calculated after reverse coding the two items related to negative outcomes. Participants completed this questionnaire at the beginning of the summer arts academy and again two weeks after the interactive theater.

Results

The prevalence of victimization (i.e., being bullied) in the sample as determined by the OBVQ was 54.3%, meaning that over half of these students in the arts reported being bullied at least 2 or 3 times a month. Internal consistency was moderately high for the OBVQ victim subscale (α = .80). At the item level, the two most common types of victimization reported were name-calling and social exclusion.

Multivariate analysis of variance (MANOVA) was employed to analyze the relationship between victimization as measured by the OBVQ and psychological symptoms as measured by the adapted PROMIS items (Cronbach's α = .91). Based on Wilk's lambda, reported victim-

Table 1
Association Between OBVQ Victim Status and Symptomology

Item	F(1, 90)	p	η'	Victims M (SD)	Non-victims M (SD)
Anhedonia	10.627	.002	.106	2.74 (1.065)	2.07 (.876)
Depressed Mood	7.915	.006	.081	3.12 (1.189)	2.45 (1.064)
Irritability	6.480	.013	.067	3.22 (1.093)	2.62 (1.168)
Anxiety	8.672	.004	.088	3.20 (1.340)	2.45 (1.041)
Panic	2.902	.092	.031	2.54 (1.328)	2.10 (1.144)
Avoidance	3.125	.080	.034	3.54 (1.232)	3.10 (1.165)
Sleep Problems	1.665	.200	.018	2.78 (1.542)	2.38 (1.396)
Detachment	5.306	.024	.056	2.72 (1.443)	2.07 (1.218)

ization significantly predicted psychological symptomology, V = .835, $F(8, 83)$ = 2.055, p = .05, η^2 = .165. As shown in Table 1, being a victim is associated with the report of anhedonia, depressed mood, irritability, anxiety, and detachment. Victimization was not associated with reported symptoms of panic, avoidance of social situations, or sleep difficulties.

The effect of interactive theater was examined both through a clicker-based survey question asked near the end of the interactive theater program (similar to the informal questions used in other studies) and through pre-test versus post-test comparisons on the two variables, self-efficacy and outcome expectations. Students expressed strong immediate satisfaction, with the majority indicating that interactive theater had been "helpful" or "very helpful;" fewer than one in six students indicated that the experience had not been helpful.

The pre-test versus post-test comparisons on two relevant variables provide more specific information regarding how and for whom interactive theater might be helpful in the context of bullying. For each group – victims and non-victims – we conducted a paired sample t-test to compare self-efficacy scores at pretest and posttest. Victims evidenced a significant increase in scores between pretest (M = 3.64, SD = .612) and posttest (M = 3.800, SD = .576), $t(49)$ = 2.297, p = .026, Cohen's d = .269. There was not a significant difference in scores for non-victims at pretest (M = 3.840, SD = .512) and posttest (M = 3.923, SD = .465), $t(41)$ = 1.898, p = .065, Cohen's d = .170. Thus, the effect of interactive theater on self-efficacy was specific to the victim group.

For each group – victims and non-victims – we conducted a second paired sample t-test to compare positive outcome expectation scores at pretest and posttest. Once again, victims evidenced a significant increase in scores between pretest (M = 3.236, SD = .713) and posttest (M = 3.40, SD = .696), $t(49)$ = 2.041, p = .047, Cohen's d = .233. There was not a significant difference in scores for non-victims at pretest (M = 3.605, SD = .469) and posttest (M = 3.624, SD = .467), $t(41)$ = .350, p = .728, Cohen's d = -.041. Thus, the effect of interactive theater on outcome expectations was specific to the victim group.

Discussion

The purpose of this study was to determine the prevalence and impact of bullying in a special population of high school students in the arts, and to determine whether this impact might be addressed, in part, through interactive theater. Very little scientific research has assessed the impact of bullying on students in the arts. Results of the current study indicated that bullying occurs relatively frequently within this population. Likewise, victimization was associated with a number of mental health symptoms. Self-efficacy and outcome expectations for victims increased significantly following interactive theater, suggesting that interactive theater might be part of an effective intervention.

The percentage of students in the current sample who reported being a victim of bullying was considerably higher than the 10% to 32% found in the literature on bullying among high school students in general. This finding supports the hypothesis that students in the

arts may experience higher levels of victimization than their peers, which is consistent with recent research on students in the arts, using crime-based statistics on bullying (Elpus & Carter, 2016). Students who participated in the present study are talented in at least one area of fine or performing arts, possibly leading peers to perceive them as different and, thus, raising the risk for targeting (Aluede et al., 2008). Also, though the exact meaning may vary from one school to another, students who are perceived to be part of an arts clique may be targeted by members of more "popular" cliques (Bishop et al., 2004). The results of the current study might even underestimate the extent of victimization by students in the arts, inasmuch as this academy sample includes students who have parental support and at least one teacher's recommendation. Sources of family and school support might reduce the risk of victimization below what is experienced by students with less or no such support.

Results supported the hypothesis that victimized students would report more psychiatric symptoms than their non-victimized peers. These results are important because some people still hold the view that bullying is a "rite of passage" and a normal life experience (Adams & Lawrence, 2011, p. 4). Since the 1980s, researchers have provided consistent evidence that bullying is significantly associated with psychiatric symptoms. The current study adds to this body of literature by addressing the effects of bullying specifically on artistic students.

Bullying's psychiatric sequelae adds impetus to intervention efforts. Our hypothesis that bullying's impact might be addressed, in part, through interactive theater was supported; victims, though not non-victims, appeared to gain self-efficacy and develop more positive outcome expectations following *Giving Voice*, an interactive theater program. Victims may be more sensitive to interactive theater than non-victims because the program's relevance is heightened for victims. Future research might fine-tune the in-program clicker questions to raise awareness of the program's relevance for *all* students.

This study joins a recently growing research base on interactive theater that uses a rigorous pre-post design and validated measures; earlier research had depended largely on informal measures gathered immediately after an event. In the application of interactive theater specifically to bullying, this present research study represents a step forward in methodology. Still, limitations exist, and future steps will be needed to explore fully the effects of interactive theater in bullying situations. For example, the pre-post design leaves open the possibility that other shared experiences (e.g., features of the summer academy other than interactive theater) led to the observed changes in self-efficacy and outcome expectations; the finding of impact only

for the victim group seems, however, to argue against that possibility and for a real impact of interactive theater. Another limitation might be the timeframe for the post-theater measure (two weeks later); the full impact of interactive theater for bullied students might not be evident until students return to school. By gathering data during the following school year and including additional sources of data (parents, teachers, and peers, in addition to behavioral data), future research may provide a more complete picture of the effects of interactive theater.

This study provides support for the notion that students in the arts may be at increased risk for being victims of bullying. We further found that victimized students were more likely to report psychiatric symptoms, and we echo the recent call of Elpus and Carter (2016) for research in the area: "There is a clear need, then, for research examining the prevalence of school victimization by bullying behaviors affecting arts education students" (p. 323). The present study also provides support for the use of interactive theater in bullying prevention and response. Students who had been victims of bullying showed predicted gains in self-efficacy and outcome expectations following interactive theater. Such programs provide a safe place for students to practice skills and begin speaking and thinking about bullying situations in new ways. Future research with large, diverse samples will continue to illuminate how and for whom interactive theater may be helpful in the context of bullying.

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