

SPECIAL SECTION PAPER

Is person-centred counselling effective when assisting young people who have experienced bullying in schools?

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Abstract

Background: The effects of bullying on children have profoundly been researched; however, there is a gap in research on how therapy can assist children who are bullied. The aim of this research was to understand how person-centred therapy may assist individuals who are being bullied within the school environment.

Methodology: Person-centred therapy was chosen as it is the author's profession. When pursuing his master's degree and the allied research programme, the author conducted the therapy. This research was performed using interpretative phenomenological analysis. The researcher worked with four research participants, and the contributors were individuals who had left school due to childhood bullying. The participants also underwent person-centred therapy to work through the issues that bullying had caused them. A series of interviews were conducted with the participants using pre-decided questions. These interviews were then transcribed, and key themes were found within the text.

The themes, and the subordinate themes, include the following:

1. Childhood bullying in the context of the experience of support, and the absence of support leading to trauma.
2. Bullying as a multifaceted experience, and bullying as an emotional communication.
3. Childhood bullying and its association to adult mental health and adult experiences of anxiety.
4. How person-centred counselling helped participants, and gaining support in schools.

Conclusions: The article found that in the school environment a lack of emotional support added to the trauma that the victims experienced from bullying. Bullying was experienced individually, but each participant reported it being an emotional way of communicating. The bullying the participants experienced during school led to mental health problems in adulthood, the most reported mental health condition was anxiety. Finally, the article explored how the person-centred approach assisted participants, whilst most participants found the approach to be very useful. A few participants believed that the limitations of the person-centred approach led to less exploration, many wished for techniques to help them cope with their bullying experiences something that CBT might be more adequate for.

KEYWORDS

adulthood, bullying, childhood, person-centred therapy

In memory of Amanda Todd and Caroline Flack.

1 | INTRODUCTION

1.1 | Evidence on adverse impact of bullying on young people

There are tremendous benefits in applying research findings into practice. By demonstrating how person-centred counselling could assist young people in schools, a wider perspective may be found for other forms of counselling. With potential discovery on how they may assist people experiencing bullying, Goodstein (2013) proposes that bullying has claimed the lives of many adolescents and is responsible for 44% of adolescent suicides in the United Kingdom. One in four children in the United Kingdom and one in three children in the United States have experienced bullying. Goodstein (2013) further states that many adolescents have been "bullied to death." Parker (2019) argues that bullying can leave long-lasting and deadly consequences. It occurs to people of all ages and in multiple environments, most predominantly in schools.

1.2 | Theoretical approaches to counselling young people who experience bullying

When building a therapeutic relationship with someone who has been bullied in school, the therapist must consider how the victim has been affected. Litwiller and Brausch (2013) argue that the experiencer will have presenting issues such as depression, post-traumatic stress disorder (PTSD), body dysmorphia and anxiety. Tolan and Cameron (2016) propose that bullying is categorised as "chronic trauma"—this form of trauma occurs alongside critical incidents, such as road accidents, natural disasters and rape. The more the experiencer is subjected to bullying, the more they are traumatised. Young people are most at risk of bullying, and this often leads to difficult outcomes for victims and for perpetrators (Smith, 2019). Weaver (2014) proposes that psychiatrists often report bullying as a main cause of PTSD.

It is vital that the therapist adheres to the child's wishes (unless there is a safeguarding concern) about what happens to the perpetrator(s). The therapist must empathise with the experiencer and understand that their reaction is due to trauma (McGrath, 2004).

During person-centred therapy in schools, Hamlet (2010) suggests that working with children within a school can be overwhelming. This is due to children/adolescents being honest with the therapist. A client being congruent facilitates the therapist to set the pace for counselling. A study by Hamlet (2010) conducted at several schools, with a person-centred therapist, found that two in five children reported feeling more at ease with their peers after receiving

Implications for practice

- Awareness of bullying must be created among person-centred therapists.
- Risk of bullying (and the different types of risk) must be understood.
- The long-term effects of bullying must be highlighted.

person-centred therapy in school. Hamlet (2010) further argues that establishing interpersonal congruence between students allows us to build a stronger therapeutic relationship which leads to greater exploration of identity in students.

A child who does not experience person-centred therapy when being bullied in school may have issues in gaining acceptance from others and from themselves. A child has two natural conditions, positive regard (acceptance) and self-worth, which they need from their natural environment. Without these, the child may begin to feel rejected by others and have low self-worth (Cooper, 2008; Rogers, 1961).

If the child's low self-worth is not rectified, it can lead to problems in adulthood, resulting in further abusive relationships (Warren & Smalley, 2013). DeLara (2016) further argues that these "problems" stem from the contemporary adults, who fail to discover how to prevent bullying in the present. Due to the onset of "adult post-bullying syndrome" (APBS), the adult is overwhelmed with thoughts of revenge against the one who tormented them in their childhood.

A difficult environment (e.g. bullying) will likely hinder the child's potential, by causing emotional, neurological and physical losses in their development (Rogers, 1959). A child who is bullied may struggle to achieve "self-actualisation in adulthood," which will prevent the child from becoming a "fully functioning person." The fully functioning person is open to all experiences, is innovative, has confidence in decision-making and is self-content in their life. On the contrary, a bullied child is affected in adulthood, with effects including suicidal ideation and poor physical and mental health (DeLara, 2016).

2 | LITERATURE REVIEW

2.1 | Evidence on the benefits/effectiveness/other outcomes of counselling for this vulnerable group

Rigby (2007) identifies that the person-centred approach seeks to understand the client's personal experience, and what made them seek counselling, which sheds light on the client's self-image and diminishes the incongruence between the client's own identity and

their ideal self. The child would be able to discuss their experiences of bullying within the school setting without fear of repercussion, which facilitates the therapist to offer them a reflection on their experiences. Rogers (1951) further proposes that person-centred counselling offers the person autonomy to customise the course of therapy based on their needs. The therapist will be able to understand what the child needs to gain from counselling.

2.1.1 | Core values

The key components of person-centred therapy are the “core values,” such as unconditional positive regard (UPR), congruence and empathy. UPR will allow the counsellor to provide the bullied child with complete acceptance; this will be beneficial as the client is likely to have experienced little acceptance within the school environment. Bryant-Jefferies (2004) proposes that UPR is presented when the therapist does not rebuff the client because of their experiences, beliefs and behaviour. The counsellor is receptive to the client's counselling course.

Mearns, Thorne, and Mcleod (2013) argue that congruence is presented when the counsellor displays their true personality to their client. With genuineness being displayed and without any biased approach on the part of the counsellor, the young person will start understanding the counsellor's true opinion on their situation.

Empathy allows the therapist to place themselves in the client's position and see the bullying as they do, like the counsellor experiencing the pain as if they were the client (Rogers, 1959). The perpetrators do not often display empathy to the ones being tormented. Instead, they offer statements such as “others behave this way, so why not me?” and “I was joking” (Marr & Field, 2001). DeLara (2016) stresses the importance of the victim having an intervention; counselling is essential for this. DeLara (2016) further suggests that receiving no therapeutic intervention from bullying can cause severe consequences for the child when they reach adulthood. Their self-image may be tarnished which results in having abusive relationship. Furthermore, the child will likely develop APBS.

Other alternative therapies include cognitive behavioural therapy (CBT). Beck (1967) proposes that CBT is evaluating how cognition, feelings and behaviours coexist. Our views define our emotions and actions. Unlike the person-centred approach, CBT considers that emotional distress stems from poor cognitions about our world, ourselves and others (Ellis, 1957). Cooper (2008) further argues that bullying at school would likely cause the experiencer's mental health to deteriorate, matching their experiences of the world.

Cognitive behavioural therapy will aim to improve the way the individual feels about themselves, others and their environment. CBT will assist in changing the thought patterns that bullying has put the individual in. Joyce-Beaulieu and Sulkowski (2015) suggest that CBT approaches can be helpful when working with adolescents experiencing bullying. CBT has been found to greatly negate the effects of the experiencer's anxiety and depression and improve self-esteem.

In a study, three out of four students reported feeling better within themselves after receiving CBT following bullying (Joyce-Beaulieu & Sulkowski, 2015).

The literature has found that there is a link between being bullied in childhood and developing mental health problems in adulthood. Furthermore, the literature highlights how person-centred counselling may be able to assist a young person being bullied in the school environment. The rationale of this study was to fill the gaps in the literature on how young people can be assisted by the person-centred approach, when being bullied in school.

2.2 | Research aims and research questions

There are many studies conducted on the impact of bullying on children in schools, but not on how counselling may assist this issue. The article has confirmed that the results of the research accurately reflect the research question. The researcher must ensure that the investigation matches with the research intricacy. The validity of the research reflects how honest the outcomes are, by asking a sequence of questions and finding the answers (Smith, Flowers, & Larkin, 2009). The researcher has to ensure that their own experiences of bullying should not influence the current research, thus resulting in biased outcome. For research to be effective, the researcher must implement checks on their participants (West & Byrne, 2006), which have been conducted in this research. Furthermore, this article includes other material that strengthens the research approach and has been presented to participants for their individual validation (Bloomberg & Volpe, 2012).

Bullying is a key contributor to the erosion of mental health in young people; these effects can have longevity and extend into a young person's adulthood. When a young person is subjected to bullying, the trauma can disrupt their neurological development (Van Der Kolk, 2003).

It is well documented how bullying can impact on a young person, but few studies regard the ways trauma can be reduced. Kuykendall (2012) argues that bullying is categorised as “chronic trauma”; the more the young person is exposed to bullying, the more traumatised they become. This article explores how person-centred counselling can assist a young person who has been experiencing bullying in a school setting, drawing on the research gathered from participants.

2.3 | Theoretical framework to address the research questions

This article has undertaken a qualitative approach. The qualitative research encompasses the measured use of many observed resources, which include personal experiences and life events, case studies, reflexivity, conversations, interpretations, chronological outlooks, contact with others around us and visual texts (O'Brien, 2019). O'Brien (2019) further proposes that the qualitative approach assists the research on bullying, by emphasising the circumstantial

and interpersonal components of bullying, and resolves issues generated when researching it.

3 | METHODOLOGY

Interpretative phenomenological analysis (IPA) was used in this research; this was chosen by the author as they worked with a small research group. Additionally, IPA was chosen to investigate a consistent group of individuals who experienced childhood bullying during their school years; all these participants underwent person-centred therapy. Joffe's (2012) IPA is a method of accumulating and evaluating data stage by stage, and the idea of IPA is to determine, in fact, how participants are identifying themselves within their personal and collective world. The core components of the therapy are to ensure the collection of the participants' experiences of bullying and to check whether they found this therapeutic approach to be beneficial.

A complete IPA may involve asking significant questions during interviews, for the transcription of participants' bullying experiences. IPA is a qualitative research method that concentrates on how people gain awareness from significant life events. Bloomberg and Volpe (2012) suggest that IPA does not seek to generalise participants' experiences; instead, it aims to produce a compelling and contextualised analysis of the participants' stories. This was chosen due to the author's own experience of bullying during school, who never received counselling and was interested to see how it may assist those in similar situations.

3.1 | Sample

The inclusion criteria of this study were that participants should be above the age of 18, must have experienced bullying in the past five years, must be free from any unresolved trauma and should speak English. The study subjects for sample preparation were recruited accordingly. The participants were all women who were recruited using posters. The posters were distributed throughout institutions in the North West of England. Of the seven participants who initially expressed interest to take part in the study, four eventually consented to take part and the rest withdrew due to either scheduling conflicts or fear of finding the interview traumatic. All participants experienced childhood bullying in high school and received person-centred counselling for their bullying. According to one study, when creating a sample selection, the researcher must present how these participants were found and contacted, and how many were chosen to take part in the research (Smith et al., 2009).

3.2 | Interview

The research used semi-structured interviews in order to gain the participants' data, as this method facilitates and paves the way for conversation regarding the participants' experiences (Smith et al., 2009). The interviews took place within a confidential and

soundproof room, where specialist signs were placed on the door to maintain confidentiality. The interview was developed by asking an array of questions. These questions were framed to investigate the participants' past, their experiences of bullying and lack of help they received.

3.3 | Research procedure

Participants had the right to withdraw from the project until the final three months of the research. A consent form showing permission to record and transcribe the data was signed by the participants. The researcher allowed the participants to have pseudonyms for the transcript (as opposed to "Participant A"). The participants were allowed to choose their preferred pseudonym to encourage autonomy and to render the research a more personal feel.

3.4 | Ethics

Smith and Osborn (2008) propose that it is important for any researcher to consider the effect the research could have on their participants, considering the participant as a person first rather than as a research sample. The author obtained the ethical approval suitable for the study (no. 1202776).

There were no dual relationships present with the research participants. The British Association for Counselling and Psychotherapy (2019) suggests that a dual relationship occurs when a practitioner has a relationship that has more than one purpose. Although dual relationships can have some benefits, there are many risks that can occur. The researcher also had monthly supervision to ensure the research does not have any negative impact on the study subjects' well-being. If the practitioner finds the participants unwell, they must seek support from the relevant groups (BACP, 2019).

3.5 | Data analysis

This research analysed the data collected from the semi-structured interviews and transcripts. The analysis found crucial themes generated from content presented by participants. McLeod (2003) proposes that the qualitative researcher's greatest device is their capability to empathise with the participants' life story. Strauss and Corbin (1990) further argue that themes are concepts created in a refined edict of grouping and come from a pre-planned set of open-ended questions. Subordinate themes can be generated by themes being drawn together, establishing an overstretching story which stems from the participants' interviews and transcripts.

The themes presented in Table 1 are devised out of the contents of participants derived through interviews. During the transcript, each participant reported having no assistance during their time at school. They had to seek counselling themselves during the later part of their life, which was important to highlight. The theme bullying as a

TABLE 1 Superordinate and subordinate themes derived from the interviews carried out with participants

Superordinate theme	Subordinate theme
Childhood bullying in the context of the experience of support	The absence of support adding to the trauma
Bullying as a multifaceted experience	Bullying as an emotional communication
Childhood bullying and its association to adult mental health	Adult experiences of anxiety
How person-centred counselling helped participants	Gaining support in schools

multifaceted experience, and bullying as an emotional communication, was developed through each participant's individual experience of bullying. Furthermore, how bullying was communicated psychologically towards each participant has been explored.

"Childhood bullying and its association to adult mental health, and adult experiences of anxiety," is a theme that was created to look at how bullying impacted the participants' mental health, with anxiety being the most reported condition. Finally, how person-centred counselling helped the participants in gaining support in schools emerged through the participants explaining how much (or how little) person-centred therapy had assisted them, and how this differed from gaining support in the school setting.

4 | RESULTS

Childhood bullying in the context of experience of support was the first superordinate theme identified. This superordinate theme underlines the lack of assistance when reaching out their caregivers for help due to their bullying experiences.

The absence of support adding to the trauma was identified as a subordinate theme. Participants looked for assistance from their caregivers when experiencing bullying in school. This was in attempt to prevent the bullying from continuing; on the contrary, it is evident that they lacked support from both family and faculty:

No, it was not something that was really addressed back then, I mean my mum knew a little bit about it, but she was not very sympathetic. She did have to go into school, but I mean he did not sit me down and say right come on what is going on?

Patricia (40–41)

This lack of support was reinforced by other participants:

So, I remember telling my brother (you couldn't in them days, there was never any support at school for anything like that) you never even mentioned bullying. I remember telling my brother once and he was quite supportive, I don't think he wanted to get involved really.

Diane (34–35)

Rebecca supported this absence of support, making their bullying worse: regarding my sisters bullying me she would never really do anything; she would always say 'you will get on like a house on fire when you are older' and we do now. But even my sister acknowledges that she said some bad stuff when we were younger... Yeah! There was one time after my dad's death and I didn't know it was grief at the time (being young) and I got referred to cams...Yeah, my mum got it for me, so they came into school and I didn't understand why, and during those sessions I found it difficult and unhelpful.

Rebecca (38–39)

Bullying as a multifaceted experience was the second superordinate theme identified. This superordinate theme concentrates on verbal bullying, the most common form reported from participants.

Bullying as an emotional communication was a subordinate theme. All participants explained how their experiences of bullying in childhood caused issues in adulthood:

I was subjected to verbal bullying, in a work environment. I worked in a dental practice from the age of 15. The bullying started when I was about 17; it was through a work colleague, a woman who was a lot older than me. She used to make constant comments about my weight. It was because she was kind of like the mum of the workplace.

Louise (28–29)

Exploitation of trust was a key occurrence:

I suppose it is kind of felt like you put your trust in her and she took advantage and made you feel sad. Yeah because I had spoken to her about briefly about how I was feeling and how low. And the issues that I was suffering with, and she kind of took advantage of that—

Louise (28–29)

Verbal attacks regarding the participants' appearances were also reported, causing deterioration in mental health:

Yeah it has caused me to have depression I was put on anti-depressants and has caused me to go down the route of making myself sick, it was not a long-term thing. I suppose it just gave me a bit of a release and made me feel at the time made me feel a bit better, because more so with like finding the right clothes. It got to the point where I got to an age where I was going on a hen do for my cousins' wedding. And you know it affected me going on that, you know going on holiday and things like that.

Louise (30–31)

One participant stated they were even physically assaulted by two girls in a classroom. In addition to this, the participant was often insulted because of her middle name, by a boy in school:

Diane: I would say emotional, I did have physical though of two girls in first year. But the emotional was just more of this one lad particularly.

Diane (26–27)

I do not really think now when I see him, he remembers it, but I remember it all the time. Yeah at the time I hated it. Yeah, I used to wait every six weeks for a break, so I did not have to put up with it.

Diane (26–27)

Emotional health is also impacted:

I think it made me a bit poorly actually, it made me anxious and everything. But I did not understand it all then, I used to just sit in my bedroom thinking which way I could go so I wouldn't see somebody.

Diane (37–38)

Patricia also reported verbal bullying: Threats were made: Erm definitely verbal and emotional with the threat of physical.

Patricia (28–29)

A key instance involved a participant being threatened by a belt:

*In terms of a situation I was getting phone calls, calling me names on the house phone at the time. And then these three particular girls who were doing it actually came around to my house, during the six weeks holiday, and one of them had jeans on. And she had a belt on and she began *waves above head* as if to say you come out of your house and this is what is going to happen to you, so I did not go out of the house*

(28–29)

Yeah it was it was really scary; she was a big girl as well she was you know a real bully

(29–30)

Yeah, I mean it still gets to me now when I think about it and I get annoyed with myself, for not really doing anything about it myself. Yeah, I said I just refused to go to school because I knew what was going to happen, and then even now I wish I had gone in school and confronted her.

(40–41)

Maybe every few years if I see something on the telly. Yeah, I think it does not rule my life now, but obviously when I was younger it did. But down the years I mean I am 55 now.

Patricia (40–41)

Childhood bullying and its association to adult mental health was the third superordinate theme identified. This superordinate theme

addresses possible links between childhood bullying and the participants' current mental health.

Adult experiences of anxiety was identified as a subordinate theme. This subordinate theme discusses the potential links between the participants developing anxiety in later life, after experiencing childhood bullying.

Anxiety is the most commonly reported mental health condition, in addition to issues surrounding appearance:

I would say my anxiety. But I would not solely blame that on the bullying, like there is a lot that adds to it. But I would say I have anxiousness around getting to know people.

Rebecca (11–12)

Yeah, I definitely think it has affected my confidence with my body and how I see my body and my sisters and my mother calling me fat all the time.

Rebecca (11–12)

Bullying leads to anxiety:

Anxiety I do think it lead to anxiety...Just anxiety really, but I found when I got to fifteen/sixteen up to the age of nineteen I was fine, I never really bothered never worried about anything.

Diane (14–15)

Then I settled in at work, she was bossy and sometimes I did not like how she spoke to me, but I think she was just stressed at work. But I found at the age of nineteen it come back a bit the anxiety and continued throughout my adulthood.

Diane (14–15)

Contrary to Diane, Patricia stated contrary that they were not impacted by anxiety in adulthood: yeah, not so much into adulthood but from 14 to I was very very. That was it, I was really anxious at that time, I was getting palpitations all the time. And just not really enjoying life... Yeah, I would say definitely actually.

Patricia (16–17)

How person-centred counselling helped participants was identified as the fourth superordinate theme. This superordinate theme addresses how the person-centred counselling approach benefited the participants. It has been confirmed that each of these participants undertook person-centred counselling.

Gaining support in schools was identified as a subordinate theme. This subordinate theme details how the eventual gaining of support was beneficial to the participants. The participants discussed having counselling, and how the person-centred approach was very helpful in gaining support for their bullying experience. Furthermore, this left the participants feeling validated, something which they said had never been achieved whilst they were in school:

Having Counselling was the first time I felt someone had listened to me, it gave me a chance to explore past pain which I was unable to, erm explore with others you know?

Diane (45–46)

Contrary to Diane, Rebecca stated that there were some limitations with the counselling approach:

Oh yeah, gaining support was really good for me. I found going to counselling and having someone to talk and listen to me to be very cathartic. I think they really helped, I just felt the kind of therapy that we were doing...kind of.. did not always go into detail. I would have liked to have been questioned more by the counsellor.

Rebecca (44–45)

While some participants continued to attend therapy long after its completion, others ended their treatment after feeling that it wasn't right for them at the time.

To be honest I found counselling to be very useful, it helped me vent out a lot about what happened to me. It erm was just not the right time for me to go to therapy, I erm was still hurting quite a lot. I would recommend this form of counselling to people; it just was not the right time for me.

Louise (45–46)

Diane further supported the use of the person-centred approach: Oh yes counselling has been a huge influence on me, I have continued to be in counselling, it erm has been very helpful and healing for me especially in adulthood. I think counselling and ageing have helped me to become more mellow.

Diane (45–46)

Participants proposed that counselling would be very helpful for them if they had it whilst in school:

Yes, counselling would have been what I needed in school, unfortunately this was not provided back then.

Patricia (46–47)

Rebecca supported the need for counselling in schools: back when I was in school there was no such thing as "counselling." I think it would have been very helpful for me with the bullying though. I am glad more schools have it.

Rebecca (46–47)

5 | DISCUSSION

The aim of this article was to understand how person-centred counselling may assist individuals experiencing bullying in schools. The

key findings of this research are how support (or lack of it) leads to the trauma of the experienter. Each individual experienced bullying differently, which is emotionally communicated; childhood bullying has links to mental health problems in adulthood, predominantly anxiety. The final findings are how person-centred counselling assisted participants, and how this approach was significant in a school setting.

5.1 | Childhood bullying in the context of the experience of support

The participants were not supported adequately whilst being bullied, until they underwent person-centred counselling. The findings contradict the current literature since there may not have been therapeutic interventions of this kind taking place. Interventions are usually effective when coordinated by someone of influence (DeLara, 2016; Rigby, 2007). Those who carry out therapeutic interventions must be empathetic and wish to see positive changes in clients. Due to the time constraint, the participants found it difficult to report all their experiences of bullying.

Verbal bullying, but not physical bullying, was the most frequently reported form of bullying to be experienced by participants. This supports the evidence in the literature, which highlights that verbal bullying is the most reported form of bullying (Olweus, 1993; Rigby, 2007). Participants explained that relationships had been affected through their childhood bullying; these relationships were affected depending on the social setting. DeLara (2016) suggests that adults will find it constantly difficult to gain intimate and social relationships.

5.2 | Childhood bullying and its association to adult mental health

Every participant mentioned that their experiences of childhood bullying had contributed to mental health issues in adulthood, of which anxiety was the most prevalent; this finding concurs with the current literature. McGrath (2004) suggests that children who are bullied often develop mental health problems in later life; these include self-mutilation and suicidal ideation. The more a person is bullied, the more they become traumatised (DeLara, 2016). Olweus (1993) found that adults who were bullied as children had multiple instabilities in adulthood and they stated that they believed this was due to their bullying experiences.

5.3 | How person-centred counselling helped participants

Whilst experiencing their childhood bullying, person-centred counselling assisted participants by offering them a place to speak. Participants had counselling when they were adults; however, all agree that it was

beneficial in such a way that it gives room for someone to speak about their bullying experiences in a time of need. Therapists must have a clear understanding of what bullying is and when it is taking place for therapeutic relationships to be successful. Person-centred counselling can be a very useful tool for someone experiencing bullying, as it provides the client with autonomy and control of the direction therapy takes (Tolan & Cameron, 2016). Bryant-Jefferies (2004) proposes that person-centred therapists must be more aware of bullying, due to its high risk for all parties involved, and the long-term effects on the experienter's life.

5.3.1 | Limitations

In conclusion, it is apparent that childhood bullying leads to long-lasting effects on children in adulthood. In addition to this, person-centred counselling would benefit those experiencing bullying in schools. However, it is evident there are many limitations of this research which could be addressed in future research. One limitation is that the study sample contained only female participants and that no male participants were willing to take part in this research, which should be considered and warrant further exhaustive future research on this gap by combining both genders. Additionally, there were no transgender participants. The participants were also white British, leaving a shortage of diversity and perceptions on bullying from other cultures. A major limitation of this article is that the experiences came from an adult perspective of childhood bullying, and not children themselves; therefore, the adults' memories may not be entirely precise.

Atieno (2009) suggests that when conducting qualitative research, restrictions can arise on the researcher through ethical dilemmas. Ethical issues become apparent when research is conducted with those deemed to be at risk. Those at risk include prisoners, the elderly, children and those in healthcare environments, because of the need for consent from primary caregivers. The small number of research participants could also be viewed as a limitation.

Due to the use of IPA (using four participants), arguably, there are not enough individuals taking part for a conclusive result. A restriction of qualitative research is the use of reduced samples. Consequently, the results garnered from this research are not a reflection of the widespread populace, meaning quantitative findings are more accurate than qualitative research. Furthermore, two of the four participants voiced complete support for the person-centred approach, whereas the other two participants found PCC useful but not as co-inhabiting as CBT.

6 | CONCLUSION

6.1 | Implications for training

Bullying presents a safeguarding risk for therapists; therapists must understand how to establish this when bullying is taking place. Bryant-Jefferies (2004) suggests that the therapist may never have been bullied themselves, so may find this difficult to establish. Bullying often

can manifest in behaviours called "micro aggressions," (non-blantant acts of hostility such as mocking); these are meticulous and are difficult to pinpoint. McGrath (2004) states that bullying can lead to severe mental health issues and suicidal tendencies; if a trainee therapist was not aware of these consequences, a crisis could arise. Furthermore, in extreme cases, bullying can lead to serious injury and even homicide; many targets of homicide are bullied by their murderer prior to death. Those who are bullied often have difficulties in trusting others; this could impact the therapeutic relationship. Many bullying experiencers use phrases such as "I do not think I will ever trust people the same way again" or "my trust in relationships has been forever changed by my experiences of bullying" (DeLara, 2016).

There is the possibility that bullying could be embraced as a condition based on the worth of the experienter. A condition of worth is gained from primary caregivers and the world around them. The person aims to meet these conditions as it is all they know (Rogers, 1951). DeLara (2016) argues that those who are bullied often become encased in "victim mode" and are prone to bullying throughout their life. This research questions Rogers' theory regarding gaining "self-actualisation" and becoming a "fully functioning person." Someone who is fully functioning accepts life's challenges and rewards, is open to experiences, is confident, imaginative and happy. The participants all reported that their bullying had affected them in some aspects in their life; consequently, the participants may never become fully functioning people. Bullying can change a person's life eternally; many people often report never viewing the world in the same light (Rigby, 2007).

A weakness of person-centred counselling is a lack of questions being presented to clients (Tolan & Wilkins, 2012). Questions are important in counselling; questions must be used correctly, otherwise they can create barriers between therapist and client (Beck, 1967). Alternative to person-centred therapy, other therapeutic approaches such as cognitive behavioural therapy (CBT) may be more beneficial to someone experiencing bullying.

Cognitive behavioural therapy targets the client's behaviour and may provide answers to the bullying experienter. Furthermore, CBT can offer the person techniques to help combat bullying and its effects, such as coping mechanisms and a plan (avoiding victim-state behaviour). CBT seeks to help clients in pinpointing false thoughts and distinguishing these thoughts from reality. Beck created the cognitive triad, which discusses the influences that cause depression in people (Beck, 1967).

Beck (1967) proposes that the triad includes poor instinctive thinking, flawed release of information and negative self-schemas. CBT can be very helpful for people who have been bullied; clients react positively to coping mechanisms (Joyce-Beaulieu & Sulkowski, 2015). Gestalt therapy has the potential to assist individuals experiencing bullying, as Gestalt therapy targets the clients' present life as opposed to past (Houston, 2003; Perls, 1969). Latner (1986) proposes that Gestalt therapy promotes re-enactment of former unpleasant events in the client's life. Re-enacting of bullying may allow the experienter to gain finality on their bullying. The client may find the capacity to accept who they are now in their lives. Gestalt therapy offers the client the chance to enhance their understanding of themselves and gives them the choice to do this.

Future research will need to examine how children/adolescents respond to person-centred counselling (as opposed to adults). Furthermore, it will be beneficial for the research to be one from a multigendered perspective, instead of all female.

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