

Bullying Thoughts & Feelings: Impact & Help

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Introduction to Bullying-Related Cognitions

Bullying, a pervasive and destructive form of peer aggression characterized by repetition, intent to harm, and a power imbalance, is fundamentally driven and sustained by complex psychological processes, collectively termed **bullying-related cognitions**. These cognitions encompass the mental frameworks, beliefs, interpretations, and attributional styles that individuals--whether perpetrators, victims, or bystanders--employ when navigating social interactions involving aggression. Understanding these cognitive mechanisms is crucial, as they serve not only as precursors to aggressive behavior but also as mediating factors that determine the long-term emotional and psychological impact of bullying experiences. The study of these internal processes moves beyond simple behavioral observation, attempting to uncover the 'why' and 'how' individuals perceive, encode, and respond to aggressive social stimuli in ways that perpetuate or mitigate cycles of peer victimization, thereby offering key pathways for targeted intervention.

The field of cognitive psychology, applied to social aggression, posits that behavior is not merely a reaction to external events but is filtered through an individual's unique cognitive lens. For instance, a perpetrator might utilize cognitive distortions to justify harmful actions, viewing the victim as deserving of punishment or the aggressive act as necessary for maintaining social status and dominance within the peer hierarchy. Conversely, a victim may develop specific negative self-schemas or maladaptive attributional styles, internalizing the blame for the aggression directed toward them, which significantly exacerbates feelings of helplessness, despair, and chronic anxiety. These internal mental states--the thoughts, beliefs, and interpretive biases--are critical determinants of the individual's role and resilience within the bullying dynamic, underscoring the necessity of high-level scrutiny in clinical and preventative research focused on aggression in school and community settings.

Furthermore, bullying-related cognitions are deeply intertwined with established theoretical models of social behavior, most notably the **Social Information Processing (SIP) model**. This framework outlines the sequential steps individuals take when confronted with social cues, from encoding and interpretation to response selection and execution. Deviations or deficits at any stage of the SIP process--such as a pronounced hostile attribution bias, difficulty generating prosocial responses, or failure in consequential thinking--are hallmark cognitive features differentiating those who engage in bullying from their prosocial peers. Therefore, a comprehensive analysis of bullying must address the underlying cognitive architecture, recognizing that addressing persistent aggressive behavior requires modifying the foundational thought patterns that support it, making cognitive restructuring a central goal of effective intervention strategies across all roles in the bullying cycle.

Cognitive Distortions and Justification in Perpetrators

Perpetrators of bullying frequently utilize a specific set of **cognitive distortions** that function

primarily to minimize guilt, justify aggressive actions, and maintain a positive self-image despite engaging in harmful behavior. These distortions act as powerful psychological defense mechanisms, allowing the aggressor to bypass internal moral constraints and avoid the negative affective feedback associated with causing distress. A highly common distortion is the minimization or denial of the harm inflicted, where the perpetrator might dismiss the victim's pain as trivial ("They are just being overly sensitive and need to toughen up") or downplay the severity of the act itself ("It was just harmless teasing, not real bullying"). This cognitive reframing effectively neutralizes the moral weight of their actions, thereby facilitating repeated aggressive acts without significant personal moral cost to the aggressor.

Another critical cognitive mechanism observed in aggressors is the pervasive presence of **hostile attribution bias**, which is the consistent tendency to interpret ambiguous actions or cues from others as intentionally hostile, threatening, or provocative. When a peer accidentally brushes against them in the hallway or fails to make eye contact, the aggressor is predisposed to view this action as a deliberate slight or an impending attack requiring immediate and forceful retaliation, often disproportionately severe relative to the actual stimulus. This bias serves as a powerful psychological justification for both preemptive and reactive aggression, positioning the aggressor not as the initiator of conflict, but rather as a justified defender responding appropriately to perceived hostility. Research suggests that this pattern is particularly pronounced among proactive aggressors who seek social dominance and control.

Furthermore, sustained bullying often relies on the cognitive strategy of **dehumanization**, a profound distortion where the victim is stripped of their human qualities, emotional complexity, and moral standing. By labeling the victim with derogatory terms that imply inferiority, weakness, or status as an outsider, the aggressor cognitively removes the victim from the moral community, making aggression against them permissible, or even necessary for group cohesion or personal status maintenance. This mechanism is especially potent in group bullying scenarios (mobbing), where collective justification reinforces the distorted view. The ability to cognitively isolate the target and view them as undeserving of empathy is a cornerstone of severe and chronic bullying behavior, requiring targeted cognitive interventions to restore empathy, perspective-taking, and moral consideration.

Social Information Processing (SIP) Deficits

The Social Information Processing (SIP) model, highly influential in the study of childhood aggression, provides a detailed, stage-by-stage framework for understanding precisely how cognitive deficits contribute directly to bullying behavior. The model outlines six stages: (1) Encoding of social cues, (2) Interpretation of cues, (3) Clarification of goals, (4) Response access or construction, (5) Response decision, and (6) Behavioral enactment. Aggressive children and adolescents often display systematic impairments across multiple stages, leading to consistently

maladaptive social outcomes. For example, during the initial encoding phase, aggressive individuals may exhibit a selective attention bias, focusing heavily only on hostile cues while actively ignoring or failing to register mitigating, positive, or neutral information, thereby confirming their pre-existing belief that the social environment is threatening or competitive.

Beyond the interpretation stage, where hostile attribution bias is key, deficits also extend critically to goal clarification (Stage 3). While prosocial individuals typically prioritize goals such as maintaining positive relationships, achieving mutual cooperation, or resolving conflict harmoniously, aggressors frequently prioritize divergent goals related exclusively to dominance, revenge, establishing superiority, or maximizing social control, often at the direct expense of others' well-being. This difference in primary social goals fundamentally shapes the rest of the processing sequence, leading the aggressor to seek out and select responses that maximize their power and status rather than those aimed at peaceful conflict resolution, confirming that the cognitive prioritization of dominance is a key psychological differentiator in the profile of the bully.

Crucially, SIP deficits also impair the response generation and selection phases (Stages 4 and 5). Aggressive youths often demonstrate a severely limited capacity to generate a diverse array of prosocial, non-aggressive, or diplomatic responses when faced with conflict or perceived threat. Their cognitive repertoire may be dominated by aggressive scripts, leading them quickly and automatically to select a harmful response because it is the most accessible, well-rehearsed, or perceived as the most efficient option. Even when alternative, peaceful responses are cognitively available, they may judge aggressive responses as more effective, easier, or having fewer negative social consequences, illustrating a profound failure in **consequential thinking** and mature moral reasoning. This systematic breakdown in SIP stages highlights the urgent need for interventions focused on cognitive restructuring and the acquisition of new, flexible, and prosocial behavioral scripts.

Attributional Styles and Self-Blame in Victims

Victims of chronic bullying often develop distinct and profoundly detrimental attributional styles that significantly contribute to their sustained psychological distress and the maintenance of the victim role. A critical cognitive pattern observed in victims is the tendency toward **internal, stable, and global attributions** for negative events. Victims may consistently attribute the bullying to stable, inherent flaws within themselves ("I was bullied because I am fundamentally unlikeable, weak, or flawed"), rather than external, unstable factors (e.g., the bully's mood, environmental stress, or situational factors). This damaging internalization of blame generates profound feelings of shame, low self-worth, and reduced self-efficacy, making resilience and recovery exceedingly difficult without therapeutic intervention.

The cognitive shift toward self-blame and internalization is often reinforced by the chronic and

inescapable nature of the aggression. When victimization is persistent and perceived as unavoidable, victims may utilize a cognitive strategy known as **learned helplessness**, where they conclude that their efforts or actions have no bearing on the outcome of the situation. This belief system, rooted in consistent cognitive appraisals of lack of control, results in the adoption of passive coping mechanisms, reduced motivation to seek help from authority figures, and a failure to utilize available personal and social resources for defense. The victim's cognitive system essentially short-circuits effective problem-solving and proactive coping, thus perpetuating the cycle of victimization by signaling vulnerability and non-resistance to potential aggressors.

Furthermore, victims frequently develop deeply entrenched negative **self-schemas** related to social competence, acceptance, and personal agency. These deep-seated beliefs--such as "I am socially incompetent," "I am a target," or "Other people inherently dislike me"--act as powerful cognitive filters through which all subsequent social interactions are rigidly processed. Even neutral or positive social cues may be misinterpreted through this negative schema, confirming the victim's underlying belief system and contributing significantly to heightened social anxiety and withdrawal behaviors. Addressing these deeply ingrained attributional biases and negative self-perceptions requires intensive cognitive behavioral therapy aimed at challenging and replacing maladaptive thought patterns with more realistic, externalizing, and ultimately empowering cognitive frameworks that promote resilience.

The Role of Moral Disengagement

Moral disengagement, a theoretical framework developed by Albert Bandura, represents a powerful set of cognitive mechanisms that allow individuals to violate established moral standards and inflict harm upon others without experiencing debilitating self-condemnation, guilt, or remorse. This process is highly relevant to understanding sustained and severe bullying behavior, as it provides the psychological license necessary for aggressors to inflict pain repeatedly over time. Moral disengagement is not characterized by a complete absence of morality, but rather a selective, context-dependent suspension of moral self-regulation, particularly in situations involving vulnerable or disliked targets.

There are several specific cognitive techniques utilized in moral disengagement that operate directly within the bully's thought processes. These include **moral justification**, where harmful behavior is reframed as serving a higher, necessary moral purpose (e.g., maintaining group purity, enforcing conformity, or "teaching a lesson"); **euphemistic labeling**, where aggressive acts are obscured or disguised using innocuous, sanitized language (e.g., referring to assault as "hazing," "pranking," or "just roughhousing"); and **advantageous comparison**, where the bullying act is compared to something perceived as much worse, making the current behavior seem minor or benign in contrast ("At least I didn't beat them up like the older kids do"). These linguistic and comparative cognitive strategies effectively sanitize the aggression and reduce its perceived

severity.

Other key disengagement mechanisms involve cognitively distorting the consequences or displacing personal responsibility. **Diffusion of responsibility** occurs frequently in group bullying contexts, where the responsibility for the outcome is fragmented across the collective, significantly lessening the individual perpetrator's sense of culpability and moral pressure. Similarly, **displacement of responsibility** involves attributing the aggressive action to external mandates or authority figures ("I was just following the group leader's instructions" or "Everyone else was doing it, so I had to conform"). Finally, **attribution of blame** shifts the moral focus entirely onto the victim, claiming the victim provoked the aggression, deserved the negative outcome, or was somehow responsible for their own suffering. These sophisticated cognitive strategies highlight the critical necessity of educational interventions focused explicitly on personal accountability and ethical decision-making in social contexts.

Bystander Cognitions and Intervention Decisions

Bystanders--peers who witness bullying but are neither direct perpetrators nor victims--occupy a critical cognitive space, as their interpretive frameworks and decision-making processes dictate whether the aggression continues, is reinforced, or is effectively disrupted. Their ultimate decision to intervene, reinforce the aggressor, or passively ignore the situation is heavily mediated by their perception of the event, their sense of personal responsibility, and their realistic estimation of the risks and benefits involved. Key bystander cognitions include the interpretation of the power differential; if the bystander perceives the power imbalance between the bully and victim as insurmountable or the situation as highly dangerous, they are significantly less likely to intervene due to a perceived lack of **response efficacy**.

A common and powerful cognitive barrier to prosocial intervention is the phenomenon of **pluralistic ignorance**, where individuals privately reject the observed bullying behavior and feel distress, but mistakenly believe that their peers collectively accept or approve of the aggression, leading to collective inaction. Each bystander looks to others for behavioral cues on how to respond, and seeing other peers remain passive confirms the false belief that inaction is the appropriate, socially acceptable, or safe response. This cognitive misinterpretation of genuine group norms is a powerful inhibitor of prosocial behavior. Furthermore, the well-documented bystander effect is often driven by **diffusion of responsibility**, a cognitive mechanism that reduces the individual's perceived obligation to act when other potential helpers are present, fragmenting the moral imperative across the entire group.

Effective bystander intervention requires a sequence of positive cognitive appraisals that must be successfully navigated. First, the bystander must accurately recognize the event as bullying and interpret it as a serious instance of harm, overcoming common normalization biases. Second, they

must successfully generate a sense of **empathy** for the victim, which is a crucial cognitive-affective process linking their internal state to the victim's distress. Third, they must consciously assume personal responsibility for intervention, actively overcoming the diffusion effect. Finally, they must feel confident in their ability to act effectively (high response efficacy) and believe the benefits of intervention outweigh the perceived social or physical risks (positive **outcome expectancy**). Intervention programs must therefore target these cognitive bottlenecks by enhancing empathy, clarifying genuine group anti-bullying norms, and boosting self-efficacy for prosocial action.

Cognitive Interventions and Restructuring

Given the demonstrated centrality of cognitions in initiating, sustaining, and mediating the effects of bullying dynamics, therapeutic and preventative efforts are increasingly focused on explicit cognitive restructuring and the deliberate development of adaptive social cognitive skills. For perpetrators, interventions frequently employ structured **Cognitive Behavioral Therapy (CBT)** techniques aimed at challenging and modifying destructive cognitive distortions, particularly hostile attribution bias and mechanisms of moral disengagement. This therapeutic process involves teaching aggressors to pause during conflict, consider multiple alternative, non-hostile explanations for ambiguous social cues, and systematically practice perspective-taking exercises to increase empathy and reduce the tendency toward dehumanization.

Specific cognitive interventions for perpetrators often utilize structured training based on the stages of the Social Information Processing model. This includes guided role-playing exercises designed to enhance the accuracy of cue encoding, structured discussions to challenge and reframe aggressive goal prioritization (shifting from dominance to cooperation), and brainstorming sessions aimed at significantly increasing the repertoire of available prosocial responses. The overarching cognitive goal is to replace automatic, impulsive, and aggressive cognitive scripts with deliberate, reflective, and prosocial alternatives. A key indicator of successful cognitive change is the perpetrator's improved ability to demonstrate **consequential thinking**--the capacity to accurately foresee and internalize the negative short-term and long-term impacts of aggressive behavior on themselves (e.g., punishment, social exclusion) and on others.

For victims, cognitive interventions focus heavily on countering negative self-schemas and replacing harmful internal, stable attributions with more realistic external, unstable ones. This involves intensive psychoeducation about the nature of bullying (emphasizing the power imbalance and the bully's pathology rather than the victim's inadequacy) and the application of cognitive reframing techniques to challenge self-blame effectively. Essential elements of this cognitive restructuring process include:

Challenging Automatic Negative Thoughts (ANTs): Systematically identifying, questioning, and replacing self-derogatory thoughts such as "I deserve this because I am weak" with objective

reality statements.

Developing Self-Efficacy and Agency: Fostering the robust belief that they possess the skills, resources, and capacity to cope with the situation and effectively seek appropriate help.

Decentering and Externalization: Helping the victim realize that the bully's actions often stem from the bully's own psychological deficits, need for control, or insecurity, rather than being a valid indictment of the victim's inherent worth.

These cognitive restructuring efforts are vital for restoring psychological resilience and agency, empowering victims to successfully break the cycle of learned helplessness and reclaim a positive, robust sense of self.

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