

## ACADEMIC PAPER

# Diagnostic criteria for postbullying disorder: A phenomenological research design of bullying victims

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**Abstract**

This study aimed to investigate the diagnostic criteria for postbullying disorder, which enable the persons who provide therapy services for bullying victims, because until now, there are no criteria to help clinicians diagnose postbullying disorder. This study employed phenomenological research design. Purposive sampling was adopted to sample six university students who are experiencing the bullying behavior from their colleagues in the university campus. The results revealed that there are eight criteria for diagnosing postbullying disorder among victims. These are trauma exposure, symptoms of penetration, avoidance, perception and negative emotions, self-destructive behavior, dysfunction due to symptoms, duration (1 month or more) of symptoms, and the criteria that the bullying symptoms cannot be attributed to the use of substances or drugs of another medical conditions. Results shed new light on the diagnostic criteria for postbullying disorder and proved the usefulness of these criteria in understanding the development of the postbullying symptoms among victims. These findings enable schools and universities to plan psychotherapy interventions for victims.

**KEYWORDS**

bullying victims, diagnostic criteria, phenomenological design, postbullying disorder, qualitative method, successive bullying circle

## 1 | INTRODUCTION AND BACKGROUND

Bullying is one of the most important problems experienced in educational institutions around the world, as it is a widespread problem. This problem not only harms the bullying himself and their victims but also adversely affects students' mental health, the general educational climate, and the ability of students to learn, which reduces the ability of educational institutions to achieve their goals. School bullying affects the psychological and social security structure of the school community. This phenomenon is growing hidden in the light of the neglect of parents and schools to cope this problem. This negligence has its causes that may be due to the difficulty of diagnosis the

bullying as a result of the lack of diagnostic criteria that help to plan appropriate psychological treatment services for bullies and their victims.

There are many forms and types of bullying; whatever its form or place of occurrence, it may be one or both of the following: traditional bullying and electronic bullying. Traditional bullying refers to physical bullying (pushing/hitting), verbal (teasing/calling name), and relational forms (spreading rumors/social exclusion), whereas electronic bullying is the exposure to all forms of bullying behavior through modern social media by an individual or a group of individuals (Wang, Iannotti, & Nasel, 2009). Slonje, Smith, and Fisen (2013) referred that the Internet provides us with more possibilities than ever before,

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such as information, education, games, and social interactions, which can be easily accessed anytime or anywhere by simply accessing the Internet. These possibilities are generally useful for most people today, allowing them to access knowledge at a much faster rate than previous generations. However, although there are many opportunities and benefits offered by the Internet, there has been concern about possible abuse and bullying through the Internet, which is called cyberbullying. The intent behind bullying is to hurt joking or intentionally, to a moderate or severe degree, appreciation, respect, underestimated, and detracted in front of the victim himself and others (Arnout, 2019).

Gilani, Cavico, and Mujtaba (2014) stated that bullying includes acts such as harassment, using social media to humiliate or discredit a professional and underestimate his function, and social isolation and exclusion. As the World Health Organization (WHO, 2010) noted, bullying is a multifaceted and abusive form of abuse and is more prevalent in schools and workplaces. It is characterized by the frequent exposure of a person to physical or emotional aggression from harassment, mockery, sarcasm, threat, harassment, humiliation, ridicule, social exclusion, and rumors against him.

There are many definitions of bullying, with multiple researchers and different aspects that they focused on their definition of this term and their different theoretical orientation. Campbell (2005) defined bullying as aggressive behavior towards a victim who could not defend herself against one or more aggressors. It is a recurrence, intentionally harmful, and occurs without provocation from the victim. Houbre, Tarquinio, Thuillier, and Hergott (2006) also defined bullying as "all forms of repeated physical or mental violence performed by an individual against another person who is unable to defend himself." Juvonen, Nishina, and Graham (2006) defined bullying as the perpetration of physical, psychological, and emotional harassment, embarrassment, and ridicule of a student who bully another victim who is weaker or younger than him or for any reason frequently, whereas Harper (2008) defined bullying as involving a bully who abuses another person (victim) to achieve a sense of superiority and power. Bullying is characterized by the repeated exposure of one person to physical and/or emotional aggression, including teasing, name calling, mockery, threats, harassment, taunting, hazing, social exclusion, or rumors. A wide range of bullying prevalence has been documented among students and in labor forces worldwide (Due, Holstein, & Soc, 2008).

In this context, Arnout (2019) defined bullying as an abnormal behavior that involves repeated confrontation of negative attention or abuse (both verbal and physical) throughout. In addition, a bully, whether a child, a teenager, or an adult, usually has difficulty defending himself and is the target of repeated abusive behavior that often leaves negative emotional and psychological effects.

Bullying includes the following aspects that can be observed and measured:

1. Physical or social aggression
2. Verbal aggression and verbal abuse
3. Intimidation and intimidation for any reason
4. Sexual harassment in school, work, or society

5. Cyberbullying
6. Racial, religious, cultural, national, or ethnic harassment

Bullying is different from aggression. Whereas aggression may involve a single act, bullying involves repeated attacks against the targeted person, creating a continuous pattern of behavior. Bullying in the workplace can be instigated by co-workers, supervisors, contract workers, or labor representatives. Some bullying positions involve bullying colleagues from employees to peers, rather than bullying the employee's supervisor. Bullying refers to targeting a group of individuals for another person. Thus, we should immediately intervene to stop bullying behaviors (Salin & Hoel, 2011).

Bullying behavior may be verbal, physical, social, or psychological face to face or via social media, directly or indirectly.

1. Verbal bullying: This includes insulting and tugging among co-workers by titles, insulting or calling a colleague one of the defamatory qualities, or treating him on the basis of sex, culture, or religion.
2. Physical bullying: Bullying behavior may also be physical by beating, tangling with hands, kicking with foot, punching by hand, and deliberately stealing for his own things.
3. Social bullying: It may also be social to spoil his relationship with others or exclude and discard, discredit his reputation by publishing pictures, rumors, and false news against him, or write publications against him that offend and impair the respect of others to him, either face to face or on social networking (e.g., Instagram, Twitter, WhatsApp, Telegram, Facebook, and e-mail as well as text messages).

From Freud's point of view, we can argue that bullying is an instinctive response like all forms of aggressive behavior, a subconscious struggle between life and death instincts, early childhood experiences, and emotional problems that one experiences, towards their superiors or their loyalties and may use displacement mechanics. The bullies are sadistic people who relish torturing others and causing harm and harm to themselves or others who bully them because of their physical or professional weakness or social status. Bandura noted that human behavior, whether normal or otherwise, is acquired through observational or social learning. In the light of this theory, bullying was learned through social learning or observation in the individual's environment that encourages bullying and the use of power or those environments that tolerate bullying behavior, violence, and aggression among persons. Bullying behavior becomes acceptable and is learned through either direct or alternative reinforcement of important models in the environment. Bullying behavior becomes a natural response to the environment, as if a bullying person is a symbol of power and control, which makes him continue to practice bullying, and his colleagues learn the same behavior because he achieved gains and goals through him and won over his victim, especially if other persons accept his bullying actions and supported him on the victim in light of the absence of control and prudent (Arnout, 2019).

According to the theory of Maslow's needs, such families, that is, individuals living in families that do not satisfy their basic material and

psychological needs, do not feel the owners of security and psychological tranquility, psychological and family stability, self-respect or respect, and appreciation of others. Thus, these individuals may respond to the lack of satisfying their basic and secondary needs by practicing violence, hostility, and bullying against others, as an attempt to restore their self-confidence and sense of power, control, influence, prestige, esteem, and respect they believe to be lost.

There are two approaches in the interpretation of bullying. The first approach is to consider bullying as one of the factors causing post-traumatic stress disorder (PTSD). If this view is agreed, preventive and therapeutic methods for victims of bullying will improve. Schools and institutions are likely to take bullying more seriously, and further studies of preventive and therapeutic programs are implemented to reduce bullying symptoms. Moreover, bullying victims may receive the appropriate treatment (Weaver, 2000).

The second approach argued that bullying should not be categorized as an accelerated cause of PTSD but rather as trauma-related stresses (Nielsen, Tangen, Idsoe, Matthiesen, & Mageroy, 2015).

To illustrate the relationship between postbullying disorder and PTSD, the following are the diagnostic criteria for PTSD (in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [DSM-5], 2013), as an attempt to understand and diagnose the symptoms of postbullying disorder:

1. Exposure to actual death, death threats, serious injury, or sexual violence
2. Direct suffering from traumatic events
3. Symptoms of parasitism
4. Avoid shock-related stimuli
5. Cognition or negative emotions
6. Self-destruction behavior
7. Past symptoms last for 1 month or longer
8. Dysfunction caused by previous symptoms
9. The above symptoms cannot be attributed to the physiological effects of a drug or other medical condition.

In light of the above, we try in this study to develop the following diagnostic criteria for postbullying disorder, by using the qualitative approach methods.

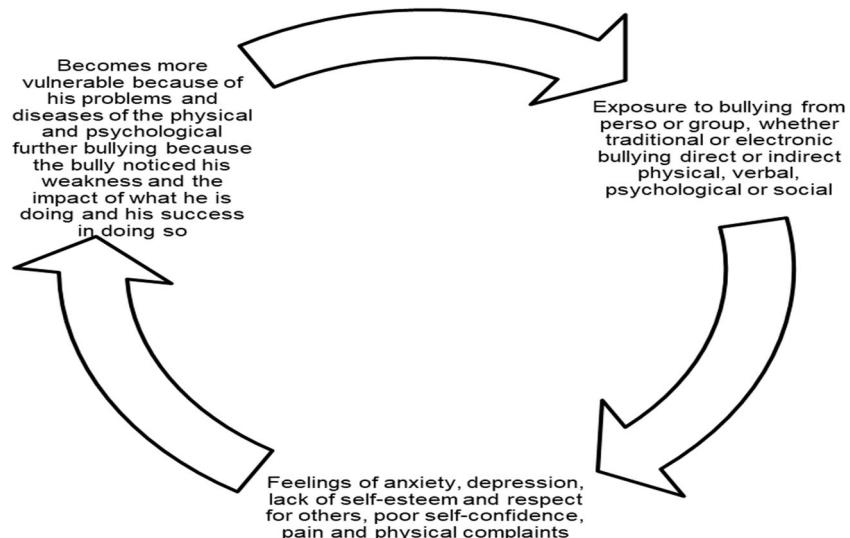
### 1.1 | Sex differences in postbullying disorder

Studies have shown that men and women reported having the same patterns of negative behavior, bullying, and other negative health effects immediately after being bullied. However, after being bullied, men and women appear to have different long-term health outcomes. There is evidence that bullying has had a long-term negative impacts on a woman's health. Men who reported being bullied were more than twice as likely to quit as colleagues who were not subjected to bullying behavior, but there was no statistically significant relationship between bullying and absence or long-term medical treatment (Eriksen, Høgh, & Hansen, 2016). Arnout's (2017) study found that there were no statistically significant differences in bullying due to sex.

This indicates that both sexes are subjected to bullying. The results of most studies indicate that bullying rates are fairly equal for men and women (Hoel, Cooper, & Faragher, 2001; Leymann, 1992; Vaita, 2001).

### 1.2 | Successive bullying circle

Bullying often becomes a vicious cycle where victims become more affected and anxious. The more likely they are to be targeted for abuse and bullying than others, a new study finds. Years of searching for bullying have also shown that it can have serious consequences for victims, ranging from stress to depression. In addition to harming health and productivity, psychologists found that stress-induced bullying grinds persons and destroys them physically and psychologically, making them more susceptible to further bullying from other than



**FIGURE 1** Successive bullying circle

their colleagues (Rodríguez-Munoz, Moreno-Jimenez, & Sanz-Verge, 2015).

The successive bullying circle (see Figure 1) is a successive cycle of exposure to violence, abuse, and bullying from others, causing an individual stress, anxiety, depression, and other physical and mental health problems, and these personalities who suffer from physical and psychological problems are the most vulnerable to bullying and suffer more and complain, making them more vulnerable to violence, abuse, and persecution, thus a vicious cycle of endless bullying and physical and psychological suffering.

In addition, the victim of bullying itself may overuse the displacement mechanics, strengthen those who are weaker, and engage in bullying behavior against them. Or it may divert hostility towards itself and develop psychosomatic disorders, pathogenic behaviors, illusions of sickness, accident, and so on, from the serious consequences of bullying for the individual and others.

There is no doubt that studying the diagnostic criteria for post-bullying disorder is very important because it contributes to the diagnosis of bullying victims to plan counseling and therapy interventions, helping victims of bullying to achieve psychological empowerment of their life, moreover relief of bullying negative effects. Hence, the importance of this study represents the diagnostic criteria of the post-bullying disorder, which help counselors and therapists to help bullying victims to adjust with others and enjoy with life.

## 2 | RESEARCH METHODOLOGY

Qualitative paradigm was used in this study, for determining the diagnostic criteria because it provided an opportunity to study individuals in their natural settings (Abu- Allam, 2012). Qualitative research methods provide descriptions of the phenomena under study that are rich and expansive and illuminate what it means to be a person in a particular situation or experience. Qualitative methods are especially useful for exploring the full nature of a poorly understood or conceptualized phenomenon (Finlay, 2009). Creswell (1998) mentioned that qualitative research includes five main research methods. These are ethnography, phenomenology, narrative, grounded theory, and case study method.

This study employed phenomenology research design. Groenewald (2004) refereed that the aim of the phenomenological study is to describe as accurately as possible the phenomenon. As the same, (Giorgi & Giorgi 2003; Giorgi, 2007) mentioned that the aim of phenomenological qualitative research is to deal with experiences and meanings and "to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place." A phenomenological study describes the meaning of several individuals of their lived experience, and that experience is a conscious process. Qualitative study places emphasis upon individual aspects of human experiences. The context and the development of the essences of these experiences are captured (Creswell, 2007). Therefore, Lincoln and Guba (1985) said that to interrogate the findings and to enable greater theoretical analysis in phenomenologically methods, research findings are

analyzed using concepts from phenomenological philosophy. Streubert and Carpenter (1999) emphasized that phenomenology is a critical, rigorous, systematic study of phenomena from the participants' perspective.

Purposive sampling was adopted to sample six bullying victim students. Purposive sampling is relevant in phenomenological studies because all individuals under study represent those who have experienced the phenomena and explains that purposive sampling allows for a smaller sample to be used in qualitative method than that used in quantitative research methods because it is concerned with garnering an in-depth understanding of a phenomenon (Creswell, 2007; Mason, 2008). The researchers were ever in touch with the students who had bullied experience in university; therefore, they provided relevant information needed. Abu- Allam (2012) mentioned that qualitative data analysis involves such processes as data reduction, display, conclusion drawing, and verification and involves developing a detailed description of each case and situating the case within its context.

Participants were asked to articulate their experiences, feelings, and thoughts about bullying that occurring to them in their university via semistructured, open-ended questions. We analyzed participant responses to the study questions and other building questions to discover the emergent themes. We applied the data analysis according to Moustakas (1994) way, which consisted of seven steps. These are listing and grouping responses, reducing and eliminating responses, clustering and developing themes, individual textural descriptions, individual structural descriptions, textural-structural descriptions, and composite descriptions.

## 3 | RESULTS

The analysis of the data and the qualitative observation of the study participants were collected through the interview. Then, we synthesized and extrapolated the data into the following eight major emergent themes that represent the criteria for diagnosing postbullying disorder included.

### 3.1 | Themes

#### 3.1.1 | Theme 1: Trauma exposure

Studies of bullying behavior have revealed that bullying can include any or all of the three events listed in the first diagnostic criteria for PTSD. Bullying has been found to include death threats, as well as repeated threats that are closely associated with bullying behaviors. Furthermore, bullying was often found to involve sexual harassment, comments, and inappropriate jokes. Thus, it is clear that the psychological literature supports the basic argument that bullying can involve events worthy of causing PTSD (Garaigordobil, 2015).

Results from interviews with bullying victim students revealed that they felt threatened to kill him, sexually harassed, and told inappropriate jokes. The students have developed a feeling of sadness, depression, anxiousness, guilt, and sometimes anger. A representative statement is hereby quoted:

I feel fear and pain as if the experience of bullying occurs to me again, and I remember the details during the day several times, I often suffer nightmares during the night. I suffer from pain in my muscles, sometimes with diarrhea, headaches, and irregular pulse, I feel panic, anxiety, sad, angry and depression. What happened to me is horrible and unbearable, so I am always vigilant, afraid to close my eyes or relax and the same will happen to me again. (Student 1)

The students' response reveals that bullying experiences make them feel indifferent from others who probably were not bullied. The students have developed negative thoughts about self and lack self-motivation to perform even a simple task. They still lose enjoying of life and have difficulty thinking and concentration. The students lack courage to overcome their challenges in studying. Therefore, some of the bullying students experienced low self-esteem, hopelessness, and anxiety. This finding agrees with the results of Reknes, Einarsen, Knardahl, and Lau (2014) that bullying weakens the perception of personal safety and the benevolence of others, affects the victim's perception of the meaning and value of life and control his or her future, and leads to an increased sense of weakness, worthlessness, fear, and anxiety (Einarsen & Mikkelsen, 2003).

### 3.1.2 | Theme 2: Symptoms of penetration

Not only are the symptoms of penetration found in bullying victims, but also these symptoms often occur in bullying victims who have other traumatic situations, and this is not surprising, considering the nature of the personality of bullying victims. We find that they often include emotional defeat. Moreover, the long-term sense of despair experienced by bullying victims becomes associated with many adaptation problems and consequently an increase in the number of potential problems that may provoke re-experience of bullying. Therefore, research is not limited to supporting intrusion and penetration as symptoms experienced by victims of bullying, and analysis of the results indicates that the presence of symptoms of penetration in the experience of bullying is quite logical.

Results from interviews with bullying victim students revealed that they have repeated unrealistic feelings and thoughts, which led to tension and sleep problems. A representative statement is hereby quoted:

I was threatened with death by my colleagues at my university, and this caused me to suffer from repeated unwanted thoughts that are difficult to control. That is why I feel upset and suffocated most of the time, my body is very tension, headache, and if I sleep I have nightmares and terrifying dreams, I feeling too tired to do things.... I really heat go to my university. (Student 5)

This means that the students developed unrealistic thoughts as a result of bullying experiences that made them resort to psychological problems such as headache, nightmares, terrible dreams, difficult getting

to sleep, or staying asleep. The students are feeling lost and discouraged because they cannot cope bullying behaviors from their colleagues. This finding agrees with Srabstein and Piazza (2008) and Gini and Pozzoli (2008) that students involved in bullying are at a significant risk of experiencing a wide spectrum of psychosomatic symptoms. Bogart et al. (2014) found that students who were bullied reported negative physical health compared with noninvolved peer students. Hunter, Durkin, Boyle, Booth, and Rasmussen (2014) and Van, Vedder, and Tanilon (2014) found relationship between peer victimization and sleep disorders.

### 3.1.3 | Theme 3: Avoidance

Many studies have found that bullying is a causative factor to avoid. Studies found that students who experienced an increase in bullying during one academic year used avoidance strategies that included withdrawal from others and showing a decrease in social skills (Houbre et al., 2006).

These behaviors are similar to avoidance symptoms in PTSD patients, whether efforts to avoid people, activities, and situations that evoke painful memories, thoughts, or feelings (DSM-5, 2013).

Results from interviews with bullying victim students revealed that they withdraw from many activities as a try to protect themselves from being bullied by their colleagues again. A representative statement is hereby quoted:

I avoid remembering what happened to me from my colleagues in the university so as not to suffer from feelings of sadness and depression, and often avoid going to university so I do not see them, and avoid interaction with them or with all colleagues. When I have to go to university I avoid the places where they sit so that they do not do me as before. (Student 2)

This means that some students with bullying experiences feel with sadness, depression, isolation, and social exclusion or rumors and associate them with bullying from their colleagues. As much as the students experience bullying, they are perturbed and not happy about it. This finding agrees with Buffy and Dianne (2009) who reported that bullying victims are suffering from withdrawal, depression, tension, shy, and anxiety. Emotional stresses and family conflicts were widespread among the students and their families. In agreement, Al-Bahas' (2012) study found that bullying victims show many mental disorders, poor harmony, and poor social adjustment. As similar, the consequences of bullying extend into adulthood, as there is evidence of a significant association between childhood bullying behavior and later psychiatric morbidity (Sourander et al., 2009).

### 3.1.4 | Theme 4: Perception and negative emotions

The DSM-5 (2013) indicated that two or more of the following negative forms affect cognition for the diagnosis of PTSD: separated,

persistent and exaggerated amnesia of negative beliefs, distorted blame, lack of interest in activities, feelings of separation, and inability to express positive emotions. Six of these seven symptoms of PTSD have a causal relationship with abuse and bullying.

Results from interviews with bullying victim students explained that they felt guilt, anger, and worthless and thus, they commit suicide. A representative statement is hereby quoted:

I feel guilty, fearful, angry about what happened to me, I am a helpless person, I cannot defend myself, I am worthless, I do not deserve life, so I thought many times to commit suicide to get rid of these deadly feelings and not to bully my colleagues again. This world is dangerous and insecure, and people in it are evil. I often blame myself for what my colleagues did to me and how they allowed me to do this. They make fun of me and call me with ugly names. They send me bad messages, insults and threaten me. That is why I decided to isolate them and not participate in any activities at the university. The university for me is a bad place. I wondering how I can do better and how I can escape a bully's notice. (Student 6)

This means that the bullying victims experience mental difficulties with their peers who do not experience bullying. The students who were victims of bullying from their colleagues felt worthless, and they think of suicide. An increasing number of studies on bullying have highlighted the devastating and serious effects of bullying behavior on the physical and behavioral health of victims (Lereya, Copeland, Costello, & Wolke, 2015; Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Ttofi, Farrington, Lösel, & Loeber, 2011). As the same, this finding agrees with Graham and Juvonen (1998) who found that bullying victims reported self-blame, depression, anxiety, and low self-esteem.

### 3.1.5 | Theme 5: Self-destructive behavior

In terms of self-destructive behavior, people who have been harassed and bullied have appeared, and self-harm, drug abuse, smoking, and alcoholism are other forms of self-destructive behavior associated with bullying.

Results from interviews with bullying victim students explained that they felt frustrated, unacceptable for others, and lost interest in their appearance and themselves and they engaged in the destructive behaviors such as smoking and try suicide. A representative statement is hereby quoted:

I decided to be isolated from all people, I feel unacceptable, thus I get rid of my life and commit suicide, I lost interest in my appearance and myself ... why am I alive, so that people bully me ... death is better than life in this bullying society where people bully others ... I'm aware that bullying could start anytime. (Student 4)

This means that the bullying victims experience behavioral problems. The students who were victims of bullying felt frustrated and unacceptable, and as a result, they try suicide. This finding agrees with Kidger et al. (2015) who found that peer victimization experiences reported self-harming behavior as well as agreeing with Williams and Guerra (2007), Qaryouti, Sartawi, and Smadi (2012), and Abdul Al-Subaiheen and Al-Qudah's (2013) study and Abdul Wahid and Desouki (2014), Bani Younis (2016), and Jaradat (2016) who are concluding that the bullying victims have academic problems. Exposure to bullying can lead to decreased academic level. Nakamoto and Schwartz (2009) mentioned that a recent meta-analysis of 33 studies concluded that bullied students are more likely to earn lower grades and score lower on standardized achievement tests. The results of Kochenderfer and Ladd's (1996) study showed that peer victimization experiences lead to a precursor of school adjustment difficulties such as academic achievement, school avoidance, and loneliness in the school context.

Gini and Pozzoli (2008) and Srabstein and Piazza (2008) concluded that the morbidity and mortality were associated with bullying. Thus, bullying is a dangerous public health problem that needs the concerted attention of health care providers and families. Therefore, multiple reported cases of death associated with bullying have led to legislative initiatives around the world (Bernasconi, 2008).

### 3.1.6 | Theme 6: Dysfunction due to symptoms

Although it is easy to imagine just how the symptoms of bullying and abuse described above can impair performance, existing literature on bullying suggests the effects of these symptoms on performance, its negative effects on students' academic achievement as well as occupational compatibility, and the physical and psychological health of them. Bullying has been associated with anxiety, depression, fears, and other psychological problems.

Results from interviews with bullying victim students explained that they suffered from social difficulties, digestion problems, loss of weight, headaches, and skin problems. Therefore, they have many difficulties in studying. A representative statement is hereby quoted:

As a result of the bullying of my colleagues at the university, now I suffer from social phobia, disorders of digestion and irritable bowel, loss of appetite lost a lot of weight loss than before, I suffer from chronic headaches, and skin problems where I receive eczema treatment and so I thought to get rid of my life even I get rid of all this pain ... I feel constantly insecure and on guard. I hated my university, I lost interest in studying, my repetition was repeated in many courses, my academic level deteriorated a lot from previous years. (Student 2)

This means that the bullying victims experience anxiety and depression that lead to shortcut in their performance in all aspects of life. The students who were victims of bullying felt frustrated, lack of

motivation, and low desire for education. This finding agrees with Williams and Guerra (2007), Qaryouti et al. (2012), Bani Younis (2016), and Jaradat (2016) who are concluding that the bullying victims have emotional problems and lack in relationships with others. Similarly, the studies of Abdul Al-Subaiheen and Al-Qudah (2013) and Abdul Wahid and Desouki (2014) show that bullying victims have low self-esteem and depression. A growing body of studies are highlighting the range of significant morbidities affecting bullying victims. They are at a significant risk of experiencing a mental disorder symptoms, running away from home, alcohol and drug abuse, absenteeism, and self-inflicted and perpetrated injuries (Gini & Pozzoli, 2008; Srabstein & Piazza, 2008).

### 3.1.7 | Theme 7: Duration of symptoms

Most studies referred to in this literary review reveal that symptoms by participants in the studies lasted for at least 1 month, as a litmus test for the diagnosis of PTSD. As for bullying, the results of a study (Wolke & Lereya, 2015) showed that the symptoms of penetration can last for more than 1 month, if not years.

Results from interviews with bullying victim students explained that they suffered from all these physical, psychological, and academic symptoms for a period of time, ranging from a month or more after being repeatedly bullied by his colleagues at the university. A representative statement is hereby quoted:

I was bullied by my colleagues since a year ago and immediately afterwards and I suffer from all these physical and psychological pain. I'm become elderly although I was 18 years old and I hated life. I don't want to live with these people again. They're like predators in a big forest. I don't have the strength to face them. Others can't stop them from doing these bad things towards me .... (Student 1)

This means that the bullying victims experience bullying. They are exposed to bullying behaviors from their colleagues for since a period of time that lasted for more than a month or had been exposed to bullying in childhood and left its effects in adolescence and adulthood. This finding agrees with Sourander et al. (2009) who mentioned that the consequences of bullying extend into adulthood, as there is evidence of a significant association between childhood bullying behavior and later psychiatric morbidity.

### 3.1.8 | Theme 8: Symptoms cannot be attributed to the use of substances or drugs of other medical conditions

Many studies referred to in the literature review of bullying suggest that there is an overlap when measuring symptoms of bullying victims, so that a specialist or therapist can only attribute symptoms as a result of bullying and meet the ninth criterion of diagnostic criteria for PTSD.

Results from interviews with bullying victim students explained that all physical, psychological, and academic symptoms resist for a period of time, ranging from a month or more after being repeatedly bullied not caused by the use of substances or drugs of other medical conditions, but these symptoms appeared after they experience bullying from his colleagues at the university. A representative statement is hereby quoted:

When I started to complain about all these pains, I underwent medical tests and their results proved that I do not suffer from any physical diseases. I also do not take any medications, but these symptoms that I suffer from pain in the body and feelings of sadness and depression and a desire to get rid of my life were the result of bullying me .... (Student 3)

This means that the students with bullying experience (victims) have emotional, behavioral, social, and academic difficulties in their life. These problems developed after they continued to be subjected to repeated bullying behaviors by their colleagues and were not the result of any physical illness or the result of taking certain drugs. This finding agrees with Engshire (2015) who concluded that emotional and behavioral disorders in bullying victims increase after repeated exposure to bullying behavior from their colleagues. In the same context, Baldwin, Arseneault, and Danese (2015) found that students who had experienced chronic bullying showed greater adiposity subsequently but not at the time of victimization.

## 4 | CONCLUSIONS AND RECOMMENDATIONS

This study concluded that the university students experienced bullying behaviors from their colleagues that have a detrimental effect on

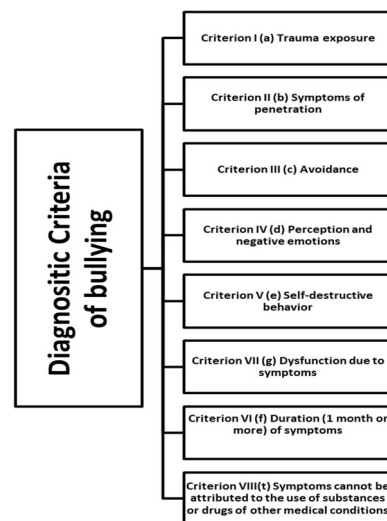


FIGURE 2 Diagnostic criteria of bulfflying

the physical, psychological, social, and academic performance. These experiences of bullying can be diagnosed by eight criteria, as in the following diagram (see Figure 2).

In the DSM-5, the section on PTSD indicates that the criteria for PTSD clearly cover bullying when there is an actual risk to an individual. The DSM-5 (2013, p. 370) also deals with the problem of social exclusion or rejection. This diagnostic category is used when there is an imbalance in social strength, frequent social exclusion, or rejection of others. Examples of social rejection include bullying, excitement, and intimidation, being targeted by others with verbal abuse and humiliation, and an individual is intended to exclude from the activities of peers or others in their social environment.

It was clear from the results of this study that bullying has a negative effect on the students involved as well as the university climate. This finding provided some initial insights in how universities plan to provide counseling and therapy interventions to students involved in bullying experiences from their colleagues. And this finding provides counselors and psychotherapists with eight criteria to diagnose students who are victims of bullying that help them to plan appropriate services and therapeutic interventions to help students involved to achieve their well-being.

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## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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## REFERENCES

- Abdul Al-Subaiheen, A., & Al-Qudah, M. (2013). *Bullying behavior in children and adolescents (concept, causes, treatment)*. Riyadh: Naif Arab University for Security Sciences.
- Abdul Wahid, R., & Desouki, A. (2014). Some personality variables predicting bullying behavior in a sample of school children. *Journal of Environmental Behavior*, 2(3), 1–59.
- Abu-Allam, R. (2012). Research design quantitative. In *Qualitative & mixed methods*. Dar Al Massira: Amman.
- Al-Bahas, A. (2012). Psychological security of bullying victims and their peers victims of school bullying (clinical psychometric study). *Journal of the Faculty of Education, Benha University*, 92(11), 349–395.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington: American Psychiatric Association.
- Arnout, B. (2017). Bullying in the work environment and its relationship to both the quality of leadership and depression among faculty members. *Journal of the Faculty of Arts, Dhi Qar University, Iraq*, 23(2), 350–424.
- Arnout, B. (2019). *The integrated encyclopedia of counseling and psychotherapy. Part 2*. Cairo: Madboly Library.
- Baldwin, J., Arseneault, L., & Danese, A. (2015). Childhood bullying and adiposity in young adulthood: Findings from the E-Risk Longitudinal Twin Study. *Psychoneuroendocrinology*, 61, 16.
- Bani Younis, M. (2016). Characteristic emotional cases of bullying pupils compared to non-bullying pupils. *Journal of the Federation of Arab Universities for Education and Psychology*, 14(1), 111–140.
- Bernasconi, C. (2008). Chile schools to get state help to fight bullying. *The Santiago Times*. Accessed October 13, 2008.
- Bogart, L. M., Elliott, M. N., Klein, D. J., Tortolero, S. R., Mrug, S., Peskin, M. F., ... Schuster, M. A. (2014). Peer victimization in fifth grade and health in tenth grade. *Pediatrics*, 133(3), 440–447.
- Buffy F, Dianne O. (2009). Cyberbullying: A literature review. Paper presented at: the Annual Meeting of the Louisiana Education Research Association, Lafayette. March 5–6, 2009
- Campbell, M. A. (2005). Cyber bullying: An old problem in a new guise? *Australian Journal of Guidance and Counseling*, 15(1), 68–76. <https://doi.org/10.1375/ajgc.15.1.68>
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Due, P., Holstein, B. E., & Soc, M. S. (2008). Bullying victimization among 13 to 15-year-old school children: Results from two comparative studies in 66 countries and regions. *International Journal of Adolescent Medicine and Health*, 20, 209–221.
- Einarsen, S., & Mikkelsen, E. (2003). Individual effects of exposure to bullying at work. In S. Einarsen, H. Hoel, D. Zapf, & C. L. Cooper (Eds.), *Bullying and emotional abuse in the workplace. International perspectives in research and practice*. London: Taylor & Francis.
- Engshire, H. (2015). Emotional Behavioral Disorders (Social Withdrawal) and the Emergence of Difficulties in Learning to Read Arabic Among Primary School Pupils (9–12) Years [master's thesis]. University of Mouloudi Muammar Tizi, Algeria.
- Eriksen, T. L. M., Høgh, A., & Hansen, Å. M. (2016). Long-term consequences of workplace bullying on sickness absence. *Labour Economics*, 43, 129–150.
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3(1), 6–25.
- Garaigordobil, M. (2015). Cyberbullying in adolescents and youth in the Basque Country: Changes with age. *Anales de Psicología*, 31, 1069–1076.
- Gilani, S. R. S., Cavico, F. J., & Mujtaba, B. G. (2014). Harassment at the workplace: A practical review of the laws in the United Kingdom and the United States of America. *Public Organization Review*, 14, 1–18.
- Gini, G., & Pozzoli, T. (2008). Association between bullying and psychosomatic problems: A meta-analysis. *Pediatrics*, 123, 1059–1065. <https://doi.org/10.1542/peds.2008-1215>
- Giorgi, A. (2007). Concerning the phenomenological methods of Husserl and Heidegger and their application in psychology. *Collection du Cirp*, 1, 63–78.
- Giorgi, A., & Giorgi, B. (2003). Phenomenology. In J. A. Smith (Ed.), *Qualitative psychology* (pp. 25–50). London: Sage.
- Graham, S., & Juvonen, J. (1998). Self-blame and peer victimization in middle school: An attributional analysis. *Developmental Psychology*, 34(3), 587–599.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1), 1–26.
- Harper, D. (2008). Online etymology dictionary. Retrieved from [http://www.etymonline.com/index.php?allowed\\_in\\_frame=0&search=bully&searchmode=none](http://www.etymonline.com/index.php?allowed_in_frame=0&search=bully&searchmode=none).
- Hoel, H., Cooper, C. L., & Faragher, B. (2001). The experience of bullying in Great Britain: The impact of organizational status. *European Journal of Work and Organizational Psychology*, 10, 443–465.
- Houbre, B., Tarquinio, C., Thuillier, I., & Hergott, E. (2006). Bullying among students and its consequences on health. *European Journal of Psychology of Education*, 21, 183–208.
- Hunter, S. C., Durkin, K., Boyle, J. M., Booth, J. N., & Rasmussen, S. (2014). Adolescent bullying and sleep difficulties. *Europe's Journal of Psychology*, 10(4), 740–755.
- Jaradat, A. (2016). Differences in bullying and victimization between optimistic adolescents and those who are not optimistic. *Journal of Educational-Science Studies*, 43(1), 549–560.



- Juvonen, J., Nishina, A., & Graham, S. (2006). Ethnic diversity and perceptions of safety in urban middle schools. *Psychological Science, 17*, 393–400.
- Kidger, J., Heron, J., Leon, D. A., Tilling, K., Lewis, G., & Gunnell, D. (2015). Self-reported school experience as a predictor of self-harm during adolescence: A prospective cohort study in the south west of England (ALSPAC). *Journal of Affective Disorders, 173*, 163–169.
- Kochenderfer, B. J., & Ladd, G. W. (1996). Peer victimization: Cause or consequence of school maladjustment. *Child Development, 67*, 1305–1317.
- Lereya, S. T., Copeland, W. E., Costello, E. J., & Wolke, D. (2015). Adult mental health consequences of peer bullying and maltreatment in childhood: Two cohorts in two countries. *The Lancet Psychiatry, 2*(6), 524–531.
- Leymann, H. (1992). *From bullying to expulsion in working life*. Stockholm, Sweden: Publications.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Mason, K. L. (2008). Cyberbullying: A preliminary assessment for school personnel. *Psychology in the Schools, 45*(4), 323–348. <https://doi.org/10.1002/pits.20301>
- Moustakas, C. (1994). *Phenomenological research methods*. London: Sage Publications.
- Nakamoto, J., & Schwartz, D. (2009). Is peer victimization associated with academic achievement? A meta-analytic review. *Social Development, 19*, 221–242.
- Nielsen, M., Tangen, T., Idsoe, T., Matthiesen, S., & Mageroy, N. (2015). Post-traumatic stress disorder as a consequence of bullying at work and at school. A literature review and meta-analysis. *Aggression and Violent Behavior, 21*, 17–24.
- Qaryouti, Y., Sartawi, A., & Smadi, J. (2012). *Introduction to special education*. Dubai: Dar Al Qalam Publishing & Distribution.
- Reijntjes, A., Kamphuis, J. H., Prinzie, P., & Telch, M. J. (2010). Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse & Neglect, 34*(4), 244–252.
- Reknes, I., Einarsen, S., Knardahl, S., & Lau, B. (2014). The prospective relationship between role stressors and new cases of self-reported workplace bullying. *Scandinavian Journal of Psychology, 55*(1), 45–52. <https://doi.org/10.1111/sjop.12092>
- Rodriguez-Munoz, A., Moreno-Jimenez, B., & Sanz-Vergel, A. I. (2015). Reciprocal relations between workplace bullying, anxiety and vigor: A two-wave longitudinal study. *Anxiety, Stress & Coping: An International Journal, 28*, 1–31. <https://doi.org/10.1080/10615806.2015.1016003>
- Salin, D., & Hoel, H. (2011). Organizational causes of workplace bullying. In S. Einarsen, H. Hoel, D. Zapf, & C. Cooper (Eds.), *Workplace bullying: Development in theory, research and practice* (pp. 227–243). London: Taylor & Francis.
- Slonje, R., Smith, P., & Fisen, A. (2013). The nature of cyberbullying, and strategies for prevention. *Computers in Human Behavior, 29*(1), 26–32.
- Sourander, A., Klomek, A. B., Niemelä, S., Haavisto, A., Gyllenberg, D., & Helenius, H. (2009). Childhood predictors of completed and severe suicide attempts: Findings from the Finnish 1981 Birth Cohort Study. *Archives of General Psychiatry, 66*, 398–406. <https://doi.org/10.1001/archgenpsychiatry.2009.21>
- Sourander, A., Ronning, J., Brunstein-Klomek, A., Gyllenberg, D., Kumpulainen, K., Niemelä, S., ... Almqvist, F. (2009). Childhood bullying behavior and later psychiatric hospital and psychopharmacologic treatment: Findings from the Finnish 1981 Birth Cohort Study. *Archives of General Psychiatry, 66*(9), 1005–1012. <https://doi.org/10.1001/archgenpsychiatry.2009.122>
- Srabstein, J., & Piazza, T. (2008). Public health, safety and educational risks associated with bullying behaviors in American adolescents. *International Journal of Adolescent Medicine and Health, 20*, 223–233.
- Streubert, H. J., & Carpenter, D. R. (1999). *Qualitative research in nursing: Advancing the humanistic imperative* (2nd ed.). Philadelphia, PA: Lippincott.
- Ttoui, M. M., Farrington, D. P., Lösel, F., & Loeber, R. (2011). Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies. *Journal of Aggression, Conflict and Peace Research, 3*(2), 63–73.
- Van, G. M., Vedder, P., & Tanilon, J. (2014). Relationship between peer victimization, cyberbullying, and suicide in children and adolescents. *Journal of American Medical Association Pediatrics, 168*(5), 435–442.
- Vaita, M. (2001). Understanding and addressing bullying in the workplace. *Industrial and Commercial Training, 40*(5), 270–273.
- Wang, J., Iannotti, R. J., & Nasel, T. R. (2009). School bullying among adolescents in the United States: Physical, verbal, relational, and cyber. *Journal of Adolescent Health, 45*(4), 368–375.
- Weaver, A. J. (2000). Can post-traumatic stress disorder be diagnosed in adolescence without a catastrophic stressor?: A case report. *Clinical Child Psychology and Psychiatry, 5*, 77–83.
- Williams, K. R., & Guerra, N. G. (2007). Prevalence and predictors of Internet bullying. *Journal of Adolescent Health, 41*, S14–S21.
- Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood, 100*, 879–885. <https://doi.org/10.1136/archdischild-2014-306667>
- World Health Organization (WHO). (2010). *World health statistics*. Switzerland: WHO Library Cataloguing-in-Publication Data.

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