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Cognitive Attitudes and Biases of Victim Mentality

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ABSTRACT

The research analyses cognitive attitudes and biases in people with victim mentality. The hypothesis that the study aims to test is that there is a correlation between the level of victimhood and the cognitive attitudes and biases that determine victim behaviour. Methodologically, the study relies on a range of tools, including the questionnaire “Predisposition to Victim Behaviour”, the Victim Mentality Questionnaire, the Dysfunctional Attitudes Scale and the adjusted REBT-test (rational emotive behaviour therapy). The study was conducted in 2018 in Russia and covered a sample of 106 people: 45 male and 61 female respondents aged 20–29. The hypothesis was confirmed and correlations were found between the type of victim behaviour, victim mentality, dysfunctional attitudes and irrational beliefs. Irrational beliefs are thus considered as victimogenic determinants correlating with the level of victimhood and forms of victim behaviour. These findings can be used to develop preventive and therapeutic strategies to help patients suffering from victim mentality and related problems.

KEYWORDS

cognitive attitudes, cognitive patterns, cognitive biases, victimhood, victimization, victim behaviour, victim mentality

Introduction

Despite the broad array of modern approaches to studying human cognition, the problem of victimhood and victim mentality still remains a largely underexplored issue in cognitive research. It is, therefore, necessary to gain a more in-depth understanding of the cognitive processes inherent in individual victim behaviour in order to devise the ways to prevent and correct it (Falikman & Spiridonov, 2011).

Victimhood is a set of human characteristics caused by a complex of social, psychological and biophysical conditions that exist in a cultural context and contribute to the maladaptive style of an individual's response, which leads to the damage of their physical or mental health (Andronnikova & Volokhova, 2018). It is important to distinguish between victimhood and victimization: victimhood may manifest itself through a range of behaviours and can be fixed in attitudes and identity while victimization is a process leading to the development of victim mentality through qualitative changes on three levels: structural pathologies, functional disorders, and patterns of victim behaviour (Andronnikova & Radzikhovskaya, 2011).

In recent years, the problems of victimization and victim behaviour have been analysed from different perspectives. Quite often, victimization is considered as a consequence of negative events experienced by a person. Such approaches, however, do not give due account to the individual characteristics of this person, which impedes the prevention of further victimization.

Victimhood may be seen as a socio-psychological phenomenon (Rohatsen, 2019), a personality characteristic (Andronnikova, 2005; Strelenko, 2013), as a result of social interaction deficits (Rudensky, 2018; Yatsenka, 2019), as a role (Odintsova, 2012), and so on. Such a multitude of perspectives leads to methodological problems and creates difficulties in developing some sort of general understanding of this phenomenon. To date, there is substantial research literature discussing the factors associated with the cultural, socio-political, psychological, and biological characteristics that contribute to victimization. However, until now, the victimogenic determinants associated with one's cognitive-personality style, temporal personality perspectives, and cognitive patterns have remained under-investigated. At the same time, there is a lack of diagnostic tools to study victimogenicity. There are almost no research tools that could be used to explore victimhood as a set of human characteristics. Moreover, there is insufficient methodological support for the development of measures to prevent victimization. As of today, to prevent victimization, behaviour and family-related approaches are used, but they do not give due regard to the need to correct the cognitive attitudes underlying individual emotional reactions, mental and behavioural responses in a situation of trauma.

Initially, victimology functioned within the framework of criminology. With time, victimology studies became much broader and more interdisciplinary in nature. Nevertheless, there is still a perceived need to shift the research focus within these studies to the field of psychology, not only the psychology of age or social psychology, but also cognitive and personality psychology. To examine the cognitive mechanisms behind victimization it is necessary to look at the influence of cognitive attitudes and

cognitive biases on the victim's behaviour and their life choices. Therefore, it is important to research the nature of victim behaviour and victimogenic cognition (victim mentality) and identify the cognitive characteristics and biases that a victim personality possesses. This is the research gap that this study seeks to address.

Theoretical Framework

Currently, much attention in psychological studies is given to victimogenic factors, including cognitive biases and attitudes, which is the topic we are going to address in this paper.

There is a group of recent studies dealing with the problem of cognitive attitudes in psychology (Bocharova, 2019; De Houwer, 2019; Rasskazova et al., 2019; Shamionov & Grigorieva, 2018; Zmigrod et al., 2019). Unfortunately, they do not address the question of victim mentality.

Speaking of the cognitive attitude characteristic of victim mentality, it is necessary to consider the concept of cognitive "patterns" that shape such attitudes. It should be noted that there is no agreed understanding of this concept among the researchers, although almost all the studies we analysed approached cognitive "patterns" as recurring elements of thinking that humans use for problem solving or reasoning, pointing out that these patterns constitute part of human personality (Volkova & Gusev, 2016).

The concept of cognitive patterns was used by Bartlett (1932) and Piaget (1950) to describe the structures that underlie event interpretation such as beliefs and rules, self-attitude and the attitude towards other, specific and/or abstract impersonal categories (Beck & Freeman, 2002). Thus, cognitive patterns determine a person's emotional response, thinking and behaviour (Padun & Tarabrina, 2003). Therefore, such concepts as cognitive patterns and cognitive attitudes may define a single phenomenon, and the functionality and dysfunctionality of patterns and attitudes will thus be determined by the degree of their influence on the social adaptability of a particular person. The patterns have additional structural qualities, and differ in the degree of their activation at different moments. In the case of a pathological condition, the "pattern" becomes hypervalent, occupies the dominant position and suppresses other patterns, thereby violating the adaptation and determining systemic biases in the information processing (Linehan, 1993). In this context, a person may be seen as a fairly stable organization consisting of behaviour systems and forms that determine the specificity of the process of receiving the stimuli leading to a response (Janoff-Bulman, 1992; Olson, 1994).

Hypervalent active patterns filled with victimhood content (for example, beliefs about life's unfairness and injustice, one's helplessness, etc.) mediate the stable adaptive responses that ensure a person's victim behaviour and their self-identification as a victim. When individual patterns have a very low activation threshold, they are triggered by insignificant incentives and prevent the use of the patterns that are more adaptive to a given situation. In fact, we can speak of the impaired cognitive "flexibility"—the ability of cognitive mechanisms to be updated in response to the

changing environment (Osavoliuk & Kurginyan, 2018). The impaired behavioural flexibility means the inability to activate and transform the cognitive processes in response to the changing conditions, which leads to the inability of a person to independently change the usual way of perceiving information and regulating behaviour (Deák, 2004) as well as the inability to explain life events (Dennis & Vander Wal, 2010). Due to the low activation threshold and impaired flexibility, an individual's beliefs within the pattern increase, then become unconditional, and finally take an extreme maladaptive form. As a result, those individual struggles have difficulties in establishing adequate personal boundaries. This situation is additionally exacerbated by the history of childhood trauma, emotional neglect and broken emotional bonds with the closest people, leading to a cognitive impairment that occurs when the mechanisms of assimilation and accommodation described by Piaget (1950) are disrupted. In other words, a child finds it difficult to assimilate a traumatic experience, but even more difficult is the accommodation of the pattern to this experience (Padun & Tarabrina, 2003).

Janoff-Bulman and McPherson Frantz (1997) studied the structural and content-related change in the cognitive patterns of those who survived a psychological trauma. Traumatic events have led to changes in these people's "basic beliefs". Janoff-Bulman and McPherson Frantz described the characteristics of these changes depending on the type of trauma and proposed a therapy aimed at restoring the basic beliefs.

In their research on the consequences of child abuse, Weismore and Esposito-Smythers (2010) focus on the role of cognitive distortions and a low self-esteem. According to Weismore and Esposito-Smythers, the cognitive biases (overgeneralization and selective abstraction) mediate the prevalence of nonsuicidal self-harm as a way of coping with overwhelming emotions that arise from the perception of the world as a threatening place. Miller et al. (2017) point out that the cognitive biases (the negative cognitive triad and cognitive distortions) increase (or decrease) the effects of dating violence. The negative cognitive triad is defined as the negative views of oneself, of the world, and the future. The cognitive distortions that usually develop in adolescence and stabilize in early adulthood (Romens et al., 2009) include catastrophizing, overgeneralization, personalization, and selective abstraction. Romens et al. (2009) consider cognitive distortions as the basis for cognitive vulnerability that leads to the risk of suicide. These results are supported by Wolff et al. (2014).

In psychology, studies of victim personality (see, for example, Aquino & Byron, 2002; Braiker, 2004; Sykes, 1992) connect it with the phenomenon of victim mentality that evolves within the family system and shapes the idea of oneself and the social situation. According to Sykes (1992), helplessness and suffering experienced by a child lead to the emergence of a specific sacrificial mentality characterized by the need for compassion, sympathy, revenge and a sense of undeserved resentment. Aquino and Byron (2002) pointed out the following behavioural tendencies that may be predictive of perceived victimization in workgroups: the tendency to arouse other people's compassion; the exaggeration of harm to oneself in various situations, sometimes catastrophizing harm or situation complexity; a sense of the world injustice

in relation to oneself; accusing others of creating the situations when victims had to work hard to compensate for the damage, etc. Thus, the studies of victim mentality as a manifestation of specific cognitive processes indicate such obvious distortions connected to the perception of oneself and the world as catastrophizing, exaggerating consequences or difficulties and helplessness.

Considering cognitive biases characteristic of a person with a victim mentality, it is necessary to mention the phenomenon described by Linehan (1993) as the “just-world hypothesis”. This protective mechanism mediates the state of security associated with the belief that everything that happens to a person is the result of their actions and that they can protect themselves by following the rules. In their study of the phenomenon of beliefs in justice, Rubin and Peplau (1973) found that it is characteristic of authoritarian and conservative people and also leads to a negative assessment of those who, for whatever reason, are discriminated. In their study of justice attitudes, Harvey and Callan (2014) also point out the relationship between the low self-esteem and people’s tendency to perceive negative situations and experiences as natural. Their findings are supported by the research by Callan et al. (2014), who discovered that in real life the participants’ beliefs about seeing themselves as “the ones who deserve bad results” mediate the relationship between their self-esteem and a variety of self-destructive thoughts and behaviour (for example, self-deception, thoughts about self-harm). This means that victim mentality and low self-esteem caused by traumatic experiences make a person consider negative life events as “being deserved” and thus render him or her unable to overcome the negative attitude on their own. These beliefs will lead to self-defeating beliefs and behaviours and to specific choices in various situations resulting in further victimization. This cognitive attitude (perception of oneself as deserving good or bad outcomes) determines the types of responses to unhappiness and, as a result, can shape the trajectory of well-being. This assumption is supported by Büssing and Fischer (2009). Thus, the just-world hypothesis and low self-esteem are also characteristic of people with a high level of victimhood.

While considering the victim’s cognitive attitudes, one cannot ignore the concept of “irrational beliefs”, which Albert Ellis and Catharine MacLaren (2008) defined as the attitudes that have no objective grounds and result in strong emotional responses. Their research methodology is suitable for diagnosing cognitive attitudes constitutive of victim personality and thus will provide the theoretical framework for our further analysis.

Unlike the studies cited above, we aim to take a more comprehensive approach and use as a point of departure the assumption that cognitive biases mediate the occurrence of negative consequences of life events and engender specific ways of perceiving the world. The resulting hypothesis to be tested in this study is that there is a correlation between the level of victimhood and the irrational beliefs that determine the nature of victim behaviour. We have identified the following cognitive attitudes related to victim response types and victim mentality: the just-world beliefs, perceiving oneself as deserving negative events in the future, catastrophizing negative events or damage, the basic beliefs related to learned helplessness and excessive self-demands.

Materials and Methods

The purpose of this research is to study the cognitive biases in victim thinking. The victim's behavioural manifestations that arise as stable models are based on the cognitive attitudes, which determine the person's emotional response, thinking and behaviour in a traumatic situation.

Our study covered a sample of 106 specialists in psychological counselling: 45 male and 61 female respondents aged 20–29 (the gender imbalance of the sample was determined by the gender imbalance inherent in the profession). All of the respondents were Russian. 15% of the respondents had secondary vocational education; 45% higher education; and 40% were enrolled in Master's studies. All the respondents gave their voluntary informed consent to participate in the research.

The research was conducted in 2018 and was divided into several stages. Within these stages the ideas about the overall design of the study were formed, the assumptions about possible cognitive characteristics of victim personality were discussed and substantiated, the research methods were selected and the data were collected and analysed.

To test the hypothesis, we used a range of methodological and diagnostic tools. The first was the questionnaire "Predisposition to Victim Behaviour" (Andronnikova, 2005). This is a standardized self-report inventory (86 questions), which measures the respondent's predisposition to certain forms of victim behaviour understood as a set of behavioural characteristics that increase the likelihood of the person's falling victim to an accident, crime or unfortunate circumstances. Since behaviour is determined by attitudes, we are going to focus on the latter. The methodology comprises seven scales: "Predisposition to Aggressive Victim Behaviour"; "Predisposition to Self-Harming and Self-Destructive Behaviour"; "Predisposition to Hypersocial Behaviour"; "Predisposition to Addictive and Helpless Behaviour"; "Predisposition to Uncritical Behaviour"; "Predisposition to Passive Victim Behaviour" and "Realized Victimhood". The score of expert test validity is 0.78; the score of the method's retest reliability, 0.79.

The second tool was the Victim Mentality Questionnaire (Andronnikova & Radzikhovskaya, 2011), which comprises 24 questions and is used to identify social and personal beliefs that form the structure of a person's self-concept. The score of expert test validity is 0.63; the score of the method's retest reliability, 0.67.

The third tool is the Dysfunctional Attitude Scale developed by Beck & Weisman adjusted by Zakharova (Zakharova, 2013). This scale is used to study the cognitive biases that underlie inappropriate emotional responses and psychogenic disorders. It contains 40 statements rated on a 7-point scale. The reliability coefficient is 0.77.

The test developed by Albert Ellis as part of rational emotive behaviour therapy (REBT) and adjusted for the Russian context by Andrey Kamenukin is applied to investigate cognitive biases (Kamenukin & Kovpak, 2008). Ellis's test contains 50 questions and 6 scales, 4 of which are the main scales and correspond to 4 groups of irrational beliefs: "catastrophizing", "self-demandingness", "demandingness to others", "low frustration tolerance", and "global evaluation".

The study was conducted in accordance with the following procedure. First, all the respondents completed the Victim Mentality Questionnaire and the questionnaire results were used to select participants of the focus group while the respondents with no victim mentality were included into the control group. At the second stage, other tools were applied (“Predisposition to Victim Behaviour”; Dysfunctional Attitude Scale; and the REBT test). Mathematical processing of the resulting data was conducted by means of the ρ —Spearman’s correlation coefficient for the high victim mentality group and the Mann–Whitney U -test for the two independent groups. We conducted comparative analysis (Mann-Whitney U -test) comparing the results of the groups, by looking at the strength of victim behavioural tendencies and realized victimhood. The correlation analysis to identify the correlation between victimhood and cognitive biases was carried out for each group. The Mann-Whitney and r -Pearson criteria were chosen because the features are presented on a nonparametric scale, more specifically, on the order scale.

Results

At the first stage of the study, we found that 29% of the respondents manifested strong signs of victim mentality (31 people). These respondents were included into the focus group for further research, and the other respondents formed the control group. We assumed that a person with victim mentality has the corresponding cognitive victimogenic characteristics that reduce their adaptability and make them more vulnerable in dangerous situations. For this group, we studied the level of realized victimhood and the typical forms of victim behaviour.

According to the results of comparative analysis (Mann–Whitney U -test), respondents with victim mentality demonstrate much higher scores on the scale of “Realized Victimhood” ($p \leq 0.01$). This scale shows how often the respondents find themselves in the role of victim in different situations, e.g., in situations that threaten their life, social status, or health, because they display behavioural patterns that ultimately make them victims. Comparison of the respondent groups according to the chosen victim behaviour parameters also showed a significant difference on the scales “Predisposition to Aggressive Victim Behaviour” ($p \leq 0.01$) and “Predisposition to Dependent and Helpless Behaviour” ($p \leq 0.05$). Thus, people with victim mentality tend to demonstrate aggressive behaviour and end up in unpleasant or even in health or life-threatening situations. Aggression may take the form of an open attack or a provocation by means of “conflict generators”—offensive remarks, mocking comments, etc. In their behaviour, these people demonstrate irascibility, dominance, predisposition to anger and irritability, low frustration tolerance and readiness to change the situation violently. Another type of victimhood responses that prevail among the respondents in this group is related to their learned helplessness.

The application of the Dysfunctional Attitude Scale methodology has also brought some interesting results: we found a difference between the groups of respondents ($p \leq 0.05$), which indicates that respondents with victim mentality are prone to or have

already encountered neurotic disorders, whereas they possess a limited ability to control their thoughts. Ellis's methodology was used to identify the irrational beliefs that are more characteristic of the respondents with victim mentality.

The correlation analysis in the group of respondents with victim mentality showed a correlation between the type of victim behaviour, dysfunctional attitudes, and irrational beliefs (see Tables 1 and 2).

The correlations between victim mentality, dysfunctional attitudes and irrational beliefs are presented in Table 1.

Victim mentality correlates with the "Frustration Tolerance" scale: the higher is the level of frustration tolerance; the lower is the level of victim mentality. This result confirms our assumption that psychological work with victim individuals may target frustration tolerance.

The analysis of the correlation between the Dysfunctional Attitudes Scale and the Victim Mentality Questionnaire shows that there is a direct correlation between the scales manifested in the intensity of dysfunctional attitudes (including psychopathological neurotic symptoms) in the situation of self-identification as a victim.

Moreover, we found a correlation between the level of dysfunctional attitudes and the "Self-demandingness" scale (-0.267 , $p = 0.049$), which can be interpreted as a sign of neurotic self-demands, self-criticism and dependence on other people combined with pronounced dysfunctional attitudes.

The correlations detected through the REBT methodology and the questionnaire "Predisposition to Victim Behaviour" are shown in Table 2. The predisposition to aggressive behaviour correlates with the catastrophizing attitude. There is a tendency towards a similar correlation for neurotic self-demandingness that leads to excessive stress, perfectionism and, finally, aggression. Moreover, there is a connection to the parameter "Global Evaluation", which can be interpreted as anger in response to being criticized. Thus, the tendency to exaggerate the gravity of a situation or event (catastrophizing); to fixate on negative fantasies and to place excessive self-demands lead to increased aggression in interpersonal relationships and victimization.

The scale "Global Evaluation" correlates with the scales "Predisposition to Aggressive Victim Behaviour", "Predisposition to Self-Harming and Self-Destructive Behaviour" and "Predisposition to Uncritical Behaviour". In this case, it would be logical to suggest that global evaluation mediates the whole personality perception, which results in a low level of criticality in situation assessment and the inability to demonstrate an active coping behaviour (learned helplessness). The choice of a certain victim behaviour type in this case can be mediated by other factors such as the parenting type or personal characteristics. This question, however, falls outside the scope of this research and requires further exploration.

The scale "Predisposition to Self-Harming and Self-Destructive Behaviour" reliably correlates with the scale "Neurotic Demandingness to Others". It is possible that an unreasonably high level of demandingness to others leads to frustration and auto-aggression as a result of the person's inability to remake the world.

Table 1

Correlation Analysis of the Data of the Victim Mentality Questionnaire, REBT Test, and Dysfunctional Attitudes Scale

Victim Mentality	Irrational beliefs					Dysfunctional attitudes scale
	Catastrophizing	Self-demandingness	Demandingness to others	Low frustration tolerance	Global evaluation	
	0.136 <i>p</i> > 0.05	-0.080 <i>p</i> > 0.05	0.023 <i>p</i> > 0.05	-0.363 <i>p</i> = 0.002	0.008 <i>p</i> > 0.05	0.264 <i>p</i> = 0.021

Table 2

Correlation Analysis of the Data of the REBT Test and Questionnaire "Predisposition to Victim Behaviour"

Irrational beliefs	Predisposition to victim behaviour					
	Predisposition to aggressive victim behaviour	Predisposition to self-harming and self-destructive behaviour	Predisposition to hypersocial behaviour	Predisposition to addictive and helpless behaviour	Predisposition to uncritical behaviour	Realized victimhood
Catastrophizing	-0.331 <i>p</i> = 0.034	-0.133 <i>p</i> > 0.05	-0.251 <i>p</i> > 0.05	-0.242 <i>p</i> > 0.05	-0.154 <i>p</i> > 0.05	-0.061 <i>p</i> > 0.05
Self-demandingness	-0.271 <i>p</i> = 0.02	-0.106 <i>p</i> > 0.05	-0.269 <i>p</i> = 0.021	-0.326 <i>p</i> = 0.026	-0.181 <i>p</i> > 0.05	-0.181 <i>p</i> > 0.05
Demandingness to others	-0.193 <i>p</i> > 0.05	-0.261 <i>p</i> = 0.023	-0.142 <i>p</i> > 0.05	-0.254 <i>p</i> > 0.05	-0.243 <i>p</i> > 0.05	-0.171 <i>p</i> > 0.05
Low frustration tolerance	0.062 <i>p</i> > 0.05	-0.207 <i>p</i> > 0.05	0.035 <i>p</i> > 0.05	-0.123 <i>p</i> > 0.05	-0.071 <i>p</i> > 0.05	-0.254 <i>p</i> = 0.03
Global evaluation	-0.271 <i>p</i> = 0.02	-0.219 <i>p</i> > 0.05	-0.192 <i>p</i> > 0.05	-0.346 <i>p</i> = 0.0001	-0.329 <i>p</i> = 0.0002	-0.147 <i>p</i> > 0.05

At the level of tendencies, the “Predisposition to Hypersocial Behaviour” scale correlates with the “Catastrophizing” scale (the more dangerous the situation is, the more important it is to help others) and the “Self-Demandingness” scale. The scale “Predisposition to Addictive and Helpless Behaviour” correlates with the same scales and there is a tendency to have neurotic expectations from others, which supports the individual’s own infantile aspirations. Uncritical behaviour is associated with the same scale—“Neurotic Demandingness to Others”—at the level of statistical tendencies. Quite predictably, we have also found a correlation between the scales “Low Frustration Tolerance” and “Realized Victimhood”.

Discussion

The analysis of the results and their comparison with the previous research reveal several important aspects of the cognitive attitude constitutive of a victim’s personality. Firstly, the correlation between “Low Frustration Tolerance” and “Realized Victimhood” scales has been confirmed, which supports our assumption that a person with a high level of realized victimhood tends to rely predominantly on irrational beliefs and is often unable to critically assess the situation. The catastrophizing attitude correlates with a person’s predisposition to aggressive victim behaviour, mostly of a defensive type.

“Demandingness to Others” has a strong correlation with the predisposition to self-harming and self-destructive behaviour. Special attention should be paid to such attitudes as self-demandingness that strongly correlates with the three scales of victim behaviour (predisposition to addictive and helpless behaviour, predisposition to hypersocial behaviour and predisposition to aggressive victim behaviour), and explains how chronic self-dissatisfaction and low self-esteem reinforce the victim’s behavioural forms and the anticipation of punishment rather than reward. This explanation is supported by the findings of Wood et al. (2009) on emotional regulation, self-esteem and social justice. They have identified low self-esteem and negative emotional states in people who place high demands on themselves and consider themselves unworthy. Callan et al. (2014) established the correlation between the negative experience, the subsequent devaluation of an individual and the formation of self-destructive beliefs and self-destructive behaviour. They proved that negative life experiences, no matter how random they might be, can lead to changes in self-esteem and become the basis for victim behaviour.

The “Global Evaluation” scale, which reflects negative self-perception, has a strong correlation with the scales of victim behaviour (predisposition to addictive and helpless behaviour, predisposition to uncritical behaviour, predisposition to aggressive victim behaviour), which indicates the correlation between low self-esteem and the perception of unhappiness, which a person sees as resulting from their previous bad deeds. Our research data confirm Harvey and Callan’s findings (2014) about the connection between the victim value level and the fairness justification type. They argue that a victim who has a low social value (a criminal, for example) is considered as a person who deserves punishment, whereas the one who has a high social value (a good person) is not seen

as deserving the misfortunes that have happened to them. This idea is supported by Callan et al. (2014), who found out that people who are firmly convinced that they deserve bad things happening to them demonstrate a more pernicious behaviour, including self-deception, a desire to get a negative assessment from their close people and a search for negative reviews about their work. According to Büssing and Fischer (2009), the feeling of being unworthy of good things can underlie the types of human responses to unhappiness and, as a result, can determine the trajectory of well-being and recovery on condition that a disease is considered as a punishment.

A fixed negative idea of oneself as a person who is incapable of protecting themselves (learned helplessness), reliance on evaluative biases in perception of other people, and exaggeration of negative consequences are described in studies about people with victim mentality (see, for example, Büssing & Fischer, 2009; Callan et al., 2014).

Thus, our study confirms the assumption that a victim's behaviour patterns are based on their cognitive attitudes, which opens avenue for further research. Therefore, there is a need for a new look at the organization of counselling and therapeutic support for people who struggle with the victim mentality. The initial stage of victim mentality requires us to identify the cognitive attitudes that underlie the person's disturbed self-image and low self-esteem. Then, based on the cognitive attitudes identified at the previous stage, it is necessary to plan the counselling process aimed at building up cognitive consistency: to reduce the non-adaptive pattern hyper-valence and develop new response patterns; to work out the victim content of the cognitive patterns, for example, to uproot irrational beliefs about the world's injustice, catastrophizing; to increase response flexibility; to create non-victim attitudes and more appropriate behavioural patterns. Finally, it is necessary to help people with victim mentality form a healthier self-esteem by means of their consistent immersion into positive self-esteem experiences.

Conclusions

The theoretical analysis of the research on victim behaviour and cognitive features of victim personality has led us to define new approaches to counselling and therapeutic supervision of people with victim mentality. Our research findings can be used to develop new ways to reduce victimhood by correcting the underlying cognitive biases.

We assume that the irrational beliefs can be considered as victimogenic determinants correlating with both the level of victimhood and an individual's forms of victim behaviour. However, this assumption requires further research. In this study, we showed that a person displaying different types of victim behaviour has a corresponding set of cognitive distortions.

To develop preventive measures aimed at the reduction of the realized victimhood level, it is necessary to take into account the existing thinking patterns and specific cognitive biases characteristic of this or that patient.

The empirical findings of this study confirm the initial hypothesis and indicate areas for further research on this topic. The research results can be used to develop measures aimed at preventing and reducing the level of victimhood in patients.

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