



Consequences of bullying on the life and health of the person being bullied¹

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Abstract: Workplace mobbing are one of the most serious pathologies in the work environment. Victims of bullying experience emotional, psychological and sometimes even physical violence, resulting in individual, organisational and social consequences. The aim of this study was to find out the consequences of bullying on the personal lives and health of victims of bullying. 13 participants took part in the study. For the selected sample, it was assumed that participants in the study must have taken part in court proceedings during which bullying behaviour was found in their employment relationship. In order to verify the eligibility of the subjects, an analysis of the court records of the selected study sample was carried out. A qualitative strategy using a narrative interview was used to obtain and analyse the data. The presentation of the study results was made in two areas: the consequences of bullying on personal life and the consequences of bullying on the victim's health. The most common symptoms of somatic disorders the study subjects experienced as a result of bullying were headaches, abdominal pain, nausea, sleep disturbances and general weakness. In the area of mental disorders suffered as a result of bullying experiences, the study subjects most often mentioned concentration and attention disorders, mood disorders, depression, addiction to psychoactive substances and even suicidal thoughts. All the mental disorders mentioned above are inextricably linked to exposure to chronic stress. Consequences of bullying on the victims' health have an impact on personal life. The experience of bullying affects a person's creative activities such as pursuits and interests. The consequence of bullying situations include the abandonment of active involvement, while trying to return to previous pursuits and interests, the subjects experience frustration, stress and also fits of aggression. The effects of bullying also affect the family they live with. Prolonged bullying circumstances and the behaviour of the victim of bullying often results in the family experiencing arguments, deterioration of bonds and relationships, aggression and family breakdown. In order to design intervention and prevention measures, it is necessary to increase public awareness of bullying behaviours and their consequences for individuals, organisations and society.

Keywords: consequences, bullying, symptoms, victim

1. Theoretical introduction to author's own research

Work is an inseparable part of human existence, through which individuals can holistically shape their living space, form their outlooks on life, pursue self-fulfilment and inner development. All approaches to human work indicate that it helps define a person's place in society (Pikuła, 2020, p. 302). Undoubtedly, the role of the individual in society has changed over the years, which is also the influence of work (Pikuła, 2020, p. 302). Work in human life is a universal value that becomes a point of reference in relation to subordinate values, as well as it also impacts one's sense of identity, happiness, dignity and meaning of life. The quality of work can have a positive or nega-

tive impact on society's quality of life (Polek-Duraj, 2017, p. 138). The rules of authority and the diversity of personalities in work environments are conducive to the emergence of pathological phenomena. Workplace pathology is a term defining aberrant behaviours at work whose common characteristics are disorganisation, detriment to employees' job roles, dysfunctions and reduced effectiveness of social group activities and the organisation as a whole (Grubicka, 2021, p. 335). The occurrence and exacerbation of so-called psychosocial stressors in the workplace, which threaten the health and lives of employees, is more and more often observed. It has also been noticed that while physical violence against workers is a behaviour which is easy to detect, observe and control, manifestations of psychological violence are

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much more difficult to identify (Grubicka, 2021, p. 336). This is why it is so important to have an in-depth understanding of the causes, mechanisms, consequences of bullying behaviours at the workplace.

Bullying, also referred to as mobbing, is a multi-faceted, internally diverse issue that remains of interest to many scientific disciplines. The term 'mobbing' was first used in 1963 by the Austrian ethologist Konrad Lorenz to describe the situation of a single animal being attacked by a group of other representatives of the same species (Sommer, Michno, 2016, p. 138). In the 1960s, Peter Paul Heinemann, a Swedish physician, used the term 'mobbing' to describe the hostile behaviour of children towards a chosen victim (Ryś, Dyrła-Mularczyk, 2018, p. 226). However, the concept of mobbing was developed in the work of Heinz Leymann, who studied labour relations and relationships in the Swedish work environment. To describe mobbing, he used the term 'psychological terror at workplaces', which is characterised by systematic unethical and hostile behaviour of one or more individuals towards another person (Leymann, 1990). Such behaviour occurs very frequently (at least once a week) and over a long period of time (at least six months) (Grubicka, 2021, p. 337). Leymann distinguished 45 specific characteristics to recognise mobbing and divided them into five groups (Leymann, 1996). These behaviours (1) disrupt the ability to communicate, (2) disrupt social relationships, (3) aim at disrupting the social perception of the person, (4) affect the quality of the living and working situation, and (5) have a detrimental effect on the victim's health (Marciniak, 2020).

In the literature, there is no single definition of the concept of bullying shared by all researchers, as they draw attention to its various components. The most frequently mentioned characteristics of bullying behaviours are: long and frequent occurrence, power imbalance between perpetrator and victim, experiencing negative consequences, intentionality of the perpetrator, variety of forms of bullying behaviour (Strutyńska, 2019, p. 268). In Polish legislation, workplace bullying termed mobbing is defined as, "[...] actions or behaviours concerning an employee or directed against an employee, consisting of long-term and persistent harassment or intimidation

of an employee, causing a diminished employee's assessment of his/her professional usefulness, causing or intending to cause humiliation of or ridicule an employee, isolating or eliminating an employee from a team of co-workers" (Ustawa z dnia 14 listopada 2003 r. Kodeks pracy, Dz. U. z 2023 r., poz. 1465).

Regardless of the various approaches, bullying behaviour is seen as a form of deliberate, systematic psychological harassment directed at one employee or a group of employees. It manifests as unethical and hostile behaviour that causes the victim or victims experience problems in their professional and personal functioning. Interchangeably with bullying (workplace mobbing), the terms moral harassment, psychological harassment, psychoterror, psychological violence, psychological harassment are used (Woźniakowska-Fajst, 2019).

The consequences of bullying actions are complex and multidimensional. The literature most often divides the consequences of bullying according to a group affected: 1) the victim and his/her family, 2) the employer, the organisation and 3) the society (Gamian-Wilk, 2018). From the point of view of the sciences looking into human functioning in the organisational environment, a distinction is made between the consequences of bullying in terms of individual effects, which affect a specific person, and collective effects, which affect a group of people or the organisation as a whole (Gzik, 2018, p. 360). In the area of collective effects, it is possible to list those of an internal nature, affecting the activities of the institution, and those of an external nature, affecting the institution's environment. In the context of an organisation, the internal consequences of bullying include staff turnover, employees' lack of identification with the company, its values and goals, compensation costs, low productivity, collaborative difficulties between employees, lack of commitment and creativity, sickness absenteeism, and higher number of conflicts (Gołaszewska-Kaczan, 2017, p. 18). On the other hand, the external effects of bullying include: the deterioration of the company's image in the environment, the transfer of information about the manifestations of bullying to the family environment, the inclusion of customers in the internal affairs of the company by giving them negative information

about planned changes, the state of the company, superiors and/or the atmosphere (Gamian-Wilk, 2018). The consequences of bullying are also borne by the society in the form of medical costs and social benefits received by the victim (Nerka, 2018, p. 150).

The area of individual consequences and their manifestations can be divided into three phases. Initially, the person affected by bullying experiences temporary anxiety episodes, problems concentrating and sleeping, stomach aches and headaches, general malaise and fatigue. In the second phase, uncontrolled emotions taking the form of aggressive behaviour towards the immediate environment may occur. Further disorders that occur during this phase include anxiety and depression episodes, digestive complaints, chronic migraine pain, cardiovascular disease, isolating, rapid weight gain or loss. The final phase is characterised by severe depression, which in extreme cases can lead to suicide (Marciniak, 2020). Other individual effects of bullying include low self-esteem, feelings of alienation and isolation, loss of interests, sexual problems and feeling shame (Góralewska-Słońska, 2016, p. 70). Among the consequences of bullying on the life and health of the individual, researchers into the phenomenon of bullying point to the distress that emerges in victims of bullying. Depending on its intensity, duration and individual predisposition to cope with it, it can cause different damage to the human body. The four main reactions to distress caused by bullying are:

- impaired cognitive reactions: problems completing intellectual work and expressing oneself, memory issues, decreased concentration;
- negative behavioural reactions: reduced work efficiency, absenteeism and taking sick leaves;
- atypical somatic symptoms: complete or excessive lack of appetite, vomiting, sleeping problems, headaches;
- adverse emotional effects: frustration, uncertainty, suspicion of the environment, anxiety (Kowal, Gwiazda-Sawicka, 2018, p. 133).

The very high level of chronic stress experienced by the bullied person leads to the onset of anxiety disorders (Warszewska-Makuch, 2019, p. 250). However, there is no unanimous standpoint on the

prevalence of post-traumatic stress disorder (PTSD) symptoms in bullied people. Some researchers introduce the term Prolonged Duress Stress Disorder (PDSD) to distinguish stress caused by bullying (Matthiesen, Einarsen, 2004). Most studies indicate that individuals subjected to prolonged unethical workplace abuse most frequently do not manifest the entire spectrum of PTSD symptoms, but only a part of its criteria (Gamian-Wilk, 2018).

According to a study by Leymann, typical symptoms of post-traumatic stress arising from bullying include:

- permanent personality changes with the adoption of a passive attitude and giving up the fight for one's rights: cynical attitude to the world, social alienation, isolating;
- permanent personality changes with a depressive component: risk of addictions, permanent inability enjoy pleasures of everyday life, feelings of hopelessness and inner emptiness;
- persistent personality changes with a dominant paranoid component: hypersensitivity to social injustice, chronic feelings of threat, hostile and suspicious attitudes towards the environment (Leymann, Gustafsson, 1996).

According to Schwickerath, the following symptoms are characteristic of the acute phase of bullying: muscle tension, sleep disturbances, postural disturbances leading to joint changes, abdominal pain, inflammation of the intestines and stomach, heart pain, hypertension, sleep disturbances. The chronic phase manifests with the possibility of tumour activation, allergies, immune disorders (Schwickerath, 2001). The author's research has shown that victims of bullying predominantly experience pain and the depressive spectrum complaints, including sleep disturbances, depressiveness, nervous excitability and attention deficit disorder (Wasilewski, 2005, p. 41).

The negative impact of bullying on human psychological and physical wellbeing is undeniable, and a better understanding of its effects will help to better design intervention, prevention and remedy measures. Research on bullying focuses mainly on organisational factors, determinants, course, characteristics

and interactions of the parties involved. A better understanding of the area of the consequences of bullying on a person's life and health would help to focus on possible ways to prevent and rehabilitate those who have experienced it.

2. Methodology of author's own research

Being obliged by the ethics of scientific research, the author of the research presented herein wishes to explain that she has three levels of insights into the subject of the bullying behaviour, its course, phases and mechanisms, as well as its consequences. Firstly, the experience of workplace bullying, as well as the lawsuit against the bully for the breach of employer's fundamental obligations, violation of personal rights and discrimination, allowed the author to gain insight into bullying from the victim's perspective. The second layer relates to working as a micro-enterprise owner who can potentially become a bully. Thirdly, acting as a legal expert for, among other things, the identification and prevention of bullying and discrimination, allows an objective view of the bullying behaviours and the parties to the legal proceedings. Aware that personal experience is both a resource and a limitation for the researcher, the author of this study gave her particular attention to controlling her emotions and reactions during the study.

A 2023 research aimed at finding out the consequences of bullying on professional and personal life, as well as on the health of victims of bullying. In addition, the objectives of the research were to find out the professional and private life functioning strategies of people affected. The following section presents the research results for a selected segment of a broader research conducted on bullying, which aimed at understanding the consequences of bullying on the personal lives and health of victims being bullied. The research question is: What effects does bullying have on the health and personal lives of victims of bullying?

A qualitative strategy was used to collect and analyse the data, using a narrative interview method that focused on the experiences of individuals

being bullied. During the interviews, particular attention was paid to interdependence, integrity, as well as community (Karkowska, 2018, p. 113). The aforementioned features of stimulating narratives proved to be particularly important, given that the researcher's task was to describe often traumatic experiences, to put them in order and then to consolidate an evaluation of past events. The average duration of a face-to-face interview was 1.5 hours and was recorded with a voice recorder upon interviewee consent. Undoubtedly, the researcher's experiences of bullying, as well as her good knowledge of the emotions that can accompany the return of traumatic experiences related to bullying helped build rapport, create friendly atmosphere and elicit extensive, factual feedback from the respondents. The resulting material was transcribed according to a specifically defined transcription and analysed.

For the selected sample, it was assumed that participants in the study must have taken part in court proceedings during which bullying behaviour was found in their employment relationship. This assumption was intended to eliminate the need for the author to interpret the bullying behaviours cited by the respondents and to assess whether these behaviours meet the prerequisites of the statutory definition of bullying (mobbing). The author was aware that the sample size could be limited due to her decision that the essential criterion for the sample selection would be a court ruling that bullying occurred in the respondents' employment relationships. The author claims that this method of sampling was necessary because the aim of the study was to analyse the consequences of bullying, not the 'suspected' presence of bullying or discrimination or violation of personal rights. The reason was also a possibility that people who do not have full insight in bullying behaviours may find it difficult to categorise as such the irregularities occurring in the employment relationship.

In order to verify the eligibility of the subjects, an analysis of the court records of the selected study sample was carried out. Finally, 13 respondents (nine women and four men) took part in the study. The respondents' court proceedings ran from 2018 to 2022. Respondents aged 40-45 (6 people) were the predominant group among those interviewed.

There were 5 people aged 46-50 and 2 people aged 35-39. The majority of the respondents declared that they had a tertiary education (7 subjects) and a secondary education (5 subjects). One person had an undergraduate degree. In terms of territorial division, participants in the study were residents of the Mazowieckie (5 subjects), Warmińsko-Mazurskie (4), Zachodniopomorskie (2) and Dolnośląskie (2) voivodeships. Nine of the study participants had their employment terminated as a result of their notice or termination without notice due to employer's fault. In all the cases, the termination was made in writing and included a statement of reasons. The harassed individuals named bullying as their reasons for terminating their contracts, identified specific behaviours that had the symptoms of bullying and defined a degree of their insistence and duration. 4 study participants terminated their employment contract with notice and without a statement of reasons. Initially, they did not consider the possibility of a court dispute with the employer. The average length of the judicial proceedings for study subjects was 3 years.

3. Results of author's own research

The presentation of the results of the study was divided into two areas: the consequences of bullying on personal life and the consequences of bullying on the victim's health. In addition, the area of research on the consequences of bullying on the health of victims was divided into somatic disorders, mental health disorders and post-traumatic stress. The area of research concerning the personal life of victims of bullying was divided into pursuits and interests and immediate family.

3.1. Consequences of bullying on subjects' health

Somatic disorders are a diverse group of different types of recurrent or chronic physical complaints having a mental basis. When describing the consequences of bullying on their physical health, the respondents most frequently indicated the following disorders: headaches, dizziness, abdominal pain,

nausea, pain in the heart area. In the initial phase of bullying, the disorders mentioned above appeared sporadically and were exacerbated after the experience of bullying behaviour. The more frequent were these occurrences, the more frequent the somatic complaints. According to the respondents, in the last phase of bullying, somatic disorders were caused by a growing anxiety at the very thought that bullying behaviour would occur again: "As soon as I thought that I had to go to work on Monday and the humiliation, threats and shouting would start again, I had a stomach ache (...) I spent the last three days of my leave before returning to work in bed with a headache and fear of what would happen at work" (N2). Body functions in a situation of permanent stress caused a weakening of the immune system in 2 respondents. The lowered body's immunity in both cases manifested as an autoimmune skin disease. One subject was diagnosed with alopecia areata and the other with psoriasis. Autoimmune reactions were triggered by stress: "The diagnosis was made after a number of tests and confirmed my assumptions. It was alopecia areata and the cause was distress due to a situation I had at work" (N5). All respondents noted that the longer they were exposed to bullying behaviour, the more often they developed general weakness and increased blood pressure. This situation may have been related to the stimulation of the sympathetic nervous system, which is responsible for the body's reactions triggered during severe stress and a sense of sudden danger. In addition, respondents stressed the occurrence of sleep disorders: "[...] From the moment it all started I have had trouble sleeping ever since. During the time I was subjected to bullying and during the court proceedings, I would go for 3-4 nights without sleep. When I did manage to fall asleep without pills, my sleep was short (...) At present, I also wake up frequently and my sleep is very shallow, as if I were on continuous standby" (N12). These disorders are induced by norepinephrine, adrenaline and cortisol hormones which mobilise the body and its readiness for action. When exposure to stress is prolonged, chronically released hormones disrupt the secretion of melatonin – the hormone responsible for the normal circadian rhythm. Thus the balance between sleep and wakefulness is disrupted.

In the area of mental disorders related to the experienced bullying, respondents most frequently mentioned mood disorders and depression. In the first case, the symptoms consisted of constant fatigue, apathy and lack of energy: “After six months of being treated this way by the manager, I noticed that I was constantly walking around tired, I didn’t want to do anything, and my previous cheerful disposition had disappeared” (N3). Depression was diagnosed in five respondents and manifested as lower mood levels, withdrawal, lack of appetite and sleep, pessimistic thoughts about themselves and their surroundings and low self-esteem. This last symptom of depression appears in the statements of all respondents and is influenced by the duration and intensity of the negative self-concepts caused by the bully’s behaviour. Ridicule, humiliation, criticism, undermining of skills and competences recurring in the workplace result in lowered self-esteem in the victims of bullying. Such a state can cause, among other things, difficulty in defining one’s own identity, difficulty in achieving autonomy, inability to achieve life goals, constant self-blame and neuroticism. Bullied people suffering from depression, neurosis and anxiety may develop a desire to commit suicide, which seems to them the only way out of a situation they cannot cope with: “I used to wake up in the middle of the night and think about situations at work, analyse them, wonder if there was anything else I could do. I had horrendous migraines, I was tearful, my stomach hurt, a steel hoop was tightening on my head. One morning I came to the conclusion that I couldn’t take it any more, my life had no meaning. I took tranquilliser pills (...) I woke up in hospital [breaks in tears]” (N11). Respondents also stressed that concentration and attention deficit disorders occurred during bullying. They thought their anticipation of being attacked by the bully had a major adverse effect on their abilities to focus, especially, on activities that lasted longer. In retrospect, respondents recall that work duties that were not problematic for them before their bullying experience started to overwhelm them after the bullying occurred in their professional life, and it became almost impossible to bring certain tasks to completion: “What I used to do in a few, well, maybe a dozen minutes, started to become an insurmountable obstacle. I couldn’t

concentrate, I lacked determination (...) In the back of my mind, I was aware that even if I completed the task, the supervisor would still question it” (N7). One interviewee admitted that psychoactive substance abuse is a consequence of the bullying experience. She is currently participating in the therapeutic process and realises that her addiction allowed her to isolate from her problems and that taking the drugs was due to her inability to cope with the negative emotions caused by the bullying. The inability to cope with intense and overwhelming emotions caused by bullying behaviours, especially, if they are anxiety, sadness, anger and frustration, can lead to addiction, which becomes an escape from the bullying situation.

All the mental disorders mentioned above are inextricably linked to exposure to chronic stress. Stress is an underlying basis for physiological reactions (e.g. decreased immunity, thermoregulatory disorders, etc.), emotional and behavioural reactions (e.g. constant feelings of fear and anxiety, frustration, irritability, feelings of hopelessness, etc.), and cognitive reactions (e.g. impaired focus, memory, coordination, feelings of powerlessness, etc.). All the respondents stressed in their feedback that the bullying in their lives had exacerbated their feelings of stress. They also noted that even after their exposure to bullying behaviour ended, their reactions to stressful situations are inadequate to circumstances. In the case of two respondents, despite time has passed since the lawsuit and bullying situations ceased to happen in their lives, memories of the behaviours that occurred still surface. They are unable to identify in which situations such flashbacks occur, but associate them with severe stress, a sense of threat, the experience of helplessness: “Sometimes, I don’t know why, I reminisce being in front of all my colleagues, being shouted at and called names by my manager. (...) Sometimes I remember the scene in the school corridor in front of the children and parents when s/he is says in a raised voice that I am to be dismissed and that my competence has reached the bottom. Then, I can’t pull myself together, I slip into a depressive state” (N10). Another respondent also has nightmares related to the bully’s behaviour. 4 respondents said that the experience of bullying caused intrusive thoughts, persistent perceptions of

increased threat, hyperactivity, or increased reactions to stimuli: “I can’t stay in places where it’s noisy (...) Any unexpected situation makes me panic” (N8). It is difficult to say unequivocally whether it is post-traumatic stress disorder, but certainly the symptoms reported by the respondents may confirm some of the criteria of the PTSD symptom spectrum.

3.2. Consequences of bullying on study subjects’ personal lives

All the listed consequences of bullying on the victims’ health have an impact on their personal life. However, bullying situations have an additional effect on the personal lives of those being bullied. This affected area is related to human pursuits, considered to be a source of human activity. It is responsible for stimulating and enhancing creative activity. Interests are important for a person’s intellectual development, shape their individuality and allow them to get to know themselves better. Moreover, they can drive motivation to act, allow one to fulfil their ambitions, as well as calm down and decompress. 9 respondents claimed that they were unable to return to their pursuits and interests having had bullying experiences. Even if they made such attempts, it did not give them the pleasure they had before bullying occurred in their lives. Having had bullying experiences, their pursuits that used to give them satisfaction caused frustration, impatience and also attacks of aggression: “I was thrilled with every glance of a nice piece of wood. I could imagine what I was going to do and the excitement didn’t leave me until the end of my work on it (...). I was impatient, I got frustrated (...) Sometimes, I had a meltdown when I would pick up a saw and cut a block of wood into pieces” (N1). The respondents’ inability to return to activity in the form of pursuing their passions makes them apathetic and sad. Some of them referred to it as ‘inner void’. Pursuing interests was also a way of spending leisure time, which once they experienced bullying behaviours is perceived by respondents as a time of apathy and ‘doing nothing’. On such occasions, they often tend to dwell on and analyse the bullying situations they have experienced: “At such moments, I can lock myself in a room, I tell my family that I have a headache (...) I lie down and think about

how I should have behaved, what I could have done differently (...) I also think about the people that disappointed me in the bullying situation” (N13). People affected by bullying carry their problems home, into their private lives, so the effects of bullying also affect the victims’ families. At first, the immediate family empathises with the victim’s suffering, sympathises and tries to be supportive. However, prolonged bullying situation and victim’s behaviour often leads to arguments, helplessness, frustration and anger. Respondents acknowledge that, during the day, there were often more conversations about bullying situations than about other topics. In addition, their poor mental state had an impact on their immediate family members. Monothematic, unproductive conversations frustrate other family members, while the poor mental state of the victims of bullying makes it necessary to replace them in the domestic duties they previously completed themselves. Respondents pointed out that their depressive states were exacerbated when immediate family members resented them, threw accusations or even started quarrels: “In the beginning, my wife was very supportive (...) The less household work I did, the more frequent the arguments became (...) I looked at her and thought she was the same as my abuser (...) I was withdrawing more and more from family life” (N1). The points raised during domestic conflicts often overlap with the allegations the victim of bullying faces at work. This state exacerbates feelings of loneliness and depressive reactions. The consequences of bullying also affect children, who feel adults’ tension, stress, anxiety, as they themselves feel threatened and rejected, because the victims usually spend less time with them, focusing on their own problems. The children cannot count on their parent for support, help and, in turn, the parent experiences additional stress, feeling the lack of fulfilment as a parent: “In fact, the children have suffered most. My relationship with my son has deteriorated so much that he prefers to discuss his issues with his grandfather rather than with me. I wasn’t there when he needed me. Now I know how much it hit him” (N9). Bullying enters the family life of the victims to such an extent that it becomes the focal point of their attention. When experiencing it, they brood over particular situations, behaviours, words, and wonder how they should have behaved,

what they would have said, or what is to come the next day. Family life ceases to exist for them, household duties are irrelevant to them and household members even become intruders: “My daughter resents me for isolating her from me, while she wanted to help me so much (...) I, however, was not able to fulfil my household roles, they were pointless for me. I was also unable to take care of my daughter (...) My life at that time was one great suffering, which I could not cope with at all” (N6). Two respondents acknowledged that prolonged negative emotions that related to the bullying situation resulted in the occurrence of aggression towards family members. Remaining at work for eight hours in a state of constant tension and perceived threat creates body fatigue and frustration, which precedes the onset of aggression: “It’s no longer the case, but up until a year after the court case, it was normal for all the household members to run away when I came home. Everything annoyed me, everyone annoyed me. It was like a defensive reaction of the body. Shouting and rows for any reason was normal at the time” (N2). The majority of respondents also stated that due to experienced bullying family ties had deteriorated, as well as relationships between family members. Two respondents claim that their marital relationships broke up due to experienced bullying. The prolonged mental and physical disorders of victims of bullying were unacceptable to their spouses. Adopting by victims of bullying a passive strategy was an additional deciding factor in the family break-up.

Interviewees repeatedly described the impact of their experienced bullying behaviours on their lives in the following way: “bullying has destroyed my life”, “I am not the same person”, “I will never trust anyone again”, “I avoid meeting people”, “it’s not life, it’s vegetation”. The inner void that interviewees feel after experiencing bullying manifests in their inability to feel joy in life, helplessness and lack of vital energy.

Summary and conclusions

A form of psychosocial threat in the workplace, bullying (workplace mobbing) has very serious consequences not only for the organisation and society, but primarily, on an individual level. Bullying can

have a negative consequence in the form of a direct or indirect threat to the health of those affected. This threat can lead to a variety of psychological and somatic disorders, resulting in a reduced quality of life and disruption of personal functioning. The psychological and somatic consequences of bullying affect not only the victim, but also his or her family. Bullying can destroy family bonds and relationships, as well as lead to other forms of family pathology.

Given the serious consequences of bullying, it becomes necessary to expand the research on these behaviours in order to be able to focus, first and foremost, on possible ways to prevent it and rehabilitate those who have experienced it. The traumatic experience of bullying has its consequences for the professional and personal lives of victims of bullying. The negative impact of bullying on human psychological and physical wellbeing is undeniable, and a better understanding of its effects will help to better design intervention, prevention and remedy measures.

Recommendations based on the study are listed below.

1. In order to design intervention and prevention measures, it is necessary to increase public awareness of bullying behaviours and their consequences for individuals, organisations and society.
2. Improve the awareness of health services in the area of accurate diagnosis of mental and health disorders caused by bullying behaviours.
3. Considering the consequences of bullying and the fact that potentially every adult can be affected by bullying in the workplace, the topic of workplace pathology should be included in the educational and preventive curricula of secondary schools.
4. Expanding the educational offer that will suit the age of the participants with workshops on strengthening self-esteem, stress management and assertiveness. Deficiencies in these areas are most often identified as characteristic of victims of bullying.
5. In order to mitigate the effects of bullying in everyday life or to find a way to protect oneself against it, it is advisable to facilitate access for those being bullied or having been affected by bullying to psychotherapeutic services.

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