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## RELATIONSHIP BETWEEN EMPATHY AND BULLYING: PSYCHOLOGICAL INTERVENTIONS AND PSYCHIATRIC SUPPORT

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**Abstract:** Bullying is a complex phenomenon that can have both immediate and long term psychological effects, as well, as detrimental effects on children's and teenagers' mental health. The aim of this review paper is to analyze the relevant scientific research on the connection between empathy and bullying in children and adolescents, to identify the characteristics of children who bully and their victims, as well as to provide recommendations for psychological interventions and psychiatric support, with the aim of supporting mental health, emotional development and the development of empathic skills in young people.

Bullying manifests itself through repeated physical, verbal or psychological attacks directed at weaker peers with the aim of causing fear, insecurity or psychological harm. It is considered a type of proactive aggression, planned and aimed at achieving social dominance and control over others.

Research shows that children who bully are often impulsive, dominant, easily frustrated, have limited empathy and a positive attitude towards violence. Some of them are highly socially intelligent and have capacity to comprehend the feelings of others, but they use this capacity manipulatively and without emotional engagement. However, fewer are provocative and aggressive (bully/victims) demonstrating the complexity of this issue. Bullying victims are typically meek, nervous and insecure. Empathy is a key factor in the regulation of aggressive behavior, with a cognitive component that allows understanding the perspective of others and an affective component, which describes the capacity to feel and comprehend other people's emotions.

Low empathy is linked to a higher risk of engaging in bullying and other antisocial behaviors, according to research. Children with low empathy frequently display manipulative or Machiavellian behaviors, have low affective empathy, and may comprehend others' feelings without expressing them, underscoring the part empathy deficiencies play in encouraging bullying behavior.

Interventions aimed at developing empathic skills in kids and adolescents can significantly reduce the risk of bullying. Preventive initiatives in schools and therapeutic interventions focused on bullies, victims, and their families are crucial for protecting psychological well-being and forming positive social relationships. Psychological interventions focus on cognitive-behavioral therapy to change negative thoughts and develop strategies for regulating emotions, therapy to develop empathy, training in social skills and self-control, family therapy to improve communication and support, as well as school-level interventions, including bullying prevention programs and psychoeducation. Psychiatric interventions applied when bullying occurs in the context of conditions such as ADHD, conduct disorders, depression or anxiety, and focus on clinical assessment, treatment of comorbidities and risk reduction for persistent aggressive behavior.

In conclusion, lack of empathy in children who bully, if not addressed, can lead to an escalation of antisocial and criminal behavior patterns in later life. In conclusion, empathy is an important protective mechanism against bullying and aggressive behavior. Understanding its role and integrating empathic strategies into psychiatric and educational interventions are critical for supporting the mental health and emotional development kids and teenagers, in an effort to lessen the detrimental long-term effects of bullying.

**Keywords:** bullying, aggression, empathy, psychological interventions, psychiatric support

### 1. INTRODUCTION

Over the past ten years, there has been a significant increase in research interest due to the widespread nature and detrimental effects of bullying and victimization behavior. Bullying is now regarded as a significant problem because of the both immediate and long-term issues associated with being involved in bullying (Boswell, 2011).

Olweus's (Olweus, 1999 in Boswell, 2011) definition of bullying, which outlines the following three characteristics, is the most widely used: (1) it involves violent behavior or deliberate harm; (2) it occurs frequently and over time; and (3) it occurs in an interpersonal connection where there is an imbalance of power (Boswell, 2011). These days, the majority of researchers concur that bullying is defined as persistent aggressive behavior carried out by a bully or a group of bullies who systematically victimize a weaker peer. Bullying consists of physical, verbal or psychological attack of intimidation that is meant to cause the victim fear, distress or harm (Gini et al., 2006). In recent years, the focus of research has shifted from simply describing the forms and consequences of bullying to developing effective prevention and intervention strategies. It has been shown that socioemotional skills, especially empathy, play a significant protective role in reducing aggressive behavior and improving social functioning in children and

adolescents. Hence, modern intervention programs are aimed at strengthening empathic abilities, prosocial behavior, and self-regulation of emotions. On the other hand, psychiatric treatment is applied in cases where bullying or victimization is associated with deeper emotional, behavioral, or developmental disorders. This means that bullying or victimization as a behavior in itself is not “treated”, but rather the psychopathological mechanisms that encourage or maintain it (Steinvik et al., 2024; Hawkins et al., 2023). Therefore, understanding bullying today requires a two-pronged approach: developing and implementing psychological interventions to strengthen empathy and positive social relations, and providing psychiatric support when there are clinically relevant disorders related to the violent behavior or the consequences of victimization.

## **2. THEORETICAL FRAMEWORK OF BULLYING**

### *Operationalization and forms of bullying*

Bullying has historically been operationalized as physical, but current research typically includes verbal bullying (like name-calling) and indirect bullying (like deliberately ignoring someone) within the umbrella of bullying. Namely, bullying can take form of either direct (overt) or indirect (relationally aggressive) bullying. Direct physical and verbal attacks (e.g., hitting, threatening, saying mean things) are considered to be types of overt (direct) bullying, and behaviors done to damage another child’s peer relationships (e.g., spreading rumors, excluding a peer from an activity) are considered to be types of relational (indirect) bullying. It is believed that one social goal of children is to be affiliated with their peers. By engaging in relationally aggressive bullying, the victims are alienated from the peer group and feelings of intimacy that children desire from their peers are destroyed, while the bullies “fit in” to the peer structure (Boswell, 2011).

Thus, because they utilize different means, overt and relationally aggressive behaviors can be considered distinct forms of bullying. While bullying can take the aforementioned forms, relationally aggressive behaviors are not so fully recognized as bullying as are overt behaviors. It is believed that the prevalence of relationally aggressive bullying has been underestimated because of the covert and subtle nature of the attacks (Olweus, 1993). However, surprisingly little study has been done on the relative prevalence of all these behaviors, and researchers frequently group different forms of bullying together for analysis (Jolliffe & Farrington, 2006).

### *Bullying as a type of aggressive behavior*

There are many definitions of aggressive behavior but most researchers agree that it is a behavior that is intended to harm another person. Bullying can be conceptualized as a subset of aggressive behaviors because its goal is also to intentionally harm another person. However, bullying is systematic and occurs repeatedly toward a specific victim. In addition, in order for an action to be considered bullying, the victim must be unable to defend himself or herself against the bully, the bullying behavior must occur frequently, and the victim must not have performed any action to provoke the bully (Cowie & Olafsson, 2000).

### *Forms of aggression relevant to bullying: proactive and reactive aggression*

Aggression can be classified into the two subtypes based on the functions that the behaviors serve: proactive and reactive aggression. Proactive aggression is defined as an “unprovoked attack on another, a motivated, goal-oriented behavior that is executed with planning and with low autonomic nervous system arousal” (Connor, 2002, p. 21). The goal of proactive aggression is to obtain a desired reward or outcome (e.g., social dominance, object acquisition). Proactive aggression is conceptualized as a learned behavior, and proactively aggressive children have observed and experienced success from the use of aggressive tactics so they will be more likely to utilize aggression to get what they desire. Reactive aggression differs from proactive aggression and is defined as “a hostile, angry reaction to perceived frustration”. Its goal is to inflict pain upon a source of frustration with little regard to advantage or reward (Connor, 2002). The reactively aggressive child innately lashes out in anger and exhibits temper tantrums, seeming to be out of control and driven completely by his or her emotions at the time. Because of the intentional, goal-oriented, and unemotional nature of bullying, it constitutes a type of proactive aggression but it is a special type due to additional qualities. Bullying consists of unprovoked, well-planned, repeated behaviors that target individuals who are weaker than the bullies. Bullies utilize aggression in a proactive manner to obtain a desired outcome, such as social dominance or control over a peer (Boswell, 2011).

## **3. MECHANISMS AND DYNAMICS OF BULLYING BEHAVIOR**

### *Profiles of victims in bullying situations*

The literature on bullying identifies two categories of targets. Passive targets make up the first and by far the largest subgroup. These kids are typically described as shy, anxious and insecure. Naturally, there is a reciprocal association between these traits and experiencing bullying. For instance, before been targeted, these people might feel insecure and anxious, and the bullying is likely to exacerbate these traits.

Anxiety and aggression are traits of a second, smaller category of targets known as “provocative” targets. These children may also be characterized as hyperactive. Frequently, they are bullied by and disliked by an entire classroom of their peers. Provocative targets also often in turn bully other children. Thus, they can be both targets and bullies. These children have been termed ‘bully/victims’ and are rated as being the least popular by peers, are easily provoked and hot tempered and have problem behavior with hyperactivity, impulsivity and conduct disorder compared to children not involved in bullying behavior (Boyle, 2005).

#### *Characteristics and behavioral patterns of bullies*

Children who bully their peers regularly tend to be impulsive, hot-headed, dominant, easily frustrated, lack empathy, have difficulty following rules and view violence in a positive way. Although a longstanding characterization of children who bully points to their low self-esteem, there is little empirical evidence which support this view. In fact, more recent research (e.g.) suggests that an inflated self-esteem increases the odds of aggressive behavior. When a bully’s self-regard is seriously threatened by insults or criticisms, for example, his or her response will be more aggressive than normal. Furthermore, bullies often report that they feel powerful and superior, and justified in their actions (Bullock, 2002).

The traditional stereotype of bullies describes these children as not academically bright, anxious, insecure, and prone to resort to violence in order to solve conflicts, this being the only response mechanism available to them. Moreover, other potential deficiencies have been identified in their social information-processing and social problem-solving. However it is argued that at least some bullies are socially competent and have superior theory of mind skills. Even though their theory of mind appears to be solely instrumental and exploited in a Machiavellian manner for personal gains, these children exhibit high levels of social intelligence and are adept at understanding the mental states of others (Sutton & Keogh, 2000). Other studies (Björkqvist et al., 2000) concur that bullies are people with a type of “cold cognition” who are unable to comprehend the emotions of others. They have also proposed that when a victim shows signs of suffering, the bullies’ actions are further reinforced. In other words, according to the “skilled manipulator” perspective, bullies are aware of others’ feelings but do not share them since they are defined by a kind of “theory of nasty minds” (Sutton & Keogh, 2000).

#### *Risk factors for bullying*

Bullying among youngsters is not caused by a single factor. Instead, a child or young person may be at risk of bullying their classmates due to individual family, peer, school and community issues. As previously said, children who bully their peers frequently exhibit the following traits: they are impulsive, hot-headed, domineering, easily irritated, lack empathy, struggle to obey rules and have a positive perspective of violence (Jolliffe, D & Farrington, 2006; Steinvik et al., 2024). In terms of family risk factors for bullying, children who bully are more likely than their peers who do not bully to reside in homes with: a lack of parental warmth and involvement; excessively permissive parenting (including a lack of boundaries for children’s behavior); a lack of parental supervision; harsh, physical discipline; and a model for bullying behavior (Boyle, 2025). Children and young people who bully are more likely to have friends who bully and who have positive views about violence, according to research on peer risk factors for bullying (Steinvik et al., 2024).

## **4. IMPACT OF BULLYING ON VICTIMS AND BULLIES**

### *Consequences of bullying for victims*

Both as children and as adults, bullied children frequently suffer from internalizing (such as depression and Anxiety) and somatic (such as headaches and stomachaches) symptoms in addition to physical damage. They might also feel confused, angry, insecure and have low self-esteem. Children need to feel comfortable, protected and secure in their surroundings in order to do well in school. The victims have trouble adjusting, feel lonely and want to avoid school because they see it as dangerous place. Children cannot learn properly if they are afraid or feel intimidated. In response, they can skip class, stay away from specific sections of the school or, in extreme, but increasingly frequent situations, bring weapons to class. In addition to avoiding school, these kids may also struggle academically since their psychiatric problems may make it difficult for them to learn in class. If they don’t get help and treatment, youngsters may have severe crucial thoughts and even attempt suicide (Hawkins et al., 2023).

### *Consequences of bullying for bullies*

It has been discovered that children who harass others suffer in school and have trouble forming and sustaining healthy relationships. Bullies are more likely to experience unfavorable consequences in the future if they are let to act aggressively at a young age without adequate parental and school system intervention. Additional conduct disorders frequently accompany the bullying behavior. This pattern of behavior in childhood and adolescence raises the possibility that these people may act antisocially as adults (Boyle, 2005).

## 5. THE RELATIONSHIP BETWEEN EMPATHY AND BULLYING

### *Concept, Components and Development of empathy*

Because the empathy construct is linked to positive behavior and psychological adjustment, psychologists and educators have given it a lot of attention over the past few decades. In fact, empathy has been found to be one of the most important personality traits since it suppresses aggressive behavior and encourages prosocial behavior like sharing and collaboration (Gini et al., 2006). Over the last ten years, there has been a growing interest in studying empathy empirically. Although empathy has been studied for hundreds of years, from philosophy, theology, ethology and neuroscience to developmental, social and personality psychology, there are currently conflicting definitions of empathy, which leads to a great deal of heterogeneity in the ways that researchers and theorists describe and study empathy. This is primarily due to increased theoretical and empirical attention to bullying, a topic that indicates an empathy deficit in today's children and youth (Demirdogen et al., 2022). Sharing another person's emotional condition is a common definition of empathy. Another definition of empathy is the act of placing oneself in another's person's shoes, experiencing things from their perspective and comprehending their thoughts and feelings. Dispositional empathy is currently described as a multifaceted entity including cognitive and affective/emotional components. While the emotional component – specifically, empathetic concern – is defined by the propensity to feel sympathy or concern for others, the cognitive component – specifically, perspective - taking – reflects the capacity to relate and comprehend the viewpoints of others (Jolliffe&Farrington, 2006; Steinvik et al., 2024).

### *Low empathy as predictor of bullying*

Another way in which researchers have explored the role of empathy in aggression is examining empathy in relation to bullying behaviors in children and adolescents. The proposed relationship between low empathy and bullying is based on exactly the same theoretical framework as the relationship between low empathy and antisocial behavior. That is, those who bully others are proposed to have less empathy than those who do not. This is due to the fact that people who share and/or understand another persons's unpleasant emotional response, which arises from their own bullying, may be inhibited and less likely to engage in this behavior or bullying in the future.

A number of researchers found that bullies tend to have low empathy. In their study Gini et al., (Gini et al., 2006) found that bullying was associated with reduced levels of empathetic responsiveness (for boys only). According to Jolliffe and Farrington (Jollife & Farrington, 2006), self-reported bullies tended to have poor affective empathy but not low cognitive empathy. This means that bullies might not lack social abilities, such as perspective-taking, but they might comprehend emotions but not feel or share them. Bullies are typically cunning and Machiavellian, according to Sutton and Keogh (Sutton & Keogh, 2000). It is reasonable to assume that bullies would typically score highly on the three dimensions of childhood psychopathology; an impulsive or irresponsible behavioral style \*e.g., failing to think before acting, boredom, excitement – seeking); a deficient affective experience (e.g., low guilt, low empathy, low remorse, callous); and a deficient interpersonal style (e.g., manipulative, lying, conning).

### *The role of empathy in bullying prevention*

Research by Antoniadou and Kokkinos (Antoniadou& Kokkinos, 2018) shows that empathy—particularly the affective component—is significantly negatively associated with involvement in traditional and cyberbullying. The formation of empathy in early childhood is crucial, as evidenced by the fact that students with lower levels of affective empathy were more likely to engage in or be victims of bullying. A meta-analysis by Deng et al. (Deng et al., 2021) demonstrates that having empathy is positively connected with acting as a “defender in bullying situations; that is, pupils who have more empathy are more willing to step in and assist the victims, with this effect being stronger for affective empathy than for cognitive empathy. Research among Turkish adolescents by Demirdogen et al. (Demirdogen et al., 2022) showed that bullying behavior is linked to high levels of alexithymia, low affective empathy and poor emotional detection skills (also known as “reading mind in the eyes”), indicating that difficulties in understanding the emotions of others and underdeveloped empathic skills may be significant risk factors. The study also highlights the need for therapeutic interventions that will increase the capacity for empathy and emotional representation in young people. Recent research also comes to the same results. Karlinda et al. (Karlindaet al., 2024) discuss digital empathy and suggest that adolescents with higher levels of digital empathy are more likely to be aware of bullying and less likely to engage in it. The study suggests that developing digital empathy (the capacity to comprehend and identify other's feelings in an online setting) may act as a preventative measure against verbal and social bullying online. According to Steinvik et al., (Steinvik et al., 2014) empathy and the activation of a sense of compassion increase the response to witnessing bullying. Students who have developed a higher empathetic response are more likely to intervene or provide support to the victim. Therefore, programs to activate empathy and compassion are effective in reducing passivity and supporting positive interventions against bullying.

## 6. NEED FOR EMPATHY DEVELOPMENT THROUGH PSYCHOLOGICAL INTERVENTIONS AND PSYCHIATRIC SUPPORT IN CHILDREN AND ADOLESCENTS INVOLVED IN BULLYING

Contemporary intervention programs aimed at preventing and reducing bullying increasingly highlight empathy as a key protective factor for social functioning and emotional self-regulation in children and adolescents. Psychological interventions in this context aim to foster the development of the ability to recognize, understand, and authentically respond to the emotions of others, thereby reducing the likelihood of aggressive behavior. They include cognitive-behavioral approaches, social and communication skills training, techniques for developing the ability to recognize and interpret the emotions of others, and structured activities to encourage perspective-taking strategies. Research suggests that programs that directly encourage empathic resonance and emotional awareness lead to significant reductions in aggressive and dominant behavior (Hensumset al., 2022).

Psychiatric treatment is involved in cases where bullying is associated with deeper clinical conditions. In children or adolescents who bully, this often involves treatment for disorders such as conduct disorder, defiant disorder, ADHD, or impulse control difficulties. In victims, psychiatric intervention may target signs of anxiety, depression, low self-esteem, or post-traumatic stress disorder. This means that drug treatment is not applied to "bullying" as a behavior per se, but to treat the underlying psychopathological mechanisms that can maintain or intensify the aggressive pattern of responding or its consequences (Hawkins et al., 2023). Drug treatment is applied selectively and always in the context of a comprehensive support plan, after a detailed diagnostic assessment and multidisciplinary coordination (Kowalski et al., 2021).

This clearly highlights the need for a combined approach: strengthening empathy and social connectedness through psychological work, in parallel with psychiatric support where clinically relevant emotional or behavioral disorders exist.

## 7. CONCLUSION

Bullying is a complex and systemic form of aggressive behavior that has significant consequences not only for victims, but also for the bullies themselves and the wider social environment. Contemporary research consistently confirms that empathy is a key protective factor against the occurrence and maintenance of bullying. Low levels of affective empathy, especially among children and adolescents who display proactive and instrumental forms of aggression, facilitate the dehumanization of others and encourage a tendency towards dominance and manipulation. Therefore, the development and structural strengthening of empathic capacities should be a central point of preventive and corrective interventions in schools and the community. Psychological interventions that focus on recognizing and understanding emotions, developing perspective-taking, cognitive-behavioral strategies for impulse management, and building social skills show consistent effects in reducing aggression and promoting prosocial behavior. These programs are not only aimed at victims and bullies, but also at bystanders, who often play a key role in maintaining or interrupting bullying in a group context. Psychiatric treatment is indicated only in cases where comorbid clinical conditions are present, such as ADHD, conduct disorders, depression, anxiety disorders or post-traumatic symptomatology. In these situations, psychopharmacological and psychotherapeutic support aim to treat the underlying disorder that maintains or intensifies violent or passive behavior, and not to treat the bullying itself as a phenomenon. The best results are achieved when psychological and psychiatric interventions are coordinated within a multidisciplinary approach and include the family and school. This emphasizes the necessity of a systemic and continuous approach in which the strengthening of empathy, the encouragement of social connection and timely professional support are essential conditions for creating a safe, sensitive and developmentally supportive environment for all children and adolescents.

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