Embitterment in a Cultural Context

Michael Linden

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Address for Correspondence:

Prof. Dr. Michael Linden

Charité Research Group Psychosomatic Rehabilitation

Lichterfelder Allee 55

14513 Teltow

Tel: 03328-345-678

Fax: 03328-345-555

E-mail: michael.linden@charite.de

1. Embitterment and Posttraumatic Embitterment Disorder

All human beings know the emotion of embitterment (Linden & Maercker 2011). It is a feeling of having been let down and been humiliated, often associated to the experiences of injustice in combination with helplessness. In order to understand the nature of embitterment it may be helpful to have a look at emotion psychology (Ekman 1997, Plutchik 1980, Merten 2003). Fig. 1 shows a model of emotions from Plutchik (1980, 2001). This three-dimensional circumplex model describes basic emotions and their complex relation to each other. Analogous to colours, the order of emotions in the circle is according to the degrees of similarity between emotions and the vertical dimension from the outside to the inner circle reflects intensity. There are eight primary emotion dimensions, arranged as four pairs of opposites. Emotions that are mixtures of two emotions are primary dyads. Combinations of several emotions are complex emotions. All emotions result in emotion congruent actions. If there are combinations of opposite emotions, like anger and fear, this can lead to blockades of action.

Fig. 1: The spectrum and interrelation of emotions (Plutchik 1980, 2001)

According to the cognitive theory, emotions are the product of cognitive appraisals (Lazarus 1991, Scherer 2004). Embitterment can be described as a complex emotion with a blend of several contradictory and mutually inhibiting emotions, which can be understood as the result of a stepwise appraisal process and development:

1. Frustration occurs when things do not go as expected
2. Disappointment is added if things could have gone otherwise
3. Anger is added if there is the impression that somebody could have done something about it
4. Aggression is added if some other person is seen as guilty and should be punished
5. Shame is added if one has to admit that oneself is part of the cause
6. Humiliation is added if one is disparaged by others
7. Despair is added if repeated trials to do something turned things even worse
8. Hopelessness, depression, and giving up is added if one can do nothing more to react
9. Embitterment is added if injustice, infidelity or feelings of having been let down are involved
10. Intense and grave embitterment occurs if this involves the violation of central basic beliefs
11. Rampage is added if the present state is unbearable

Such, embitterment is a summary of several and diverse emotions. There is no simple way to react and rampage is the next best thing to do.

Embitterment and concomitant actions can be understood as last resort emotion. This again is similar to extreme anxiety, i.e. panic, which also is a last resort emotion. Panic is helpful in moments of serious endangerment of life, as it produces strength which would otherwise not be available. In panic persons can run, fight, swim or freeze to a degree which is only possible in panic. Similarly, severe embitterment is a helpful emotion in extreme situations. The psychoanalyst Alexander (1966) has characterized embitterment as „aggression by self destruction“. When persons are cornered and in a situation with no way out, where the enemy has full control and life is endangered, embitterment can be a last option. Rather kill yourself than being killed. Rampage means to stop at nothing. This type of reaction can already be observed in children who have dreams about leaving the house to die in the snow in order to punish mother who has forced them to go to bed. This aggression by self destruction is exactly what one can see in severely embittered persons. They attack regardless of the consequences. They start legal fights without any option of success, they spend their last money on pointless actions, they even do seemingly ridiculous actions like to key somebody’s car. They can run amok and go on the rampage, they can kill their spouse and afterwards themselves (Felber et al 2010).

This complex emotion of embitterment can be measured with the Bern Embitterment Inventory (Znoj 2008, 2011). The scale has 18 items with the subdimensions lowered mood and bitterness, misanthropy and aggression, feelings of injustice, pessimism and hopelessness. Embitterment is correlated with aggression, fatalistic attitudes, help- and hopelessness and the feeling of being attacked and persecuted. Znoj (2008) has defined embitterment as a feeling of having been let down, of angriness, and injustice. Actions which arise from this emotion can be protest and open aggression, but also passiveness, isolation, and retreat. In contrast to depression, emotional modulation is unimpaired (Linden et al 2007).

If one wants to describe and classify the different facettes of embitterment this can be done analogous to anxiety. Embitterment like anxiety is known by all human beings, both are triggered by situations, are dimensional in intensity, and can become pathologic with increasing intensity. In the same way that anxiety is a pervasive emotion, about half of persons in the normal population report that they harbour feelings of embitterment in relation to experiences they had during recent times (Linden et al 2007). About five percent say that this emotion is so strong that they feel impaired in daily activities, can not let loose, have retreated from daily activities or social contacts and are hunted by intrusive memories. An interesting question is whether, similar to anxious personalities there are also „embitterment prone personalities“. As everybody knows, there are easily offended and misanthropic persons. Also embitterment can occur in the context of other mental disorders. Rotter (2011) presented data which show that patients with personality disorders show increased rates of embitterment. This can be a part of the emotional spectrum of respective personality disorders, but also a consequence of the underlying disorder, as persons with personality disorders are prone to be treated unfair by others persons which must then also result in secondary feelings of embitterment.

Finally, there is also a special embitterment disorder, the „Posttraumatic Embitterment Disorder, PTED“(Linden 2003, Linden et al 2007, 2011), which can be seen parallel to the posttraumatic stress disorder, an anxiety disorders. PTED is characterized by embitterment, feelings of humiliation, of having been let down, by help- and hopelessness, aggression against oneself and others, reduction in drive, multiple somatoform symptoms, phobic avoidance of selected places and persons, or reduction from social activities. The diagnostic criteria for PTED are summarized in tab. 1. (Linden et al 2008).

Tab. 1: Diagnostic criteria of PTED

A. Core criteria

1. A single exceptional negative life event precipitates the onset of the illness.

1. Patients know about this life event and see their present negative state as a direct and lasting consequence of this event.
2. Patients experience the negative life event as "unjust" and respond with embitterment and emotional arousal when reminded of the event.
3. No obvious mental disorder in the year before the critical event. The present state is no recurrence of a preexisting mental disorder

B. Additional signs and symptoms

1. Patients see themselves as victims and as helpless to cope with the event or the cause
2. Patients blame themselves for the event, for not having prevented it, or for not being able to cope with it.
3. Patients report repeated intrusive memories of the critical event. For some part they even think that is important not to forget.
4. Patients express thoughts that it does no longer matter how they are doing and are even uncertain whether they want the wounds to heal.
5. Patients can express suicidal ideation
6. Additional emotions are dysphoria, aggression, down-heartedness, which can resemble melancholic depressive states with somatic syndromes.

6. Patients show a variety of unspecific somatic complaints such as loss of appetite, sleep disturbances, pain.

7. Patients can report phobic symptoms in respect to the place or to persons related to the event.

8. Drive is reduced and blocked. Patients experience themselves not so much as drive inhibited but rather as drive unwilling.

9. Emotional modulation is not impaired and patients can show normal affect when they are distracted or can even smile when engaged in thoughts of revenge.

C. Duration: longer than 3 months

D. Impairment: Performance in daily activities and roles is impaired.

2. Embitterment and culture: Aspiration level, injustice and violation of basic beliefs

PTED is seen in the aftermath of negative life events which are known to everybody though they are still exceptional. Their common feature is injustice, betrayal and breach of confidence, humiliation, and violation of basic beliefs, i.e. important values in life. Examples are events of injustice (Pirhacova, 1997), enduring unemployment (Zemperl & Frese, 1997), major negative life events (Baures, 1996).

Of special importance is injustice. “Beliefs in a just world” are an important part of the psychology of everybody. It is the prerequisite for social behavior. There is a large body of research on this psychological phenomenon (Dalbert 1999, 2011, Lerner 1980, Rubin & Peplau 1975). The belief in a just world gives the security that other will respond to one’s own behavior in a similar way so that one can influence others by what one does oneself. Own positive behavior will be rewarded, negative behavior punished. This is the basis for mutual trust. This explains, why beliefs in a just world and well being are correlated.

In case of injustice, persons will revolt and retreat from the transgressor. They will in a first step not change their expectations of justice. Instead they will try to incorporate their negative experiences in their views of the world, by reframing or additional explanations on the reasons (Bulman und Wortman 1977, Lipkus & Siegler 1993, Strelan 2007). They will also react with counteraggression against persons, institutions or even fate (Willebrand 2002). Is there no way out, then help- and hopelessness will emerge and aggression turn towards oneself because one has not prevented the negative event from the beginning. If experiences of injustice can no longer be consoled with one’s own basic beliefs and values then adaptive reactions will stop and breakdown and severe embitterment emerge.

The special feature of injustice is that it is a form of aggression. In modern societies, open aggression like the beating of others, is no longer accepted. Still, persons are aggressive to each other. One way is to afflict injustice. Deliberate acts of injustice need the power to do so. This implies the vilification of the victim. Acts of injustice especially include the aspects which have been described above as steps to embitterment.

Although all persons in general hold beliefs in a just world, it is still depending on individual factors what is experienced as injust in a certain situation or by a certain person. This is largely dependent on basic beliefs of a person (Bolby 1969, Beck et al 1979, Janoff-Bulman 1992, Hautzinger 2008). Cognitive psychotherapy makes a distinction between automatic thoughts, schemata and basic beliefs. Cognitive schemata and basic beliefs are, like language, culturally determined and learned in childhood from the age of five to twenty. They are needed for coherent behavior about the life span of an individual (e.g. “”keep your goods together” which leads to thriftiness in thousands of situations over many years to become wealthy). They also define large groups of persons (e.g. „belief in Jesus Christ“ makes christians). Finally, they are passed on from generation to generation and define culture (Jews or Palastinians, muslims or christians, french or british).

These values, judgement dispositions, or basic beliefs and schemata are core features of any culture (Schwartz 1997). Culture is defined by Schwartz (1997) as the summary of all patterns of thinking, feeling and behavior which are hold in common by members of a delimited group of persons, be it ethnic, religious, national etc. Accordingly they should be different between cultures or other social groups, because only by this they can delineate one group from the other. To the degree that persons have some experiences in common with other members of their group they can be part of a social group. But every person also has his or her very individual experience in life. So there will be as many individual cognitive sets as there are persons (Schwartz, 1997).

Apart from individual and societal contents of basic beliefs there is also a situational part to it. Experience of injustice is not only a question of what has been done in an absolute way but even more in a relative way (Veenhoven, 1991, 1996, Biswas-Diener, 2008; Helliwell & Putnam, 2008). Whether somebody thinks that he earns enough or is underpaid is in part depending on what others get, and on the level of aspiration. The aspiration level has been defined as personal standard for the evaluation of events and state of affairs (Festinger, 1954, Frey et al 1993). The evaluation of standards is depending on comparisons with others and earlier experiences. According to the theory of social comparison (Festinger, 1954, Frey et al., 1993) aspiration levels are developed in reference to other persons or social groups which are similar to oneself. Similar to the theory of aspiration psychology Michalos (1985) developed the Multiple Diskrepancies Theory. Persons are content if reality comes close to (a) what a person wanted to achieve, (b) what relevant reference persons have, (c) what one had in the past, and (d) what one expects from the future. (Michalos 1985, Veenhoven, 1996, Diener et al 1999).

Therefore, if one wants to predict when a person will react with embitterment, one has to know their individual basic beliefs. The content of basic beliefs is culturally determined. Similar to language we learn basic beliefs. We take them from parents, teachers and other reference groups in which we are included between five and twenty. As such views on life differ from culture to culture, the same emotional state can be elicited by different contexts in different social reference groups, while the same event can lead to very different emotional reactions in different cultures. Persons for whom the career is the highest value in life will not show a brakedown when they are left by their wife. They will just look for another one who fits better in with their present career position. They will react when they are not promoted, especially when they experience this as an act of injustice or deviousness. In contrast, somebody who thinks that the family is the most important part in life will not react to being laid off, but to unfaithfulness of the spouse. It is known for long that negative life events have negative effects on persons not per se but (a) depending on the meaning of the event to the person, i.e. attributions, and (b) depending on the match between the event and the capacities of the individual to cope with the event (Van der Kolk et al, 1994, 2000; Paykel, 2001, 2003a, b, Veenhoven, 1996, Filipp, 1995, Klauer & Greve, 2005; Schwarzer 2005, Lazarus, 1995, 1999). Cognitions give meaning to events. If values and preferences are stable over time this is called “judgement disposition” (Asendorpf 2007) and seen as personality trait. Such judgement dispositions do not only refer to one’s own behavior but also include expectations on how others should behave. They are standards for the evaluation of events and persons. According to Hofstede (1991) they also can be called mental processes. Veenhoven (1996) is using the term cognitive frame of reference.

The individual, societal, cultural, and political role of cognitions, basic beliefs, and aspiration levels explains why this is a very strong psychology. It is to shape the environment and resists changes in the environment for long times. Persons will not easily change their views of the world and their basic beliefs. So, it can be understood, that there must be intense feelings if basic beliefs are jeopardized by external events or other persons. The defense of basic beliefs makes martyrs or causes wars. The violation of basic beliefs without remedy will cause breakdowns of individuals and societies. One reaction is embitterment and aggression and rampage against everybody else and oneself.

One way to investigate in an empirical way the relation between culture, cognitive schemata, negative life events, and embitterment one can use comparisons of social groups. This can be done in comparison of the same event in different cultures or by studying the impact of societal changes on members of different groups in a society. An example for different meanings of the same event in different cultures could be premarital virginity. While in modern western societies a woman who is going to be married at the age of twenty and who is still virgin may be suspect of some emotional problem, a non-virgin will be seen as shame for the whole family and not be accepted as wife in strict muslim cultures. This can happen in the city of Berlin door by door.

Another approach, to study the relation between embitterment, injustice and social or individual basic beliefs is to refer to populations which undergo large societal changes. Actually, the studies on embitterment started in the wake of the German reunification (Linden 2003). Seventeen millions persons in Eastern Germany had to adjust to major changes in their lives, i.e. in their social status, their working conditions, the legal system, housing, or social relations. Persons with high social roles in the communist system were out of work or driving taxis afterwards. But also persons who had not been involved in the old system and had expected a new and better live were disappointed during the coming years. Many East Germans felt 10 years after the reunification still as second class citizens. This was the time when persons with PTED came in greater numbers as patients. Similar observations have been reported for tschechia (Balon 2004). There are further reports of this kind for turkish immigrants in Western Europe (Hasanoğlu 2008) who often found themselves disappointed as they could not realize their expectations which had led them to leave turkey, while they had worked hard and spent their lives under dire conditions, not respected from their fellow countrymen nor from their children. When studying Iranian emigrants (Teherani 2006) it could be shown, that those persons who had been forced to leave their country for political reasons had significantly higher rates of embitterment as compared to those who had left the country in search for a better life elsewhere.

Similarly there are data that unemployed persons in areas with high unemployment rates show higher degrees of well being than those in regions with low unemployment rates (Clark 1999, Biswas-Diener, 2008). In a study with unemployed (Muschalla & Linden 2011, linden at al 2012) 59.8% of the participants indicated that they experienced their unemployment as injust and unfair, 53.9% reported feelings of embitterment, 69.6% had to think about their unemployment over and over again, 53.9% said that their unemployment led to a noticeable and persistent negative change in their mental well-being. Significant correlations were found between the sum score of the PTED scale and the item “feelings of injustice in connection to unemployment” on one side and unemployment appraisal, duration of unemployment and age, while appraisal and duration of unemployment did not correlate with the GHQ-18 which measures unspecific mental symptoms (Linden et al 2012).

Of special interest in this respect are data from South Africa (Sandau 2009). Years after the end of Apartheid there are still major differences between the social status between black and white citizen in respect to education, occupation, professional status, unemployment, or monthly income (South Africa Statistics, 2003, 2007). When comparing black and white South Africans, black persons reported significantly higher scores on the PTED scale. But, when looking at the rate of embitterment in greater detail, it is interesting that there are significant correlations between unemployment and embitterment in white persons, but not in black ones.

3. Treatment

Treatment of embitterment and especially PTED is difficult, as patients are reluctant to cooperate with therapists, turn aggressively against everybody, are negativistic, fatalistic, resignative, hopelessness and especially as they think that the environment must change, but not they themselves. They often bluntly reject therapeutic help in a demonstrative way (“the world shall see what they did to me”).

One approach to address this problem has been wisdom psychotherapy (Schippan et al. 2004; Linden 2006, Linden et al. 2007; Baumann & Linden 2008). This is a form of cognitive behavior therapy which aims at enabling the patient to come to terms with the negative life event, to let loose, and to reconcile with what has happened. A recent controlled clinical study suggests that this treatment can help to ameliorate embitterment (Linden et al 2011). The overall approach refers to techniques of behavioral description and analysis of the critical event, to establishing a working alliance with the patient, exposure treatment, increase of activities, fostering social contacts, etc. Of special importance are reframing techniques. This is where reference is made to modern developments of wisdom psychology (Baltes & Smith 1990, Staudinger & Baltes 1996, Staudinger et al 1997, Sternberg 1998, Böhmig-Krumhaar et al 2002, Mickler & Staudinger 2008, Meeks & Jeste 2009). Wisdom is a capacity of every human being, similar to assertiveness. Wisdom can, in short, be defined as the capacity to solve unsolvable problems in life. Every life is full of situations in which no clear direction is possible, situations of uncertainty or of contradictory consequences, be it where to go on vacation or whether to marry somebody. Like assertiveness, wisdom has several dimensions: (1) change of perspective, (2) empathy, (3) perception and acceptance of emotions, (4) emotional serenity, (5) factual knowledge, (6) procedural knowledge, (7) contextualism, (8) value relativism, (9) uncertainty acceptance, (10) long-term perspective, (11) distance from oneself, (12) reduction in level of aspiration (Baumann und Linden 2008). There are specific psychotherapeutic methods available which can help to develop and strengthen these capacities in respective patients. One is the method of unsolvable life problems. Patients are given a little case vignette like “Ms Miller has lived for years with a man and she stayed with him and even nursed him for a longer time before he died. Afterwards she had to learn that he had given all his money to his former wife and she was left with nothing in poverty”. Patients are then asked to comment this case from the view of Ms. Miller. Then they are asked to take over the role of the former wife or the deceased partner. It can be asked how other persons would comment this experience, a lawyer who is interested in justice and money, a psychologist who is interested in motives, grandmother who knows everything about human behavior and life, a priest who thinks beyond our life on earth. It can be asked what one can do to deteriorate the situation or to make the best out of it. All this can teach the patient change of perspective, contextualism, long term perspective etc.

The goal of this treatment approach is not to solve the problem, nor to say what and who is right or wrong. Instead, the patient has to learn skills which are needed to solve an unsolvable problem. Change of perspective, empathy, acceptance of one’s own emotions, contextualism, value relativism, uncertainty acceptance, or long-term perspective are capacities which are universal psychological capacities and processes and not culture bound.

Still, there is a cultural aspect to it also. The case vignettes have to be culture embedded. They must be adapted to the cultural background of the patient. Also some of the solutions can be culture bound. Introducing a priest to ask the question of spiritual meaning of the critical event (what wants God to tell you by loading this burden on your shoulder?) needs a knowledge of the religious background, of the weltanschauung and philosophy of life of this person.

4. Conclusions

Embitterment is known to all human beings. If it becomes too intense, it can, similarly to anxiety, result in a disabling and severe pathological condition, like Posttraumatic Embitterment Disorder.

Modern classification of mental disorders in ICD-10 or DSM is by and large free of aetiologtical assumptions. This is also true for PTED. The diagnosis is cross-sectional and based on the syndrome. This does not exclude that aetiological knowledge is unimportant for the understanding, treatment, and possibly understanding of such an illness.

In the diagnosis and treatment of PTED a double approach is needed. The diagnosis is based on a specific psychopathological profile, i.e. prevailing embitterment and intrusions. The understanding and treatment must take into account the cultural context. These are the individual basic beliefs and the type of event which has violated in an idiosyncratic way basic values of this person.

PTED is in many cases seen in the aftermath of experiences of injustice, infidelity, and humiliation. This makes embitterment, more than other mental disorders, a culturally sensitive disorder. What is conceived as injust, is dependent on personal values and beliefs which have been learned during childhood from the social environment. It is also depending on the present living conditions and aspiration levels of the person, which are directly linked to processes of social comparison.

Interestingly, the treatment of embitterment and PTED is by and large again independent of the specific cause. It starts by teaching general skills of how to cope with severe and irreversible negative life events like having been let down, cheated or humiliated. Culture is used only to the degree as it offers possibilities for the refraiming of events and integrating negative events in the existing framework of basic beliefs and values.

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