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International Scientific Conference:

“Embitterment and Mental Disorders”

Chair:

Prof. Dr. Michael Linden, Berlin & Prof. Dr. Dr. Andreas Maercker, Zürich

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Background

Negative life events can trigger severe and persistent mental disorders. ICD 10 (WHO, 1990) and DSM-IV (APA, 1994) list *acute stress reaction*, *post-traumatic stress disorder* (PTSD), *adjustment disorder* and *bereavement* (in DSM-IV only) under the heading of reactive or adjustment disorders. Acute stress reactions and PTSD develop in response to exceptional and life threatening experiences. Adjustment disorders are the consequence of negative life events.

Among reactive disorders PTSD is the only category which is well defined by characteristics of the trigger event (“exceptional and life threatening”) and characteristic symptoms (anxiety, intrusion, hyperarousal, avoidance behaviour). Adjustment disorders include no clear and specific profile of symptoms. The social, emotional, and vocational

dysfunctions, which indicate the pathological reaction, are qualitatively and quantitatively not specified. In addition, no criteria are offered to quantify stressors for adjustment disorder nor to assess their effect or meaning for a particular individual at a given time. The present imprecision of the definition of adjustment disorders complicates the classification as well as the understanding of its etiological and contextual variables. This is surprising, since there is evidence that these are frequent disorders, especially in primary care (Snyder, Strain, & Wolf, 1990).

Embitterment

The psychopathology of adjustment disorders is primarily marked by emotional symptoms. Therefore, it is important to identify specific emotional patterns and cognitive schemata which are characteristic for adjustment disorder. There are many possible emotional reactions to negative life-events like anger, disappointment, or hopelessness.

Recently, Linden (2003) pointed to embitterment as an emotion that is frequently encountered in the aftermath of exceptional, though normal negative life events like conflict at the workplace, unemployment, the death of a relative, divorce, severe illness, or experience of loss or separation. Embitterment is an emotion encompassing persistent feelings of being let down, insulted or being a loser, and of being revengeful but helpless.

Embitterment is a distinct state of mood. It differs from depression, hopelessness, and also anger as such, though it can share common emotional features or go parallel with each of these other emotions. As opposed to anger, it has the additional quality of self-blame and feeling of injustice. One can be angry at somebody without being embittered. Embitterment is an emotion of having been let down, a feeling and cognition of injustice together with the drive to fight back but not being able to find one's proper goal. Embitterment is nagging and self-increasing. It does not stop by itself but goes on and on. Embittered persons recall the insulting event over and over again. This is similar to intrusive thoughts in PTSD. The difference is that in embitterment emotions sometimes seem to be hurting and rewarding at the same time. There is even something addictive to memories of the trigger events. This could also be because embittered persons feel the need to persuade others of the strengths of their cause. There are also feelings of revenge. Persons who suffer from embitterment can from one second to the other turn from terrifying despair to smiles at the thought that revenge could be theirs. These characteristic features of embitterment illustrate the vast pathological properties of this emotion.

So far, the term embitterment has not been introduced into the psychological and psychiatric nomenclature. Embitterment is not listed in psychopathological systems like the AMDP-

system (AMDP, 1995) or the list of technical terms in DSM-IV (APA, 1994) and no entries of embitterment can be found in prominent psychological dictionaries (Colman, 2003; Häcker & Stapf, 1998). This is surprising given the fact that embitterment is more crippling as depression or anxiety. Only few scientific studies have addressed embitterment. Pirhacova (1997) describes embitterment as caused by social injustice. Zemperl and Frese (1997) observe this emotion as a reaction to protracted unemployment. Baures (1996) mentions embitterment and hate in connection with extreme trauma, and emphasizes the importance of letting go of these destructive emotions, in order to recover. Webster (1993) addresses bitterness revival as a function of reminiscence. Znoj (2002) developed an “embitterment scale” when working with cancer patients. Alexander (1966) made an attempt to study the phenomenology of bitterness in psychoanalytical terms.

An account of the psychopathological properties of embitterment was given by Linden and colleagues (e.g. Linden, 2003; Linden et al, 2006, 2007) who described the “Posttraumatic Embitterment Disorder, (PTED)” as a specific form of adjustment disorder. It was shown that patients who react with prolonged embitterment to a negative life-event can develop impressive psychological symptoms of clinical significance.

Research on PTED showed that embitterment can be triggered by negative events in various life domains (Linden et al, 2004). The common feature of such events is that they are experienced as unjust, as a personal insult, and psychologically as a violation of basic beliefs and values (Beck et al. 1979; Janoff-Bulman, 1992). Therefore, since humiliation and feelings of injustice are frequent life experiences in various life domains, one can assume that embitterment and its consequences play a significant role in everyday life.

We assume that embitterment can be observed in various contexts such as political and social change (e.g. the German reunion), mobbing, redundancy, bereavement, marital conflict, or in the forensic field.

Importance of the conference

Given its pathological properties, we believe that the emotion embitterment deserves more attention in the field of clinical psychological and psychiatric research. The international conference “Embitterment and Mental Disorders” has the aim to initiate an international discourse about reactive embitterment, the triggering conditions and its psychological consequences. In this connection the possible impact of exceptional, though normal negative life events on psychological well-being shall be appreciated in its full magnitude. At the same time this shall lead to a better definition and understanding of the diagnostic category of adjustment disorders.

There are several topics of interest and research areas which be taken into account. These are e.g. are PTSD, Mobbing, Forensic Aspects, Pathological Bereavement, Personality Disorders, Social Humiliation, Neural Correlates, Forgiveness, Wisdom. In addition, treatment approaches that facilitate the cognitive integration and processing of negative life events that encompass feelings of injustice, humiliation and debasement shall be discussed, like forgiveness therapy or wisdom therapy.

Experts in these domains will be convened to present their findings. Apart from their presentations a workshop will be held, to discuss next steps in research and concept building. The presentations and discussions of this workshop will be published.

References

- Alexander, J. (1966). The psychology of bitterness. *International Journal of Psycho-Analysis*, 41, 514-520.
- AMDP (1995). *Das AMDP-System. Manual zur Dokumentation psychiatrischer Befunde*. Göttingen: Hogrefe.
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.), Washington, American Psychiatric Association.
- Baures, M. M. (1996). Letting go bitterness and hate. *Journal of Humanistic Psychology*, 36, 75-90.
- Beck, A. T., Rush, A. J., Shaw, B., Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.
- Colman, A. M. (2003). *Oxford dictionary of psychology*. New York: Oxford University Press.
- Häcker, H., & Stapf, K. H. (1998) (Eds.), *Dorsch Psychologisches Wörterbuch*, 13th edition. Bern: Huber.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Linden M. (2003). The Posttraumatic Embitterment Disorder. *Psychotherapy and Psychosomatics*, 72, 195 – 202.
- Linden M., Schippan B., Baumann K., Spielberg R. (2004). Die posttraumatische Verbitterungsstörung (PTED): Abgrenzung einer spezifischen Form der Anpassungsstörungen. *Nervenarzt*, 75, 51-57.
- Linden M., Baumann K., Rotter, M, Schippan B. (2006) The psychopathology of PTED. Psychopathology, in press.
- Linden M., Baumann K., Rotter, M, Schippan B. PTED in comparison to other mental disorders. [Submitted for Publication to *Journal of Clinical Psychology*].
- Pirhacova, I. (1997). Perceived social injustice and negative affective states. *Studia Psychologica* 39, 133-136.
- Snyder, S., Strain, J. J., & Wolf, D. (1990). Differentiating major depression from adjustment disorder with depressed mood in the medical setting. *General Hospital Psychiatry*, 12, 159-165.
- Webster, J. D. (1993) Construction and Validation of the Reminiscence Functions Scale. *Journal of Gerontology*, 48, 256-262.
- Zemperl, J. & Frese, M. (1997). Arbeitslose: Selbstverwaltung überwindet die Lethargie. *Psychologie Heute* 24, 36-41.
- Znoj, H. (2002). *Der Berner Verbitterungsfragebogen*. Unpublished.