CHRONIC EMBITTERMENT AT WORK

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WHAT I AIM TO COVER

• Case vignettes to illustrate the nature and presentation of chronic embitterment

• Some concepts associated with chronic embitterment

• Outline of aspects of management
VIGNETTES

- Dr PN – GP vocational trainee
- Mr AD – community psychiatric nurse
- Dr RT – consultant
- Ms DA – local authority solicitor
VIGNETTES - COMMON FEATURES

• Strong sense of personal injustice
• Strong need to recount events involving injustice in great detail
• Blame (rather than anger)
• Strong sense of entitlement
• Escalating responses, often including intemperate behaviours
• Rumination
• Bad dreams or nightmares
• Sometimes accompanied by depression
• Presentation often misconstrued as bipolar disorder, ‘paranoia’, obsessive compulsive disorder, even personality disorder
BLAME vs ANGER

- Anger does not require an obligatory explanation (‘I’m angry this morning, but I don’t know why’)
- The person blaming must be able to offer an explanation why the blame is justified
- Blame, but not anger, can influence social (and interpersonal) regulation

WORK-RELATED RUMINATION

• Very prevalent (in one large study, 72% of employees reported ruminating outside work)

• Generally seen as a negative process

• *Affective rumination* is negative, involving continuing high arousal and consequent sleep disturbance and fatigue

• *Problem-solving rumination* – reflection on previous work to see how it might be improved – can enhance creativity and can be associated with positive affect

Cropley M & Zijlstra F (2011)
Querstret D & Cropley M (2012)
CO-RUMINATION

- Support from work colleagues is generally beneficial

- However, co-rumination – excessive negative talk about a problem or issue – is associated with
  - Increased stress levels
  - Increased burn-out

Boren JP. Management Communication Quarterly (2014)
EMBITTERMENT

An emotion encompassing persistent feelings of being let down, insulted or being a loser, and of being revengeful but helpless

Linden, M (2003)
## COMMON FEATURES

<table>
<thead>
<tr>
<th>HISTORY</th>
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<tr>
<td>• Manifests itself in the context of a relationship (in the broadest sense) that has ‘gone wrong’</td>
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<td>• Anger, focused on the organisation or an individual within it</td>
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<td>• Event(s) cited as evidence of having been let down of badly treated by superiors or by the organisation as a whole</td>
<td>• Strong sense of injustice or unfairness</td>
</tr>
<tr>
<td>• Lack of resolution of event(s)</td>
<td>• Often strong sense of entitlement</td>
</tr>
<tr>
<td>• Present distress attributed directly to event(s)</td>
<td>• Prominent ruminations</td>
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<tr>
<td>• Strong convictions about fairness, justice or anticipated support</td>
<td>• Affective modulation preserved</td>
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<td>(Often also need to recount events in detail)</td>
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CAUSE(S) OF EMBITTERMENT

• Original publications on embitterment suggest that the condition is triggered by a single event.

• Our experience is that embitterment grows through a succession of events or experiences.

• In some cases, others would consider that the person has good cause to be embittered.

• In other cases, the problem arises from the person’s appraisal that he/she has been treated unjustly but corroborative evidence is absent and the appraisal appears biased.
EMBITTERMENT – WIDESPREAD?

- Embitterment is not confined to the workplace
- Media regularly contain examples of what appears to be embitterment
  - Acrimonious divorce cases
  - People who perceive themselves as warranting support but fail to receive it
  - Some cases of ‘cultural victimhood’
ORGANISATIONAL JUSTICE

DISTRIBUTIVE JUSTICE
- Fairness of outcomes

PROCEDURAL JUSTICE
- Procedures applied consistently
- Free of bias
- Accurate information collected and used in decision-making
- Mechanism to correct flawed decisions
- Account taken of views of those affected by the decisions
- Process conforms to prevailing ethical/moral standards

INFORMATIONAL JUSTICE
- Explanations of procedures and actions

INTERPERSONAL JUSTICE
- Politeness
- Dignity
- Respect

## SPEARMAN CORRELATIONS WITH EMBITTERMENT SCORES (N=326)

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<tr>
<td><strong>Depression</strong></td>
<td>0.52</td>
<td><strong>HSE Stress Indicator Tool</strong></td>
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<tr>
<td><strong>Anxiety</strong></td>
<td>0.44</td>
<td><strong>Demands</strong></td>
<td>0.07</td>
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<tr>
<td><strong>Procedural Justice</strong></td>
<td>-0.41</td>
<td><strong>Control</strong></td>
<td>-0.28</td>
</tr>
<tr>
<td><strong>Psychological Work Contract</strong></td>
<td></td>
<td><strong>Manager Support</strong></td>
<td>-0.44</td>
</tr>
<tr>
<td><strong>Felt Obligation</strong></td>
<td>-0.06</td>
<td><strong>Peer Support</strong></td>
<td>-0.42</td>
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<tr>
<td><strong>Organisational Support</strong></td>
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<td><strong>Relationships</strong></td>
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<td><strong>Psychological Work Contract</strong></td>
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<td><strong>Role</strong></td>
<td>-0.28</td>
</tr>
<tr>
<td><strong>Change</strong></td>
<td>-0.40</td>
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**Assessment of consecutive OH attenders (N=326) at one NHS Trust**

*p* < 0.0001

Sensky T *et al.*

*Occupational Med 2015*
CHRONIC EMBITTERMENT

EVENT(S)

Perceived breach in support

Breach of organisational justice

Loss of trust

Hyper-vigilance for further breaches

Redoubling of efforts to gain justice

IMPAIRED PERFORMANCE, COMMITMENT, ENTHUSIASM

Perception of organisation as unjust

?? Strong personal principles

RUMINATION
SICKNESS ABSENCE AMONG EMBITTERED vs NON-EMBITTERED STAFF

MEDIAN EMBITTERMENT SCORES BY SICKNESS ABSENCE IN PAST 12 MONTHS

RECOGNITION AND APPROPRIATE MANAGEMENT - WHY THEY ARE IMPORTANT

• The embittered individual is often distressed and seldom functions well

• Dealing with embittered people is stressful and can be disproportionately time-consuming for managers, occupational health, and others

• An embittered person can adversely affect team relationships and working

• Embitterment often leads to sickness absence
DEFINING BOUNDARIES

• The embittered person is unlikely to be able to keep clear boundaries – key feature of presentation of embitterment

• The OH clinician must therefore define the boundaries, and keep reminding the patient of these, as necessary

• The OH clinician may have a role in helping others involved to define their boundaries with the embittered person
Tell the patient:

• you are particularly concerned about how he/she is coping with the prevailing circumstances, rather than the circumstances themselves

• you won’t undertake to read anything he/she sends you before the appointment

• you won’t read anything unless you and the patient have agreed in advance that you should do so

• you won’t read any e-mails you’ve been copied into
MANAGEMENT

• Focus on how the person is coping
• Check for increased alcohol consumption and depression
• Ask the patient: ‘What can you do about this situation?‘
• Remember your boundaries when deciding what you can do
• Consider third-party involvement eg mediation, coaching, union, etc.
**MANAGEMENT**

| RUMINATION                      | Explain the continuous rumination is seldom effective in problem-solving  
|                                | Encourage distraction techniques that the patients finds effective    
|                                | Might suggest scheduling specific time to ruminate (followed by distraction)  
|                                | Suggest enlisting help from others eg family                        |
| SLEEP HYGIENE                  | Encourage regular hours                                           
|                                | Suitable distraction techniques from rumination at night            
|                                | Check that alcohol isn’t being used to initiate sleep              
|                                | Advise against sending e-mails during the night                    |
LETTER TO REFERRER

• If possible, focus exclusively on how the person is coping, and avoid reiterating the person’s account of the circumstances or causes of injustice

• Consider carefully whether to attribute problems to ‘stress’ or to offer a psychiatric diagnosis

• Most appropriate diagnosis is probably adjustment disorder (ICD-10 F43.2) (embitterment is mentioned explicitly under adjustment disorder in ICD-11 draft)

• Recommending adjustments requires care
FOLLOW-UP

• Follow-up must have objectives based on your skills and resources

• If possible, avoid follow-up ‘just to provide support’ (usually ends up fostering rumination)

• Try to set (realistic) limits on follow-up eg ‘I’ll meet with you once more to see whether we can identify something specific which I can offer to help you’

• Complicated if OH is obliged to follow up because of sickness absence, but same principles apply
CHRONIC EMBITTERMENT: OUTCOMES

• Variable (and occasionally surprising)

• More encouraging when the embittered person shows some compromise or flexibility eg willingness to consider mediation

• If no flexibility, might have to consider focussing on limiting distress to the person and/or others

• If no flexibility, limited scope for Occupational Health intervention – might need to advise management to consider an exit strategy
CONTACT DETAILS

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