CHRONIC EMBITTERMENT AT WORK

TOM SENSKY

Emeritus Professor of Psychological Medicine

Imperial College

Consultant Psychiatrist, Health at Work Team

West London Mental Health NHS Trust

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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

Malle BF, Gugliemo S, Monroe AE: A theory of blame. Psychological Inquiry 2014: 25; 147-186

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

HISTORY	PRESENTATION
• Manifests itself in the context of a relationship (in the broadest sense) that has 'gone wrong' • Event(s) cited as evidence of having been let down or badly treated by superiors or by the organisation as a whole • Lack of resolution of event(s) • Present distress attributed directly to event(s) • Strong convictions about fairness, justice or anticipated support	

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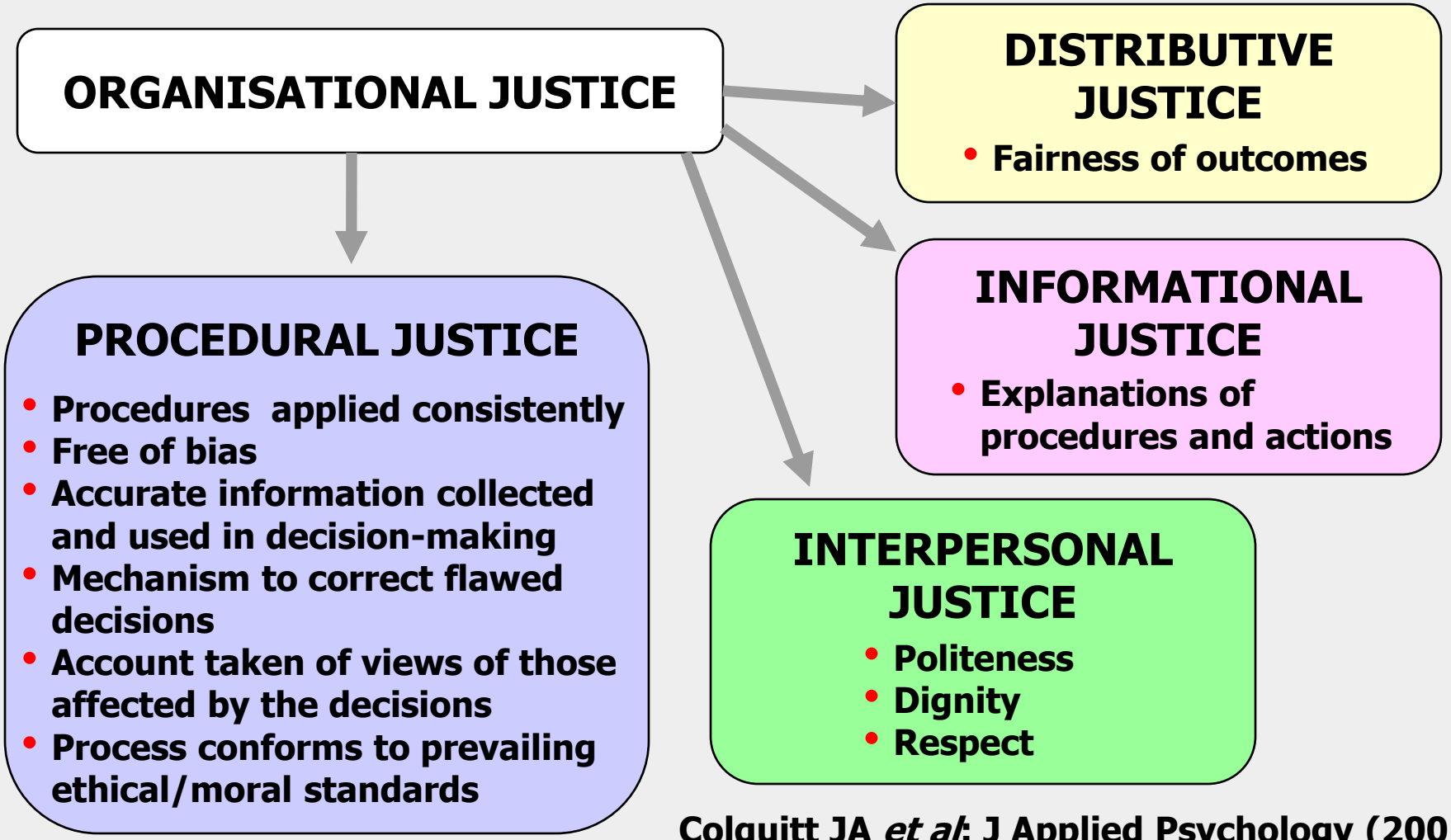
CAUSE(S) OF EMBITTERMENT

- 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



Colquitt JA *et al*: J Applied Psychology (2001)

SPEARMAN CORRELATIONS WITH EMBITTERMENT SCORES (N=326)

Depression	0.52
Anxiety	0.44
Procedural Justice	-0.41

Psychological Work Contract

Felt Obligation	-0.06
Organisational Support	-0.42
Psychological Work Contract	0.10

HSE Stress Indicator Tool

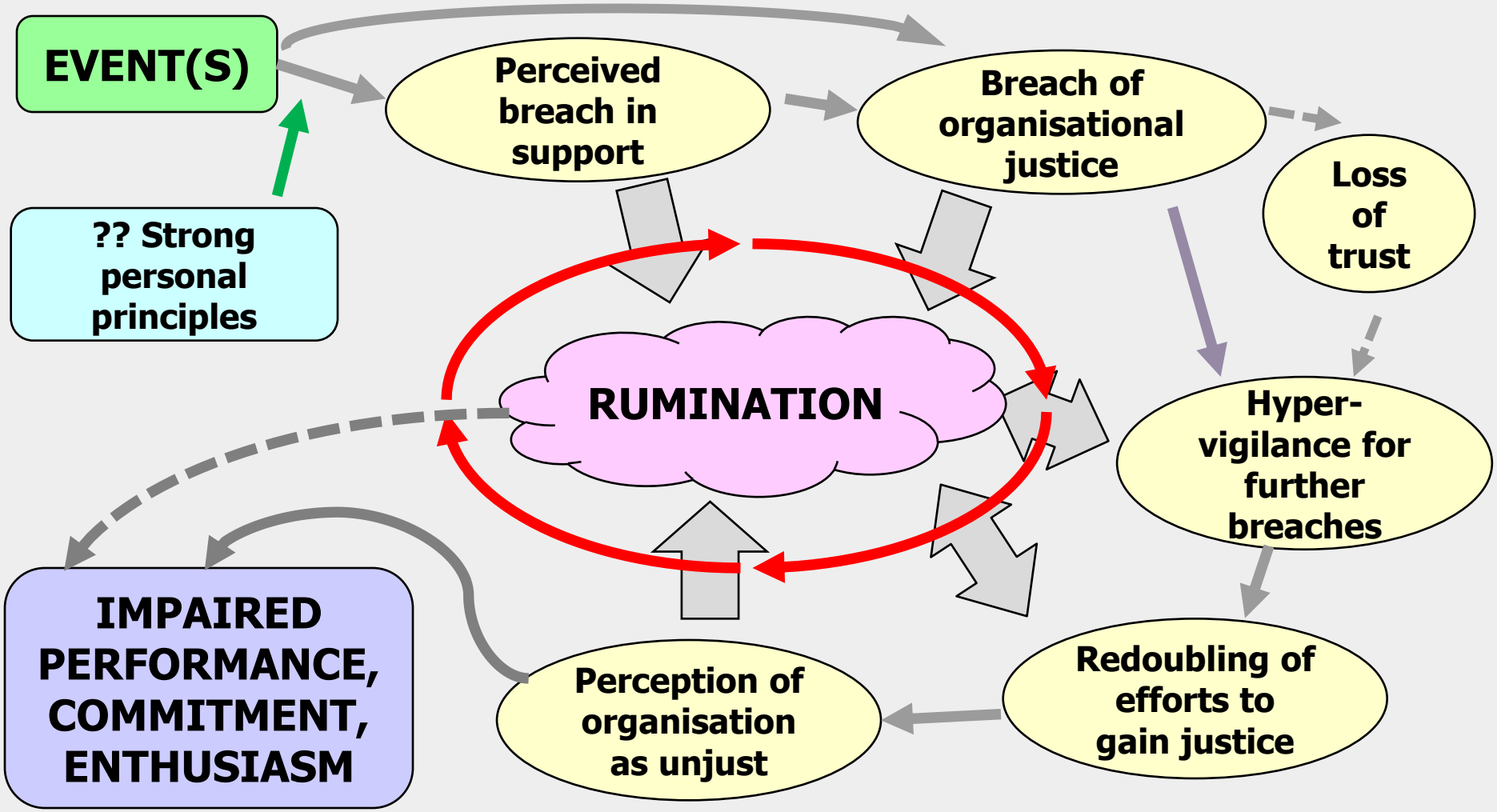
Demands	0.07
Control	-0.28
Manager Support	-0.44
Peer Support	-0.42
Relationships	0.05
Role	-0.28
Change	-0.40

Assessment of consecutive OH attenders (N=326) at one NHS Trust

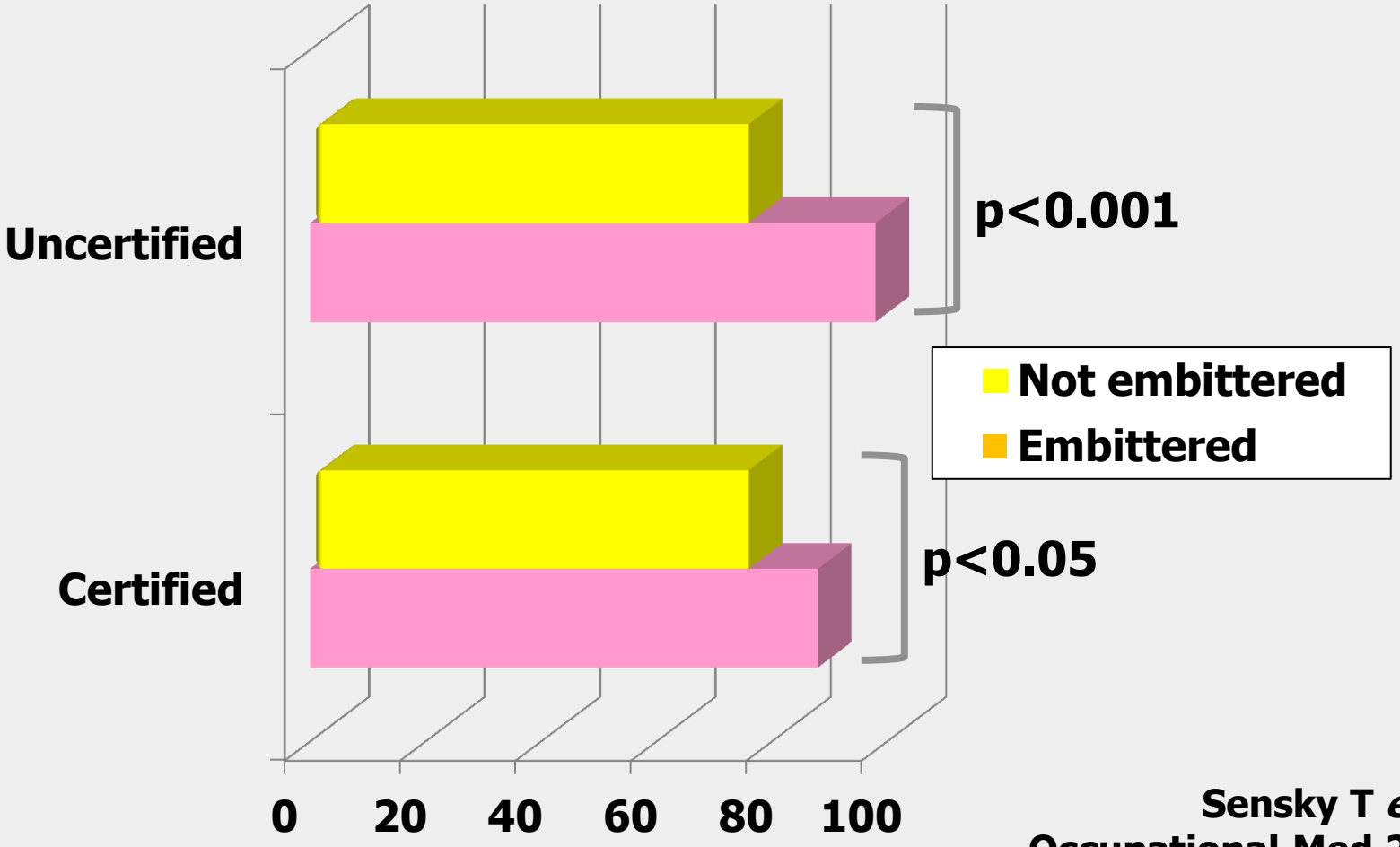
p<0.0001

Sensky T *et al*: Occupational Med 2015

CHRONIC EMBITTERMENT

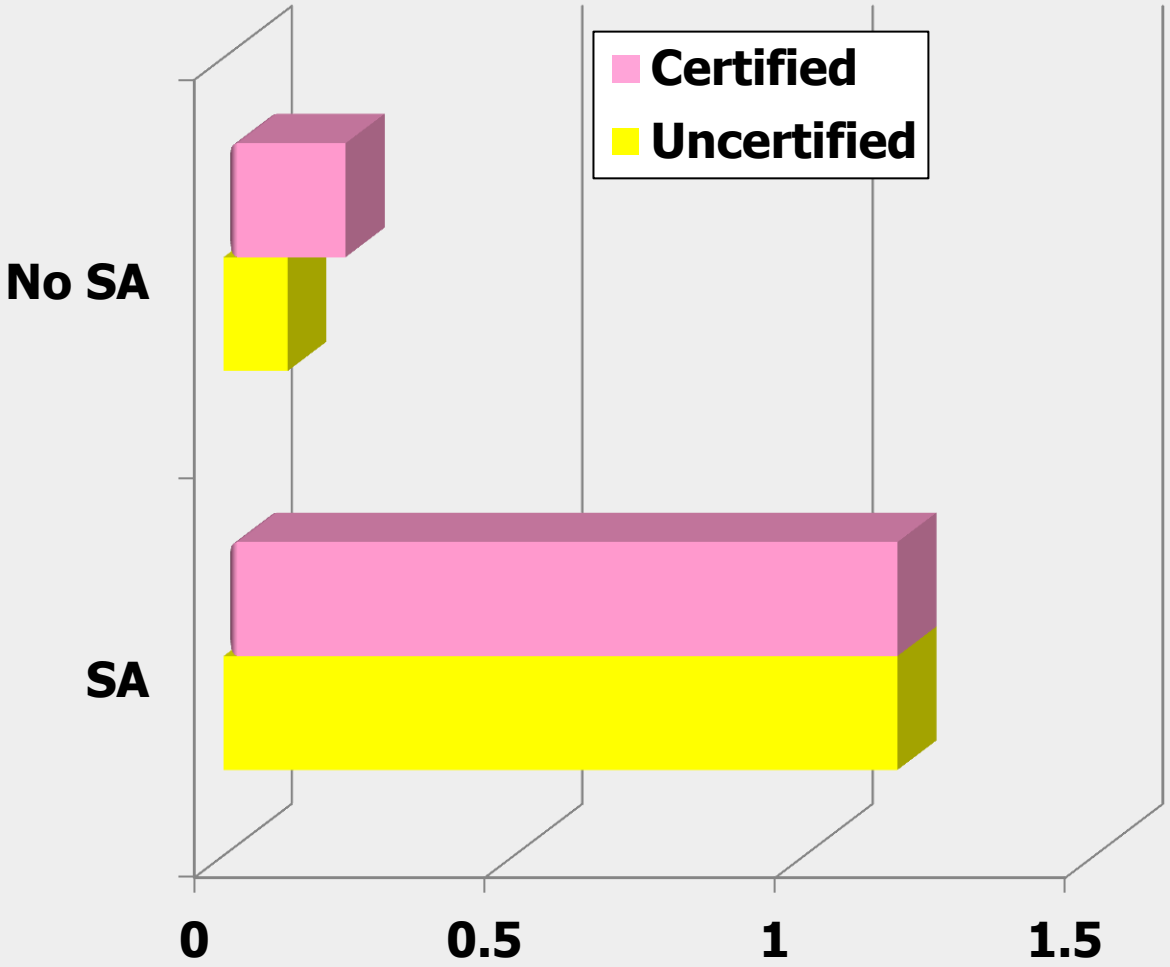


SICKNESS ABSENCE AMONG EMBITTERED vs NON-EMBITTERED STAFF



Sensky T *et al*:
Occupational Med 2015

MEDIAN EMBITTERMENT SCORES BY SICKNESS ABSENCE IN PAST 12 MONTHS



Sensky T *et al*: Occupational Med 2015

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

BOUNDARIES

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

t.sensky@imperial.ac.uk