

Can blaming others make people sick?

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Constant bitterness can make a person ill, according to Concordia University researchers who have examined the relationship between failure, bitterness and quality of life.

"Persistent bitterness may result in global feelings of anger and [hostility](#) that, when strong enough, could affect a person's [physical health](#)," says Carsten Wrosch, a professor in the Concordia University Department of Psychology and a member of the Centre for Research in Human Development.

Wrosch is particularly interested in why some people avoid bitterness at different stages of life and why others don't. He's incorporated his theoretical considerations regarding bitterness in "Self-Regulation of Bitterness Across the [Lifespan](#)," a chapter from the recently published book, *Embitterment: Societal, psychological, and clinical perspectives* (Springer 2011).

Over the last 15 years, Wrosch has investigated how [negative emotions](#), such as regret or [sadness](#), affect people. Most recently, he has focused his attention on the impact of bitterness. With his co-author, Concordia alumna Jesse Renaud, they single out failure as one of the most frequent causes of bitterness. Anger and recrimination are its typical attendants.

Unlike regret, which is about self-blame and a case of "woulda, coulda, shoulda," acrimony points the finger elsewhere — laying the blame for failure on external causes. "When harboured for a long time," says Wrosch, "bitterness may forecast patterns of biological dysregulation (a

physiological impairment that can affect metabolism, immune response or organ function) and physical disease."

Bitterness as a medical disorder?

It is one thing to suggest that bitterness may cause sickness, quite another to propose that it be recognized as a mental illness. Such is the proposal that was first made by Michael Linden, head of the psychiatric clinic at Free University of Berlin in 2003.

Linden argues that bitterness is actually a medical disorder and should be categorized as post-traumatic embitterment disorder (PTED). He estimates that between one and two per cent of the population is embittered and by giving the condition a proper name, people with PTED will receive the therapeutic attention they deserve.

The jury is still out on this proposal. Wrosch and Renaud say bitterness can be avoided, if people who experience failure can find other ways to fulfil their goals. If they can't, the researchers stress, it's essential to disengage from the fruitless effort (e.g., to get promoted, to save a marriage) and reengage in something that's equally meaningful (e.g., a new job or passion).

Called self-regulation processes, disengaging and reengaging can be necessary for a person to avoid bitter emotions. "Any effective therapeutic intervention," says Renaud, "hinges on the affected individual finding ways to self-regulate."

In some cases, overcoming bitterness demands more than self-regulation. When [bitterness](#) arises from blaming other people, then recovery may involve others. "In order to deal with bitter emotions there may need to be something else required to enable a person to overcome the negative emotion — that something is forgiveness," says Wrosch.

Provided by Concordia University

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