

The influence of experiencing negative life events on embitterment: Outcomes from a nationally representative Korean sample*

Myoungsoon You**

(Graduate School of Public Health, Seoul National University)

Embitterment is an emotional reaction to negative life events that are perceived to be unjust and unfair. However, the influence of experiencing diverse negative life events has not been empirically examined as a trigger of embitterment. In this study, we investigated whether embitterment is affected by the frequency with which individuals experience negative life events. A nationwide online survey of 2,024 adult South Koreans was conducted to collect data concerning embitterment, 16 types of negative life events experienced, and social demographics. The standardized Korean version of a self-rating scale for post-traumatic embitterment disorder (PTED) was used. The average of the individual self-ratings was subjected to multiple

* This work was supported by the Center for Happiness Studies at Seoul National University

** msyou@snu.ac.kr

regression analysis. The level of embitterment varied according to the quantitative intensity of negative life events wherein experience of more negative events was associated with higher levels of embitterment. Respondents who did not own a house and had lower levels of income and education showed higher levels of embitterment. Political orientation almost reached the level of statistical significance in that Korean conservatives expressed a higher level of embitterment. Our findings substantiate the concept of embitterment as an emotional state to negative life events. Also, the existence of varying levels of embitterment manifestation can be explained by the association between frequencies of experiencing negative life events and the level of embitterment found in the present study.

Key words : embitterment, post traumatic embitterment disorder (PTED), negative life events

Embitterment is defined as a complex emotional state that is aroused after experiencing negative life events. Specifically, embitterment encompasses “the persistent feelings of being let down, insulted, or being a loser, and of being revengeful but helpless” (Linden, 2003, p. 197). This emotional state is elicited by experience of negative life events, such as divorce, bullying, procedural injustice, and over-controlling supervision in the workplace (Pirháčková, 1997; Karatuna & Gök, 2014; Michailidis & Cropley, 2017; Sensky, Salimu, Ballard, & Pereira, 2015). Accordingly, embitterment has been studied with members of specific populations such

as patients diagnosed with rheumatic disease after a disability pension examination (Blom, Thomaes, Bijlsma, Geenen, 2014), German nurses under psychological stress (Von Eckert et al., 2011), survivors of a ferry disaster (Lee et al., 2017), and others. For example, when patients having five different types of rheumatic diseases were examined, 18 to 27% in each patient group showed high levels of embitterment (Blom et al., 2014).

A notable aspect of embitterment is that this complex emotion can have varying levels of manifestation. Short-lived embitterment reactions can occur, for example, following an insulting discussion with a spouse, and the feeling of embitterment resolves immediately after the situation is over. Emotional states can be more intense for stimulus-bound persistent embitterment (e.g., feeling embittered whenever one's divorce comes to mind, but does not affect other areas of life), chronic embitterment after a critical life event (e.g., breach of trust by one's spouse that impairs most areas of life), or complex embitterment wherein multiple sub-threshold injustices can lead to increasing degrees of impairment in many areas of life (Linden, 2008). At worst, embitterment can even become a mental illness, termed "post-traumatic embitterment disorder" (PTED; Linden, 2003) that is associated with impaired mood, feelings of helplessness, self-blame, down-heartedness, or depression. Physical and behavioral symptoms such as loss of appetite, sleep disorders, loss of drive, withdrawal from social contacts, and even suicidal ideation may follow the development of PTED (Linden, 2003).

In addition to the varying levels of manifestation, embitterment is not

necessarily preceded only by life threatening or anxiety-causing events (Linden, Baumann, Rotter, & Schippan, 2008). Rather, the emotional state can develop in response to everyday events that can be subjectively intimidating, such as “losing one’s job, mobbing and the separation from or violation of life values important to the affected individuals” (Von Eckert et al., 2011, p.104). The two aspects of embitterment abovementioned signify that this emotion can be studied with general populations as well as the one in a specifically negative condition. This study was undertaken to address the questions of how general populations can be subject to embitterment and whether the frequency with which individuals experience negative life events leads to increased embitterment.

1. Methods

1) Data collection

A professional survey agent in South Korea, *Hankook Research*, conducted a nationwide online survey (N=2,024) in October 2018 for six days to collect information on social demographics, negative life events, and level of embitterment. A quota sampling method was adopted to ensure that the sample was representative of the Korean population in terms of gender, age, and region. We posit that these three factors may be influential on the level of embitterment and the

sample should represent the population in these respects. The response rate was 12.6%.

The study population included 1,033 males (51.0%), and the average age of the respondents was 43.1 years old (Table 1). In terms of education, the largest percentage (69.9%) had a college degree or above, followed by high school graduates (28.7%), and middle school graduates (1.4%). The most frequently occurring monthly income level among the respondents was above 5.40 million won (\$4,557, 29.2%), followed by 4.41 - 5.40 million won (\$3,722 - \$4,557; 14.8%), below 1.60 million won (\$1353.78, 12.4%), and 3.61 - 4.40 million won (\$3,046-\$3,713; 11.2%). Over one-third of respondents did not own a house (34.8%), followed by homeowners with (33.3%) and those without a mortgage (31.9%). For marital status, 60.4% of respondents were married. Those who were unmarried were 32.2% and 7.3% were divorced or widowed.

〈Table 1〉 Descriptive statistics of demographics

		N(%)
Age	19-29	427(21.1)
	30-39	418(20.7)
	40-49	490(24.2)
	50-64	689(34.0)
Gender	Male	1,033(51.0)
	Female	991(49.0)
Education	Middle school and below	29 (1.4)
	High school	580(28.7)
	College and above	1,415(69.9)

〈Table 1〉 Descriptive statistics of demographics

		N(%) (continued)
Region	Seoul	398(19.6)
	Incheon/Gyeonggi	637(31.5)
	Daejeon/Sejong/Chungcheong	210(10.4)
	Gwangju/Jeolla	190(9.4)
	Daegu/Gyeongbuk	196(9.7)
	Busan/Woosan/Gyeongnam	310(15.3)
	Gangwon/Jeju	83 (4.1)
	Income(Won)	1.6m and below
	1.61-2.00m	133(6.6)
	2.01-2.40m	129(6.4)
	2.41-2.90m	146(7.2)
	2.91-3.60m	246(12.2)
	3.61-4.40m	228(11.3)
	4.41-5.40m	299(14.8)
	5.41m and above	592(29.2)
Marriage	Unmarried	652(32.2)
	Married	1,223(60.4)
	Divorced/widowed	159(7.3)
Home ownership	Owner without mortgage	646(31.9)
	Owner with mortgage	674(33.3)
	Do not have a house	704(34.8)

2) Measures

Embitterment was measured using a post-traumatic embitterment disorder (PTED) scale developed by Linden who first started the concept of PTED, which acknowledges embitterment and its pathological consequences (Linden, Baumann, Lieberei, & Rotter, 2009). In this study, a standardized Korean version of the original 19 items was used (Shin et al., 2012). These items included: “That hurt my feelings and caused considerable embitterment,” “That I see as very unjust and unfair,” “That causes me to be extremely upset when I am reminded of it,” “That triggers me to harbor thoughts of revenge,” “For which I blame and am angry with myself,” among others (Table 1). A 5-point Likert scale was used in which ‘4’ indicated “experienced very much” while ‘0’ indicated “never experienced”. Those with the average score for the 19 items below 1.6 are considered normal whereas those with 2.5 or higher are considered PTED (Linden, Baumann, Lieberei, & Rotter, 2009). The inter-item reliability was excellent (Cronbach’s $\alpha=0.96$).

Negative life events were measured using 16 items including 11 items in the negative life event list originally developed by Brugha (1990). The original items include, for example, ‘experiencing serious disease, injury, or violence,’ ‘death of parents, children, or spouse,’ ‘having an intimate relationship broken,’ and ‘experiencing a financial crisis,’ among others. Five items were added to assess whether insulting or unfair experiences occurred at public service offices (e.g., courts, banks, or clinics) and primary social places (e.g., schools, workplaces), considering that the

original ones mostly involve person-to-person relationships. ‘Being insulted or treated unfairly at a medical, legal, or educational institution’ or ‘being insulted or treated unfairly at school or work’ would be an example. We added these questions to reflect recent issues covered by Korean news media, in which individuals had negative experiences by public institutions’ inappropriate performance. Consistent with the Brugha negative life event list, a 5-point Likert scale was used in which ‘4,’ ‘3,’ ‘2,’ and ‘1’ indicate having experienced “within last one year,” “one to five years ago,” “five to ten years ago,” and “more than ten years ago,” respectively, whereas ‘0’ indicates “never experienced”. The inter-item reliability was also excellent (Cronbach’s $\alpha=0.95$). Political orientation was measured with one question answered using a 11-point scale in which ‘0’ and ‘10’ referred to “liberal” and “conservative,” respectively. Data for socio-demographic factors, such as age, gender, education, income, and home ownership, were also collected. In general, a multiple regression analysis was conducted to test statistical significance of factors that could influence the level of embitterment.

2. Results

The average embitterment score was 1.73 (SD=0.74), which is higher than that reported in a previous study conducted in South Korea (M=1.48, SD=0.87; Lee et al., 2017). Fewer than half of the respondents (45.4%) were in a normal state (M<1.60), while 39.9% and

The influence of experiencing negative life events on embitterment:
Outcomes from a nationally representative Korean sample

14.7% were in a chronic state of embitterment ($1.60 \leq M < 2.5$) and PTED ($M > 2.50$), respectively. The percentage of respondents in the PTED group was 5.9 times higher than that for a German study (2.5%) or an earlier study conducted in Korea (13.3%). Moreover, the proportion of those in a chronic state of embitterment (39.9%) was larger than the earlier Korean study (29.4%).

The main question in this study is whether the level of embitterment is affected by the quantitative intensity of negative life events. When the average degree of experience of the 16 negative life events was entered into a multiple regression model in which various other factors (e.g., income, education, home ownership, and political orientation) were controlled for, the frequency of negative life events indeed influenced embitterment and in fact had the most powerful influence on embitterment among the factors considered ($\beta=0.45$; $t=21.97$; $p<0.01$, Table 2).

Factors associated with the socio-economic status of the study subjects (e.g., income, home ownership, and education) also influenced embitterment. Those having less income ($\beta=-0.03$; $t=-5.25$; $p<0.01$), lower education level ($\beta=-0.02$; $t=-2.06$; $p<0.05$), and did not own their house ($\beta=-0.06$; $t=-4.69$; $p<0.01$) showed higher levels of embitterment. Politically conservative individuals also expressed greater embitterment under the liberal government ($\beta=0.00$; $t=2.30$; $p<0.05$). The model explained 25.4% of the variance in the respondents' embitterment.

<Table 2> Factors influencing embitterment in a South Korean population.

	B(S.E.)	t
Age	0.000(0.001)	0.279
Gender	0.001(0.029)	0.050
Income	-0.025(0.005)	-5.247**
Education	-0.018(0.009)	-2.056*
Home ownership	-0.063(0.013)	-4.691**
Marriage	-0.011(0.012)	-0.953
Family size	0.016(0.013)	1.253
Religion	-0.012(0.008)	-1.372
Political orientation	0.001(0.001)	2.296*
Negative life events	0.445(0.020)	21.972**
Adjusted R2	0.254	

* $p < .05$. ** $p < .01$.

3. Discussion

In this study population of South Korean respondents, embitterment was a prevalent emotion, with only 45.4% of subjects having a normal condition. The most notable finding of the study was that the degree of embitterment increased as the number of negative life events experienced increased. This finding not only substantiated the concept of embitterment, but indicated that negative life events had the strongest

influence on embitterment among all the factors considered in the model.

Study respondents who did not own their own house, had less income, and less education were subject to a higher level of embitterment. In terms of factors associated with personal values, political orientation was also a significant determinant of embitterment. Notably, this survey was conducted when a liberal administration was in power in South Korea, and here politically conservative respondents showed a higher level of embitterment.

Clinical cases of PTED suggest that critical life events such as job loss, familial or work-related conflicts, and death or loss of a loved one are related to increased embitterment (Linden et al., 2008). In general, specific population groups including patients with chronic kidney disease (Lee et al., 2019) or rheumatic disease (Blom et al., 2014), or victims of an accident such as survivors of a ferry disaster in South Korea (Lee et al., 2017) were examined to determine associations with embitterment. Embitterment of workers in highly stressful situations such as staff of the National Health Service in the United Kingdom (Sensky et al., 2015; Dunn, 2016) and German nurses (Von Eckert et al., 2011) has also been investigated.

Although the previous studies helped increase understanding of how a negative life event can affect the mental health status of an individual by determining the degree of embitterment, one's life can rarely be separated from other types of negative events that are likely to influence the overall level of embitterment of an individual. Thus, this study took an aggregate approach to examine the question of whether

individuals who experience more or fewer negative life events are likely to have higher or lower levels of embitterment.

This question concerning the relationship between frequency of negative life events and embitterment is important when considering that embitterment can be manifested along a spectrum (Linden & Rotter, 2018). Embitterment can be transient and occur after an insulting discussion but then quickly resolves. Alternatively, embitterment can be chronic after a critical life event, such as divorce, or loss of a job or loved ones (Linden et al., 2018). Thus, embitterment can not only become a pathological matter for psychiatry, but also a concern for the social health of a general population. By taking an aggregate approach to the general population and considering the quantitative intensity of negative life events, this study demonstrated a paradigm for how embitterment can be studied as an aspect of social mental health. This study substantiated from a different angle the concept of embitterment as an emotional reaction to negative life events.

The results of this study also identified key factors of socio-economic status (SES) and political orientation that can affect an individual's level of embitterment. Low income was previously shown to have a negative effect on the mental health of tenants who did not own a house (Holding et al., 2019). Consistent with previous studies, here we found that economic conditions such as having low income can elicit embitterment. Meanwhile, home ownership was associated with a reduced level of embitterment. Less education was also connected to a higher degree of embitterment. All of these factors, income, homeownership,

education, or political orientation, are not public health domains and can be addressed by social interventions. The finding that these rather fixed conditions of life can influence embitterment emphasizes the need to examine intervening conditions that could be used to reduce the magnitude of embitterment caused by the socio-economic conditions.

Based on the main findings of our study, future studies could investigate whether social supports and social capital (e.g., trust) have a moderating effect on the relationship between the frequency and intensity of negative life events experienced by an individual and the degree of embitterment.

1) Limitations

Our conclusions are based on results from self-rating scales. Embitterment as a normal emotion can be validly subject to such self-rating scales, considering that self-reporting measures are a common survey method that can be used to explore two dimensions of emotion, e.g., cognitive appraisal and subjective feelings (Dasborough, Sinclair, Russell-Bennett, & Tombs, 2008). However, in terms of PTED, which is considered to be mental disorder, cross-checking self-reporting results with psychiatric diagnosis is needed. Although such cross-checking has been done in early studies on embitterment (Linden et al., 2009), additional validation of cut-off points is needed, particularly when measurements are taken for study populations that have cultural differences from the populations examined in the foundational studies.

Moreover, although we examined some social characteristics of the embittered, embitterment dynamics have not yet been fully examined using a theoretical framework, and such studies should be conducted in the future. Examination in this study of how political orientation affects embitterment can be an initial point for investigation of embitterment dynamics. As mentioned above, additional research is needed to develop strategies to cope with embitterment.

References

- Blom, D., Thomaes, S., Bijlsma, J. W. J., Geenen, R. (2014). Embitterment in patients with a rheumatic disease after a disability pension examination: occurrence and potential determinants. *Clinical Experimental Rheumatology*, 32, 308-314.
- Brugha, T. S. (1990). Social networks and support. *Current Opinion in Psychiatry*, 3, 264-268.
- Dunn, J. M. (2016). *Chronic embitterment in the NHS*. Research submitted in partial fulfilment of the requirements for the degree of Doctor in Clinical Psychology, London: Royal Holloway, University of London.
- Karatuna, I., & Gök, S. (2014). A study analyzing the association between post-traumatic embitterment disorder and workplace bullying. *Journal of Workplace Behavioral Health*, 29, 127-142.
- Lee, S. H., Nam, H. S., Kim, H. B., Kim, E. J., Won, S. D., & Chae, J. H. (2017). Social support as a mediator of posttraumatic embitterment and perceptions of meaning in life among Danwon survivors of the Sewol ferry disaster. *Yonsei Medical Journal*, 58, 1211-1215.
- Lee, K., Song, H. C., Choi, E. J., Pae, C. U., & Kim, Y. K. (2019). Posttraumatic embitterment disorder in patients with chronic kidney disease. *Clinical Psychopharmacology and Neuroscience*, 17, 183-188.
- Linden, M. (2003). Posttraumatic embitterment disorder. *Psychotherapy and Psychosomatics*, 72, 195-202.
- Linden, M. (2008). Posttraumatic embitterment disorder and wisdom therapy. *Journal of Cognitive Psychotherapy*, 22(1), 4-14.
- Linden, M., Baumann, K., Lieberei, B., & Rotter, M. (2009). The post

traumatic embitterment disorder self-rating scale (PTED Scale). *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 16, 139-147.

Linden, M., Baumann, K., Rotter, M., & Schippan, B. (2008). Diagnostic criteria and the standardized diagnostic interview for posttraumatic embitterment disorder (PTED). *International Journal of Psychiatry in Clinical Practice*, 12, 93-96.

Linden, M., & Rotter, M. (2018). Spectrum of embitterment manifestations. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10, 1-6.

Michailidis, E., & Cropley, M. (2017). Exploring predictors and consequences of embitterment in the workplace. *Ergonomics*, 60, 1197-1206.

Sensky, T., Salimu, R., Ballard, J., & Pereira, D. (2015). Associations of chronic embitterment among NHS staff. *Occupational Medicine*, 65, 431-436.

Shin, C., Han, C., Linden, M., Chae, J., Ko, Y., Kim, Y. K., Kim, S. H., Joe, S. H., & Jung, I. K. (2012). Standardization of the Korean version of the posttraumatic embitterment disorder self-rating scale. *Psychiatry Investigation*, 9, 368-372.

Van Eckert, S., Gaidys, U., & Martin, C. R. (2011) Embitterment among German academic and non-academic nurses. *Journal of Mental Health Training* 6(2), 104-112.

최초 투고일: 2020년 06월 07일

논문 수정일: 2020년 07월 08일

게재 확정일: 2020년 07월 21일

The influence of experiencing negative life events on embitterment:
Outcomes from a nationally representative Korean sample

부정적 생애사건 경험이 울분에 미치는 영향

유명순

(서울대학교 보건대학원 교수)

울분은 부당하고 정의에 어긋난다고 여겨지는 부정적인 생애사건에 대한 감정 반응이다. 그러나 울분을 촉발하는 부정적 생애사건 경험의 영향력은 실증적으로 분석되지 않았다. 이 연구는 개인이 경험한 부정적인 생애사건의 빈도에 의해 영향을 받는지의 여부를 분석한다. 총 2,024명 대상의 설문 자료를 활용하여 16개의 부정적 생애사건과 인구사회학적 변수와 울분 간의 영향력을 분석한다. 울분은 린든 등이 개발하고 한창수 등이 번안한 한국판 외상후울분장애 척도를 적용하여 측정했고, 평균을 통해 다중회귀 분석을 시도했다. 부정적 생애사건 경험이 더 많을수록 더 높은 수준의 울분이 나타났다. 주택을 비 소유자, 저소득층 개인일 경우 울분의 수준이 더 높았고, 정치적 성향에 따른 울분의 차이는 거의 통계적 유의성에 가까운 수준이었다. 이런 결과는 부정적 생애사건에 대한 감정 반응으로 정의한 울분의 개념을 실증적으로 뒷받침한다. 이를 통해 부정적 생애사건의 경험의 빈도와 울분 수준을 연결함으로써 다양한 수준에서 발현되는 울분을 설명할 수 있도록 기여한다.

주제어 : 울분, 외상후울분장애(PTED), 부정적 생애사건