4 Context of embitterment

4.1 Embitterment syndrome: Options for psychopharmacological management

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Severe embitterment can become a pathological mental state as a reaction to adverse life events (e.g., loss of job, social decline, divorce, or severe illness), when persons have the subjective experience of unfair treatment by significant others. It may be an exaggerated response in the case of actual injustice, or a reinter- pretation of a crisis of one’s own making as a misfortune caused by others. In addition to embitterment, patients show aggressive protest against the perceived injustice, reproachfulness, irritability, outbursts of anger, suicidal or homicidal fantasies, intrusive and compulsive occupation with thoughts about the perceived injustice, social withdrawal, detachment or estrangement from others, and often disability in almost all areas of life, including family relationships, social integration and job performance. Embitterment is an emotion which is distinct from depression and anxiety, but depressive and anxious syndromes may be present (Linden 2003; Linden et al. 2007). In any case, severe embitterment is a disabling condition in need of treatment. Psychiatrists and psychologists who treat embittered patients agree that the condition is difficult to treat, even when all options, including psychological and pharmacological treatments, are used, and that the compliance of the affected patients is generally low.

As embitterment is an emotion, the question is whether pharmacotherapy can help to alleviate the symptoms. Embitterment syndromes have so far found little scientific attention. Therefore, no empirical data on the pharmacological treatment of embitterment as such are available. The therapeutic management of such cases is until now based on clinical experience rather than on randomized clinical studies. In the following we will discuss possible options based on clinical experiences, treatment trials in similar disorders, especially PTSD, syndromal treatments for associated emotional features like anxiety, aggression, despair, or mood impairment, and pharmacological considerations.

4.1.1 Case vignette

The male patient, aged 45 years, had been a highly ranked border officer in the National People's Army of the German Democratic Republic (GDR). He had many privileges. Probably because there were doubts about his political loyalty