



e-quilibrium

- *“electronic briefs on behavior and health”*

Volume 7, Number 2
February 2011

Regret

Regret is a negative emotion that involves the perception of losses, mistakes, shortcomings, or similar occurrences or nonoccurrences. One may experience regret over some action or inaction, whether or not the action/inaction/loss/mistake was due to oneself or another person(s). Regret typically involves some counterfactual thinking, in that there is a comparison of how things are to how they might have been. Suffice it to say that it would be highly unusual for a person to never experience regret.

A 2009 manuscript published in the International Journal of Aging and Human Development described an investigation conducted with older adults in Manitoba. Among these adults, experiencing regret more frequently was associated with poorer health and life satisfaction. Interestingly, the number of regrets reported wasn't as strongly related to health and life satisfaction as was the frequency of experiencing regret.

While regret is part of the human experience, what can a person do to reduce the frequency with which this emotion is experienced? Is there anything one can do to reduce the impact of regret on well-being? Certainly one answer to these questions is to minimize one's mistakes, errors, oversights, and shortcomings, although this effort doesn't affect regrets associated with outcomes not due to one's own behavior. Whether or not a regrettable situation is due to one's own or another person's behavior, an important strategy examined by the authors of the article mentioned above is labeled “secondary interpretive control.”

Secondary interpretive control is an academic term for the process of finding some meaning (or perhaps even some benefit) in the regrettable circumstance. A common example would be the situation in which the illness of a family member (regrettable) results in increased closeness of family members (benefit). This isn't to suggest that the negative circumstance itself is positive, but rather that one finds something useful in the face of adversity. This process is a form of "psychological repair," in that there is modification of one's perspective in order to better manage regret.

Indeed in the Manitoba study, those participants who described more use of secondary interpretive control experienced less frequent regret. Note that this doesn't mean that they necessarily experienced fewer regrettable circumstances, but rather that their use of this psychological strategy was associated with less frequent regret. Furthermore, the use of secondary interpretive control was a direct predictor of greater life satisfaction and better health, independent of regret.

There are many outcomes in life over which we don't have control, and there are things that we have or haven't done that we can't subsequently correct. In regrettable circumstances, thoughts and perspective do continue to be modifiable. Using this psychological asset effectively is a way to reduce the impact of negative emotion on health and well-being.

Paul J. Hershberger, Ph.D.

... is a clinical health psychologist. He is Professor of Family Medicine and Director of Behavioral Science for the Family Medicine Residency Program, Wright State University Boonshoft School of Medicine. His clinical practice includes psychotherapy, consultation, and coaching.

To subscribe or unsubscribe to this e-newsletter, send an e-mail message with your request to paul.hershberger@wright.edu

If you wish to read previous newsletters, you may find them at:
www.med.wright.edu/fm/equilibrium/

To contact Dr. Hershberger:
e-mail: paul.hershberger@wright.edu
phone: (937) 278-6251, ext 2021