

Aggression and Alcoholism

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ABSTRACT

Alcoholism is today the greatest medical and social problem. Due to the fact that it is frequently connected with aggressiveness, it can also be defined as a great and frequent forensic problem. The authors investigate the issue to what extent aggressiveness is medically justified. They offer guidelines regarding this problem in accordance with their everyday experience and medical criteria.

Introduction

An increase in alcoholism is, unfortunately, obvious both in our country and in the world. Under the influence of alcohol man becomes the victim of worst instincts. When alcoholism and alcohol are mentioned one of the most frequent associations connected with those notions are aggression and whatever derives from it (impulsiveness, irritability, weakening of inhibitory mechanisms, poor control of one's behavior etc)¹. We can find almost every psychiatric syndrome or clinical picture in situations of heavy drinking, while aggressive and criminogeneous effects of alcohol have been proved by numerous research studies².

Aggressiveness in its biological sense is defined in the framework of interactions between a living creature and its environment. The instinct of aggression

allows the individuals to impose upon the environment the necessity of meeting their requirements and their basic drives³.

Neurophysiology has not yet identified the »centers of aggressiveness«, but it is believed that the structures of the limbic system and the hypothalamus play a certain role in the expression of aggressive conduct⁴.

The forms of aggressive behavior and the situations in which aggressiveness is expressed are varied; thus we talk about aggression provoked by fear, aggression related to sex, maternal aggression etc, and more particularly about aggressiveness as a »personality trait«⁵.

Aggressiveness is a frequent form of behavior in children and adolescents; it diminishes with years, but some people retain the »stability of aggressive behavior« even in their mature age.

Acute alcoholic condition is marked by impulsiveness, irritability, sudden outbursts accompanied by weakening of inhibitory mechanisms and poor control over one's actions... particularly during aggressive outbursts⁶. Under the influence of alcohol the overall conduct of a person changes, while the self-control and sensibility are dulled, and a sense of false confidence, power and strength arise as well as the negligence of possible dangers⁷.

On the other hand, a »chronic alcoholic« as a socially and ethically damaged person with a deprived character performs a whole series of odd acts ranging from »petty (banal) crimes« to crimes involving aggressive behavior such as fighting, assaults, physical harming, and they often become victims of the same kind of behaviour⁸.

Summing up the traits of conduct under the influence of alcohol we ought to say that alcohol diminishes the power of concentration, the speed and reliability of thinking, and this becomes evident after very small doses: following a short increase of a sense of power and activity there comes a sense of tiredness and a reduction of mental and physical activity, which causes disturbances in the domain of volition and changes in disposition⁹. Taking into account all the afore-mentioned factors, it seemed useful to try and describe the frequency of aggressive behavior in alcoholics as well as to justify the hospitalization in such cases bearing in mind the socio-cultural specificities of this region.

The objective of the present paper was to show to what extent aggressiveness accompanies alcoholism and to what extent aggressiveness is the reason for hospitalization and is justifiable from a medical point of view; finally the object was also to determine the guidelines concerning the solution of the problem.

Patients and Methods

The basic methodological instrument was the questionnaire by means of which 60 randomly chosen alcoholics were tested; these were the patients examined from June to September 1999, in the psychiatric ER of the Psychiatric Clinic which is part of the Clinical Hospital in Split. A structured questionnaire consisting of 26 questions was used which, besides general demographic features, encompassed also some aspects of alcoholism and aggression as well as some clinical guidelines to the afore-mentioned problem (Figure 1).

Aggressive behavior was defined as physical assault or readiness for assaults or else provocation of fear in people surrounding the alcoholic¹⁰. The demographic features include data relating to sex, age, marital status, work and socio-economic status as well as educational level. Contextual variables include aggressions, objects of aggression, previous aggressive behavior, the reason for hospitalization, the assistance of Ministry of the Interior officers and previous legal sanctions. Clinical guidelines include the initial diagnosis, the type and the quantity of consumed alcohol, alcoholism in the family, other possible addictions, changes in character, motivation for the treatment, duration of hospitalization as well as previous alcoholism-related hospitalizations.

Since numerical data worked out in percentages seemed to be sufficient to obtain a clear illustration of results, a more sophisticated statistical processing of data was not necessary.

Results

The results obtained from the group of examinees with demographic features largely confirm well-known facts concern-

INTERVIEW FOR ALCOHOLICS

Patient number: _____ Date: _____

Age: _____

Sex (male, female): _____

Marital status (single, married, divorced): _____

Work status (attends school, employed, unemployed, retired): _____

Education (never attended school, primary,
secondary, higher and high education): _____

Socio-economic status (low, middle, high): _____

Initial diagnosis: _____

Alcohol in the family (yes, no): _____

Reason for hospitalization: _____

Presence of Ministry for the Interior officer (yes, no): _____

How long has he been drinking: _____

Type of alcohol: _____

Daily quantity: _____

Other addictions (yes, no): _____
if »yes« – which one(s): _____

Changes in character and behavior (yes, no): _____

Aggressiveness (yes, no): _____
if »yes« – physical, mental, mixed: _____

Object of aggression: _____

Previous aggressive behavior: _____

Previous legal sanctions (yes, no): _____

Previous psychiatric treatment (yes, no): _____
if »yes« — how many times: _____

Motivation for treatment (yes, no): _____

Result of examination (hospitalization, partial hospitalization, release): _____
if »release« – diagnosis at the moment of release: _____

Fig. 1. Questionnaire used for alcoholic patients in ER of the Psychiatric Clinic, Split.

ing alcoholism and the alcoholics of our region (Table 1).

The expected preponderance of the male sex (83.3 : 16.7) still does not point to a considerable increase of female alcoholics which had that far been hidden and inaccessible – due to social and cultural taboos – to scientific processing and evaluation^{11,12}.

Regarding the marital status, the percentage of single examinees amounts to

20.0%, of the married ones to 66.7%, of the divorced ones to 10.0% and of the widowed ones to 3.3%. The work status and the level of education are presented in Table 2.

It is obvious that the unemployed (49.9%) and the retired (33.4%) are at the head of our group of examinees. This fact, as well as the fact that in primary education the first place is held by the people with »primary school« (56.7%) ranking next to the examinees »without educa-

TABLE 1
AGE, SEX AND MARITAL STATUS IN
EXAMINED GROUP OF ALCOHOLICS

Average age	43.83 years
Sex	% / N
Male	83.3 / 50
Female	16.7 / 10
Marital status	% / N
Married	66.7 / 40
Divorced	10.3 / 6
Single	20.6 / 12
Widowed	3.3 / 2

TABLE 2
WORK STATUS AND THE LEVEL OF EDUCA-
TION IN EXAMINED GROUP OF ALCOHOLICS

Work status	% / N
Employed	16.7 / 10
Retired	33.4 / 20
Unemployed	49.9 / 30
Education	% / N
Without education	13.3 / 8
Primary education	56.7 / 34
Secondary education	26.7 / 16
Higher and high education	3.3 / 2

tion« (13.3%), clearly point to the socio-economic, educational and civilizational level of most alcoholics tested here.

According to the obtained data, in most examinees' (53.2%) families there are other alcohol addicts. That evidence is in keeping with the one found in other authors^{13,14}.

Initial diagnosis as well as the one confirmed at admission to the hospital (which was actually the »reason« for hospitalization) differ greatly from clinical pictures and entities — as is obvious from Table 3. Whereas the most frequent initial diagnosis of the examinees was alcoholism (73.4%), followed by DT (13.3%), the patients suffering from PTSD were in low number (6.7%) just as those with intoxication and psychosis (3.3% each).

The »reasons« for hospitalization differed greatly, the first reason being alcoholic delirium (56.7%) followed by »addiction to alcohol« (33.4%), while the other diagnosis – halucinosi, epilepsy and depression – comprised 3.3% each.

The afore-mentioned diagnoses, whether initial or those established at admission, may not be accurate enough regarding a specific type of acute alcoholism i.e. »abnormal or pathological« drunkenness which is, among other symptoms, mani-

festated by pronounced aggressiveness. The delineation between »normal« and »pathological« drunkenness definitely presents a diagnostical problem in differentiation, but the question of the existence and manifestation of aggressiveness is here undoubtedly relevant.

Whereas in the case of »normal« drunkenness the mental links are to a certain degree preserved and the »brakes« in the domain of intellect and volition still function, pathological drunkenness alters hu-

TABLE 3
INITIAL DIAGNOSIS AND REASONS FOR
HOSPITALIZATION IN EXAMINED GROUP
OF ALCOHOLICS

Initial diagnosis	N
Alcoholism	73.4
Delirium tremens (DT)	13.3
Post-traumatic stress disorder (PTSD)	6.7
Psychosis	3.3
Intoxication	3.3
Reason for hospitalization	% / N
Predelirium (DT)	56.7 / 24
Halucinosi	3.3 / 2
Alcohol addiction	33.4 / 20
Epilepsy	3.3 / 2
Depression	3.3 / 2

man behavior to such extent that it becomes utterly modified, particularly where aggressiveness is concerned¹⁵.

Abnormal drunkenness is basically a syndrome of cerebral decompensation which is manifested by a series of psychopathological phenomena occurring quite suddenly and being accompanied by a prolonged and rather deep alteration of consciousness and great excitation, more specifically by acts of violence and extreme aggressiveness¹⁶.

The average duration of hospitalization was 16.3 days. The data concerning consumption of beverages (which were collected later) show that most examinees drank wine (69.8%) which is in keeping with the traditional ethno-cultural ways of Dalmatia; there were 16.8% examinees drinking beer, but most of them »mixed« different kinds of alcohol (Table 4). The quantity of consumed alcohol (expressed as equivalent to wine) amounts to 2 liters.

Aggressive behavior was the reason for bringing the patient to the clinic in 76.6 cases. The most frequent kind of aggressive behavior of examinees was physical aggression (50% of cases) while »mixed« types of aggression were noticed in 26.7% of cases. The highest number of cases (83.2%) showed aggression towards the family, while in 16.8 cases the object was the environment (Table 5).

There is a curious disproportion between previous legal sanctions on our examinees (10.5%) and previous instances of aggressive behavior (56%), which implies that in the majority of cases aggressive, violent conduct of alcoholics was the most important reason for legal sanctioning (Table 6). Most examinees (69.9% of them) had previously been hospitalized in a psychiatric ward, and previous to admission to a psychiatric institution the average number of hospitalizations per patient was 1.73. The average duration of

TABLE 4
CONSUMPTION OF BEVERAGES IN EXAMINED GROUP OF ALCOHOLICS

Types of alcohol	%
Wine	69.9
Beer	16.8
Hot drinks	3.3
«Mixed»	10.0
Quantity of consumed alcohol (equivalent to wine)	2.09 lit.

TABLE 5
TYPE AND OBJECT OF AGGRESSION IN EXAMINED GROUP OF ALCOHOLICS

Aggression preceding examination	%
Yes	78.27
No	21.73
Type of aggression	%
Physical	50.0
Mental	22.22
Mixed	27.7
Object of aggression	%
Family	83.2
Environment	16.8
Self-aggression	0.0

TABLE 6
PREVIOUS LEGAL SANCTIONS AND PREVIOUS HOSPITALIZATION IN EXAMINED GROUP OF ALCOHOLICS

Previous legal sanctions	% / N
Yes	10.0 / 6
No	90.0 / 54
Previous hospitalization	% / N
Yes	69.9 / 42
No	30.1 / 18

hospitalization was 16.3 days which is unquestionably too short a period of time for curing similar pathological conditions.

Conclusion

1. Aggression and aggressive behavior often accompany the alcohol addicts and are symptoms of alcohol addiction. In our study 76.6% of patients manifested aggressiveness immediately preceding psychiatric examination or during the examination, while 56% of them had had previous instances of aggressive behavior.

2. Coordinating the views on the criteria for hospitalization when dealing with aggressive behavior of alcoholics could bring about some therapeutical results

(however paradoxical this might seem!) due to some repressive measures which would in that case be included into the therapy.

3. Primary prevention of alcoholism in all its aspects remains the most important part of preventing the development of addiction to alcohol and thus to aggressiveness. Here we especially emphasize the need for a social action and for the involvement of media in a campaign against alcohol and alcoholism.

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AGRESIJA I ALKOHOLIZAM

SAŽETAK

Alkoholizam je sigurno danas najveći medicinsko-socijalni problem. Zbog činjenice da je često »udružen« s agresivnošću, možemo ga označiti velikim i čestim sudsko-medicinskim problemom. U kojoj mjeri je agresivnost pratilac alkoholizma, u kojoj je mjeri upravo agresivnost razlogom hospitalizacije i u kojoj je mjeri to medicinski opravdano, problem je koji autori istražuju. Na temelju medicinskih kriterija i iskustva u svakodnevnom radu daju konkretne smjernice u pogledu rješavanja navedenog problema.