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Aggression in War Veterans Suffering from Posttraumatic Stress Disorder with Co-morbid Alcoholism

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A B S T R A C T

For thousands of years it has been known that aggression as a symptom appears in numerous psychiatric disorders and diseases. During the last decade the appearance of the aggressive behavior related to the posttraumatic stress disorder (PTSD) has been frequently investigated, often associated with war trauma. The goal of this study is to analyze the impact of alcoholism on a way war veterans suffering from chronic PTSD express and control aggression. The sample included 240 war veterans with chronic PTSD. The subjects were divided in two groups. PTSD group (n=147) and controlled group composed of those suffering from alcoholism in addition to PTSD (n=93). In this study, the following psychological instruments were used: The Harvard trauma questionnaire for PTSD diagnosis (HTQ); the questionnaire for self-evaluation of aggression (STAXI); The Profile Index Emotion (PIE); questionnaire for auto-diagnosis of alcoholism (CAGE). The obtained results indicate that subjects who have PTSD with co-morbid alcoholism are more deprived, aggressive ($p<0.001$) and oppositional ($p<0.05$) in comparison to subjects whose PTSD is not combined with alcoholism (PIE). The aggression is statistically more expressed in subjects with PTSD who have also been diagnosed with alcoholism on all subscales in comparison to subjects with PTDS who have not been diagnosed with alcoholism: the current state of aggression, the general state of aggression, aggression towards an unfair treatment, aggression directed inwards and outwards ($p<0.001$); aggression towards nonspecific provocation and a general way of expressing aggression ($p<0.05$) (STAXI). Subjects that had PTSD combined with alcoholism show a higher degree of aggression in comparison to subjects with PTDS who are not diagnosed with alcoholism.

***Key words:** aggression, posttraumatic stress disorder, alcoholism*

Introduction

For thousands of years it has been known that aggression as a symptom appears in numerous psychiatric disorders and diseases and that it can be positioned towards self or others[1]. Aggression most often occurs in a personality disorder, alcoholism, psycho-active substance addiction, acute and chronic psychosis[2]. During the last decades, it has been mentioned more and it is used to study the occurrence of aggressive behavior in connection with unfavorable psychosocial stressors, especially within chronic posttraumatic stress disorder (PTSD)[3].

PTSD manifests through symptoms of unwillingly experiencing some stressful event, great efforts to avoid everything that reminds of a trauma, and numerous other difficulties such as: anxiety, sleep disorder, anger, rage eruptions, difficult concentration, depression, etc[3]. Usually,

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one of the PTSD symptoms includes aggressive behavior[4]. Aggressive behavior in war veterans with PTSD represents an exceptionally large problem for an individual, his environment as well as health services. Many studies have confirmed that the impact of stress caused by a war is highly present in terms of an aggressive behavior and aggression more often appears in those people with chronic PTSD in contrast to other psychological disorders[5,6].

A very important role in the development of aggressive behavior in war veterans with PTSD plays a level of education, socio-economic status, child abuse and earlier violent behavior. The present research shows that those suffering from PTSD and the frequent appearance of aggression is contributed by: lower level of education and lower intelligence quotient[7], low socio-economic status[8], abuse before the stress caused by the war[9], and signs of aggressive behavior before the war happenings[8]. Numerous studies indicate an increase of aggression in war veterans, who in addition to PTSD have co-morbid alcoholism[10–12].

The goal of this study is to analyze the impact of alcoholism on a way persons suffering from chronic PTSD express and control aggression.

Subjects and Methods

Subjects

The sample included 240 war veterans with chronic PTSD that were divided in two groups. PTSD group was composed of 147 subjects while the controlled group of 93 subjects was composed of those with PTSD who also suffered from alcoholism. All subjects were adult males who were physically healthy before the war. The sample did not include subjects who partially had PTSD, subjects with PTSD that was not a result of the war trauma, nor subjects who have been diagnosed with some sort of a psychiatric disorder before the war (psychotic disorder, neurotic disorder, personality disorder, mental retardation). The study excluded subjects sent by the military-health commission as well. The study excluded a total of 68 subjects.

The subjects who participated in a study were referred by the war veteran association. The testing was conducted individually during 2005. In order for a sample to be representative, the following criterion was established before the study: 1. subject had to have completed elementary school at least; 2. before the war started, subject could not have been younger than 18 and older than 65 years; 3. they had to have participated actively in the war for at least 6 months; 4. they had to willingly accept participation in this study.

Methods

1. The general demographic questionnaire. General demographic data, social and material status as well as data related to the war and war trauma experiences were established by the General Demographic Questionnaire for the needs of this study (Table 1).
2. The Harvard trauma questionnaire (HTQ-version for BIH). Establishing the presence of PTSD was implemented by using the Harvard trauma questionnaire (HTQ)-version for BiH[13] with its 4th module. The instrument was developed through a cooperation of the Harvard program for refugee trauma with an association for mental health protection and experts from BiH and Croatia in 1998. HTQ is used in form of an interview. The questionnaire is composed of 40 questions where the first 16 questions are conducted through DSM IV criteria for PTSD. Statements 17–40 are related to the subject's perception of trauma influencing his ability to function in everyday life. The answer range to each question includes four possible answers (»none«, »little«, »fairly« and »very much«, which are rated 1–4). The overall result is he average value for all 40 statements while the result for PTSD is the average value for the first 16 statements. The subjects whose overall score or the score for PTDS was >2.5 are considered positive for the existing PTSD. Questionnaire sensitivity is 0.78, specificity 0.65, and the total positive score is 0.75[14].
3. The questionnaire for self-evaluation of aggression-STAXI is a measuring instrument for measuring feelings, experiences, expression and control of anger, rage, and aggression[15]. It was formed by combining the STAS questionnaire (The State-Trait Anger Scale), scale for measuring aggression, which encompassed aggression as a temporary emotional state and predisposition towards aggression as a relative personality trait, and a questionnaire for anger expression (The Anger Expression (AX) Scale. The STAXI questionnaire is composed of 44 statements made of three basic scales and each part has its own answer guidelines: S-anger, T-anger and AX scale. Scale S anger and T anger are related to feeling and experiencing anger and aggression, while AX scale relates to expression and control of anger and aggression.
4. The Profile Index Emotion (PIE) is a personality test based on Plutchik's theory of emotion. Plutchik's theory of emotion consolidates the findings of all major personality approaches: functional, cognitive-phenomenological, and psycho-dynamical[16]. The test is composed of 12 words that mark a personality trait, and they are given in a combination pair with each other, so this way there are 62 pairs. By using a method of forceful selection, the subject's task is to choose a word in each pair that is more characteristic for him and which suits him and his behavior. By choosing characteristic words, the subject conducts a selection between personality traits providing an insight into his emotional functioning. The test measures eight primary emotions given in a circular flow that has a quantitative expression such as: incorporation, reproduction, orientation, self-protection, deprivation, opposition, exploration, and aggression. The authors of a questionnaire are Plutchik and Kellerman (1974)[17], and its standardization and use for the former Yugo-

TABLE 1
SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF EXAMINEES

Variables	PTSD N=147	PTSD+Alcohol N=93	p
Age ($\overline{X}$±SD)	37.52±6.19	41.87±8.44	<0.001*
Marital status N (%)			<0.298†
Sine	34 (64.2)	19 (35.8)	
Married	110 (60.8)	71 (39.2)	
Widower	0 (0)	2 (100)	
Divorced	3 (75)	1 (25)	
Education N (%)			0.432‡
Elementary	22 (66.7)	11 (33.3)	
Secondary	108 (59.3)	74 (40.7)	
High school	8 (57.1)	6 (42.9)	
College	9 (81.8)	2 (18.2)	
Job N (%)			<0.001‡
Employed	89 (73)	33 (27)	
Unemployed	58 (49.2)	60 (50.8)	
Place of living N (%)			0.536‡
Village	102 (60)	68 (40)	
City	45 (64.3)	25 (35.7)	
Refugee N (%)			0.012‡
Yes	72 (54.1)	61 (45.9)	
No	75 (70.1)	32 (29.9)	
Time spent in the war N (%)			0.039‡
up to 12 months	10 (52.6)	9 (47.4)	
13 – 24 months	31 (73.8)	11 (26.2)	
par25 – 36 months	86 (63.7)	49 (36.3)	
37 and more months	20 (45.5)	24 (54.5)	
Detainee N (%)			0.955‡
Yes	40 (61.5)	25 (38.5)	
No	107 (61.1)	68 (38.9)	
Wounded N (%)			0.497‡
Yes	53 (57.6)	39 (42.4)	
No	93 (63.3)	54 (36.7)	

*Student t-test; †Fisher's Exact test; ‡χ^2-test

slavian area was prepared by Baškovac-Milinković et al. in 1979 at the Center for Psycho-Diagnostic Resources in Ljubljana[18].

5. The auto-diagnosis questionnaire for detecting alcoholism-CAGE is one of the most commonly used and one of the most popular questionnaires[19]. It is composed of four questions that must be answered. If a middle-aged person positively answers only two questions out of total that are asked, it confirms that a person is a problematic consumer or an alcoholic. In younger age groups, even one positively confirmed answer is enough. In addition to this questionnaire, in diagnosing alcoholism, a classical medical diagnosis procedure was used, as well as biomedical parameters for diagnosis.

Statistical analysis

Descriptive statistical methods were used for calculating the middle value ($\overline{X}$) and standard deviation (SD). The significant result difference between two parametric variables was tested by using the Student t-test for independent samples, while the difference between nonparametric variables was tested with a help of χ^2-test and Fisher's exact test when it was necessary. For the statistical analysis, the SPSS program for Windows (version 10.0, SPSS Inc, Chicago, IL, USA) was used.

Results

Among examined groups there is a statistically important difference in terms of age, employment, deportation

and the length of time spent in the war. The subjects with PTSD are of younger age in comparison to the controlled group, and they are more often employed while there were some who were living in exile. There is a statistically important difference in relation to the amount of time spent in the war. In relation to the marital status, education, place of living and the type of traumatic experience (captivity and being wounded), there was not a statistically important difference (Table 1).

The subjects whose PTSD is combined with alcoholism have statistically more expressed deprivation ($p<0.001$), opposition and aggression ($p<0.05$) in comparison to those whose PTSD is not combined with alcoholism. The subjects whose PTSD was combined with alcoholism had a statistically lower level of self-protection in comparison to the subjects whose PTSD was not combined with alcoholism ($p<0.001$). There is also a difference in terms of reproduction, incorporation, inability to control, and exploration. These emotional traits had a lower degree for the subjects whose PTSD was combined with alcoholism as compared to those subjects who in addition to PTSD did not suffer from alcoholism, however, for these traits among the questioned groups a statistically significant difference does not exist ($p>0.05$) (Table 2).

The results obtained by the subjects who have PTSD and are diagnosed with alcoholism on the STAXI test in comparison to the current state of aggression, general state of aggression, aggression towards an unfair treatment, aggression directed outwards and aggression directed inwards is statistically more different compared to the subjects with PTSD who are not diagnosed with alcoholism ($p<0.001$). On all subscales, aggression is higher for those subjects that had PTSD who were diagnosed with alcoholism as compared to those who were diagnosed with PTSD without being diagnosed with alcoholism. Aggression towards nonspecific provocation and a general way of expressing aggression is statistically larger as compared to the subjects who have PTSD and are also diagnosed with alcoholism ($p<0.05$). Aggression control is weaker in those subjects with PTSD who are also

TABLE 2
EMOTIONAL CHARACTERISTICS IN WAR VETERANS SUFFERING FROM PTSD AND PTSD WITH CO-MORBID ALCOHOLISM ON THE PROFILE INDEX EMOTION TEST

PIE ($\bar{X}$±SD)	PTSD N=147	PTSD+Alcohol N=93	t*	p
Reproduction	60.03±31.34	52.51±31.85	1.80	0.073
Incorporation	58.26±32.13	50.10±32.29	1.91	0.057
Inability to control	47.78±20.25	46.24±21.57	0.56	0.577
Self-protection	50.75±20.14	42.29±18.66	3.26	0.001
Deprivation	54.01±23.03	63.76±19.79	3.37	0.001
Opposition	41.48±22.24	48.94±21.77	2.55	0.011
Exploration	46.35±16.01	42.28±16.12	1.91	0.057
Aggression	47.13±25.88	57.29±24.26	3.03	0.003
BIAS	55.10±22.49	46.25±20.86	3.05	0.003

*Student t-test
$\bar{X}$=Mean; SD=standard deviation

TABLE 3
AGGRESSION IN WAR VETERANS SUFFERING FROM PTSD AND PTSD WITH CO-MORBID ALCOHOLISM ON THE STAXI TEST

STAXI ($\bar{X}$±SD)	PTSD N=147	PTSD+Alcohol N=93	t*	p
Momentary state of aggression	1.69±0.66	2.09±0.72	4.48	<0.001
General state of aggression	2.16±0.69	2.53±0.69	3.96	<0.001
Aggression towards nonspecific provocation	2.17±0.76	2.49±0.74	3.19	0.002
Aggression towards unfair treatment	2.36±0.71	2.73±0.80	3.74	<0.001
General expression of aggression	2.22±0.29	2.34±0.33	3.16	0.002
Aggression directed towards outside	2.19±0.53	2.46±0.51	3.77	<0.001
Aggression directed towards inside	1.92±0.55	2.25±0.59	4.38	<0.001
Control of aggression	2.59±0.68	2.42±0.69	1.95	0.053

*Student t-test
N=Number of examinees; $\bar{X}$=Mean; SD=standard deviation

diagnosed with alcoholism in comparison to the subjects who were diagnosed with PTSD without alcoholism but there was not a statistically important difference ($p>0.05$) (Table 3).

Discussion

By analyzing a relationship between PTSD and alcoholism with values on the Profile Index Emotion test, it was determined that the subjects whose PTSD is combined with alcoholism have deprivation, opposition and aggression that is more expressed in comparison to the subjects whose PTSD is not combined with alcoholism. Inversely, if PTSD is combined with alcoholism, self-protection, incorporation, and reproduction become weaker. Those suffering from PTSD who in addition to having PTSD have co-morbid alcoholism, have a higher rate of depression and aggression, they are inclined to a socially unacceptable behavior, they assimilate harder in a society, it is harder for them to accept social norms and they reject everything that brings them difficulties. These characteristics significantly impact the way of functioning in a family, work place and society.

In this study, a relationship between PTSD and alcoholism was established with values on the STAXI aggression test. On all subscales, aggression was bigger in those subjects who in addition to having PTSD were also diagnosed with alcoholism as compared to those who were only diagnosed with PTSD without alcoholism. Inversely, aggression control was weaker for those subjects who had PTSD and were also diagnosed with alcoholism in comparison to those subjects who were diagnosed with PTSD without alcoholism. Our results are complimentary with the results of numerous studies[6,10,12,20].

Drinking alcoholic drinks generally stimulates aggressive and violent behavior. This way, more than 50% of people who commit suicide or who participate in some violent act report that they consumed a significant amount of alcoholic drinks immediately before conducting some violent act[2]. Alcoholism in those suffering from chronic PTSD emphasizes aggression, and it reduces tolerance for frustration threshold even more, criticism, and on the other hand, it generally reduces a superego censure allowing impulsive behavior to overrule. Numerous studies have shown that people suffering from chronic, war-conditioned PTSD are inclined to emotional difficulties in terms of impulsive, aggressive, and violent behavior[11,20–29].

Aggression directed inwards is most commonly manifested in terms of psychosomatic disruptions, metabolic syndrome, depression or alcoholism or by feeling guilty or being suicidal. There are numerous studies that talk about co-morbid PTSD and alcoholism as well as other physical and somatic disorders. Studies show that alcoholism is the most common diagnosis, which is co-morbid PTSD[30–32]. While researching aggressive behavior in war veterans with PTSD, Begić and Begić-Jokić found that 40% of subjects had co-morbid PTSD and alcoholism[24,25]. Buljan et al. concluded that psycho-traumatic war experiences have a role in the development of alcohol addiction and numerous other medical complications[33].

Over consumption of alcoholic drinks among people suffering from chronic PTSD can be explained by a »model of curing oneself« and trying to »reduce tension«. It is assumed that PTSD develops first and alcoholism appears second with the intent to reduce the tension. The relationship between PTSD and alcoholism can be cyclical, i.e. if someone is diagnosed with PTSD; it can make an influence on consumption of alcoholic drinks, which on the other side can additionally increase a risk for developing PTSD. Conditions that can contribute towards overconsumption of alcoholic drinks in those suffering from PTSD include: family history and drinking habits before a trauma, the nature of trauma, the style of cognitive regret, generation differences, biological factors, cultural differences[34,35].

This study has limitations. The sample was not equalized in some demographic variables that can have a role influencing clinical findings and aggressiveness as a PTSD symptom[36]. Frequent co-morbid psychic or somatic diseases can stimulate aggression, which has not been considered in this study[13,31,32,37]. The problem of secondary trauma has not been analyzed in this study that is certainly present and has repercussions on aggression in war veterans suffering form PTSD. Present studies on this topic indicate that there is a need to continue research accepting limitations and attempting their elimination.

Conclusion

Aggression is present in all subjects within PTSD clinical findings. Aggression is expressed as a current and general state; towards nonspecific provocation and an unfair treatment; it is directed outwards and inwards. The subjects who had PTSD combined with alcoholism, show a higher degree of aggression in comparison to those subjects who had PTSD and were not diagnosed with alcoholism. The subjects who had PTSD combined with alcoholism show a weaker control of aggression in comparison to the subjects who had PTSD and were not diagnosed with alcoholism.

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AGRESIVNOST U RATNIH VETERANA OBOLJELIH OD POSTTRAUMATSKOG STRESNOG POREMEĆAJA S KOMORIDNIM ALKOHOLIZMOM: ORIGINALNO ZNANSTVENO ISTRAŽIVANJE

S A Ž E T A K

Tisućljećima je poznato da se agresivnost kao simptom javlja u brojnim psihičkim poremećajima i bolestima, a posljednjih desetljeća sve se češće spominje i proučava pojava agresivnog ponašanja povezanog s posttraumatskim stresnim poremećajem (PTSP) koji je posljedica katastrofalne ratne traume. Cilj ovog istraživanja je analizirati utjecaj alkoholizma na način izražavanja i kontrolu agresivnosti u ratnih veterana oboljelih od kroničnog PTSP. Ispitivanim uzorkom obuhvaćeno je 240 ratnih veterana s kroničnim PTSP. Ispitanici su podijeljeni u dvije grupe. PTSP grupa (n=147) i kontrolna grupa koju su činili oboljeli koji su uz PTSP imali pridružen alkoholizam (N=93). U ovom istraživanju korišten je sljedeći psihološki instrumentarij: Harvard trauma upitnik za dijagnosticiranje PTSP (HTQ); Upitnik za samoocjenu agresivnosti (STAXI); Profil indeks emocija (PIE); Upitnik za autodijagnostiku alkoholizma (CAGE). Dobiveni rezultati pokazuju da ispitanici koji imaju PTSP komorbidan s alkoholizmom imaju jače izraženu deprivaciju, agresivnost ($p<0,001$) i opozicionalnost ($p<0,05$) u odnosu na ispitanike u kojih PTSP nije udružen s alkoholizmom (PIE). U ispitanika koji uz PTSP imaju dijagnosticiran alkoholizam postoji statistički značajnije izražena agresivnost na svim subskalama u odnosu na ispitanike koji uz PTSP nemaju dijagnosticiran alkoholizam: trenutno stanje agresivnosti, opće stanje agresivnosti, agresivnost pri nepravednom tretmanu, agresivnost usmjerena prema vani i agresivnost usmjerena prema unutra ($p<0,001$); agresivnost pri nespecifičnoj provokaciji i opće izražavanje agresivnosti ($p<0,05$) (STAXI). Ispitanici koji su imali PTSP udružen s alkoholizmom pokazuju veći stupanj agresivnosti u odnosu na ispitanike koji uz PTSP nemaju dijagnosticiran alkoholizam.