

Influence of Alcohol Abuse of the Father on the Intensity of Clinical Picture of Posttraumatic Stress Disorder

Slobodanka Kezić, Mate Mihanović, Jadranka Žilić-Džeba and Ivica Šain

Psychiatric Hospital »Sveti Ivan«, Zagreb, Croatia

ABSTRACT

The subject of the study is the influence of alcohol abusing father on the clinical picture of PTSD patient. The father plays an important identification role in the psychological development of his son. Therefore it is to be expected that an alcohol abusing father will become a (negative) role model for his son and that he will also later on in stressful situations try to reduce the anxiety and depression by consuming larger quantities of alcoholic drinks. The aim of the study is to find out whether there are differences in PTSD clinical picture in patients whose fathers abused alcohol and in those whose fathers did not have such problem. The participating patients were from the Psychiatric hospital »Sveti Ivan«. Mississippi and Watson scales were applied, as well as a questionnaire named »Early traumas« from which the variable »alcohol abuse of the father« was selected. The analysis shows that the participants who in their family histories had fathers who abused alcohol developed a milder clinical picture of PTSD, i.e. they reactions to the stress later on were less sensitive compared to the control group of participants whose fathers did not abuse alcohol and whose clinical pictures of the disorder were more severe.

Key words: PTSD, alcohol abuse, father, Croatia

Introduction

Kolk lists six factors that may affect the development of PTSD: the nature and intensity of the trauma (the probability of the development of PTSD increases with the intensity of the stress event), genetic predisposition, the developmental phase, social support, the primary trauma and the premorbid personality structure¹. The development of PTSD may be influenced by factors active before the traumatic event (genetic and psychological vulnerability, the developmental phase, personality), those related to the traumatic event itself (the exposure to, nature, and meaning of the stressor) and factors active after the event (social support, secondary traumatization)².

Authors report that even 87% of the Vietnam War veterans with PTSD also satisfied the criteria for at least one other diagnosis, among which the most frequent were depression and psychoactive substance abuse. It was found that the exposure to a terrifying death (such as death by mutilation) had a highly predictive value for the co-morbidity of alcohol abuse³.

A study conducted by Thaller et al. showed that Croatian War of Independence veterans consume alcohol more often than the control group civilians (a high level of statistical significance reached, $p < 0.01$). The veterans were also more frequently diagnosed with alcohol dependence. The most frequent reasons for drinking in the veteran group were anxiety (41.4%) and fear (28.3%), which were consequences of earlier, more frequent exposures to stressful situations in comparison with the control group ($p < 0.01$)⁴.

In contrast, another study (Kozarić-Kovačić et al.) showed that during the first months of the wartime 1991 in the Psychiatric Hospital Vrapče the incidence of hospitalization related to alcohol abuse was equal to the incidence over the corresponding period three years earlier in the peacetime 1988. The difference was that in the wartime a larger proportion of individuals abusing alcohol were older, had somatic complications, alcohol-induced psychoses, depressive reactions and suicide attempts, so the clinical picture seemed more severe⁵.

It seems that this study again suggests that stress-producing situations alone, such as war, do not cause alcohol addiction, while the accumulation of many stress factors (the cumulative effect of stress) in the war veterans causes a statistically significant increase in the incidence of alcohol abuse^{6–11}.

The aim of this study is to investigate if there are differences in the PTSD clinical picture in the patients with fathers who abused alcohol in comparison to the patients whose fathers did not abuse alcohol.

Methods

The participants were all patients treated and released from the open wards of Psychiatric hospital »Sveti Ivan« with the diagnosis of PTSD over the period from March 1st, 2000 to March 1st, 2002.

The Mississippi and Watson scales were applied and only those patients having an indicative result (the equality in clinical pictures) were included in the study¹².

For the purpose of this study, a questionnaire named »Early traumas« was made¹³. The variable »alcohol abuse of the father« was selected from the questionnaire as the criterion and used to classify the participants in two groups: those who in their family histories had fathers who abused alcohol (Group 1) and those who had not (Group 2).

The statistical analysis included the analysis of variance, the purpose of which was to determine if there were statistically significant differences between the groups on specific variables.

Results

The study included 57 participants, of which 16 (Group 1) had alcohol-abusing fathers in their family histories. Group 2 comprised 41 participants whose fa-

thers did not abuse alcohol. Table 1 presents statistically significant differences between the groups on specific variables.

Analysis showed that only the responses to the Watson D5 question (increased excitability to the sound, touch and motion, twitching at the lowest of sounds) showed a statistically significant difference (0.48), with a higher excitability in Group 2.

The analysis of the Mississippi questionnaire showed that Group 2 had a statistically significant increase in symptoms for two observed variables.

These variables were:

Variable 7: I am capable of emotional closeness with other people.

Variable 25: I easily fall asleep at night.

The differences in all other variables, including alcohol consumption, were not statistically significant.

Discussion

This study investigated the influence of the father’s alcohol abuse to the clinical picture of PTSD. It is important to mention that no participant had an alcohol-abusing mother.

According to the Table 1, a statistically significant difference in clinical symptoms was found in only one of the Watson questionnaire questions in the sense of enhanced symptom intensity in Group 2. These are D-group symptoms from the DSM-IV PTSD diagnostic criteria¹⁴.

Similarly, two observed variables (the variables 7 and 25) from the Mississippi questionnaire also showed statistically significant greater intensities of the clinical symptoms in Group 2. For most other variables, the participants from Group 2 tended to be more problematic than the participants from Group 1.

It is important that the study conducted here⁴ showed that the war veterans were more likely to develop alcohol dependence than civilians and that the likelihood rose with an increase in the intensity and exposure to stressors (war, social stress).

It was furthermore observed that the individuals abusing alcohol admitted to hospital during the war-time presented with more serious clinical pictures than those admitted in the preceding peacetime years. This confirms a cumulative effect of the stress. Alcohol abuse of the father and growing up in such a problematic family increase the risk factors. Thus it may be expected that the clinical picture of these PTSD participants would be more severe than of the participants who grew up in families where there was no alcohol abuse. This study shows the contrary.

Similar results were achieved in other studies³ and these findings were explained by a learned behavior of lack of confidence and mistrust that in turn was responsible for a lack of closeness with fellow-soldiers.

TABLE 1

STATISTICALLY SIGNIFICANT DIFFERENCES BETWEEN THE GROUPS ON SPECIFIC VARIABLES

SCALA	V	N	X	SD		
Watson D5	1.00	16	4.9375	1.8786	4.101	0.048*
	2.00	41	5.8293	1.3210		
	Total	57	5.5789	1.5347		
Mississippi 7	1.00	16	3.6250	1.2583	5.850	0.019*
	2.00	41	4.2927	0.7824		
	Total	57	4.1053	0.9762		
Mississippi 25	1.00	16	4.1250	0.8851	5.220	0.026*
	2.00	41	4.5854	0.5906		
	Total	57	4.4561	0.7089		

*Variables in which correlation is significant, SCALA – Mississippi and Watson scales that were applied, V – variable »alcohol abuse of the father« was selected from the questionnaire »Early traumas« as the criterion and used to classify the participants in two groups

Conclusion

The participants who grew up in families with alcohol abusing fathers reacted to the later, wartime, stress

with less sensitivity. In comparison to the control group (fathers did not abuse alcohol), they presented with milder clinical pictures of PTSD.

REFERENCES

1. VAN DER KOLK, B. A.: Psychological Trauma. (American Psychiatric Press, Washington, 1987). — 2. MEICHENBAUM, D.: Treating Post-Traumatic Stress Disorder. A Handbook and Practice Manual for Therapy. (John Wiley Sons, New York, 1994). — 3. BREMNER, J. D., S. M. SOUTHWICK, J., D. R. YEHUDA, S. CHARNEY, Am. J. Psychiatry, 150 (1993) 235. — 4. THALLER, V., D. BREINTEFELD, D. BULJAN, Alcoholism, 32 (1996) 45. — 5. KOZARIĆ-KOVAČIĆ, D., FOLNEGOVIĆ-ŠMALC, V., JAKOVLJEVIĆ, M., LANG, B., Alcoholism, 28 (1992) 85. — 6. HERMAN, J. L.: Trauma and Recovery. (Basic Book, New York, 1992). — 7. GREGUREK, R., E. KLAIN: Posttraumatski stresni poremećaj, hrvatska iskustva. (Medicinska naklada, Zagreb, 2000). — 8. KLAIN, E., PAVIĆ, L. L., Croat. Med. J., 43 (2002) 126. — 9. RUDAN, V., NIKOLIĆ, S., Soc. Psihijat., 26 (1998) 87. — 10. ŽARKOVIĆ PALJAN, T., KOVAČEVIĆ, D., Soc. Psihijat., 29 (2001) 165. — 11. FRANČIŠKOVIĆ, T., LJ. MORO, I. TORIĆ, I. URLIĆ, I. RONČEVIĆ-GRŽETA, T. TIĆ-BAČIĆ, Coll. Antropol., 24 (2000) 579. — 12. WATSON, C. G., J. Consult. Clin. Psychol., 4 (1990) 460. — 13. KEZIĆ, S.: Early Trauma Impact on Clinical Presentation of PTSD. M.S.Thesis. In Croat. (University of Zagreb, Zagreb, 2003) 46. — 14. AMERICAN PSYCHIATRIC ASSOCIATION: Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition. (American Psychiatric Association, Washington, 2000).

S. Kezić

Psychiatric Hospital »Sveti Ivan«, Jankomir 11, 10090 Zagreb, Croatia
e-mail: slobodanka.kezic@pbsvi.hr

UTJECAJ ALKOHOLIZMA OCA NA INTENZITET KLINIČKE SLIKE POSTTRAUMATSKOG STRESNOG POREMEĆAJA

SAŽETAK

Istraživao se utjecaj oca alkoholičara na kliničku sliku PTSP-a. Otac ima važnu identifikacijsku ulogu u psihičkom razvoju sina. Za očekivati je da otac alkoholičar postaje (negativni) uzor sinu te će i on kasnije u stresnim situacijama smanjivati tjeskobu i potištenost konzumirajući veće količine alkoholnih pića. Cilj istraživanja je proučiti postoji li različitost kliničke slike PTSP-a kod bolesnika koji su u anamnezi imali oca alkoholičara, u odnosu na PTSP bolesnike čiji očevi nisu bili alkoholičari. Ispitani su bolesnici iz Psihijatrijske bolnice »Sveti Ivan« a primijenjena je Mississippi i Watson skala, te upitnik nazvan Rane traume, iz kojeg je uzeta kriterijska varijabla alkoholizam oca. Na ispitanom uzorku našlo se da su ispitanici s pozitivnom anamnezom alkoholizma oca na kasniji (ratni) stres reagirali manjom osjetljivošću tj. razvili su blažu kliničku sliku PTSP-a, u odnosu na ispitanike kod kojih nije nađen alkoholizam oca a koji su razvili težu kliničku sliku poremećaja.