

Anger, Dissociation, and PTSD among Male Veterans Entering into PTSD Treatment

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The relationships among PTSD, dissociation, and anger were evaluated in a sample of 214 treatment-seeking Veterans (Vietnam era and OEF/OIF). Participants were evaluated at entry to a PTSD clinic in which they completed questionnaires and interviews. Anger and dissociation were significantly related to one another, and both symptoms contributed significant unique variance to total PTSD symptom severity.

Key Findings:

- Veterans' levels of dissociation and anger were significantly related to one another.
- Both anger and dissociation contributed uniquely to the severity of PTSD symptoms.
- Dissociation explained more variance in reported PTSD symptom severity than anger; this was especially evident in the intrusive and hyper-arousal symptom clusters.
- Anger and dissociation are both clinically significant problems for Veterans with PTSD in this sample, with 76% of participants scoring above the cut-off on both measures for the general population.
- In this sample, 22% were above the clinical cut-off for PTSD, and a majority of the sample exceeded the expected clinical scores for psychiatric patients regarding anger (64%).

Implications for Programs:

- Due to the high prevalence of anger in the Veteran population studied, programs may consider implementing anger reduction or management strategies into their curriculums.
- Since younger Veterans had higher scores on the anger measures, programs may develop targeted interventions with this particular group of individuals (e.g., teaching conflict disengagement strategies).

Implications for Policies:

- The DoD may consider developing a strategic plan for how to simultaneously create Service members who are military ready while also providing emotional outlets that are helpful in reducing anger.
- Policies may recommend a systematic review of the complex associations among PTSD, anger, dissociation, and comorbid disorders to help guide outreach and intervention efforts.

Avenues for Future Research:

- Further research could explore how the PTSD and other symptoms change over time for Veterans, both with treatment and as part of the natural course.
- Future research could expand on self-report data with some of the constructs assessed, including anger and dissociation.
- The present study might be replicated in other populations of Veterans and with individuals who have experienced other types of trauma.

Background Information

Methodology:

- A sample of treatment-seeking Veterans from the Vietnam and OEF/OIF participated in a clinical evaluation.
- PTSD (Clinician Administered PTSD Scale), anger (State-Trait Anger Expression Inventory-2 and Trait Anger Subscale), dissociation (Dissociative Experience Scale), and related symptoms (Mini International Neuropsychiatric Interview) were assessed via interview and self-report questionnaires.
- Data were analyzed with correlations and step-wise regression to establish the contributions of anger and dissociation to PTSD and PTSD symptom severity.
- Race, age, education and marital status were also collected and controlled for in the analysis.





Participants:

- 214 male Veterans participated in the study; 62% Vietnam era, 38% OEF/OIF era.
- Participants were recruited upon entry to the PTSD clinic of the VA Ann Arbor Healthcare System between the years of 2003 and 2007.
- Participants were an average of 47 years old (SD=16.4), 86% were White, and 55% married.

Limitations:

- The sample only includes male Veterans, and is not representative of the general population.
- Much of the data were collected with self-report measures.
- Researchers were unable to study the potential influence of time since trauma on symptom severity, as war era and time since trauma were confounded.
- The age distribution (split between the Vietnam and OEF/OIF era) may affect the data in ways that were not accounted for.

Assessing Research that Works

Research Design and Sample				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Methods				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations				Quality Rating:	
	Excellent <i>Minor Limitations</i> (★★★★)	Appropriate <i>Few Limitations</i> (★★★)	Limited <i>Several Limitations</i> (★★)	Questionable <i>Many/Severe Limitations</i> (★)	
The limitations of this study are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implications				Quality Rating:	
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★)	
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> Not applicable because authors do not discuss implications	
Overall Quality Rating				