

## COMPARING TYPES OF AGGRESSION IN INDIVIDUALS WITH PSYCHOTIC AND NEUROTIC DISORDERS

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### ABSTRACT

The aim of the present study was to compare the types of aggression in individuals suffering from psychotic and neurotic disorders. The research was designed as Independent group design. It was hypothesized that there would be difference on the variables of aggression (i.e. physical and verbal), anger and hostility in individuals with psychotic and neurotic disorders. In order to test the hypotheses a sample of 47 patients (21 psychotic and 26 neurotic patients) was taken from the Institute of Clinical Psychology, University of Karachi and Gulshan Psychiatric Hospital. Their age range was between 20-50 years ( $M=29.8$  years;  $SD=10.02$ ) and their education level was at least Intermediate. The Aggression Questionnaire (Buss & Perry, 1992) was administered to assess the types of aggression present. In order to interpret the results, mean and t- test was computed. Results show that there is a significant difference of mean between verbal aggression of individuals with psychotic and neurotic disorders ( $t= 2.611$ ,  $df = 45$ ,  $p < .05$ ). However, there was an insignificant mean difference in aggression ( $t=1.282$ ,  $df=45$ ,  $p > .05$ ), physical aggression ( $t=.038$ ,  $df= 45$ ,  $p > .05$ ), anger ( $t=1.366$ ,  $df= 45$ ,  $p > .05$ ) and hostility ( $t=.869$ ,  $df= 45$ ,  $p > .05$ ) present in individuals with psychotic and neurotic disorders.

## INTRODUCTION

Aggression and violence are the areas of interest in the field of clinical and social psychology. Some important factors also play a major role in determining the aggression and its level. Physical and verbal aggression is found in different types of people and especially in those who are mentally ill; and suffering from Schizophrenia, Delusions, Anxiety or Depression. Aggression is an overt behavior with the intention of inflicting physical damage on another individual (Moyer, 1968;1971). The possibility for aggressive behavior exists whenever the interests of two or more individuals are in conflict (Svare, 1983). Researches show that serious mental illness is an indicator of being aggressive, though it's controversial but common (Linaker & Busch-Iversen, 1995).

Link & Stueve (1995) argued that the research findings consistently supported the view that mental illness has an association with violence and its intensity (or frequency) is somewhat higher in people with serious mental illness than in the general population. However, they suggested that mental illnesses only lead to violent behavior under certain conditions. Several previous studies have suggested that psychotic symptoms may be particularly strong indicators of violence potential (Link, Andrews & Cullen, 1992; Swanson, Borum & Schwartz, 1996; Link, Monahan & Cullen, 1999). There are variety of psychiatric illnesses that have been associated with the incidence of aggression in health care, in which mania (Lion, Snyder & Merril, 1981) and schizophrenia are the most common (Pearson, Wilmot & Padi, 1986). Rossi et al. (1986) suggested that research clearly supports that psychosis correlates positively with aggressive behavior but the only factor to be determined is the most problematic type of schizophrenia. Moreover, James et al. (1990) argued that although a number of psychiatric illnesses have been associated with a tendency towards violence in patients, yet research findings to date are inconclusive (as cited by Duxbury, 2002).

Swanson (1994) proposed that patients diagnosed with any psychotic illness can be at higher risk of harming others and can have a criminal conviction for violence. In a study by Humphreys et al (1992) it was estimated that 20% of first-admission patients with schizophrenia had behaved in a life-threatening manner prior to admission. In a study patients suffering from schizophrenia were found to be four times (Lindqvist and Allebeck, 1990) and two to three times (Brennan, Mednick & Hodgins, 2000) more likely to have committed a violent crime than the general population. Aggression is not experienced only by the patients of schizophrenia; rather other types of patients are also prone to exhibit verbal or physical aggression due to some other psychotic disorder or mental illness. Like delusional patients and those who can show various types of aggressive behavior are more likely to manifest aggression. The evidence regarding the relationship between specific symptoms of mental illness and violence is conflicting; as some reports link violence by individuals experiencing psychosis with persecutory delusions associated with passivity ('Threat-Control-Override (TCO) syndrome', Link & Stueve, 1994), whereas others find no increase in the overall risk of violence due to delusions at all (Appelbaum, Robbins & Monahan, 2000).

Hence the above researches prove that people with delusions and hallucinations can show aggression and violence at times. It might start from the verbal threatening and lead to the extreme physical harm. It can also be concluded from these studies that patients of delusions and hallucinations may show verbal aggression or even the physical aggression depending upon their case history, diagnoses, situation, and intensity of the mental disorder. Hence it can be argued that delusional patients are more susceptible to the verbal or physical aggression that varies with other factors as mentioned above. Not only schizophrenia and delusions are specifically related to aggression, but patients with anxiety and depression have also been observed to engage into aggressive and hostile acts. Irritability in mood of these patients significantly contributes to aggression.

Aggression is a vast phenomenon which usually turns out (or expresses itself) as anger, hostility, verbal and physical outburst. Although a considerable amount of research is dedicated to explore the phenomenon of aggression in psychiatric patients however, the type of aggression (displayed) present is not explored much. The present study aims to explore the kinds of aggression present in psychotic and in neurotic patients. This research will focus on finding out the difference between these two classifications of patients with reference to the types of aggression, keeping our cultural context in consideration, the hypotheses formulated are:

1. There would be a difference in mean score on the variable of aggression, expressed by individuals with psychotic and neurotic disorders.
2. There would be a difference in mean score on the variable of physical aggression, expressed by individuals with psychotic and neurotic disorders.
3. There would be a difference in mean score on the variable of verbal aggression, expressed by individuals with psychotic and neurotic disorders.
4. There would be a difference in mean score on the variable of anger, expressed by individuals with psychotic and neurotic disorders.
5. There would be a difference in mean score on the variable of hostility expressed by individuals with psychotic and neurotic disorders.

METHOD

**Sample**

Sample of the research consisted of 47 patients (21 psychotic and 26 neurotic patients) based on purposive sampling technique. Individuals with psychotic disorders were those diagnosed clients who have Schizophrenic Disorder, Delusional Disorder, Bipolar Disorder, Major Depression with Psychotic Features, Manic Disorder with Psychotic Features and Other Psychotic Disorders. Individuals with neurotic disorders were those diagnosed clients who have Major Depressive Disorder without psychotic feature, Anxiety Disorders and Somatoform Disorders. The age range was between 20-50 years (with the mean age =29.8 years; SD=10.02); where mean age of patients with neurotic disorders (28.23 years; SD=31.8); with psychotic disorders (29.80 years; SD=10) and their education level was at least Intermediate. Diagnosed cases according to DSM IV-TR (APA, 2000) were taken from Institute of Clinical Psychology, University of Karachi and Gulshan Psychiatric Hospital-Karachi-Pakistan.

**Measures**

In this study Aggression Questionnaire (Buss & Perry, 1992) was used. The Aggression scale consists of 4 factors, Physical Aggression (PA), Verbal Aggression (VA), Anger (A) and Hostility (H). The total score for Aggression is the sum of the factor scores. Operational definition of aggression constructs are: physical aggression (physical expression of anger), verbal aggression (argumentative and hostile language), anger (agitation and sense of control), hostility (resentment, social isolation, and paranoia).

... was taken from the Institute of Clinical Psychology and Gulshan  
 Matric Hospital-Karachi, Pakistan, during the time period of Aug-Oct, 2008.  
 Firstly consent was taken from the respective institutional authorities, therapists and  
 patients to collect data. The patients were informed about confidentiality of their  
 responses. Data was collected from each patient individually. After development of  
 short patients were requested to respond on a demographic data form and Aggression  
 questionnaire (Buss & Perry, 1992). After the collection of data scoring was done by  
 the raw scores. The statistical analysis was done by computing mean and t-  
 order to interpret the results.

**RESULTS**

**Table I**  
**of individuals with psychosis and neurosis on Aggression**

N	M	SD	SEM	t	df	Sig	MD
	92.30	18.04	3.53	1.28	45	.206	6.78
	85.52	18.01	3.53				

Table II

Mean scores of individuals with psychosis and neurosis on Physical Aggression

Group	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>	<i>t</i>	<i>df</i>	<i>Sig</i>	<i>MD</i>
Individuals with Neurosis	26	26.26	6.72	1.31	.038	45	.970	7.87
Individuals with Psychosis	21	26.19	7.500	1.63				

P>.05

Table III

Mean scores of individuals with psychosis and neurosis on Verbal Aggression

Group	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>	<i>t</i>	<i>df</i>	<i>Sig</i>	<i>MD</i>
Individuals with Neurosis	26	17.53	4.43	.870	2.61	45	.01	3.34
Individuals with Psychosis	21	14.19	4.28	.935				

P<.05

Table IV

Mean scores of individuals with psychosis and neurosis on Anger

Group	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>	<i>t</i>	<i>df</i>	<i>Sig</i>	<i>MD</i>
Individuals with Neurosis	26	22.61	15.37	1.05	1.36	45	.179	2.04
Individuals with Psychosis	21	20.57	4.73	1.03				

P>.05

Table V

Mean scores of individuals with psychosis and neurosis on Hostility

Group	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>	<i>t</i>	<i>df</i>	<i>Sig</i>	<i>MD</i>
Individuals with Neurosis	26	26.26	7.22	1.41	.869	45	.389	1.69
Individuals with Psychosis	21	24.57	5.87	1.28				

P>.05

### DISCUSSION

Present research was aimed to rule out the significant differences of aggression and its types among individuals suffering from neurotic and psychotic disorders. As we observed previously in literature and in our clinical practice, individuals suffering from both types of disorders have aggressive feelings and anger outburst. However, the main focus of attention in the present research was to compare that what type of aggression is significantly higher in psychotic and neurotic patients. In this connection we made different hypotheses, only one hypothesis has been supported by the findings. Hypothesis no. 3 is supported by the data and is found to be significant ( $t= 2.611$ ,  $df = 45$ ,  $p < .05$ ).

This result indicated (table III) that there is a difference in verbal aggression between individuals with psychotic ( $\bar{X}=14.1905$ ) and neurotic ( $\bar{X}= 17.5385$ ) disorders. Studies suggest that due to poor inner control, the individuals with psychotic disorders tend to be more verbally expressive and abusive but individuals with neurotic disorders tend to be less expressive; they usually hold their expressions, as they mostly use repression as a defence mechanism.



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Hypothesis no.1, 2, 4 and 5 have not been supported by data and are found to be insignificant. ( $t = 1.282$ ,  $t = .038$ ,  $t = 1.366$  and  $t = .869$ ,  $df = 45$ ,  $p > .05$  level respectively).

Results from table I, II, IV and V indicate that the hypotheses are rejected and there seems to be no difference in between aggression of people suffering from psychotic and neurotic disorders in general. Neither is there any difference between types of aggression like physical aggression, anger and hostility among people suffering from these two types of disorders. One of the reasons of these result findings may be the fact that the cases taken were under psychotherapy and psychotropic drug treatment and most of them were nearly treated. Studies show that after treatment the level of aggression decreases and the patient attains relatively stable emotional state.

Patients on medication also tend to withdraw from the environment hence score low on aggression.

Another factor for contradictory findings of the present study, with those already confirming positive relationship regarding aggression between the two groups (as previously mentioned Rossi et al. 1986; Swanson, 1994) may be the cultural differences in which they are conducted.

### **Conclusion**

The present study provides evidence that in general the types of aggression expressed by psychotic and neurotic patients do not have significant difference. Yet when their verbal aggression was compared it was found that psychotic patients were more verbally aggressive and abusive due to poor inner controls; while neurotics could have repressed their anger. It has been observed that the patients being on

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medications did not show much difference on physical aggression, anger and hostility. Further research is suggested to re-confirm these findings and to highlight further causes and reasons of this phenomenon.

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