Coll. Antropol. **35** (2011) Suppl. 1: 281–286
Short communication

Quality of Life in Families of Croatian Veterans 15 Years after the War

Ana Zdjelarević[1], Zoran Komar[2], Mladen Lončar[2], Ivana Dijanić Plašć[4], Pero Hrabač[3], Ivana Groznica[5] and Darko Marčinko[6]

[1] University of Zagreb, Studium Croaticum, Zagreb, Croatia
[2] Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, Zagreb, Croatia
[3] University of Zagreb, Croatian Institute for Brain Research, Zagreb, Croatia
[4] The home for adult and child victims of family violence »Duga – Zagreb«, Zagreb, Croatia
[5] »J. J. Strossmayer« University, Osijek University Hospital Center, Osijek, Croatia
[6] University of Zagreb, Zagreb University Hospital Centre, Department of Psychiatry, Zagreb, Croatia

A B S T R A C T

Exposure to war trauma with its consequences such as post traumatic stress disorder (PTSD) and disability due to combat injuries poses a significant problem for modern Croatian society. However, this is also a public health problem requiring continuous study of effective treatment strategies to achieve an increase in quality of life of most war-affected groups. Aim of this study was to examine the quality of life of population most affected by war – families of Croatian veterans. Present study included 126 female participants, who agreed to complete physical and psychiatric examination organized by the Ministry of Family, War Veterans and Intergenerational Solidarity. Included were participants with status of either wife of war veteran suffering from PTSD, wife who lost her husband in war circumstances or wife of war veteran with physical disabilities resulting from war activities. All three groups were asked to fill out the World Health Organization Quality of Life Questionnaire – short form (WHOQOL-BREF). Results indicate that assumed intensity of secondary trauma is not associated with quality of life. Namely, the highest level of satisfaction was found in wives of the most seriously affected invalids of war (M=3.77; sd=0.741), folowed by the wives of deceased soldiers (M=3.5; sd=0.697), while the lowest quality of life results were found in wives of veterans suffering from PTSD (M=3.12; sd=0.608). Our results confirm that, nearly 15 years after the war, wives of disabled or killed Croatian soldiers have a (comparatively) satisfactory quality of their everyday lives, compared to the wives of veterans suffering from PTSD.

***Key words**: quality of life, wives of Croatian veterans, war invalid, patients with PTSD, war widows*

Introduction

According to the World Health Organization (WHO) definition, quality of life is defined as the individual's own perception of reality of life in light of cultural and value systems in which one lives, taking into account expectations, personal goals and standards[1]. Obviously, people who live in different cultures or belong to different generations have different notions of quality of life. Recently, quality of life has been a much discussed topic in Croatian society. There are at least two reasons for this; first and foremost the Homeland War and second, the transition period to a different social system. The first reason mentioned is of particular interest since the experienced war trauma and diseases such as post traumatic stress disorder, sudden and violent loss of close and loved ones and disability due to combat injuries pose a significant problem for society as a whole, but also a public health problem. This is why it requires continuous study of effective treatment strategies as well as effort to improve quality of life of most war-affected groups[2–4].

From war conditions experienced by a significant proportion of Croatian population, a number of social and physical traumas can evolve. These include death of close persons, loss of property, loss of existing social network, physical pain, and aggregation of their negative impacts. This in return severely influences the health of people af-

Received for publication April 20, 2010

fected and consequently lowers their quality of life. Studies show that between one third and a half of all war-affected persons suffer from psychological problems[5]. Most people reported psychological symptoms like post traumatic stress disorder or depressive and/or anxiety disorders[5]. Additionally, it was recently documented that the traumatic death of a spouse, a relatively common event during war time, is associated with much higher levels of psychological disturbance than other types of death.

According to the Ministry of Family, Veterans and Intergenerational Solidarity, there are 4011 widows of deceased soldiers from the war in Croatia, whereas 6621 children lost one or both parents[6]. Furthermore, in almost 30% of such families, a phenomenon of so-called »secondary traumatization« was described, following the primary trauma of losing husband or father[6]. The difficulties facing families of traumatized returnees arise mainly from their inability to experience positive emotions, especially those related to intimacy as well as from difficulties in communication. As a result, family members often carry the burden of veteran's guilt, anxiety and alienation. This is the reason why families of war veterans are often referred to as »hidden victims« of trauma, and too often do not get even minimal assistance from experts. In this situation, the wives of veterans are in most cases the ones trying to preserve previous balance of their familes. The results of some studies have shown that wives of veterans suffering from PTSD were significantly more depressed and anxious, more often show symptoms of indirect trauma and more often suffer from pain syndromes in which treatment with conventional drug therapy does not show results, compared with the wives of veterans without PTSD[7].

Besides PTSD, various degrees of phisical disabilty is commonly seen in war veterans, while the burden of missing parent plays a major role in families in which one or more family members lost their lives during the war. In both cases, i.e. when family members are either dead or disabled, experts point to two possible adjustment scenarios. The first is family recovering after a painful experience, continuing its normal function, fully adapting to the new circumstances. However, some families never recover with the atmosphere of chronic sadness remaining present for years[9].

In this light, the aim of this study was to examine quality of life of groups most affected by war – families of Croatian war veterans. Rather than having a hypothesis of the study's outcome, we decided to do a cross-sectional »snapshot« of current situation and use it as a starting point for the future studies. Special emphasis was placed on quality of life of spouses of deceased soldiers, wives of the most serious of war invalids and wives of veterans who suffer from PTSD, as well as to examining differences between these groups in self-assessed quality of life.

Subjects and Methods

Present study included 126 female participants, who agreed to undergo both physical and psychiatric examination organized by the Ministry of Family, War Veterans and Intergenerational Solidarity. Included were participants with status of either wife of war veteran suffering from PTSD, wife who lost her husband in war circumstances or wife of war veteran with physical disabilities resulting from war activities. Further inclusion criterion was written informed consent, provided by each subject prior to inclusion in the study. Data were collected using a structured clinical interview which also included socio-demographic data such as age, educational, marital and employment status of the participant as well as number of children and household income. All three groups were asked to fill out the World Health Organization Quality of Life Questionnaire – short form (WHOQOL-BREF)[10].

Statistics

Several statistical analyses were performed. Standard statistical methods were used to calculate descriptive parameters (mean±SD). Statistical significance of between-group differences was tested by ANOVA and the appropriate post-hoc test (Scheffe test). Significance level was set at $p<0.05$. Analysis was performed using statistical package SPSS, version 16[11].

Results

Socio-demographic characteristics of the participants are shown in Table 1. The highest level of life satisfaction was observed in wives of the most seriously wounded war invalids ($M=3.77$; $sd=0.741$), followed by the wives of deceased soldiers ($M=3.5$; $sd=0.697$), while the lowest quality of life level was found among wives of veterans suffering from PTSD ($M=3.12$; $sd=0.608$ and Table 2). The results show that there are significant differences in the quality of life levels among the observed groups ($F=9.164$; $p<0.05$; see also Table 2). Sheffe post-hoc test reveals that this is due to differences between wives of killed veterans and wives of veterans suffering from PTSD ($p=0.022$) (Table 4). Considering the quality of life levels, wives of veterans suffering from PTSD differ significantly from the wives of disabled veterans ($p<0.001$; see also Table 4). However, difference in quality of life between wives of disabled and wives of killed veterans is not statistically significant (Table 4). In other words, the wives of veterans suffering from PTSD showed significantly different results from the remaining groups, and taking into account mean quality of life value of this group ($M=3.12$), we conclude that their quality of life is significantly lower compared to other groups studied. In addition to the overall result, wives of veterans suffering of PTSD showed the lowest values on individual particles from the quality of life questionnaire and assessed their quality of life as being lower compared to wives of disabled or deceased soldiers (Table 5). These subjects showed the highest average scores in pain/obligations, need for medical treatment and negative feelings particles. This means that 1) pain often prevents them in carrying out their obligations; 2) they have most need for medical treatment and 3) that they are ones to most often experi-

TABLE 1
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS (N=126)

Characteristics	Participants status		
	Wives of veterans with PTSD	Wives of disabled veterans	War widows
	No. (%)	No. (%)	No. (%)
Education			
Primary school	12 (22.6)	9 (32.1)	8 (18.2)
Secondary school	33 (62.3)	18 (64.3)	30 (68.2)
College/ University education	8 (15.1)	1 (3.6)	6 (13.6)
Employment status			
Employed	22 (40.7)	17 (60.7)	8 (18.6)
Unemployed	19 (35.2)	4 (14.3)	4 (9.3)
Student/Pupil	1 (1.9)	1 (3.6)	0
Retired	12 (22.1)	6 (21.4)	31 (72.1)
Material status			
Bad	12 (22.2)	2 (7.1)	2 (4.6)
Good	17 (31.5)	14 (50.0)	17 (38.6)
Average	24 (44.4)	7 (25.0)	21 (47.7)
Above average	1 (1.6)	5 (17.9)	4 (9.1)

Age	N	M	SD	MIN.	MAX.
Wives of veterans with PTSD	54	48.00	6.44	34	58
Wives of disabled veterans	44	48.46	6.69	30	65
War widows	28	46.64	8.57	32	66
Number of children	N	C	SD	MIN.	MAX.
Wives of veterans with PTSD	49	2	0.79	0	2
Wives of disabled veterans	23	2	0.64	1	2
War widows	37	2	0.73	1	2

TABLE 2
DESCRIPTIVE INFORMATION ON THE QUALITY OF LIFE FOR ALL THREE GROUPS OF SUBJECTS

Participants status	N	M	sd
PTSD veteran wives	53	3.12	0.608
Physicaly disabled veteran wives	27	3.77	0.741
War widows	43	3.5	0.692
Total	123	3.46	0.68

ence negative emotions, meaning, in fact, that the highest scores mean the lowest quality of life. Considering other particles, the lowest average scores were again observed in this group. This is true for all particles except the one about sexual life satisfaction, which showed the lowest average value in wives of deceased soldiers. Furthermore, we can see that the highest average value for this particle is detected in wives of disabled husbands.

Discussion

PTSD to quality of life relation is under-explored area. Results so far indicate generally reduced quality of life for patients with this disorder as well as their weaker physical and emotional health. Studies in the field of mental health which include assessing the quality of life of patients are scarce and mostly of a limited scope. How-

TABLE 3
DIFFERENCES ACCORDING TO PARTICIPANTS STATUS ON QUALITY OF LIFE (ANOVA)

Source of variability	Sum of Squares	df	Mean Square	F	p
Between groups	8.186	2	4.093	9.164	0.000*
Within groups	53.599	120	0.447		
In total	61.785	122			

*p<0.05

TABLE 4
SCHEFFE POST-HOC ANALYSIS

	Post-hoc test results (Scheffe)		
Group	PTSD	Killed	Invalid
Killed	0.022*		
Invalid		0.293	
PTSD			0.000*

(*p<0.05)

TABLE 5
DIFFERENCES BETWEEN EACH CATEGORY ON EACH ITEM IN QUALITY OF LIFE ACCORDING TO THEIR MEANS

Category	PTSD	Invalid	Killed
Quality of life	↓	↑	
Health	↓	↑	
Pain / liabilities	↑		
The need for med. treatment	↑		
Enjoying life	↓	↑	
Meaning of life	↓	↑	
Concentration	↓		
Physical Security	↓	↑	
Environment	↓		↑
Energy	↓		
Physical appearance	↓		
Money	↓	↑	
Information	↓		↑
Recreation	↓		↑
Motion	↓		
Sleeping	↓		
Daily tasks	↓		
Working ability	↓		
Self-satisfaction	↓	↑	
Satisfaction with close persons	↓	↑	
Sex			↓
Negative feelings	↑		

*↑ – highest average in each category
*↓ – lowest average values in each category

ever, quality of life assessment in patients with PTSD is of great importance, especially in chronic disorders that destroy their long-term cognitive, emotional, social and working capacity. Previous studies have shown that anxiety disorders and mood disorders lead to poorer quality of life and deficits in day-to-day functioning in patients, and that major depression, obsessive-compulsive disorder, panic disorder and social anxiety significantly impoverish the quality of life of patients compared to healthy population. Intensity of the traumatic experience significantly affects the development of psychological disorders. Therefore, there is a higher likelihood of development of the disorder when the intensity, duration and physical proximity of stressors are higher as well. Besides the severity of a traumatic experience itself, the subjective experience can be significantly affected by circumstances during and immediately after such an event. Evidence for this claim can be found in a study of Croatian war veterans diagnosed with PTSD, which have already expressed serious psychological consequences[13]. These participants consider captivity and witnessing the death of a comrade as most traumatic experiences. On the other hand, serious injuries suffered by the disabled soldiers were perceived as events of shorter duration, with possible loss of consciousness and, in most cases, immediate displacement to the safe zone, with provision of adequate medical care. This in some cases resulted in development of a heroic self image[13]. Thus, the nature of trauma in its beginning largely determines the further development and severity of the disorder and any trauma of significant severity, resulting in PTSD, could contribute to a lower quality of life of veterans suffering from PTSD, as compared to quality of life of disabled veterans, who presumably experienced trauma of a lesser intensity.

The question that remains is how their wives are coping with this situation? Results of the above-mentioned studies are in line with our findings. Our results showed a significantly higher quality of life in wives of disabled veterans in relation to the wives of veterans suffering from PTSD. This is in accordance with several studies describing low levels of social support and dysfunctional patterns of social interaction in Vietnam veterans with PTSD compared to a group of veterans with no PTSD[13]. Also, in our study the assumption of the lowest quality of life for wives of veterans suffering from PTSD and the highest level of quality of life for wives of veteran with disability was partly based on presence or absence of social support. Wives of war invalids, such as the wives of deceased soldiers, are supported finacialy by the state but also enjoy the respect of people. In contrast, veterans suffering from PTSD, especially if being recipients of financial support, are viewed with suspicion and blamed to simulate their disorder in order to obtain benefits from the state. All this further complicates their life and life of their families. Since the end of the war, families of deceased veterans and veterans with disabilities continued to live with the difficulties and pain, accepting it as a part of their everyday life. Family members of veterans suffering from PTSD, especially the wives, were also psycho-physically impaired. A study on a group of Lebanese wives of war veterans[14] showed that these women often face conflicts and rigidity in the functioning of their families. Because of poor family functioning, they in return tend to develop various psychological problems.

This supports a concept according to which wives of traumatized veterans are exposed to horror stories about the war and trying to help their husbands they identify themselves with husband's experience and feelings of fear and guilt, eventually resulting in becoming trauma victims themselves[7]. These women suffer from re-experiencing the trauma, intense agitation and emotional

numbness that occur as a result of the intense atmosphere in the family, fact that husbands often react stormy to insignificant problems, have nightmares and poor sleep and all kinds of other problems. This results in isolation from other people, and indifference to events in the everyday life of the family. The results of the present study showed higher rates of symptoms of depression and anxiety in the group of wives of veterans with diagnosed PTSD than in the other groups studied.

Wives of veterans suffering from PTSD are exposed to the pressure of responsibility and liability for the whole family; they are exposed to emotional, verbal and physical abuse, suffer from feelings of helplessness and guilt for her husband's condition, and as a result lose their self-esteem and self-confidence. Living with a constant sense of hopelessness and fear of loss of love, as well as social condemnation due to inability to provide adequate support for her husband, they develop symptoms of depression and anxiety. In return, the closeness between family members disappears. Taking the entire burden of family responsibilities to themselves, while at the same time being deprived of their husband's support and help, wives of traumatized veterans live in constant anxiety which they sometimes can not fully verbalize, partly becaus they are not even aware of it. They begin to develop symptoms of chronic pain, thus justifying their failure. Pain syndromes are often their only way of seeking help. Related to this, medical care provided to women whose husbands do not suffer from PTSD was successful in most cases, unlike the cases of wives of war veterans with PTSD. Among the latter, provided medical care was largely unsuccessful, indicating that the cause of pain has psychological characteristics and that pain will be present until appropriate psychological support is provided and psychosocial equilibrium is re-established[7].

Conclusion

Our results show the highest level of quality of life of wives of Croatian military invalids, and slightly lower level of quality of life for wives of deceased soldiers. Obviously, the difference between the groups is a result of PTSD and all its consequences. When discussing disability and death in the introductory section, we mentioned theories claiming the family will recover after a painful experience and continue with normal functioning, as well as those claiming that family will never be able to recover and that a chronic grief will be present[9].

Our results suggest that wives of disabled and deceased veterans have a significantly higher score in relation to the wives of veterans suffering from PTSD. The wives of disabled and killed Croatian soldiers, nearly 15 years after the war, estimated their quality of life as relatively satisfactory, at least in relation to wives of veterans suffering from PTSD. It seems that the reason for this is lack of daily re-experiencing their husbands' traumas and their consequences. With such traumas occurring at least 15 years ago, they spent years seeking ways to adapt to new life conditions. In contrast, wives of veterans suffering from PTSD experience trauma every day, with no real chance of recovery. Our results indicate that, in terms of quality of life, chronic grief over the loss of husband is bearable when compared to living with PTSD. Wives of disabled veterans and wives of deceased soldiers have successfully adapted, and there is no statistically significant difference in the quality of life between them. The reason for slightly higher results of the wives of disabled persons can be found in the assumption that it is still easier to live with husband and father with physical dysfunction and take over some of his functions, than to live with no husband and father at all. Favorable adaptation of these groups is certainly influenced by already mentioned support of the society, which is not present for the family of veterans suffering from PTSD. Similarly, state support is more prompt for families of deceased and families of disabled while many procedures and significant amount of time are needed to establish a diagnosis of PTSD.

Finally, as a limitation of this study, we need to mention an uneven number of wives in each category which somewhat limited statistic analysis. We feel that there is a need for permanent monitoring of quality of life of war veteran's families and that any further research should include the children of war veterans since they are also under great impact of their family status.

REFERENCES

1. The World Health Organization Quality of Life Group, Field trial version (1996). — 2. KOZARIĆ-KOVAČIĆ D, PIVAC N, NATO Security through Science series E (2007). — 3. ORTH U, WIELAND E, J Conslt and Clin Psychol, (2004). — 4. SILOBRČIĆ RADIĆ M, HRABAK-ŽERJAVIĆ M, TOMIĆ B, Mentalne bolesti i poremećaji u Hrvatskoj (Hrvatski zavod za javno zdravstvo, Zagreb, 2004). — 5. World health report 2001 – Mental health (World Health Organisation, 2001). — 6. Program za poboljšanje kvalitete življenja u obiteljima poginulih hrvatskih branitelja, hrvatskih ratnih vojnih invalida i hrvatskih branitelja oboljelih od PTSP-a (Ministarstvo obitelji, branitelja i međugeneracijske solidarnosti, 2008). — 7. KOIĆ E, FRANCISKOVIĆ T, MUŽINIĆ-MASLE L, ĐORĐEVIĆ V, VONDRAČEK S, PRPIĆ J, Acta Clin Croat, 41 (2002) 4. — 8. BUZOV I, Psihoanaliza žalovanja (Jumena, Zagreb, 1989). — 9. LEUTAR Z, ŠTAMBUK A, Hrvatska revija za rehabilitacijska istraživanja, 43 (2007) 1. — 10. The World Health Organization Quality of Life Group, Field trial version (1996). — 11. Statistical Package for the Social Sciences, version 16.0 (SPSS Inc, Chicago). — 12. KOMAR Z, Vojna psihologija – knjiga druga (MORH, Zagreb, 1996). — 13. RUNJIĆ T, FAJDETIĆ A, OBERMAN-BABIĆ M, Hrvatska revija za rehabilitacijska istraživanja, 43 (2007) 1. — 14. USTA J, FARVER JA, ZEIN L, J Womens Health (Larchmt), 17 (2008) 793.

I. Dijanić Plašć

The home for adult and child victims of family violence »Duga – Zagreb«, p.p. 133, 10000 Zagreb, Croatia
e-mail: ivana.dijanic@zg.t-com.hr

KVALITETA ŽIVOTA OBITELJI BRANITELJA U HRVATSKOJ 15 GODINA NAKON RATA

S A Ž E T A K

Proživljene ratne traume, oboljenja poput posttraumatskog stresnog poremećaja te invaliditet uslijed borbenih djelovanja zasigurno predstavlja veliki problem za cjelokupno društvo, ali i veliki javnozdravstveni problem, te zahtijeva kontinuirano istraživanje učinkovitih strategija liječenja uključujući i dodatna poboljšanja i rad na kvaliteti života ratom najviše pogođenih skupina. U ovom istraživanju cilj je bio ispitati kvalitetu života ratom najoštećenijih skupina društva, obitelji hrvatskih branitelja. U istraživanju je sudjelovalo 126 žena koje su bile na fizičkom i psihijatrijskom pregledu koji je organiziralo Ministarstvo obitelji, branitelja i međugeneracijske solidarnosti. Kriteriji za sudjelovanje u istraživanju su bili status supruge branitelja, supruge branitelja koji boluje od PTSP-a, žene koja je izgubila supruga u ratnim okolnostima i supruge ratnih veterana s tjelesnim invaliditetom uzrokovanim ratnim aktivnostima. Sve tri grupe su zamoljeni da ispune upitnik Svjetske zdravstvene organizacije o kvaliteti života – kratki oblik (WHOQOL--BREF). Rezultati pokazuju da najveću razinu zadovoljstva životom iskazuju supruge najtežih hrvatskih ratnih vojnih invalida (M=3,77; sd=0,741), potom supruge poginulih branitelja (M=3,5; sd=0,697), dok najnižu razinu kvalitete života iskazuju supruge branitelja koji boluju od PTSP-a (M=3,12; sd=0,608). Rezultati potvrđuju da supruge invalida kao i supruge poginulih hrvatskih branitelja gotovo 15 godina nakon rata relativno zadovoljavajuće normalno funkcioniraju u životnoj svakodnevici u odnosu na supruge branitelja oboljelih od PTSP-a.