

Disturbances in interpersonal functioning and levels of anxiety, depression and aggression in persons persecuted for political reasons in Poland in the years 1944–1956

Iwona Czaja, Józef K. Gierowski

Social Pathology Department, Faculty of Psychiatry of Collegium Medicum
of the Jagiellonian University in Cracow

The article aims to determine the disturbances in interpersonal functioning and to evaluate the level of anxiety, depression and aggression in persons persecuted for political reasons in the years 1944–56.

Key words: PTSD, interpersonal functioning

Introduction

PTSD – an outline of issues

Delayed effects of PTSD (post-traumatic stress disorder) have remained in the centre of attention of many psychologists and psychiatrists both in Poland and abroad since the end of the Second World War [3, 7, 8, 9, 14, 23]. The analysis of the effects of extreme stress has led to unification of the classification and creation of consistent criteria for determination of that psycho-pathological syndrome [2, 7]. In recent years, research has been made into the completion of the image of a victim of traumatic experiences with psychological characteristics.

Anxiety, depression and aggression – psychological consequences of delayed effects of post-traumatic stress

The DSM–III–R classification, among the basic symptoms of PTSD, differentiates the criteria that describe the psychological effects of psychical traumas [2, 7]

Here are the basic psychological characteristics of persons remaining in the state of deprivation of needs and a prolonged, severe stress: deep-rooted character disorders in the form of anxiety, pessimism, low self-acceptance, dulling of emotional reactions, apathy, excessive and undirected bursts of anger, susceptibility to addictions and an excessive care for one's health as well as an excessive, unjustified

somatisation [8, 12, 13, 14]. These symptoms can be referred to three psychological categories – anxiety, depression and aggression.

Anxiety constitutes the main mechanism depriving victims of violence of efficient social, familial and professional functioning [4]. It has a specific interpersonal dimension. The range of fear-inducing areas can be extended to all contacts with other people, together with central categories concerning a future trauma [1].

In people diagnosed with PTSD, depression takes the chronic form with the main symptoms like a decrease of mood, lowered self-acceptance, lack of self-confidence, negative life evaluation and a pessimistic attitude to the future [5, 14].

The lack of effective opportunities of relieving heightens the accumulated level of enmity and aggression. According to Terelak [21] an extreme stress, perceived as unfair by a person, may arouse auto- and socio-destructive tendencies. The latter, in the case of former prisoners, may manifest themselves as an active, verbal or behavioural reaction in relation to other people (aggression) or as an attitude represented by means of negative judgements and convictions; i.e. – enmity [10].

Delayed effects of post-traumatic stress, such as: depressive states, asthenisation, excessive fear alert and the tendency to sensitive or hostile interpretation of the surroundings distort the regulative and integrative personality functions [5].

*Delayed effects of post-traumatic stress
in the social functioning of the victims of persecutions*

The study on the post-traumatic stress has validated the claim that there is a link between the negative experiences resulting from the contacts with other people in the past (harm, psychical and physical torture) and the actual functioning in social relations. Traumatic experiences from the past, traumas sustained during investigation and imprisonment determine and shape the actual relationship with the social surroundings. Persons, who have experienced imprisonment, war or a concentration camp, tend to limit the sphere of mutual contacts to people with similar experiences [8, 9]. The scientists dealing with the “survivor syndrome” frequently noticed other, negative changes in the personality of the examined, related to features like: terminating of mutual contacts, sense of loneliness, anger and irritability, isolation, severing the bonds with others, excessive suspiciousness and distrust, insensitivity to others’ misfortunes [14].

Interpersonal behaviour – social functioning” – Th. F. Leary’s concept by J.M. Stanik

Th. F. Leary’s concept is regarded by many authors as the most universal and the most developed attempt to classify and describe human behaviour in “man to man” relationship [15, 19, 20]. According to Leary, interpersonal behaviour means every conscious, overt or symbolic referral to another human being. Such knowledge, in the author’s opinion, is gained in the course of human development on the grounds of social contacts. He thinks that these processes are influenced by self-evaluation, awareness of another person’s existence and the anticipated reception by others. The

possible relationships are described on two independent axes: “enmity – affiliation” and “domination – submission”, which are revealed in imaginings, thoughts (reactions that are not exposed) or in action (motor and verbal behaviours). In Stanik’s study [20], these dimensions were called “control dimension” – describing the assumed position in interpersonal relations, and “interpersonal relationship dimension” – concerning the attitude towards the others.

Material

The study presented in this article has been conducted since 1989 at the Department of Social Pathology, at the Faculty of Psychiatry of the Jagiellonian University. The examined group consisted of 30 persons, persecuted for political reasons in the years 1944 – 56, during the Stalinist terror in Poland. The examined had been interrogated and imprisoned at that time for such acts as: being members of anticommunist organisations and underground groups, possession of weapons, distributing anti-state leaflets. The prisoners were subjected to interrogation procedures, which lasted for several days. Uninterrupted interrogation was the essential element of pressure. The persecutors used the following methods of psychical violence: death threats towards the prisoner or the family, blackmail, bullying, insulting personal dignity and personal intimacy. The physical tortures described by the examined included, among other things: inflicting pain, sleep deprivation, starvation, exposure to cold and to life-threatening sanitary conditions (Ochinowski [17] provides more information on the subject of psycho-historical aspects of this issue). Due to the general amnesty, the average period of imprisonment was about 5 years. The period of persecution had a negative influence on the family, social and professional life of the examined, and the properties of such an experience fully justify the name of a highly traumatic stress factor, ‘beyond the experience of an average man’. Moreover, after the release from prison the next stage of the punishment began, connected with the alienation from the society and with difficulties in finding a suitable job and gaining a proper social status, which installed in the examined the sense of being ‘the citizens of the third category’. The experiences of the examined are, therefore, tantamount to the criteria of an extreme traumatic stress, as assumed by DSM-IV [2] classification.

The control group comprised 30 people, chosen randomly. They satisfied the following criteria: lack of traumatic events in their lives of such intensity that would prompt the occurrence of PTSD symptoms (information was obtained on the basis of Watson’s interview and a questionnaire [19]), corresponding gender, age and education.

In the examined groups the variable of the disorder of cognitive functions connected

Table 1

Formal characteristics of the examined and the control group.

Date	Examined Group	Control Group
Number	30	30
Gender	male	male
Age	62-81	62-79
Average age	67	66
Higher education	2	6
Secondary education	16	18
Vocational education	3	5
Primary education	2	1
Urbach PTSD test score over 49 pts	27	0

with the numbing syndrome was also checked. In the research Folstein Mini – Mental State Examination test in Polish version, prepared by Lemańczyk and Kordacka was used [11].

The discrepancies in the scores obtained in both groups turned out to be statistically insignificant (fig.1). The average results in both groups suggested the presence of a slight numbing syndrome, which might have an adverse effect on the efficiency of such functions as memory, language and spatial orientation.

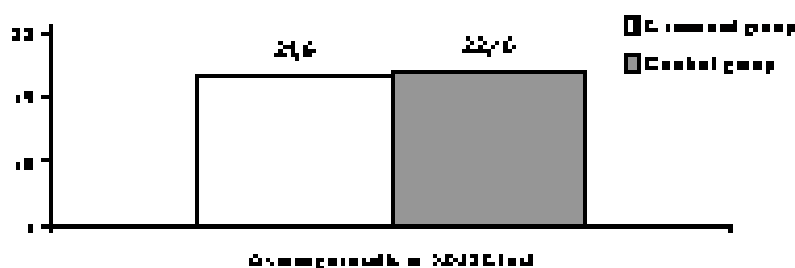


Figure 1. The comparison of average results in MMS test for the persecution victim group and the control group (Mann-Whitney U Test, $p > .05$)

The aim and method

The following hypotheses were put forward in relation to the aim of the research:

1. People who have been persecuted should manifest a higher level of anxiety, depression, enmity and aggression than the members of the control group.
2. People who have been persecuted should have a higher score on the so-called enmity syndrome scale, on pessimism scale, hopelessness and call for help scale as

well as self-acceptance scale and a lower score on the pro-social set of scales (SUI) than the members of the control group. On the above-mentioned scales the groups should have significantly different scores.

3. The results obtained by the examined on the scales of pessimism, hopelessness and call for help as well as the results in the scale of self-acceptance correlate positively with the results on the scales of fear and depression.

The following tests and psychological questionnaires were applied in the research:

1. The Scale of Interpersonal Relationships (SUI) by J.M. Stanik

SUI test was created on the basis of the theory of interpersonal functioning of personality formulated by H.S Sullivan and T.F. Leary. It is a relatively new and short method of personality research in the context of social contacts and attitudes, very useful for the above-mentioned group. It consists of 70 statements, which, with regard to their content belong to 12 scales and several "profile syndromes", connected with some result configurations in specific scales (1-week test-retest reliability $r = 0.69 - 0.89$. Stanik reported also results of factor analysis, which indicates construct validity of scales and profiles [19, 20]).

1. **Bossy – authoritative style** – manifested by assumed leadership tendencies with retained ability to arrange contacts with others; domination together with the ability to co-operate with others.

2. **Caring – supportive style** – representing behaviours geared to friendly contacts with others, offers of help, tainted, however, with the component of domination and determination.

3. **Sympathetic – friendly style** – encompassing friendly, based on compromise, syntonic and affirmative attitude to partners.

4. **Pliant – dependant style** – encompassing the forms of social activity characterised by subjugation and readiness to forming contacts and to faithfulness and dependence. The behaviour of this type aims at forcing others to provide support, aid and advice.

5. **Retreating – masochistic style** – characterised by subjugation with a component of social isolation and retreat, self-accusation and distrust, enmity towards oneself and others. This scale manifests self-description connected with hostile submission, inner self-destruction and negative attitude to others.

6. **Rebel – suspicious style** – representing the behaviour of enmity, helplessness and distrust as well as suspiciousness towards people, emotional frigidity, tendency to rebel against external rules, open manifestation of one's hostile, negative, suspicious attitude towards others. Destructive and aggressive behaviour (in the form of direct or indirect aggression) may be connected with this style.

7. **Aggressive – sadistic style** – encompassing destructive behaviour, physical and verbal aggression (excessive criticism, sarcasm, insults), hostility towards oneself and others with the undertone of domination, sense of superiority over others, lack of feelings and instrumental treatment of people.

8. Competitive – narcissistic style – describes tendencies to domination, competitiveness and an instrumental attitude towards others.

9. The scale of “self-acceptance” or “the level of self-satisfaction” – describes one’s self-evaluation, especially in relation to others.

10. Scale of lying

11. Scale of “capability, realism, relative autonomy” – evaluates the level of self-acceptance, and, in relation to social contacts – assertiveness, enterprise, and optimism.

12. Scale of “pessimism, helplessness, call for help” – points at the sense of inferiority, passivity, anxiety and negative self-evaluation, plans and the attitude towards others.

Stanik [19, 20] distinguished and characterised several functional syndromes connected with certain configurations of the results on specific scales:

1. The set of pro-social scales – medium and high scores on the scales 1, 3, 4 and 11. It characterises suitable social behaviour, open to co-operation with others.

2. Enmity syndrome – medium and high scores on the scales 5, 6 and 7. It encompasses tendencies to enmity (sometimes aggressiveness), distrust, suspicion and defensiveness.

3. Syndrome of being self-centred – average and high scores on the scales 1 and 8.

II. Buss-Durkee aggression scale; prepared by M. Kosewski (S.A.)

It is a well-known research tool, used for evaluation of the level of aggressiveness. It consists of 7 scales determining forms in which aggressiveness, enmity and the sense of guilt may manifest themselves. These include: the scale of attack (physical aggression), indirect aggression, irritation, negativism, reproach, suspicion, verbal aggression and guilt.

III. State Inventory and Anxiety Properties (ISCL), C.D. Spielberger, R.L. Gorsuch and R.E. Lushene, adapted to Polish by J. Strelau, M Tysarczyk and K. Wrześniewski

The test is used to measure the level of anxiety. The first part (X – 1) measures the state of anxiety, understood as a state of an individual, situationally conditioned, which is connected with inner tension and anxiety. The second part (X – 2) measures the property of anxiety understood as the readiness to react with fear that constitutes a permanent predisposition of a personality [24].

IV. Inventory of Depression by Beck

A widely used test to examine the level of aggression and its affective, behavioural, cognitive, motivational and vegetative dimensions.

Results

Hypothesis 1. As a result of the examination of the significance of differences between the examined group and the control one, we may find significant differences. They occur in the range of general level of depression of the examined by means of Beck Depression Inventory, in the range of anxiety intensity, readiness to react with fear (fear as a property) and fear as the actual state during examinations (fear as a state).

Table 2

The results of comparative analysis of the significance of differences between average values of the variables in the examined group and control one

Variable	examined group		control group		t-Student test	
	x	s	x	s	(df58)	p
ID Beck general score	20.43	7.02	10.33	6.82	5.61	.000
ECI general score	110.87	13.39	82.86	11.48	8.69	.000
Y-1 (ECI)	50.77	7.60	35.23	5.85	8.89	.000
Y-2 (ECI)	59.80	6.45	40.50	5.68	12.30	.000
Aggression and enmity (S.A)	73.07	15.39	44.77	24.81	5.31	.000
Scales of fearful aggression (S.A)	49.60	11.03	31.17	16.91	5.00	.000
Scales of ferocity (S.A)	18.87	8.02	9.93	8.40	4.21	.000
SUI pro-social scale 2,3,4,11	24.43	8.97	31.33	6.36	-3.44	.001
Caring, supportive style (scale 2)	6.20	3.33	7.20	2.88	-1.24	.218
Co-operative – friendly style (scale 3)	5.63	3.20	7.37	2.59	-2.31	.025
Plant-dependent style (scale 4)	7.20	3.09	8.23	3.43	-1.23	.225
Scale of feasibility, realism and relative autonomy (11)	5.40	3.42	8.53	2.70	-3.94	.000
SUI enmity syndrome –5,5,7	9.93	6.20	4.63	3.72	4.02	.000
Retarding, melancholic style (scale 5)	3.67	2.45	2.63	2.46	1.63	.109
Rebel – suspicious style (scale 6)	3.50	2.58	1.40	1.30	3.98	.000
Aggressive – hostile style (scale 7)	2.77	2.56	.80	1.04	4.30	.000
SUI Self-Centred style –18	8.20	5.50	4.06	4.69	-2.6	.012
Manager – authoritative style (scale 1)	4.87	2.94	5.03	3.23	-2.1	.035
Competitive – narcissistic style (scale 8)	3.33	2.50	3.47	2.42	-2.1	.034
Self-acceptance scale or 'level of self-acceptance' (9)	6.80	4.04	3.70	3.69	3.11	.003
Helplessness and cry for help scale (12)	6.07	4.06	1.73	2.50	4.98	.000

The groups vary in all indicators of aggression (the general score in Buss-Durkee test,

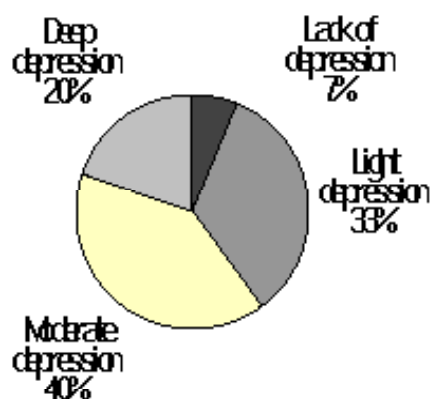


Figure 2. The level of depression in ID Beck – the results in the examined group

overt aggression factor, enmity factor and aggression syndrome in SUI). The precise data are presented in table 2.

As the research shows (fig. 2), over 93% of the former victims manifest depression of various levels of intensity. Assuming the categories accepted by psychiatrists [18], one should state that in the group of the politically persecuted, 20% of depressions are of a deep nature.

The group of victims of political persecution has a heightened, fixed tendency to fear reactions. From the comparison of average and standard deviations, both in the

Table 3

The average and standard deviations in the Inventory of State and Property of Fear (ISCL) – C.D Spielberg in the examined group and in chosen control groups

ISCL	X - 1		X - 2	
	x	sd	x	sd
Examined groups				
Victims of political persecutions	50.77	7.80	59.80	6.45
The control group	35.23	5.85	40.50	5.68

control group and in the groups where Polish version of the test was used [24], one may assume that fear in the examined sample takes a very strong intensity. The results are shown in table 3.

The examined group also manifests a higher level of enmity and aggression than the control group, both described by Buss-Durkee test and shown on the scales of "enmity syndrome" (SUI). The results are presented in table 2 and figure 3.

Hypothesis 2. The obtained profile of SUI test reveals a distinct increase of results in the range of enmity syndrome scales and their decrease on the scales measuring pro-social tendencies. The highest scores were obtained by the victims of political

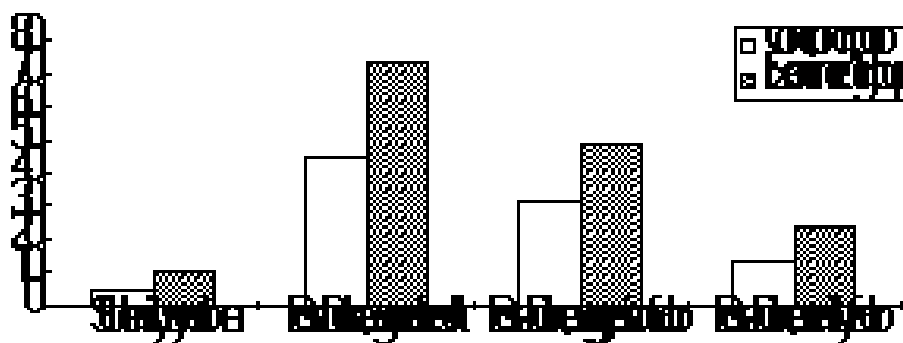


Figure 3. Average results obtained by the examined on the scales measuring the level of enmity and aggression

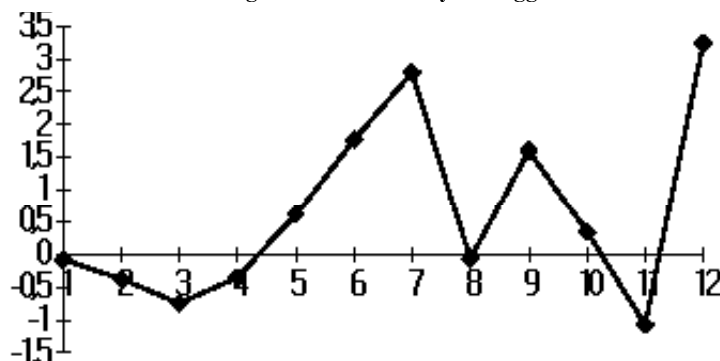


Figure 4. The profile of styles of interpersonal functioning in the examined group

persecution on the scales of rebel-suspicion as well as aggressive-sadistic behaviours, on the scale of self-acceptance, on pessimism scale and on the scale of helplessness and cry for help.

Hypothesis 3. Hypotheses concerning the inter-dependence of depression measured

Table 4

Correlation coefficients between the variables

Variables n=60	SUI4	SUI5	SUI6	SUI9	SUI12	SUI enmity syndrome	SA general	SA enmity	SA overt aggression
ID Beck	.01	.20	.29*	.28*	.52*	.33*	.35*	.31*	.32*
ECL	-.20	.10	.35*	.27*	.51*	.39*	.48*	.45*	.42*
ECLX-1	-.19	.16	.35*	.23	.47*	.36*	.45*	.37*	.45*
ECLX-2	-.22	.08	.33*	.31*	.50*	.35*	.43*	.43*	.35*
SA general	.07	.13	.23	.38*	.38*	.24	1.00	.85*	.94*
SA enmity	.10	.12	.19	.39*	.38*	.21	.24	1.00	.61*
SA overt aggression	.04	.12	.22	.31*	.34*	.22	.94*	.61*	1.00

*** p<.001, ** p<.01 * p<.05

by means of ID Beck test and fear with helplessness, passivity, low self-acceptance and self-evaluation in SUI. Depression and fear correlated with aggression and enmity (Table 4).

Discussion of results

The presented results proved the hypothesis that years of persecution had created multi-aspect personality disorders in victims.

In the light of the analysis of Interpersonal Relationship Scale one should assume that after leaving prison the examined manifested the change in the quality of social contacts. They show low social involvement, low affiliation, a high level of indifference and, at the same time, lack of self-acceptance, suspicion and negative self-evaluation. The majority of the revealed categories is connected with the manner of functioning in a traumatic situation (helplessness or desire for a revenge). The obtained results also revealed ambivalence, which is characteristic for social contacts of former victims politically persecuted during the Stalinist period. On the one hand, the victims expect support – they show helplessness, somatic symptoms and often force the attention of those around them. Thus, they are highly motivated for contacts with other people. On the other hand, due to their suspicious and hostile attitude towards other people, they are incapable of accepting an offer of help. The conflict between their real needs and the fixed, incorrect categories of perception of the surroundings deepens the depression and resentment thus making it more difficult to establish a satisfactory relationship.

Since the persecuted had been denied the realisation of their own needs, plans, and values for a long time, their level of depression increased. The situation also caused the increase of their pessimism, irritability, reservation, sensitivity, excessive carefulness, distrust, reluctance to enter into deeper relationships with others and the sense of lack of understanding on the part of others. The examined, vulnerable to real psychical and somatic suffering, were not able to defend their sense of dignity. Remaining in the state of chronic stress and deprivation as well as the scant possibility of deciding about themselves led to the very low estimation of their abilities and to the conviction about their psychical and physical disability. It is also important that the present psycho-pathological image of politically persecuted individuals includes the present, negative perception of their lives, the sense of lack of fulfilment and retribution and the impact of these conditions on the future.

In the light of the obtained results we should state that all of the examined function in the state of permanent, acute anxiety and fear, linked by its content to previous experiences. They are manifested both as a permanent feature of character acquired during the traumatic experiences of uncommon intensity and as an emotion accompanying the examination.

Fear manifests itself in this group as a distorted perception of the surroundings, re-experienced, fixated memories, images, nightmares or as panic attacks – thus it is strongly connected with difficulties in establishing satisfactory relationships with the surroundings.

High scores, obtained in all scales examining the level of aggression, supported the

claim of insufficient exposure of the characteristics of political persecution victims. Adjustment to prison conditions, and then to living in “enemy system”, functioning in the state of threat to physical, economic and ethical integrity, conditioned an attitude of readiness to fight, defensive perception of the surroundings, a strong sense of being hurt and want of retribution. It arouses irritation, anger and aggression even in the situation of a minimal stress in the examined. Information of this kind puts on another dimension if we compare these results with those obtained in the research with former prisoners of Nazi concentration camps, who show enmity and aggression lower than the average [16]. Prisoners of Stalinism and victims of Nazi persecution differ in one important aspect. The former have never been morally recompensed for the harm done. Neither have they gained the social approval, which might have led them to manifest “aggressive emergency”.

The research proved that in the examined group fear, depression and aggression are interconnected. They have a significant impact on the manner of social functioning of victims of political persecutions, conditioning basic dimensions of their interpersonal relationships.

References

1. Czaja I, Gierowski JK. *Specyfika badań oraz zarys psychopatologii odległych następstw stresu pourazowego u ofiar systemu stalinowskiego w Polsce*. [Specific character of investigations and psychopathology of delayed effects of PTSD in victims of the Stalinist system in Poland] *Sztuka Leczenia* 1997; 2: 97–102.
2. *Diagnostic criteria from DSM-IV*. Washington D.C.: American Psychiatric Association; 1994. p. 209-211.
3. Everly GS, Lating JM (eds.). *Psychotraumatology: Key papers and core concepts in post-traumatic stress*. New York: Plenum Press; 1995.
4. Gierowski JK. *Ferne Nachwirkungen einer Stressbelastung bei den Opfern des totalitären Systems in Polen - Versuch einer psychologischen und psychopathologischen Beurteilung*. Perspektiven psychiatrischer Ethik, Stuttgart-New York: Georg Thieme Verlag; 1995.
5. Heitzman J, Rutkowski K. *Zaburzenia psychiczne u osób prześladowanych z przyczyn politycznych w Polsce w latach 1944-1956*. [Mental disorders in persons persecuted for political reasons in Poland in the years 1944-1956]. *Psychiatr. Pol.* 1997; 2: 153-164.
6. Heitzman J. *Zespół pourazowego stresu - kryteria diagnostyczne, zastosowanie kliniczne i orzecznicze*. [Post-Traumatic Stress Disorder – diagnostic criteria, clinical and expertise applications]. *Psychiatr. Pol.* 1995; 6: 751-766.
7. Kaplan HJ, Sadock BJ. *Psychiatria Kliniczna*. [Clinical Psychiatry]. Wrocław: Urban & Partner; 1995.
8. Kępiński A. *Tzw. „KZ Syndrom” - próba syntezy*. [The so-called “CC-syndrome” – an attempt at synthesis]. *Przegląd Lekarski* 1970; 1: 18-23.
9. Kępiński A. *Rytm życia*. [Rhythm of Life]. Kraków: Wydawnictwo Literackie; 1994.
10. Kosewski M. *Agresywni przestępcy*. [Aggressive Offenders]. Warszawa: Wiedza Powszechna; 1997.
11. Lemańczyk W, Kordacka M. *Proste metody rozpoznawanie otępienia*. [Simple methods of diagnosing dementia] In: Krzyżmiński S, ed. *Zaburzenia psychiczne wieku podeszłego*. [Mental Disorders of Old Age]. Warszawa: Wydawnictwo Lekarskie PZWL; 1993. p. 238–248.
12. Lifton RJ. *From Hiroshima to the Nazi Doctors: The Evolution of Psychoformative Approaches to Understanding Traumatic Stress Syndromes*. In: Wilson JP, Raphael B. eds. *International*

- handbook of traumatic stress syndromes*. New York: Plenum Press; 1993. p. 11-23.
13. Lis-Turlejska M. *Adaptacja ocalałych po skrajnie traumatycznych przeżyciach. Modele teoretyczne przewycięzania skutków traumy*. [Adjustment of the survivors of extremely traumatic experiences. Theoretical models of overcoming the effects of trauma]. In: Kubacka-Jasiecka D, Lipowska-Teutsch A. *Oblicza kryzysu psychologicznego i pracy interwencyjnej*. [Faces of Psychological Crisis and Intervention]. Kraków: Wydawnictwo ALL; 1997. p. 45-59.
 14. Lis-Turlejska M. *Psychologiczne następstwa skrajnie stresowych przeżyć*. [Psychological effects of extreme stress experiences]. *Nowiny Psychologiczne* 1992; 8: 66-75.
 15. Łukaszewski W. *Osobowość: struktura i funkcje regulacyjne*. [Personality – structure and regulative functions]. Warszawa: Państwowe Wydawnictwo Naukowe; 1974.
 16. Michałek E, Ząsepa A. *Psychologiczne wskazania do somatoterapii byłych więźniów obozów koncentracyjnych*. [Psychological indications for somatherapy of former Concentration Camp prisoners]. *Sztuka Leczenia* 1995; 4: 65-70.
 17. Ochiniowski T. *Doświadczenia więźniów politycznych lat stalinowskich w świetle analizy psychohistorycznej. Propozycja modelu badawczego*. [Experiences of political prisoners of the Stalinist years in the light of psycho-historical analysis]. In: Kubacka-Jasiecka D, Lipowska-Teutsch A. *Wobec przemocy*. [In the Face of Violence]. Kraków: Wydawnictwo ALL; 1997. p. 139-151.
 18. Santorski J. *Depresja, esencja i ciało*. Antologia pod redakcją Jacka Santorskiego. [Depression, Essence and Body. An Anthology Edited by Jacek Santorski]. Warszawa: Rezonans i dialog. Jacek Santorski & CO. Agencja Wydawnicza; 1992.
 19. Stanik JM. *Możliwości diagnozy różnicowej stanów reaktywnych za pomocą testu SUI*. [Possibilities of differential analysis of reactive states with the use of SUI test]. *Postępy Psychiatrii i Neurologii* 1997; 6, supplement 1 (4): 41-54.
 20. Stanik JM. *Skala Ustosunkowań Interpersonalnych (SUI)*. [The Scale of Interpersonal Relationships]. Kielce: Wydawnictwo Szumacher; 1994.
 21. Terelak JF. *Stres psychologiczny*. [Psychological Stress]. Bydgoszcz: Oficyna Wydawnicza Branta; 1995.
 22. Watson ChG, Juba MP, Manipold V, Kucala T, Anderson PA. *The PTSD interview; rationale, description, reliability, and concurrent validity of a DSM-III-based technique*. *Journal of Clinical Psychology* 1991; 47.
 23. Wilson JP, Raphael B. eds. *International handbook of traumatic stress syndromes*. New York: Plenum Press; 1993.
 24. Wrześniewski K, Sosnowski T. *Inwentarz Stanu i Cechy Lęku (ISCL). Polska Adaptacja STAI podręcznik*. [State and Trait of Anxiety Inventory (ISCL). Polish Version of STAI – Manual]. Warszawa: PTP, Wydział Psychologii Uniwersytetu Warszawskiego, Laboratorium Technik Diagnostycznych im.B. Zawadzkiego; 1987.

Address for correspondence:

Iwona Czaja
I Dept. of Psychiatry