PSYCHOTHERAPEUTIC STRATEGIES FOR ANGER RESPONSES INDUCED BY WAR-RELATED TRAUMA

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Massive crises, including armed conflicts and natural disasters, often lead to profound psychological trauma among large segments of the population. According to numerous scientific studies, the spectrum of potentially traumatic factors is remarkably broad and encompasses the loss of loved ones, bodily injuries, sexual violence, forced displacement, destruction of housing, and socio-economic destabilization. In the context of widespread traumatic experience, the need for an in-depth examination of psychological adaptation mechanisms and emotional processing becomes increasingly relevant. Particular attention should be paid to the role of cognitive and imaginative processes in overcoming the consequences of psychological trauma, which remains insufficiently explored. Further empirical analysis of these internal mechanisms is critically important for the development of scientifically grounded and clinically effective psychotherapeutic interventions aimed at supporting individuals affected by extreme events.

The experience of intense combat operations serves as a polytraumatic stressor, triggering complex psychophysiological alterations and provoking a wide range of maladaptive emotional states. One of the most prevalent affective reactions observed in trauma survivors is anger, which may manifest in various forms – ranging from heightened irritability and hypersensitivity to perceived injustice in one's situation to persistent feelings of social misunderstanding and lack of empathy from others. Contemporary research in the field of trauma psychology convincingly demonstrates that chronic or uncontrolled anger has a significant detrimental impact not only on the individual's emotional well-being but also on the quality of interpersonal relationships, thereby complicating the processes of social adaptation and emotional recovery [1, p. 98–101; 2, p. 49–82; 3, p. 232–235].

The initial and critically important stage of psychological intervention involves conducting a comprehensive diagnostic assessment aimed at identifying individual stressors that serve as triggers for intense emotional responses.

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Based on the diagnostic findings, personalized strategies for cognitive and behavioral modification are developed to promote the patient's self-regulation skills. The patient's awareness of their emotional manifestations, including both cognitive and physiological components, is a necessary prerequisite for developing intrinsic motivation and active engagement in the psychotherapeutic process.

A fundamental aspect of psychological assistance lies in clearly distinguishing between responses to acute or chronic stress caused by trauma and loss, and those associated with normative stress resulting from everyday life challenges. Traumatic experiences related to warfare exert a prolonged impact on both neurobiological and psychological structures, often provoking delayed and intense re-experiencing phenomena such as flashbacks and triggered episodes, even long after the original event. In such clinical cases, tolerance, empathy, and a deep understanding of trauma-specific dynamics on the part of the mental health provider are of paramount importance.

Generalized stress-management advice – such as "focus on the positive" or "don't dwell on the past" – which may be effective in the context of normative stress, can prove inadequate or even harmful when applied to trauma survivors. Such approaches may exacerbate feelings of guilt, shame, or internal discord, as well as contribute to a sense of profound misunderstanding from the surrounding environment.

When working with individuals directly affected by war-related events, it is advisable to implement a multi-level, integrative therapeutic approach grounded in a realistic assessment of the client's current emotional state and a nuanced understanding of their unique trauma history. Should the psychologist encounter a case that exceeds the limits of their professional competence, it becomes an ethical imperative to refer the patient promptly and appropriately to a specialist with relevant expertise.

Particular attention should be paid to supporting the emotional well-being of the mental health professional who works with trauma-related cases.

When clients project intense negative emotions – especially aggression – onto the therapist, it is essential to maintain professional boundaries, preserve emotional stability, and prevent the development of countertransference. In such contexts, the use of cognitive distancing techniques is recommended. These allow the therapist to interpret the client's emotional expressions not as personal attacks, but as manifestations of psychological dysregulation requiring clinical attention.

In long-term psychotherapeutic work with trauma-affected individuals, the application of a "gentle persistence" strategy is often effective. This approach combines empathetic support with consistent implementation of therapeutic interventions. Given the high variability in individual responses to trauma and

the lack of universally applicable treatment protocols, there is considerable value in cultivating a flexible, creative, and empirically grounded clinical approach.

One of the central responsibilities of the therapist is to assist the client in developing awareness and acceptance of their emotional responses – particularly anger, irritability, and frustration – as natural consequences of traumatic experience. Teaching clients to identify common emotional triggers, as well as early cognitive and somatic indicators of emotional destabilization, is a vital component of psychoeducation and the cultivation of self-reflective skills.

To enhance emotional self-regulation, it is advisable to integrate behavioral control techniques, such as progressive muscle relaxation and mindful breathing. Additionally, calming strategies – like diaphragmatic breathing (especially in natural environments) and the use of short-term time-outs during moments of heightened emotional arousal – can be beneficial. Considering the typical physiological correlates of anger (e.g., tachycardia, elevated blood pressure, reduced cognitive focus), temporary cessation of activity and deliberate attention redirection may support psychophysiological stabilization and the restoration of cognitive control.

In the context of marital and family relationships, one effective preventive tool is the prior agreement on verbal or nonverbal cues signaling the need to pause communication during moments of emotional tension.

Such protocols help reduce the risk of conflict escalation, maintain emotional equilibrium, and create a safe space for constructive dialogue. The primary objective of these practices is to develop self-regulation skills, mutual understanding, and effective conflict resolution strategies.

Family members are encouraged to consistently cultivate skills of active empathic listening, verifying the accuracy of their understanding of the partner's emotions and experiences, and engaging in reflective analysis of the information received. Open-ended clarifying questions are also advisable, as they help prevent misunderstandings and foster mutual trust. In cases where the partner experiences verbal hesitation or emotional blockage, it may be effective to pose a direct yet empathetic question regarding their current needs, followed by adapting supportive responses to their specific requests and emotional capacity.

Encouraging one's partner to engage regularly in self-care practices – such as relaxation techniques (meditation, yoga), consistent physical activity, balanced nutrition, and proper sleep hygiene – constitutes a vital component of sustained psychological support. These behaviors contribute to the restoration of psychophysiological balance and enhance stress resilience. If high levels of distress and substantial impairments in adaptive functioning (e.g., in work,

academic, or social spheres) persist over an extended period, consulting a general practitioner or mental health specialist (psychiatrist, psychotherapist) is recommended to rule out comorbid disorders and to develop a comprehensive treatment plan.

An essential element of the psychotherapeutic process is recognizing the role of triggering stimuli, which may provoke intense reactions of anger, fear, or anxiety, even long after the traumatic event has occurred.

From the perspective of cognitive-behavioral therapy, it is advisable to train patients in the skills of systematically recognizing, evaluating, and critically analyzing dysfunctional automatic thoughts and core beliefs underlying affective responses. The use of cognitive refocusing techniques is recommended – particularly the formulation of more realistic thoughts and their conscious reinforcement through behavioral experiments and other therapeutic interventions.

Effective forms of primary self-help include engaging in enjoyable activities (e.g., hobbies), providing social support to other trauma survivors (which fosters a sense of personal significance and restores social connectedness), and resuming daily routines within the family context as a source of stability and control. Indicators of successful therapeutic progress include improvements in emotional well-being, increased self-awareness, and a sense of satisfaction with both the process and its outcomes.

Thus, anger as an emotional response to combat-related trauma requires timely identification and targeted psychological intervention. Effective support should account for the specificity of traumatic stress, differ from conventional stress-management approaches, and focus on identifying emotional triggers. A comprehensive approach to psychological support should combine individual therapy, social reintegration efforts, and the encouragement of self-care practices. Ongoing scientific research is necessary to optimize and adapt psychological intervention methods for individuals affected by the consequences of war.

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