



# Navigating Anger: Understanding Military Personnel's Post-deployment Challenges

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## DESCRIPTION

Problematic anger among military personnel following combat deployment is a significant concern, with prevalence rates varying based on various factors. Understanding the prevalence and risk factors associated with problematic anger is crucial for effective intervention and support for service members transitioning back to civilian life. Research indicates that a substantial proportion of military personnel experience heightened levels of anger following combat deployment. The stressors and traumas associated with combat situations can contribute to difficulties in emotion regulation, leading to anger-related issues. Prevalence rates vary depending on the study and population sampled, but estimates suggest that anywhere from 20% to 40% of returning service members may struggle with problematic anger. Several risk factors contribute to the development and exacerbation of problematic anger among military personnel post-deployment. Exposure to combat trauma, including witnessing or experiencing violence, loss of comrades, and facing life-threatening situations, can significantly impact emotional well-being. Prolonged exposure to stress and adversity during deployment can lead to heightened arousal, hypervigilance, and difficulties in managing intense emotions like anger. Moreover, individual factors such as personality traits, pre-existing mental health conditions, and coping styles play a role in the manifestation of problematic anger. Individuals with a history of aggression, impulsivity, or hostility may be more vulnerable to anger-related difficulties post-deployment. Similarly, those with underlying mental health conditions such as post-traumatic stress disorder (PTSD), depression, or anxiety are at increased risk of experiencing problematic anger as part of their symptomatology. Social and environmental factors also contribute to the prevalence of problematic anger among military personnel. Challenges in readjusting to civilian life, such as difficulties in interpersonal relationships, financial stressors, and lack of social support,

can exacerbate anger-related issues. Additionally, stigma surrounding mental health concerns within the military culture may deter individuals from seeking help, leading to untreated anger problems. Addressing problematic anger among military personnel requires a multifaceted approach that encompasses prevention, assessment, and intervention strategies. Prevention efforts can focus on promoting healthy coping mechanisms, resilience-building, and early identification of at-risk individuals during pre-deployment and post-deployment phases. Providing comprehensive mental health education and training can also empower service members to recognize and address anger-related difficulties proactively. Assessment of anger-related concerns should be a routine part of post-deployment mental health screenings. Validated assessment tools, such as the Anger Disorders Scale, can help identify the severity and nature of problematic anger, facilitating targeted interventions. Clinicians should conduct thorough evaluations to assess underlying trauma, co-occurring mental health conditions, and functional impairments associated with anger issues. Intervention strategies for problematic anger among military personnel may include evidence-based therapies such as cognitive-behavioral therapy (CBT), anger management interventions, and trauma-focused therapies. CBT techniques can help individuals identify and challenge maladaptive thoughts and behaviors related to anger, develop coping skills, and improve emotion regulation. Anger management programs, including psychoeducation, relaxation techniques, and assertiveness training, can also be beneficial in addressing problematic anger.

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## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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