

Forms of expressing anger in hospitalised Ukrainian post-deployed™ service members

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Abstract

Introduction. Military actions and injuries sustained make returning to ordinary life and everyday routine a challenge which soldiers need to face. Research on this subject shows that the consequences of post-traumatic stress extends further, beyond the victim's everyday life, resulting in health problems and problems with social relationships.

Objective. The aim was to gather knowledge of the ways of expressing anger in a group of hospitalized Ukrainian post-deployed servicemen. A research study was conducted concentrating on the two forms of managing anger, i.e. releasing or suppressing anger, and posing the following question: 'How are they manifested in the hospitalized Ukrainian combat veterans?'

Materials and method. The study included 35 hospitalized soldiers who had taken part in military operations in Ukraine (age: 34.61±9.23; age range: 21–56 years of age). The research was conducted in the hospitals in Lutsk. Measurements were conducted with the use of certified psychological tests, i.e. Anger Expression Scale (AES), medical documentation and oral reports given by the persons conducting the study.

Results. The average value of the suppressed anger indicator was 31.57±6.23 ($p<0.05$); respective value of the released anger 24.37 ±6.34 ($p<0.05$). For released anger, results at the level of the upper quartile (Q3=28) and above were obtained by 28.57 % of the soldiers in the study, while in the case of repressed anger, the results obtained at the level of the upper quartile (Q3 = 36) and above that value were obtained by 34.27% of the soldiers/patients.

Conclusions. The results obtained show that in the group of hospitalized patients/soldiers there is a higher level of repressed anger intensity than in the case of released anger. The study survey suggests that in their case expressing anger is usually a reaction to somebody's inappropriate-in-their-eyes behaviour. Curbing anger takes on various forms, from trying not to express annoyance and/or rage, to trying to keep calm in spite of growing anger caused by other people's behaviours.

Key words

anger, soldiers, injury, repressed anger, anger expression

INTRODUCTION

Military actions and sustained injuries make returning to ordinary life and everyday routine a challenge which soldiers need to face. In such situations, combat veterans need to adapt behaviours which are meant to cope with the consequences of the traumatic experiences they had experienced.

It has been postulated that sustained injuries, both physical and psychological, placed veterans in a group at higher risk of occurrence of aggression and anger. [1]. In veterans trying to adapt to social situations, anger and aggression might actually result in legal problems or different disciplinary proceedings. Moreover, the combination of pain, aggression and difficulty communicating increases the risk of attempted suicides [2].

Psycho-physical injuries are often closely combined with brain injuries [3]. They often follow a concussion which, in turn, results from a blast wave, explosions, gunshot wounds, punches, blows, etc. These often produce neurological injuries and damage. Such clearly classified physical reasons causing destructive changes in the neural system have, so far, been

relatively well investigated and examined [3]. A less clearly defined and again negative change in the nervous system might involve mental experiences, including anger, chronic stress and pain, as well as long-term fear [4]. Due to the development of imaging the peripheral nervous system, it has been possible to discover more about the mechanisms which control those destructive changes [5].

Research shows that the consequences of post-traumatic stress extend beyond the victim's everyday life, resulting in health problems and problems with social relationships [6–8]. Characteristic of post-traumatic stress is the inability to cope with negative emotions and anxiety disorders, which disturbs everyday functioning in post-deployed service members, but it then turns out that individual veterans display very different reactions to fear-inducing situations. In those individuals who took a shorter time to regain so-called 'psychological balance; it was found that activation of the amygdalae had been shorter and less intensive while the activation of the prefrontal cortex on the left side had been more intensive [9].

Moreover, there are also cases showing that sustained injuries might have latent signs and be manifested even after a number of years [10]. Trauma does not have to be manifested spontaneously or immediately. It might show as a result of a context which will not be clearly understood by other people. Long-lasting and latent symptoms of an injury

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have neurobiological foundations; this will be particularly likely to show in a stress- and pain-inducing situation [11]. Emotional pain, stress, and a long-lasting feeling of anger might be as persistent and difficult to cope with as so-called physical pain. There are grounds to include those factors amongst the significant long-lasting factors within the scope of the biological, psychological and physical aspects of human life [12].

It is often the case when in objective terms combat veterans seem to be in a better health condition than civilians, while their subjective assessment of their health is very poor. Research shows that the connections between health indicators in post-deployed service members and their mental state are rather complex [13].

Coping with anger and its consequences is of social importance, which is the reason it is investigated and examined by researchers of various specialisations [14]. In the long-term, together with the ability to establish positive relationships, it can be considered as a protective factor and can facilitate the more effective limiting of the negative results of stress [15]. However, impairments in the relationship between the ability of the individual to cope with difficult negative emotions and situational requirements, act as a significant risk factor for the occurrence of depressive disorders [16]. This is the reason for this study being aimed at gathering knowledge of the ways of expressing anger in a group of hospitalised Ukrainian post-deployed servicemen. With this particular aim, a research study was conducted concentrating on the two forms of managing anger, i.e. releasing or suppressing anger, and an answer to the following question: How are they manifested in the hospitalised Ukrainian combat veterans?

MATERIALS AND METHOD

Subjects. The study included 35 hospitalised soldiers who had taken part in military operations in Ukraine (age: 34.61 ± 9.23 ; age range: 21–56 years of age). The research was conducted in a hospital in Lutsk.

Protocol. The measurements were conducted with the use of certified psychological tests, i.e. the Anger Expression Scale (AES) [17]. Complementary information about the persons included in the study and their health condition was obtained from their medical documentation and oral reports given by the persons conducting the study.

Statistical analysis. For all the registered indicators the following were determined: the average and the standard deviation (SD). Statistical significance was at the level of $p < 0.05$. All calculations were performed using Statistica 12.00.

RESULTS

Table 1 presents a descriptive analysis of the results for the vented and repressed anger. The Table shows the values of the indicator of the global/overall level of released anger, and the value of the repressed anger indicator.

Table 1. Forms of anger expression in hospitalized soldiers – descriptive analysis (on a 10–50 scale)

Anger expression forms	Average	Range	SD	Lower quartile	Upper quartile
Value of overall indicator of suppressed anger	31.57	17–42	6.23	27.00	36.00
Value of overall indicator of released anger	24.37	14–41	6.34	19.00	28.00

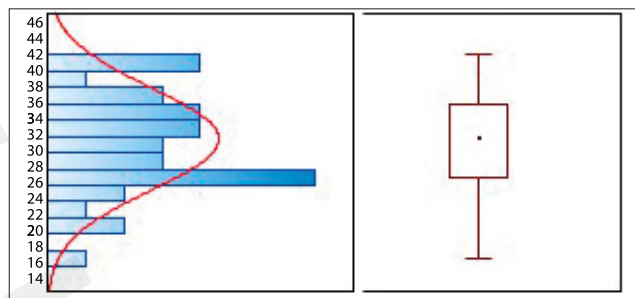


Figure 1. Listing of overall values of indicators of repressed anger levels (average 31.57 ± 6.23 on a 10–50 scale)

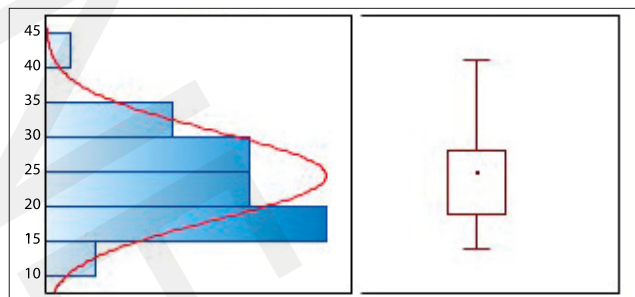


Figure 2. Listing of overall values of indicators of released anger levels (average 24.37 ± 6.34 on a 10–50 scale)

DISCUSSION

The results obtained show that in the group of hospitalised patients/soldiers, the average value of the suppressed anger indicator is higher (31.57 ± 6.23 ; $p < 0.05$) than the respective value of the released anger (24.37 ± 6.34 ; $p < 0.05$) (Tab. 1).

For the released anger, results at the level of the upper quartile ($Q_3 = 28$) and above were obtained by 28.57% of the soldiers, while in the case of repressed anger, the results obtained at the level of the upper quartile ($Q_3 = 36$) and above that value were obtained by 34.27% of the soldiers.

Analysis of all individual answers given by the group included in the research shows that repressing anger at its greatest intensity (expressed by the average value) is displayed in the following forms: trying not to show annoyance (average 4.11 ± 0.99 on a 1–5 scale), trying not to make unpleasant comments, in spite of being wrathful (average 3.57 ± 1.27 on a 1–5 scale). Releasing anger is shown in the research group at its greatest intensity as a reaction to other persons' behaviours (average 3.06 ± 1.08 on a 1–5 scale).

The obtained results show that most of the patient/soldiers were not involved in the military actions because they had volunteered to do so, but they had been conscripted. Thus, it is clear that they had not been given any choice, which was bound to bring about consequences in their emotions. Not being able to make decisions about one's own life is a source of

frustration and, as such, is combined with negative emotions. Moreover, the literature on the subject indicates that it is conducive to the development of learned helplessness [18].

The material collected in this study reveals that the family situation of the soldiers whose results on the scale of repressed anger were the highest and mostly divorced or single (with just one exception). This particular factor was not included in the conclusions due to the rather limited number of individuals under study. However, it was decided to point out this factor for informational purposes. It must also be noted that the study group represented a rather wide range of ages – soldiers between 21 – 56 years of age.

On the basis of the conducted analysis, it can be assumed that the hospitalised soldiers show high levels of anger (with latent anger levels being significantly higher and more frequent), and that in this respect they comprise the majority. This indicates that a seemingly calm person might actually feel enraged, and their anger will be released when triggered by stimulus which is seemingly innocent to other people. There is every likelihood that people surrounding such a patient, including medical personnel or other carers, will not be aware of the patient's real emotional state. Such latent emotions might be released in a sudden, violent and unpredictable way, posing a potential danger to other people which, in turn, creates a problem of a social nature. Such a situation might be triggered by an unsatisfied need, a sudden impulse, the feeling of frustration which, by affecting the psychological tension, exceeds a certain threshold and becomes the stimulus provoking a particular reaction, in this case – aggression.

According to the persons who conducted the study, one-third of the patient/soldiers showed signs of impatience and attempted teasing and playful conversations (where the person conducting the survey was a woman), as well as attempts at reasoning which answer would be most advantageous to them, which could have been seen as attempts at improving their social image. This is also the reason why all attempts at interpretation of the study survey results must be made with extreme caution.

Various research reflected in the literature suggests that our health in general depends on all kinds of negative feelings, without differentiating between suppressed or released emotions [19]. Hidden anger and rage (along with other negative emotions), especially when pent-up on a long-term basis, become a potential breeding ground for neurosis and other related diseases, autoimmune diseases and conditions, as well as psychosomatic disorders. Excessive expression of anger (most frequently identified as aggression), as well as a strong inclination to repress anger are both unfavourable to any individual's health [20].

Coping with negative feelings is considered to have the greatest importance in the process of health recovery and social adaptation [21]. It is undoubtedly more difficult for those soldiers who suffer from PTSD (Post-traumatic Stress Disorder) and whose strategies for coping with pain are less efficient [7] as the adaptation processes needs time to work and bring about positive results. In the case of combat veterans, learning how to express anger and handling other difficult emotions are truly long-term processes.

The results of the presented study might prove useful for those planning a course of treatment and rehabilitation for post-deployed service members. They can be considered an introduction to more in-depth analyses used in developing

support strategies, programmes and groups for those patients (and their families) who have been involved in military operations. The results obtained in this study suggest that the development of such programmes requires the involvement of professional support from psychologists so that such programmes could be considered as a standard measure in handling negative feelings and releasing suppressed anger through psychological education.

CONCLUSION

The conducted analysis shows that:

1. On the basis of the calculated values of anger indicators it was concluded that in the group of hospitalised soldiers there is a higher level of repressed anger intensity than in the case of released anger.
2. Curbing anger takes on various forms, from trying not to express annoyance and/or rage, to trying to keep calm in spite of growing anger caused by other people's behaviours.
3. The responses given by the hospitalised soldiers suggest that in their case expressing anger is usually a reaction to someone else's inappropriate-in-their-eyes behaviour.

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