

Anger – A Secondary Analysis of PTSD Treatment Modalities

This project involves a secondary analysis of a randomized, NIMH-funded clinical trial (Study 8) to investigate whether effective treatment of PTSD leads to improvements in anger symptoms, particularly when accompanied by major depression—a comorbidity reported by half of the sample. The trial compared three manualized interventions: Interpersonal Psychotherapy (IPT), Prolonged Exposure (PE), and Relaxation Therapy (RT).

Interpersonal Psychotherapy (IPT), a time-limited therapy that focuses on resolving interpersonal conflict and increasing affect tolerance, encourages patients to express and redirect their negative emotions—such as anger—through catharsis and interpersonal work. Given its explicit focus on emotional processing, IPT was hypothesized to be especially effective in reducing anger.

Prolonged Exposure (PE) targets trauma-related anxiety by having patients repeatedly confront trauma reminders until habituation occurs. This process often evokes not only anxiety but also intense emotions such as anger at perpetrators. Relaxation Therapy (RT), by contrast, does not involve direct emotional engagement or cathartic processing, and serves as a symptom management tool more akin to relaxation exercises in prior meta-analyses.

Although power limitations were anticipated, the project tests whether improvements in anger are observed across all treatment groups as PTSD and comorbid depression symptoms remit. This analysis aims to clarify whether anger improves as a result of general symptom relief or through mechanisms unique to each therapy modality.