

Aggression in Adolescents: Characteristics and Treatment

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SUMMARY

Introduction Vulnerability of young people and frustration of their basic biological, emotional, cognitive and social needs can induce a series of psycho-pathological manifestations, including aggression.

Objective Aim of this study is to examine the manifestations of aggressiveness in young people and to establish the difference between aggressive responses of two age groups; adolescents aged 16-19 years and older adolescents aged 20-26 years.

Methods The sample consists of 100 young people aged 16-19 years (46 adolescents) and 20-26 years (54 adolescents). For the purposes of this study, we have constructed a questionnaire in which we entered the data obtained on the basis of a standard psychiatric examination, auto- and hetero-anamnesis data, and data obtained using the standard battery of psychological tests.

Results Statistically significant association was found between verbal aggression and physical aggression ($p=0.002$), verbal aggression and suicide attempts ($p=0.02$), verbal aggression and substance abuse ($p=0.009$), verbal aggression and low frustration tolerance (LFT) ($p=0.007$), suicide attempt and LFT ($p=0.052$). The younger group was significantly more verbally aggressive compared to the older group ($p=0.01$).

Conclusion Verbal aggression, which was significantly associated with physical aggression, suicide attempts, substance abuse and LFT, indicates the need for timely interventions for the prevention of more serious and malignant forms of aggression.

Keywords: adolescent; adjustment disorders; aggression; emotional vulnerability; psychotherapy

INTRODUCTION

Aggression is a ubiquitous and important phenomenon, and manifests itself through thoughts, feelings, desires, fantasies, through the motions and behaviour of young people. Aggressiveness in adolescence can often be an expression of conscious and unconscious efforts of separation from parents, autonomy and personal independence [1, 2, 3]. It is mainly manifested in rebellion to the environment, constantly confronting parents and authority, verbal aggression, physical aggression, neglect of school responsibilities, as well as more dangerous situations such as speeding, alcohol abuse, experimentation with drugs, thoughts of death, suicide attempt [4-9]. Aggressive behaviour is often associated with lower verbal and cognitive abilities [10].

Various forms of aggression are often an integral part of the Adjustment Disorder. This disorder is diagnosed three times more frequent in the population of adolescents than adults. The research on the relationship between Adjustment Disorder and aggression among young people are lacking in Serbia, and the purpose of the paper is to examine the manifestations of aggression in two different age groups young people.

OBJECTIVE

The aim of this study is to examine the manifestations of aggression (verbal aggression, physical aggression, suicide attempts, abuse of psychoactive substances, low frustration tolerance) in young people with the diagnosis of Adjustment Disorder, and also to examine the difference between two age groups of adolescents.

METHODS

The sample was composed of 100 young people aged 16-26 years, treated at the Counseling Centre for Youth of the Special Hospital for Mental Disorders "Dr. Laza Lazarević" in the period 1997-2011. The sample was divided into two age groups; persons aged 16-19 years (46 adolescents), and persons aged 20-26 (54 adolescents), altogether 33 boys and 67 girls. All of them were diagnosed with adjustment disorder (according to the International Classification of Diseases - ICD-10) [14].

For the research purposes a new questionnaire was designed. Following information was obtained by the questionnaire: gender, age, the presence of verbal and physical aggression,

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suicide attempts, low frustration tolerance (LFT), abuse of psychoactive substances, anxiety, physical complaints, work and learning difficulties and data regarding pharmacotherapy and psychotherapy. LFT was manifested as irritability, nervousness, reacting violently, feeling an unbearable situation, discomfort, and it was estimated on the basis of self report and psychological and psychiatric examination.

Psychological evaluation was done by using the Semi-structured Clinical Interview, Intelligence tests: Cybernetic battery of intelligence tests (KOG3), Wechsler Individual Intelligence Test, Serbian version (VITI), Personality Inventory: The Minnesota Multiphasic Personality Inventory (MMPI-2), Projective Personality Tests: The Rorschach test, Karen Machover – Human Figure Drawing Test, The Rotter Incomplete Sentence Test (TNR).

In statistical analysis, we used descriptive analysis and Chi Square Test (Pearson Chi Square and Fisher's Exact Probability Test).

The study was approved by the Ethical Committee of the Special Hospital for Mental Disorders "Dr. Laza Lazarević", according to the Helsinki Declaration.

RESULTS

The younger adolescents were significantly more verbally aggressive than the older adolescents ($\chi^2=6.148$; $p=0.013$). The males were significantly more verbally aggressive than the females ($\chi^2=4.493$; $p=0.034$).

A statistically significant correlation was found between verbal aggression and physical aggression ($p=0.002$), and between verbal aggression and suicide attempts ($p=0.023$). Verbal aggression significantly correlated with self reported abuse of psychoactive substances ($\chi^2=6.743$; $p=0.009$) and LFT ($p=0.005$). A significant correlation was found between self reported suicidal attempts and LFT ($p=0.042$), and between LFT and abuse of psychoactive substances ($p=0.034$).

All patients were treated with integrative psychotherapeutic methods (integrative psychotherapeutic approach that involves careful combination of therapeutic methods, for example psychodynamic counselling, cognitive-behavioural therapy, family therapy, psycho-education, art therapy, individual and group therapy). Younger adolescents were more frequently treated only by psychotherapy. Older adolescents were more frequently treated with combined psychotherapy and medication ($\chi^2=12.538$; $p=0,000$). Pharmacotherapy was applied in 36.95% young adolescents and 72.22% older adolescents.

DISCUSSION

Aggression, as the maladaptive pattern of behaviour in young people is usually in accordance with greater vulnerability. Low frustration tolerance level indicates the reactions to different turbulent frustrations [3, 6, 13, 15]. Various factors may encourage aggression: chronic conflict in the

family, hyperactivity, poor school performance, trauma experiences, bullying, abuse of psychoactive substances, lack of parental supervision, teenage mothers [16, 17, 18].

The study results indicated that verbal aggression was more common in male than in female, and this finding was in accordance with previous studies [3, 19]. The extensive study of 7,137 adolescents from seven countries of all continents has indicated that the gender differences are similar in all cultures; boys show higher score on the externalizing and delinquent behaviour scales, while girls have higher scores on the internalizing scales, anxiety and depression [20]. On the other hand, suicide attempts are more common in girls. However, gender does not affect the self-destructive behaviour [19, 21]. In this study, no significant association was found between gender and attempted suicide.

Adolescents who consume psychoactive substances often manifest aggressive behaviour, and this finding is in accordance with other researchers [6, 7]. Young men who consume cigarettes or marijuana are especially prone to aggressive and delinquent behaviour. On the other hand, a low self-esteem is the basis of aggression in girls [17, 18]. Substance abuse is also associated with self-injury with or without suicidal intent [9], as well as LFT.

Younger adolescents are significantly more verbally aggressive than older adolescents, as it was also the finding in a previous research [19]. Verbal aggression is a communication intended to cause psychological pain to another person, or a communication perceived as having that intent, while the communicative act may be active or passive, and verbal or nonverbal; for example name calling or nasty remarks (active, verbal) and stony silence or sulking (passive, nonverbal). The verbal aggression often involves elevated tone in communicating with parents, teachers, peers, family, school and beyond, but without a clear and obvious reason [21, 22]. Recognition and prompt treatment of verbal aggression is important in order to prevent more serious and dangerous forms of aggression, since there is a statistically significant relationship between verbal and other aggressive manifestations: physical aggression, suicide attempts, substance abuse, and LFT which is basically impulse control disorder and other behavioural disorders [6, 19].

The application of different psychotherapeutic modalities and their delicate combination show efficiency in daily work with young people [4, 12, 23, 24, 25]. They younger adolescents were more often treated by psychotherapy, and the older adolescents were treated with the combination of psychotherapy and pharmacotherapy.

Parents were more likely to engage in psychotherapeutic work by engaging in family therapy and adolescents perceived their parents as very controlling, less sensitive and more demanding. The restructuring of the perceptions and attitudes of adolescents in terms of his/her relationship with parents is necessary. According to that, family therapy should be undertaken in the context of a combined, multimodal therapeutic approach [12, 26, 27, 28].

The influence of psychodynamic factors in the development of depression, suicide attempts or impulsive and de-

linquent behaviour should be more analyzed in the future researches. Early interventions are necessary and this assumption is supported by the findings of a follow-up study on risk factors for suicidal behaviour in student population, which indicated the perception of psychological problems as very important [29]. There is a growing need for the prevention and psycho-education of adolescents, parents, school and community.

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CONCLUSION

The results are consistent with previous findings, which have shown increased aggression among young people. A common finding of verbal aggression, which was statistically significantly associated with physical aggression, suicide attempts, substance abuse and LFT, indicates the need for timely treatment in order to prevent serious and dangerous forms of aggression.

Агресивност код адолесцената: обележја и терапија

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КРАТАК САДРЖАЈ

Увод Вулнерабилност младе особе и осујећење њених основних биолошких, осећајних, сазнајних и друштвених потреба могу условити појаву низа психопатолошких манифестација, укључујући агресивне феномене и понашања.

Циљ рада Циљ рада је био да се установе манифестације агресивности код непсихотичних младих особа и утврде разлике у агресивном реаговању између адолесцената различитог узраста.

Методе рада Испитивани узорак је чинило 100 адолесцената узраста 16-19 година (46 испитаника) и 20-26 година (54 испитаника). За потребе овог истраживања конструисан је упитник у који су унети подаци добијени на основу психолошког тестирања, стандардног психијатријског прегледа, аутоанамнезе и хетероанамнезе.

Резултати Утврђена је статистички значајна повезаност између следећих обележја: вербална агресивност и физичка агресивност ($p=0,002$); вербална агресивност и покушај самоубиства ($p=0,02$); вербална агресивност и злоупотреба

психоактивних супстанци ($\chi^2=6,743$; $p=0,009$); вербална агресивност и смањен праг фрустрационе толеранције ($p=0,007$); покушај самоубиства и смањен праг фрустрационе толеранције ($p=0,052$). Испитаници узраста 16-19 година статистички су значајно вербално били агресивнији од испитаника узраста 20-26 година ($\chi^2=6,148$; $p=0,01$). Медикаментна терапија је примењена код 36,95% млађих и 72,22% старијих адолесцената.

Закључак Чест налаз вербалне агресивности, која је статистички значајно повезана с физичком агресивношћу, покушајима самоубиства, злоупотребом психоактивних супстанци и смањеним прагом фрустрационе толеранције, указује на потребу за благовременим и интегративним лечењем ради превенције тежих и опаснијих видова агресивности. Психотерапија и психофармакотерапија се пажљиво одабирају и узајамно допуњују у односу на сваког адолесцента понаособ.

Кључне речи: адолесцент; поремећај прилагођавања; агресивност; емоционална вулнерабилност; психотерапија