

AGGRESSIVE BEHAVIOR OF CHILDREN

Akbarova R.M.

Andijan State Medical Institute, Uzbekistan

Annotation: Aggressive behavior of children is verbal and physical activity aimed at causing harm to their own health, people, animals, and external objects. It is based on negative emotions, the desire to harm. It is manifested by disobedience, irritability, cruelty, insults, slander, threats, refusal to communicate, acts of violence (bites, blows). It is diagnosed by a psychiatrist or psychologist. The research is conducted by the method of conversation, observation, questionnaires, questionnaires, and projective tests are used. Treatment includes group, individual psychotherapy-training in ways to control emotions, safe expression of anger.

Key words: children, pathology, anger.

Aggressive behavior is detected in children of all ages. Primarily serves as a way of expressing negative emotions – irritation, anger, anger. Observing the result of such behavior, the child evaluates its usefulness. For the second time, he demonstrates aggression with a specific goal – to get toys, food, attract the attention of parents, prove strength, significance, and subdue others. The more often the desired result is achieved, the more aggressiveness is fixed in behavior, becoming a quality of character. The prevalence of this phenomenon is difficult to determine, since every child shows aggression throughout his life. In boys, it occurs earlier and is open in nature. In girls, it manifests itself indirectly.

The reasons for aggression are diverse – accumulated emotional tension, inability to express offense in words, lack of adult attention, desire to get someone else's toy, show strength to peers. Often, children cause harm to others or themselves because they feel helpless, sad, or offended, but they can't understand their own state, and they don't have the communication skills to solve the problem. There are the following groups of reasons for aggressiveness::

- Family relations. The formation of aggression contributes to the demonstration of cruelty, violence, disrespect, frequent conflicts in the family, and the indifference of parents. The child copies the behavior of the mother, the father-argues, provokes fights, openly shows anger, disobedience in order to attract attention.
- Personal characteristics. The instability of the emotional state is manifested by bitterness, irritation. Aggression expresses fear, fatigue, poor health, compensates for feelings of guilt, low self-esteem.
- Features of the nervous system. Children with an unbalanced weak type of the central nervous system are prone to aggression. They are less tolerant of stress, less resistant to the effects of physical and psychological discomfort.
- Socio-biological factors. The severity of aggressiveness is determined by the child's gender, role expectations, and social status. Boys are often inspired with the idea that a man should be able to fight, "fight back".
- Situational factors. Emotional lability of childhood is manifested by outbursts of irritation, anger when accidentally exposed to external adverse events. A child can be provoked by poor school grades, the need to complete homework, physical discomfort caused by hunger, or a tedious trip.

Pathogenesis

The physiological basis of aggression in children is an imbalance in the processes of excitation and inhibition of the central nervous system, functional immaturity of individual brain structures responsible for controlling emotions and behavior. When exposed to a stimulus, arousal prevails, and the inhibition process is "delayed". The psychological basis of children's aggressiveness is low ability to self-regulate, lack of developed communication

skills, dependence on adults, unstable self-esteem. Children's aggression is a way to relieve tension during emotional, mental stress, and poor health. Purposeful aggressive behavior is focused on getting what you want, protecting your own interests.

Classification

Many classifications of aggressive behavior have been developed. According to the direction of actions, there is a distinction between heteroaggression – causing damage to others, and autoaggression – harming yourself. According to the etiological feature, reactive aggression is distinguished, which occurs as a reaction to external factors, and spontaneous, motivated by internal impulses. Classification according to the form of manifestation is of practical importance:

- Expressive aggression. Demonstration methods – intonation, facial expressions, gestures, poses. A diagnostically difficult option. Aggressive acts are not recognized or denied by the child.
- Verbal aggression. It is implemented through words – insults, threats, swearing. The most common option among schoolgirls.
- Physical aggression. Damage is inflicted by physical force. This form is common among young children, schoolchildren (boys).

Symptoms

Basic manifestations of aggression are observed in infants under one year of age. In children aged 1-3, conflicts arise due to the appropriation of toys and other personal items. Children bite, push, fight, throw objects, spit, and shout. Attempts by parents to stop the child's reactions with punishments aggravate the situation. In preschool children, the physical expression of aggression is observed less frequently, since speech is actively developing, its communicative function is being mastered.

There is a growing need for communication, but productive interaction is hindered by egocentricity, inability to accept someone else's point of view, and objectively assess the situation of interaction. There are misunderstandings, insults that give rise to verbal aggression – swearing, insults, threats. Younger students have a basic level of self-control and are able to suppress aggression as a way of expressing resentment, displeasure, and fear.

At the same time, they actively use it to protect their interests and defend their point of view. Gender characteristics of aggressiveness are beginning to be determined. Boys act openly, use physical force-fight, trip, "click" on the forehead. Girls choose indirect and verbal methods – ridicule, assigning nicknames, gossip, ignoring, silence. Both sexes show signs of low self-esteem and depression.

In adolescence, aggressiveness occurs as a result of hormonal adjustment and the accompanying emotional lability, complication of social contacts. There is a need to prove your significance, strength, and relevance. Aggression is either suppressed, replaced by productive activities, or takes extreme forms – boys and girls fight, injure opponents, and attempt suicide.

Complications

Frequent aggressiveness, supported by upbringing, a dysfunctional family environment, is fixed in the qualities of the child's personality. By adolescence, character traits are formed based on anger, bitterness, and resentment. Accentuations develop, psychopathies – personality disorders with a predominance of aggression. The risk of social maladjustment, deviant behavior, and delinquency increases. With autoaggression, children harm themselves and attempt suicide.

Diagnostics

Diagnosis of aggressive behavior of children is relevant if the frequency and severity of manifestations are excessive. The decision to contact a psychiatrist or psychologist is formed by parents independently or after the recommendation of teachers. The basis of the diagnostic

process is a clinical conversation. The doctor listens to complaints, finds out the medical history, and additionally studies characteristics from kindergarten and school. Objective research involves the use of special psychodiagnostic methods:

- Questionnaires, monitoring. Parents and teachers are invited to answer a number of questions/statements about the child's behavior. Monitoring is carried out according to a scheme that includes a number of criteria. The results allow us to determine the form of aggression, its severity, and causes.
- Personal questionnaires. They are used for examination of adolescents. Identify the presence of aggressiveness in the general structure of the individual, ways to compensate for it. Common methods are the Leonhard-Shmishek questionnaire, the pathocaracterological diagnostic questionnaire (Lich).
- Drawing tests. According to the features of the drawings, the severity of symptoms, causes, and unconscious emotions are determined. The Nonexistent Animal, Cactus, or Human tests are used.
- Interpretation tests. They belong to the projective methods, reveal the unconscious, hidden experiences of the child. The examination is performed using the Rosenzweig Test of Frustration reactions, the Hand test.

Treatment of aggressive behavior in children

With severe aggression, correction by psychotherapy methods is required. The use of medications is justified when anger, impulsivity, and bitterness are symptoms of a mental disorder (psychopathy, acute psychosis). It is impossible to cure aggressiveness forever, it will occur in a child in certain life situations. The task of psychologists and psychotherapists is to help solve personal problems, teach adequate ways to express feelings and resolve conflict situations. Common correction methods include:

- Game exercises. They are presented by express methods of safe expression of aggression. The child is invited to throw out anger, irritation, anger without harm to others. Games with a ball, loose materials, water, and "anger sheets" are used.
- Communication trainings. Group work allows the child to develop effective communication strategies, ways of expressing emotions, defending their position without prejudice to others. Children receive feedback (participants' reactions), analyze successes and mistakes with a psychotherapist.
- Relaxation classes. They are aimed at reducing anxiety and emotional tension-factors that increase the risk of aggressive outbursts. Children are trained to restore deep breathing, achieve muscle relaxation, and switch their attention.

Prognosis and prevention

Aggressive behavior of children is successfully corrected with the joint efforts of parents, teachers, and psychologists. The prognosis is generally favorable. To prevent the perpetuation of aggression as the preferred mode of interaction, it is necessary to adhere to a harmonious parenting style, demonstrate ways to resolve conflicts in a peaceful way, treat the child with respect, and allow anger manifestations in a safe form. Do not focus on minor aggressive actions.

Literatures:

1. Nozimjon O'g'li, S. S., & Maksimovna, M. M. (2022). THE ORIGIN OF MIASTHENIA DISEASE AND METHODS USED IN TREATMENT. Conferencea, 31-33.
2. Nozimjon O'g'li, S. S., & Kasimjanovna, D. O. (2022, November). ORIGIN, PREVENTION OF MENINGITIS DISEASE, WAYS OF TRANSMISSION AND THE USE OF DIFFERENT ROUTES IN TREATMENT. In E Conference Zone (pp. 37-40).
3. Nozimjon O'g'li, S. S. (2022). CAUSES OF THE ORIGIN OF OSTEOCHONDROSIS, SYMPTOMS, DIAGNOSIS AND TREATMENT METHODS. Conferencea, 76-77.

4. Nozimjon o'g'li, S. S. (2022). INFORMATION ABOUT THE STRUCTURE OF THE MEMBRANE OF EPITHELIAL TISSUE AND GLANDS. *British Journal of Global Ecology and Sustainable Development*, 10, 65-69.
5. Nozimjon o'g'li, S. S. (2022). First Aid Medication and Remedies for Heart Failure. *Academia Open*, 7, 10-21070.
6. Nozimjon o'g'li, S. S., & Xasanboy o'g'li, A. A. (2021). Quantitative Indicators of Villi Cells in the Intraepithelial Part of the Small Intestine. *EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION*, 1(2), 19-21.
7. Дильшода РМ. ЎЗБЕКИСТОН ТАРАҚҚИЁТИНИНГ ЯНГИ БОСҚИЧИДА ХОТИН-ҚИЗЛАР ИЖТИМОЙ ФАОЛЛИГИ–МАМЛАКАТ ТАРАҚҚИЁТИНИНГ МУҲИМ ОМИЛИ СИФАТИДА. ВЗГЛЯД В ПРОШЛОЕ. 2020;3(4).
8. Рузиева ДМ. ЯНГИЛАНАЁТГАН ЎЗБЕКИСТОН: ОИЛА МУСТАҲКАМЛИГИНИ ТАЪМИНЛАШДА АЁЛ МАЪНАВИЯТИНИНГ ЎРНИ. ВЗГЛЯД В ПРОШЛОЕ. 2020;3(6).
9. Mavlonovna RD. Factors That Increase the Activity of Women and Girls in Socio-political Processes at a New Stage of Development of Uzbekistan. *JournalNX*.;7(07):61-6.
10. Mavlonovna, R. D. Participation of Uzbek Women in Socio-economical and Spiritual Life of the Country (on the Examples of Bukhara and Navoi Regions). *International Journal on Integrated Education*, 4(6), 16-21.
11. Mavlonovna, R. D. (2021, May). PARTICIPATION OF WOMEN IN EDUCATION AND SCIENCE. In *E-Conference Globe* (pp. 158-163).
12. Mavlonovna, R. D., & Akbarovna, M. V. (2021, July). PROVISION OF FAMILY STABILITY AS A PRIORITY OF STATE POLICY. In *Archive of Conferences* (pp. 34-39).