

A BRIEF REVIEW ABOUT ANXIETY AND AGGRESSIVE BEHAVIOR IN PEDIATRIC AGE

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ABSTRACT

Anxiety can be considered a normal experience of the human being and as such also of the child. It manifests itself in different ways according to the level of development: in the smaller the child, the more anxiety is expressed with manifestations that involve the whole organism, becoming evident either with motor excitement or with physical discomfort. As the psychic apparatus is structured, anxiety is experienced as an inner phenomenon and is experienced as an unpleasant state. Fortunately, we are all a bit anxious, even if there are some people who are more, others less.

Keywords: *pediatric anxiety, aggressive behaviour, pediatric age.*

Received July 17, 2018; Accepted September 20, 2018

Introduction

Anxiety can be considered a normal experience of the human being and as such also of the child. It manifests itself in different ways according

to the level of development: in the smaller the child, the more anxiety is expressed with manifestations that involve the whole organism, becoming evident either with motor excitement or with physical discomfort. As the psychic apparatus is struc-

tured, anxiety is experienced as an inner phenomenon and is experienced as an unpleasant state. Fortunately, we are all a bit anxious, even if there are some people who are more, others less.

In reality, everything depends on the behavior: if it is just mentioned, it does not disturb and can also be accepted and useful. The pathology appears when the person, for example, is excessively attentive to personal hygiene spending most of the day washing and washing, or when he is so distressed by the idea of taking a disease and terrified of viruses; or even when the anxiety for the illness of the loved one is unmotivated and at the same time continues, and absorbs all the energies as well as causing harm to the patient⁽¹⁻⁷⁾. It is true that the emotionally healthy person always coexists with a fair amount of anxiety to act efficiently, but these tensions are kept under control: the cares are therefore not dumped onto others and there is no need to be encouraged in all circumstances. Anxiety, under normal conditions, is a state of activation, of psychological and organic charge that allows to face the daily problems with a determination necessary to solve them. It is a positive, creative tension at the base of intelligence. Anxiety then, is very similar to fear, only that the latter is an "apprehensive tension or restlessness that arises from a threat or danger that is clear to our conscience and external". Anxiety and stress then, indicate two sides of the same coin and have many characteristics in common: there are in fact both a good anxiety and a bad anxiety, so also a good stress and a bad one. Only when anxiety and stress exceed a certain level, things start to get worse⁽⁸⁻¹⁵⁾.

The most relevant aspect of all emotional experiences is the physiological activation state, which represents the energetic, stimulating component of emotion, connected to the work of certain areas of the brain, the autonomic nervous system and the endocrine system. The autonomic nervous system regulates the autonomous organic functions, that is independent of our will, such as the heart pulsations or the contractions of the stomach. These changes are due to stimulations that derive from two structures in antagonism: parasympathetic and sympathetic nervous system⁽¹⁶⁻²⁰⁾.

The main causes of anxiety are mainly related to three addresses:

- Constitutionalist;
- Psychoanalytic;
- Behavioral. The classical conception gives importance to constitutional factors, identifiable in

a predisposition on a genetic basis, which manifests itself through particular modalities of neuropsychological functioning. According to the psychoanalytic theory, anxiety and the disorders related to it, define a group defined as neurosis. The neurotic disorders, apparently incomprehensible, find an explanation in early relational experiences⁽²¹⁻²⁵⁾. The behavioral theory instead, refers to the classic Pavlovian conceptions on neurosis (Figure 1). Subsequent elaborations of this theory have then proposed that the anxious symptoms should be interpreted as unadapt behavioral models⁽²⁶⁻³⁵⁾.

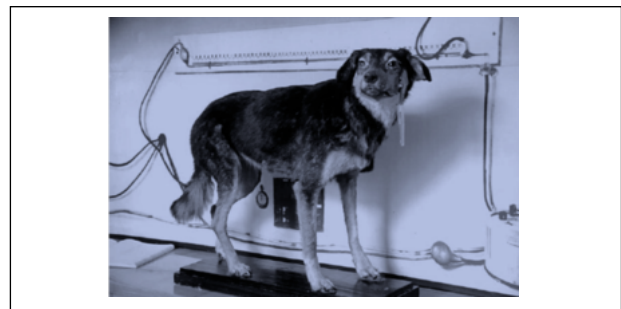


Figure 1: shows the reproduction of Pavlovian experiment.

Anxiety is therefore a normal response to the reality of illness, aging, death, and the fragility of our human being⁽³⁶⁻⁴⁵⁾. The unconscious defenses of the ego in order to cope with the various external and internal problems, our organism carries out a series of psychological processes that operate unconsciously, spontaneously, and tend to defend the ego from anxious tension: it is about "defenses of anxiety". They act in groups, reinforcing each other, are present and working in everyone, just because we all have more or less anxiety. The primary task of these processes is to defend ourselves from the experience of anxiety, retain the emotional stability that is needed as organic stability; increase personal safety and esteem of us, contribute to efficiency and satisfaction of life.

We can distinguish the ego's defenses in two groups: the immature or neurotic ones and the mature and realistic ones.

The main defenses of the neurotic ego can be classified as follows:

- Removal: involuntary and automatic defense with which we reject unacceptable thoughts and impulses in the unconscious;
- Projection: involuntary and automatic defense with which we reflect aspects rejected by us on other people;
- Identification: involuntary and automatic defense with which we try to make ourselves simi-

lar to another person, lived as important;

- Rationalization: involuntary and automatic defense thanks to which we try to justify tendencies, needs, feelings, unacceptable behavior or we try to transform them in others more acceptable;

- Regression: involuntary and automatic defense that allows you to return, in a more or less symbolic way, to a kind of life that is now passed or preferable;

- Compensation: involuntary and automatic defense with which we tend to counterbalance, ie compensate for our defects;

- Reactive training: involuntary defense and automatic with which we exhibit feelings and behaviors that are exactly contrary to those we would tend to have, but which are unacceptable from personal and social points of view.

Among mature, adaptive defenses, we understand:

- Humor: direct expression of our intimate feelings without experiencing discomfort or embarrassment and without arousing the disapproval of others;

- Sublimation: process by which we direct unacceptable impulses towards ways of expressing ourselves acceptable for ourselves and for society;

- Altruism: tendency to care for others, which substitutes constructively and gratifying other unconscious tendencies. It is the pleasure of doing to others what we would like others to do to ourselves⁽²⁶⁻⁴⁵⁾.

All children are able to express their hostility with different forms and intensities, depending on each person's personal history, their behavioral and educational models, their feelings and their more or less unconscious fantasies⁽⁴⁶⁻⁵⁴⁾.

Generally, the motivations of the appearance of aggressive behavior are not easily definable, because they are mixed, one with the other, becoming the course of the "conflict". Exemplary, in this sense, is the "common ground" identified by Isaacs between aggression and guilt.

The sense of guilt acts as an engine of aggressive behavior: the more the child is displaced by shame, the more he attacks those who have generated this feeling in him. Often the sense of guilt is the result of the activation of more motives than those indicated above. The reason of possession originates from the impulsive childish desire to possess, in an exclusive way, an object, an idea, a role.

Another important characteristic of this motive is the absolute refusal, on the part of the child, to

await his turn for the possession of what he desires: the time that separates him from the realization of his desire is an infinite time, an eternity to which he does not intend to surrender. The reason of power originates from the child's desire to exercise power, to do to others "... what he feels has been done to him ...". In these cases, the child becomes aggressive in reacting to interference from others, adults and children: he opposes these obstacles by demanding for himself a position of supreme control over others, through an aggressive, verbal or physical act.

The situations of rivalry that can be observed are of two types: rivalry towards other children and rivalry against an adult. In the first years of life all children live the other children as fearful and powerful rivals. From a certain relational point of view this experience testifies to the actual ability of a child to fit into a social group: it is as if the aggressive behavior towards the other children constituted a sort of "experimental game", an attempt to discover who the others are, a way of recognizing their social existence.

However, rivalry for adults (and especially parents) affection is the first and true cause of childhood hostility: it is precisely the child's dependence on the love of adults that makes them experience the presence of another child as a terrible threat.

Another threat to the child is represented by the mutual love of the parents: he lives their love as an enemy that separates him from the total and definitive possession of those adults who loves so much. In these cases, child behavior is aimed at determining a contrast between adults: the two parents must be separated at all costs and made aware of the needs and the need for unique and exclusive love experienced by the child. This strong ambivalence (loving and hating the same person at the same time) puts the child in a situation of tension, where often the way out is offered by the manifestation of a hostile and aggressive behavior that "temporarily" alienates one of the adults and "reassures" the child, because he can continue to love and be loved without limiting intrusion⁽⁵⁰⁻⁶⁰⁾.

Regarding to general anxiety, it is expressed in a prevalently verbal and playful aggressiveness: anxiety is alleviated through joking aggressive attacks, the only ones allowed by the community and by adults in particular. Emblematic in this sense is the child's tendency to destroy any other children's creative product, because of his own feeling

of inadequacy and inefficiency, for which he is convinced that he cannot do what others do. Once again it is not a circumscribed fact to generate hostility, but a pre-existing chronic psychological condition to aggressive attack, persistent even after this. The forms in which aggression manifests itself: many bites, spitting, kicking, pulling of hair, scratches, throwing of objects, damaging the work of others, appropriation, verbal expressions of contempt, threats and boycotts. The manifestations of hostility, arrogance and aggressiveness must be faced and contained by the adult, even without repressive attitudes; only in this way will the child feel more protected from his own aggressive impulses and from the anxiety that such impulses entail. The external control guaranteed by the adult reassures the child and gives him the opportunity to learn to control his hostility and to adapt his desires to the reality that surrounds him⁽⁵⁵⁻⁶⁰⁾.

Aggressive behaviour

Aggression can be defined as a “defense mechanism” of the whole individual, responsible for maintaining and restoring the balance of the brain, just as our immune system does. It is a “system” that is activated gradually, unlike what can be believed. It can be activated by any stimulus (thermal sensation, words or provocative gestures, negative thoughts) that threatens the psychophysical integrity of the individual, freeing what are commonly called “inhibitory brakes”. In particular, it is the activation of the reticular system, the so-called “alarm system” that causes aggression. It is an interweaving of neurons along the brainstem, whose functionality is precisely that of filtering sensory stimuli.

In practice, an internal or external stimulus reaches our senses, so that our emotional brain - consisting of thalamus and amygdala - perceives that stimulus and responds directly and immediately⁽⁶¹⁻⁶²⁾ (Figure 2).

Therefore, depending on the neuroanatomical pathway taken by the stimulus, somatic and behavioral reactions are established that in the brain produce summation effects between stimuli, experiences and previous memories. It is precisely for this reason that the immediate response can be far superior to the actual stimulus, both in intensity and in direction. Aggression can present itself through two different and distinguished modes, which however can in some cases present themselves simultaneously:

- **Somatization:** in some cases rabies is not acted because the non-external subject defenses, somatizing the aggressive behavior and causing to the person, in a self-injury perspective, consequences - just somatic - such as ulcers, gastrointestinal attacks, skin eczema etc. that in evolutionary age they appear rather in the form of eye tics, visual grimaces, sense of continuous excitement, painful abdomen, asthma attacks etc. The subject internalizes every possible reaction to any stimulant triggering aggression, somatizing without externalising, up to a true paralysis of becoming.

- **Acting Out:** with punches, slaps, kicks, verbal vehemence, against oneself, against the other or against things. It is precisely this mode that often alarms because it can not be shared socially.

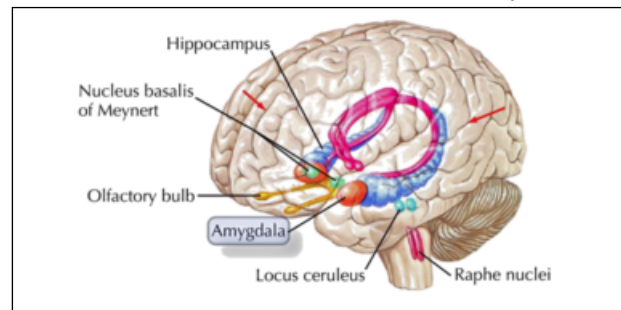


Figure 2: show the neuronatomical allocation of amygdala.

It is first of all essential to keep in mind that when the brain is agitated, it is impossible to attempt mediations or request evaluations. It is therefore appropriate, in the phase immediately following the aggressive act, to proceed with the distension, reassurance and decolpitation of that subject, so as to gradually facilitate the activation of the Neocortex which, through increasingly more and more conscious modes, inhibits the limbic system. Aggression, like any other expression of hardship and difficulty, can not and should not be blamed but always decolpized, trying to understand the reasons behind that specific behavior. We should therefore understand more than the mechanism of aggression, the causes behind it⁽⁶⁰⁻⁷⁰⁾.

It is frequent to find in the literature a directly proportional correlation between children exposed to pathological behavioral modalities and their acquisition. We are often faced with aggressive children, children of parents who are aggressive in turn. Also, it is more and more frequent to observe adults who absently listen to what their child is saying, without bothering to send him a demonstrative feedback of adequate listening and effective understanding.

The risk is that the child himself will cease to require attention, turning in on himself and using distorted ways to communicate with the environment around him. One should always have the foresight to show the child attention, giving him the importance he has, without any reward or punishment. The child, just like the adult needs to feel respected, in order to increase self-esteem⁽⁷¹⁻⁸⁰⁾.

In conclusion, aggressive and anxiety may be considered as frequent and normal behavior during certain ages of life, mainly childhood and adolescence although may considered also induced by many other exogenous factors such as chronic illnesses and drugs⁽⁸¹⁻⁹⁹⁾.

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