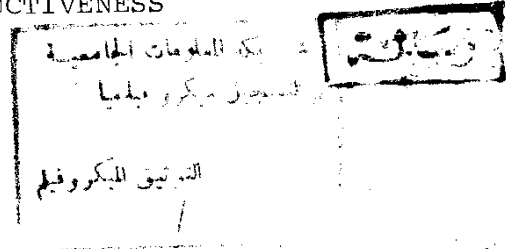


PSYCHO-SOCIAL AND COGNITIVE ASSESSMENT
OF
AGGRESSION AND DESTRUCTIVENESS

THESIS



SUBMITTED IN
PARTIAL FULFILMENT OF
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By

MONA MOUNIR WAHBA

Handwritten signature of Mona Mounir Wahba.

SUPERVISED BY

Handwritten signature of Prof. Dr. Zeinab Bishry.

Prof. Dr.
SAMIHA ABDEL MONEIM
PROFESSOR OF NEUROLOGY
FACULTY OF MEDICINE
AIN SHAMS UNIVERSITY
CAIRO

Prof. Dr.
ZEINAB BISHRY
PROFESSOR OF PSYCHIATRY
FACULTY OF MEDICINE
AIN SHAMS UNIVERSITY
CAIRO

1985

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INTRODUCTION

Children with aggressive behavior had all experienced early social deprivation, but some also had endogenous pathology such as Schizophrenia, encephalitis, epilepsy and primary learning disabilities. (Shaffer, 1980).

Poverty, malnutrition, illness, inequality and foremost war are major factors that contribute to aggression (Baron, 1980).

Family stability is conducive to personal stability, and family crisis intervention is the surest early warning sign of the probability of violence and aggression. (Roberts et al, 1979).

Schizophrenics are found to have pseudoneurotic and pseudopsychopathic defenses in their early childhood (Bender, 1974).

Electroencephalographic patterns revealed abnormal epileptic discharge. (Monroe, 1977).

CHAPTER ONE

DEFINITION

Bender (1974) defined destructiveness and hostile aggression in a child, as a symptom complex caused by developmental pathology which disorganizes the normal constructive patterned drives.

Frazier (1974) in his study on Bushmen living as hunters and gatherers, defined aggressive acts as all acts that lead to spacing or to the establishment of a dominance-subordination relationship whether or not the person involved hurts another person physically.

The term aggression is often used by behavioral scientists in a general way to refer to antisocial behavior engaged in by people.

Cohen (1971) stated that this behavior ranges from that of the child in school whose disruptive behavior prevents his classmates from working to that of the violent robber or rapist.

Martin (1977) showed that the term aggressive behavior covers a broad spectrum of socially unacceptable behavior ranging from truancy, run away from home, drug abuse to more serious homicide.

Meeks (1980) defined conduct disorders in general as a repetitive and persistent pattern of antisocial behavior that violates the rights of others.

Aggressive behavior is also considered as a behavior which leads to damage or destruction of some goal entity.

Reis (1974) accepted that aggression is evolved as a complex behavioral response to environmental stimuli.

Shaffer (1980) stated that aggression is an action which when ended should inflict harm on another which may be physical or psychological in nature.

Baron (1980) also defined aggression as any form of behavior directed toward the goal of harming or injuring another living being, who is motivated to avoid such situation.

Destructiveness often resembles aggressive behavior in physical form and is best viewed as expressive in nature.

Kendall (1982) defined destructiveness as a non-verbal form of aggression in which the person destroys, damage, or attempts to damage any non-human object.

INCIDENCE

Frazier (1974) stated that there is a tendency for some geographic areas and historical periods to show either very high or low rates of occurrence of aggressive behavior.

Clark (1974) in his study on Crime and Violence in U.S.A. concluded that poverty is the mother of crime.

He meant poverty in the total range of human needs. Ninety per cent of the juvenile offenders in Manhattan city are school drop outs, and it is mostly the poor children who drop out.

Aggression and destructiveness are found to be related to sex.

Mayer Gross (1977) believed that there are no large differences between prepubertal boys and girls in the form of their frequency. By the onset of adolescence male preponderance is very high and has been estimated as 5:1 to 14:1.

Shaffer (1980) believed that social hypothesis, the way children are brought up, plays an important role

besides biological and physical differences.

The ratio of boys to girls is 4:1.

From the biological point of view, Rubin (1982) also explained sexual variation by the assumption that males by nature are more inclined to commit violence than females.

He viewed a direct relationship between male hormones and aggression.

Race also affects aggression and its incidence. Rogers (1975) on his study on Black aggression, first demonstrated that blacks even when frustrated inhibited aggression toward whites, however they did not suppress it toward fellow blacks.

But since the emergence of Black power 1960, blacks regained their self-esteem and their attitudes toward whites became increasingly negative.

Daniel et al (1983) found a greater incidence of child-abuse among the black families.

It is not race or ethnicity per se, which is the responsible cause of aggressive behavior, high number of blacks are suffering from family disorganisation, inferior economic status and cultural conflicts.

Mays (1977) has drawn attention to the fact that in almost all modern highly industrialized and urbanized societies, aggression and crime rates have been steadily rising during the past quarter of this century.

However, Meeks (1980) suggested that in general 5-15% of all children show conduct problems serious enough to alarm adults.

Classification

According to ICD. 9 (1977) aggression is classified under: 312. Disturbance of conduct.

312.0 Unsocialized disturbance of conduct. These are disorders characterised by behavior such as defiance, disobedience, quarrelsomeness, aggression, destructive behavior, teasing, disturbed relationship with others.

"Unsocialized Aggressive disorder".

312.1 Socialized disturbance of conduct. These are disorders in individuals who have acquired the values or behavior of a delinquent group to whom they are loyal and with whom they characteristically steal, play, truant, stay at night, there may be promiscuity.

"Group delinquency".

312.2 Compulsive conduct disorder.
Disorder of conduct or delinquent act which is specifically compulsive in origin.

"Kleptomania".

312.3 Mixed disturbance of conduct and emotions.

These are disorders involving behavior listed from 312.0 and 312.1 where there is also considerable emotional disturbance as shown by anxiety , misery or obsessive manifestations.

"Neurotic delinquency".

The Egyptian psychiatric Association (1979) classifies aggression under:

- 13. Behavior disorders of childhood and Adolescence.
- 13.3 Run away reaction of childhood.
- 13.4 Unsocialised Aggressive reaction.
- 13.5 Group delinquent reaction of childhood.

According to DSM-III (1980) Aggression is classified under:

Conduct disorders of childhood or adolescence 312.0

312.0 undersocialised aggressive type:

- * Persistent disregard for the feelings of others.
- * Aggressive anti-social behavior.
- * Failure to develop close peer relations.
- * Behavior difficulties especially in schools.
- * Precocious sexual activity.
- * Precocious indulgence in drugs.
- * Poor self - esteem.
- * Poor frustration tolerance.

- * Academic underachievement.
- * Enuresis.
- * Depressed mood.

312.2 Socialised aggressive type.

- Disregard of the right and feelings of others.
- Physical violence: Vandalism - Rape - mugging
fire setting - assaults.
- Evidence of social attachment.
- Hostility toward dominant social group.
- Frequent legal difficulties.
- Truancy or school dropout.

NORMAL CHILD DEVELOPMENT

Theodore (1980), observed that the outline of the stages of the life cycle and the critical developmental tasks of each stage that follows, rests on different approaches to understanding the phasic emergence of personality attributes as presented by different theorists.

I- Stages of Physical Development

Physical development or maturation, both prenatal and postnatal, influences human behavior profoundly.

Prenatal stages of Development:

- Germinal: during the first two weeks.
- Embryonic: during the next four weeks.
- Foetal : during the remaining thirty-two weeks.

Postnatal stages of Development:

- Infancy: From birth till the age of two.
- Early childhood: from two till six.
- Later childhood: until the child reaches puberty.
- Adolescence: from puberty till the age of 18.
- Adulthood.

II- Stages of Psycho-sexual development:

Freud (1963), conceptualized five phases of psycho sexual development between birth and maturity.