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CHARACTERISTIC FEATURES OF AUTOAGRESSIVE BEHAVIOR IN ADOLESCENTS

Abstract: The problem of the study of autoaggressive behavior is one of the urgent problems of Psychiatry, medical psychology, medicine and jurisprudence Autoaggression is one of the forms of human behavior in an extreme situation, the nature and "severity" of which are the result of the addition of individual biological reactions of the body, personal psychological attitudes that occur under the influence of certain social conditions. Adolescents with autodestructive tendencies are a risk group because they consider spontaneous traumatic behaviors to be a way to deal with stress, tension and irritation.

Key words: autoagressive behavior, adolescent, stress, behavior

Introduction: The complexity of the phenomenon under study is primarily due to its interdisciplinary nature. The problem of studying autoaggressive behavior is among the urgent problems of psychiatry, medical psychology, medicine and jurisprudence [1-6]. There are a number of terms reflecting the process of self-harm: "auto-destructive behavior", "auto-aggressive behavior", "suicidal behavior", "parasuicide", "suicidal and non-suicidal equivalents", "direct and indirect self-destruction", "self-destructive behavior", "self-mutilation", "avital activity" and many others, which are used as synonyms, but often carry different semantic load [7-12]. Autoaggression is one of the forms of human behavior in an extreme situation and its nature and "severity" is the result of the addition of personal

psychological attitudes, individual biological reactions of the body, arising under the influence of certain social conditions [12-15].

In adolescence, autoaggressive behavior differs from that of adults due to age characteristics, which is associated with certain diagnostic difficulties [16-18]. According to researchers, dynamism, incompleteness, instability of neuropsychic functions in adolescence, is the ground for the development of psychopathological reactions, the formation of socio-psychological maladaptation and, as a consequence, the appearance of autoaggressive behavior [19-24]. This is due to the specifics of physiological and psychological processes, as well as the peculiarities of psychopathological disorders in the puberty period [25-29]. Puberty is characterized by emotional instability, melancholic experiences, overestimation of the severity of the conflict, pronounced impressionability and suggestibility, a tendency to mood fluctuations, weakness of critical abilities, egocentrism, impulsivity in decision-making [26-30]. Autoaggressive behavior of adolescents is provoked by such experiences as anger, protest, anger, the desire to punish themselves and others. In adolescence, there is often an increased tendency to introspection, a pessimistic assessment of reality [38-40]. High prevalence rates of autoaggressive behavior in the adolescent population indicate the urgency of this problem [31-34]. Over time, the forms of autoaggressive behavior, socio-psychological predictors, as well as clinical and psychopathological features of suicides change, the mechanisms of formation of autoaggressive behavior remain insufficiently developed [35-39].

An equally important problem in the diagnosis of autoaggressive behavior is the lack of unambiguous criteria for assessing the likelihood of its formation, and, therefore, in addition to studying the clinical, psychopathological, personal, social factors of adolescent autoaggression, a comprehensive analysis of the mutual influence of these factors is of great importance, with the determination of the specific contribution of each of them. Insufficient scientific development and high medical and social significance of studying autoaggressive activity in the conscription contingent of individuals, determining clinical and psychopathological and socio-psychological predictors of autoaggressive behavior, as well as

their complex influence on the occurrence of autoaggressive behavior, determines the relevance of the work [40-42].

The aim of the study was to identify personality traits in adolescents with autoaggressive behavior.

Material and methods of research. A total of 67 male adolescents aged 15 to 17 years were examined, who were sent to the city psychoneurological dispensary in Samarkand with behavioral disorders and adaptation disorders and with the presence of autodestructive tendencies. All established diagnoses were based on the criteria of the International Classification of Diseases of the tenth revision (ICD-10). With the help of experimental psychological research, the personal, emotional and volitional characteristics of the subjects were clarified. The study of the individual psychological characteristics of young people was carried out using experimental psychological techniques - the characterological questionnaire of K. Leonhard - Shmishek, the personal questionnaire of Eysenck, the personal scale of anxiety manifestations (J. Taylor, adaptation of T.A.Nemchin).

Results and discussion. Characteristics of autoaggressive behavior are presented taking into account age, situational factors, motives, types of autoaggressive behavior, ways of self-harming. We analyzed the age of the subject at the time of the autoaggressive action (Table 1)

The age of the subject at the time of the autoaggressive action

Age (years)	**Frequency of occurrence**	**(%) % in the total sample**
13-14	14	20,9
15-16	29	43,3
17-18	24	35,8

The data obtained reflect the fact that a child aged from 13 to 18 years is influenced by socio-psychological factors from significant persons around him, primarily parents. Family problems cause the child a complex sense of belonging and a certain responsibility for them. The majority of the subjects – 54 (80.6%) - inflicted damage to themselves once, in 19.4% of cases there were repeated episodes of autoaggression. Alcohol consumption at the time of self-harm was in 56.7% of cases (38 people). Most often, the conscript consumed alcohol in

the company and then harmed himself alone. In some cases, alcohol was used to dull the feeling of fear. In the remaining 43.2% of cases, alcoholism was denied.

In the study of personality traits in individuals, the types of character accentuation were distributed as follows: the demonstrative type of accentuation is represented in 15 (22.4%) of the surveyed. Such teenagers, with their characteristic demonstrativeness and pretentiousness of emotional reactions, often commit demonstrative suicidal actions. The excitable type of accentuation is represented in 12 (17.9%) of the total number of respondents. With accentuations of this type, demonstrative autoaggressive behavior occurs, and addictive behavior turns out to be one of the particular manifestations of autoaggression in these cases. Teenagers with such an accentuation in a state of loneliness and in a hopeless situation direct their aggression at themselves. They cut themselves, burn themselves, have masochistic tendencies. Against the background of severe dysphoria, true suicidal acts are possible.

Hyperthymic type of accentuation was detected in 11 (16.4%) of the subjects. The tendency to auto-aggressive behavior of hyperthymes is due not so much to pronounced antisocial attitudes as to frivolity, hyperactivity, grouping reaction and craving for risk, disregard for danger and often commit auto-aggressive actions during strong emotional experiences. In individuals of the cycloid type, which is represented in 6 (8.9%) of young men, the features of self-destructive behavior depend on the phase of affect: in the hyperthymic phase, it does not differ in any way from that with hyperthymic accentuation, and in the subdepressive one, autoaggressive actions performed at the height of affect are possible. Such teenagers are prone to offenses, they are easily involved in antisocial companies, but they do not get pleasure from it, but behave as if they are looking for punishment. The main feature of an exalted personality, represented in 5 (7.5%) adolescents, is a violent reaction to what is happening. They are distinguished by extreme impressionability about any event or fact. At the same time, inner impressionability and a tendency to experience find a vivid external expression in their behavior. Autoaggressive behavior is characterized by making a quick decision, the desire to do something with yourself with a demonstrative or manipulative purpose. The emotive type of accentuation was revealed in 4 (6.0%) adolescents. The main feature of an emotive personality is high sensitivity and deep reactions in the field of subtle

emotions. Characterized by soft-heartedness, kindness, sincerity, emotional responsiveness, highly developed empathy. The main motive of autoaggression is not so much the desire to die as "to do something with yourself." Adolescents with an anxious type of accentuation – 4 (6.0%), more often suffer from feelings of inferiority, easily fall into reactive depression, do not share experiences with others. They have a long maturation of suicidal intentions with their unexpected realization. The stuck type of accentuation was detected in 5 (7.5%) adolescents. The basis of this type of accentuation of personality is the pathological persistence of affect. The affect of such a person lasts for a very long time, although no new experiences activate it. The motive of autoaggressive behavior is often the proof of self-importance, the ability to endure pain, to be "no worse than others". The dysthymic type of accentuation is represented in 3 (4.5%) young men. In such adolescents, the trigger mechanism of self-harming behavior is affects, despair, and the desire to harm oneself. The pedantic type of character accentuation is represented in one person. Representatives of this type are characterized by indecision, fear of responsibility and, in general, are not prone to auto-aggressive behavior. Such behavior appears in a state of pronounced adaptation disorder. In 2 (2.9%) there was no accentuation of character.

According to the types of temperament determined using the Eysenck personality questionnaire, the subjects with a history of autoaggressive behavior were distributed as follows. The specific features of melancholic 26 (38.8%) and choleric 15 (22.4%) temperament types are considered to be a combination of impressionability, increased emotional vulnerability and a tendency to a pronounced affective response in conflict situations, especially those that arise unexpectedly. The differences between the choleric and melancholic types of temperament are in the different representation of impulsivity. In a choleric, increased emotionality is combined with rapidly arising and also rapidly disappearing affects of various modality and often extrapunitive orientation - outbursts of anger, irritability; fear, agitation and panic, joy and ecstasy. In a melancholic, emotional experiences are, as a rule, of a longer nature. They arise more slowly, but they are also reduced more slowly. There is a tendency to get stuck on certain emotional experiences of various modality and intrapunitive orientation - depression, longing, sadness, guilt, shame,

shyness. According to the parameter of reduced emotionality, sanguine 19 (28.3%) and phlegmatic 7 (10.5%) are similar. Outwardly, a decrease in the level of impressionability is manifested in their calmer attitude to troubles, psychotrauma, conflicts. The differences between the emotional sphere of the sanguine and the phlegmatic lie in the prevailing modality of the few and weak manifestations of emotionality. A phlegmatic person, as a rule, is indifferent to many aspects of life due to the inertia of cognitive processes, whereas a sanguine person reacts to many situations, but "does not take it to heart." The impulsivity parameter, which is similar to choleric with sanguine (high level) and melancholic with phlegmatic (low level), is clinically reflected in the speed of sensorimotor reactions, activity, perseverance, determination.

The level of anxiety was assessed according to the scale of personal manifestations of anxiety (J. Taylor, adaptation by T.A. Nemchin). According to the level of anxiety, persons of pre–conscription age were distributed as follows: the majority of respondents revealed an average level of anxiety, with a tendency to low (5-15 points) - 39 (58.2%), an average level with a tendency to high (15-25 points) was shown by 16 (23.9%) young men, a low level (0-5 points) was revealed in 7 (10.4%), high (25-40 points) - y (7.5%).

Conclusion. Thus, adolescents with autodestructive tendencies are a risk group, since they consider self-injurious behavior as a way to deal with stress, tension and irritation. The personality characteristics of adolescents with autoaggressive behavior were revealed, represented mainly by a demonstrative, excitable type of character accentuation with pronounced features of extraversion - introversion, high rates of neuroticism and anxiety.

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