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ПОД-СЕКЦИЯ-2. Медицинская психология

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AGGRESSION OF PATIENTS WITH MOOD DISORDERS

Aggression represents the many-sided phenomenon therefore it is impossible to argue unequivocally whether its sources in biological bases are covered or it is determined by exclusively social factors. Forms of human aggression are various.

Practical important question concerns as far as the phenomenon of aggression corresponds with concept of mentality norm and pathology. To display aggression – means to be mentally sick personality? Or the aggressive behavior represents variant of norm and can be considered as natural model of behavior? Not infrequently there are data on commission of cruel crimes by the people having various mental diseases. This cruelty quite often adjoins on madness. However and in norm the individual can display aggression, but these manifestations, as a rule, aren't capable to break social adaptation of the individual. Nevertheless, destructive acts which can make both healthy people, and individuals with mental pathology are usually directed and promote destruction of social contacts, communication violation, emergence and maintenance the conflicts.

First of all, aggression diagnostics of patients with mood disorders should begin with studying of psychological condition of the personality. Aggression and aggressiveness is defined not so much by form of affective disorders, how many psychological condition of the personality at present time. As psychological personal conditions can change eventually, and manifestations of aggression will undergo essential changes. So, in depressive patients such personal conditions are most often observed, as *tonic* (weariness, exhaustion), *activation* (tension, frustration), *emotional* (indifference, grief, suffering, antipathy, hatred, anger, fear), *motivational* (disinterest), *volition* (lack of purpose & confidence) and *spiritual* (loss of essence, feeling of own negligibility, inability). All these conditions will determine essentially character and orientation of aggressive behavior of patients with depression, and autodestructive tendencies and actions will be into the forefront.

Studying interrelation depression, depressive phases at bipolar affective disorder and aggressive manifestations, it is necessary to note that this disease is fraught with the highest risk of suicide: frequency of parasuicides reaches 25–50 %, 11–15 % of patients die from suicides and this dimension more in 15 — 22 times average value in population [2].

Autoaggression (as a last resort – in the form of a suicide) really very often occurs at affective disorders. However, view on interrelation of some affective disorders and aggression is often inconsistent and differs at authors. So, there is opinion that aggressive actions aren't characteristic for depressive disorder except for suicide tendencies (Tiganov, 1999; Smulevich, 2000). Castrogiovanni et al. (1998), Nierenberg et al. (1996) deny essential distinctions in aggression level between patients with depression and healthy survivors [1].

On the other hand, some authors (Van Praag, 1994, 1998; Kulikov, 1997; Wolfersdorf et al., 1998; Knox et al., 2000; Bjork et al., 1997) believe that at depression the level of aggression is raised. Irritability, suspiciousness and negativism are observed in patients. Ideas about existence of communication of depressive disorder with various manifestations of aggression are reflected in works of Dragunskaya (1983, 1990), Izard (1999), Bardenstine et al. (2002), Braconnier et al., (1997). Results of the researches of Srikumar et al., (2001) point at existence pathogenetic communication of depressive disorder and aggression; this results revealed the general neurochemical mechanisms, in particular, serotonin's exchange violations. Also it is shown that combine symptoms of anxiety and depression, aggression and delinquency are caused genetically (Gindina, 2005) [in the same place].

At depression the manifestation of aggression are closely linked with emotional condition of the patient and perception of emotional condition of people around. The depression changes perception and assessment of information, breaks adequacy of reaction, adaptive behavior, reduces working capacity. It is proved that at depression the perception and the interpretation of emotional expression being an important component of social communication of the individual are distorted (Mikhaylov, etc., 1990, 1993, 1994, 2001, 2002), and also any control of behavior is broken (Filatov, 2000; Baxter et al., 1989; Drevets et al., 1992; Brown et al., 1994; Ito, 1996).

At depression dysphoria, the cruel actions, expanded suicides occur quite often [in the same place] that points to that at this type of mood disorders not only autoaggressive manifestations are observed in behavior of patients.

Aggression is a widespread component of maniacal syndrome [7]. The aggressive behavior often occurs at bipolar affective disorder and quite often arises during acute maniacal episode [5, 9, 11, 16]. In maniacal patients the manifestation of aggression are also closely linked with personal conditions. At manias the next conditions of the personality come to the fore: condition of lifting, activity, pleasure, anger, rage, euphoria, condition of desire, drive, curiosity, resoluteness and so on.

Besides, the interrelation between violence and productive semiology is proved at mania [3, 4, 6, 8, 10, 12-15]. Aggression of patients with mania during acute episode depends on weight of episode and degree of awareness on the illness [7]. Absence of understanding of illness, productive symptoms, their expressiveness, severity, and also absence of understanding and support from people around are factors which are capable to provoke aggression manifestations. Aggressive actions during maniacal episode, obviously, are linked with psychotic symptoms (acoustical hallucinations, paranoid delusion etc.). Severity of psychotic symptoms is essential prognostic factor of aggressive behavior in mania. Aggressive flashes are connected with unexpected impulsive behavior of such patients which arises in reply to insignificant provocation from people around, and in certain cases without the visible reasons. Thus, the aggressive behavior in mania quite often happens inadequate, disproportionate to force of influencing irritants. The tendency to risky and aggressive behavior is one of the main features of maniacal episodes of bipolar affective frustration [in the same place].

It is necessary to pay attention that at any variant of maniacal syndrome the mental and motional excitement, strengthening of instinctive activity (increase of appetite, sexuality, strengthening of self-protective tendencies) are observed that, anyway, can lead to aggressive actions and violence.

Thus, aggression is frequent manifestation of mood disorders. The problem of research the interrelation between aggressive manifestations and world outlook, ideals, belief, valuable system and personality attitudes of patients with affective frustration is poorly studied. This problem demands of carrying out new researches in this area with application the modern psychological techniques. Also aggressive manifestations at mood disorders need development and carrying out the psychotherapeutic and preventive programs directed on elimination of personal factors, promoting emergence the destructive forms of behavior.

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