
**SEKCJA 15. NAUK PSYCHOLOGICZNYCH.
(ПСИХОЛОГИЧЕСКИЕ НАУКИ)**

ПОД-СЕКЦИЯ-2. Медицинская психология

Erzin A.I.PG student of the Orenburg state university,
assistant of Department of psychiatry, narcology, psychotherapy and clinical
psychology of the Orenburg state medical academy, Orenburg, Russia**Egorov R.S.**assistant of Department of psychiatry, narcology, psychotherapy and clinical
psychology of the Orenburg state medical academy, Orenburg, Russia**AGGRESSIVE ACTS IN NEUROTIC DISORDERS**

The disease pattern of neurotic disorders is characterized by asthenic, obsessive and/or hysterical manifestations, and also temporary decrease in intellectual and physical working capacity. At diagnostics of aggressiveness and aggression at patients with neuroticism it is necessary to consider the actual intrapersonal conflict (IPC) which represents unconscious or badly apprehended discrepancy of the personality in consequence of collision opposite directed, but equally strong needs, attitudes, relations, interests, values. The neurotic personality is characterized by prevalence of the irrational and neurotic needs underlying neurotic strategy of behavior. It is should be carried to these strategies: *moving toward people, moving against people and moving away from people* (K.Horney) [1]. Patients, in which behavior moving against people strategy prevails, first of all, will be characterized as argumentative, aggressive, excitable individuals. Their behavior has quite often destructive character, it destroys social contacts, breaks interpersonal communication, interferes with social and psychological adaptation. The neurotic personality acting according to this strategy of behavior quite often perceives other people as enemies, as obstacle in a way to achievement the purpose; the personality automatically doesn't notice merits and features of other people and concentrates mainly on their shortcomings. Though with such people it is very difficult to create communication process, they suffering because of contradictions between their own hostility and desires, needs, interests.

Patients with moving to people strategy (compliant type) are characterized by dependence, indecision and helplessness. Nevertheless, the excessive need for love and protection quite often hides the suppressed aggression. In case this aggression can't be directed on loving person, it goes on the neurotic personality, causing it physical and mental sufferings.

Aspiration to privacy, independence and self-sustainability are characteristic for the isolated type in which behavior movement from people dominates. Such neurotic personality takes great pain to hide the true emotions, and, quite often without understanding that feels during one or another time. Such people are isolated from people around. For them it is simpler and easier to be alone with themselves. Social contacts weigh them and cause sufferings. Blocking emotional feeling and their acting out (including, aggression) quite often leads to that emotional energy collects and, eventually, breaks outside, leading to disproportionate, inadequate flashes.

It is necessary to note that quite often aggressive behavior is shown at neurasthenia and dissociative (conversion) disorders, however, aggression in these cases has no pathological character. Usually the neurasthenia has three stages (forms):

1. hypersthenic;
2. intermediate (in the form of irritable weakness);
3. hyposthenic.

Aggression is shown on the first – hypersthenic stage – in the form of the increased irritability and easy excitability more often. Such patients are irritated by the slightest noise, conversations of people around, any sounds, fast movement of people, the populous companies etc., i.e. aggression in this case has, as a rule, reactive character. Patients are easily irritated, shout at relatives, employees, are easily capable to offend, quickly lose self-control and differ big impatience.

The second stage of neurasthenia is characterized by so-called irritable weakness — a combination of hypererethism, irritability to fatigue. In casual and insignificant occasions patients have rough reactions of irritation or flash of excitement which are usually short, but are frequent. Hypererethism is quite often expressed in the tearfulness earlier not peculiar to the patient, or in impatience and fussiness. The painful intolerance of loud sounds, noise, bright light, pungent smells are characteristic. Ability to control external manifestations of the emotions is lost.

For the persons suffering from dissociative (conversion) disorder, at the basis of which the hysterical intrapersonal conflict lies, demonstrative emotional reactions, including in the form of aggressive flashes, sharp shouts, insults to the interlocutor are characteristic. Such patients can be physically aggressive, but in clinical practice such meets infrequently as aggressive reactions, as well as other emotional manifestations at such patients have demonstrative, theatrical character. Loud brisk speech, active gesticulation, shouts and verbal aggression often have the purpose to attract attention to patients, instead of are directed on infliction of harm to people around.

References:

1. Horney K. (1945). *Our Inner Conflicts*. W.W. NORTON & COMPANY, INC.