

مدیریت رفتارهای تهاجمی و پرخاشگری در کودکان دارای سرطان

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- **Learning how to best regulate aggression is a normal part of child development.**

Typically, physical aggression peaks at 18–24 months and decreases by age five as children learn to self-regulate their emotions and impulses ([5](#)). As children develop verbal skills, they begin to communicate their thoughts and feelings and display verbal forms of aggressive behavior ([6](#)). During the early school-age years (ages 4 to 7), as children begin to have greater interaction with their peers and form relationships, indirect aggression (e.g., relational and social) begins to increase, especially for girls ([7](#)). This is due in part to children's increase in cognitive and social skills and their ability to recognize that this form of aggression is less detectable, hence less punishable

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As children enter their adolescent years, they become more aware of their self-identity and social standing with their peers. The desire to fit in and gain popularity can lead to an increase in aggression, sometimes in the form of violence, to other children and authority figures ([9](#)). In differentiating normal aggression from pathological aggression, it is important to note the intensity, frequency, impairment and course. Aggression that persists through the first 5 years of age is considered abnormal ([10](#)). Unlike normal aggression which is transient, pathological aggression continues to causes dysfunction, often times with greater frequency and intensity over time ([11](#)).

- **Aggression type**
- Description
- Associated diagnoses
- **Impulsive**
- Unplanned, unprovoked, uncontrollable, hasty, unable to perceive repercussions/delay gratification; excessive, unexpected
- ADHD
- Bipolar disorder
- Intermittent explosive disorder
- Traumatic brain injury

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- **Predatory**

- Calculated, self-serving motivation, aware of harm caused by actions; premeditated

- Autism spectrum disorder

- **Anxious/hyperarousal**

- Overwhelmed response to anxiety; anxiety may cause irritability and over-reaction, relief of tension follows aggressive act

- Anxiety disorders (generalized anxiety)
- Autism spectrum disorder
- Obsessive compulsive disorder
- Post-traumatic stress disorder

- **Cognitive/disorganized**

- Skewed perceptions, delusions, paranoia, abnormal reasoning
- Bipolar disorder
- Psychosis
- Schizophrenia
- Substance abuse
- Traumatic brain injury/fetal alcohol syndrome/brain damage

Childhood Cancer

Everyone responds differently to the treatment phase. Anger, crying and withdrawal are some of the possible reactions. These can be protective responses that allow a child or young person time to deal with the information.

If your kids' reactions seem unusual or extreme, consider getting some professional support .

However, some children may hide their feelings because they do not want to add to their parents' stress. Even if your child's behaviour doesn't suggest they are struggling, let them know you appreciate how hard this situation is for them.

Ways to manage emotions

- Encourage, but don't push, kids to identify and name feelings. For younger children, you may need to recognise and identify the emotion for them (e.g. "you look angry" or "you seem really worried").
- Reassure them that there are no right or wrong feelings. Everyone reacts in their own way.
- Let them know that anger, guilt and sadness are normal feelings. You feel them too and it is okay to talk about them.

- **Remind them that they can talk to you anytime about how they're feeling.**
- **Discuss ways to manage anxiety and stress.**
- **Make sure they have plenty of opportunities for physical activity and spending time with friends.**

- **Provide plenty of physical comfort, such as hugs and cuddles.**
- **Offer creative ways for children to express their emotions.**
- **Create everyday opportunities for humour and fun. Let your children know that it is alright to joke and have fun. Laughter can often relieve tension and help everyone relax.**

- The physical and emotional health of a person with cancer will vary during and after treatment. It can sometimes be hard to let your family know how you're feeling, and they might find it hard to ask.
- An emotions thermometer may help. This simple tool allows you to show how you're feeling every day. You can make one yourself and ask the kids to help. Choose which feelings to include and add a pointer that moves to the different feelings.
- Put the emotions thermometer up where everyone can see it, such as on the fridge or noticeboard.

Living with uncertainty

- One of the challenges of a cancer diagnosis is dealing with uncertainty.
- When first diagnosed, many people want to know what's going to happen and when it will be over. But living with uncertainty is part of having cancer. There are some questions you will not be able to answer. Learning as much as you can about the cancer may make you feel more in control.

- You may find you need to give your family regular updates on the progress of treatment.
- Talk about any uncertainty with your children by saying something like, “The doctor is confident that this is the best treatment for me, but if that changes, we’ll let you know, and we may have to look at another type of treatment.”

Coping with Anger During Treatment of Childhood Cancer

- **Anger is a normal and expected response to loss or unwanted change in our lives. After the loss of her child, one mother could no longer drive through her neighborhood without being angry at the Christmas decorations that her neighbors had painstakingly put out during the holidays. She could not help but think, “What a waste of time.” “Is that the only thing they have to do or worry about?” Over time she recognized she felt alone. She felt that she was not like everyone else and they did not understand her. Her anger moved to sadness and, at times, depression.**

- **Grief is a tricky and complex process. Everyone recognizes that grief is something we experience when we lose someone close to us; however, grief shows up in many other life circumstances. Grief is the normal response to loss, which can be experienced in the death of a loved one, when we receive a cancer diagnosis, while our child is battling cancer or whenever our life circumstances are threatened**

- **What does grief look like? Grief can come in stages. At first we may feel shock or denial. We cannot believe this is really happening. Sometimes we may feel the urge to bargain. If I go back to church or make other life changes maybe my circumstances will change. Often we feel angry. Why is this happening to me? It is not fair. I am a good person. It is not unusual to feel angry with God, doctors, neighbors, family members and even strangers. Another stage of grief is sadness and depression. We may feel hopeless, alone and fearful during this stage. The final stage of grief is acceptance. Acceptance does not mean that we approve, like or understand our situation. It simply means we accept that it is our current reality.**

- **it is understandable that we feel anger when our child is battling for his or her life and someone else is focused on what feels like trivial concerns. The trick is to manage our anger so we do not make our situation worse. Yelling at or insulting a neighbor or friend who is complaining that their son did not get to play first base may negatively impact future support from that friend and end up making us feel bad about our explosion.**

- **COPE AHEAD:** It is important to recognize that we are going to find ourselves in situations where people are insensitive and/or are focused on issues that pale in comparison to our battle. Coping ahead means we are prepared for these times. You might create a witty line to clue them in to their insensitivity. Or you may be prepared to simply walk away when you start to become irritated.

- **NAME AND CLAIM YOUR ANGER:** Many times it is helpful to simply be aware of and recognize your anger. Once you recognize you are feeling anger, it is helpful to explore why. Once you name and understand your anger, it is easier to normalize it. For example you may say “I am so angry at my sister for ranting about her son’s teacher when my daughter has not been to school for the last month. I am annoyed that she does not think about my situation before she shares. It is insensitive.”

3.PROBLEM SOLVE: Sometimes managing our anger means speaking up. If someone is insensitive or continues to trigger our anger, we may need to confront them about it. Usually sharing what happened and how it impacted us is all that is needed.

4.SELF SOOTHE: Take time each day to decrease your distress and your vulnerability to anger by soothing your senses. Listen to relaxing and/or uplifting music, light a candle, wrap up in a warm blanket while drinking your morning coffee, use your favorite lotion, read a devotional, look at pictures of beautiful beaches, or eat a piece of your favorite chocolate.

5.TALK IT OUT: Vent to friends, family or a counselor. They can listen, understand and help you find ways to cope as you wrestle with the anger stage of grief.

Use of **psychotropic medication** in medically ill adults, in particular, patients with cancer, is common. While increased use of psychotropic medications in children and adolescents in the general population has been reported, little is known about the prescribing practices for these medications in medically ill children

Type of Medication

Antidepressants

Fluoxetine† Mirtazapine† Sertraline† Bupropion Paroxetine† Trazodone†
Citalopram† Amitriptyline† Escitalopram† Desipramine† Fluvoxamine
Nortriptyline† Venlafaxine†

Antianxiolytics

Clonazepam† Alprazolam†

Mood stabilizers

Lithium Oxcarbazepine Valproate Gabapentin† Carbamazepine† Lamotrigine

Antipsychotics

Haloperidol† Quetiapine Risperidone Ziprasidone Olanzapine Aripiprazole

Stimulants

Methylphenidate† Dextroamphetamine Other Atomoxetine Guanfacine
Clonidine† Propranolol

Thank you for your attention