

## **ОСОБЛИВОСТІ ВИКОРИСТАННЯ ПІСОЧНОЇ ТЕРАПІЇ В РОБОТІ З АГРЕСІЄЮ У ПІДЛІТКОВОМУ ВІЦІ**

Актуальність дослідження пов'язана з необхідністю вивчення психологічних особливостей прояву агресії у підлітковому віці, що є недостатньо вивченим і потребує більш глибокого дослідження, зокрема, розробка програми на зниження рівня прояву агресії за допомогою засобів пісочної терапії. В статті представлено теоретичний аналіз сучасних підходів в психології до вивчення агресії у підлітковому віці. Також було виділено види агресії., фактори виникнення підліткової агресії. Дослідження агресії являється одним із основних напрямків дослідницької, лікувально-діагностичної та профілактичної роботи.

На сьогоднішній день в роботі з агресивною поведінкою підлітків психологи використовують багато різних технік, але найбільш ефективною, на наш погляд, є пісочна терапія. За допомогою засобів пісочної терапії підлітки можуть вдосконалювати навички самоконтролю й саморегуляції, виховувати позитивні особистісні риси, знімати психологічне напруження, позбавляти неприємних переживань від негативної життєвої ситуації завдяки її проектуванню на гру з піском і символічному проживанню.

Розглядано результати емпіричного дослідження, яке спрямовано на діагностику рівня агресії, визначення інтегральних форм комунікативної агресії та схильність до суїцидального ризику. Корекційна програма проведена з експериментальною групою підлітків, які мали високі показники агресії, занижену самооцінку, високий рівень тривожності, труднощі у спілкуванні, виявлені ознаки аутоагресії.

Напрямами роботи психологічного тренінгу з подолання агресії у підлітків є: вплив на зниження рівня агресії; підвищення рівня самооцінки; зняття емоційної напруги; розвиток активності та ініціативності; розвиток навиків спілкування.

Розкрито особливості розробки та апробації корекційної програми, яка спрямована на зниження прояву агресії у підлітковому віці. Проведено апробація тренінгу показала, що у підлітків експериментальної групи підвищився рівень самооцінки, зменшився рівень тривожність, страхів, також зменшився негативізм та непряма агресія, покращився емоційний стан.

**Ключові слова:** агресія, аутоагресія, рівні агресивності, комунікативна агресії, суїцидальний ризик, пісочна терапія, підлітковий вік.

## **PECULIARITIES OF THE SANDPLAY THERAPY APPLICATION IN DEALING WITH AGGRESSION IN TEENAGE YEARS**

The actuality of the research is connected with the necessity of studying psychological peculiarities of aggression manifestation in teenage years, which is not studied sufficiently enough and requires a more thorough research, namely, the development of the program aimed at decreasing the level of the aggression manifestation with the use of methods of the sandplay therapy. The article presents the theoretical analysis of the contemporary methods in psychology for investigating aggression in the teenage years. Furthermore, the types of aggression, factors contributing to the occurrence the teenage aggression have been defined. The study of aggression is one of the main courses of the research, diagnostic and treatment, and prophylactic work.

Nowadays psychologists implement plenty of various techniques in the work with the aggressive behavior in teenagers, but the most effective, as we see it, is the sandplay therapy. Through the use of methods of the sandplay therapy teenagers can master the skills of self control and self-regulation, foster the positive personality traits, ease the psychological tension, relieve of the unpleasant

experiences and the negative life situation due to its projecting on playing with the sand and symbolic reliving.

The results of the empiric research, which targets the diagnostics of the level of the severity of aggression, determination of the integral forms of the communicative aggression and the tendency to the suicidal risk, are reviewed. The correction program has been tested on the experimental group of teenagers, who had the high indices of aggression levels, low self-esteem, the high level of anxiety, difficulties in communication, and detected signs of self-aggression. The courses of work of the psychological training aimed at coping with aggression in teenagers are: directing the decrease of the level of aggression; boosting the level of self-esteem; easing emotional tension; development of initiative and activity; development of the social skills.

The peculiarities of development and approbation of the correction program aimed on decreasing the manifestation of aggression in the teenage years have been revealed. The conducted approbation of the training has demonstrated that in teenagers of the experimental group there has been a boost of self-esteem, decrease of the level of anxiety, fears, also their negativism and indirect aggression have been lowered, and the emotional state has improved.

**Key words:** aggression, self aggression, levels of aggression, communicative aggression, suicidal risk, sandplay therapy, teenage years.

**Introduction.** The actuality of the subject of aggression in teenagers is conditioned by the unstable, tense social state, which has been created in the country, particularly, the occurrence of the aggressive behavior is exerted by the family upbringing. In the connection with the intensifying tension in the social and economic situation in Ukraine the number of disadvantaged families has increased at an exponential rate. And the children are the first to suffer. They don't have an appropriate and reasonable example model of upbringing.

The subject of the aggressive behavior of children and teenagers is one of the main psychological and pedagogical problems. The problem of childhood aggression is confronted by parents, teachers, and psychologists. The importance

of the family is derived from the fact that a child spends a great part of the life there, it is the ground for the formation of the personality.

Prophylactic of the aggressive behavior involves the system of general and special micro undertakings on different levels of the social organization: nationwide, legal, economic, medical and sanitary, pedagogical and psychological. And the best conditions for it are assumed to be comprehensiveness and timeliness.

The study of aggression is one of the main courses of research, diagnostic and treatment, and prophylactic work in suicidology, psychology. The problem of aggressive behavior was studied by: A. H. Buss, A. Durkee, A.G. Ambrumova, L.I. Arshavina, L. Bender, V.A. Tikhonenko, D.C. Isaiev, G.Y. Piliagina, N.M. Vol'nov, T.S. Mitskan, N.A. Kachnova, A.I. Zaharov, Y.P. Il'in, Z. Ikunina, D.Y. Isaiev, I.S. Kon, A.N. Leont'ev, A.A. Rean, P.M. Jakobson and others.

### **Objective statement and targets.**

The objective of our work was the investigation of the peculiarities of the aggression manifestation in teenage years and the development of the correction program for coping with aggression through the methods of the sandplay therapy.

In accordance with the stated objective the following targets of the study were determined:

1. To conduct a theoretical analysis of the literature on the problem of aggression research.
2. To view the ways and problems of the aggression manifestation in the teenage years.
3. To conduct an empiric study of the peculiarities of the aggression manifestation in teenagers.
4. To develop and test the correction program for the decrease of the aggression level in teenagers.

### **Presentation of the main material of the research study.**

Theoretical analysis of the literature of multi-aspect researches of the teenage aggression proves the complexity of the phenomenon of aggression. The trait of character towards the attitude to the other people, animals, objects and

events in the environment is meant under the aggressive behavior. It is expressed in the intention to inflict damage, destroy something [8].

L. Bender supposed that aggression is the tendency of both approaching and distancing from the object. F. Allan describes aggression as the internal power that gives a human the possibility to withstand the external forces. H. Delgado asserts that “the human aggression is the behavioral reaction that is characterized by the demonstration of power in the attempt to inflict damage on the personality or the society” [4].

Furthermore the tendency to dominate over the others, making use of people according to personal purposes and desires, predisposition to violence and cruelty demonstration is observed in the aggressive behavior

Most often such types of aggression are singled out:

- Physical – which is demonstrated in certain physical actions, that are directed against a person or inflicting damage on objects (the person bites, fights, and throws objects);
- Verbal – is expressed in the form of words (cries, threatens, insults the others);
- Indirect aggression – gossips, snitches, provokes peers.

Besides that under suppressed, repressed aggressiveness, the aggression itself may be directed against oneself (self aggression) – it is expressed in self harm [2].

In the scientific literature the term of self aggression is understood as the variation of aggressive behavior, when the hostile actions caused by any diverse reasons (mainly social — when the aggression was triggered by the unreachable object, much too powerful — either this or that way invulnerable) can not be directed against the irritable object and are turned against the people themselves [11].

In case of self aggression teenagers are characterised by having low self-esteem and nonacceptance of themselves. Just these characteristics alone are enough to produce difficulties of the socio-psychological origin, which is connected with establishing contacts, realisation of the productive communication.

Self aggression can also occur because of the constant feeling of guilt, when children are implanted the ideas that they are bad, did bad things, deserve punishment and similar, most often it is observed in the family environment.

We have chosen adolescence because in this period in particular the essential changes in the acceptance of oneself are happening, there is a strong sensation of self feeling. That is why in the connection with this there comes up a strong necessity to develop and study general and specific methodological and psychological basis for investigating aggression in the teenage years.

Transition into adolescence implies the change in the social situation of development, signifies the exit of the child beyond the borders of the family, enlargement of the circle of important personalities in a child's life. Social activity of teenagers is targeted first of all at the acceptance and comprehension of norms, values and ways of behavior characteristic of the adult world and the relationships between them. Breaking of the old psychological structures typical for this age leads to the real outburst of disobedience, impertinence and difficulties in upbringing.

In the connection with the transition into the new environment A. Adler the cause of teenage aggression found in the assumption that teenagers have the feeling of inferiority. It is expressed in the way that children can't control and assimilate their emotions — it is the increased emotional lability, changes of mood. Unfortunately, such children are called ill-bred [1].

It has been found that among various interconnected factors which precondition the manifestation of aggression there can be singled out the following:

*Individual factor* – psychological and biological background of the asocial behavior, which complicates the adaptation of the child in the society. If it doesn't come round then the child loses the desire to go to school, the mood and health worsen, irritation arrears.

*Psychological and pedagogical factor* – the defects of the school and family upbringing. It can be interpreted as the pedagogical negligence, which is expressed

in underdevelopment, ill-upbringing, ignorance, developmental delay within the age group caused by pedagogical reasons which demand immediate correction.

*Social and psychological factor* – unfavorable circumstances for the interaction of the teenager with the closest relatives in the family, in the outside world, in the group of peers, also the negative communication with teachers, disadaptation to the new environment, difficulties in studying.

*Personal factor* – active selective attitude of the teenager to the desirable communication environment, the norms and values of their surroundings, pedagogical influence of the family, school, community, and also personal values settings and personal ability to self-regulate the behavior.

*Social factor* – which is predetermined by the social and economic conditions [2].

It has been proved that the level of aggression may vary depending on the situation, but sometimes aggression can take persistent forms. There are plenty of causes: the position of the teenager in the group, interaction with parents and teachers. Persistent aggressiveness in adolescents occurs because they sometimes understand the behavior of the others differently from the rest of the people, interpreting it as the hostile.

Many researchers believe that partially the reason of the aggression is the family, for example, aggressive behavior of the members in routine situations – shouts, quarrels, rudeness, humiliation, mutual reproaches and insults

It has been clarified that a teenager demonstrates aggression in the everyday life several times more often if they observe it in adults and it has become the norm of their life. Also the inconsistency of parents in teaching children the norms, rules of behavior lead to nothing good: children are at a loss, become angry, aggressive towards parents and other people.

Nonacceptance on the part of the adults contributes to the formation of teenage aggression: their indifference, withdrawal from communicating with them, intolerance and authoritativeness, hostility against the mere fact of the child's existence. Showing of goodwill helps in overcoming aggression – the eagerness

and ability to listen, warmth of feelings in communication, pleasant words, a tender look [2].

Teenagers, who display aggression, taking into account all the differences of their personal features and peculiarities of behavior, possess certain common characteristics. These are poorness, primitive nature of the system of values, absence of passions, narrow and changing interests. These teenagers as a rule have a risen level of suggestibility, inclination to imitation. They are characteristic of emotional rudeness, rancour towards peers as well as adults around, inadequate, unstable level of self-esteem ( either positive to the maximum or negative to the maximum), high anxiety, fear of broad social contacts, egocentrism, inability to find the solution in difficult situations, overbalance of defensive mechanisms over others, which regulate behavior. Along with that, among the aggressive ones there happen to be children, who are well developed intellectually and socially. In their case aggression is the means of improving their prestige, demonstrating their independence, maturity [2].

Nowadays psychologists implement plenty of various techniques in the work with the aggressive behavior in teenagers, but the most effective, as we see it, is the sandplay therapy. For the first time as a method the sandplay therapy appeared within the framework of analytical psychology. It's theoretical grounds can be considered developed by Carl Jung the technique of the active imagination. As N.V. Tarasenko indicates, the sandplay therapy is the leading method of the correction influence and gives teenagers the possibility to reveal their deepest emotional experiences, get rid of fears. The sandplay therapy can also be used with the purpose of diagnostics; stimulation and development of tactile skills and is really powerful means in providing primary psychological support [14].

The aim of the sandplay therapy is neither to change the teenager nor to impose some behavioral skills, but to give the opportunity to be themselves. The main tools of this method are the sand and figures that provide the possibility to create one's own world. Playing with sand presents teenagers the chance to dispose of psychological traumas through transfer of their inner experiences and fantasies



onto the sandbox space. During the process of work an adolescent can mix the sand with water. It is necessary for the purpose of giving the teenager a stimulus. Teenagers cannot tell us about their problems as adults can, but they can do that with help of sand pictures.

For the reaching of solutions of the set targets a comprehensive approach has been used, which consists of combination of the theoretical analysis of the scientific sources and the constative experiment.

In the course of empiric research a set of methods for diagnostics of the manifestation of aggression in teenagers was compiled. The following methods were included into this set: Buss-Durkee Hostility Inventory, the V.V. Boyko Integral Communicative Aggression Typing Test, the suicide risk questionnaire in the modification of T. N. Razuvayeva, the «non-existent animal» method.

According to the results of the Buss-Durkee method we can observe that teenagers have the indicators of irritability expressed the most prominently (45%), suspiciousness (50%), verbal aggression (40%), negativity (43%), indirect aggression (50%). Such results prove the capability to demonstrate indirect aggression, this aggression is alternately oriented on the other person or thing; they do not trust people, cautious in the relationship with them and are almost sure, that other people are planning and inflicting harm; express negative feeling through the form of cries and shrieks; display oppositional manner in the behavior ranging from the passive resistance till the active fight against the established customs, rules and laws.

Consistent with the results of the method of A.H.Buss and A.Durkee we have determined that 43% of the studied subjects have the values of the hostility index higher than the norm and 57% of the subjects have this value within the norm.

Overall analysis of the results by the V.V.Boyko method has allowed identifying that 6% of the subjected to the study have the low level of aggression, thus it bears evidence of the insincerity of the answers, striving to correspond to

the social norm. Such indices can be observed in people with lowered self-criticism and excessive demands. Not the high level of aggression in 50% of the subjected to the study has been registered, that is they are usually stipulated by the spontaneous aggression and it is connected with their inability to transfer aggression into the activity or on the lifeless objects (there might be no need in that). In 26% of the studied subjects the medium level of aggression has been registered, which is expressed in spontaneity, certain anonymity and the low ability of inhibition. In 10% of the subjects the elevated level of aggression has been found, that is till the attributes characteristic of its medium level, the indices of retribution and provocation are added. In 8% of the subjected to the study a very high level of aggression has been registered, this level is connected with getting satisfaction from aggression, replication of the aggression of the crowd, provocation of aggression in the people around.

The level of proneness to the suicidal risk has been investigated and it has been found that in 25% of the subjects studied the scale of ostentation is evident, in 35% of the subjected to the study the high marks are indicated on the scale of affective disposition, in 40% of the subjected to the study the high marks are registered on the scale of social pessimism. It has been established that in 20% of the subjects the signs of the proneness to the suicidal risk have been detected.

It has been found that 28% of the subjected to the study have the lower level of self-esteem, 30% of the subjected to the study experience fear, 20% of teenagers-reactants have the signs of verbal aggression, 27% are registered with the signs of self-aggression.

The correction program aimed on lowering the manifestation of aggression in teenagers (11-13years) has been elaborated using the techniques of the sandplay therapy. The training consists of 10 sessions; the duration of each is 45-50 minutes. The correction program has been tested on the experimental group of teenagers, who had the high indices of aggression levels, low self-esteem, the high level of anxiety, difficulties in communication, and detected signs of self-aggression.

The objective of the correction program is decreasing the level of aggression in teenagers, the courses of which are: boosting self-esteem, directing the decrease of the aggression level, relieving the emotional tension, developing of the communication skills.

Conducting of the individual correction work with teenagers is an important stage in the overall range of the help provided for the child who has aggressive features. If the psychologist has enough time to work with teenagers individually, than the specialist will obtain a better quality of the result during the further group correction therapy. The individual work is beneficial both for the psychologist and the teenager.

Thus the psychologist has the possibility to investigate the causes of occurrence of the aggressive features not only with the use of diagnostic means but within the course of the correction work, that is there appears the opportunity to observe the occurrences and changes in the behavior of the adolescent in the dynamics; provide psychological help in the correction of the personal problems in the emotional and volitional spheres, the sphere of the personality of a pupil which is impossible in the work within a group; determine what roles can perform the teenager in the group and deriving from that adapt the program taking into account their personal peculiarities.

The teenagers get the opportunity: to familiarize themselves with the rules and norms of the correction work; obtain motivation for the internal changes; act out the aggressive occurrences in the convenient and comfortable conditions.

During the individual work the psychologist may implement various forms of the game, sandplay and the fairy tale therapy. These methods help to relive once suppressed feelings. This way the fairy tale therapy provides the opportunity to identify oneself with the characters from the fairy-tales and together with them relive hard feelings, inner personal conflicts and successfully solve them. According to the age teenagers in the comprehensive form get the psychological knowledge, which allow to cope with the feeling of loneliness, inferiority, lack of self-confidence, with the experiences of guilt and shame. The further drawing of

fairy-tales also gives the possibility to express their feelings through the help of images, symbols, and that means dispose of oppressive emotions.

The sandplay therapy is one of the ecological, natural forms of activities which helps to build one's "own world", convey in the most organic, common shape somebody's strategy of aggression.

When building the composition a teenager becomes the main creator of their "own world", as an aggressive adolescent might want to do something of their own, for example to break something to experience strength, the power over somebody, draw attention to themselves, may throw out the sand from the sandbox. But given all that such teenagers want to feel protected. These desires are realized during the play with the sand. All of it is the world of the teenager, where they feel protected, where everything is close and easy to comprehend.

To put it differently providing the amiable communication, games with the sand, drawing, discussing of the fairy-tales, music and most of all – attention to the adolescents help them to accept themselves and the world which surround them.

Referring to the symbols of the sand shapes there are a few points to be noted that Jung mentioned "... the symbol always suggests that the form of the expression depicted is the best way to express something incomprehensible but existing or something that might potentially exist". Often the shape defines the content and determines a certain stage of the psychotherapeutic process, thus becoming the symbol of those problems, which occur during the course of interaction between the client and the psychotherapist. Gaining a symbolic meaning the sand shapes lose the simplicity and single meaning of their content (Neumann 1983, Bolen, 1989.).

The structure of the session: the beginning of the session, the main part, reflection, the end of the session. At the beginning of the session on the shelves there are the figurines of people (people, fairy-tale characters, animals that live on Earth, animals that fly, inhabitants of the water environment, crockery, food, trees, plants, houses, transport, accessories, natural objects), which are inherent of the sandplay therapy. Adolescents themselves chose the objects to work with. The

peculiarity during the sandplay sessions is the fact that the psychologist observes carefully but doesn't lead. This allows to better understand the feelings and emotions of the teenager. It is of the primary importance what figurine they chose, where it is located, what comments are given. Watching the choice of the adolescent, the cause of the problem displayed can be understood.

In the course of work with the sand space the teenager has the opportunity of the direct verbal contact with the feeling of anger; let them express everything to the one that deserves it – the image, the identification with the offender which their ire is directed against. As a rule after the adolescents speak out there comes the transformation of the visual image of the anger into the positive side: children become calmer and more open to the further work.

It is important to discuss with teenagers the things that make them angry, the situations when it happens most often, how they reveal it and how they behave during that time. In the course of the game in the sand environment the adolescent learns (through the transitional object –the toy) to realize and understand their ire and evaluate the situation to make the choice between asocial demonstration and the accepted in the social environment form.

During the course of the game it is necessary to put the following questions: “what figurine symbolizes you?”, “whom do you see yourself?”, “whom do you imagine your offender to be?”, “how do you behave in this taken situation, which you have created?”, “what feelings do you have now?”, “what emotions do you want to display?”, “what else would you like to do?” and so on.

Through the use of methods of the sandplay therapy teenagers can master the skills of self control and self-regulation, foster the positive personality traits – courage, activity and initiative, ease the psychological tension, relieve of the unpleasant experiences and the negative life situation due to its projecting on the sand game and symbolic reliving during the game, create situations of success and boost the level of self-esteem, master the skills of interpersonal interaction during the group games, getting rid of complexes and fears.

**Conclusions.** The correction program aimed on decreasing the manifestation of aggression in the teenage years (11-13 years) through the means of the sandplay therapy has been elaborated.

The courses of work include: boosting of the self-esteem of the teenager, easing the emotional tension, developing of communication skills.

The empiric study has been conducted and it states that the most conspicuous among the indices of aggression is irritation, suspiciousness, anxiety, negativity, and the indirect aggression. Less displayed are the indices of the aggression such as physical aggression, offence, the feeling of guilt.

The conducted approbation of the training has revealed that in teenagers of the experimental group there has been a boost of self-esteem, decrease of the level of anxiety, fears, and the emotional state has improved. In addition to this the statistically significant differences between the indices referring to the levels of anxiety ( $t=2,56$ , at  $t_{cr}=2,11$ ,  $p<0,05$ ), self-feeling ( $t=2,95$ , at  $p<0,05$ ) and mood ( $t=3,27$ , at  $p<0,05$ ), irritation ( $t=2,33$ , at  $t_{cr}=2,11$ ,  $p<0,05$ ), negativity ( $t=2,15$ , at  $t_{cr}=2,11$ ,  $p<0,05$ ), before and after the conducting of the training have been determined.

The obtained results allow to draw the conclusion that the elaborated correction program for the decreases of the aggression manifestation in the teenage years (11-13 years) through the use of methods of the sandplay therapy is effective and can be used in the work of teachers and psychologists. The prospects of the further researches are the compilation of the correction program for teenagers.

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