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Aggression in Children in the Light of the Socio-Cognitive Theory

Abstract: The article includes information on the types and forms of aggressive behavior and mechanisms of aggression in children. In addition, there are presented the assumptions of socio-cognitive model of work with aggressive children. The paper is mainly addressed to people working with children, concerned about their aggressive behavior and aware the hitherto methods are not sufficiently effective.

Key words: Children, aggression, aggressive behavior, socio-cognitive model of work with aggressive children.

Types and forms of aggressive behavior

The phenomenon of aggression has existed since the dawn of history. However, this issue was reflected in research only in the second half of the 20th century. Today, aggression is an everyday problem. Aggressive behavior can be observed at home, school and in closed institutions. Since aggression is an ambiguous concept, it sparks theoretical and research interest in representatives of many scientific disciplines. This article aims to familiarize the readers with the types and forms of aggressive behavior, mechanisms of how aggression is created as well as the assumptions of the socio-cognitive model of working with aggressive children.

Deliberations on the phenomenon of aggression in children should provide for the statements assumed within specific conceptions, and relativize these ac-

ording to age category. This requirement also applies to the distinction made in the cognitive theory – between aggressive behavior and aggression (Urban 2012, p. 27). According to Bronisław Urban, “This distinction is based on defining aggression in two ways i.e. in terms of structure and process. The structural approach results in a concept of aggression that refers to frequent manifestation of aggressive behavior. In the case of children, aggressiveness may be treated as a potential phenomenon – not as a trait or habit (Urban 2012, p. 27). Maria Libiszowska-Żótkowska believes that aggression (from Latin *aggressio* ‘an attack’) is one of the manifestations of a hostile attitude in interpersonal relations (Libiszowska-Żótkowska 2008, p. 7). In the opinion of David Myers, the term aggression can be used to refer to “any verbal statements or behavior intended to cause harm or destruction, undertaken due to hostility or as a conscious and intentional means to a specific end” (Myers 2003, p. 683). On the other hand, Ewa Czerniewska-Koruba stresses that aggression is a conscious and intentional activity aimed at causing broadly-defined harm to someone (Czerniewska-Koruba 2014, p. 6). Rawell Huesmann, Daniel Guerra, Stephen Miller, Arnaldo Zelli (1993) describe the concept of aggression as: 1) Behavior with intent to cause damage, potentially or actually leading to consequences that are negative to others, such as: pain, suffering, loss of appreciated values; 2) An internal emotional-motivational state of an individual, characterized by anger, irritation, wrath as well as a desire to cause harm and destruction (Zumkley 1993, pp. 157–167).

According to Adam Frączek, aggression is an activity whose purpose is to inflict harm and result in loss of appreciated values, to cause physical pain or moral suffering to another human being (Frączek 1979, p. 93).

Artur Kołakowski divides aggression into verbal and physical aggression. In his view, “this division is important from the standpoint of diagnosis and selection of the therapeutic strategy” (Kołakowski 2013, p. 18).

Zbigniew Skorny distinguishes four types of aggressive behavior:

- 1) frustration aggression – the frequency at which frustration and distress occur in an individual; it directly determines aggressive behavior;
- 2) imitative aggression, in the course of which aggressive behavior results from being influenced by specific models of behavior. Occurrence of this type of aggression is the result of involuntarily mimicking the model of aggressive behavior, from which the given person has contact in his/her surroundings. The aggressive person identifies with people of significance who exhibit similar behavior. In the case of children, the people of significant may be the villains in films or cartoons;
- 3) instrumental aggression – the goal of activity is achieved through an appropriate strategy of conduct. This strategy is shaped under the influence of previous life experiences and consolidates/strengthens the actions that benefit the given individual. Occurrence of instrumental aggression may be supported by an improperly formed hierarchy of values whose first priority becomes

striving, at all costs, to achieve personal success without taking the needs or interests of others into account;

- 4) pathological aggression – results from pathological processes that take place in the nervous system. As a result of activation of physiological mechanisms, the affected person exhibits disorders in behavior despite the fact that there is no frustration and no model of negative behavior or goals of activity (Skorny 1968, p. 45).

In the opinion of Ewa Czemirowska-Koruba, the most commonly observed forms of aggression at school are:

- 1) physical aggression – hitting, kicking, spitting, pushing, pulling, extorting money, taking things away, damaging property;
- 1) verbal aggression – teasing, name-calling, laughing at, insulting, ridiculing, disturbing, threatening, spreading gossip, showing indecent gestures;
- 1) relational aggression – aggression without physical contact, which consists in actions intended to lower someone's status in the group, exclude them from the group, isolate, weaken their position in the group, ignore and refuse to talk to them;
- 1) digital, electronic aggression or the so-called cyberbullying – bullying using new technologies, e.g., sending of offensive text messages and emails, leaving obscene posts on social networking websites, uploading photos and videos that ridicule a peer, publicizing secrets, provoking of certain behavior and documenting/publishing them using photos or videos (Czemirowska-Koruba 2014, pp. 7–8).

In the last decades, many empirical studies were conducted and developmental theories were created that are the basis for distinguishing two different forms of aggression: reactive (hostile) aggression and proactive (instrumental) aggression. This division covers both behavioral aspects and internal motivational processes. In Polish source literature, analyses of behavioral criteria of typological differentiation are dominant, whereas the internal criterion is taken into account only in the hypothetical dimension, which means that it is not based on research results. Among Polish researchers, Dorota Kubacka-Jasiecka comes the closest to defining the reasons that explain the use of personality criteria for division of aggression into reactive and proactive aggression. She analyzed the role of cognitive scripts and hostile attributions in aggressive behavior, but did not use the results of research on typological differentiation of aggression.

The concept of reactive aggression originates from the frustration-aggression model (Urban 2012 p. 32). This model was developed in 1939 by John Dollard, Leonard Dobb, Neal Miller, Orval Hobart Mowrer and Robert Sears (Larson, Lochman 2012, p. 17). Authors of the concept concluded that aggression is an emotional excitation caused by external factors such as a frustrating experience or disappointment, while aggression's purpose is to hurt another person, which constitutes the basis for the concept of the so-called 'hostile aggression'

(Larson, Lochman 2012, p. 17). The expressed proposition aroused interest also beyond the community of psychologists and contributed to intensification of empirical research on aggression (Frączek, Kofta 1978, pp. 641–642). Proactive aggression, on the other hand, was described based on the social learning theory by Albert Bandura and means a reaction controlled by external reinforcements. According to Myers, “aggressive reactions are more likely in situations where we have learned that aggression pays off. Children, who succeed in intimidating their peers by means of aggression, become even more aggressive. Aggressive behavior can be learned through direct rewards [...]. Children, who observe models of aggressive behavior while growing up, usually imitate them. Parents, whose children have behavior issues, often use corporal punishment thus modeling aggression as a way to overcome problems. It also happens that they succumb to the child’s tears and outbursts of anger” (Myers 2003, pp. 688–689). According to Artur Kołakowski, “Reactive aggression means hostile reactions that appear at the time of great frustration. The aim of aggressive behavior, therefore, is to defend oneself against a threatening, frustrating situation. In the case of intended aggression, the aim is to gain specific benefits. An example of the former may be a fit of anger in a teased and ridiculed child, and of the latter – a child threatening or hitting its peers in order to achieve a high position in the group” (Kołakowski 2013, p. 4). Jim Larson and John Lochman emphasize that “proactively aggressive children are often school bullies. Little emotion can be seen in their aggressive actions. Though they are not popular among their schoolmates, they undoubtedly often have leadership qualities as well as a keen sense of humor. They benefit from their aggressive behavior [...]. Reactively aggressive children are short-tempered students who easily become angry, even for trivial reasons. They are almost always disliked and rejected by their peers. They tend to be overly cautious, anticipate attacks and often mistakenly interpret their schoolmates’ intentions as hostile” (Larson, Lochman 2012, p. 18). Konrad Ambroziak and Artur Kołakowski believe that “children with behavioral disorders have strongly developed cognitive patterns suggesting that the world is a threatening place, other people are a threat, while force and aggression are effective ways to solve problems. This is often accompanied by low self-esteem and low regard of oneself, for which children compensate with aggressive behavior. They do not believe in their strength or ability to succeed. (Kołakowski 2013, p. 234).

The above description makes one ask: how do individual forms of aggression occur in children and what can be their cause?

Mechanisms of aggression in children

Children are subjected to social influences from the beginning of their lives, as a result of which they gain the so-called early experiences. Irena Obuchows-

ka distinguishes “emotional, cognitive and socialization experiences” (Obuchowska 2001, p. 50). In her view, a child’s emotional experiences primarily pertain to emotional bonds between it and people that are significant to it, whereas cognitive experiences always influence what is called the structure of the mind. Socialization experiences, on the other hand, are strictly connected to cultural models with which the child grows up.

It ought to be emphasized that aggressive behavior should be analyzed in the social context as well as in relation to the child’s level of development (Obuchowska 2001, p. 50). According to Kołakowski, in young children, aggression may be treated as completely normal behavior because it allows children to learn assertiveness, competitiveness in games, and success in struggling with everyday challenges (Kołakowski 2013, p. 180). He stresses that “approximately fifty social interactions of children aged 12–18 months are associated with various types of aggressive behavior. Thanks to these, however, children learn new social skills. At the age of 2–3 years old, they can solve more and more problems without resorting to violence – the rate of conflicts between children drops to about 20% of all situations. Between the ages of 2 and 4 years old, there is less and less physical aggression, which is replaced by verbal aggression. In five- and six-year-olds, aggression can already be used to win toys, a territory or position in the group. However, if physical aggression still dominates in a child at a school age, this is a bad signal that it has not acquired proper social skills. There is, therefore, a high risk that aggression will continue and intensify as an abnormal phenomenon. At this point, we rather cannot hope that, one day, the child will grow out of it. This is why it is necessary to integrate prophylactic and therapeutic influences as soon as possible” (Kołakowski 2013, pp. 180–181). In the opinion of Anatol Bodanko, “as early as at the age of six years old, children manifest characteristic patterns of aggressive behavior, only to achieve a higher or lower level of aggression at the age of eight. During adolescence, aggressiveness becomes a relatively constant personality trait. The youth, who are more aggressive, usually grow up to be more aggressive adults. Still, one should keep in mind that formation of aggressiveness is a long-term process conditioned by many factors” (Bodanko 1998, p. 17).

The socio-cognitive approach focuses on the creation and development of cognitive patterns that control aggressive behavior, as well as on the methods of processing social information associated with aggressive behavior. In the words of Ewa Wysocka, “these patterns refer to »self« and »world«, as well as the »self-world« relation. Therefore, in generating aggression, important is the egocentric cognitive orientation associated with failure to consider another person’s point of view [...]. In socio-cognitive terms, the most importance is attributed to control and self-control as well as to the individual’s stances and beliefs which approve aggressive behavior. This means that the more often aggressive behavior is reinforced by achieving the desired goals, the more frequently the individual chooses an action strategy based on aggression” (Wysocka 2013, pp. 18–19).

For the last 40 years, Bandura has been investigating the assumption that aggressive behavior is learned and can be controlled. He believes that man is a rational being which has mechanisms allowing self-control. This means that people can think about their behavior and consequences thereof, and are able to draw conclusions from observing the behavior of others (Larson, Lochman 2012, p. 19). According to Bandura, “people are not equipped with an innate repertoire of behavior. They must learn it. Of course, biological factors play a certain role in the process of acquiring behavior. Genetics and hormones influence physical development which, in turn, may alter predispositions to certain forms of behavior [...]. Much of the so-called instinctive behavior contains a large learned component” (Bandura 2015, p. 32). He emphasizes that children come into the world with some skills like, for example, the ability to produce basic sounds, but they cannot talk at birth. This process takes place through learning” (Bandura 2015, p. 32). The same is true for development of aggressive behavior. It should be noted that this is a process in which mutually-determining factors have a significant meaning. Among these, Bandura mentions:

1) Assimilation through observation

According to the social learning theory, new behavior is learned via direct experience, or through observation of such behavior in other individuals. The behavior that leads to succeeding is assimilated and stays in the behavioral repertoire, while that which is ineffective is rejected. Larson and Lochman reckon that “children learn aggressive behavior partly through observation of the effects of aggression in others. Growing up in an environment where they observe aggressive behavior that usually bring benefits, they may assume that this should also work in their case” (Larson, Lochman 2012, p. 19).

2) Direct experience

Aggressive behavior may also be assimilated by way of the differential of reinforcement – by getting involved in it. In an environment where there is an opportunity to achieve positive results of aggressive behavior, a child learns it and transfers it to other surroundings. Once the desire for power or pleasure is satisfied thanks to application of aggressive behavior toward peers or adults, the child concludes that such behavior pays off. If, however, the child’s aggressive behavior meets with the parents’ reluctance, it is less likely that the child will display aggression in another environment (Larson, Lochman 2012, p. 20).

3) Self-adjustment

Self-adjustment, which means the ability to choose behavior based on the predicted consequences, is an enormously important component of the social learning theory. In the opinion of Larson and Lochman, “the situation and the stimulating circumstances have an impact on this choice because the considered consequences differ in various circumstances” (Larson, Lochman 2012, p. 21).

If a child, who is on school premises and in the company of its colleagues, receives a nonverbal signal of mockery from another child, it may react with ver-

bal aggression. This could be different in the company of its parents or in another place e.g. at church. “Different circumstances provide hints on the possible consequences of undertaken actions, which gives an opportunity to adjust. Children brought up in homes and/or environments where they receive positive signals following aggressive behavior, often find it very difficult to switch or to consciously adjust to the situation at school” (Larson, Lochman 2012, p. 21). It ought to be noted that assimilation through observation, direct experiences and self-adjustment generally do not occur separately but rather interact with each other. “Children, who have been taught by experience to choose aggressive reactions, can also very often expect aggressive behavior of other people directed against them. Such expectation further influences development of aggression in the child (Larson, Lochman 2012, p. 21). According to Barry Glick and John Gibbs, “direct learning of aggression occurs by observing others who act aggressively and who are then rewarded for such behavior” (Glick, Gibbs 2011, p. 6). Said authors stress that development of aggressive behavior in children is influenced by the family, school and social environments as well as the media. They believe that aggression is aided by:

- 1) weak family and social ties;
- 2) being the frequent object of aggression;
- 3) observing acts of aggression that bring success;
- 4) experiencing frequent positive reinforcements in return for acts of aggression;
- 5) inadequate processing of information (e.g. erroneously attributing hostile intentions to others);
- 6) deficits in moral inference (e.g. inability to assume the perspective of other people);
- 7) deficits in the scope of identification and application of alternative social skills in situations that cause anger (Glick, Gibbs 2011, pp. 7–8).

In addition, Ambroziak and Kołakowski emphasize that aggressive behavior appears in the mechanism of self-fulfilling prophecy: if I am angry, then I behave angrily and thus affirm the pattern of ‘I am angry’. These authors reckon that “many cognitive deformations appear in such children’s way of thinking. They understand everything in terms of ‘all or nothing’ ” (Kołakowski 2013, p. 234).

Planning of therapeutic and intervention activities requires knowledge of the factors that influence creation and consolidation of aggressive behavior in children. The social learning theory provides cognitive-behavioral foundations that are highly useful when undertaking effective actions.

Socio-cognitive model of working with aggressive children

Children who are unable to comply with certain rules often face consequences in the form of punishment, but this does not change their attitude. In relation

to aggressive children, this system currently seems to be ineffective because it constitutes merely a reaction to an individual's behavior – not an action aimed at reducing this behavior. According to Czemirowska-Koruba, factors which may have an influence on the low effectiveness of aggression prevention at schools include:

- 1) insufficient knowledge of the aggression phenomenon;
- 2) the teachers' insufficient level of practical educational skills;
- 3) undertaking 'stop-gap' and ad hoc measures instead of long-term ones;
- 4) no reaction to aggressive behavior; tolerating instances of seemingly harmless behavior such as name-calling and mocking;
- 5) no consistency in the actions taken by the teaching staff;
- 6) insufficient cooperation among the teachers;
- 7) overrating the role of restrictive, legal and monitoring actions (Czemirowska-Koruba 2014, p. 5).

A traditional educational system assumes that an individual who displays aggressive behavior knows how one should behave. It fails to consider that, at home and/or school, children face challenges that are beyond their ability to cope with aggression because they have not acquired emotional or social skills allowing to successfully manage difficult interpersonal situations. Children, who display aggressive behavior, need help thanks to which they would learn to self-adjust anger, to control impulses, to communicate (with particular emphasis on skills allowing to solve conflict situations). When planning work with children who manifest aggressive behavior, it is necessary to know the factors that influence creation and consolidation of aggression. When undertaking measures addressed to aggressive children, one must decide what skills they are supposed to learn. These measures should aim to modify cognitive processes so as to enable the individual to enter into positive social relations. Hazel Markus concluded that "if we want to understand and predict behavior of a person, we must first understand the way they perceive and understand the world around them" (Markus 1993, p. 102). Larson and Lochman claim that aggressive children are characterized by an impulsive style of thinking, due to which, during social contacts, they spend less time on careful evaluation of the received sensations and perceptions as well as decisions regarding the way in which to react. Information is processed impulsively and automatically. Thought patterns in these children may influence this automatic process in many different ways. Individuals who display aggressive behavior reckon that one must respond to provocation as quickly as possible, without thinking about possible solutions to the problem. Such conviction may be the result of a real danger that a child experienced in its life. When this is very deeply rooted, however, the child cannot distinguish the circumstances in which this belief stops being useful. Furthermore, due to internal excitement and emotions, these children process information violently and impulsively (Larson, Lochman 2012, p. 39). It ought to be pointed out that aggressive behavior results from a specific emotional and motivational state and is a manifestation thereof. In work with

children who show aggressive behavior, Larson and Lochman propose application of a socio-cognitive model of work called 'Anger Coping Program'. The program is based on methods for adjusting behavior through a strategy of reinforcement and incurrance of costs. Creators of the program stress that "positive reinforcement means demonstrating the effects immediately after an instance of behavior, which increases the likelihood of it being repeated. According to Bandura, "the immediateness of effects is undoubtedly important in the case of young children who find it difficult to relate actions to results when some time passes in between or when other activities are performed" (Bandura 2015, p. 105). Larson and Lochman notice that inexperienced therapists often complain that a child does not respond to positive reinforcement. In the opinion of the authors, this is confusion of notions. By definition, positive reinforcement must have an effect on the child's behavior provided that the therapist has taken an appropriate measure (Larson, Lochman 2012, p. 91). Information that comes from the surroundings and is processed by the child constitutes an element of forming cognitive skills in such child. In the treatment of aggressive children, emphasis must be put on the child's strong points – every, even the tiniest change in their behavior must be noted and the child must be praised for any progress achieved. Expanding their vision with a positive image will allow them to correct wrong cognitive patterns of their own self-evaluation. This is how one can verify the 'vicious circle' in which the thought of being bad affirms bad behavior, and the affirmed thought leads to further instances of bad behavior (Kořakowski 2013, p. 234).

According to Glick and Gibbs, every act of aggression has many reasons which reside both inside and outside of the child. Aggressive young people often present poorly developed interpersonal and socio-cognitive skills. Children with deficits do not have the necessary knowledge or ability to ask instead of demand, negotiate, seek compromise or otherwise properly respond to a difficult situation or conflict. Instead, they show aggression and thus satisfy their desire for instant gratification. They succumb to excitement or agitation and become aggressive. These children lack the skills necessary to cope with frustration as well as competence in other important personal areas. Their impulsiveness and excessive dependence on aggressive ways to achieve goals often reflect deficiencies in anger control skills (Glick, Gibbs 2011, p. 17). Clive Hollin stresses that "when an individual notices and understands the behavior of other people, he or she must decide on a proper reaction. This type of decision-making process requires the ability to generate correct ways to behave as well as to consider any possible alternatives and their likely consequences" (Hollin 2013, p. 8). In children who display aggressive behavior, selection of the proper reaction seems impossible because they do not have the skills allowing them to make the decision. In this situation, a particularly important role is played by 'processing of social information' namely the cognitive processes that take place during the individual's reaction to a specific social (interpersonal) situation. It is especially important to understand how the child

perceives social signals, how it creates connections between these, generates possible solutions and, finally, how it decides on the way in which to respond to the situation (Larson 2012, p. 29).

In work with individuals who exhibit aggressive behavior, Glick and Gibbs propose application of 'Aggression Replacement Training' or ART. The training is a cognitive-behavioral method developed in the 80s of the twentieth century by doctor Arnold Goldstein together with his colleagues in the United States. ART consists of three modules: Social Skills Training, Anger Control Training, and Moral Reasoning.

The Social Skills Training constitutes a psychoeducational intervention designed to teach socially-acceptable behavior.

The sessions cover four procedures:

1. Modeling – the trainer shows examples of the forms of behavior that make up the given skill.
2. Role playing – creating opportunities for guided testing and implementing of the steps that make up the individual skills.
3. Feedback about performance – rewarding, repeated instructing and telling how well the given skill was performed while playing the role.
4. Training of transferral – encouragement of the individual to get involved in activities designed to increase the chances that the practiced skill will stand the test of time and be available when it turns out to be necessary (Glick, Gibbs 2011, pp. 18–20).

Anger Control Training – the affective component of ART – shows the participants of what actions are not allowed. Its purpose is to teach an individual to suppress anger using the following 'chain' of behavior:

- 1) identifying the triggers – recognizing events and internal judgments that cause aggressive reactions;
- 2) receiving signals – recognizing individually experienced body conditions such as, e.g., tense muscles, reddened face, clenched fists;
- 3) using the so-called anger reducers – using a set of techniques aimed at reducing the level of anger, e.g., deep breathing, counting backwards, imagining a peaceful scenery;
- 4) using the so-called prompts – uttering statements to oneself such as 'keep calm', 'relax', 'nothing happened';
- 5) thinking about the future – making an evaluation of the likely consequences of one's own behavior ('if I do this, that may happen later');
- 6) performing a self-evaluation – thinking about how well one has coped in a conflict situation (through identification of the triggers and signals as well as the use of anger reducers), then rewarding oneself for an effective performance or instructing oneself to change the performance (Glick, Gibbs, pp. 18–20).

Moral Reasoning sessions are the cognitive component of ART. They help to increase the levels of honesty and justice in the participants as well as to make them consider the needs and rights of other people more.

Moral Reasoning session include four phases:

- 1) presenting the problematic situation;
- 2) cultivating moral maturity;
- 3) reducing deficiencies in moral development;
- 4) consolidating moral maturity (Glick, Gibbs 2011, pp. 18–20).

According to Robert Opora, “the purpose of teaching cognitive skills is to learn how to cope with one’s own behavior through introducing and developing processes of self-control and assuming responsibility for one’s own behavior [...]. These specific qualities include: problem-solving skills, social skills (positive interactions with others), skills allowing to deal with emotions (especially anger) and empathy skills” (Opora 2010, p. 15). Actions based on this approach allow to correct erroneous thought processes, thus shaping more socially desirable forms of behavior. The purpose of these interventions is to teach proper skills, change the way of thinking, teach attitudes and expectations, which helps to function correctly in social interactions (Opora 2010, p. 16).

The cognitive approach is, essentially, a process through which individuals are guided to evaluate their thoughts, feelings, views and attitudes in order to find a new way of thinking that can limit aggressive behavior.

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