

MEDICAL AND SOCIAL APPROACHES REGARDING THE CONCEPTS OF HUMAN AGGRESSION AND VIOLENCE

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Abstract: This research belongs to a priority area of public health, that is interpersonal violence. Taking into account that nearly 9% of all deaths are due to injuries secondary to interpersonal aggression, we believe that a holistic approach to the phenomenon of interpersonal aggression and violence goes beyond socio-philosophical sciences. Social burden and the strain posed to the health system as a result of the psychosomatic pathology secondary to aggression require redefining the role the health sector plays, in both the traumatic patient's health care and within the policies to prevent and combat violence. For this reason, the traumatic patient's current physician and the health professionals within the decision structure should have a complete and complex vision of this bio-psycho-social phenomenon. Purpose: The article represents a systematic review and a meta-analysis of the current approaches on the concepts of interpersonal aggression and violence. There were studied paradigms and interpretations belonging to the most famous names in the field of human sciences.

INTRODUCTION

According to the World Health Organization (WHO), every year, worldwide, about 5 million deaths are caused by body injuries, a figure which represents about 9% of all deaths.(1) Of these, over 1.6 million are caused by violence. Data from high-income countries show that for each deceased person by serious injury, about 30 people are hospitalized for non-fatal injuries and 10 times more people receive care in hospital emergency services without being hospitalized.(1) Many people who survived the body injuries remained with disabilities and somatic or psychological disorders. Interpersonal aggression disproportionately affects the young adult population, active socially and economically, which transforms the individual's medical and social issue into a public health problem at society level. The social burden and the strain posed to the health system as a result of the psychosomatic pathology secondary to aggression require redefining the role the health sector plays in the policies to prevent and combat violence, as well as in the need to reorganize the health services in order to ensure high availability for the postaggression pathology. (2)

Short preview upon concept's outcome and implications

A study conducted in 52 countries surveyed by WHO concluded that all forms of violence can be studied, predicted and prevented.(3) According to the same source, if 2 of 3 violence deeds should be prevented, we could save 500.000 lives annually, which would eliminate suffering and allow all social sectors, including the health sector, to redirect resources to other priorities.

The attention given to prevent violence by the experts in the public health field has increased substantially, Medline quantifying an increase of 550% in the number of publications on violence during two decades.(4)

Aggression and violence are manifestations of the behaviour that accompanied the historical evolution of human societies, as a way of life and survival. In our century, the violent behaviour has become a “social disease”, (1) with a

massive presence in the everyday life. Amplification of violence is a global trend, but the frequency and severity of the violent deeds are more expressed in countries in transition as against the Western ones.(5)

At the same time, societies' evolution has led to the change and diversification of the types of violence. Accidental, “passion” violence has been replaced by a rational violence associated to organized crime and terrorism, where the aim is both, the violation of individual's rights and freedoms, and the dissemination of the feeling of fear and insecurity in the individual and society. At the same time, recent decades reveal a tendency to the “internationalization” of violence, (6) to overcome the geographical boundaries.

Intensification and diversification of violence and aggression led to increased measures and interventions from specialized agencies (police, justice, administration) and public opinion, and the creation of new bodies of social control. The failure of efforts to control the phenomenon of violence lies in multicausal nature, in the variety and intensity forms of expression, and in the perpetuation of the political structures, unable to manage the social and economic inequalities and to provide adequate support in times of social or individual crisis.(7)

The efforts to define, interpret and analyze the two terms show features strongly related to the etiologic profile, geographical and cultural environment of manifestations, but also to the effectiveness of the control mechanisms. Each society is characterized by a level of tolerance regarding the aggressive behaviour in relation to its social and cultural norms. Violence that escalates this level is condemned by the public sense. Violence and aggression are terms that belong to both, the active vocabulary of the Romanian language and to the specialized vocabulary of social sciences and human health.

The efforts to identify the etiology and to measure the medical and social consequences of the so-called aggressive behaviour have imposed a strict nosological classification, but also an operational definition of these concepts. The attempts to

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define the two notions raise many controversies due to different approach perspectives by the analysts of different areas: sociologists, psychologists, psychiatrists, criminologists and political scientists. The criteria for assessing violence depend on social norms appreciated as being violated, by the reaction of the members of the society and by the tolerance level of the respective society.(1,9,10) In the meantime, the two nosological classifications of the two concepts are relative both spatially and temporally, being strongly influenced by the historical, cultural and social backgrounds of societies, by the variety of forms and their mode of punishment.(1)

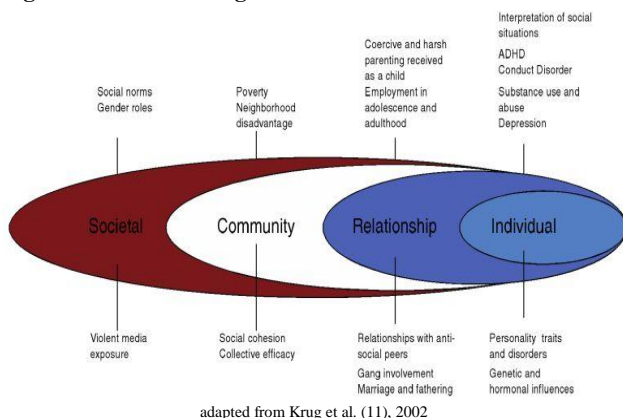
From the psychosociological perspective, the worldwide accepted definition of violence, as described by Pieron, lead to the intention to harm, to prejudice another person: “a behaviour characterized by the act of attacking, unlike the fight refusal or flee from the face of difficulties”.(14).

In our country, Gorgos gave the guideline of social approaches of violence: “Ensemble of hostile behaviours that may occur at conscious, unconscious, phantasmal level with a view to destruction, degradation, coercion, denial or humiliation of the an object invested with meaning, behaviour perceived as such and unprovoked by this one”.(10)

On the other hand, these purposes are not mutually exclusive, many assaults are directed to the attainment of some or all of these purposes.

The WHO provides a holistic definition of violence accentuating the intentional nature of the violent deed, excluding the incidental or accidental circumstances in the exercise of violence. At the same time, the definition addresses violence through victim-aggressor relation and includes all types of violence: self-harm, heteroaggression, physical, psychological, sexual violence, deficiency or lack of care as an expression of the violent behaviour: “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (figure no. 1).(11)

Figure no. 1. The ecological model of violence



Generally, the notion of violence designates the use of voluntary force against another person, while aggression is the behaviour targeted to produce physical or psychological harm to another person. Thus, an aggressive deed can manifest itself in violent or non-violent forms, violence being the major form of expression of aggression. It must be pointed out that aggression is not synonymous with antisocial behaviour, whose extreme forms of manifestations are delinquency and crime. On the other hand, aggression is not always oriented to harm a person, sometimes it is a form of expressing the aggressor’s force, as it happens in certain sports.(12)

From the perspective of the present research, much interest is given to the classification proposed by Wieviorka, according to which violence can be individual or collective.(13) Individual violence can be criminal or noncriminal. Criminal violence can be deadly (murder), body-targeted (collisions, injuries) or sexual (rape). Noncriminal violence occurs in cases of suicides or accidents. Collective violence is subdivided into the violence of some organized groups, against authorities’ power (terrorism, strikes, revolution), violence against citizens (state terrorism, institutionalized violence) and paroxysmal violence (wars). In most cases, the aggressor motivates his crime as being the end of a process without alternatives, since anyone in his place would have done the same.

CONCLUSIONS

Based on the paradigm of violent behaviour, this brief look at the evolution of the concepts of violence and aggression illustrates the importance of identifying predictive factors of aggressive manifestations. Also, the research on the biological basis of human aggression and social and psychological variables that determine patterns of aggression should be the guidelines of actual and future social behavioural studies. Meanwhile, early social intervention can be directed to teenager whose personality is emerging towards the development of prosocial behaviour toward cognitive skills training to increase tolerance to frustration, self-control and self-esteem.

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