

AGGRESSIVENESS: A COMPLEX, INTERACTIVE, HETEROGENEOUS AND OPEN CONCEPT

ABSTRACT:

The article underlines the fact that aggressiveness is a concept which is incorrectly substituted by its abnormal component or simply by aggression and, moreover, it is based on unilateral definitions. In reality: it refers to a mental structure with holistic organization; it is part of a multi-systemic context marked by subjective factors and moral, socio-cultural, legal laws as well as group and individual rules which are continuously shifting; it relies on and operates with some complex and unrigorously defined notions which are intensely marked subjectively (aggression, aggressor, victim and witnesses); it has an interdisciplinary character which interactively engages three instances (the person invested with aggressiveness, the subject or the object towards which it is directed, the community and the social instances meant to set rules, laws and constrictions and to evaluate the relationship between the first two, each operating with standards of normality which do not completely overlap); it has medico-legal implications; it has both a normal and an abnormal side. Moreover, the abnormal aggressiveness has an arguable status and mobile and relative frontiers. All the above support the statements made in the title and the opinion according to which it would be preferable to refer to normal aggressiveness as combativeness.

Key words: aggressiveness, aggression, combativeness.

Moto: *Aggressiveness is such a general phenomenon that is seems inherent to life itself.*

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1. INTRODUCTION

Aggressiveness seems an easy concept to define. While the **Explanatory Dictionary of Romanian Language** (1984) speaks of “the ability to be aggressive”, P. Popescu- Neveanu (1978) defines it as “destructive and violent behaviour directed toward people, objects or to oneself” and N. Sillany (1996) as “a tendency to attack ... a bellicose character of a person.” These are formulations that ignore both its normal side and the fact that abnormal aggression may be also expressed in the form of inaction with the aim of producing an injury or showing indifference to someone else’s suffering, or, sometimes, enjoying the satisfaction generated by it. Moreover, there is a lot of discussion today on abuse directed especially against children and the elderly through neglect.

In fact, the definition of aggressiveness is not easy to shape. This remains true even if the interest is limited to its abnormal side, as evidenced by the above definitions and by psychiatrists who routinely do so by nature of their profession. Unfortunately, abnormal aggressiveness is often confused, mistakenly, with aggression, aggressive behaviour or violence, which are, it is right, the most relevant forms of exteriorization of abnormal aggression. Even so, speaking of aggression,

McGuire and Trois (1999) argue that, although there are many definitions for it, none of them is completely satisfactory. For this reason, the author prefers to provide an analysis of how aggression is classified, that he considers more instructive than a definition that forces the inquisitive mind to recognize the existence of numerous exceptions to the rule.

The truth is that aggression is part of a wider spectrum of interdependent entities where, besides elements such as: *aggression*, *aggressor* and *victim*, there are the numerous social organizations called to shape them. This entire context with interdisciplinary implications (and its constituent parts) is characterized by approaches that differ from one another according to the explanatory model adopted, each with its limitations, and by the wider or narrower scope that one might desire to adjust it to. In addition, the domain and its constituent elements are:

- intensely marked by constantly changing subjective factors and moral, socio-cultural, legal laws as well as group and individual rules;
- defined and assessed by law courts operating with criteria and measuring units which do not fully overlap,
- have forensic implications.

In turn, aggressiveness is an extremely complex phenomenon that:

- represents a way of mental structuring with a holistic organization;
- is interdisciplinary in nature and multi-systemic;
- builds on and operates with complex concepts,

some of which are not rigorously shaped, being heavily marked by subjectivity;

- has a normal component that extends well beyond abnormality, which usually captures the attention.

2. A FIELD HIGHLY INFLUENCED BY CONTINUOUSLY CHANGING SUBJECTIVE FACTORS AND MORAL, SOCIO-CULTURAL, LEGAL LAWS AS WELL AS GROUP AND INDIVIDUAL RULES

They operate at all levels.

It is easy to accept that in all the concepts and components that revolve around aggressiveness, the subjective factors play an important role. It is an aspect that we shall deal with later, with examples. In the following lines, we shall refer only to the role of social and subjective factors.

2.1. Social factors. We will not go into detail because we believe that at present there are sufficient arguments to support the close interaction between the biological and social factors. There are views arguing that the latter have a priority role. Very synthetically, Bogdan (2009) stresses that human social factors make a difference, since they both initiate and intensify the biological predisposition and generate and diversify their form of expression, their orientation and subtlety. Thus, we speak of specific manifestation forms of aggressiveness such as psychic, moral, intra-familial and social aggressiveness, rape, incest or discrimination, as well as of aggressiveness as learned behaviour.

2.2. Subjective factor. It is an especially noteworthy element because, in this area, subjectivity is engaged differently and even divergently at each level and by each of the parties involved. It is a complicating factor that transforms the concepts at play and, ultimately, the concept of aggressiveness itself into relative elements.

In fact, we do not say anything new when we remark that actions bearing the label of “normal” or “abnormal” aggressiveness, whatever their nature, are based on reasons, intentions, explanations, justifications and interpretations that express individual views, not to mention the cases that are subordinated to abnormal aggressiveness, where novelty is the rule. Subjectivity is reflected in ambition and perseverance, in the ability to commit resources and unexpected physical or psychological force in order to achieve the

goal, in the winner’s mentality, in the pleasure of acting in a certain way and, especially, in the pleasure to do harm. Subjectivity requires biased interpretation of facts, their deliberate distortion, and the gross falsification of reality and even the convincing support of statements, interpretations or opinions despite indisputable evidence that they are incorrect.

There are situations where the control of actions is diminished by particularly intense emotional factors, (anger, rage, hatred, violent moments, affective crises accompanied by the narrowing the field of consciousness) which dominate, at least for a while, both the rational mind and the full deployment of the facts.

Subjectivity also influences the way actions marked by aggressiveness are perceived and interpreted by the aggressed person or even by the surrounding community. In this way, the same offense that meets all of the characteristics of an action based on aggressiveness can be appreciated and understood very differently. Opinions may be admiring or objectionable (e.g. opposing views of supporters at sporting tournaments), or may be modified so as to the view a genuine attack as an act of justice, a well-deserved punishment or an injury with dimensions varying greatly, depending on various factors particular to the individuals who are required to assess it. Such situations are created that, sometimes, a father giving a slap to his own son comes to be considered “child abuse” that should be punished.

Sometimes, not only are the victims, for various reasons, unaware of the aggressiveness, because they do not recognize it, or even deny it, but they may also consider it a justified punishment, that they may want and even request. Seen from the outside, suicide may seem self-directed harm, while for the perpetrator it may be a salvation. It may also be performed in order to punish someone. A sado-masochistic relationship, too, is appreciated very differently by the persons involved and by an outsider. Irony, sarcasm, jokes are also perceived differently according to individual circumstances or background. A seemingly trivial injury may affect unsuspected sensitivities, which, in turn, can generate uncontrollable responses. Examples may thus continue.

If, to all these, we add the ever changing moral, socio-cultural and legal factors, as well as the divergences created among them, we understand the difficulty of shaping a unified view of those directly or indirectly involved, a fact which sometimes requires annulment of rules and the recognition of exceptions.

3. THE CONSTITUTIVE ELEMENTS OF THE FIELD ARE SUBJECT TO DEFINITION AND TO ASSESSMENT BY INDEPENDENT LAW COURTS OPERATING WITH STANDARDS OF NORMALITY, WHICH DO NOT FULLY OVERLAP

It is known fact that moral, socio-cultural, individual and legal norms operating in this domain are not identical. It is not so important that some of them are more concessive than others, but there are many divergent options, too. The phenomenon has direct impact on stability and rigor of the notions on which the concept of aggressiveness is based and on the field in which it is involved.

4. FORENSIC IMPLICATIONS OF THE DOMAIN

There is a direct, indisputable link, between aggressiveness, mental health and the violation of civil rights. For this reason, one cannot deny the participation of legal and healthcare sectors in defining aggressiveness and the concepts on which it is based and with which it is interacting. First, the legal sector has the burden to establish legal norms that define aggression, abnormal aggressiveness, the aggressor, the damage and its size, the guilt, the mitigating or aggravating circumstances, the quality of witnesses and their role, sanctions and generally everything that serves to regulate the issues connected to the conflict between the parties. In turn, the health sector, through its psychiatric services, and the forensic commission, has to certify and assess by means of their specific tools the mental health of the aggressor, the victim and the witnesses, their power of discernment, and the risk of relapse.

5. AGGRESSIVENESS IS A WAY OF MENTAL STRUCTURING WITH HOLISTIC ORGANIZATION

One can say that aggressiveness is more than a simple psychological trait, as it is usually considered. In fact, it expresses an individual's particular way of being inherently dynamic, respectively of reacting to external and internal stimuli, which leaves a mark on all mental processes and functions. Therefore, one can speak of an aggressive way of thinking, speaking, of perceiving, acting, reacting or working, of enjoying oneself, of suffering and loving, and, generally, of to

being. The expression of this way of being is reflected in various thoughts and feelings, in actions or inactions, in attitudes, aspirations, normal or abnormal behaviours, in a word, whatever defines an individual.

6. AGGRESSIVENESS IS BASED ON AND OPERATES WITH COMPLEX CONCEPTS, SOME OF WHICH ARE NOT RIGOROUSLY SHAPED, BEING HEAVILY MARKED BY SUBJECTIVITY

We mean primarily the concepts of *aggression*, *aggressor*, *victim*, and *witness* all of them the being variously outlined according to moral, subjective, socio-cultural and legal factors.

6.1. Aggression. In a simple but incomplete enunciation, aggression is defined as "assault against a person or a state" (DEX-1984). We consider it an incomplete definition from a number of reasons:

It focuses only on more or less violent actions, ignoring both inactions and more subtle forms of aggression, more or less disguised, which can also be called aggressions;

It omits the fact that aggression can be directed against animals, objects or against oneself;

Allows someone to suppose but does not expressly specify whether the aggressive act is deliberate. As a rule, aggressive acts seek to deliberately inflict an injury and/or obtain benefits consequently. In fact, aggression is a complex phenomenon with many manifestations at social or individual level, with cultural, subjective and legislative overtones, with changing elements that do not allow a flawless definition.

We believe that we can define aggression as: disallowed deeds (actions or omissions), generating damage intentionally, that are directed voluntarily against beings or things and, with some exceptions, are committed with malice, in the interest of the perpetrator and at the expense of the victim. Thus, the definition highlights both the negative, intentional character of either actions or omissions, in disagreement with the victim, and in the interest of the perpetrator. It also implies the existence of exceptions to this rule. In addition, and very important too, phrases such as "illegal actions" and "exceptions" highlight the openness of the concept. In addition, worthy of note is the part that emphasizes the fact that aggression is an interactive phenomenon. It opposes two entities: on the one hand, the aggressors who normally follow consciously and maliciously an intended purpose in their interest,

on the other hand, the victims who suffer the consequences.

The claim on the openness of the aggression concept is supported by two arguments:

The first argument is offered by the existence of many forms of behaviour, with uncertain status, that fuel ongoing processes of decriminalization and identification of new types of aggression. On the one hand, there is a removal of constraints imposed by social norms in the areas of sexuality, family status, treatment of addictive states, etc, which limit the individual's rights, and, on the other hand, there is a process of nominating new and varied forms of abuse. Today, even in areas of educational constraints and overloaded school curricula, the issue of abuse is constantly on the agenda, while the opposite attitude is justified by their well-meaning character.

The second argument of the open nature of the aggression concept is the presence of exceptions, the events that particularly aggressive by nature. They are set aside because either they have a special motivation, or they lack one or it is difficult to prove the presence of important features to confirm their status as aggressions. We have to consider the following aspects: whether the malicious act was consciously aimed at the victim, the opposition of the victim and/or the capacity of one or of both parties to evaluate the facts and their consequences. There are issues that normally should exclude the idea of aggression. Otherwise, one would also invoke aggression in the following situations: certain behaviours which, although involving damage and victims, are the most necessary, most common or natural human acts, attitudes and actions; traffic accidents, damage caused negligence, inadvertence, mistakes; or in young children, as sometimes it is erroneously proceed. However, normally the following situations are allocated in this category too:

- *Aggression committed by subjects in the context of severe psychiatric disorders.* These illnesses have particular dominant symptoms that nullify or distort some of the basic criteria that define aggression and aggressive manifestation, marginalizing those aggressive manifestations that become a subordinate symptom of the mental illness. For these reasons, this time, the emphasis is on the basic psychic distress that dictates how the offender and his/her actions should be addressed. Included here are:

- Aggressions committed against a background of quantitative or qualitative disturbances of consciousness, especially crepuscular states, psychomotor

seizures, but also those committed under the influence of toxic conditions - alcohol, drugs, in some dementia or severe mental deficiencies. In all these cases the intention, the ability to evaluate actions, to anticipate and deal knowingly with the consequences of the deeds and appreciate them properly are questionable if not absent. One may also include here self-injury manifestations present in Lesch-Nyhan syndrome, in some dismetabolic states or in severe mental deficiencies, with or without autistic notes, whose mechanism of production is too little known;

- Hetero and self harm events, with an obsessive-compulsive substrate, found primarily in Gilles de la Tourette disorder or in some cases of autistic disorder (Milea -2008), especially where the patient has a preventive behaviour of the form called "self-restraint" which confirms the compulsive manifestations (Silverman et al -1984). That their substrate is situated in the deeper layers of the psychic makes one assimilate these events to aggression as an expression of abnormal aggressiveness. At the same time, the benefit achieved by the release of emotional tension that accompanies the obsessive-compulsive phenomenon, approaches this type of event to aggression in general. However, these harmful events lack defining elements such as intentional character, hostility and satisfaction of success. This is because it is known that, by definition, the patient tries to resist aggressive verbal or physical compulsions but, being unable to cope, he/she is forced to yield.

- Psychotics' aggression, whose delirious reasons make them believe that they are doing a good deed; that they carry out a divine mission; that theirs is a judiciary role or that they act in self-defence. This opinion is tangential to prospects that speak today about the correctness of the preventive attack. This time, though we are far from what an aggression is, the fact prevails that we deal with events, which, through the severity of their consequences and the high risk of recurrence, require special attention.

- Among the exceptions to the definition, a special place is occupied by the important group of aggressions based on the complex: petulance, irritability, impulsivity and low frustration threshold which, to simplify things, we will call *the complex of short circuit reactions*. These attacks take place almost unexpectedly, as immediate and exaggerated response to often-trivial conflicts. They have a brutal development and a critic aspect. In describing them, one often speaks of their unexpected, explosive, violent and cho-

leric character, of uncontrolled anger, blind rage, and sometimes, if they reach peak intensity, of affection crises accompanied by the narrowing of the field of consciousness, of vague memories of facts and even with incomplete amnesia. All these are issues that call into question the presence of evil intentions, of the time required for action deliberation, of a conscious purpose or of the aggressor's realizing the significance of the consequences. They are valuable criteria, which, as I have already said, normally contribute to defining aggressions. However, it is indisputable that they reveal a low threshold of tolerance to frustration, respectively, abnormal background. These reactions described above are met particularly in epilepsy, in brain psycho-organic syndromes or in explosive-aggressive and paranoid personalities.

- *The wide range of behaviours of self-inflicted harm* which, naturally, lack the opposition the victim, in the first place. Thus, some of them are aimed at obtaining benefits as in the following cases: suicide committed in depressive states, performed in the belief that it is a way to escape everybody and everything; self-inflicted harm for blackmail reasons; in order to seek, as appropriate, compassion, admiration, self-punishment, or self-aggression that, by pain stimulation, provide the reward of a surplus of natural endorphins. Other such aggressors intend to punish others by inflicting feelings of remorse, burdened conscience, or sense of guilt.

- *Sexual abuse that occurs to a minor*, which sometimes occur with the consent and at the initiative of the victim;

- *The much discussed the situation of punishment, especially physical one, sometimes perceived as abuse* but viewed as good intentions or deemed by parents, educators and the general public to have an educational role. Here, the intention to do harm or to obtain personal benefit is missing. In fact, at this level, assessment processes take place continuously, in order to clarify positions, to plan, select and delineate according to pre-established but, unfortunately, subjective and arguable criteria. The aim of the assessment processes is to establish the type of it starts to be considered aggression. It must be said that, unfortunately, the judgement here is not only subjective. It has also a too general character, being performed formally, from the edge, in ignorance of the true role of punishments which are meaningful to the extent to which the punished subject is sufficiently prepared or able to understand both his/her guilt and the deserved character of

penalty. Moreover, who can support with solid arguments that, in a child, a physic punishment is always more acceptable than any other alternative, while in adults, the focus is mainly on deprivation of liberty?

The highlighted complexity of the aggression concept, with implications for the concept of aggressiveness, raises the issue of details and nuances in at least three levels:

a. The first level is related to the great diversity of forms of expression and of their peculiarities. As forbidden acts or omissions, aggressions may be directed to other persons or to their property, to animals, to institutions but also to oneself (self-inflicted harm). They may be direct or indirect, may have a visible, open and even violent character, or may be more or less concealed; may pursue the acquisition of goods, punishment or vengeance; may achieve injury or damage; or may generate pleasure in doing an evil deed; finally, they can be an expression of major psychiatric disorders which bring with them specific explanations. In turn, aggressive actions can range from simple demonstrations of force addressed to all and anyone, to insults, hurts, destruction of objects, vandalism, armed attack, murder or antisocial acts of extraordinary cruelty. These aggressive actions need to be detailed and customized according to their types:

- Unprovoked, or, conversely, provoked;
- Unauthorized, insufficiently motivated or aberrant;
- Unexpected or, alternatively, announced;
- Taking place immediately after a challenge or, alternatively, after calmly waiting an auspicious moment;
- Unpremeditated, impulsive, or, a short circuit reaction or, on the contrary, rather painstakingly prepared;
- At the aggressor's own initiative and will, in search of material interest or at the command of another person;
- Done in cold blood, deployment, hostility, hatred, anger, fear or, alternatively, with the satisfaction of revenge;
- Committed in full discernment, whether attenuated or not;
- Either followed by feelings of guilt or not;
- Deliriously motivated, with a compulsive mechanism, or with the conviction of good intentions, etc.

Also, one must take into account either the existence of reasons, of favourable circumstances, be they mitigating or aggravating, or the coexistence of justi-

fications being offered and of different interpretations of a person's actions by the parties involved.

Finally yet importantly, one must take into consideration the person against whom the aggression is directed and his/her active or passive contribution.

A very important distinction for our subject is one that divides aggressions into two broad categories:

- Type 1 is represented by symptoms that externalize the individual's abnormal aggressiveness, with focus on the individual psychological peculiarities of the perpetrator. They stand apart by their unmotivated, insufficiently or aberrantly motivated character, or by their hostility, respectively, bad intent in committing the aggression, and by the satisfaction and even pleasure in having committed an aggression.

- Type 2 includes aggressions caused by other mechanisms where normally, the emphasis is on facts, on their specific features and on the main purpose of aggression represented by the benefit resulting from the injury.

We shall return to the first type of aggression, later, for more details since they are the focus of this presentation.

The second type of aggression includes manifestations and consequences able to fit the diversity of the possible mechanisms. They are aggressions aimed at: acquisition of goods; meeting certain urgent needs like food, money, drugs, shelter, sex, defence, etc. Others are done under the impulse of fear, panic, situations perceived as having no other way out; accidental excess of normal aggressiveness as a result of favourable external circumstances; situations where the victim was taken for someone else or had accidentally found him/herself in the wrong place, at the wrong time; catharsis type modalities of discharging emotional tension, or triggered by justified anger, a situation in which aggression usually takes verbal forms where the fury overflows at random, affecting anyone and anything around; finally, we may include here even the aggression resulted at the constraints from other people, etc.

b. The second level regards the relationship between aggression and aggressiveness. This is because, very often, in everyday language, and not only, aggression and even the aggressive behaviour wrongly substitute aggressiveness. In fact, aggressiveness is substituted by aggression because retaining only what approaches the two concepts, namely the fact that the former is **often** (that is to say: "**not always**") the origin of the latter, one ignores the essential part which

separates them. Thus, common practice minimizes the fact that aggression is not aggressiveness itself and that it represents only a fraction of its abnormal forms of exteriorization. Moreover, while aggressive assaults are not in all cases expressions of aggressiveness, the latter has, in turn, many forms of expression in normal behaviour while its abnormal aspects, quartered in latent form in the subjective space, do not manifest themselves as aggressions.

In fact, aggression, as expression of abnormal aggressivity is either preceded by desire and intention that at some point, become action or evil meant inaction or a hostile violent manifestation as an expression of low threshold of frustration. Both the first and second case the facts constitute aggressions unless they are completed and the consequences are judged as negative, namely as recognized loss, from case to case, by the person concerned and / or by the entourage, community, moral rules or by the law. The lack of prejudice sets aside both the situations where malicious actions or inactions are unable to complete (unsuccessful attempts) and the abnormal aggression that remains stationed at a phantasmatic level or in a latent state of desire, waiting to unfold should a favourable moment arrive.

As such, abnormal aggressiveness characterizes the one who can initiate and finalize or can just think of and wish such acts or omissions with evil intent to happen, while aggression is proved only when the actions finalize with a recognized prejudice. It results that the low threshold of frustration or the desire and intent to do harm represent abnormal aggression and the one who can implement the actions, even if they fail to finalize or if their consequences are not recognized as a loss. We understand that abnormal aggressiveness falls on the part of the one who initiates and can act with intent to do harm, while aggression is placed at the opposite end, namely on the part of the victim who suffers the negative effects. At the same time, aggression centres around the victim and the negative consequences obtained on purpose, while aggressiveness centres around the perpetrator marked by his/her hostility.

c. The third level, where details regarding aggression are discussed, covers the various forms of injury. According to DEX (1984) injury is defined as loss or damage. These may be physical, mental, moral or material so that they may affect life, integrity, and health, the emotional, moral or social values of an individual or of institutions. It is a too general formulation for

injuries caused by aggressions. A series of specifications are necessary to assess the role which injury plays in defining aggression and its types.

Firstly, one may speak about the impact of moral, socio-cultural and legal norms and of individual subjectivity on the significance of injury. In addition to these, features of the personality and of the opinions of the person who suffers the aggression should be added. Options range from inventing, exaggerating or claiming the injury to minimizing, hiding, justifying, or even accepting and requesting the injury.

It has been pointed out above that, primarily, in order to be considered a consequence of aggression, the injury should satisfy two conditions:

The first condition requires that the injury is the result of an unlawful act or omission whose author intended to pursue its implementation or the acquisition of the benefit resulting from the respective act. This condition is necessary because there are many cases where someone's action or inaction unintentionally causes injuries but they are not considered aggressions and the particularly injuries are labelled as incidental or collateral consequences. We must mention that the recognition and non-acceptance of the injury by the victim, the groundless, insufficiently or aberrantly motivated character of the action or inaction that generates injuries are additional useful arguments to support the diagnosis of aggression. However, their presence is not a compulsory condition and they may be missing.

The second condition requires that the injury should be recognized as such, not necessarily by the victim but nominated and recognized by the moral and socio-cultural norms, especially by the law. Seemingly simple at a superficial analysis, the conditions related to injury, which are necessary in order to define aggression, have a complex, and partly ambiguous character. These aspects are amplified in practice by the involvement of psychological, social and moral factors, and of their subjective dimension. These factors interfere with the above mentioned criteria, giving them a relative value as for their presence or absence and leave room for exceptions and controversy. These are very important aspects because they raise issues that challenge the medical-legal committees and require an assessment that should take into account the whole context.

Still, there are many situations where, for various reasons, the usually essential defining criteria may be absent or the persons involved may have diametrically opposed views.

We call to notice that the injury may not be totally or partially recognized by law, by moral or socio-cultural norms, by the perpetrator, by the victim, by his/her entourage, or by combinations of those mentioned entities. Rather, the injury may be more or less exaggerated or even a false issue. Here come into play such dimensions as: age, the mental and psychological state of interest of both the initiator and the victim, minimizing or amplifying the meanings.

Child sexual abuse provides concrete examples for most of the injury recognition issues. Thus, very often, the actual meaning of this particular case of child abuse is not grasped by the youth in case for a long time, an aspect that does not diminish but rather amplifies its severity. Also, concealment or denial by the offender and even by the victim and their family and community, all these have often sound reasons, too. At the opposite pole, we must mention numerous educational constraints, norms of conduct or rules that require primary prevention. These rules, which are imposed by the community and which are perceived negatively, as a restriction of individual freedom and even as abuse by some of its members, in general, and by children, in particular, although many of these rules and norms are in their own benefit.

It should be mentioned that there are often reasons, favouring, mitigating or aggravating circumstances, or situations where sound justifications are offered. At the same time, the people involved give different interpretations to the aggression. There have been times when one's honour obliged one not to let an offense without an immediate response, even at the cost of one's living. It is a point of view still valid in certain social groups. In addition, there is view among children that the only guilty individual in conflict situations is the culprit that caused them, while neither the intensity nor the severity of response nor fact that today you do not have to be self-righteous are important.

6.2. The Aggressor. The aggressor is the person who committed an aggression. It is usually another person, but it can also be the victim him/herself. Indisputably, all elements that particularize aggressions concern the aggressor, too, directly or indirectly. She/he may or may not be a person characterized by aggressiveness, because, as outlined above, there may be other reasons that lead someone to commit aggression. In the first case, the aim is, firstly, to inflict more or less gratuitous suffering. In the second one, the main goal is to obtain a personal benefit, while the

injury is a collateral consequence. The aggressor may be a person with or without discernment, healthy or mentally ill, may have personality disorders, is able to recognize and regret his/her deed, may deny it, justify it, consider it fully or partly justified, or may even state that the victim would deserve more.

There are other, much larger meanings of the concept of aggressor, which is represented by any factor having a destructive effect, causing a defensive reaction, threatening the morpho-functional integrity or the homeostasis of a system, whether simple or complex.

6.3. The victim of an aggression is a being, a thing or an institution. As a being, for various reasons including their own subjectivity, the victim may or may not be aware and recognize aggression, may accept it, hide it, diminish or increase it subjectively, may incriminate or protect the aggressor, can play a passive role or rather an active one, provoking the aggressor. Each time, it is necessary to involve witnesses, evidence and the law. All of these elements can help to answer the question about the roles of the aggressiveness, the aggressor and the victim.

6.4. The witnesses are often key elements in assessing the aggressiveness of the aggressor. But it should not be overlooked that they can be extremely subjective in their assessment.

7. AGGRESSIVENESS IS MULTI-SYSTEMIC AND INTERDISCIPLINARY IN CHARACTER

Complex structure with psychological social, moral, ethical, legal, medical, forensic implications and not only, aggressiveness is validated only in the context of complex interactions with complementary systems that fully employ psychology, psychiatry, forensics, sociology, ethics, law, ethics, culture and, in general, all the society's entities. Indeed, even if aggressiveness characterizes primarily the personality profile of an individual and his/her actions, it could neither exist nor be attested and fully voiced without being related to:

Someone's attitudes, actions or inactions, which concern someone or something (a being or an object);

How it is received by those affected;

Its moral, ethical, social, forensic and subjective, individual or collective significance of the way in which it makes its presence felt and of its consequences.

In this way, aggressiveness should be regarded as an assemblage of complementary images provided by the interaction of three entities:

- The person invested with aggressiveness;
- The subjects or objects to which it is directed, upon which it manifests itself, which receive and respond to it, each in its own way;
- The entities that determine the relationships between the other two entities. These are factors which aggressiveness places face to face but, in turn, they are marked by their own subjectivity, they define its identity and validity.

The first interactively engaged entity - the person invested with normal or abnormal aggressiveness. This person is the main factor because, in essence, aggressiveness is their characteristic and a means of representation. The person invested with aggressiveness may act: • according to their way of being, to their need for affirmation, to the desire to be appreciated or admired, to stand out of the crowd or to respond encouragement, incentives and even rewards of the others, whether they are simple spectators or supporters; • consciously or unconsciously; • impulsively or compulsively.

They can:

- decide, premeditate and control coolly what they are doing;
- lose their control and even be unable to explain how they have acted in a way or another;
- have their reasons, explanations and justifications;
- assess their deeds critically or, on the contrary, they may consider them as natural, legitimate and even necessary;
- justify themselves up to the point where they may be convinced of their right to behave so;
- be unable to realize the significance of their actions and even maintain that the aggressive deed was well-meant, they had no other solution, because someone had to teach a lesson, that they had been challenged or urged, that it was legitimate self-defence or that they do not remember what they had done. Anyway, aggressiveness is always accompanied by obvious subjectivism in judging the facts that it has generated.

Aggressiveness with which a person is invested is a mobile structure which has multiple physical manifestations and different degrees of intensity, ranging from normal to abnormal. It has the ability to respond differently, depending on the individual and on many other parameters so that they factors and circum-

stances can be identified that favour, trigger, control, guide, attenuate or suppress it. For these reasons, aggressiveness may be revealed more or less visibly, more or less spontaneously or only in certain situations.

The second interactively engaged entity – the subject (a human being or any other being) or the object to which aggressiveness is directed. This entity, either in a position of partner or victim, is an indispensable component of the system because, on the one hand, it is the target of the aggressiveness, and on the other hand, it is the receiver; It assesses aggressiveness, validates it and it reacts to it firstly. In addition, it is often an active participant, with a larger or smaller contribution, simpler or more complex, direct or indirect, conscious or unconscious. This happens because: the person endowed with aggressiveness enters in a competition with this entity, in front of it they affirm or impose themselves, in the first place. This entity often accepts not only to enter the competition but also to lose it. Moreover, it may cause or even stimulate aggression, going further to a point where it may take the full responsibility, so that the aggression whose victim it is becomes nothing else but self-defence. There are situations where this entity may play a passive role and may become a victim, when the competition rules are not obeyed, the aggressiveness is abnormal or the victim happened to be in the aggressor's way by accident in wrong a place, at the wrong time. Certainly, this entity is also involved in the often-subjective assessment of the facts, of its situation and of the injury that it suffered.

The third interactively engaged entity- consists of community and social bodies. These are: moral, socio-cultural, legal, forensic and ethical instances. They are intended to establish standards, rules and constraints, to organize competitions and to regulate their conduct as a way to evaluate from a neutral position, from different angles and in multiple planes, the contents of the first two entities. On a higher, very important level too, they intend to delineate normality from abnormality.

To these bodies mentioned above, one should add the witnesses and community members who, directly or indirectly, contribute to the progress and assessment process of the aggressiveness manifestations. They may encourage passivity as spectators or aggressive behaviour. They may encourage and reward the winners in different ways, or conversely, may reduce or even block the events by their presence and active intervention.

Witnesses, in turn, marked by their subjectivity, have the role to report all they know about what has happened from an as neutral position as possible. The complexity of this domain, its social and health implications, the dangerousness of some of the manifestations of aggressiveness and the significant amount of subjectivity that revolves around it require the involvement and confrontation of all these instances. However, with all their diversity, they remain bound as they cannot always contains and clarify all aspects at the same time. In addition, they are unable to provide a satisfactory degree of rigour or offer consensus. Not only are there some legal courts more lenient than others but also there are both so many divergent choices and opinions and an inability to cover such diversity of issues with domain rules.

8. THE CONCEPT OF AGGRESSIVENESS HAS A BROADER SCOPE THAN THE SPHERE OF ABNORMALITY

If, out of understandable reasons, aggression is usually brought into focus and concerns of different bodies of the society for its unusual side, it should be noted from the outset that, in everyday life, its normal side has a more and more important representation. In fact, today we have many data showing that aggressiveness is a constant presence in the individual's normal behaviour and that it modulates the response of an individual to various internal and external stimuli. It is what the Explanatory Dictionary of Romanian Language (1984) stated indirectly by the phrase "it is sometimes a symptom of disease." Bernard and Trouvé (1977) argue that, at elementary level, aggressiveness is the response to any attempt to change the homeostasis of a functional system that one may meet aggressive reactions at the level of all nervous structures. Furthermore, the author argues that aggressiveness is a universal phenomenon, which is central to normal life or as Adler says, (quoted by Gorgos -1987), it is a general human aspiration. In his turn, Sillany (1996) speaks of a broad understanding of the term aggressiveness, which includes "that fundamental disposition which makes the living being able to achieve satisfaction of its vital o needs, mainly, food and sex". Adler (1908 - quoted by Bernard P Trouvé, 1977) and Freud (1920) speak of the aggressive compulsion. In fact, the psychoanalytic concept offers a whole theory of placing the aggressive compulsion in the centre of

the processes, which, since birth, contribute to build the normal behaviour.

Adopting an ethological point of view, Lorentz K. (1969) and his school consider aggressiveness as one of the four instincts that govern the behaviour of all specie. Thus, it is a feature primarily of normal behaviour, which, of course, is our opinion too. This statement does not ignore P. Karly's views (1971) and of his followers who, focusing on aggressive conduct and on their mechanisms of production, believe that they are the result of individual interaction with the environment, and in this the framework conditionality and learning play a central role in the adoption of aggressive behaviour. We consider that today, when modern genetic recognizes the close interaction between the environmental and genetic factors in human behaviour, one must accept that the role of the environment may be revealed by a congruent genetic predisposition, so much so that its contribution remains inconspicuous. In fact, today it is well known that, at the level of the archaic structures of the brain, there are neuroanatomic centres, areas, and neurochemical bases, which manage the amount of normal and pathological aggressiveness of the individual. There are also psychological means of investigation, which highlight the existence of response patterns characteristic to aggressiveness. In this context, we must not forget that aggressiveness is directly involved in essential normal everyday behaviour such as: pride, ambition, active and passive opposition, the wish to put oneself forward, to stand out, to affirm oneself. Also in this category we must include the need to respond, to know, to achieve a goal, to strive and overcome others, to overcome difficulties and obstacles, to confront others and fight for something or somebody to win or not to leave humbled and, of course, to respond to challenges and to defend oneself. Speaking of defence, we refer here to its broadest meaning that includes all cases generated by a hostile external biological, physical or mental environment. It ranges from microbial aggression and pollution to obscene language, honour violation or vital threats. In fact, the very existence and survival times usually require the permanent involvement of defence systems including the immune one. A complex of normal behaviours where aggression is involved directly completes this picture. We focus here on behaviour dictated by the impulse to satisfy instinctive needs for food, sex and defence, which not only are indispensable in order to preserve the individual and species, but also generate aggressions and innocent victims.

Many areas in life engage and stimulate aggressiveness. Everybody knows the little child's preference

for games, in which pleasure to build is doubled by the pleasure to destroy, only to resume the same activity again; their later preference to play with swords and pistols; the male identification model purposefully suggested to boys; the cultivation of ambition; the fierce assertion of one's own self. These are followed by behaviours that are also necessary or reasonable, in spite of their leading to frustration, injury and even obvious aggressions felt by another being or object. Let us give some examples: competitions of any kind, the aspiration to affirmation, but also picking a flower in order to give it to the partner, walking on grass (these gestures are attacks against the flower and the grass); someone's laughter, which one stifles or tries to justify, when one's friend falls suddenly from his chair, etc. In sport, in general, but especially where direct physical confrontations and mutual unrestrained blows are involved, we speak of aggressiveness in a good sense of the word. This is controlled aggressiveness, which is also trained and encouraged as required, even if sometimes, accidentally of course, it can lead to death.

Certainly, this time the direct purpose is not the injury inflicted to another party. Even if such purpose exists, its nature and size are clearly governed by norms previously established, known and accepted by all the parties involved. There is a whole range of behaviours, which we will return to, where the aggressiveness involved is situated at the unclear limit of normality. In fact, in almost all normal human interaction one can identify aspects of injury experienced by one of the parties so that, if there is aggressiveness in hate, there is aggressiveness in love, too. We may mention also the phenomenon of sublimation, by which aggressiveness is transferred to other socially appropriate behaviours.

Generally speaking, these examples belong to the normal area of aggressiveness or to what I prefer to call **combativeness**.

9. NORMAL AGGRESSIVENESS (COMBATIVENESS) VERSUS ABNORMAL AGGRESSIVENESS

If aggressiveness, as a feature of the psyche, has a normal component and an abnormal one, it means that they should be delimited one from the other. This is particularly true since the abnormal aggressiveness is of primary concern to the community and to us, the psychiatrists. The demarcation of abnormal

aggressiveness involves identifying of what represents its essence. We recognize here two personality profiles and the great diversity of their materialization forms.

The two personality profiles that embody the abnormal aggressiveness in the psychic plan are physically distinct first, because they are different, and secondly, they are complementary because they combine very often in different ways. We consider the following issues:

The hostile nature of feelings, desires, intentions, actions and inactions (which may range up to the pleasure one gets in doing harm) and/or (from case to case) their more modest, elaborate, subtle or basic derivatives.

We mention here:

- the envy, which extends from not liking those who own what you do not (an aspect that is summarized in the well known Romanian phrase “*let the neighbour’s goat die, too*”) to the frustration that whatever you own, the others own too, and even to the satisfaction at someone else’s difficulties;

- the spiteful, bellicose, hostile or conflicting nature;

- hatred, jealousy, vanity, pride, resistance to any authority and the desire to dominate at all costs;

- the tendency to slander;

- the pleasure in humiliating others;

- indifference or lack of pity or of compassion towards the others’ sufferings or, of what Adler (1927 - in: Gavrilu 1991) called *the lack of social communion feeling*.

As a rule, this personality profile is the support of more elaborate, premeditated, calculated, coordinated and organized forms of aggression, even of those carefully prepared, with a very long time in advance.

The complex including petulance, irritability, explosiveness, impulsivity and the low frustration threshold, (which we talked about before, calling it “the complex of short-circuit reactions”) leading to events such as those already mentioned.

They are primary, rudimentary, evident and common forms of manifestation of the abnormal aggressiveness. Typically, they belong to the clinical spectrum of certain psychic illnesses, a fact that, as outlined above, prevents them from complying, in many ways, with the defining pattern of aggressions.

Both types of abnormal aggressiveness are found as active elements within the broader frame including delinquency, conduct disorder, aggressive and antisocial behaviour (all of which have other causes, too),

some of major psychiatric and neurological disorders, psychoses, epilepsy, exogenous cerebral organic pathology etc.- and of course, some of the personality disorders.

As for the derivatives of hostility, it should be noted that in some of them, it is necessary to delineate some quantitative reference criteria (to which we shall return) since they are present (within certain more or less accepted or tolerated limits of intensity), in everyday behaviour, or in some of the accentuated personalities.

9.1. Barriers against identifying abnormal aggressiveness. Sometimes, the identification of abnormal aggressiveness is simple, with sufficient arguments offered by the psychological assessment on one hand, and by the behaviour and deeds in line with the psychological data, on the other hand. However, there are many situations when the process of identification faces ambiguities and even obstacles that make it difficult or even impossible to arrive at consensus regarding the inclusion, in abnormality, of some abnormal manifestations of aggressiveness. In other cases, it is difficult to find out the level of aggressive intensity where normality becomes abnormality. Here is the most important area of dispute, controversy, disagreement and uncertainty on the question where normality ends and the abnormality starts.

Ambiguities and difficulties are caused by two factors that intertwine and work together: a. moral, socio-cultural, legal factors and the subjectivity of all parties involved at this level; b. the great diversity of manifestation forms of normal and abnormal aggressiveness, each with its specificity.

Moral, socio-cultural, legal factors and the subjectivity of all parties involved. It is an issue already highlighted in this paper. This element determines that the demarcation between normality and abnormality might vary within very broad limits depending on particular situations, contexts or on their specific rules and regulations. For example, some are rules that need to be observed rigorously. It is the case of the sometimes too stiff politeness rules, where it is easy to hurt somebody if you do not comply with them attentively. Others are those set by regulations of certain competitions called sports where aggressiveness is on familiar grounds.

Actually, the diversity and the incongruities of the moral and socio-cultural norms should not be ignored, either. Nor the important role of the subjectivity of the parties involved, i.e. aggressor, victim, witness and

evaluator (even if the latter fails to be neutral) when it comes to the assessment of aggressive behaviour. It is also true that assessment often operates with several standards of normality. All the above-mentioned aspects have direct and indirect consequences on the boundary between normal and abnormal aggressiveness.

The diversity of manifestation forms of normal and abnormal aggressiveness, each with its specificity. Aggression - either normal or abnormal - has a passive and an active form.

Abnormal passive aggressiveness is the background and stable component of abnormal aggressiveness. It is the support of two personality profiles mentioned above. It consists of low frustration threshold and of fantasies, daydreaming, aspirations, thoughts, desires and hostile intentions that occupy an individual's subjective space. Some of them are repressed in the unconscious mind; others inhabit the imagination and the individual's experiences. Both of them either are kept hidden or are communicated to others. They might also be fuelling active aggression. In turn, those impulses repressed in the unconscious can either be socialized in the process of sublimation or may participate in psychosomatic pathology by means of conversion mechanisms. It is well known, and directly too, that repressed aggressive feelings are accompanied by somatic-vegetative reactions that may lead to dysfunctions in various organs.

It is not necessary for abnormal passive aggressiveness to externalize itself all the time. It may remain dormant and continue to characterize a person even without clear manifestations of aggressiveness. But, as a rule, it is kept under control, being hidden, for longer or shorter periods of time, from the eyes of the people surrounding that person or only from some of them. Depending on external or internal factors, abnormal passive aggressiveness comes to externalize itself, more or less frequently, more intensely or more discretely, better or less well concealed, with or without cause, directly and openly or indirectly, using intermediaries whom that person determines, one way or another, to act according to her/his interests.

Abnormal active aggressiveness consists of abnormal forms of manifestation of passive aggressiveness. Generally speaking, they are the vast range of aggressions or of attempts bearing the stamp of abnormal aggressiveness. They may be defined as: gratuitous deeds marked by hostility and generating injury, directed against certain beings or things, in the inten-

tion, desire and even pleasure of producing pain or as consequence of short circuit reactions. As an expression of certain peculiarities of an individual's psychic structure, typically, they have a recurring character; the individual's propensity to abnormal aggressiveness can usually be detected in almost everything he does.

Both forms of aggressiveness, the passive abnormal and active abnormal, may relate to beings, things or institutions. In terms of identifying abnormal aggressiveness, it should not be minimized the fact that it is directed to objects and animals, too. This is because the abnormally aggressive behaviour reveals itself with less restraint in the attitude towards particular objects and often towards animals, during games or sports contests.

9.2. Criteria for differential diagnosis between normal and abnormal aggressiveness. It must be said from the outset that there is no one single criterion that could differentiate between normal and abnormal aggressiveness in all cases. Therefore, in practice, in order to ensure the functionality of the diagnostic criteria, it is necessary, to associate them. Depending on the context, one might choose different combinations, too. Still, cases that require a more careful consideration or that leave room conflicting and uncertainties cannot be excluded.

To diagnose abnormal aggressiveness, we have two complementary pathways, one for passive aggressiveness and the second one for its forms of exteriorization. The first path is based on psychological instruments for assessing personality traits. In order to identify the characteristic features of abnormal aggressiveness, this path focuses on analyzing the structure of personality, the ordinary way in which the individual looks upon reality and his relationships with the surrounding world. It has the advantage that it addresses directly the substantive structure, the inner forces and the stable side of aggressiveness, which are constantly present. But their significance is limited by the specificity of these assessment methods. In themselves, they provide only guidance. They cannot impose a diagnosis, and may either support the one formulated on the clinical basis or not. The second diagnostic path is the clinical diagnosis and it addresses the active aggressiveness. It is an indirect path, since it assesses the data provided through patient history, interview and thorough analysis of the abnormal forms of aggressiveness exteriorization. Although it is indirect, it is the handiest, because it is based on

visible elements necessary to assess the fact that those particular manifestations are the expression of abnormal aggressiveness. The clinic criterion has its limits, too. On the one hand, the data obtained this way are retroactive in character. Due to many reasons, including the motivation and the peculiarities of the parties involved, they may be either contradictory or incomplete, and they cannot be verified accurately. On the other hand, the clinic data are not always sufficiently rigorous or unanimously confirmed.

In general, the identification of the numerous aspects that represent abnormal aggressiveness in its active or passive forms pleads for the character of aggression as expression of abnormal aggressiveness. Some of these aspects have redoubtable diagnostic value, when present. We take into consideration two groups of factors that, individually, provide certainties. We mean the presence of the following:

a. Hostilities and/or their derivatives, backed by intentional deeds that generate gratuitous damage, and, more convincingly, the satisfaction of having fulfilled these deeds and especially the pleasure that they produce to the aggressor.

b. Short circuit manifestations, although, as noted, they do not meet the full defining criteria for aggressions.

According to the context, diagnosis is enhanced by association of the following elements: the absence of the victim's consent and of the challenge, the deliberateness, the insufficiently motivated character or aberrant justification of the damage generating acts. Unfortunately, usually, the entire contexts in which aggressions occur make the diagnostic value and even the significance of each component vary from case to case.

For example:

— the presence in a patient's history of unpleasant experiences that may have left behind particular sensitivities on certain limited practical aspects,

— the existence of certain inferiority complexes, of some prevailing ideas, of highly intense emotional states (anxiety, fear, hate, elation, threats incorrectly assessed, etc.)

— mood or ability to assess the reality altered due to the use of substances.

All these circumstances may determine short circuit reactions, which, at a superficial assessment, can be attributed to pathological aggressiveness.

Undoubtedly, there are situations and associations of criteria indicating with certainty the presence of

abnormal aggressiveness in the aggressor. They regard any recurrent aggression first: being due to a criterion from one of two groups of certainty factors mentioned before; when animals are tortured unreasonably or the aggressors destroy their own property. The recurrent nature is necessary because a single aggression, which meets the above conditions, is certainly not the expression of aggressiveness.

It is easy to assume the presence of abnormal aggression in the situations mentioned above even though: the desire to do harm did not materialize, or if out of victim-related reasons (age, mental level, fear) the victim has not been able to grasp the true meaning of the facts or from the same reasons, did not oppose resistance, accepted the aggression, concealed or denied the incident.

There are plenty of situations, which demand a careful evaluation of data or allow for divergent views. Here are some examples:

— The aggressor believes that what she/he has done was nothing else than justice, because she/he was challenged or offered real reasons for their deed,. In this case, it should be noted that the aggressor ignores the law prohibiting such solutions. By breaking the law, the aggressor does nothing but prove unable to hold he/his aggressiveness under control. Here we make three clarifications: The first two make further arguments for the presence of abnormal aggression. They consider both the cases where the aggressions are answers far more severe than the significance of the reasons that generated them and the cases where the aggressor feels fully entitled to resort to aggression. The more legitimate she/he feels, the more his abnormal aggressive impulses put their mark on her/his unusual ability to assess reality correctly. Often, in these situations, people invoke self-defence, a notion that leaves room also for different, well-known, interpretations, concerning the proportion between threat and the size of the response.

— The third explanation stresses that usually children consider that the one who started the conflict should bear the blame, regardless of reasons and of the high disproportion of the response.

— People with aggressive traits are capable of dissimulating them in various ways. They may use pretexts, claim unsuccessful good will, build or stage painstakingly and with ability plausible reasons and justifications, either waiting for them to appear, or provoking deliberately the victim and then being able to say that they had to defend themselves or to react

that way. To illustrate, history gives us many examples of which I chose the dispute between Calvin (founder of the Protestant religion that bears his name) and his victims, Servet and Castellio (Stefan Zweig, 1936).

— We are at the first signs and we lack history data.

10. HETEROGENEOUS CHARACTER

We believe that, after what we have said above, it is not necessary to document the fact that aggressiveness is a psychological and heterogeneous psychopathological reality in terms of its forms of expression, of morpho-functional substrate, and of the causes and mechanisms underlying them .

11. AGGRESSIVENESS, A CONCEPT WITH INTERPRETABLE STATUTE, AND MOBILE AND RELATIVE FRONTIERS

We have already underlined the fact that the different bodies involved in the sphere of aggressiveness and of its closely related concepts, on which it bases the identification of its different aspects, there is no complete consensus. In this area, there are controversial issues, in terms of the boundaries between the normal and abnormal behaviour, between health and abnormality on one side and mental disorder on the other side. In addition, operating independently, each body uses its own standards and means of assessment, the existing instruments of evaluation in this area have a low degree of sensitivity, specificity and rigour. Moreover, there are ambivalent situations in which normality intertwines and even overlaps with abnormality or in which, although maximum objectivity is the target, subjectivity is involved everywhere. One must not forget either that, in this area, there are difference according to country, social group, socio-culture related to the historical stage and, especially, from individual to individual. But perhaps the biggest obstacles to consensus are based on the following two causes:

— The first cause consists of, as noted before, the existence of certain injuries and of some forms of manifestation of aggressiveness for which the boundary between normality and abnormality is based on quantitative and approximately mobile reference criteria. An important degree of freedom is thus allowed, which may move the cursor in one direction or another that delimits the transition from one quality to another.

— The second issue is represented by the fact, which has also already been mentioned, that in general, at this level, one operates with standards of normality, which do not entirely overlap – standards that are moral, legally established and that belong to certain social groups and even to individuals. As such, one can only selectively violate moral, legal, cultural norms of a social group or individual rights minimized by the other bodies. Let us illustrate just how the use of the drugs or the intra-familial aggression, street behaviour or the behaviour of some religious communities are interpreted by different law courts or socio-cultures. Moreover, there is a permanent confrontation between the individual rights and liberties on the one hand and the collective one, on the other hand. Those deeds whose consequences are perceived as abuses by some members of the community may be considered as insignificant or may be ignored by the others.

We shall illustrate what we have said above by three issues, which we consider conclusive:

a. First, we refer to manifestations such as: stubbornness, opposition, lack of compassion, indifference, acid humour, verbal aggression, pleasure to hurt, to humiliate, to slander, to disparage, to mock, to criticize, to look at catastrophic natural phenomena or uncontrolled fires, to watch horror films, to witness the great sport events characterized by outstanding aggressiveness, etc.. All these are manifestations that only their intensity divides them into normal and abnormal forms. Certainly, for the delimitation, one must speak of their expression in excess. But for any of them, there is no reference to define at what level one might switch from one quality to a different quality, or who is to appreciate the excess, or how and with what each type of manifestation could be to assessed or measured. In this way, the appreciation is left to often contradictory subjective choices.

b. If, in the above examples, one can distinguish a normal part, where the intensity is appropriate, and another, abnormal part, which goes beyond certain quantitative, imprecisely delineated limits, there are situations where the normality is conditioned by the abnormality, being together ambivalent structures. In support of this idea, we mention the case of teasing referred to in the well-known French phrase “*qui s'aime se taquine*”. Here we may also include sado-masochistic relationships, where the fact that they are a form of manifestation of abnormal aggressiveness is set aside. The psychoanalytic concept describes the

ambivalent feeling involving the eagerness to incorporate the desired object, an idea contained in the widely used phrase “I feel like eating you” as a way to highlight the deep affection felt by someone.

c. The existence of those exceptions, which do not meet strictly the criteria that defining abnormal aggression.

All these are of great theoretical and practical importance. On the one hand, they attest to the openness of the concept of aggressiveness, to the mobility and relativity of its defining components. On the other hand, they underline the complexity and difficulty of the psychiatrists’ task, because in this particular field there is a “grey zone” which includes the space that marks the transition from normal aggressiveness to abnormal aggressiveness and to psychopathologic aggressiveness. This space illustrates one of the thorniest problems in defining aggressiveness because one cannot limit to the recognition of the presence or lack of discernment or to the assessment of the relapse risk, but has to include the involvement of subjectivity, too. As for the child and adolescent with aggressive behaviour, at this moment, in our country, the acknowledgement of the lack of discernment or of the presence of subjective factors that often dominate choices, has a formal character. That is due to the solutions offered to the aggressive offender. They are very far from what they should be in terms of adequacy and effectiveness, and do nothing more than oppose institutional arrangements, which are aggressive in themselves, to the youth’s tendency to aggressive responses.

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