



Aggressive children, reflection and health promotion

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Summary

This study reflects on the phenomenon of violence through the lens of aggressive children. It addresses biological influences and the influences of the school and family environment. It aims to offer perspectives with the goal of developing new approaches to health promotion.

Keywords: affection, school aggression, family relationships, school violence.

Abstract

This article reflects on the manifestation of violence through the lens of aggressive children. It addresses biological influences and the influences of the school and family environment. It aims to offer perspectives with the goal of developing new approaches to health promotion.

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Introduction

Aggression is a growing phenomenon in families, schools, and all social contexts where people are involved. The phenomenon of aggression calls for further study and reflection on possible causes, origins, and development, so that we can reflect on actions that will promote health. Assuming that an aggressive child who continues and consolidates this behavior will become an aggressive adult and perpetuate the cycle of violence, we use the aggressive child as the primary basis for this study. The text proposes a reflection on the phenomenon of violence by aggressive children based on several different perspectives. perspectives with the aim of developing new perspectives on health promotion.

Aggressiveness definitions:

Aggression is the threat, intent, or act of causing physical or psychological harm to another person or to oneself (Raine 2014). Aggression is a deficit in inhibitory control, an inability to inhibit inappropriate responses, and a violent response to environmental demands that are already mistakenly interpreted as extremely threatening (Beck 1996). Impulsivity



without considering the consequences. Authors use different classifications for aggression, but all in one way or another describe similar behaviors.

According to Tatarelli (2014), aggression can be classified as hostile aggression, instrumental aggression, relational aggression, and displaced aggression. Hostile aggression is reactive, impulsive, and affective, intended to inflict harm, with a high autonomic response. Instrumental aggression is premeditated, predatory, and used as a form of problem-solving or goal-achieving, with reduced autonomic reactivity. Relational aggression is characterized by subtle behaviors, gossip, social exclusion, and bullying. Aggression displaced towards behaviors that cause damage to another's property.

Feregrino and Lujan (2016) identify four types of violence: verbal violence, psychological violence, violence against other people's objects, and physical violence. Verbal violence is classified based on positive responses to: making fun of someone, being rude, using nicknames, or yelling at someone. Psychological violence is classified based on positive responses to: discriminating against someone, ignoring someone, threatening someone, or blaming someone without reason. Violence against other people's objects is when someone took someone's things, hid someone's things, broke someone's things, or stole something. Physical violence is when someone hit someone, pushed someone, or pulled someone's hair.

For Souza, Silva, Nogueira, Amaral, and Santana (2014), violence is classified as direct aggression, relational aggression, and victimization. Direct aggression included provoking peers, fighting when a peer hit first or did something they didn't like, pushing, punching, or kicking peers, threatening to hurt, hitting, or making other threats against peers. Relational aggression included behaviors that harm relationships between students, such as excluding, name-calling, encouraging fights, and belittling. Victimization is all aggressive behaviors of which the participant has been the target.

Biological Influences:

When a child exhibits aggressive behavior, parents and educators initially tend to attribute it to biological or neuropsychological causes. This may be in an attempt to escape feelings of guilt, an inability to establish connections between environmental influences, or even to allow each child to remain in their comfort zone, as families tend toward stabilization (Minuchin 1990). Perhaps this is because they fail to understand that neuropsychological tests are a snapshot of the child's current state and are susceptible to change through stimulation (Costa, Azambuja, Portuquez, Costa 2004). Perhaps this is because they fail to understand that thoughts, feelings, and actions occur in the brain through neural connections via neurons and synapses (Silveira 2004).

Beck (1996) states that for there to be changes in executive functions (EFs) such as memory, attention, and decision-making, there needs to be a biological vulnerability, a stressor, and the individual activating a negative thought pattern. Braver (2012) argues that vulnerability, genetics, personality, and risk factors such as child abuse, malnutrition, prenatal stress, and family dysfunction are on the same level, so that if there is a stressor and the individual activates a negative thought pattern, changes in the brain's executive functions occur. It seems to me that for both authors, changes in executive functions depend on an (external) stressor and an



negative thought pattern (given meaning). From these two factors alone we can infer that nothing is solely biological or solely emotional, but that they are related in what constitutes the human being.

This trend among parents and educators harks back to the first health revolution, the biomedical model, when germs were discovered and science began to gain some control over disease and health. This shifted from religious explanations to the search for vaccines.

We note that it is still expected that the phenomenon of aggression can be explained solely by biological issues, resolved through medication. The peace of mind of having access to a "specialist" brings us closer to the third health revolution, where there is a culture of going to specialists, asking questions, or even worrying about not aggravating symptoms (Ribeiro 2007).

The phenomenon of aggression seems to me to be more complex than that.

Influences of the school social environment

School appears as a social context for various behaviors, including violence. In a survey conducted by Feregrino and Lujan (2016) with 1,217 adolescents from public schools in Mexico City, reports of verbal violence within the school were recorded. 18.98% of students reported having made fun of someone, 19.72% had said rude things to classmates, and 12.24%

students have already ignored someone. In the research by Souza, Silva, Nogueira, Amaral and Santana (2014) with 1,035 adolescents from public schools in São Luiz do Maranhão, the highest rates were for

Direct and relational aggression, such as: I provoked classmates 51.6%; I called classmates names 49.3%; I gave classmates nicknames they didn't like 43.2%; I said things to classmates to make others laugh 60.2%. I fought when a classmate hit me first or did something I didn't like 38.5%; and I excluded classmates from groups or games 35.7%.

Research by Nobre, Vieira, Noronha, and Frota (2016) with 874 children from a public school in Fortaleza revealed that 83.2% of the children were aggressors.

Being the victim of aggression also places the child in the context of the same. In the study by Souza, Silva, Nogueira, Amaral and Santana (2014), 65.8% of children reported that their classmates teased, classmates said mean things about me to make others laugh (59%), classmates gave me nicknames I didn't like (49.5%), and I was called names by classmates (44.6%), corroborating (Nobre, Vieira, Noronha, and Frota 2016) when 89.5% of children put themselves in the position of victim and 93.6% of students reported having participated in conflicts in the last seven days prior to the survey. These are very high rates of reported aggression within the school environment.

These behaviors appear to be inappropriate and polarized forms of social interaction and adaptation, where there are only two groups: aggressor and victim, or only two options: fight or flight (Leme 2004). Aggressive children appear to have a tendency to interpret social interaction as a battle. There are enemies who are superior and therefore must be attacked, and consequently, the self protected, or those who are considered inferior and therefore must be excluded or exposed so that the aggressor's personal image once again prevails.



The relationship between students and their teachers was analyzed based on the student's perception. It was found that the higher the quality that the student gives to their relationship with their teacher, the lower the probability of committing any of the types of violence (Feregrino and Lujan (2016). According to the same authors, the better the relationship with teachers, the lower the incidence of violence committed by students. Teachers could therefore play a role in influencing aggressive behavior at school.

It should be considered that schools, with a focus on biopsychosocial development, should provide new experiences for these children and adolescents, breaking the cycle of violence often experienced in other contexts. This is not what happens most of the time. Aggressive children often lose control, transfer responsibility for their actions to others, believe they are never wrong, and behave in a defiant and destructive manner.

Most of the time they are punished and called to attention, increasing aggressiveness and alienation (Papalia and OLds 2000).

Influence of the family's social environment

It is in the family environment that learning for social life takes place. The family represents the first social support (Morales, Cruz, Sorrache, & Berenice, 2002). In the family, experiences are expected to foster the acquisition of skills and social interactions among its members. It is a lifelong learning experience of how I see myself, how I position myself toward others, and what my role in society is (Minuchin, 1990). The family serves as the first model of relationships, the first representations of who the family is, its role in society, and its attitude toward others (Walon 2008).

When we discuss family relationships, we think of the emotional bond built between family members, especially between parents and children throughout their development (Walon, 2008). The way a mother feeds her baby, whether or not she responds to their cries, and the way she interacts with and cares for their needs form the first representations of this emotional bond.

Children may gradually perceive themselves as valuable, open and secure because they are respected and welcomed, or they may feel misunderstood and have to fight or withdraw to protect themselves. Children may suffer from a lack of affection, parental care, and physical or psychological pain from an early age (Bee 1997, Gomide 2000, Chaves, Kelder, and Orpinas 2002).

The more secure a child feels in the emotional bond, the more confident they will feel exploring the world (Bowen, 1978). This is because we tend to replicate our experiences in other contexts. We can say that parents who can demonstrate affection in a way that makes their child feel loved, protected, and their emotions welcomed and understood tend to have a secure base that will give them the confidence to explore other social contexts outside the family circle (Walon, 2008).

Aggressive behavior can mask feelings of insecurity, emotional deprivation, and a lack of social interaction and adaptation skills. Aggressive behavior ultimately creates an image of strength, importance, and fear, while seemingly demonstrating no lack of self-esteem.



Social skills. This is something we cannot ignore. Aggressive children tend to feel like failures, develop a disdain for authority and social rules, and tend to use aggressive behavior as a way to cope with their feelings of low self-esteem and frustration (Bolsoni-Silva and Marturana, 2006).

Parents may also use aggressive behavior to cope with these same feelings. Breadwinner mothers may experience emotional conflicts between generating income and caring for their children. They may develop feelings of helplessness when it comes to multitasking both inside and outside the home. This feeling of helplessness interferes with family relationships and can generate tension and aggression (Londono and Viveros, 2011). Mothers with feelings of helplessness tend to blame and hold their children accountable when they don't help in daily life. When they bring in the natural demands of their age, they are seen as more work, according to the aforementioned author.

This corroborates feelings of failure and an emotional distancing from the caring and authority figure.

Often the role of care and protection is transferred to another family member or the oldest child, increasing the distance and difficulties in emotional bonding. Corroborating with

As a result of these results, aggressive children tend to feel unable to meet others' expectations, often lose self-control, and blame others for their shortcomings. This shifting of responsibility or blame can occur in an intimidating manner, leading to defiant and destructive behavior (Papalia and Olds 2000).

These behaviors show a protection of self-image or self-esteem precisely because the person is sensitive and insecure about themselves.

Research has shown that higher self-esteem reduces the likelihood of psychological violence (Feregrino and Lujan 2016). Self-esteem is part of the emotional context, as the value with which a person views themselves directly influences their actions. The results confirm this premise, as those who are comfortable with themselves have no reason to engage in psychological violence in an attempt to put others down to feel superior. Children with high self-esteem appear to be more inclusive and have other, more appropriate forms of social interaction and adaptation.

Regarding authority figures, parents may exercise their authority through deficient interaction with inconsistent or insufficient discipline, monitoring, and supervision. They may use coercive behaviors to make their children obey the parents' rules, social norms, and values (Bolsoni-Silva and Marturano, 2006). Neglect, harsh discipline, and cruelty toward family members may occur (Bazi 2003). Children and adolescents may thus experience inadequate parental role models. In the research by Nobre, Vieira, Noronha, and Frota (2016),

65% of children reported being afraid of being hit at home, and 57.3% said their families encouraged retaliation. These data suggest a high rate of families using coercive methods as an educational tool, which can lead children to disregard authority and disregard social norms (Bolsoni Silva and Marturano 2006).

As for the male authority figure, aggressive children describe him as a power figure. The relationship with this power figure is marked by defiance and disregard for the authority's functions.



authority (Londono & Viveros 2011). Unlike the children in the same author's control group, who respect authority, accept norms and the male figure appears as being responsible for establishing the normative system.

Regarding the female authority figure, aggressive children have an image of the maternal figure as someone who mistreats them, not being the most significant figure in their relationships (Londono & Viveros 2011). Unlike the children in the control group, by the same author, who demonstrated feelings of protection, companionship, support, as well as being the most significant figure in their relationships.

Aggressive children exhibited feelings of anxiety about being destroyed or causing destruction, defiance and rule-breaking, an inability to save themselves, and feelings of abandonment or loneliness. Even having a parent present did not guarantee safety (Londono and Viveros 2011). This contrasted with the same author's control group of children without aggressive behavior who exhibited feelings of security and protective parental figures. It appears that the lack of an adequate authority figure can generate these feelings described.

Studies such as those by Wagner and Biaggio (1996) also observed that we reproduce the violence we experience as either victim or aggressor. This highlighted the relationship between aggressive children and aggressive parents. Parents are largely responsible for the development of aggressive behavior in their children, or victim behavior. Victim behavior occurs because they don't learn to defend themselves, don't take a stand, and don't feel valued, constantly allowing further aggression and abuse.

This corroborates studies by (Nobre, Vieira, Noronha, and Frota 2016) showing that being beaten at home and having a family that encourages retaliation are associated with child abusers, child victims, and children involved in conflicts. Child victims are associated with families that encourage retaliation and being beaten at home, while children involved in conflicts are associated with families that encourage retaliation and being beaten at home. It can be said that the greater the family's functionality, the lower the incidence of aggression (Souza, Silva, Nogueira, Amaral, and Santana 2014).

Final considerations

Health psychology proposes to offer people more effective ways to manage their life experiences to promote health. It addresses the phenomenon of violence, where violence begets violence, perpetuating the cycle. The proposal is to break

This cycle suggests that it starts from family relationships, permeating relationships in the school environment. For children to experience new, healthier, and more appropriate contexts and reframe their experiences, health promotion should come from initiatives that demonstrate, encourage, and provide opportunities for family and school experiences where members can see each other and interact more affectionately.

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