

# Violence or Aggression: Comparative Semiological Study and Psychopathological Implications in a Senegalese Patient

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## Abstract

**Introduction:** The terms “violence” and “aggression” are usually used interchangeably. This is all the truer given that the lack of distinction between the two terms is commonly noted in institutional settings. Based on a semiological comparative description, we will analyze a patient’s aggressive behavior, which she herself characterizes as violence. **Methodology:** This is a qualitative study of a case history of an in-patient who exhibits bouts of agitation that she characterizes as violent at each relapse episode. Based on a review of the literature and a descriptive semiological analysis, we will document the type of clinical signs presented by Mrs. SM. **Results:** At home, Mrs. SM may injure someone close to her during bouts of agitation. During the first few days of hospitalization, the nursing team’s visit is always interrupted at her request. She says: “Doctor, get out, leave me alone before I hit you. If my agitation re-surfaces in front of you, I can be violent, so please leave quickly”. **Conclusion:** We can see that the patient is often a victim of the repercussions of her aggression, which means she can cause harm, but not intentionally. This differentiates her behavior from violence, which is intentionally destructive.

## Keywords

Violence, Aggression, Comparative Semiology

## 1. Introduction

The term aggression is ambiguous. Etymologically and as found in the literature, “aggressiveness” comes from the Latin terms ad-gressere, aggredi and ad gradi, which mean “to go towards” (Bazier, 2006; Epsilon, 2024; Lemitre, 2017; Martel, 2016). The word aggression has a double meaning both “negative” attack towards others (hostile aggression), and a “positive” attitude referring to self-

affirmation and combativeness (instrumental aggression). Thus, it can be constructive for the personality, and allow to face the other without shirking (Bazier, 2006). Well dosed and mastered, it plays an essential role in the pursuit and achievement of our objectives. In the same sense, Martel (2016), psychotherapist, interested in the management of aggression, its inhibitions and its skids specify that Gestalt therapy rehabilitates aggression as a life force, distinguishing it from destructive violence.

According to the psychoanalytic approach, aggression is a component of the general dynamism of an individual's personality and adaptive behaviors. Aggression will thus have an instrumental value to allow the person to achieve his goals. For Freud, aggression is a force that is part of the ego's struggle for its preservation and affirmation.

Aggression refers to behavior (whether open or covered) and not to emotion and is fundamentally relational. Depending on the social groups and their cultural codes, the "normal" character of an aggressive demonstration can be variously assessed in different contexts (Plate-Forme de Concertation en Santé Mentale de la Province du Luxembourg, 2023).

On the other hand, violence is relational. According to the etymology, the word violence comes from the Latin *violentia* "abuse of force" (Lemitre, 2017). It is defined as the intentional use of physical force, threats against others or oneself, against a group or a community, which causes or is likely to cause trauma, psychological damage, developmental problems, or death. It is aimed at the destruction of the subject and is outside the social framework. You do not negotiate with a violent person, you protect yourself. If aggression makes it possible to indicate its power in contact with the other, violence makes it possible to obtain something by force, or on the contrary, to manifest its inability to obtain something by carrying out an act of destruction (L'internaute, 2021). In the words of Benghozi (2010), "Violence is an attack on the bond. It is "symbolic" and "obsolete". (...) Whether physical, mental, or sexual, violence is intrusive and undermines the integrity of the other."

In addition, violence is a very complex phenomenon that affects individuals, groups, and even society. This phenomenon is also universal and omnipresent and can take many forms, to varying degrees: it can be moral, physical, verbal, psychological, economic... (Bazier, 2006).

However, the difference is not usually made in the use of the term's violence and aggression especially since it is enameled with a rather remarkable subtlety. This is all the truer since the absence of distinction between the two terms is familiar in specialized institutional settings. Moreover, many disciplines do not establish a real conceptual boundary between the two terms that are used alternately, without real paradigmatic distinction. However, violence is generally considered more serious in terms of its impact. We will not say that murder, rape, or terrorist attacks are aggressive but violent acts (Lemitre, 2017).

Thus, based on a comparative semiological description and a review of the literature, we will proceed to the analysis of an aggressive behavior of a patient

who herself characterizes violence.

## 2. Methodology

This is a qualitative study of a clinical case of a hospitalized patient, whom we will call Mrs. SM. Mrs. SM exhibits bouts of agitation at each relapse and characterizes them as violent. Our choice of her as a case study is based on the fact that she is a rare case, appearing for the first time in our psychiatric institution. In the sense that she was the first patient to warn the nursing staff to stay away from her so that they wouldn't fall victim to her "violence". She was also proposed by the paramedical team to study a case of violence within the framework of the Senegalese Scientific Days on Mental Health. Given this situation, we thought it relevant and interesting to reflect on her case. Based on a review of the psychopathological literature and a descriptive comparative semiological analysis, we will support the type of clinical signs presented by Mrs. SM.

The clinical illustrations are taken from her medical records and the various semi-structured interviews conducted during her hospital and home visits.

## Ethical Considerations

Mrs. SM's rare and didactic clinical case contributed to the approval of our study by the Head of the Department of Psychiatry and Medical Psychology, in agreement with the Director of the Fann University Hospital, Dakar (Senegal). During this study, all clinical data were collected in compliance with the rules of medical ethics.

## 3. Results

Mrs. SM is a patient aged 70, followed for several years in Psychiatry. Together with the para-medical team, they characterize one of the symptoms it presents as "violence". In her home, Mrs. SM can injure a loved one during her bouts of agitation: "I interrupted the cleaning I was doing, I was shouting and threatening my husband with the broom I always had in my right hand. With my gesticulation, the broom flew away and hit my husband's head." She says, "I didn't want him to come near me, I hate him when I'm sick." During the first days of hospitalization, the visit of the health care team is often interrupted at his request. She says, "Doctor, get out, leave me alone before I hit you. If my agitation surfaces in front of you, I can be violent, please come out quickly." Mrs. SM has good therapeutic observation to avoid relapses. She says, "If I have a relapse, I happen to be violent unintentionally." During her periods of clinical stability, Ms. SM often reflects on her regret when she reflects on the supposed "violent behavior" that sometimes occurs during her bouts of agitation.

## 4. Commentaries

### 4.1. Psychopathological and Semiological Reading of Violence

For some authors, the distinction between violence and aggression no longer

seems appropriate, since the two terms are used as synonyms. However, in clinical practice, it is quite different if one uses the method of fine comparative semiological analysis. This will allow its clinicians to easily understand the difference between these two semiological terms as described by [Benghozi \(2010\)](#). In his words, “Violence is an attack on the bond. It is intrusive and undermines the integrity of the other.” If in aggression the awareness of the existence of the other is preserved, violence is accompanied by a break in bond. The perpetrator of the violence denies the existence of others by the commission of the act of annihilation. For many encyclopedias, violence is an intense, extreme, brutal force. It is characterized by its blind nature, without any relation to the other ([Léonard-Mallaval, 2009](#)). Violence is destructive and is part of the clinic of acting.

#### **4.2. Psychopathological and Semiological Reading of Aggression**

Aggression as for it presupposes the encounter with others, at least, generating conflict and opposition; it is to oppose to pose or face adversity. It is aimed at a desire to be recognized by the other. An aggressive person will threaten the other, show hostility.

It would be a reaction to frustration. The accumulation of anxiety or frustration gives rise to a force, an energy that can externalize at any time.

This last situation corresponds best to the symptom presented by Mrs. SM which corresponds from the semiological point of view to aggression.

Through Mrs. SM’s exploration of family dynamics, it appears that she lives constantly with the feeling of being deceived by her husband thus accumulating frustrations and anxieties. She suffered for a long time from her husband’s infidelity. These feelings generate episodes of verbal and physical aggression towards her husband. To further support this hypothesis, it is described that aggression is primarily relational. The target is often a relative ([Welniarz, 2006](#)). According to [Benghozi \(2010\)](#) “aggression aims to restore a disavowed bond. It challenges, summons, provokes the other. It is a form of appeal, an attempt to overcome impasses to the word by conflictualizing the relationship, to say what cannot be said otherwise and hope to be heard.”

Furthermore, the sweep received by Mrs. SM’s husband occurred accidentally. It is not part of the intent to destroy. It is unintentional and is a consequence of its aggression. This is ultimately a slip of aggression as explained by [Bazier \(2006\)](#).

Also, it is to protect the health care team from this type of accident that she chooses to dismiss her to preserve the integrity or existence of it.

Simple explanations from this analysis could help Mrs. SM better understand her symptoms and help the paramedic team differentiate between violence and aggression.

### **5. Conclusion**

We note that the patient is often the victim of the repercussions of her aggres-

sion which makes that she can harm but unintentionally. This differentiates its behavior from violence that is intentionally destructive.

### Study Limitations

Due to small number of cases.

### Recommendations

This analysis highlights the importance of helping patients to understand their symptoms, without which they risk exacerbating their suffering.

This is all the truer for caregivers, who must also seek the meaning given by the patient to his symptoms, considering the cultural context during his psychopathological and semiological analysis, and thus provide him with the most appropriate psychotherapeutic response.

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### Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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