

		Science, Education and Innovations in the Context of Modern Problems Issue 2, Vol. 9, 2026	
		RESEARCH ARTICLE 	
		<h1>The Role of the Psychologist in Modifying Aggressive Behavior among Juvenile Delinquents: A Field Study Conducted at the Juvenile Follow-up and Rehabilitation Center in M'Sila, Algeria</h1>	
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Issue web link	https://imcra-az.org/archive/392-science-education-and-innovations-in-the-context-of-modern-problems-issue-2-vol-9-2026.html		
Keywords	Juvenile delinquency; aggressive behavior; verbal aggression; physical aggression; anger management; psychological intervention; rehabilitation; juvenile justice; behavioral modification.		
<h3>Abstract</h3> <p>Juvenile delinquency constitutes one of the most serious psychological and social challenges confronting contemporary societies, as it directly affects social stability, public security, and the future development of young generations. Among the most prevalent manifestations of juvenile delinquency is aggressive behavior, which appears in multiple forms, including verbal aggression, physical aggression, and heightened levels of anger. These behaviors not only hinder the psychological adjustment of juvenile offenders but also complicate their rehabilitation and social reintegration. This study aims to examine the role of the psychologist in modifying aggressive behavior among juvenile delinquents through a field study conducted at the Juvenile Follow-up and Rehabilitation Center in M'Sila, Algeria. The research adopts a descriptive-analytical approach, focusing on the professional interventions and psychological techniques employed by psychologists working with this vulnerable population. Particular attention is given to the psychologist's contribution to reducing verbal and physical aggression and managing anger among detained juveniles. The study is grounded in the assumption that psychological intervention constitutes a central pillar in the rehabilitation process, as it enables juveniles to understand the underlying psychological and social causes of their delinquent behavior, develop emotional regulation skills, and acquire socially acceptable behavioral alternatives. The findings underscore the essential role played by psychologists in behavioral modification programs and confirm that structured psychological support significantly contributes to reducing aggressive tendencies and enhancing psychosocial adjustment. The study concludes by emphasizing the necessity of strengthening psychological services within juvenile care institutions, supporting psychologists through specialized training, and integrating psychological intervention programs into national juvenile justice and rehabilitation policies to ensure the effective reintegration of juvenile delinquents into society.</p>			
<h3>Citation</h3> <p>Siham M; Khadra H. (2026). The Role of the Psychologist in Modifying Aggressive Behavior among Juvenile Delinquents: A Field Study Conducted at the Juvenile Follow-up and Rehabilitation Center in M'Sila, Algeria. <i>Science, Education and Innovations in the Context of Modern Problems</i>, 9(2), 1-14. https://doi.org/10.56334/sci/9.2.35</p>			
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Received: 07.07.2025		Accepted: 05.11.2026	
		Published: 18.01.2026 (available online)	

1. Introduction

Juvenile delinquency is a problem that societies suffer from, as it is a psychological and social problem. It hinders the development of societies. Despite the state's policies and efforts to confront it, statistics and daily events indicate that the problem is increasing and worsening, and this poses a danger to the growth of young people and the progress of societies.

Given the seriousness of the phenomenon and its impact on all levels, studying it, understanding its causes, dimensions, and effects has become an urgent necessity. It has garnered the attention of researchers and scholars in criminal psychology, the sociology of deviance and crime, and abnormal psychology. Juvenile delinquents commit various offenses such as theft, vandalism, assault, fraud, and aggression in its various forms, whether physical, verbal, or even self-directed. To address the issue of juvenile delinquency, the state has adopted policies that give significant weight to this problem by appointing psychologists to care for this vulnerable segment of society—juvenile delinquents—in order to understand their behavior and disorders, attempt to reform them, modify their behavior, and reintegrate them into society.

Providing psychological and social support to achieve psychosocial adjustment for the delinquent juvenile is crucial. Psychological services and care are among the most important pillars of the process of reforming and rehabilitating delinquents and reintegrating them into society as honorable individuals who avoid delinquent behavior and are not negatively affected by social stigma.

Since aggressive behavior is a widespread type of behavior among juvenile delinquents, it is essential to find appropriate techniques and methods that can reduce abnormal behavior and replace it with desirable behaviors. Therefore, this study addresses this problem from a psychological perspective, emphasizing the need to provide psychologists within specialized centers that care for this group. Based on the above, we pose the following main question: Does the psychologist have a role in modifying aggressive behavior in delinquent juveniles? This leads to several sub-questions:

- Does the psychologist play a role in modifying verbal aggression in juvenile delinquents at the juvenile detention center in M'Sila?
- Does the psychologist play a role in modifying physical aggression in juvenile delinquents at the juvenile detention center in M'Sila?
- Does the psychologist play a role in reducing anger in juvenile delinquents at the juvenile detention center in M'Sila?

2. Study Hypotheses: To answer the study questions, we propose tentative hypotheses that we will verify through field research.

2.1. General Hypothesis:

The psychologist plays a role in modifying aggressive behavior in juvenile delinquents at the juvenile detention center in M'Sila.

2.1.1. Sub-Hypotheses:

- The psychologist plays a role in modifying verbal aggression in juvenile delinquents at the juvenile detention center in M'Sila.
- The psychologist plays a role in modifying the physical aggression of juvenile delinquents at the juvenile detention center in M'Sila.
- The psychologist plays a role in reducing anger among juvenile delinquents at the juvenile detention center in M'Sila.

3. Importance of the Study:

The importance of this study lies in the significance of the topic and the sensitivity of this age group. It is essential to pay attention to juvenile delinquents, given the behavioral disorders they suffer from, which necessitate special care. This care involves helping them understand the reasons for their delinquency and guiding them onto the right path, ultimately leading to successful individuals with appropriate behavior that aligns with the values and ethics of society.

4. Study Objectives:

This study aims, through its variables, to:

- Determine the role of the psychologist in modifying aggressive behavior among juvenile delinquents at the juvenile detention center in M'Sila.
- Determine the role of the psychologist in modifying verbal aggression among juvenile delinquents at the juvenile detention center in M'Sila.
- Determine the role of the psychologist in modifying physical aggression among juvenile delinquents at the juvenile detention center in M'Sila.
- Determine the role of the psychologist in reducing anger among juvenile delinquents at the juvenile detention center in M'Sila.

5. Defining Concepts: Defining concepts clarifies and facilitates understanding. We will explain the most important terms in the study:

5.1. Juvenile Delinquency: A juvenile delinquent is a minor (usually under 18 years old) who commits illegal behavior. They are dealt with within the juvenile justice system under special laws that focus on reform and rehabilitation rather

than harsh punishment. Their offenses include criminal acts and "status" offenses (such as vagrancy or neglect). Laws vary from country to country.

Delinquency is a social phenomenon present in almost every society. Due to the significant differences in the characteristics of delinquent personalities from one juvenile to another, many working in the field of delinquency and deviance have found it difficult to encompass all these elements in a single, comprehensive definition. This has led to differing perspectives among psychologists, sociologists, and legal professionals in defining the concept of delinquency. Each group views it from the perspective of its own culture and specialization, as follows:

5.1.1. Legal Definition of Delinquency: Delinquency is a violation of the legal rule, and therefore there is agreement among many researchers interested in this field. Among them is Cosson, who defines it as an offense committed by a delinquent and punishable by law, as well as any act that leads to harming others (Muhammad 1998, p. 128).

Abdul Rahman Al-Issawi defines delinquency as "any violation of the law by young children. This behavior is often committed by a child under 18 years of age, and it warrants the attention of the court. This concept applies to minor offenses committed by minors against the prevailing social norms" (Abdul Rahman 1995, p. 175). From the above, it can be said that there is a consensus that delinquency is a violation of the law by children whose ages do not exceed 18 years and are not less than 13 years. Consequently, the inevitable result of these offenses is the application of protective measures and attempts to reform and correct the child's behavior, in accordance with the provisions of the law in the field of juvenile justice.

5.1.2. Definition of Delinquency from a Psychological Perspective: Psychologists define delinquent behavior as a behavioral disorder rooted in a disturbance of psychological and neurological development. This disturbance results from various factors that may hinder this development and lead to deficiencies in certain aspects of personality (Muhammad, 1998, p. 156).

Most psychologists focus on the personality of the delinquent juvenile and its developmental stages, suggesting that internal psychological conflicts begin early in a child's life and play a significant role in shaping the delinquent personality. Furthermore, psychologists consider juvenile delinquency to be antisocial behavior based on psychological conflict between the individual and themselves, and between the individual and the group to which they belong.

Sigmund Freud defined delinquency as a disturbance in the socialization process, viewing it as a continuation of antisocial tendencies and inclinations. In other words, Freud saw delinquency as a natural consequence of poor socialization, resulting in individuals who grow up rebellious and defiant against societal values, norms, and laws. In other words, delinquency can be considered any behavior resulting from a disturbance in psychological and social development that prevents the individual from adapting to their social environment, leading them to commit acts that are incompatible with what is considered unacceptable in society.

5.1.3. Defining Delinquency from a Social Perspective: Sociologists who have addressed the concept of delinquent behavior agree that it is part of the culture of the group to which the delinquent youth belongs. Therefore, this delinquent behavior is linked to studying the nature of the social relationships that connect the individual to the members of the group in which he lives.

Thus, in the view of sociologists, delinquent behavior is that which a youth commits in violation of a specific norm due to a particular motive, or as a result of a set of factors, circumstances, or pressures that affect the process of interaction between people.

Kavan, on the other hand, defined it as "an act committed by a youth that is characterized by violating prevailing laws, leading to harm to the individual, his future, or his life in society as a whole" (Muhammad Arif, 1981, p. 4).

Most of the definitions discussed from this perspective indicate that delinquent behavior is, in reality, a violation of the sanctity of societal norms and rules, and it constitutes behavioral patterns that deviate from the specific behaviors agreed upon by society.

Operational Definition of Delinquent Behavior:

From all of the above, we can define delinquent behavior operationally as an individual's failure to adapt socially to the laws of society, which contradicts the interests of the group and is inconsistent with social and legal norms. In other words, it is any act or behavior that does not conform to societal norms, committed by a young person, which, if committed by an adult, would subject them to legal penalties. Therefore, it is a product of a mismatch between the general culture of society and the individual's personal goals.

5.1.4. The Juvenile: Chronological age is a crucial and necessary factor in determining the age of majority. This age varies from one society to another, and consequently, criminal responsibility differs according to the nature of each society and the type of treatment accorded to those who violate its rules. Many definitions of the juvenile have been given, whether in laws pertaining to juvenile delinquents, in penal and procedural laws, or those adopted by psychologists and sociologists.

A- From a legal standpoint: Article 442 of the Algerian Code of Criminal Procedure defines a juvenile as a minor under the age of 18. Upon reaching this age, the minor has attained the age of criminal majority (Article 442 of the Code of Criminal Procedure, No. 66, 1966).

B- From a Psychological and Sociological Perspective:

The term "juvenile" is defined as "the child from birth until psychological and social maturity is achieved and the elements of adulthood are fully realized," or "the child who responds to maladjustment to a serious and escalating degree and through aggressive means" (Anwar, 1986, p. 79). It is noteworthy that this definition does not specify the age of the juvenile, but rather refers to the child from birth. Consequently, responsibility is negligible, at least from the perspective of criminal law. This contrasts with the view of sociologists and psychologists, who believe that the components of an individual's personality are formed and developed during this period and have a significant impact on the individual's later life.

Psychologists and sociologists agree that an individual passes through different, overlapping stages from birth, which are difficult to separate. However, they differ in the division of these stages based on the criteria they use for each division (Ahmed, 1980, p. 38). In fact, the definition of juvenile age varies from one society to another. For example, Britain has set the age of criminal responsibility for juveniles who commit deviant acts between 14 and 17 years old. They are considered delinquents and are tried accordingly. In special courts for juveniles. (Jazar Korono, 1998, p. 155) Thus, it can be said that a juvenile is a person who has not reached the age of eighteen and has committed acts that violate the laws, customs and values of society, and has therefore engaged in unacceptable behavior that is punishable by society and the law.

5.2. Aggression: The concept of aggression has been defined in various ways by different scholars and researchers. According to Chaplin, "aggression is an attack or retaliatory act directed at a person or thing, involving a desire to dominate others. It manifests as harm, belittling, or ridicule with the aim of punishing the other." (Zakaria, 1994, p. 12) Adler, on the other hand, sees "aggression as a manifestation of the will to power."

Bass, however, believes that "the concept of aggression refers to the presentation of isolated stimuli to others." (Hussein, 2004, p. 23)

Operational Definition: Based on the preceding definitions, aggressive behavior is any behavior exhibited by an individual with the aim of causing harm or damage to another individual or group of individuals, while attempting to avoid this harm, whether physical or verbal, and whether direct or indirect. It may be expressed as anger or hostility directed at the victim. From this operational definition, it can be concluded that:

Aggressive behavior aims to Intentionally harming another person, not oneself, and the victim's desire to avoid such harm.

The aggressive behavior may take a physical form (biting, hitting, or breaking) or a verbal form (insults or mockery).

5.3. The Psychologist: This individual holds an advanced degree in clinical psychology and has received training in assessing mental health using interviews, evaluations, and psychological tests.

Garfield defined a psychologist as "first and foremost a psychologist who maintains loyalty to the field of psychology in which they received their training and adheres to its core values, including those related to scientific research, even though they specialize in clinical psychology and receive the necessary practical training in clinical settings" (Faisal, 1994, p. 71). From this, it can be concluded that a psychologist is someone who uses psychological principles, techniques, and methods to diagnose individuals' mental and emotional disorders and develops a treatment plan to achieve psychological adjustment. In our study, this refers to any clinical psychologist working within the juvenile center in M'Sila.

6. Previous Studies:

Several studies have addressed juvenile delinquency, others have addressed aggressive behavior, and some have addressed both variables. A group of relevant studies was selected, and the review is as follows:

6.1. First Study: Rahis Ibrahim's study entitled: *The Role of Group Psychotherapy in Modifying Aggressive Behavior Among Juvenile Delinquents in 2019*

The study aimed to investigate the effect of a psychotherapy program based on lectures, discussions, and psychodrama, and to examine its impact on modifying aggressive behavior. The researcher used a quasi-experimental approach. The study sample consisted of 50 delinquent adolescents from a juvenile center, divided into two groups: an experimental group and a control group. They were selected purposively, and the Aggressive Behavior Scale developed by Dr. Mahi Ibrahim and Dr. Bashir Maamaria was used. The results of the study showed that group psychotherapy had an effect on modifying their aggressive behavior. (Rahis, 2019).

6.2. The second study: Zaki's 1989 study aimed to develop a guidance program to address aggression among delinquent adolescents. The primary objective was to design a psychosocial guidance program to address aggressive behavior among delinquent adolescents in juvenile institutions. The program aimed to channel their aggressive energy and intellectual abilities in a beneficial way, deepen their understanding of their motivations and behavioral patterns, help them control their emotions and hostility towards others, and train them to form healthy social relationships through group interaction.

The study was conducted on a sample of 12 individuals (n=12), equally divided between 6 males and 6 females, aged between 12 and 16 years, drawn from juvenile institutions. The researcher used the following instruments: the Thematic Apperception Test (TAT), an Aggressive Behavior Scale, and a group guidance program.

6.3. The third study: Samia Al-Ansari's 1989 study, entitled "Using Group Therapy to Modify Some Psychological Needs of Juvenile Delinquents," aimed to compare the family and social circumstances of both delinquent and non-

delinquent juveniles and to identify some of their psychological needs by comparing a sample of delinquent juveniles with a control group. It also aimed to determine whether group therapy played a role in modifying some of the psychological needs of delinquent juveniles. The study sample consisted of 30 male delinquents as an experimental group and 30 male non-delinquents as a control group. The researcher used Edwards' Personal Preference Scale and a personal interview form she developed. The results of the study indicated that the absence of one or both parents is among the factors contributing to juvenile delinquency. The presence of parents means fulfilling and ensuring the satisfaction of the child's needs, while their absence poses a threat to their well-being. The results also showed statistically significant differences between delinquent and non-delinquent juveniles in terms of achievement, independence, affection, and control. And violence.

7. Theoretical Study: To understand the subject of the study, we provide a detailed explanation of each of its variables with precision and clarity.

7.1. Definition of a Psychologist: A psychologist is a qualified specialist who provides psychological support and treatment to individuals by assessing and understanding emotional and behavioral problems and applying psychotherapy techniques. Hamed Abdel Salam Zahran defined them as "the specialist responsible for the process of counseling and psychotherapy. They are trained in university psychology departments and receive practical training in counseling centers, psychological clinics, or various institutions under the supervision of professors and experts. Their scientific and practical preparation requires special attention, as it necessitates specialized study and training in counseling and psychotherapy methods and their various fields."

7.2. Characteristics of the Psychologist:

For a psychologist to perform their duties effectively, they must possess certain qualities and abilities. Effi and Smick identify three of these:

- 1- The ability to generate a wide range of verbal and nonverbal communication skills for self-expression and interaction with others within a specific culture.
- 2- The ability to generate a wide range of communication skills for interacting with diverse groups within the culture.
- 3- The ability to formulate plans and work effectively within the diverse possibilities available in the culture.

Ramadan Muhammad Al-Qadhlafi believes that the role of a psychologist requires, in addition to professional experience and competence, a set of characteristics, including:

*A tolerant outlook: Accepting the client regardless of their disorder, while not allowing the psychologist's personal values to interfere with the treatment and counseling process. *Friendliness, empathy, and demonstrating friendship: These are characteristics that strengthen the relationship, encouraging a re-examination of inconsistencies in the client's behavior by identifying underlying problems in thinking, attention, and perception, and then helping the client avoid them and replace them with healthy patterns. *Understanding: This requires familiarity with the foundations of the disorder, identifying the problem through diagnosis, and selecting the appropriate treatment method. Alaa El-Din Taqafi mentions some characteristics that distinguish an effective psychologist, including:

*Self-awareness: The psychologist's knowledge and understanding of themselves, in terms of their strengths which they work to enhance, and their weaknesses, and their efforts to free themselves from self-centeredness and confinement, in addition to understanding their environment, enables them to provide better psychological services. *Freedom from judging themselves and others: This makes them The client feels safe with the specialist, speaking freely and without embarrassment about being themselves.

*The ability to bring the client into the real world.

The ability to understand others, by empathizing with and appreciating their motivations, even if those motivations are misguided or abnormal, leads to a positive client response.

*A sense of humor: Laughter and jokes release tension and alleviate anxiety and fear because they require the individual to view their problems from a fresh, lighthearted perspective.

*Confrontational skills: When a psychologist observes a decrease in the client's behavior, they can guide them back to reality or reduce their exaggerated perceptions of things, encouraging them to explore their own motivations and reveal more about themselves.

7.3. Characteristics of the Clinical Specialist

The clinical specialist is the link between the client and the diagnosis, and must possess certain positive characteristics. Carl Rogers identified a list of these characteristics, which we will mention: A desire to help and assist others; a high degree of insight; a high degree of tolerance, emotional control, and self-discipline; a high level of academic education; flexibility, leadership, creativity, patience, and active listening; scientific and academic competence; curiosity; perseverance; the ability to build relationships; self-respect and respect for others; and objectivity and impartiality.

7.4. The Psychologist's Tasks: The psychologist's tasks can be summarized in the following points:

- 1) Providing a reassuring environment for the client, encouraging them to confide their deepest secrets without fear or hesitation.
- 2) Encouraging the client to continue speaking and to uninterruptedly recall their thoughts in order to uncover the content of their repressed conflicts.
- 3) Conducting scientific studies of brain behavior and functions to understand the client.

- 4) Using their professional expertise to help the client overcome resistance, should it arise.
- 5) The psychologist performs the diagnostic process and develops supportive plans.
- 6) Guiding and counseling patients, providing them with advice and direction.
- 7) Administering diagnostic tests to understand the client's condition.
- 8) Selecting methods and approaches that help in better understanding and predicting behavior.
- 9) Helping individuals resolve conflicts and disputes.
- 10) The specialist examines the client and determines their suitability for psychoanalytic treatment and counseling (Hamed, 1997, p. 148). Shakou, however, believes there is a relative consensus among scholars regarding the diverse areas of interest that constitute the role of the psychologist, and he identifies these areas as four key areas of interest.
 1. A psychologist's focus may revolve around the dynamic approach to personality studies. This requires a thorough understanding of psychiatry, clinical psychology, and psychoanalysis. In studying personality structure, the psychologist must use the individual case study as a tool for diagnosis and treatment to gain insights into different groups of people and the factors contributing to normal or deviant behavior.
 2. A psychologist's focus may also include the use of psychological and mental tests to reveal personality structure, abilities, interests, tendencies, and values, as well as any psychological symptoms or behavioral disorders. For this approach to succeed, positive collaboration with educational and professional staff is essential.

3. A psychologist may seek to provide psychological support to patients or those suffering from behavioral disorders, whether during the diagnostic phase (psychological or mental, or both), during the provision of necessary treatment, or when the case requires specific psychological counseling techniques. 4- This is the aspect that Schacko calls the experimental approach of the psychologist, in which he attempts to understand the psychological characteristics and personality traits of the individual, and the various dynamics that govern his personality.

Schacko believes that all these approaches are of such importance that they must be considered in the training of the psychologist (Faisal 1994, p. 92).

Based on the above, the psychologist should observe the client's tendencies and consider how to guide and direct them to overcome their challenges, helping them achieve personal, professional, and social growth, and to better integrate with themselves and their environment. The psychologist's fundamental principle is to strengthen, support, and empower the client, fostering their autonomy by helping them achieve self-actualization and develop an increased capacity to adapt to changing circumstances. This empowerment includes the ability to love and work, all based on mutual trust between the client and the psychologist.

7.5. The Psychologist's Scope of Practice: The psychologist's work is not limited to mental hospitals or psychiatric clinics but extends to countless other fields, including schools, guidance and counseling centers in every educational institution, universities (as psychological support centers), prison administrations and rehabilitation institutions, military centers, police stations, and youth centers with their listening and youth health protection units. Each institution performs numerous tasks in diagnosis, treatment, research, guidance, and counseling, and the specific type of work varies from one institution to another. Its areas of intervention can be further explained below:

Working in clinics or hospitals specializing in mental and psychological illnesses, the psychologist's role is to diagnose psychological or mental disorders and treat these cases in collaboration with specialists in the field, such as psychiatrists, who play a crucial role in supporting patients.

Working in the fields of vocational, educational, and psychological guidance, the psychologist's role is to guide individuals toward appropriate academic or professional choices that suit their abilities and capabilities, based on the results of tests and assessments. Here, the psychologist performs both diagnosis and guidance/counseling.

Working in correctional institutions, juvenile detention centers have become heavily reliant on psychologists to study the cases of delinquents, conduct interviews to understand their motivations, and identify the types of conflicts they experience. The psychologist then provides suggestions and recommendations to help guide these delinquent groups and facilitate their personal and social adjustment to real-life situations. □ Working in the fields of work and workers, the role of the psychologist in the workplace is very important, as he studies the material conditions within the workplace itself, and their psychological effects on the worker and on work productivity as well. He also reveals the psychological motives of workers and their effect on them in terms of fatigue, boredom and exhaustion, and their exposure to work accidents. Therefore, the psychologist offers appropriate suggestions for these phenomena in order to solve them, along with preparing recreational programs, and material and moral rewards for workers. (Faisal: 1994 p:78)

Working in research centers: This involves focusing on research and knowledge issues, staying informed about key methodologies in the humanities, particularly in light of recent scientific developments in clinical psychology and the development of mental health programs. Working in the local environment: This field of application encompasses a wide variety of problem-solving approaches employed by psychologists, as well as by other specialists such as psychiatrists, social workers, and educational psychologists. They provide consultations to parents, business owners, and parent-teacher associations in schools, addressing employment and economic issues. They also train individuals with limited vocational education and help community members organize themselves.

Working in state institutions, such as youth centers, which include listening and youth health units that guide young people on various levels.

7.6. Psychologist's Tools: Psychologists use several tools in their work, the most important of which are:

Psychological Tests (Standardized and Projective): These are considered among the most important tools for understanding an individual's behavior or performance in specific situations. They reveal an individual's abilities and the factors influencing their behavior, in addition to uncovering their feelings, attitudes, and tendencies.

Case Study: This involves gathering all the information that can be collected from various fields about an individual's situation, such as their developmental, educational, health, social, and family history. A case study allows the psychologist to collect comprehensive data about the individual's overall history.

Diagnostic Interview: This is considered one of the important tools for understanding the individual and grasping their feelings and attitudes towards the situations they face, and towards the people around them, both family and community. This is because it provides the psychologist with the opportunity for direct observation of the individual's behavior and a close understanding of their problem.

7.7. Problems Facing the Psychologist: For psychology to thrive, it must be applied practically, and its applications must be developed without losing the value that made it a science.

Therefore, there is a significant gap that psychologists have experienced in achieving their aspirations for success and self-realization. This gap is the result of certain constraints and mindsets that have combined to form obstacles and barriers that continue to hinder every attempt. These obstacles can be summarized in the following main points:

7.7.1. Problems related to training: The duration of training for the psychologist is insufficient. In fact, the training of the psychologist does not depend on the theoretical aspect, but rather there is an applied aspect full of various internships and field applications, which has been somewhat neglected. Therefore, the psychologist must be prepared intensively in both the theoretical and applied aspects, so that he can practice his work to the fullest extent, because he is considered a researcher and a practitioner at the same time.

7.7.2. Field Problems (Practical): Psychologists face numerous challenges in the field, stemming from a lack of experience and expertise, and a shortage of specialized centers to address this deficiency. Some physicians view psychologists merely as test administrators, referring cases to them for diagnostic testing as if they were laboratory workers. This stems from a lack of established professionalism and a general societal misunderstanding of the psychologist's role.

7.7.3. Social Problems: The role of the psychologist remains unclear to some segments of society. This perception is influenced by a set of customs, traditions, and misconceptions, as well as ignorance, illiteracy, and a lack of awareness, particularly in underdeveloped societies. This hinders the psychologist's work and prevents them from fulfilling their responsibilities effectively.

What can be said is that the psychologist should not remain a prisoner of these problems, but rather it is one of his characteristics to accept various frustrations and struggle with these problems and crises because he is capable of doing so through his diligence in getting out of this situation, and his interest in his self-formation through his initiative to conduct internships during a training period, and his contribution to work within private associations and achieving a kind of harmony, interaction and exchange of ideas and experiences with various psychologists with high experience and competence (1982, p. 96, Paul).

In summary, the most prominent problems facing psychologists include difficulties related to society and institutions.

- Lack of awareness and understanding of the role of the psychologist: A misunderstanding of the psychologist's role, where they are sometimes viewed as a therapist for severe mental illnesses, rather than as a supporter of mental health in general.
- Resistance from parents and a reluctance to accept the idea of referring their children for counseling, especially in schools. A lack of coordination between the psychologist, administration, teachers, and educational staff.
- A lack of resources, such as the absence of well-equipped offices or appropriate assessment tools. There are also professional and personal challenges, such as emotional burnout: Daily work with complex psychological cases consumes the psychologist's energy. Professional isolation, such as feelings of loneliness due to the nature of the profession, is another challenge. Balancing empathy with the client and maintaining professional boundaries is difficult, as is achieving a work-life balance. Procedural and diagnostic difficulties also exist.

8. The Concept of Aggressive Behavior: The concept of aggressive behavior is comprehensive and general, and cannot be confined to a single behavior or manifestation. Scholars and researchers have paid considerable attention to it, resulting in diverse and varying definitions from one scholar to another. Philip Harman defined it as "compensation for the persistent frustration experienced by the individual, and its intensity is directly proportional to the intensity of the frustration" (Abdul Rahman, 1984: p. 80). Researchers Miller and Denver indicated in 1982 that there are five basic criteria by which we can define and identify aggression. These criteria are: the pattern of behavior, the intensity of the behavior, the degree of pain, the characteristics of the aggressor, and the intentions of the aggressor (Yahya, 2000: p. 186).

Another definition of aggression comes from Jean Laplanche and Pontalis, who described it as "that tendency or set of tendencies that manifest in real or imagined actions and lead to harming, destroying, coercing, and humiliating others" (Jean Laplanche and Pontalis, 1985, p. 230).

This complements what Fakhri Aqel stated, emphasizing that aggression is: "hostile actions and feelings, a motive aroused by frustration or instinctive excitement" (Ismail, 1988, p. 48).

In another perspective, Chaplin defined aggression as "an attack or physical act directed at someone or something, meaning the desire to assault, harm, belittle, or ridicule others in various ways with the aim of punishing them or

demonstrating superiority over them" (Al-Banna, 1994, p. 25). In the same vein, Freud considered aggressive behavior to be "a result of the death instinct" (Malham, 2007: p. 152).

However, Seasar defined aggressive behavior as "a learned emotional response that, as the child grows, especially in their second year, transforms into functional aggression, due to its conditioned association with the satisfaction of needs" (Al-Fasfous, 2006: p. 20).

McPherry defined it as "any behavior exhibited by an individual with the intention of causing harm or damage to another individual—or other individuals—who is trying to avoid this harm, whether physical or verbal, direct or indirect, or expressed through anger or hostility directed at the victim." Arnold Buss, on the other hand, defined it as "any form of behavior directed at another being and that is unpleasant to them" (Maamaria, 2007: p. 80).

This behavior has also been defined as "a response that follows frustration and is intended to harm another individual or even oneself; suicide is an example of self-aggressive behavior" (Al-Sayed, 1980: p. 174).

From the preceding definitions, we can conclude that all these approaches to meaning share the definition of aggressive behavior as physical and psychological aggression towards others and towards oneself, differing only in the underlying causes and motives behind this behavior.

8.1. Forms of Aggressive Behavior:

Aggression is classified into different forms, although these forms overlap. Some classifications are listed below:

First: Classification of aggression according to style or outward form:

Verbal aggression: This type takes on patterns of verbal behavior such as threats, defamation, insults, belittling, and threatening words or phrases (Abu Asaad, 2009: p. 270).

Physical aggression: This refers to behaviors that cause physical harm to others, self-harm, or vandalism and destruction of property. Some children use their physical strength and size to throw or bump into other children, while others use their hands in aggressive behavior. Their nails, feet, or teeth may be useful tools in a fight. (Al-Mansour & Zakaria, 2003: p. 203)

Symbolic aggression: Also known as expressive aggression, this takes the form of gestures such as facial expressions and eye contact, like looking at others with contempt, ignoring them, or making gestures with the hands. (Abu Asaad, 2009: p. 270) The child often uses this type of aggression to show contempt for others, such as sticking out their tongue, spitting, or refusing to look at or return a greeting.

Secondly: Classification of aggression based on its source or recipient: This classification divides aggression into two categories as follows:

- Direct aggression: Aggression is considered direct if the child directs it directly at the source of frustration, using physical force, verbal expressions, or other means.

- Indirect aggression: The child may fail to direct aggression directly at its original source for fear of punishment, so they redirect it towards another person or thing (friend, servant, possessions) that is connected to the original source (Al-Zahir, Qahtan 2004: p. 115).

- Thirdly: Classification of aggression based on who exhibits it: This classification identifies three categories as follows:

- Individual aggression: The child directs aggression with the intention of harming a specific person, whether a child such as a friend, sibling, or other, or an adult such as a servant or other (Al-Mansour, Al-Sharbini: 2003: p. 203).

- Collective aggression: This occurs when a group of children direct their aggression against a person or group of people. For example, a group of children might agree to harm a young child.

- Self-directed aggression: In some children with behavioral disorders, aggression may be directed inward, aiming to harm and inflict injury upon themselves (Raafat, 2000, pp. 229-230). Self-directed aggression takes several forms, such as a child tearing their clothes, pulling their hair, or banging their head against a wall. Suicide is considered one of the most dangerous forms of self-harm and is called masochistic aggression.

- Fourth. Classification of Aggression by Purpose: This divides aggression into two categories:

- Hostile or Offensive Aggression: If a child deliberately harms another person with premeditation, meaning the child intends to take what they believe is theirs in this way, then it is said that they have committed hostile aggression (Al-Ashwal, 1998, p. 326).

- Instrumental or Defensive Aggression: Here, aggression is used as a means to obtain the possessions or things of others. This type is a means, not an end.

9. Causes and Factors Contributing to Aggressive Behavior:

The causes and factors contributing to aggressive behavior in children are numerous and intertwined. No single factor can adequately explain the occurrence of this behavior. The following are the most important factors that cause aggressive behavior:

9.1. Biological Factors:

Recent evidence suggests that heredity plays a role in the emergence of individual differences in aggressive behavior and its manifestations. It has been found that infants who are overly nervous may be more prone to developing patterns of aggressive behavior as they grow older. In one experiment, infants were categorized according to their chronological age in months (6, 12, and 24 months). It was found that the more anxious the child, the more aggressive their behavior, during the first three years of life. (Abdullah, 2006: p. 264). Scientific studies have also demonstrated that aggression is affected by hormone levels in the blood, with testosterone being particularly effective in influencing aggression in males.

A field study showed that testosterone levels were higher among prisoners than among healthy individuals. Some evidence from experimental research suggests that a deficiency in progesterone in females increases their irritability and, consequently, their aggression. Furthermore, a woman's predisposition to aggressive responses increases significantly during her menstrual cycle. One study conducted on female prisoners convicted of violent crimes found that 62% of them were menstruating. (Al-Issawi, 2005: pp. 274-275)

Various natural and chemically active substances affect the nervous system, making it more susceptible to aggression or its suppression. For example, alcoholic beverages inhibit the control functions of the brain centers responsible for regulating aggression, thus making the individual more prone to aggression. Similarly, amphetamines (stimulant drugs) stimulate the nervous system, making it more susceptible to aggressive responses. (Mansour & Al-Sherbini: 2003: p. 155)

9.2. Psychological Factors:

If we rely on Freud's interpretation of aggressive behavior, we find that he divided the psyche into three parts:

- The ego: This is the part of the psyche that contains innate tendencies, inherited predispositions, and instinctual drives. These desires and tendencies reside beyond the conscious mind, or what is called the unconscious.
- The ego: This is the rational aspect of the psyche. It is also the conscious aspect that interacts with reality. Therefore, it attempts to establish a kind of harmony, balance, and adaptation between innate instinctual drives on the one hand, and social customs, traditions, and principles on the other. It should be noted that its ego-like aspect either aligns with instinctual activity or represses and suppresses it in the unconscious.
- The superego: This represents the ideal aspect of the human psyche, where lofty principles reside, and where the deterrents generated by religious, moral, and social values are found. This part is what is known as the conscience, and its role is to monitor the ego and hold it accountable for any shortcomings in its function of guiding individual impulses.

Freud attributed aggressive behavior either to the ego's inability to adapt the individual's innate tendencies and instinctual drives to the demands and traditions of social life, or to their repression in the unconscious, or to the absence of the superego and its inability to perform its function of control and deterrence. In both cases, desires and instinctual drives are unleashed, seeking gratification through aggressive behavior. Psychoanalysts also attribute aggression to an individual's feelings of frustration, failure, and inability to cope with their needs. In this context, Helmy El-Meligy emphasizes that "when an individual faces frustration that prevents them from satisfying their needs, this leads to tension. This tension may increase depending on the individual and the frustrating circumstances, causing the individual to adopt a confrontational and withdrawn approach. The person may experience intense fear, retreat, avoid the problem, fail to cope, and be unable to confront this frustration." Other psychological factors also contribute to the development of aggressive behavior, including: a) Feelings of inferiority: A child's aggression often stems from a feeling of physical inadequacy. Or the mental perception of others, stemming from feelings of jealousy resulting from a perceived lack of completeness compared to other individuals (Al-Hajjaj, 2002, p. 121).

B. Jealousy: The emotion of jealousy is characterized by changes in anxiety, fear, and low self-esteem. As a result of a child's discomfort with the success of other children, it becomes difficult for them to integrate or cooperate with them. They may resort to isolation, fighting, or defamation. Sometimes, this is more pronounced between a child and their sibling who excels in certain areas. This leads to a rapid shift in the jealous child's behavior from love and affection towards their sibling to shouting and aggression (Mansour & Al-Sherbini, 2003, pp. 206-208).

C. Anger in Children: Anger is an emotional state experienced by children, but there are differences in how children express this emotion. Some direct it towards a goal, damaging their surroundings, while others punish themselves by pulling their hair or hitting their heads. With furniture.

d. The desire for attention: Some children seek attention from peers or adults to demonstrate strength through aggression.

e. The desire to escape authority: Aggressive behavior emerges in children when they feel the urge to escape adult pressures or when their desires are thwarted. (Al-Zoubi, 2001, p. 203).

f. Lack of psychological security: An individual's lack of psychological security contributes to aggressive behavior.

3.9. Social and Family Factors: Incorrect socialization methods contribute to aggressive behavior through: Excessive use of punishment: Physically punishing a child reinforces the idea that aggression and cruelty are acceptable from the strong to the weak.

The following are some social and family factors that contribute to this behavior: • Excessive love and overprotection: Spoiled children are more likely to exhibit aggressive feelings than others. In such an overprotected environment, a child only understands the language of obedience to all their desires and cannot tolerate even the slightest deprivation, thus exhibiting aggressive behaviors (Sayed Ahmed & El-Sherbini: 2003: p. 208).

• A child's feeling from a young age that they are unwanted by their parents. • Strained Family Relationships: Family breakdowns, disintegration, and divorce negatively impact children's psychological well-being and contribute to aggressive behavior. The more the relationship between children and their parents is based on arguments and disputes, especially in front of the child, the more likely they are to exhibit aggression both at home and outside.

• Ignoring Children's Aggression: For many years, the advice given to caregivers was to ignore aggression among children. However, recent studies confirm that children whose mothers ignore aggressive behavior tend to be more

aggressive than children whose mothers do not. Furthermore, there is a correlation between leniency and aggression.

- The desire to escape authority: Aggressive behavior emerges in children when they feel a strong urge to break free from adult pressures that prevent them from fulfilling their desires.

- Lack of fairness in treating children: Favoritism among children in treatment, material possessions, and emotional needs is indicative of their aggressive tendencies.

- Models of aggression: Parents play a significant role in instilling aggressive behavior in children through their children's imitation of aggressive responses. Bandura confirmed that children generally imitate aggressive behavior models exhibited by people in positions of social status. There are individuals of great importance to the child, such as parents, teachers, and peers, who can be considered role models from whom the child learns their social behavior in general and their aggressive behavior in particular.

- Reinforcing aggressive behavior: Aggressive behavior is reinforced when children are rewarded for engaging in aggressive actions, either by getting what they want or when their aggressive behavior attracts the attention and approval of others (Malham, 1994: p. 153). Even the school environment can contribute to the development of aggressive behavior in children through:

- Inadequate curricula and activities The school system is designed to accommodate the wide individual differences among children in interests, abilities, and inclinations.

- The lack of a consistent disciplinary system that balances firmness and leniency, and the reliance on a single system that is either excessively lenient or excessively strict by the teacher or school administration.

- The school's failure to reward and encourage appropriate behavior while simultaneously failing to address aggressive behavior among students.

Our presentation of the most important factors that can cause aggressive behavior reveals that aggression involves several interconnected factors and cannot be attributed to a single cause. This explains the complexity of aggressive behavior. Some believe that humans possess a general instinct to fight, while others believe that young children learn many aggressive habits by observing the behavior of parents, siblings, peers, and others. Aggression is also attributed to the frustrations of daily life.

10. Theories Explaining Aggressive Behavior:

Theories explaining aggressive behavior are numerous and varied due to the diverse forms and motivations of aggression. Some theories adopt a biological explanation, others focus on the psychological aspect, and still others adopt a social explanation. This is what we will clarify in a presentation of the most important theories and their criticisms.

10.1. The Biological Theory:

This theory asserts that aggression results from a signal originating in the frontal lobe and the limbic system in humans. Experiments have demonstrated that severing certain nerve connections in this brain region reduces tension and the tendency towards violence. Proponents of the biological theory also maintain that aggressive behavior is more prevalent in individuals with damage to the nervous system. Furthermore, scientific studies have shown that increased levels of testosterone in the blood exacerbate aggressive behavior because it acts on the neural pathways and centers responsible for the emergence of aggressive behavior in individuals.

Regarding the effect of male hormones, it was long believed that testicular removal in animals led to a decrease in their aggressive behavior. In reality, fertilization results in a decrease in the male hormone known as testosterone. This procedure has been used on some prisoners convicted of sexual assault accompanied by aggressive behavior, and a reduction in their violence was observed after these operations. As for the chemical messengers in the nervous system, it was found that the most commonly used in behavior are bioamines, and it was found that drugs that affect them in the synapses (reduce their secretion) reduce aggressive behavior. An increase in dopamine, serotonin, and norepinephrine was observed in some types of aggression, as indicated by the results made by Robinson (Al-Hajjaj: 2002, 213-214).

10.2 Psychological Theory:

10.2.1 Psychoanalytic Theory:

This theory focuses on the psychological aspect in its explanation of aggressive behavior. One of the most famous of these theories is psychoanalytic theory, developed by Sigmund Freud, who considered aggression an instinct inherent in humans. His theory of aggression is therefore called the instinctual theory, as he believed that humans are born with two instincts: one for life and the other for death. The first is for preserving and sustaining life, while the second seeks destruction and sabotage, whether directed towards others or towards oneself. Adler, on the other hand, saw aggression as a means of control, compensating for deficiencies, or overcoming difficulties. Freud's attempts to explain aggression can be divided into three stages, each new stage being presented without rejecting the initial assertions.

A- The First Stage: 1905: Freud saw aggression as a component of normal male sexuality, which seeks to achieve its goal of uniting with the sexual object. The sexuality of most male human beings is based on the element of aggression, which is a desire for subjugation. Its biological significance seems to be represented by the need to overcome resistance from the sexual object through means different from courtship and courtship. Sadism was the aggressive component of the sexual instinct, which had become independent and exaggerated. Thus, Freud's initial formulation of aggression

was a force supporting the sexual instinct when something interfered with it, preventing the desired connection and identification with the object. This function of aggression was synonymous with overcoming the sexual obstacle.

B- The Second Stage: 1915: In this stage, Freud's thinking about instincts advanced in his book "The Instincts and Their Variations," published in 1915. He distinguished between two groups of instincts: the ego and self-preservation instincts, and the sexual instincts. The feelings aroused by the neurosis of transformation convinced Freud that at the root of all these emotions, there was a conflict between the claims of sexuality and the claims of the ego (the demands of the ego and the demands of sexuality), and the revival and avoidance of discontent in the singular goals of the ego. The ego hates, despises, and pursues with the aim of destroying everything that represents the source of its resentful feelings, without considering whether this represents a frustration of sexual gratification or the fulfillment of self-preservation needs. In fact, we can assert that the true original model of hate is not derived from sexuality but from the narcissistic ego's primitive struggle to reject the external world and its repulsive stimuli. As Freud later observed, narcissistic personalities devote most of their energy to preserving the self and ego, and possess a considerable capacity for aggression at its disposal.

C- The third stage, 1920: This stage began with the publication of Freud's book "Beyond the Pleasure Principle," when Freud reclassified the instincts. The conflict was no longer between the ego instincts and the sexual instincts, but between the life and death instincts. The life instincts are driven by love and sex, which work to preserve the individual, while the death instincts are driven by aggression and destruction. This instinct always fights for the self and directs direct aggression outward towards the destruction of others. If it is not directed towards an external object, it will be turned against the individual with the motive of self-destruction. (Al-Aqqad, 2001: pp. 110-111)

10.2.2. Lorenz's Theory of Aggression

This theory supports the genetic explanation of aggression. Ali (1995, p. 287) argues that "aggression is an instinctive behavior arising from the fight instinct, and this instinct is part of the evolutionary heritage of humankind." Therefore, this theory is known as the theory of lineages. Lorenz believes that these aggressive impulses are part of the lower self; therefore, they are irrational, illogical, dominant, and controlling, operating according to the pleasure principle. Lorenz posits that aggressive behavior occurs due to two factors: first, the amount of accumulated energy, and second, the presence and intensity of the stimulus that generates aggression, which he calls "aggression triggers." Lorenz argues that unless an organism behaves aggressively from time to time, aggressive energy accumulates, and even the smallest stimulus can trigger aggression.

10.2.3. The Frustration-Aggression Hypothesis:

Proponents of this theory, John Dollard, Neil Miller, and Robert Caesar, argue that frustration produces an aggressive impulse that provokes harmful behavior towards others. They contend that this impulse gradually diminishes after the harm is inflicted, a process they call catharsis. This implies that frustration inevitably leads to aggression, and that aggression is always presumed to be preceded by frustration (Al-Aqqad, 2001: p. 113). However, one follower of this theory modified the hypothesis, considering aggression to be a consequence of anger. They argued that its causes are numerous, including frustration, humiliation, feelings of injustice, and hunger. They maintained that frustration does not directly lead to aggression, but rather to anger, which predisposes the individual to commit aggression. Therefore, we generally say that the essence of this theory rests on the following:

- All frustrations increase the likelihood of an aggressive reaction.
- Aggression presupposes the existence of prior frustration.

10.2.4. Behavioral Theory:

Behavioralists believe that "aggression, like any behavior, can be detected and modified according to the laws of learning" (Butrus, 2008, p. 243). Therefore, behavioral research and studies focused on aggression, emphasizing that all behavior is learned from the environment. The various experiences a person acquires regarding aggressive behavior are reinforced by experiences that encourage aggressive responses whenever they encounter a frustrating situation. Behavioralists embarked on a series of experiments, initially conducted by the pioneer of behaviorism, John Watson, which demonstrated that phobias of all kinds are acquired through learning. Consequently, they can be treated according to behavioral therapy, which is based on dismantling the unhealthy learning pattern and reconstructing a new, healthy learning pattern. Thus, behaviorists consider aggression to be a learned behavior that can be modified, and their method for controlling and preventing it is to dismantle the aggressive pattern.

1.3.10. Operant Conditioning Theory:

Skinner believed that "individuals learn their behavior through reward and punishment." If rewarded for a behavior, they will repeat it; if punished, they will abandon it. Walter Brown found that rewarding a child for aggression fosters aggression. Some researchers, based on Skinner's interpretation, concluded that parents who encourage and support

their children in aggressive situations, whether directly or indirectly, and offer them rewards, also contribute to the development of aggressive behavior. (Rashid, 2005: pp. 309-310)

10.3. Social Learning Theory:

Based on our understanding of what we have studied, this theory posits that "children learn aggressive behavior by observing aggressive models in their parents, teachers, peers, and even television... and then imitate them. The likelihood of them engaging in aggression increases if opportunities arise." If a child is punished for imitated behavior, they are less likely to repeat it. If the child is rewarded for aggressive behavior, they will imitate it more often. This theory places great importance on the child's past experiences and on motivational factors based on learned aggressive outcomes.

Albert Bandura focused on studying human beings in their social interactions. In Bandura's view, personality can only be understood through social context and interaction, and behavior is shaped by observation and modeling. His study involved a large, four-foot-tall mannequin. Preschool children observed a man playing with the mannequin aggressively, attacking it by hitting, kicking, shouting, and cursing. Other children observed a man treating the mannequin non-aggressively. When the experimental group was later given the opportunity to play with the mannequin themselves, they exhibited the same aggressive behaviors as the control group, and their aggressive behavior was twice that of the control group. In all of Bandura's studies, he concluded that children who observed and witnessed aggressive behavior exhibited more aggressive responses. From the children who did not have the opportunity (Al-Hajjaj: 2002, p. 199).

.10. Cognitive Theory: Among cognitive theories, we find:

10.3.1. Emotional Aggression Theory:

This theory is considered a cognitive theory and posits that aggression can be pleasurable. Some individuals find enjoyment in harming others, in addition to other benefits. They can prove their masculinity, demonstrate their strength and importance, and gain social status. Continued rewards for their aggression reinforce this pleasure, leading them to harm others even when not emotionally aroused. For example, if they are bored or unhappy, they may express this through playful aggression. (Boutros, 2008, p. 243) Studies conducted on violent gangs of delinquent adolescents have confirmed that these individuals often attack others without provocation, driven by the pleasure they derive from inflicting pain and achieving a sense of power, control, and dominance.

Undoubtedly, Berkowitz's 1990 theory on the formation and control of anger and aggression presented a theoretical model that clarifies the relationship between negative emotions, feelings of anger, and the resulting aggressive tendencies. What is most striking, according to this model, is the correlation between negative emotions and the feelings and thoughts associated with anger and aggressive tendencies. It is generally accepted that thoughts and beliefs actively influence the emergence of feelings and emotions (Al-Aqqad, 2001, pp. 117-118).

10.3.2. Bach's Theory of Creative Aggression:

Bach adopted an important, innovative, and effective approach to dealing with troubled human relationships. Creative aggression, according to Bach's conception, is, in short, a system of psychotherapy and a method of self-education designed to radically improve people's skills in maintaining healthy relationships with others.

The therapeutic system using creative aggression and educational methods focuses on all forms of direct and indirect human aggression, both passive and self-directed, directed towards individuals or groups. Creative aggression is a form of therapy that interprets overt and covert aggressive feelings, attitudes, and actions through direct retraining and creative aggression techniques. It offers rituals and training exercises that minimize the harmful effects of aggression while maximizing its constructive effects.

Creative aggression rejects the notion that aggression is primarily a mechanism against distressing factors such as fear, feelings of inadequacy, or frustration. Instead, it focuses on harnessing constructive aggressive energy. It is accepted that human aggression, whether innate or acquired, is relatively easily triggered. Once triggered, the methods of expressing and directing aggression—the means by which it is effectively controlled or at least minimized—are crucial. These methods also maximize constructive or effective forms of aggression that can lead to growth.

11. Aggressive Behavior and its Relationship to Delinquency:

Undoubtedly, aggressive behavior begins in early childhood and develops into various forms. While there is disagreement about its causes—whether they are primary motives, internal forces requiring an external condition such as frustration, or acquired behavior from the individual's environment—it is generally agreed that aggressive behavior begins in childhood and develops later if not modified early by addressing its root causes. Otherwise, this behavior can take delinquent turns. This has been confirmed by several studies. For example, Hausmann, Ern, and Walder (1984) conducted a follow-up study of 600 individuals aged 8 years and found that children who were more aggressive at age

8 were more aggressive at age 30. Furthermore, boys considered more aggressive than their childhood peers were more likely to commit aggressive crimes. (Magdi Ahmed Abdullah: Previous reference, p. 232). Another study conducted by Asen and In 1956, Kluck and his colleagues conducted a study comparing 500 male delinquents with a control group of the same number of non-delinquents. They summarized their findings as follows: Delinquents, as a group, are distinguished from non-delinquents in the following ways:

- 1- Physically: Delinquents are primarily of average build.
- 2- Temperamentally: Delinquents are active, restless, impulsive, aggressive, and destructive.
- 3- Attitude: They are antagonistic, defiant, resentful, skeptical, stubborn, assertive at the expense of others, risk-taking, disregarding of traditions, and unresponsive to authority.
- 4- Psychologically: They tend to be practical and direct, and less stereotypical in dealing with problems.
- 5- Socially and Culturally: They were raised to the fullest extent possible compared to the control group, in homes far removed from understanding, affection, stability, and moral harmony. That is, they grew up under the care of parents who usually lacked the tact to be effective guides in their children's behavior. According to psychoanalytic theory, they did not provide their children with a stable and balanced environment in which the moral qualities of the higher self could develop socially in their early stages. (McFarlinda 1994, p. 137)

In short, aggression is a deliberate behavior intended to harm and injure others. It takes many forms, and those who engage in these negative, aggressive practices are characterized by a lack of reason and irrationality. They possess irrational ideas and beliefs that support this behavior. Aggression can be benign or "positive" if it is for the sake of life, survival, self-preservation, and achieving effective goals. Conversely, it becomes a destructive force when it transforms into a deadly weapon that causes harm, death, and devastation to both humans and the environment. Several schools of thought have attempted to interpret this behavior, each outlining a set of circumstances and factors that influence it. We can protect our society from many incidents of crime and negative acts by preventing the seeds of violence from taking root in our children's minds. This can be achieved by freeing them from feelings of helplessness, alienation, frustration, need, and fragmentation, thereby unleashing within them a life instinct aimed at building, cooperating, and loving, instead of contributing to the development of deviant tendencies.

Conclusion:

Undoubtedly, aggression and violence are phenomena that affect all societies and are an inherent part of life. However, thanks to the advancement of the humanities in the modern era and the emergence of criminology, sociology, psychology, and education, it has been possible to shift laws from the concept of general deterrence to the concept of reform and rehabilitation. This has been achieved by establishing juvenile care centers that provide various social services: educational, religious, health, psychological, and recreational. These services contribute to the rehabilitation, reform, and reintegration of juveniles into society, with the help of a comprehensive system of social workers and educators, especially psychologists. These specialists play a positive role in mitigating and controlling emotional behaviors, particularly aggression, and addressing the psychological problems that afflict most juveniles. This study has concluded that psychologists have an effective and positive role in reducing aggressive behaviors in juveniles, guiding them correctly, absorbing their aggression, and containing them. The more the psychologist intervenes, the less aggressive these behaviors become. This can only be achieved by providing the means and capabilities, such as tests and measures that help improve its performance, and by increasing media coverage, especially psychological coverage, which informs them about the various forms of events they may encounter and how to deal with them.

Ethical Considerations

This study was conducted in full compliance with ethical standards governing psychological and social research involving minors. Prior approval was obtained from the administration of the Juvenile Follow-up and Rehabilitation Center in M'Sila. Participation was voluntary, and informed consent was secured in accordance with institutional regulations. The anonymity and confidentiality of all participants were strictly maintained, and no identifying personal data were disclosed. The study adhered to the principles of respect, non-harm, and professional responsibility as outlined in international research ethics guidelines.

Acknowledgements

The authors would like to express their sincere gratitude to the administration and psychological staff of the Juvenile Follow-up and Rehabilitation Center in M'Sila for their cooperation and support during the fieldwork phase of this study. Special thanks are extended to all individuals who contributed, directly or indirectly, to the successful completion of this research.

Author Contributions

- Dr. Siham Matoug: Conceptualization of the study, theoretical framework development, data interpretation, and drafting of the manuscript.
- Dr. Khadra Hallab: Fieldwork coordination, data collection, methodological design, and critical revision of the manuscript.

Both authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

Funding

This research did not receive any specific grant from public, commercial, or non-profit funding agencies.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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