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Commentary: A Psychodynamic Model of Psychopathy, Using Gullhaugen et al. (2021) as a Reference

Carl B. Gacono, Ph.D. and Jason M. Smith, Psy.D.

Abstract

Recently in Psychoanalytic Psychology*, Gullhaugen et al. (2021) proposed a Dynamic Model of Psychopathy (DMP) to better understand psychopathic traits. Several issues with the authors' methodology, including the use of the Psychopathy Checklist: Screening Version (PCL: SV) as an independent measure and a small sample size (N = 16) relative to their conceptual approach and the number of statistical analyses conducted, limit the conclusions that can be drawn from their data. Additionally, the authors discuss their findings as if the data from this study with all males could apply to women. In this article, we use the methodological issues presented in the Gullhaugen study to discuss problems with the broader psychopathy literature. We also provide a psychodynamic model of psychopathy consistent with theory and empirical data.*

Introduction

Assessing the current psychopathy literature makes one realize that a plethora of largely unchallenged biases, unsound methodology, and faulty conclusions predominate the landscape (Cunliffe et al., 2021; Gacono, 2016; Smith et al., 2021). These poorly designed studies become part of meta-analytic ones, which add conflicting findings to an already confusing literature (Cunliffe et al., 2012; Gacono, 2019; Smith, Gacono, Fontan, et al., 2018, 2020). Taken together, disparate findings—artifacts of poor research—create "apparent controversies," which lead to "pseudo-debates," and add to the "armchair quality" of the Psychopathy Checklist–Revised (PCL-R; Hare, 2003) literature (Gacono, 2016, 2019, 2021; Hare, 1998). This pattern provides another level of difficulty for practicing clinicians while, at the same time, providing ample data for those who are critical of psychological assessment (Fowler et al., 2009; Lilienfeld, 1994, 2018; Wood et al., 2000, 2001, 2003, 2010). Poorly designed studies, which fail to account for internal validity issues, erode the science of psychology and obfuscate findings related to their translation to theory and practice.

Eventually, these findings find their way into the courtroom in the form of incompetent and unethical clinical practices and the creation of apparent controversies that add to the devaluation of applied work (Gacono, 2019). These "straw person" controversies, laden with logical fallacy and bias (Cunliffe et al., 2021), provide fuel to critics that attack psychology, not only as a "soft" science but also as having little to offer on substantive issues. These trends make psychologists look unprofessional and even ridiculous (Gacono, 2021).

This pervasiveness of methodological errors makes it imperative that readers be able to identify them when they occur. A thorough evaluation of a study's design must be conducted

prior to accepting its findings and conclusions for every study reviewed. This is especially critical for meta-analytic studies that hide the internal validity issues of individual studies within a group of studies where the flawed designs are glossed over with the glitter of statistical analysis (Gacono, 2019). As we have done for two Rorschach meta-analyses (Mihura et al., 2013; Wood et al., 2010), individual studies must be examined related to potential internal validity issues (Cunliffe et al., 2012; Smith, Gacono, Fontan, et al., 2018, 2020). The journal review process is also impacted by a partial understanding of the issues and misinformation created by these studies.

In this article, we use the Gullhaugen et al. (2021) study titled *The Theoretical Validation of the Dynamic Model of Psychopathy (DMP): Toward a Reformulation of the Construct, Assessment, and Treatment of Psychopathic Traits* as a starting point for offering guidelines for reviewing psychopathy studies (see also Gacono 2016, 2021; Gacono & Gacono, 2006; Gacono et al., 2001). We also provide a theoretical and empirically derived psychodynamic model for understanding psychopathic men and women (Smith et al., 2021).

Caveats for Understanding the Study of Psychopathy

Psychopathy can be conceptualized both dimensionally (composed of traits) and categorically (taxon; PCL-R ≥ 30; Gacono & Gacono, 2006; Gacono et al., 2001). Discussions that create an either–or (dimensional or categorical) construct are based on a logical fallacy—a false dichotomy (Cunliffe et al., 2021). All things (categories) are dimensional as all things are made up of traits. However, they also require a sufficient quantity of these traits to reach a threshold in order to be classified as the object. Apples and oranges are round but differ in texture, type of skin, and so on. Paranoid disorders and compulsive disorders share an attention to detail. However, the person diagnosed as paranoid does so to avoid attack, while the person diagnosed as compulsive does so to avoid making mistakes. Substitute apples for cherries, and you have a different pie. The either–or is an arbitrarily established forced choice that falls short of sound logic.

Proponents of the either–or stance frequently use methodologies inadequate for forming conclusions about psychopathy as a category. They lower the threshold for psychopathy (below a PCL-R score of 30) and use an inappropriate measure for creating a psychopathy group. Subsequently, they recreate subtypes (categories) from the new very heterogeneous grouping (that may run the entire range of PCL-R scores), labeling them as psychopathic. They begin with a false dichotomy (either–or) in which they say a PCL-R category for psychopathy does not exist (PCL-R ≥ 30; a comparatively homogeneous grouping) and then create their own categories (subtypes from a heterogeneous grouping labeling them all as types of psychopathy).

In reality, the psychopathy category created by the PCL-R cutoff of greater-than-or-equal-to 30 creates an ideal threshold that balances sensitivity (the ability of a diagnostic modality to identify all patients with the disease correctly) and specificity (the extent to which a diagnostic test is specific for a particular condition, trait, and so on) within the context of the instrument's SEM (Hare, 1991, 2003). Regardless of gender, those within this range are consistently more behaviorally problematic (validity) than those that score below 25. Also, subtypes do exist within the high range, as they do for most disorders (e.g., consider the many variants of schizophrenia).

The either–or argument frequently leads to creating psychopathic groups containing few, if any, psychopaths. Confusion increases when categorical inferences (psychopathy; PCL-R ≥ 30) are made from studies utilizing dimensional research designs (e.g., correlations of behavior

with total PCL-R scores, and absence of a psychopathic group of scores greater than 30). The resultant discrepant findings are the result of internal validity problems rather than representative of true differences or similarities (a form of Type I error). What might seem obvious—for a study to make inferences about psychopathy, it must have psychopaths in it—is ignored in many studies.

One research procedure that may create samples without psychopaths involves using the Psychopathy Checklist: Screening Version (PCL: SV) to create a psychopathic group, rather than using the PCL-R (Gacono & Gacono, 2006; Hare, 2003). Not a substitute for the PCL-R, the PCL: SV is for screening purposes only (Gacono et al., 2001). As noted in the PCL: SV manual, "The Hare PCL: SV was not designed to replace the Hare PCL-R but to offer an efficient tool to screen for the possible presence of psychopathy" (Hart et al., 1995, p. IX). Unlike the PCL: SV, the PCL-R allows for a categorical designation of psychopathy (PCL-R ≥ 30). Although the PCL: SV is appropriate for examining relative differences within a given sample, it cannot be used to make inferences about psychopaths (or a model for psychopathy) when used incorrectly as the independent measure for forming a psychopathic group.

A similar issue exists when using self-report measures of psychopathy (Lilienfeld & Andrews, 1996; Lilienfeld & Widows, 2005). These instruments suggest that individual traits (dimensional: inherent in any one of several disorders and non-disorders) are individually psychopathic (category). In reality, a designation of psychopath is appropriate only when a sufficient number of individual traits are present. It is the aggregate of traits, rather than an individual trait, that determines the presence of a psychopath (Cleckley, 1941). With some exceptions, self-report measures assess traits or dimensions, as opposed to categories (presence of a psychopath), and correlate most strongly with Factor 2 of the PCL-R rather than with core Factor I traits. Additionally, mislabeling traits such as self-centeredness, impulsivity, impaired empathy, and irresponsibility as inherently psychopathic, returns psychology to the pre-1900s pejorative trend of including all personality disorders under the rubric of psychopathy or the antiquated term "sociopathy." Even established self-report measures, such as the MMPI-2 or PAI, are never appropriate for establishing psychopathic groups (Hare, 1991, 2003; Smith et al., 2020b). Some self-reports, additionally, lack the necessary validation within appropriate antisocial and psychopathic populations (e.g., attempting to validate an instrument to assess psychopathy within a college population where no psychopath exists).

A related concern involves lowering PCL-R cutoff scores to form a psychopathic group (a common practice in female offender studies; Cunliffe et al., 2016; Gacono & Gacono, 2006; Smith et al., 2021). Researchers frequently do this because their samples do not contain enough actual psychopaths (PCL-R ≥ 30). While this procedure could be part of an acceptable research design, authors must refrain from making inferences about psychopaths (category) when they have few, if any, psychopaths in their sample. When lowered PCL-R cutoff scores are used to establish groups, the best that can be inferred is relative differences between high and low scorers within that sample[1].

The need to form psychopathic groups using a threshold of PCL-R ≥ 30 can be illustrated using simple math. The PCL-R is a 20-item, 40-possible-point scale, in which individual items

[1] In studying female psychopathy, we have found that at least eight PCL-R items need modifications to accurately capture psychopathy in women (Cunliffe et al., 2021). While these differences could account for slightly lower mean scores for female offenders, lowering the cutoff scores for creating a psychopathic group is not warranted.

can be scored 0, 1, or 2, or omitted. When comparing an individual with a score of 37 (out of 40 possible points) to one with a score of 20, the high scorer has fewer ways to arrive at the total score (i.e., they might receive 17 prototypic item scores of 2) than the number of possible combinations that could occur to obtain a 20-point score (Balsis et al., 2017). The 20-point score may be achieved without a single prototypic score of 2 (Gacono, 2021).

These mathematical estimates do not include how the statistical relationships among items and overlapping criteria within specific item clusters (those items that cluster or contain overlapping criterion points; see Gacono, 2000, 2005, 2021; Gacono & Hutton, 1994) further reduce the number of possible combinations to arrive at a PCL-R total score of 34. For example, if one receives a score of 2 on Item 3, Need for Stimulation/Proneness to Boredom, they will receive a 1 or 2 (never a 0) for Item 14 (Impulsivity) and Item 15 (Irresponsibility). These individual items form clusters that not only correlate, but also have overlapping criteria for scoring (information used to score the item; Gacono, 2000, 2016; Gacono & Hutton, 1994). Consequently, the number of combinations for scoring patterns increases significantly at a score of 20 when compared to the 34 score. Those that score equal or greater than 30, despite their differences, form a more homogeneous group with an acceptable probability that psychopathy is present. That probability of the PCL-R identifying a psychopath deceases rapidly as you move down the scale (particularly when you get below 27). Therefore, the actual number of combinations may be less (about 20% of combinations when studying clinical diagnoses; Paap et al., 2020).

Clearly, the methods used for creating a psychopathy group have direct bearing on the types of inferences that can be made; moreover, these methods are critical to the evaluation of the study's generalizability. Results across studies can be appropriately compared only when psychopathy has been defined by a consistent PCL-R score of 30 or above (measurement error notwithstanding) and other relevant confounds are controlled. Internal validity issues can frequently explain divergent study findings, including uncontrolled confounds (gender). Additionally, statistical approaches that use simple correlational methods to compare dependent variables with individual, rather than group PCL-R total scores (dimensional application) fail to capture true between-group differences.

When evaluating research findings that present conclusions about *psychopathy*, the reviewer must always examine the mean, standard deviation, frequencies, and ranges of PCL-R scores for the sample. This data should be required for a study to be given publication consideration. Within an acceptable methodology, this data will allow for a determination of whether the study contained enough psychopathic subjects (PCL-R $\geq$ 30) to justify the conclusions. For inferences to be made regarding psychopathy (category), the PCL-R, or the Psychopathy Checklist: Youth Version (PCL: YV; Forth et al., 2003, 2016) must be used as the independent measure, and there must be enough of $\geq$ 30 scorers in the samples analyzed.

In summary, when examining an article that purports to study psychopaths or psychopathy as a group, the reader should assess the following (Gacono, 2013, 2021; Gacono & Gacono, 2006; Gacono et al., 2001):

1. Was the full PCL-R or PCL: YV used as the independent measure for creating the psychopathy group? The PCL: SV or self-report psychopathy measures (e.g., PPI-R) should not have been used to make this designation.
2. Was a cutoff of PCL-R $\geq$ 30 used to establish the threshold for psychopathy? Lower cutoffs are not appropriate for this designation. They can influence both the validity of findings and the study's generalizability.

3. Were the appropriate statistics used? The reviewer should be particularly cautious of studies that use a "dimensional methodology" and then make inferences about psychopathy as a distinct group, an all too frequent occurrence.
4. Were gender and age accounted for in participant selection? Psychopathy manifests differently depending on these issues.
5. Was the PCL-R training of the researchers discussed? The training should: (a) involve an accepted method as outlined in the manual; (b) require supervised ratings beyond any basic training; and (c) never be based solely on a group workshop or certification process. The interrater reliability for a significant number of ratings should also be presented. I have reviewed the protocols of several established researchers to discover that they were not scoring the PCL-R correctly.

Logic suggests that it is always preferable to thoroughly examine a study's potential fallacies and internal validity issues (conceptual framework, e.g., authors conclude psychopaths are X in a study containing no psychopaths) prior to challenging the resultant data (content) and conclusions. When one begins by challenging the content, one acknowledges, by inference, that the conceptual framework has merit.

Let us now turn toward an examination of the Gullhaugen et al. (2021) article using these criteria.

Criterion 1: Was the PCL-R used to create a psychopathy group? No. While the authors do not overstate their position, "The DMP must be validated across populations and statistically compared with the PCL-R. There is a need for a reformulation of the concept, assessment and treatment of psychopathic traits" (Gullhaugen et al., 2021, p. 8, it must be noted that there is no way of evaluating how many psychopaths were in this study, as they used the PCL: SV rather than the PCL-R. A total of 11 male offenders scored 18 or higher on the PCL-R. While it is likely that no more than half (5 or 6) would have scored at or above the PCL-R cutoff of 30, there could be as few as none (range was 18–23). Further, the researchers expanded the data set to include those scoring 13 or higher (N = 16; range = 13–23).

Criterion 2: Was the correct PCL-R cutoff used? No, the PCL-R was not administered. On the PCL: SV, a cutoff of 18 or greater triggers further assessment for psychopathy. It does not indicate psychopathy (N = 11, subjects scored greater than 17). The reviewer has no way of knowing if there was even one PCL-R score equal to or above 30 in the sample.

Criterion 3: Were the appropriate statistics used? Though there is no accepted value for sample size, it has been suggested that less than 20 is problematic (Smith, Gacono, Fontan et al., 2018, 2020). This study had 16 male offenders with PCL: SV ≥13 (n = 5; 13–17), with only 11 scoring 18 or above (possible psychopaths with PCL-R ≥ 30), compared to a control sample of 35. Eleven male offenders are too small a sample for developing a theoretical model and the N is not adequate for conducting this number of statistical analysis.

Related to the authors' dependent measures, self-report measures without lie or social desirability scales were used to examine schemas and interpersonal/affective problems (Young Schema Questionnaire–Short Form [YSQ- SF; Young & Brown, 1998], the Inventory of Interpersonal Problems–Circumplex Scales [IIP- C; Soldz et al., 1995], Positive and Negative Affect Schedule [PANAS; Watson et al., 1988]). Although it is unclear as to how they were used, they were also used in scoring the independent measure—the PCL: SV (criterion contamination). The authors stated "PCL: SV rating was based on clinical interview *and* self-rating measures" (Gullhaugen & Nøttestad, 2012, p. 924, original emphasis noted). However,

this is completely at odds with standardized PCL-R or PCL: SV administration. As mentioned in the PCL: SV manual, "An interview is one of the two key data sources on which the PCL: SV is rated, the other being charts or collateral informants" (Hart et al., 1995, p. 18).

In general, using self-report data with this population should be done with caution. As Hare (2003) mentioned, in creating the PCL-R he chose to use a semi-structured interview with a prior file review, as this population is notorious for lying and manipulation. However, we are not saying one cannot use self-report measures such as the Personality Assessment Inventory (PAI; Morey, 1991) as a dependent measure. They are not used, however, as part of the PCL-R or PCL: SV administration procedures.

Criterion 4: Was gender considered as a possible confound? This sample involved males only, hence, referring to him/her when describing their model is not warranted. We will discuss importance of considering this confound in the next section.

Criterion 5: Was the PCL-R training of the researchers discussed? Interrater reliability was provided, and it was appropriate (Cohen's $\kappa = 0.770–1.00$, $p < .000$); however, there was no mention of the qualifications of the researchers (Gullhaugen & Nøttestad, 2012, p. 922).

In addition to the above, there is no mention of having used collateral information (chart review, interviewing third parties) when administering the PCL: SV. As stated in Gullhaugen and Nøttestad (2012):

> *Clinical interview and testing took from a little more than 1 hr to approximately 5 hr, depending on the clinical picture and how much the individual was able or willing to reveal. After completing tests and clinical interview, questionnaires estimated to require an effort of about 2 hr were handed out for independent work. Of importance, interviewers had no access to previous reports of psychopathy or other study variables in the study sample. (p. 924)*

As noted in the PCL: SV manual, "The PCL: SV should not be completed in absence of file or collateral information" (Hart et al., 1995, p. 18).

An *N* of 16 (11 male offenders PCL: SV ≥ 18, may or may not be psychopathic) is a very small sample on which to base the resultant conclusions or speculations (as the authors acknowledge, "which are not being presented due to the relatively small sample"; Gullhaugen et al., 2021, p. 3). Not only is this *N* beyond making any strong conclusions, it is also not an adequate number for the number of statistical analysis conducted. With this multiple testing problem, one is at risk of Type I error, or finding significance where none exists by chance.

Finally, the literature review for the Gullhaugen et al. (2021) article might be compared with the references in this commentary for determining its thoroughness and contemporariness.

A Psychodynamic Understanding of Male and Female Psychopathy

While male and female psychopaths evidence increased amounts of behavioral problems when compared to non-psychopaths, the extant research indicates that they are not dynamically equivalent (Cunliffe & Gacono, 2005; Forouzan & Cooke, 2005; Gacono & Meloy, 1994; Gacono & Smith, 2021; Pauli et al., 2018; Smith et al., 2018, 2019, 2020a, 2021). In line with David Shapiro's (1965) personality styles, the personality functioning of the psychopathic male is best understood as a form of pathological narcissism (malignant narcissism; Gacono & Meloy,

1994; Kernberg, 1967, 1975, 1976; Meloy, 1988); while the psychopathic female displays a form of malignant hysteria[2] (Cunliffe et al., 2016; Forouzan & Cooke, 2005; Gacono, 2016; Gacono & Meloy, 1994; Gacono & Smith, 2021; Smith et al., 2014, 2018).

For psychopathic males, the grandiose self-structure is self-regulating. It serves to bolster an omnipotent sense of self while circumventing both internal and external threats to self-image (Gacono, 1990; Kernberg, 1967, 1975, 1976; Meloy, 1988). The women lack the men's grandiose self-structure. They are not immune from experiencing themselves as damaged. They "need" others (pseudo-dependency, i.e., maladaptive neediness) to bolster their self-esteem and obtain some sense of stability with their troubling affect (pseudo-emotionality; Cunliffe & Gacono, 2005; Forouzan & Cooke, 2005; Smith et al., 2021). We have found empirical evidence in our Rorschach (for both men & women) and PAI (in women) data that each type also contains the pattern of defensive operations consistent with these theoretical formulations (Gacono & Meloy, 1994; Gacono & Smith, 2021; Smith et al., 2021).

Underneath their respective personality styles, psychopathic individuals display similar levels of personality organization (borderline or psychotic; Gacono & Meloy, 1994; Kernberg, 1967, 1975, 1976; Smith et al., 2021) resting at a paranoid position (Gacono & Smith, 2021; Klein, 1946; Mahler, 1975; Smith et al., 2021). When the defensive purposes of the pathological narcissism or malignant hysteria fail to maintain a homeostasis, the psychopath's paranoid style becomes behaviorally evident (Gacono & Meloy, 1994). During a clinical interview with a female psychopath, this may become evident when attention is withdrawn or when she is ignored: "She would escalate into uncontrollable giggling and, during the Rorschach slammed one of the cards (VI) on the table in a moment to dramatic outburst … she interpreted Reid Meloy's withdrawal of attention … as sadistic" (Gacono & Meloy, 1994, p. 122).

Personality Organization

A structural psychodiagnostic approach with levels of personality organization provides the best template for understanding psychopathy (Acklin, 1997; Kernberg, 1967, 1975, 1976; Gacono & Meloy, 1994; Meloy, 1988). These levels range from the neurotic to psychotic, with the borderline level resting between the two. Kernberg (1967, 1975, 1976, 1984) posited three issues pertinent to borderline personality organization: 1) identity diffusion (disturbances of affect regulation as well as the ability to accurately assess, interpret, and judge the meaning of important interpersonal and intrapersonal events; Kernberg, 2005); 2) reliance on primitive defenses, and 3) transient lapses in reality testing (Acklin, 1997; Kernberg, 1967, 1975, 1976, 1984).

Central to borderline level personality functioning is the use of primitive defenses (Acklin, 1997; Kernberg 1967, 1975, 1976, 1984), with splitting functioning as the primary defense. Primitive defenses can be contrasted with higher-level ones where repression, rather than splitting, is the central defense. Primitive or lower order defenses concern boundaries between self and the outer world while mature or higher order defenses structure internal

[2] We do not endorse the early historically biased gender associations to hysteria. As discussed by Chodoff (1982) and Pfohl (1991), the continued "devaluation" of the hysteria construct is primarily due to a partial understanding of its roots. Hysterical personalities are not gender specific (Cleckley, 1941; Pfohl, 1991). Psychopathy, in either gender, represents a severe personality aberration organized at a borderline or psychotic level for which malignant hysteria (female) and malignant narcissism (male) best describes their psychodynamic psychopathy functioning.

boundaries, such as between the id, ego, and superego (Laughlin, 1970). These include defenses such as devaluation, idealization, denial, projective identification, and so forth (Cooper et al., 1988; Lerner & Lerner, 1980).

Splitting differs from repression found in individuals organized at the neurotic level. Splitting involves the separation of oppositely toned feelings and urges toward object or self to circumvent these feelings being experienced simultaneously. It protects against the experience of unbearable affects such as guilt or anxiety (Cooper et al., 1988). Repression, on the other hand, is a defense that is unconsciously motivated to remain unaware of socially unacceptable impulses. For individuals that rely on splitting, self and others are experienced as idealized (all good) or devalued (all bad). This part object orientation can be contrasted with higher levels of personality organization that retain the experience of others as a balance of good and bad qualities, a view that can be tolerated simultaneously. The consistency with which one relies on these developmentally distinct defenses is important. Unlike those organized at the neurotic level where more primitive defenses are absent, those at the borderline level tend to show oscillations between mature and primitive defenses (Gacono & Meloy, 1994; Schafer, 1954).

In a recent study (Gacono & Smith, 2021), we evaluated CS Rorschach variables (as well as supplemental scale scores[3]) associated with narcissism, hysteria, and paranoia as well as Kernberg's three components of borderline personality functioning: 1) identity diffusion, 2) reliance on primitive defenses, and 3) transient lapses in reality testing. We statistically compared select variables between PCL-R determined (PCL-R ≥ 30) psychopathic males (N = 44) and females (N = 115).

We found the findings supported both the characterological issues related to psychopathy (narcissism, hysteria, paranoia; Gacono & Meloy, 1994; Gacono & Smith, 2021; Smith et al., 2021) and the presence of a borderline level of personality functioning among psychopathic characters (Gacono, 1990; Gacono & Meloy, 1988, 1994; Kernberg, 1967, 1975, 1976, 1984; Meloy, 1988). The findings also provided additional support for gender differences within psychopathy that we have discussed here (Cunliffe & Gacono, 2005; Forouzan & Cooke, 2005; Gacono & Meloy, 1994; Pauli et al., 2018; Smith et al., 2018, 2019, 2020a, 2021).

Not only did the psychopathic men and women differ, but also the men's grandiosity functions effectively in warding off external and internal threats to self-image while the women's malignant hysteria does not. The women's struggles with their reliance on another for bolstering their self-image and attempting to achieve some stability in a constant state of affective dysregulation. They require others for mirroring. This pseudo-dependency is the cornerstone of hysteria (Chodoff, 1982; Cunliffe & Gacono, 2005; Gacono & Meloy, 1994; Smith et al., 2021) and problematic in any psychopathic character. The psychopathic male has a greater ability to bask in their own reflection, maintaining themselves through gazing at their own image safely devaluing without attachment any internal or external threats to their inflated image.

Conclusion

The ability to accurately interpret the results of psychopathy studies and the awareness of

[3] These supplemental scales include: 1) Rorschach Oral Dependency (ROD) scale (Masling et al., 1967); 2) Trauma Content Index (TCI; Armstrong &. Loewenstein, 1990); 3) Gacono and Meloy (1994) Extended Aggression scores (AgC, AgPast, AgPot, & SM); 4) Kwawer (1980) Primitive Modes of Relating (PMR) scores; 5) Cooper et al. (1988) Rorschach Defenses Scales (RDS).

potential confounds (e.g., gender) are essential to formulating appropriate methodological investigations and using sound principles in guiding the assessment and treatment of these difficult, trying, and enigmatic patients. The reader is referred to three comprehensive sources for additional guidance: *The Rorschach Assessment of Aggressive and Psychopathic Personalities* (Gacono & Meloy, 1994), *The Clinical and Forensic Assessment of Psychopathy: A Practitioner's Guide* (Gacono, 2016), and *Understanding Female Offenders: Psychopathy, Criminal Behavior, Assessment, and Treatment* (Smith et al., 2021).

About the Authors

Carl B. Gacono, Ph.D., ABAP, is a principal with Maverick Psychology Training and Consultation PLLC in North Carolina. Correspondence concerning this article should be addressed to Carl B. Gacono, PhD, ABAP, Email: drcarl14(at)aol.com.

Jason M. Smith, Psy.D., ABPP, is a principal with Maverick Psychology Training and Consultation PLLC in West Virginia.

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