# Assessing Aggressivity with the Comprehensive System-Revised, Part II: The Gacono Aggressivity Cluster (GAC)

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#### **Abstract**

The coding of Rorschach aggressive imagery, while essential, is not sufficient for assessing aggressivity. This evaluation requires an analysis of multiple personality domains and functions, such as nature and predominance of aggressive drive, impulse control, affect lability, inhibitory mechanisms, cognitive deficits, and conscious and unconscious attitudes (e.g., use of devaluation; internal identifications & imagery; Finney, 1955; Rose & Bitter, 1980). As personality attributes correlate with Rorschach variables and indices, the Rorschach contributes to identifying and confirming the nature and quality of an individual's vulnerabilities. Ultimately, however, a determination of an individual's aggressivity must be considered not only through the lens of psychometric data but also within the context of a patient's past behaviors and foreseeable future circumstances. We provided an updated review for coding Rorschach aggressive imagery in Part I of this two-part series. In this article, Part II, we provide a framework (the Gacono Aggressivity Cluster; GAC) for incorporating aggressive imagery and other Rorschach variables in assessing aggressivity (Gacono & Smith, 2022).

### Introduction

Central to personality theory is the yin/yang relationship between libidinal (life) and aggressive (death). The extent to which aggressive identifications predominate or the associated drives are sublimated, often differentiates pathological from healthy functioning (Kernberg, 1984). Developmentally, the successful integration of aggressive drives coincides with the level of personality organization, as aggressive identifications and poorly integrated drives are ubiquitous within individuals organized at pre-oedipal (borderline or psychotic) levels (Acklin, 1997; Kernberg, 1975).

Evaluating whether aggressive drives are turned inward and lead to depression and self-harm or whether they result in violence represents significant challenges. In some evaluations (violence risk assessment), understanding the nature of aggressive identifications and drive may be a primary focus. However, assessing whether aggressive drives are ego-dystonic or syntonic, whether directed inward or outward, how they impact personality functioning, and how Rorschach data contributes to understanding past and future actions is not a simple task.

Aggressivity is a function of multiple factors such as the nature and predominance of aggressive drive, impulse control, affect lability, inhibitory mechanisms, cognitive deficits, and conscious and unconscious attitudes (e.g., use of devaluation; the presence of internal identifications and imagery; see Yakeley & Meloy, 2012). These personality characteristics have correlates in the Comprehensive System (Exner, 2003), Comprehensive System-Revised (Exner et al., 2022; Fontan & Andronikof, 2022; Gacono & Smith, 2022), and supplemental Rorschach

data. For example, CF+C > FC+1 has been linked to emotional lability, while C > 2 is associated with explosiveness (Exner, 2003). X-% and WSum6 are associated with cognitive deficits (perceptual accuracy and slippage, respectively). Certain primitive defenses (Cooper et al., 1988; Lerner & Lerner, 1980) and object relations phenomena (Kwawer, 1980) suggest immature levels of personality organization and imply attitudes toward others that are derogatory or distorted (also PHR; Hilsenroth et al., 1993; Rose & Bitter, 1980). The determination of aggressive potential, however, must include consideration of a patient's past behaviors and foreseeable future circumstances. This article provides a framework (Gacono Aggressivity Cluster: GAC) for a Rorschach assessment of aggressivity.

## The Gacono Aggressivity Cluster (GAC)

The coding of Rorschach aggressive imagery is essential but not sufficient for assessing aggressivity. Multiple personality domains and functions, such as nature and predominance of aggressive drive, impulse control, affect lability, inhibitory mechanisms, cognitive deficits, and conscious and unconscious attitudes (e.g., use of devaluation; the presence of internal identifications and imagery; Finney, 1955; Rose & Bitter, 1980) affect the potential for aggressive behavior. While associated Rorschach variables and indices aid in identifying and confirming the nature and quality of individual vulnerabilities, ultimately, aggressivity must be considered not only through the lens of psychometric data but also within the context of a patient's past behaviors and foreseeable future circumstances.

Understanding that aggressive acts may differ in quality (e.g., affective versus predatory/instrumental) and beginning with a knowledge of relevant personality domains, Gacono sought to determine what Rorschach variables and indices had enough empirical support to aid in assessing aggressivity. The pre-1990 literature provided a wealth of useful information, which included scoring systems (Holt's 1977 primary A1 & secondary A2 processes), correlational studies of variables, contents, and configurations (e.g., early Exner, summarized in 2003; Sommer & Sommer, 1958), and even complex scales (e.g., the Palo Alto Destructive Content Scale, Rose & Bitter, 1980; also see Finney, 1955). The Gacono Aggressivity Cluster (GAC) was empirically and theoretically derived from this body of literature. While needing validation, the three sections of the GAC offer a template for the Rorschach assessment of aggressivity.

**Section I:** Controls/Lability/Impulsivity. This includes measures of control/delay (Lambda; also M:FM; control/impulse), stress tolerance (D, AdjD), resource availability (CDI, EA), and lability (CF + C + CN > FC + 1). It also provides measures of perceptual accuracy and cognitive dysfunction associated with affect or aggressive drive (X-%; S-%; Ag-%; MSum6; AgSum6; C-%; CSum6)<sup>1</sup>. Other indices, such as FC':C'F+C' > SumC, may suggest constraint and have value. Authors, like Sommer & Sommer (1958), provide additional insights concerning other variables and variable combinations, such as aggressive color responses (Color + Aggressive content & themes).

130

<sup>&</sup>lt;sup>1</sup> Ag-% is the percentage of all Agscores (including AG) with minus form quality divided by the total number of AgScores (Agscores-/Agscores). MSum6 equals the number of human movement responses with one or more of the Sum6 scores. AgSum6 is the sum of all AgScores and White space responses that contain Sum6 Special Scores. CSum6 is a computation of all chromatic responses with Sum6 Special Scores.

Figure 1: The Gacono Aggressivity Cluster (GAC)

Gacono Aggressivity Cluster											
Controls, Lability & Impulsivity											
L (<.30 or >.99)	=	0.14	D	=	0	X-%	=	0.06	AgSum6	=	3
EA	=	8.5	AdjD	=	0	X-%.SS	=		ColorSum6	=	2
EB	=	5:3.5	CDI	=	2	S-/S	=	0	MSum6	=	5
M:FM	=	5:5				Col-/Co	<b> </b> =	0.33			
FC:CF+C+Cn	=	0:03				Ag-/Ag	=	0			
						M-/M		0			
Orientation toward others						Ag. Identifications/preoccupations/drive					
Orientation to	war	d others				Ag. Ider	itit	<u>ication</u>	s/preoccupat	ior	is/arive
COP:AG						Ag. Ider		-	AG:AgPast:S		
	=	3:1					=	1		=	1:1:1
COP:AG	=	3:1 8				AG	=	1 2	AG:AgPast:S	; = >0	1:1:1 NO
COP:AG M&Hcont	=	3:1 8 0				AG AgC	= =	1 2 1	AG:AgPast:S S>3 & LateS	5 = >0 =	1:1:1 NO
COP:AG M&Hcont with Ag	= = =	3:1 8 0				AG AgC AgPot	= = = =	1 2 1	AG:AgPast:S S>3 & LateS DLC	5 = >0 =	1:1:1 NO 1
COP:AG M&Hcont with Ag PHR:GHR	= = = =	3:1 8 0 2:4 0.44				AG AgC AgPot AgV	= = = =	1 2 1 1	AG:AgPast:S S>3 & LateS DLC	5 = >0 =	1:1:1 NO 1

*Note*: A sample psychopathic female from our clinical samples. Kwawer Viol Sym = 2. The X-%.SS is scored directly in CHESSSS-2®. Figure 1, from Gacono & Smith (2022), is re-printed here with permission from IRI.

Aggressivity has been linked to both high and low Lambda. Environmental complexity, emotionality, and stress overwhelm the high Lambda individuals (> .99, over-control). Low Lambda (< .30) individuals have difficulty separating from environmental stress causing emotional flooding, which disrupts their thinking (under-control). In both cases, inflexibility overtaxes the respective coping style (EB), negating the effectiveness of available resources and resulting in behavioral impulsivity. Other aspects of the patient's history will suggest whether a person is more likely to punch a wall or a person.

While no one EB style is necessarily linked to aggressivity, the EB style provides a conduit and shapes the resultant behavior. Extratensives are linked to environmental stimuli by the nature of their problem-solving style (SumC > M--repeatedly linked to aggressivity; Finney, 1955; Townsend, 1967). As a result, they will have difficulties disengaging. The introversive's experience is internal, a closed system where behavior is dictated by psychological health related to internal data and the accurate interpretation of incoming data. Poor reality testing (incoming information) and devalued perceptions (distorted internal views) can contribute to having few cognitive deterrents toward acting against others. Coupled with a high Lambda, the introversive is prone to crack under pressure. Lacking a consistent problem-solving style, the ambitent is chronically vulnerable to stress-induced impulsive behavior. This style disallows formulating and implementing a consistent strategy for navigating emotional complexity. The internal world will deter, inhibit, or shape behavioral expression for any EB style.

EA measures available psychological resources, while an elevated CDI highlights additional coping deficits. Adequate resources are needed for modulating emotions (internal) and managing environmental stress (external). M:FM offers a glimpse of the proportion of controls

(M) to instinctive drive (FM). M has been linked to delay, while FM has been linked to increased disinhibition when in a compromised state (i.e., under the influence of substances) and assaultive behavior. FM > M suggests a predominance of instinctive drive. Extensor M (CS variable of Ma) has also been linked to acting out (Schlesinger, 1978).

When CF+C+CN > FC+1 affective lability is probable. Two or more Pure C responses point toward impulsivity or explosiveness. Unmodulated affect combined with F+% < 0.70 is also suggestive (Frank, 1994). Positive D scores suggest adequate stress tolerance, while negative scores suggest stimulus overload and indicate a deficit related to effective response development and implementation. AdjD provides some measure of the chronicity versus situational nature of stress tolerance. However, positive scores in an otherwise depleted record (inadequate EA) would predict diminished coping beyond a certain threshold of stressors.

X-% (all emotions), S-% (hostility), Ag-% (aggressive ideation, identifications, drive; total aggression scores with minus form divided by total aggression scores), and C-% (all chromatic color with minus form divided by all chromatic color responses; affective lability) offer an indication of perceptual accuracy fluctuations relative to the associated drive. AgSum6, CSum6, and MSum6 suggest the influence of aggressiveness and affectivity on thinking (cognitive slippage). The study of aggressive color (those with aggressive imagery or themes, Sommer & Sommer, 1958) may also provide specific links to aggressivity. Perceptual accuracy deficits tainted by aggressive drive negate deterrents to aggression.

**Section II: Orientation Toward Others.** This contains measures of derogatory or devaluative views of others imbued with aggressive drive (i.e., AgPast). These have been linked to behavioral aggression, as have primitive defenses such as devaluation, splitting, projection, and projective identification (Finney, 1955; Rose & Bitter, 1980). COP:AG, M:H:Hd:(H):(Hd) coupled with AgScores, PHR > GHR, M-%, as well as the percentage of total AgScores (Ag%: All AgScores/R) are included in this section. Section II estimates the degree of object relations (OR) impairment, the extent to which OR are infused with aggression, and the associated defensive organization (Gacono & Smith, 2022). Primitive defenses are included here, such as the scoring of devaluation, splitting, projection, and projective identification (Cooper et al., 1988; Lerner & Lerner, 1980). Kwawer's (1980) coding for violent, symbiosis, separation, and reunion might be considered for future inclusion.

Viewing relationships as uncooperative or aggressive diminishes emotional and cognitive deterrents while providing permission to act aggressively. Human movement (M) and human representational responses (H:Hd:(H):(Hd):(Hx) are not expected to be infused with aggressive imagery. Unspoiled COP (adequate form quality, lacking Sum6 coding, MORs, AGM) responses are expected to outnumber AGM responses (with < 2 AGM responses). Concurrent elevations of both COP and AGM (> 2) in the same record suggest a particularly pathological adjustment (Exner, 2003).

Spoiled COP responses infused with aggression are produced by sexual homicide perpetrators (SHP) and reflect a high level of personality disturbance (frequently producing one or more AGM responses; Gacono et al., 2000). The SHP may also produce elevated R, multiple shading blends, and an elevated DEPI, all reflecting the internal press of their dysphoric inner world. Unlike non-sexually offending psychopaths, this pattern often coincides with a disturbed interest in others (multiple human content representations combined with PHR and spoiled COP).

Distorted and devalued perceptions of others can facilitate misinterpretations (M-; PHR) while providing unconscious and conscious permission to act aggressively toward others (see Finney, 1955; Rose & Bitter, 1980). For example, while M+ or o suggests delay, empathy, and a

mature perception of others, M- would suggest the lack of these. Mp- is of particular concern as it indicates severe reality testing problems within one's fantasy life, perhaps even delusions. When coupled with human representational content, the M- strongly suggests primitive object relations (imagine an Mp- Hd response that includes a Fr + rF, Sx, AgC, & FAB2). PHR > GHR indicates a propensity for "spoiled" human representations and dysfunctional interactions that outweigh healthy ones. A healthy record should also not contain a predominance of human content contaminated by aggressive imagery (# of Human content response with AgScores; Ag%, includes AGM & S).

Defenses such as devaluation, splitting, projection, and projective identification (Cooper et al., 1988; Lerner & Lerner, 1980), have been linked to destructive content and shape one's views of others (Rose & Bitter, 1980). While not currently scored in CHESSSS-2, Kwawer's primitive modes of relating, including violent symbiosis, separation, and reunion, provide a face valid depiction of interpersonal interactions characterized by devaluated, misinterpreted, and aggression-infused human representations.

**Section III: Aggressive Identifications/Preoccupations/Drive.** This identifies the types of aggressive imagery and provides estimates of their prevalence ([AG:AgC:AgPot:AgV: AgPast:SM; Gacono & Meloy, 1994]; Ex:Fi:Sx:An:Xy (Drive Laden Contents, DLC, SumDLC/R<sup>2</sup>; see Exner, 2003; also Townsend, 1967). The absence of any of these in the valid records of aggressive individuals would be unusual. When present, these variables provide unique insights into the nature of aggressive preoccupations, identifications, and drives.

This section includes AGM responses (Exner, 2003), white space (hostility), and all Gacono and Meloy Extended Aggression scores, along with drive-laden content (DLC; Exner, 2003; Rose & Bitter, 1980; Townsend, 1967). In isolation, any of these scores do not necessarily equate with aggressivity. However, the predominance of aggressive imagery and drive-laden content in a protocol is more than suggestive. Both AgC > 2 and DLC (see Townsend, 1967) have been associated with aggressivity in patient histories. Several of the DLC indices (An & Sx) are also included in the Trauma Content Index (TCI; Armstrong & Loewenstein, 1990) and have been linked to personal traumatic histories and intrusive traumatic imagery (Smith et al., 2020). While the Aggression scores reveal the presence of identification, preoccupation, and drive, the role of aggression within the personality of neurotics and non-patients differs from those who are preoedipally organized (borderline & psychotic patients; Acklin, 1997; Kernberg, 1975).

#### The GAC in Practice

It is beyond the scope of the Rorschach to answer, "Is this a violent person" or "Will this person be violent?". As organized by the GAC, the Rorschach does provide an understanding of 1) the vulnerabilities that have contributed to past violence and 2) a blueprint of why and how future violent acts might occur. For example, for a non-psychopathic offender (total Psychopathy Checklist-Revised [PCL-R] score < 30) with several assaults, the GAC reveals personality vulnerabilities such as poor impulse control (C > 2), lability (CF+C+CN > FC+1), inadequate coping skills (EA = Average, CDI > 3), perceptual accuracy deficits (X-% > 0.20), etc. For example, a non-psychopathic offender's history indicates that each assault occurred in a bar when the individual was under the influence of alcohol. It is not a clinical stretch or an abuse of logic to

133

<sup>&</sup>lt;sup>2</sup> SumAg/R (the number of all aggression scores divided by R) and SumDLC/R (the number of all DLC scores divided by R) are ratios of identifications, drive and drive laden content to the number of responses. These provide measures of the degree to which the protocol is infused with Ag and DLC.

opine that: 1) if this individual is in treatment working on acquiring coping skills identified as deficits in the GAC, 2) if they refrain from any substances/alcohol (attend Alcoholic Anonymous), and, 3) if they avoid environments where drugs and alcohol are available (no substances in their home or the homes they visit), their risk of future violence is reduced.

Interpreting the GAC

The GAC is most useful when considering the patient's history, including their previous diagnosis. Is the patient like those characterologically predisposed to violent acts, those that are predisposed to self-harm, or those that would be considered non-patient or neurotic lacking a history of aggressivity? Aggressive behavior always occurs in a context where personality vulnerabilities interact with situational factors. History becomes the best predictor of future behavior, while the GAC provides a blueprint for understanding how the behavior might occur in the future.

The same interpretative principles for controls, lability, cognitive dysfunction, and orientation toward others apply regardless of the group orientation. However, in those non-patient groups lacking a history of aggressive behavior, where indices, such as AgC, are not suggestive of aggressive identifications and the quality of the imagery is benign, the likelihood of aggressivity toward others may decrease. An ego-syntonic relationship to and an identification with disturbing, devaluative, and violent imagery likely coincides with diminished cognitive and emotional (empathy, guilt) deterrents toward harming others. When impulsivity is combined with negative rumination (Vista), affective dyscontrol, and an elevated S-CON, an evaluation of the patient's proneness toward acting on self-harm should be considered. Several examples highlight an approach to the Rorschach assessment of aggressivity:

The low Lambda ambitent or extratensive. The low Lambda (< .30; poor boundaries), ambitent or extratensive (overwhelmed or too engaged) EB style is a natural for allowing all forms of impulsive behavior. When this pattern occurs with multiple color shading blends (internal press) and a CF+C+CN > FC+2 (lability), the individual is wired for impulsivity. This type of record, combined with an abundance of AgScores (Ag%, identifications, preoccupations, drives) and cognitive issues (AgSum6; ColorSum6; MSum6; perceptual accuracy & slippage), is ripe for aggressive behavior. This individual is unable to separate from enticing environmental stimuli. The separation between what is inside and what is in others (use of projective identification, poor boundaries) is lacking. Primitive defenses, perceptual accuracy, and cognitive deficits exist (X-%; S-%; Ag-%; C-%; AgSum6; ColorSum6) coupled with a bizarre fantasy life (Mp-; WSum6). They are in a constant state of stimulus overload, where action results from these tensions.

The mildly elevated Lambda ambitent or extratensive. The mildly elevated ASPD male with an ambitent or extratensive EB style represents an inadequate individual lacking coping skills. Mildly elevated Lambda, CF+C+CN > FC+1, with adequate D and AdjD, and a few AgScores (frequently AgC & AgPast) are coupled with less available resources (EA; CDI) than expected. While CDI may not reach the positive threshold (4), it is frequently ≥ 2. Often the protocol is bland (few blends) but contains several of the extended AgScores (Ag%). Mild cognitive dysfunction is present (Xu%, WSum6). When a history of aggressive acts is present aggressive behavior occurs due to coping skills that cannot manage complexity and emotional stress. One group of psychopathic ASPD offenders also

produce this pattern along with reflection responses, an absence of T, an absence of Y, and few or any Color Shading Blends.

The High Lambda introversive. Introversives (M > SumC) with elevated Lambdas (> 0.99) and significant cognitive deficits (form u and -; WSum6: AgSum6) are at risk for suspiciousness and a paranoid style. Should aggressive imagery be present (high Ag%), and when coupled with abuse of fantasy (Mp-), the examiner should carefully assess the AgScores to understand better the nature of identifications and intensity of drive (AgScores; DLC). For example, does an Mp- response also contain a reflection, Bl or Sx content (DLC), devaluation, a PER, and AgC? These complex responses provide a signature or prescription for the ruthless or benign nature of the patient's interpersonal interactions.

These individuals are prone to misinterpreting interpersonal cues and contain an object relations stance of attack or be attacked. Other elements of the GAC will provide clues as to the patient's aggressivity.

#### **Conclusion**

The Gacono Aggressivity Cluster is just that, a cluster (ideographically descriptive), not a constellation (predictive). While many of its indices have been validated in independent study, the constellation itself is a work in progress and needs validation. In addition, research is needed to determine which variables are the most useful and further evaluate the association of individual and composite variables with real-world acts of aggressive behavior.

Unlike problematic research designs (i.e., attempting to study psychopathy in college samples where there are no psychopaths; Gacono, 2016), assessing aggressive drive has value in both violent (clinical) and nonviolent samples (non-patients, absence of a history of aggressive behavior). This is because aggressive impulses and drive are present in all personalities, regardless of one's behavioral history and the presence or absence of psychopathology. This allows for a cluster that quantifies and organizes aggressivity to be useful beyond forensic populations and, consequently, allows the GAC to be a helpful addition to CS-R. When assessing aggression, the clinical task determines its nature, preponderance, and how successfully it is modulated, sublimated, or integrated. Specifically, how does it impact one's personality, and what are the behavioral outcomes of the aggressive drive?

The evaluation of aggressivity is a multi-dimensional task. While all assessment hypotheses are anchored within the patient's real-world behavior, studying a patient's aggressive imagery combined with reviewing their GAC profile provides a Rorschach portrait of the personality vulnerabilities that allow violent behavior toward self or others. Even in planned and purposeful violence cases, the examiner must consider that these predatory acts seldom occur in isolation from a personality that also commits impulsive and affectively motivated aggression. Ultimately, attempts at predicting self-harm and harm to others remain an essential clinical task with significant personal and social implications.

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