I LOVE YOU TO DEATH: INTIMACY, PATHOLOGIC ATTACHMENTS
AND THE EVALUATION OF VIOLENCE POTENTIAL

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Psychologists are frequently called upon to evaluate individuals who threaten violence toward intimates. Guidelines for such an evaluation focus on utilizing clinical-descriptive and actuarial parameters. The author presents a psychoanalytic object-relations perspective as a framework for integrating these domains of information. A psychoanalytic understanding of development and the therapeutic encounter, coupled with clinical and actuarial data, provide the diagnostician with an understanding of the significance of the patient's personal history, as well as helping to identify significant psychostructural deficits and action-tendencies. Clinical data, therapist-patient interaction and psychological testing results are integrated and used to go beyond formulating a descriptive diagnosis. The patient's internal structure, including the following constituents are discerned: degree of self-object differentiation; level of self-integration; defensive operations; capacity to manage narcissistic injury and the consequent shame-rage cycle; subtle deficits in sense of reality. A case is detailed of a 32-year-old woman whose violent potential was identified three weeks before she shot her husband.

Forensic psychologists are frequently called upon to assess the potential for violent or aggressive behavior. The difficulties involved in predicting any form of behavior are widely known and the ability of the mental health expert to predict violent behavior is limited (1). In order to improve clinical prediction, psychologists have used actuarial data to assist with their evaluations of potentially violent patients. Base-rate information, for example, has become an essential source of data when attempting to make a judgment regarding the possibility of future violence. Other data—more idiographic—includes past records, current evaluative
data, psychological testing and the clinical interview. The clinician then integrates these various data and makes a judgment regarding the risk for violence.

In this article, I will briefly review the sources and efficacy of the actuarial data utilized to assist with evaluation of the violent prone individual. I will then outline a psychoanalytic model of the mind, and employ it in the evaluation of a specific group of patients: those whose potential for violence arises from within the context of an intimate love relationship. More specifically, I will focus my attention on those individuals who are least likely to fit the profile of potentially violent individuals but whose developmental psychopathology puts them at risk to become violent when their relationship with an intimate partner fails. These individuals will not readily be identified as violent-prone, as they are not predatory, psychotic or psychopathic. They do not have a criminal record, nor is there a clear history of violence. From a phenomenologic-descriptive perspective, they appear quite normal. They function quite well in most social contexts, and may be seen as interpersonally oriented. These patients, however, manifest significant narcissistic disturbance and their level of developmental pathology is such that their ego functioning is uneven and, most importantly, their self structure lacks integration and cohesion. An intimate partner becomes experienced as a necessary constituent of the self and therefore experienced as required for emotional survival. The lover becomes intrapsychically relegated to what is experienced as a possessary object, a required constituent of their self representation. This loss leads to fragmentation, panic, rage, paranoia and the possibility of violence.

After outlining a contemporary object-relations, psychoanalytic theory of development and psychopathology, I will present a case in which a woman, with no documented mental health or violent behavior history, attempted to kill her husband after he decided to divorce her. An evaluation three weeks prior to the attempted murder identified her developmental psychopathology and violent action tendencies.
STATISTICAL CORRELATES OF VIOLENCE

A body of data has emerged in recent decades documenting the association between violence and a number of psychosocial variables (1-3). Monahan (1), in his classic 1981 monograph on violence prediction noted the following factors as major actuarial correlates of violence: a) past crime, especially violent crime, b) age; c) sex; d) race; e) socioeconomic status and employment stability; f) opiate and alcohol abuse; g) mental illness in patients with a past criminal record. Many empirical studies over the years have also contributed to our knowledge of the linkage between various psychosocial variables and aggression. Zimring (4) found, for example, that the availability of a lethal weapon increases the chances of a violent act. Higher performance I.Q. as well as involvement in a violent peer group has also been associated with impulsive criminal behavior (5). O’Leary, Malone and Tyree (6) found predictive routes that differed for husbands and wives. Witnessing parental violence as boys predicted physical aggressive behavior in men but not in women; for women, violent behavior towards their spouses was predicted by their reports of adolescent and childhood aggressive behavior.

Attempts have been made to assess risk prediction utilizing multivariate statistical methods such as discriminative function analysis (7). These models, however, are too complex, mathematically, to be effectively used for clinical purposes. Also, it has been found that a small number of predictors approximate the results of the more complex models (8).

Monahan (1) noted that base rate information is the most important source of data when attempting to predict behavior, and a number of authors have devised various clinical protocols to incorporate this important information into the clinical evaluation (9, 10).

Although multiple correlates of violent behavior have been identified and utilized with this approach, the ability of these data-sets to improve violence prediction is limited at best (11). Low base rates of violence are significantly limiting factors. Monahan (12) estimates the chance rates of violence to be 11%. Severe aggression between marital couples is estimated to be only 4% (13). To improve prediction, judgments regarding
future violent behavior must be confined to narrowly defined specific populations. Indeed, when this is accomplished, predictive power significantly increases (8).

A major challenge presents itself to the clinician who is evaluating a potentially violent patient, especially if the patient does not clearly meet criteria for inclusion into a particular high risk group. Such a complex clinical evaluation is, in fact, the norm, especially when evaluating one whose disturbance is manifesting itself in the context of an intimate relationship. Love relationships frequently potentiate rageful feelings and violent fantasies, but not necessarily violence. The task confronting the diagnostician is an idiographic one, that is, to identify a high risk individual even when inclusion into a particular high risk group is equivocal.

Burstein (14) reviewed five cases of isolated violence and concluded that all were individuals who had narcissistic vulnerability in their character structures and utilized primitive modes of defense. He does not, however, integrate his observations into a broader context of developmental psychopathology and depth psychological assessment. I will present a psychoanalytic object-relations perspective on psychological development and outline a particular form of narcissistic pathology which renders one vulnerable to disinhibition and violence. I will then present a psychoanalytically based assessment protocol which assists in the identification of a potentially violent individual.

**PSYCHOANALYTIC THEORY: DEVELOPMENT AND PSYCHOPATHOLOGY**

In order to fully understand the developmental psychopathology of individuals who are narcissistically disordered and potentially violent, I will present a contemporary ego psychological, object-relations model of separation-individuation and character pathology. Initially, I will draw heavily on the seminal works of Kernberg (15), Mahler (16), Sandler and Rosenblatt (17) and Ogden (18). I will then outline Kernberg’s tripartite framework of personality organization and focus on the deficits in development which leave one narcissistically vulnerable to rageful reactions and potentially violent behavioral tendencies.
In this model, an internal object relationship is defined as a schema or mental representation of self, interacting with a representation of other (object), linked together with an affective valence. Organized out of direct experience with caretakers during development as well as through the more genetically endowed deep-structural aspects of development (18), these developing internal object-relations are considered the “building blocks” of the mind(15). Over the course of development, multiple interactions with others are introjected as object representations interacting with various self-representations. With good enough caretaking, these multiple representations of self and object become integrated and separately bounded under the synthesizing function of the ego.

Initially, representations of interactions which are pleasurable are kept separated from interactions which evoke displeasure. This splitting of the internal object world protects the immature organism from contaminating good self- and good object- representations from the unpleasant, aggressively colored bad self- and bad object- representations. At this early stage of maturation, splitting is viewed as a normal adaptive mechanism of development which allows for the accretion of positively valanced self- and object- representations, assuming the majority of one’s experience is positive and pleasurable (which may be one way to define “good enough” parenting). The splitting mechanism also inoculates the developing self- and object- representations from undue amounts of aggression which may compromise the integrative process.

In the early stage of separation-individuation, self representations and object representations are not clearly delineated and bounded, potentiating the possibility for confusion between self and object, inner experience and outer reality. The evolving processes of separation-individuation and self and object integration, as well as a developing affect-containing ego function, are fostered by a caregiving context which is attuned and responsive to the growing child’s needs, helps to modulate affect states and accepts the toddler’s developing desire for autonomy and separateness. Managing this unfolding process, which also involves a thrust toward autonomy
while still dependent on the caretaker for guidance and support, is understandably what makes the “terrible twos” so terrible.

During the early stages of separation-individuation, when the nascent self and its introjects are not yet integrated and bounded, archaic defensive modes of operation are employed. These defensive operations, of which splitting is the genotypic mechanism (19), protect the good self- and good object- images from the destructive, fragmenting consequences of intense negative affect. As self- and object- representations become consolidated, affect tolerance improves, and primitive defenses are replaced by mature ones based on repression. A sense of self develops that is integrated and bounded, with a positive affective valence, and a sense of continuity. The other is also increasingly experienced as bounded and separate from oneself, with greater capacity to tolerate internal ambivalent affect states. Mahler (16) refers to this as the achievement of object constancy.

Kernberg (15) notes that when repression becomes the dominant mode of defense, unacceptable impulses and affects are relegated to the dynamic unconscious, consolidating the id as a structure within the mind. Also, idealized self- and object-representations become condensed and constitute the “kernel of the ego-ideal,” a structure within the superego. The superego is made up then of the ego-ideal and also the prohibiting internalizations of important objects.

Based on the ego-psychological, object-relations model and individuation and structuralization presented, Kernberg (15) proposed a schema of personality and pathology which delineates three broad levels of development. These three levels of personality organization—psychotic, borderline and neurotic—are defined by the status of the following three psychological characteristics: 1) capacity for reality testing; 2) mode of defense; 3) degree of identity integration.

The neurotic character is reality oriented, employs repressive defenses and has an integrated sense of self. The psychotic personality is unable to maintain a separateness between self and other, inner and outer and is, therefore, prone to perceptual disturbance and impaired reality testing. Ego-identity is fragile.
Individuals functioning on the borderline level of personality organization are capable of reality testing, as they are able to maintain a distinction between inner and outer experience. The self and object representations, however, have not been consolidated; splitting mechanisms are employed, interfering with identity formation and creating a vulnerability to identity diffusion. During periods of identity disintegration or diffusion, brief psychotic episodes are possible.

Deficits in self- and object-integration impair the development of adequate affect modulation as well as the structuralization of the superego. Poor integration interferes with the capacity to tolerate mixed emotional reactions towards an object (ambivalence), leaving one vulnerable to one-dimensional intense states of hatred or idealizing love. With an impaired superego, one is also more capable of disinhibition and dyscontrol.

Note that diagnosis is based on an understanding of the degree of psychological structuralization and not on descriptive symptomatology per se. Within a given level of organization, individuals may have varying degrees of manifest symptomatology, depending on this unique history, status of their defenses and current life circumstance. From a DSM-IV perspective, for example, an individual may only descriptively meet criteria for an adjustment reaction, but from a structural understanding of his or her object world, he or she may be seen as functioning on the borderline level of organization.

DEVELOPMENTAL PSYCHOPATHOLOGY: INTIMACY AND VIOLENCE

Most violence occurs between individuals who have lasting interpersonal bonds (14). An understanding of the nature and level of a lover’s potentially violent personality organization greatly enhances the clinician’s capacity to assess dangerousness and effectively intervene. As noted, I am focusing on the individual who does not fit the profile of one who, from a descriptive point of view, would be identified as potentially violent. He or she, for example, may not have a history of criminal or violent behavior or even meet DSM-IV criteria for a personality disorder. Deficits in the structuralization of the object world are such that aggres-
sive or violent actions will surface as the result of a dissolving intimate attachment.

I am addressing a specific subgroup of those patients functioning on the borderline personality organization level. This subgroup is higher functioning than the more chaotic borderline group, primarily due to possessing a more integrated but narcissistically organized self-structure. Kernberg (15) refers to this structure as the grandiose self in patients with a manifest narcissistic personality. It has features similar to Winnicott’s (20) false-self and Deutsch’s (21) “as-if” personality. This self-structure has elements of the ideal self-representations fused with ideal object-representations, defensively and psychologically organized to compensate for intolerably painful and shameful affect states. These emotional reactions were precipitated most typically by a caretaker who required the child to gratify his or her narcissistic needs. This reversal of roles compromised the processes of self-object differentiation and integration. An individual with this narcissistic self-structure frequently appears fairly “normal” to those who do not know him or her well, with overall functioning enhanced by the grandiose self-structure. He or she may be described as unusually devoted or dependent on the intimate partner. Structural deficits become manifest during times of separation or loss of the needed, idealized other. The intimate is not intrapsychically experienced as a separate, whole object but more as a necessary constituent of the pathologically consolidated self, as the “intrapsychic glue” maintaining cohesion. Loss of the object is tantamount to disintegration of the self-experience.

During these times of object loss, the self-experience will fragment and reality testing becomes distorted as self and object images become less bounded and integrated. The continuity of one’s self-experiences becomes threatened. This may lead to paranoid ideation, obsession with the needed object and panic (fragmentation anxiety). Shame and rage become cyclical, mutually reinforcing affective experiences, resulting from the loss of what is felt to be a necessary component of the self-structure, and
are then employed in an effort to regulate the interpersonal distance of needed other (22).

Meloy (23) suggests that in sudden violence, projective identification serves as a form of magical control over the other. When this primitive mode of psychic defense is in operation, control is reversed by the taking of malevolent control of the other. “Absolute control of the object, is acted out through violence” (p. 62). I would suggest that the use of this archaic mode of defense is reflective of severe developmental pathology and lack of an integrated self-structure, with the intimate becoming experienced as the embodiment of the internalized idealized object which is part of the self. Possession of and entitlement to this object is therefore essential, with its loss experienced as unimaginable.

EVALUATION OF STRUCTURAL PSYCHOPATHOLOGY

When attempting to evaluate a patient’s potential for violence, the clinician must utilize all sources of data available (24). I will focus on conducting a psychoanalytically informed assessment of the patient’s psychic structure and developmental psychopathology. I will also focus on that group of patients who have narcissistically organized, false-self structures which allow them to function fairly well but whose developmental deficits make object loss unbearable, leading to rage, shame, disintegration and potential violence.

The psychoanalytic interview, grounded in an understanding of development and arrest, may be organized around three distinct yet overlapping data sets: 1) developmental-personal history; 2) patient-doctor interaction and; 3) psychological testing. These sources of information are then integrated and, coupled with additional clinical and actuarial information, are utilized to arrive at a decision regarding violence potential. What follows is adumbration of such an evaluation.

Personal-Developmental History

The clinician should be alert to the manner in which the patient tells his story and the richness with which he describes others in his life. A patient who lacks self-object differentiation does not experience others as
whole objects, has difficulty tolerating ambivalent feelings and will describe others in a one-dimensional, part-object fashion. The evaluator will have difficulty getting a "feel" for or a good sense of the people whom the patient is conflicted about.

With the narcissistically injured patient functioning on the borderline level, one may not hear of blatant early trauma or abuse. Developmental derailments and arrest were engendered by subtle forms of pathology which existed within the early child caretaker matrix (25). Narcissistically disturbed individuals were frequently parented in relationships that were role-reversed, with the child serving a regulatory function and need for the caretaker.

The achievement of object-constancy is required to sustain intense ambivalent feelings towards the needed or loved other. Gladstone (26) pointed out that the capacity to hate requires a high degree of psychic development. The patient functioning on the borderline level, for whom the object-tie is essential to a sense of continuity and wholeness, will dissociate from hateful affect states. The borderline level, narcissistic patient will employ idealization as a defense against hate, as the capacity to tolerate ambivalent feelings towards a needed other is precarious. During periods of loss, hateful affect will be experienced with singular, raw ferocity, compromising judgment and self-regulation. Clinically, one will palpably experience this defensive organization via the unidimensional quality of the patient's mentation and productions. His or her object world, memories and overall psychological experience will appear affectively compressed and undifferentiated.

The narcissistically disordered, borderline functioning individual may also have a history of behavioral disinhibition and outbursts. Although not actually violent, the patient will tend to be labile and erupt during times of interpersonal stress. The prodrome for affect dyscontrol is typically unwanted separation or feared loss of the needed other, with the outburst functioning as an attempt to regulate interpersonal distance (22).
Patient-Doctor Interaction

Generally the patient may present himself as cooperative, pleasant and disclosing. The range and depth of the patient’s associations to questions regarding personal relations as well as emotional reactions to the important historical events, however, may not develop over the course of the examination. Poor self-integration and splitting mechanisms compromise the capacity to fully describe affective experience and the object world. Countertransferentially, the examiner may become bored, irritated or confused by his or her inability to develop a full representation of the patient and important people in his life. One is unable to develop a deepening sense of the patient’s emotional life.

The patient will likely have great difficulty if even mildly confronted with either the contradictions or the vagueness of his self-understanding or personal history. Kernberg (27) suggests that a hostile reaction to such observations is prognostically ominous.

Psychological Testing

Psychological testing data should be marshaled to assist in the evaluation of a potentially violent patient. I will focus on the Rorschach Inkblot Technique, as it is an instrument uniquely qualified to explore depth psychological organization. Also, I will utilize Exner’s² (28) empirically derived system for scoring and interpretation, as well as to anchor psychoanalytically derived constructs. The testing data will be organized around three salient and important features of mental life, where disturbances in development leaves one at risk for the establishment of pathological attachments and episodic dyscontrol: 1) self- and object integration/differentiation; 2) affect development/control; and 3) reality testing.

Self and Object Integration/Differentiation: A number of Rorschach scores have been empirically shown to accurately assess the status of the representational world (28, 29). The human movement response, in its frequency, quality and sequencing, gives the examiner a glimpse into the patient’s fantasy life, ability to empathize, identifications and overall capacity for interpersonal relatedness. The response reveals the patient’s internal
template which is employed to organize interpersonal perception. Blatt and his colleagues (30, 31) have developed a scoring system which allows the examiner to assess the level of differentiation and integration of the patient’s object world, based on movement responses (M).

A preponderance of H over Hd suggests a capacity for whole object relations, with degree of elaboration of the responses correlated with object differentiation. The number of H plus Hd over A plus Ad reflects a more mature interpersonal capacity (as does greater M over FM). At least one FT is expected, reflecting a capacity for emotional relatedness. FD is a good sign, suggesting a differentiated, multi-dimensional object world, as well as interpersonal resiliency.

Attention to the content of human and movement responses is also important, as they reveal possible conflicts around such issues as separation, loss, trust, etc. A poorly formed response which does not fit the contours of the blot and also includes malevolent content, suggests borderline pathology and quite possibly paranoid features.

The Personal and Morbid special scores are particularly important to the assessment of the self-representation, with the Personal score in high frequency suggesting narcissistic vulnerability and the Morbid score suggesting a damaged defected self. An elevated egocentricity index reflects an excessive self-focus, possibly a defense against self-esteem regulation.

Affect Development Control: The D score provides data on the patient’s current capacity for behavior control, with the adjusted D being a measure of the individual’s more typical capacity to adaptively modulate behavior and affect. These measures essentially quantify overall ego-strength and affect integration. The FC:CF+C ratio taps one’s style of emotional discharge, as well as a tendency to use affect for object control (32).

The m response indicates unfulfilled need states and rather severe frustration. The Y and V responses, in greater than expected frequencies, reveal subjective states of anxiety, helplessness and painful affective experience, including depression. C’ response indicates emotional constraint.
The Affect Ratio provides a measure of the patient’s willingness to engage affective experience. The Aggressive Content response indicates an increased salience of hostile ideation or inner tension (but not necessarily potentially aggressive behavior). The Space response reflects negativity.

*Reality Testing:* The following Rorschach scores assess the patients capacity for perceptual accuracy: \(X+\%\), \(X-\%\), \(Xu\%\) and \(P\) (28). The Special Scores measure mediational ability. Taken together, these scores allow for the assessment of a formal thought disorder. When combined with a content analysis of the Rorschach record, one is frequently able to discern specific contexts in which reality gets distorted (when aggression is stimulated, for example).

**CASE REPORT**

Mrs. S, a 32-year-old separated female, was referred for a psychological evaluation by her psychotherapist, who was concerned about the patient’s potential for destructive acting out. Although the patient denied any intent to harm her husband or herself and expressed continued love for him, she made cryptic statements which were of concern. For example, during one altercation she stated, “I love you to death.”

During the evaluation, a comprehensive history was taken and Mrs. S was given a battery of psychological tests including the Rorschach, MMPI and various psychological inventories.

The history revealed that Mrs. S was married twice before. Her first husband abruptly and unexpectedly left her and the second one killed himself. She described her current marital difficulties as also surfacing rather abruptly, saying that earlier in the year, she and her husband had been planning a second honeymoon. She felt that their recent marital problems were caused by her husband’s continued grief reaction to the death of his first wife. She hoped for a reconciliation in the near future. Both she and her husband were in treatment.

Mrs. S reported no history of definitive treatment in the past, no psychotic hospitalizations, no past violent behavior, and no previous suicide
attempts. She did admit to a “bout of drinking” during the earlier part of the year but attributed that episode to “being bored.”

Mrs. S described an essentially unremarkable developmental history. The family moved to California from the Midwest during her adolescence. She did note that the relocation was planned but she was only told about the move on the day the family actually left for California and therefore had no time to separate from her friends. She was unable to venture an explanation of her family’s motivation for keeping her in the dark about the move. She reported a normal relationship with both parents, and denied any history of behavioral problems. She did say that she had conflicts at times with teachers, but attributed this to her boredom.

Mrs. S arrived for the interview on time, appeared cooperative, even earnest, saying she wanted to understand what the problems were and remained hopeful that the marriage could work. Her affect, however, appeared quite shallow. She expressed a desire to understand the difficulties in her marriage, but seemed unable to penetrate beyond the most perfunctory understanding of the marital discord. For example, when I pointed out her history of abrupt declines or puzzling jolts in her close relationships— with her current husband, previous husband and parents—she was startled. Invited to explore the possible meaning of this pattern, she responded in a most cursory fashion. She smiled softly and said she did not know. She was not prepared to reflect on the problem. Although she maintained a pleasant demeanor, I had the sense that she was quite guarded and unable, or unwilling, to explore with any depth, this aspect of her history.

I asked Mrs. S if she had experienced any personal conflicts at the beginning of the year, the period of time she reported drinking. She again was only able to say that she felt “bored,” as her husband was working long hours, assuming responsibility for childcare in the morning and therefore leaving her with little to do.

The one-dimensional nature to Mrs. S’s narrative description of her history and marital relationship, as well as her difficulty reflecting upon my queries, raised questions about the depth and differentiation of her object world. Her difficulty with self-reflection, coupled with the shallow-
ness of her affective reactions, led me to suspect that she was narcissistically vulnerable, possibly affectively overloaded and therefore cut off from her emotional life. I suspected she employed splitting and denial mechanisms.

As I listened to Mrs. S talk about herself, I began experiencing a low-grade feeling of tension and a slight sense of confusion. Reflecting more on these countertransference reactions, I realized they were reactions to my struggle to connect with her emotionally, beyond just a verbal exchange of information and facts. Her verbal material seemed to lack internal coherence and representativeness, another sign of narcissistic vulnerability (33).

The psychologic testing results supported my growing conviction that Mrs. S was a narcissistically vulnerable woman functioning on the borderline level of personality organization who was in the process of serious affective and cognitive decompensation. Her Adj D score was -2; FM+m, as well as Y, and V scores were elevated. She was feeling provoked and overwhelmed by unintegrated affect. Her psychic distress was very high. Her self-representation was damaged severely (Morbid=5) and her object world was fragmented (Hd greater than H). Mrs. S’s adjusted D score was below zero, suggesting that her current state of distress and fragmentation was chronic and characterologic. Mrs. S. had a FT=2, reflecting a state of intense loneliness and object-hunger. Her capacity for perceptual accuracy was compromised (low X+%, high X-) and she manifested cognitive slippage (W Sum 6=14). Her object world, affective experience and cognitive controls were disorganizing.

During the interview, Mrs. S did not appear to be in a state of distress commensurate with results of the test data. Symptomatically, and from a descriptive vantage point, she did not meet criteria for a DSM-IV diagnosis of borderline personality disorder. As noted, her verbal material and behavior was not representative of her depth psychological experience.

I inferred, based on my understanding of ego-psychological object-relations development, the clinical interaction and psycho logic test data that her representational world was crumbling, important dimensions of
her affective experience were split-off, her judgment was compromised and she was functioning on a borderline level. Mrs. S attempted to maintain a false-self presentation, in order to protect a very vulnerable, damaged self-representation. Her object-hunger and desperate need for the other reflected a sense of self that was incomplete.

Mrs. S’s psychotherapist was told that she may decompensate further, once she comprehended that the marriage was terminal. She was at risk for narcissistic-rage reactions, major depression and quite possibly destructive acting out (either to herself or husband).

Three weeks after the evaluation, Mrs. S shot her husband as he was walking out of their house.

SUMMARY

A contemporary, object-relations model of mental functioning was outlined and presented as a framework for understanding psychological development, psychopathology and the structure or pathologic attachments. It is suggested that with a certain type of narcissistic pathology (borderline spectrum) an intimate is felt to be a necessary part of the self and as such experienced as a possessary object, the loss of which is intolerable and evokes shame-rage reactions.

It is also suggested that a depth psychological understanding of development, pathology and the clinical encounter is necessary if a clinician is to grasp a patient’s deficits and consequent potential for self-regulatory failure. Psychoanalytic theory provides such an understanding and allows the diagnostician to integrate descriptive and actuarial data into a comprehensive understanding of a patient’s mental life and potential for violent behavior.

FOOTNOTES

1. In projective identification, the aspect of self experience which is projected into the other is still felt to be part of the subjective self: Control of the other is necessary, therefore, for the experience of self mastery.
2. The author assumes a general familiarity with Exner’s Rorschach Scoring System.

REFERENCES


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