The General Aggression Model and Its Application to Violent Offender Assessment and Treatment

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Considerable research and theorizing have explored the many factors that contribute to aggressive and violent behavior, over time revealing a complex, multiply determined, multifunctional behavior that manifests in various forms. Monahan and colleagues (2001) noted this when they reported that

the propensity for violence is the result of the accumulation of risk factors, no one of which is either necessary or sufficient for a person to behave aggressively toward others. People will be violent by virtue of the presence of different sets of risk factors. There is no single path in a person’s life that leads to an act of violence. (p. 142)

Accordingly, the extant literature suggests aggressive individuals are a heterogeneous population.

To date, interventions targeting violence propensity have remained largely disconnected from much of the theoretical and experimental literature concerning aggression and violence. Although the evidence supporting the efficacy of interventions designed to reduce aggression and violence in offenders is building (Dvoskin, Skeem, Novaco, & Douglas, 2012), several researchers (e.g., Gilbert & Daffern, 2010) have noted that violent offender interventions tend to be compromised by an absence of overarching theory. A greater intersection between violent offender treatment programs and psychological understandings of aggression is required, in order to ground approaches to the assessment and treatment of violent offenders in a cohesive theoretical framework (Polaschek, Calvert, & Gannon, 2009). In this chapter, we describe the general aggression model (GAM; Anderson & Bushman, 2002), a contemporary...
and comprehensive model of aggressive behavior. We explore how the GAM has the potential to enhance assessment and treatment of violent offenders and we articulate aspects of the GAM’s application to violent offending that require further attention.

The General Aggression Model

A large and diverse array of research is conducted under the broad terms of aggression and violence. This millennium has seen the introduction of more focused efforts to unify aggression research and to integrate the vast array of discipline-specific and narrow conceptualizations of aggression and violence (Anderson & Bushman, 2002). The theoretical perspective of social cognition broadly underpins these approaches, whereby learning, mental representation, and subsequent interpretation are considered to be important routes for the development of aggressiveness (Fiske, 2009). The GAM (Anderson & Bushman, 2002; Anderson & Carnagey, 2004; DeWall, Anderson, & Bushman, 2011) is a contemporary and inclusive social–cognitive model that views aggression propensity as resulting from a combination of inherent dispositions (e.g., genetic and other biological factors, early familial experiences), the development and maintenance of aggression-related knowledge structures (e.g., attitudes, beliefs, expectancies), and the person’s exposure to environmental factors that trigger these propensities (e.g., provocation, pain), thereby increasing the likelihood of aggressive action.

Moreover, it is assumed that individuals are, for the most part, capable of both intensifying and minimizing the effects of initial aggressive impulses on behavior and that the mechanisms by which this most often occurs are cognitive in nature (Barrett & Anderson, 2011; Sestir & Bartholow, 2007). These cognitive aspects include a person’s cognitions relating to aggressive and nonaggressive problem solving as well as their cognitive ability to regulate attention and exert impulse control (Swing & Anderson, 2014). Such cognitions and the cognitive decision processes influence how people understand, interpret, and navigate themselves and their social world, thereby accounting for substantial and prolonged differences in aggressiveness. Delineation of these cognitive mechanisms has improved understanding regarding the manner by which aggression is enacted, complementing the vast amount of knowledge regarding the individual risk and vulnerability factors for aggression. Ultimately, this development of a central conceptual framework has enabled more sophisticated and coherent understandings of aggressive behavior to develop, and, importantly, has assisted in clarifying the fundamental features enhancing aggression potential across individuals. In short, the GAM is useful in applied contexts because, like all good theories, it helps to guide researchers and practitioners by suggesting what variables are most important to measure and how one might create useful interventions.

Drawing on its social–cognitive predecessors (Huesmann, 1998), the GAM views the individual dispositions toward aggression as being the result of a combination of inherent dispositions and the development and maintenance of aggression-related knowledge structures. The model focuses on three main elements of the interaction between a person and a situation, which are referred to as inputs, routes, and outcomes (see Figure 37.1). Inputs include personal and situational factors. Person factors include personality traits, gender, beliefs, attitudes, values, and long-term goals that influence a person’s aggression propensity. Situational factors include aggressive cues, provocation, and the presence of weapons. Person and situational inputs influence an individual’s psychological state via a series of routes: cognitive, affective, and physiological (arousal), all of which interrelate. The cognitive route involves the
increased accessibility of aggressive thoughts and aggressive scripts that are activated by the interaction of the personal and situational inputs. The affective route includes elevation in state anger, feelings of hostility, and general negative affect. It also includes the activation of aggression-related action tendencies. The arousal route refers to the propensity of arousal from an irrelevant source either to strengthen the dominant action tendency or to be mislabeled as anger. These routes create an internal state (affective, cognitive, and physiological) that influences the likelihood of aggression. The final element includes appraisal and decision processes that determine action. The processes that determine the outcome include immediate appraisals, which are automatic, effortless, and spontaneous, and reappraisals, which are more effortful. Reappraisals occur when the original appraisal outcome is both important and unsatisfying, and can lead to more thoughtful action (Roberton, Daffern, & Bucks, 2012).

Central to the GAM are “knowledge structures,” which are used to guide people’s interpretations and behavioral responses to their environment. Three are considered important: (1) perceptual schemata, which identify phenomena including social events (e.g., personal insults); (2) person schemata, such as beliefs about a particular person or group of people; and (3) behavioral scripts, which comprise information about how people behave under certain circumstances. Knowledge structures are conducive to aggressive outcomes since they lead to vulnerabilities that trigger negative emotional states, appraisals that aggression is an appropriate response in a particular situation, and the procedural knowledge for aggressive action. Furthermore, since these structures are entrenched in nature and inseparable from the manner in which individuals interact with their environment, they are considered to be inherent to individual differences in aggressiveness.

The GAM has contributed extensively to knowledge regarding the importance of aggression-related cognitions and there now exists a small but robust body of literature that corroborates the GAM’s proposition that characteristically aggressive individuals hold more extensive...
and developed cognitive networks for aggression than other individuals (Anderson & Bushman, 2002). In the first known attempt to apply the GAM to an offender population, Gilbert, Daffern, Talevski, and Ogloff (2013) showed that, broadly speaking, aggression-related cognitions were more prevalent in those offenders with more established histories of aggression. The presence of more entrenched aggression-related knowledge structures, in the form of normative beliefs supportive of aggression and aggressive behavioral scripts, was associated with greater past involvement in aggression. Evidence in support of the role of normative beliefs, maladaptive schemata, and aggressive behavioral scripts will now be described. The role of anger, which is a critical instigator of aggression and violence, will also be discussed.

Normative Beliefs

There is considerable evidence for the role of normative beliefs supportive of aggression in aggressive and violent behavior. This is consistent with the general psychological literature on offending behavior, which has specified antisocial attitudes as one of the four main risk factors for criminal behavior (Andrews & Bonta, 2010). Normative beliefs reflect a person’s beliefs concerning the acceptability of aggression. These may be influenced by perceived social norms, particularly those of peers, but they ultimately reflect a person’s beliefs about whether aggression is appropriate in any given circumstance (Nisbett & Ross, 1980). The relevance of violence-supportive beliefs to violent behavior has been well documented in offender populations (Archer & Haigh, 1997). Although the GAM notes the situational influence on normative beliefs, whereby the acceptability of aggression across situations is likely to differ across individuals (Anderson & Bushman, 2002), an overarching acceptance of violence is linked to increased aggressiveness (Gilbert et al., 2013).

Schemas

Although the GAM is not focused on early maladaptive schema (EMS) as conceptualized by Young (Young, 1990; Young, Klosko, & Weishaar, 2003), researchers studying schemas in violent offenders (Gilbert et al., 2013) and some violent offender treatment providers have drawn upon Young’s work (Bernstein, Arntz, & de Vos, 2007); accordingly, we focus on this conceptualization. Young and colleagues (Young, 1990; Young et al., 2003) propose that individuals use broad organizing principles (i.e., schemata) to make sense of their life experiences. EMS are those dysfunctional and pervasive themes regarding oneself and other people that are developed during childhood or adolescence as a result of unmet core human needs (e.g., safety) and maintained throughout the lifetime. At present, 18 EMS (Young et al., 2003) have been identified and organized according to five domains: (1) disconnect/rejection (safety, stability, and nurturance); (2) impaired autonomy/performance (autonomy and competence); (3) impaired limits (internal limits, responsibility toward others, and long-term goal orientation); (4) other-directedness (self-directedness); and (5) overvigilance/inhibition (spontaneity and playfulness). Gilbert et al. (2013) found that five EMS had small-to-moderate positive correlations with aggression (Insufficient Self-Control, Dependence, Entitlement, Social Isolation, and Failure to Achieve). Stepwise multiple regression suggested that only higher levels of Insufficient Self-Control independently predicted past aggression. The Insufficient Self-Control EMS refers to difficulties in exercising sufficient self-control to achieve one’s goals or to restrain the excessive expression of emotions and impulses (Young et al., 2003).
The role of this EMS in aggressiveness corresponds with the GAM framework, as poor appraisal of behavioral outcomes during decision making is considered to increase the likelihood of aggression. Insufficient self-control also has an apparent conceptual overlap or may be closely related to the construct of impulsivity, a phenomenon that has a well-documented relationship with aggression, particularly under provocation (Bettencourt, Tally, Benjamin, & Valentine, 2006), and that is considered to be within the GAM’s appraisal and reappraisal “outcomes” phase. At present, the GAM does not clearly delineate the relationship between maladaptive cognitions and aggression. More broadly, it contends that those knowledge structures increasing an individual’s vulnerability to hostile cognitions and negative affect are conducive to aggression as a result of their connection to aggression-related cognitions and anger (Anderson & Bushman, 2002). The investigation of EMS with respect to the aggressive behavior of offenders is a novel approach, and, given the increased application of schema-focused therapy (an intensive psychotherapy designed to address EMS), further research is clearly required to better understand the particular EMS that are related to aggression, and their mechanisms of operation. Gilbert et al.’s (2013) findings were consistent with the results of previous research confirming the importance of entitlement and insufficient self-control beliefs to violent offenders (Polaschek et al., 2009), although they also suggest that the sense of feeling different from other people (i.e., social isolation) and the expectation that one cannot handle everyday responsibilities to the same extent as other people (Failure to Achieve, Dependence) may be more pronounced in aggressive individuals. Other researchers have identified a relationship between different EMS and aggression; Tremblay and Dozois (2009) found that up to 10 EMS have positive relationships with aggression, with the strongest associations occurring for the “mistrust and abuse,” “insufficient self-control,” and “entitlement” schemas.

The lack of consistent relationships between EMS and aggression may be accounted for by personal idiosyncrasies (Gilbert & Daffern, 2013; Gilbert et al., 2013). Young et al. (2003) theorize that three coping styles may be habitually employed by individuals to manage the activation of EMS; these include surrender, avoidance, and overcompensation. For example, an individual with an entrenched entitlement EMS may differentially respond by bullying others to get their own way (surrender), avoiding situations in which they are not superior (avoidance), or attending excessively to the needs of others (overcompensation). Thus, how people respond to their activated EMS may be more important in determining aggressiveness than the EMS themselves.

Scripts

The term “script” describes a stereotyped event sequence that serves a preparatory and guiding role in behavior. Scripts convey procedural knowledge, acting as guides for behavior and social problem solving—anticipating environmental events that are likely to happen, how the person should behave in response to these events, and the likely outcome of those behaviors. Aggressive individuals are more likely to hold scripts that emphasize aggressive problem solving, and they more regularly retrieve and employ aggressive scripts for social behavior (Huesmann, 1998). Two published studies support the notion that scripts can be reliably assessed and are also linked to aggression (Grisso, Davis, Vesselinov, Appelbaum, & Monahan, 2000; Nagtegaal, Rassin, & Muris, 2006). There is only one study in an offender population (Gilbert et al., 2013). The importance of aggressive scripts to violence is consequently largely uncertain, although related research on violent fantasy and rumination would suggest that this
is an important yet underresearched topic. Nagtegaal et al. (2006) studied undergraduate females, with 60% reporting aggressive script rehearsal from several times a year to once a day; themes involved verbal aggression (63%), physical aggression (23%), “other” content (11%), and sexual aggression (2%). Kenrick and Sheets (1993) asked undergraduates to provide detailed descriptions of their most recent thoughts about killing another person, with most (68–69%) acknowledging at least one homicidal fantasy. Meloy, Hempel, Mohandie, Shiva, and Gray (2001) studied 34 male adolescent offenders who had committed mass murder; almost half (44%) described preoccupation with aggressive script rehearsal on a daily basis.

An issue with research in this area is that the phenomenology of aggressive script rehearsal is largely unknown; in studies of script rehearsal with offenders, only the frequency of script rehearsal has been studied (Gilbert et al., 2013). This representation of the “frequency” of script rehearsal was considered to reflect the extent to which scripts were cognitively entrenched, based on the theoretical assumption that more entrenched content can be inferred by both a greater number of scripts emphasizing aggressive responding and more frequent activation and retrieval of this content (Huesmann, 1998). Further research into the experience and operation of scripts is clearly required.

Anger

Anger is not a “knowledge structure,” but the tendency to experience anger more intensely, with greater frequency, and for longer periods of time is a critical instigator of aggressive behavior (Howells, 1998). The GAM’s conceptualization of aggression underscores the importance of anger to aggression by identifying multiple routes by which anger exerts an effect, including the reduction of inhibitions, biasing cue interpretations toward hostility, and maintaining aggressive intentions over time (Anderson & Bushman, 2002). According to the GAM, normative beliefs supportive of aggression represent a filter for aggressive scripts (Anderson & Bushman, 2002) that determines whether activation of the script is appropriate in the given context. Taken in combination with Gilbert et al. (2013), these findings suggest that, ordinarily, an individual retrieves and enacts scripts that are consistent with their normative beliefs, although this process can be overridden by the presence of anger, which can lead to impulsive enactment of violent scripts before inconsistent normative beliefs can be brought to bear on the behavioral decision. Of course, for individuals who have normative beliefs and expectations that support violent actions, high levels of anger may not be needed to result in violent behavior. Indeed, in such individuals, anger may increase the likelihood of rumination on the perceived provocation and increase the rehearsal of violent scripts, which in turn could further increase violence (Bushman, Bonacci, Petersen, Vasquez, & Miller, 2005).

The GAM contends that chronically angry and aggressive individuals are more likely to hold normative beliefs supportive of aggression because such beliefs may operate to “justify” aggression (Anderson & Bushman, 2002). This is consistent with the results of a study that found that anger was related to the appraisal of acts of aggression as defensible or necessary given certain circumstances (Kelty, Hall, & Watt, 2011).

Application of the General Aggression Model to Violent Offenders and Violent Offender Programming

This section focuses on the implications of drawing upon the GAM for the assessment and treatment of violent offenders. With respect to assessment, more systematic and resolute
attention to aggression-related cognitions (i.e., scripts, normative beliefs, schemas) would enable thorough and comprehensive assessment and formulation of the underlying risk factor characteristics of violence-prone individuals. Given the social learning and cognitive development aspects of GAM, such knowledge also provides likely sites for interventions. Although assessment of cognitive schemata and appraisals associated with aggression have been identified as important for the formulation of violence, existing approaches have typically been indiscriminate and have centered on hostile attributions and violence-supportive beliefs (Howells, 2009). More routine and systematic assessment of GAM-specified components would assist the treating professionals by providing them with individual case formulations as well as demarcating factors that are closely tied to violence propensity and, thus, should be a specific focus of treatment. It would also assist in determining the level of treatment intensity required. In line with the prevailing approach to offender rehabilitation, those offenders at higher risk of reoffending will require more intensive interventions (Andrews & Bonta, 2010).

The presence of aggressive scripts is an additional component that should be more routinely assessed in violent offenders; however, a critical issue is that aggressive scripts at this stage can only be assessed via self-report methods. There are limited self-report measures designed for this purpose and there are problems with reliance on self-report; there are also conceptual problems with the script construct, and the term is used interchangeably by researchers and clinicians with violent fantasy (Gilbert & Daffern, under review). Attempts should be made to characterize both the repertoire and the level of entrenchment of aggressive scripts, in order to determine the intensity and nature of the treatment required.

Regarding the assessment of normative beliefs about aggression, it is important to identify the motivations and functions of aggression and to ascertain why prosocial responses have not been reinforced over a person’s lifetime. Identifying an offender’s personal goals and values can assist in allowing them to view alternative ways of living as valuable and meaningful (Whitehead, Ward, & Collie, 2007). Finally, despite the pervasive nature of some knowledge structures (e.g., scripts and normative beliefs), the relationship between maladaptive schemata and aggression is likely to be more idiosyncratic. As such, it is important to consider these aspects during assessment and treatment in order to determine their relevance to an individual’s aggressive behavior. It would be important to consider the individual’s “experience” of maladaptive schemata, particularly in terms of the extent to which such schemata induce uncomfortable affective states and the coping mechanisms that are employed following EMS activation. Importantly, initial accounts suggest that schema-focused interventions have been well received by offenders since they provide individuals with a vocabulary with which to discuss painful aspects of their lives and personality, and enable them to reflect on their thoughts, feelings, and emotions in a productive manner (Bernstein et al., 2007).

Gilbert et al. (2013) highlight that the relevant cognitive and affective components underlying aggression should not be considered in isolation. It can be expected, for example, that anger-prone individuals are also more likely to access aggressive scripts and hold beliefs that are supportive of violence, and that the treatment approach for an individual with a limited repertoire of prosocial scripts would differ from that for an individual with a repertoire of aggressive and nonaggressive scripts who has a strong acceptance of violence. The presence of scripts, normative beliefs, and trait anger is likely to cumulatively increase a person’s inclinations toward violence, and therefore all should be considered to be important treatment targets. From a GAM perspective, formulations of violence paying heed to the role of aggression-related cognitions would also necessarily require consideration of triggering events and situations, problem-solving deficits, and self-regulation skills (e.g., ability to regulate
activated scripts), in order to make sense of how aggressive knowledge structures operate. Interventions that change aggression-supportive cognitions, schema-focused therapy, and anger management might all be required, depending on the significance of each of these areas to the individual. While anger management and targeting of normative beliefs represent relatively common features of violent offender treatment programs, attention to scripts would be more novel and should allow more efficacious targeting of treatment goals. Scripts might be addressed by bolstering an individual’s prosocial scripts and developing alternatives to aggressive behavior through modeling and reinforcement, and possibly through prosocial entertainment media (Saleem & Anderson, 2012).

In the area of violent offender treatment, although the available evidence tends to corroborate the notion that violence can be effectively reduced via psychological interventions, a significant problem pervading programs is that they have yet to be substantially informed by theoretical knowledge about why people behave aggressively. Meta-analyses of treatment outcome studies for offenders have identified various principles of effective interventions, including a focus on changing antisocial cognitions and adverse cognitive–emotional states; building self-management, self-regulation, and problem solving; decreasing associations with antisocial others; increasing prosocial networks; and reducing substance use (McMurran, 2009). While the importance of cognition to offender rehabilitation is therefore recognized (Andrews & Bonta, 2010), “cognition” in this setting is often equated, ostensibly, with cognitive distortions or offense-supportive beliefs (Howells, 2009). The role of cognitive structures in violent offending has received limited empirical attention overall, and attempts to treat the cognitions of violent offenders are rarely informed or accompanied by a description of their overarching theoretical framework (Polaschek et al., 2009). As such, violent offender interventions designed to reduce the likelihood of reoffending include a range of treatment targets and theoretical orientations.

Given this lack of a clear theoretical foundation, there remains general uncertainty regarding which factors should be prioritized in the assessment and treatment of aggression-prone individuals and the manner in which they should be targeted. Violent offender treatment is consequently considered to remain at a relatively early stage of development, especially when compared to other forms of offending, such as sexual offending (Howells, 2009). Psychologists have available to them a vast and well-established body of aggression literature, and researchers have consequently called for greater integration of violence interventions with the scientific literature regarding aggression in order to delineate the specific parameters that enhance effectiveness in this context (Howells, Daffern, & Day, 2008; Ireland, 2009). One area in which this lack of progression particularly comes into effect is in relation to certain clinical populations that have been identified as at an increased risk for acting violently. While the GAM was recently extended theoretically in order to encompass violent behavior (DeWall et al., 2011), there has been limited application of this model in offending populations.

In terms of program delivery, the GAM’s conceptualization of knowledge structures emphasizes the importance of group influences on internal states (DeWall et al., 2011). It thus might be argued that this approach fits with the group-based approach to treatment delivery that comprises the largest component of violent offender interventions (Polaschek, 2010), whereby the group setting is used to challenge notions of the necessity or effectiveness of aggressive behavior. Ireland (2009) contends that treatment programs should also conceptualize behavior as simultaneously influenced by past events, current situational elements, affect, and cognitive processes, in order for offenders to develop an understanding of the manner in which information processing influences behavior. This may be achieved, for instance, by eliciting
examples of past acts of aggression and examining how these incidents may have resulted in a prosocial outcome, by breaking incidents down into steps, challenging normative beliefs, widening the availability of nonaggressive scripts, and encouraging reflection on the negative consequences of selecting aggressive responses (Ireland, 2009).

**Future Research Directions**

To further enhance the link between current psychological aggression theory and violent offender treatment delivery, thereby potentially enhancing the efficacy of these interventions, there are several important avenues for future research. Most importantly, in order to better demonstrate a causal relationship in the interplay between, on the one hand, aggression-related knowledge structures and affective arousal and, on the other, aggressive outcomes, as well as to better demonstrate the theoretical proposition that aggression-related knowledge structures remain relatively stable throughout the life course (O’Leary, Malone, & Tyree, 1994), prospective studies are required. And, given inconsistencies regarding the nature of violence perpetrated by females, GAM-oriented research in female offender populations is also required.

More specific avenues for research concern the role of specific GAM constructs. Given the scarcity of studies investigating the role of aggressive scripts and the absence of effective treatments, future research in this area is critical. Research should more comprehensively assess the nature and operation of aggressive scripts. Although extensive theoretical detail has been provided this area by Huesmann (1998), further research would assist with validating and improving understanding of the role of scripts in precipitating aggression in offender populations. In particular, examination of how aggressive scripts may be effectively targeted in treatment is necessary; one potential opportunity would be to draw on the cognitive–behavioral therapy treatment literature regarding rumination in order to determine how these principles might apply to aggressive script rehearsal. Drawing on the sex offender literature pertaining to the development and use of aversion techniques may be of use in the treatment of aggressive scripts. Although currently unsupported by large-scale controlled studies, techniques such as covert sensitization involve addressing deviant sexual fantasies via behavior modification, whereby deviant mental images are paired with an aversive experience with the aim of reducing interest in these activities.

Regarding assessment of aggressive scripts, many psychological tests purportedly assess related constructs, although different researchers often refer to the same measure using different terms; for instance, Nagtegaal et al. (2006) used the term “fantasy,” whereas Grisso et al. (2000), who (like Nagtegaal et al.) employed the Schedule of Imagined Violence (Grisso et al., 2000), referred to scripts as “imagined harm.” Various measures are used to assess related constructs (e.g., the Preservative Thinking Questionnaire [Ehring et al., 2011] or the Anger Rumination Scale [Sukhodolsky, Golub, & Cromwell, 2001]), but there has been no attempt to critique these measures, explore their convergent validity, or determine their relationship with violence. No measure assesses the many important aspects of aggressive script rehearsal (e.g., their triggers, intrusiveness, affective correlates, content, or the degree of control a person has over these experiences). There exists an opportunity for the development of measures to better assess aggressive scripts. Finally, although some work has been conducted exploring the purpose of aggressive scripts (Sheldon & Patel, 2009), revealing preparatory and emotional regulation functions, more work could be done.
With regard to normative beliefs, further investigation into how these beliefs inform specific instances of aggression is required. Individuals can, for the most part, choose whether or not to enact aggressive responses in accordance with normative beliefs and a range of other factors; further research into how this decision-making process proceeds would be useful. In addition, studies investigating the existence of more specific types of normative beliefs are required, in order to ascertain how these beliefs commonly manifest in relation to chronically aggressive individuals. Clearer understanding of the effect of a person’s values and goals on normative beliefs is also required, since these aspects have been noted to be important mechanisms that may be drawn upon in treatment programs to ameliorate violence potential (Ward, Melser, & Yates, 2007).

Further research into the role of EMS and their relationship to aggression is clearly required, particularly concerning coping styles and schema modes. Examination of coping styles for activated EMS and how these coping reactions relate to aggression will be a useful line of research. Research will also need to examine whether certain EMS provide more of an inhibitory function against aggressive behavior than others. Regarding schema modes, researchers have argued that many people with personality disorder may have numerous EMS, which cause them to switch rapidly between emotional states (Lobbestael, Van Vreeswijk, & Arntz, 2007). Young et al. (2003) developed the concept of schema modes, in which numerous EMS and coping strategies are integrated. There is, however, no research on the relationship between schema modes and aggression. Given that schema modes are an emerging area of research activity and clinical focus, future research is required to inform clinical activity.

Similarly, there is a large research literature linking attachment insecurity to many major types of criminal offending, including sexual offending, violent offending, nonviolent offending, and domestic violence (Ogilvie, Newman, Todd, & Peck, 2014). Interestingly, and consistent with the GAM, in laboratory experiments, brief situational manipulations that prime secure attachment schemas temporarily reduce prejudicial and antisocial behavior toward out-group members (e.g., Saleem et al., 2015). Further work on attachment and the related construct of interpersonal style (Podubinski, Lee, Hollander, & Daffern, 2014) and their relationship to aggression in aggressive populations will enhance our understanding of the relevance of these constructs to the assessment and treatment of aggressive individuals.

**Conclusion**

There is a vast and well-established body of aggression literature. Existing research supports the GAM’s central contention that aggressive individuals regularly retrieve and employ aggression-related cognitions. Application of the GAM to violent offender assessment and treatment activity may increase the efficacy of these activities by providing a theoretically sound basis upon which to overlay treatment program design and provide a more comprehensive framework upon which to guide assessment and treatment for habitually aggressive individuals. It is of course critical that other important instigators and facilitators of aggression are included in studies of aggression and violent offender assessment and treatment. We have concentrated on knowledge structures, emphasizing the social–cognitive focus of the GAM, but numerous other factors require consideration, including situational instigators (e.g., provocation), personal preparedness (e.g., aggression-supportive beliefs), and environmental (e.g., antisocial peers) and biological (e.g., executive functioning deficits) factors. More importantly, and consistent with DeWall and Anderson (2011), the GAM is a
“general” theory of aggression through which the various antecedents of aggression may be investigated; it does not purport to extensively and exhaustively detail the specific factors underlying aggression. The general constituents and their interactive processes have been delineated; for any aggressive individual, there will need to be a thorough evaluation of the myriad interacting causal, consequential, and maintaining factors that relate to the person’s violence propensity.

References


References


