UNIVERSITY IN BELGRADE

FACULTY OF PHILOSOPHY

DEPARTMENT OF PSYCHOLOGY

Nikola M. Drndarević

PERSONAL CONSTRUCT THEORY PERSPECTIVE ON THE DISTINCTION BETWEEN DEPRESSIVE AND DISRUPTIVE DISORDERS

Doctoral Dissertation

Belgrade, 2026

УНИВЕРЗИТЕТ У БЕОГРАДУ

ФИЛОЗОФСКИ ФАКУЛТЕТ

ОДЕЉЕЊЕ ЗА ПСИХОЛОГИЈУ

Никола М. Дрндаревић

ПЕРСПЕКТИВА ПСИХОЛОГИЈЕ ЛИЧНИХ КОНСТРУКАТА НА РАЗЛИКОВАЊЕ ДЕПРЕСИВНИХ И ДИСРУПТИВНИХ ПОРЕМЕЋАЈА

докторска дисертација

Београд, 2026.

Supervisor:

Full Professor Tamara Džamonja Ignjatović, PhD

University of Belgrade, Faculty of Philosophy, Department of Psychology

Board members:

Associate Professor Biljana Stanković, PhD

University of Belgrade, Faculty of Philosophy, Department of Psychology

Associate Professor Ivana Peruničić Mladenović, PhD

University of Belgrade, Faculty of Philosophy, Department of Psychology

Professor of Psychology Sonja Protić, PhD

Evangelische Hochschule Hessen, Germany

Date:

_____

Acknowledgements

I would first like to express my sincere gratitude to my mentor, Professor Tamara Džamonja Ignjatović, for agreeing to supervise this dissertation at short notice, for her encouragement throughout the writing process, and particularly for prompting me to look more deeply into my findings. Her comments substantially improved both my understanding of the data and the dissertation itself. I am also grateful to the members of the committee and colleagues who contributed to the development of the study: Professor Biljana Stanković for her assistance with methodological questions, Professor Ivana Peruničić Mladenović for suggesting the use of the MINI as a diagnostic instrument for differentiating the clinical groups, and Professor Sonja Protić for valuable discussions concerning the conceptual foundations of the dissertation.

I am deeply grateful to the Institute of Criminological and Sociological Research and to my colleagues at the Institute for providing the institutional and research environment that made this study possible. Access to the MINI instrument was facilitated particularly through the PrisonLIFE project (*Assessment and Possibilities for Improving the Quality of Prison Life of Prisoners in the Republic of Serbia: Criminological-Penological, Psychological, Sociological, Legal and Security Aspects*), supported by the Science Fund of the Republic of Serbia (Project No. 7750249). I am especially grateful to Dr Milena Milićević and Dr Ljeposava Ilijić, for their support and assistance in carrying out the research for this dissertation.

I would also like to thank the Directorate for the Execution of Criminal Sanctions and the correctional institutions in Sremska Mitrovica and Požarevac for enabling the prison-based part of the research. Particular thanks are due to the prison governors, the heads of treatment services, Zoran Mijailović and Aleksandra Pešić, and the treatment staff for their assistance in organizing the research. Above all, I am grateful to the incarcerated participants who gave their time and agreed to take part in the study.

My sincere gratitude also goes to the Institute of Mental Health in Belgrade, particularly Dr Ana Munjiza Jovanović and Dr Mihailo Ilić, not only for facilitating access to participants but also for their exceptional cooperation and assistance with the practical organization of the research. I am equally grateful to all patients who agreed to participate.

I would also like to thank my wife, Ljiljana Popović Drndarević, as well as my colleagues and friends Branko Ristić, Ana Batrićević, Svetlana Pavlović, Dušan Mandić, Enes Ahmedov, and Đorđe Volarević, for their invaluable help in reaching potential participants for the control group.

Finally, I am deeply grateful to my family and friends for standing by me throughout this long process, and especially for understanding all the times when working on this dissertation meant having less time and attention to give to them.

Personal Construct Theory Perspective on The Distinction Between Depressive and Disruptive Disorders

Abstract

Objectives*:* This study examined whether depressive and disruptive psychopathology, commonly conceptualized as internalizing and externalizing, can be understood within Personal Construct Theory (PCT) as different organizations of anticipation rather than simply different symptom profiles.

Method*:* Sixty participants (20 with Major Depressive Disorder, 20 with Antisocial Personality Disorder, and 20 controls) completed the Repertory Grid Technique. Construct systems were examined through structural organization, self-construing, implicative dilemmas, content, and anger-related hypotheses.

Results: Both clinical groups showed reduced construct differentiation, elevated polarization, and greater structural centrality of anger-related hypotheses than controls. Despite these similarities, the systems differed in how anticipation became organized. Disruptive systems were more centralized and organized around moral hypotheses concerning self and others, whereas depressive systems showed greater self-ideal discrepancy, denser dilemmas, and stronger organization around emotional equilibrium. Anger-related hypotheses occupied a privileged structural position in both clinical systems, although their position within the broader organization differed. Both groups also showed considerable heterogeneity, suggesting multiple recurring configurations within depressive and disruptive psychopathology.

Conclusions*:* The findings suggest that depressive and disruptive psychopathology involve different organizations of anticipation. Disruptive systems appeared particularly organized around anticipating the moral qualities of self and others, whereas depressive systems were more strongly organized around emotional equilibrium, discrepancy, and conflict. PCT may therefore complement dimensional models by showing how apparently distinct symptom patterns are embedded within broader systems of personal meaning and anticipation.

Keywords: Personal Construct Theory, Repertory Grid Technique, Internalizing Psychopathology, Externalizing Psychopathology, Major Depressive Disorder, Antisocial Personality Disorder, Anger

Scientific Field: Psychology

Scientific Subfield: Clinical Psychology

Перспектива психологије личних конструката на разликовање депресивних и дисруптивних поремећаја

Сажетак

Циљеви: Циљ истраживања био је да се испита да ли се разлика између депресивне и дисруптивне психопатологије, које се у савременим моделима најчешће концептуализују као интернализујућа и екстернализујућа психопатологија, може препознати и на нивоу организације антиципације у оквиру Теорије личних конструката (ТЛК).

Метод: Узорак је чинило 60 испитаника: 20 са великим депресивним поремећајем, 20 са антисоцијалним поремећајем личности и 20 испитаника из контролне групе. Техником мреже репертоара испитивани су структура система конструката, конструисање селфа, импликативне дилеме, садржај конструката и хипотезе повезане са бесом.

Резултати: Обе клиничке групе су показале мању диференцираност конструката, већу поларизацију и већу структурну централност хипотеза повезаних са бесом у односу на контролну групу. Упркос овим сличностима, депресивни и дисруптивни системи разликовали су се у начину организовања антиципације. Дисруптивни системи били су централизованији и у већој мери организовани око моралних хипотеза о селфу и другима, док су депресивне системе одликовали већа селф–идеал дистанца, гушћа мрежа дилема и израженија организација око емоционалне равнотеже. Хипотезе повезане са бесом заузимале су истакнуто структурно место у оба клиничка система, али се њихов положај у широј организацији система разликовао. У обе групе утврђена је и значајна хетерогеност, која указује на постојање више понављајућих конфигурација депресивне и дисруптивне психопатологије.

Закључци: Налази указују на то да депресивну и дисруптивну психопатологију карактеришу различити начини организовања антиципације. Дисруптивни системи били су посебно усмерени на антиципирање моралних својстава селфа и других, док су депресивни системи били снажније организовани око емоционалне равнотеже, дискрепанце и конфликта. ТЛК тако може допунити димензионалне моделе психопатологије показујући како су различити обрасци симптома уграђени у шире системе личних значења и антиципације.

Кључне речи: Теорија личних конструката, Техника мреже репертоара, интернализујућа психопатологија, екстернализујућа психопатологија, велики депресивни поремећај, антисоцијални поремећај личности, бес

Научна област: Психологија

Ужа научна област: Клиничка психологија

Table of Contents

List of Tables i
List of Figures ii
List of abbreviations iii
Introduction 1
Diagnostic and Dimensional Models of Psychopathology 3
Major Depressive Disorder 4
Antisocial Personality Disorder 6
Personal Construct Theory: A Constructivist Perspective 8
Depressive Construct Systems 10
Constriction 10
Cognitive Complexity 11
Polarization 14
Self-Construction 16
Conflicts and Implicative Dilemmas 18
Perceived Isolation 21
Content of Construct Systems 23
Disruptive Construct Systems 26
Cognitive Complexity 27
Polarization in Disruptive Systems 29
Self-Construction 30
Conflicts 32
Perceived Isolation 33
Content of Disruptive Construct Systems 35
Emotions and Anger in Personal Construct Theory 38
Goals and Objectives 41
Empirical Objectives 41
Theoretical and Clinical Integration 42
Scientific Contribution 42
Method 44
Hypotheses 44
Variables 47

Participants 52
Instruments 53
Procedure 54
Analysis 55
Results 57
Sample Description 57
Hypothesis 1. Structural Organization of Construing 58
Hypothesis 2. Polarization 61
Hypothesis 3. Disturbed Self-Construction 61
Hypothesis 4. Perceived Interpersonal Isolation 62
Hypothesis 5. Greater Proportion of Implicative Dilemmas 62
Hypothesis 6. Midpoint Use 65
Hypothesis 7. Differences in Content 66
Hypothesis 8. Blame Construction 69
Hypothesis 9. Decision-Making Construction 70
Hypothesis 10. Group Differences in the Construal of Anger 71
Hypothesis 11. Group Differences in the Structural Embeddedness of Anger 72
Hypothesis 12. Functional Relations of Anger to Blame and Decision-Making Construal 73
Hypothesis 13. Gender Differences on Structural and Content Levels 74
Discussion 79
Structural Organization 79
Application of Constructs 81
Self and Interpersonal Construing 83
Implicative Dilemmas 88
Content Organization 92
Anger in the Construct Systems 97
Gender Differences 100
Integrative Discussion 101
Methodological Implications 106
Clinical Implications 109
Strengths, Limitations, and Future Directions 111
Conclusion 114

References 116
Supplementary Material S1. Study Documentation 128
Informed Consent (English Translation) 128
Informed Consent (Original Serbian Version) 129
Debriefing Form (English Translation) 130
Debriefing Form (Original Serbian Version) 131
Ethical Approval 132
Certificate of Completion for the MINI 7.0.2. Training 133
Supplementary Material S2. Individual Repertory Grids 134
1. Internalizing (MDD) Group 134
2. Externalizing (ASPD) Group 154
3. Control Group 174
Supplementary Material S3. Implicative Dilemma Analysis 194
Qualitative Analysis Procedure 194
Explorations of Individual Dilemma Structures 194
Integrative Interpretation 201

List of Tables

Table 1. Demographic characteristics of participants across groups 57
Table 2. Structural organization indices across groups 58
Table 3. Polarization index across groups 61
Table 4. Self-related and self-discrepancy indices across groups 62
Table 5. Perceived interpersonal isolation index across groups 62
Table 6. Implicative dilemmas across groups 63
Table 7. Severity and intensity of ID 63
Table 8. Summary of Core Implicative Dilemmas Across Participants 64
Table 9. Midpoint indices and dilemmatic constructs across groups 66
Table 10. Group differences in construct content category proportions 66
Table 11. Frequencies of construct content classifications 67
Table 12. Blame constructions in self-construing across groups 69
Table 13. Decision-making constructions in self-construing across groups 70
Table 14. Structural indices of anger across groups 73
Table 15. Functional indices of anger across groups 74
Table 16. Content classification by group and gender (frequencies and percentages) 78

List of Figures

Figure 1. Major Depressive Disorder Criteria 5
Figure 2. Antisocial Personality Disorder Criteria..... 6
Figure 3. Estimated marginal means of CPC across present, ideal, and future self-constructions by group 71
Figure 4. Estimated marginal means of anger factor count across gender and groups..... 76

List of abbreviations

ANOVA — Analysis of Variance
ANCOVA — Analysis of Covariance
ASPD — Antisocial Personality Disorder
BPD — Borderline Personality Disorder
CPC — Circumspection-Preemption-Control Decision-Making Cycle
CSPC — Classification System for Personal Constructs
CTRL — Non-Clinical Control Group
DSM-5 — Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EXT — Externalizing
FIC — Functionally Independent Constructs
HiTOP — Hierarchical Taxonomy of Psychopathology
ICD-11 — International Classification of Diseases, 11th Revision
ID — Implicative Dilemma
IID — Intensity of Implicative Dilemmas
INT — Internalizing
MDD — Major Depressive Disorder
OCD — Obsessive-Compulsive Disorder
PCA — Principal Component Analysis
PCT — Personal Construct Theory
PICID — Proportion of the Intensity of Implicative Dilemmas
PID — Percentage of Implicative Dilemmas
PTSD — Post-Traumatic Stress Disorder
PVAFF — Percentage of Variance Accounted for by the First Factor
RGT — Repertory Grid Technique

Introduction

Psychological suffering does not take the same form in every person. Some individuals become increasingly withdrawn, inhibited, self-critical, and hopeless. Others enter repeated interpersonal conflicts, act impulsively, violate social expectations, or cause harm to people around them. These differences are readily recognized in clinical practice and form the basis of contemporary diagnostic systems. However, they also raise a broader psychological question. If both groups are struggling to adapt to their lives, why do their difficulties become organized in such different ways? More specifically, what distinguishes a person whose suffering becomes expressed primarily through self-reproach, inhibition, and withdrawal from one whose difficulties are organized around interpersonal conflict, impulsive action, or aggression? Although contemporary psychopathology describes these patterns with increasing precision, understanding how they become psychologically organized remains a continuing challenge.

This question has become particularly relevant with the emergence of dimensional models of psychopathology. Rather than treating disorders as entirely separate categories, these models increasingly suggest that many forms of psychopathology can be understood within broader dimensions, most notably internalizing (INT) and externalizing (EXT) psychopathology (Achenbach et al., 2016; Kotov et al., 2017). INT psychopathology primarily encompasses disorders characterized by anxiety, depression, withdrawal, guilt, and emotional distress, whereas EXT psychopathology includes impulsivity, aggression, rule-breaking, substance misuse, and antisocial behavior. This distinction has proven remarkably robust across epidemiological, developmental, behavioral, neurobiological, and genetic research and currently represents one of the dominant frameworks for organizing psychopathology (APA, 2022).

At the same time, dimensional models primarily describe how psychopathological phenomena cluster together across individuals. They successfully identify recurring patterns of symptoms, traits, and behaviors, but they provide relatively limited insight into how these experiences become organized within the individual. Psychiatric classification similarly provides an essential framework for identifying and communicating recurring clinical presentations (Džamonja-Ignjatović, 1999), however neither categorical nor dimensional approaches necessarily explain what these experiences mean to the person or how they become integrated into a broader psychological organization.

This distinction becomes particularly important because similar behaviors may occupy very different psychological positions, while apparently different behaviors may serve surprisingly similar functions (Drndarević, 2021). Confrontation, for example, may express hostility toward another person, but it may also represent an attempt to establish a predictable interpersonal position or reduce uncertainty within an important relationship. Withdrawal may reflect defeat and resignation, but it may equally serve to limit exposure to situations that remain difficult to understand or anticipate. Likewise, self-reproach may appear simply self-destructive when viewed as a symptom, yet within a particular psychological organization it may preserve continuity, coherence, or a meaningful explanation of why events occur. On the other hand, outwardly different behaviors may emerge from similar underlying concerns, such as maintaining agency, preserving valued relationships, or protecting a coherent sense of self. Such possibilities cannot be inferred directly from diagnostic classification or symptom profiles alone.

These considerations suggest that an additional level of analysis may be illuminative. Alongside describing what people experience, it may also be useful to examine how these experiences become organized into broader systems of meaning. Such a perspective shifts attention from symptoms themselves toward the organization through which symptoms acquire their psychological significance. Rather than assuming that guilt, anger, impulsivity, withdrawal, or interpersonal conflict possess fixed meanings, it asks how these experiences become interconnected within the person's broader way of understanding self, others, and future events.

Personal Construct Theory (PCT; Kelly, 1955) offers one such perspective. By conceptualizing individuals as active construers of meaning who continually develop and revise personal systems for anticipating events, PCT provides a framework for examining psychological organization at the level of subjective meaning rather than symptom description alone. This perspective does not seek to replace categorical or dimensional models of psychopathology. It allows for a different framework within which depressive and disruptive psychopathology can be understood as different organizations of personal construing, while potentially contributing to a richer understanding of the distinction between INT and EXT psychopathology.

The present dissertation addresses this question by comparing depressive and disruptive disorder groups through the organization of their personal construct systems. The study examines whether these forms of psychopathology differ in the ways self-construction, interpersonal positioning, conflict, personal meanings, and anticipation become organized. In doing so, it explores whether PCT provides a complementary perspective on the distinction between INT and EXT psychopathology by shifting the focus from symptom patterns toward the organization of subjective meaning.

Diagnostic and Dimensional Models of Psychopathology

Over the past several decades, the field of psychopathology has increasingly shifted from viewing mental disorders as discrete diagnostic entities, as formalized in classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR; APA, 2022) and the *International Classification of Diseases* (ICD-11; WHO, 2022), toward dimensional models that better reflect the complexity and continuity of psychological suffering. Understanding this transition is essential because the present dissertation examines whether these empirically derived dimensions also correspond to different organizations of personal construing.

The categorical approach, although long considered the clinical standard, has several well-recognized limitations (Džamonja-Ignjatović, 1999). Diagnostic categories are based on polythetic criteria sets, meaning that individuals may receive the same diagnosis while sharing relatively few symptoms. Rigid diagnostic thresholds can exclude individuals who experience substantial psychological distress but fail to meet the required number of criteria. Comorbidity presents an additional challenge, as many individuals simultaneously meet criteria for multiple disorders, raising questions about whether any single diagnosis adequately captures the person's psychological functioning (Eaton et al., 2023; Krueger & Markon, 2006). These findings suggest that psychological difficulties are more continuous, overlapping, and dynamically organized than categorical systems alone can adequately represent (Achenbach et al., 2016; Drndarević et al., 2021).

In response to these limitations, dimensional models conceptualize psychopathology as varying along continuous latent dimensions rather than discrete diagnostic categories. Among the most influential developments has been the distinction between INT and EXT psychopathology. Although initially identified through structural analyses of symptom covariance, the INT–EXT distinction was subsequently supported by converging evidence from personality research, developmental psychopathology, behavioral genetics, and longitudinal studies (Eaton et al., 2023). Personality-based investigations consistently linked INT psychopathology to high neuroticism and low extraversion, whereas EXT psychopathology was associated with disinhibition and antagonism (DeYoung et al., 2002; Krueger & Markon, 2014). At the same time, structural models demonstrated that symptoms reliably clustered into two broad spectra characterized by predominantly inward or outward patterns of psychological dysfunction (Krueger, 1999; Caspi et al., 2014).

The INT spectrum includes conditions characterized primarily by depression, anxiety, withdrawal, self-reproach, and internal psychological distress. The EXT spectrum encompasses disorders involving impulsivity, aggression, antisocial behavior, substance use, and broader disruptions in interpersonal and social functioning. Although these spectra are moderately correlated and frequently co-occur within individuals (Achenbach et al., 2016), they provide a clinically meaningful framework for understanding broad patterns of psychopathology that extend beyond individual diagnoses.

These dimensions are now incorporated into hierarchical models such as the Hierarchical Taxonomy of Psychopathology (HiTOP). Within this framework, individual symptoms cluster into syndromes, syndromes into broader spectra such as INT and EXT, and these spectra themselves are partially accounted for by a higher-order general psychopathology factor (the *p* factor; Caspi et al., 2014, 2024; Forbes et al., 2016). Rather than replacing diagnostic categories entirely,

hierarchical models integrate categorical and dimensional perspectives while providing a more empirically grounded account of comorbidity and symptom overlap.

Long before contemporary dimensional models emerged, clinicians had observed that psychological suffering often assumed broadly inward or outward forms, although different theoretical traditions interpreted these patterns in markedly different ways. Freud (1917), for example, described depression as anger turned inward, Rogers (1951) emphasized incongruence between the self and internalized conditions of worth, whereas behavioral models interpreted disruptive behavior primarily through maladaptive reinforcement histories (Patterson et al., 1992). The convergence between these clinical observations and contemporary empirical findings does suggest that the INT–EXT distinction captures a robust psychological phenomenon whose underlying organization remains open to different theoretical interpretations (Krueger & Markon, 2014).

The empirical coherence of the INT–EXT distinction invites a further question. If these spectra represent meaningful patterns of psychopathology beyond individual diagnoses, do they also correspond to different ways in which psychological experience becomes organized? Addressing this question requires moving beyond the classification of symptoms toward theories capable of examining the organization of personal psychological systems.

As a first step, the present dissertation focuses on two prototypical clinical conditions. Major Depressive Disorder (MDD) occupies a central position within the INT spectrum, particularly within the distress subfactor (Kotov et al., 2017), whereas Antisocial Personality Disorder (ASPD), often accompanied by substance use, represents one of the clearest expressions of the EXT spectrum (Krueger et al., 2007). Although neither diagnosis exhausts its respective spectrum, both provide theoretically meaningful anchors for examining broader patterns of psychological organization.

DSM is chosen over ICD-11. Although both systems offer internationally recognized diagnostic standards, the DSM was selected for two principal reasons. First, it offers more fine-grained operational definitions and criterion sets for the disorders under study, especially with respect to personality pathology. Second, the DSM system has been more prominently integrated into empirical research on dimensional models of psychopathology, including the development of frameworks like HiTOP and the INT-EXT distinction. As such, DSM criteria offer a consistent and research-validated basis for case selection and analysis in the present thesis.

To ground the dimensional spectra in real-world diagnostic criteria, the following sections examine the prototypical INT and EXT disorders, MDD and ASPD, as defined in the DSM-5-TR (APA, 2022).

Major Depressive Disorder

MDD is structured around a constellation of symptoms that reflect a pervasive disruption in affect, motivation, cognition, and somatic functioning (Figure 1). At its core, MDD is defined by a profound disturbance in mood and affect, most clearly expressed through persistent sadness or a marked loss of interest or pleasure. These affective shifts are not mere fluctuations in emotion but signal a broader collapse of psychological vitality, a condition in which the person becomes disengaged from formerly meaningful activities, experiences energy depletion, and often struggles

to initiate even basic actions. Consequently, beyond affecting how individuals feel, MDD also affects how they move through time, relate to others, and act in the world. The DSM criteria capture this multidimensional breakdown across somatic (e.g., appetite and sleep changes), cognitive (e.g., difficulty concentrating, indecisiveness), and interpersonal (e.g., feelings of worthlessness, excessive guilt) domains. However, it is the affective and vitality core, sadness, emptiness, anhedonia, and fatigue, that binds these symptoms into a psychologically coherent syndrome.

Major Depressive Disorder
Diagnostic Criteria
A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is (1) depressed mood or (2) loss of interest or pleasure: 1. Depressed mood most of the day, nearly every day 2. Markedly diminished interest or pleasure in all, or almost all, activities 3. Significant weight loss or gain, or decrease/increase in appetite 4. Insomnia or hypersomnia 5. Psychomotor agitation or retardation (observable by others) 6. Fatigue or loss of energy 7. Feelings of worthlessness or excessive/inappropriate guilt 8. Diminished ability to think or concentrate, or indecisiveness 9. Recurrent thoughts of death, suicidal ideation, or suicide attempt
B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
C. The episode is not attributable to the physiological effects of a substance or another medical condition.
D. The occurrence is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other psychotic disorders.
E. There has never been a manic or hypomanic episode.

Note. Reprinted from Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.; DSM-5-TR), American Psychiatric Association, 2022.

Figure 1. *Major Depressive Disorder Criteria*

Strikingly, DSM stipulates that such a change must be present for a minimum of two weeks, a threshold that has drawn criticism for being both arbitrary and overly rigid (Maj, 2005; Horwitz & Wakefield, 2007). This cut-off risks pathologizing normative emotional reactions to life events while potentially excluding those whose suffering is chronic yet fluctuating just beneath the diagnostic radar (Gurley-Green et al., 2025). The threshold has been criticized as lacking sufficient empirical justification and may obscure more graded presentations of depressive phenomena. Nonetheless, the DSM's requirement of "clinically significant distress or impairment" attempts to prevent overdiagnosis by anchoring diagnosis in functional consequence.

Taken as a whole, the DSM definition of MDD portrays a qualitative transformation of affective experience, a state in which emotional life becomes constricted, painful, or hollow, often leading to social withdrawal and cognitive slowing. It marks a profound interruption in the continuity of ordinary psychological functioning, where even formerly pleasurable or meaningful experiences lose their emotional resonance.

Antisocial Personality Disorder

ASPD is characterized by a pervasive and enduring pattern of disregard for the rights of others, beginning in childhood or early adolescence and continuing into adulthood (Figure 2). This disregard is not passive but enacted, through repeated violations of norms, deceit, impulsivity, aggression, and a striking lack of remorse. The syndrome is organized around recurrent outward expressions of impulsivity, exploitation, dominance, and disregard for interpersonal constraints. Relationships are frequently approached instrumentally, personal boundaries become negotiable, and immediate goals take precedence over reciprocity or long-term consequences. Central to ASPD is not the presence of emotional distress per se, but its displacement onto others, manifested as harm, exploitation, or dominance. The diagnostic criteria span behavioral (e.g., criminality, recklessness), affective (e.g., shallow affect, callousness), and interpersonal (e.g., deceitfulness, irresponsibility) domains, encapsulating a syndrome that prioritizes action over reflection, dominance over reciprocity, and self-interest over social contract. Personality research has consistently situated ASPD at the core of the EXT spectrum, particularly in conjunction with substance use disorders (Krueger et al., 2007), and associates it with traits such as low agreeableness, low conscientiousness, and high impulsivity (DeYoung et al., 2002).

Antisocial Personality Disorder
Diagnostic Criteria
A. Antisocial Personality Disorder is defined by a pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following: 1. Failure to conform to social norms with respect to lawful behaviors 2. Deceitfulness, repeated lying, use of aliases, or conning others. 3. Impulsivity or failure to plan ahead. 4. Irritability and aggressiveness, as indicated by repeated fights or assaults. 5. Reckless disregard for safety of self or others. 6. Consistent irresponsibility, e.g., failure to sustain work or honor obligations. 7. Lack of remorse, being indifferent to or rationalizing having hurt others.
B. The individual is at least 18 years old.
C. There is evidence of conduct disorder with onset before age 15.
D. The antisocial behavior is not exclusively during schizophrenia or bipolar disorder

Note. Reprinted from Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.; DSM-5-TR), American Psychiatric Association, 2022.

Figure 2. *Antisocial Personality Disorder Criteria*

Despite its clear diagnostic structure, the construct of ASPD has been subject to sustained critique, particularly regarding its reliance on observable behavioral markers, which may overpathologize criminalized populations. Critics argue that the DSM criteria disproportionately emphasize norm violation and external misconduct (e.g., arrest history, fights, irresponsibility), which can conflate social deviance with psychopathology (Edens et al., 2006). This risk is especially pronounced in forensic or correctional contexts, where structural and environmental factors (e.g., poverty, marginalization, trauma) may influence antisocial behaviors without necessarily reflecting enduring personality pathology. Furthermore, the diagnostic boundaries of ASPD often blur with historically overlapping terms such as sociopathy and psychopathy (Drndarević, 2025). While the former is now largely obsolete, the latter remains in active use, particularly in clinical and forensic psychology, although psychopathy is not formally recognized as a distinct diagnosis in either the DSM-5-TR or ICD-11. Instead, it is conceptualized as a personality construct, assessed primarily through the Hare Psychopathy Checklist-Revised (PCL-R; Hare, 2003), and is characterized by affective and interpersonal features such as superficial charm, shallow affect, callousness, and manipulativeness. While ASPD and psychopathy share a behavioral core, research suggests that emotional deficits and interpersonal coldness distinguish psychopathy as a more severe and qualitatively different condition (Hare & Neumann, 2008; Međedović, 2023).

Although dimensional models have substantially improved the description of psychopathology, they leave open a different kind of question. If depressive and disruptive disorders represent prototypical expressions of the INT and EXT spectra, do they also differ in the way psychological experience is organized within the individual? In other words, beyond describing where psychopathology is located, is it possible to examine how these contrasting forms of psychopathology are organized as different systems of personal meaning?

PCT (Kelly, 1955) offers one possible framework for addressing this question. Rather than taking symptoms or diagnostic categories as its primary unit of analysis, PCT examines how individuals organize personal systems of meaning through which they interpret themselves, other people, and future events. The following chapter introduces this perspective and considers whether prototypical depressive and disruptive disorders may be understood as different organizations of personal construct systems.

Personal Construct Theory: A Constructivist Perspective

PCT is grounded in the assumption that people actively construct and anticipate reality. Kelly (1955) proposed that individuals function much like scientists: they continually develop, test, revise, and abandon personal hypotheses about themselves, other people, and the world in an effort to anticipate future events. Experience is valuable because it provides opportunities to evaluate these hypotheses, preserving those that successfully anticipate events while revising those that fail. Personal constructs are the bipolar dimensions through which these hypotheses are formulated, allowing individuals to distinguish between personally meaningful alternatives and to make experience understandable and predictable (Winter, 2013; Stojnov, 2004).

Personal constructs do not operate as isolated beliefs. Like scientific hypotheses, they become organized into broader construct systems in which some constructions support, elaborate, constrain, or contradict others. Certain hypotheses become increasingly central because they organize anticipation across many situations, whereas others remain more peripheral, tentative, or only occasionally applied. The psychological unit of analysis in PCT is therefore both the individual construct, and the organization of the construct system through which anticipation becomes possible.

Construct systems provide continuity, coherence, and predictability by organizing experience into personally meaningful patterns. Through them, individuals distinguish trustworthy from dangerous, accepted from rejected, strong from weak, or hopeful from hopeless. These distinctions shape not only how people understand present events but also how they anticipate future ones, guiding perception, emotion, and action. Because constructs are interconnected, changes occurring in one part of the system may have implications for many others, particularly when they involve more central or personally significant constructions. Construct systems are therefore dynamic rather than fixed. Every new experience provides an opportunity to test existing anticipations. Some are validated, strengthening current constructions, whereas others are invalidated, prompting revision, elaboration, or, under some circumstances, increasing rigidity (Kelly, 1955; Neimeyer & Raskin, 2000).

Within PCT, psychological disorder reflects difficulties in the functioning of this anticipatory system rather than the mere presence of symptoms. Kelly (1955) argued that problems arise when individuals continue relying on constructions that repeatedly fail to anticipate events adequately. However, problematic constructions are not necessarily abandoned simply because they are invalidated. They may continue organizing experience because they preserve continuity, identity, coherence, or protection from more profound forms of uncertainty and anxiety (Neimeyer, 2016; Rowe, 2003). Symptoms can therefore be understood as attempts to preserve the viability of the broader construct system under conditions of repeated invalidation.

This perspective redirects attention from diagnostic labels toward the organization of psychological functioning. Instead of being curious only about symptoms that a person displays, PCT asks how those symptoms become embedded within the person's broader system of anticipation (Stojnov, 2007). Emotions such as anger, guilt, helplessness, impulsivity, or emotional withdrawal are therefore understood as interconnected elements of a larger anticipatory organization through which individuals construe themselves, other people, and the world (Kelly, 1978). Different individuals may display similar symptoms while relying on markedly different

organizations of personal construct systems, just as superficially different symptoms may emerge from similar underlying patterns of construing.

The present thesis applies this perspective to the distinction between depressive and disruptive psychopathology. Specifically, it examines whether depressive and disruptive systems reflect different organizations of personal construct systems through which anticipation is organized. Although PCT research has explored depressive construing in considerable depth, disruptive organizations remain comparatively understudied. The study therefore compares depressive and disruptive systems across multiple levels of construct-system organization, including structural organization, self-positioning, dilemma organization, semantic content, and the organization of anger-related hypotheses. From this perspective, symptoms are treated as entry points into the broader organization of personal construing. The central assumption guiding the thesis is that meaningful differences between depressive and disruptive psychopathology may become visible when the personal construct systems become the primary unit of analysis.

Depressive Construct Systems

Constriction

One of the central characteristics of depressive systems in PCT is constriction, a process through which the range of construing becomes progressively narrowed in response to threat or repeated invalidation (Kelly, 1955). From a systems perspective, constriction reflects a shift from elaborating alternative anticipations toward preserving the coherence of existing constructions. Instead of reorganizing the construct system to accommodate invalidating experiences, the individual increasingly relies on a smaller set of familiar distinctions through which the world, the self, and others are interpreted (Neimeyer, 1984a).

As a process, constriction is simultaneously protective and limiting. Faced with experiences that challenge important assumptions about the self, others, or the world, individuals may increasingly rely on familiar and restricted patterns of anticipation. Kelly (1955) described this process as "beating out the path of one's daily routine in smaller and smaller circles," accompanied by preemptive construing in which experience becomes interpreted through a small number of dominant constructs and by control processes in which only one viable course of action is perceived. While such restriction may temporarily reduce anxiety and invalidation, it may also diminish the capacity to elaborate meaning and generate alternatives, contributing to hopelessness, withdrawal, and restricted future orientation.

Constriction may occur at more than one level of the construct system. As Neimeyer (1984b) observed, whether the individual constricts the stimulus set (by avoiding elements) or the response set (by avoiding constructs), the functional outcome is the same (a lack of elaboration of problematic or threatening material). When construing becomes narrowed, individuals may lose the ability to apply constructs flexibly across experience, resulting either in rigid preemptive interpretations or in avoidance of construing altogether. Kelly (1961) described two possible outcomes of prolonged constriction: depressive fatalism, in which the construct system becomes increasingly closed and no meaningful alternatives are perceived, and total anxiety, in which the system becomes overwhelmed once constrictive limits can no longer contain invalidation.

Constriction has also been examined empirically using the repertory grid technique (RGT). Because constriction reflects a narrowing of construing, researchers have operationalized it through indicators capturing either the breadth of the construct system or the flexibility with which constructs are applied.

One of the most direct indicators is the number of elicited constructs, reflecting the range of distinctions available to the individual. A smaller number of constructs is typically interpreted as evidence of narrowed construing. Consistent with this interpretation, individuals with affective disorders have repeatedly been found to produce fewer constructs than non-clinical controls, although not fewer elements (Feixas et al., 2008, 2014a, 2014b). Nevertheless, the number of elicited constructs should be interpreted cautiously, as it may also reflect verbal productivity or the individual's ability to articulate constructs rather than the breadth of construing itself (Fransella et al., 2004).

Constriction has also been examined through the way constructs are applied. On a 7-point scale, midpoint ratings (score = 4) may indicate uncertainty, difficulty applying a construct, suspension of construing, conflict between incompatible implications, or avoidance of pole selection.

Increased midpoint usage has frequently been associated with depression, particularly for self-relevant elements such as the present and future self (Hanieh & Walker, 2007; Winter et al., 2007; Džamonja-Ignjatović, 1997), and has often been interpreted as reflecting constriction at the level of construct application.

The interpretation of midpoint ratings, however, remains theoretically complex. The RGT research manual suggests that midpoint ratings may indicate difficulty subsuming an element within the range of a construct, rendering that construct temporarily unusable or experientially meaningless (Fransella et al., 2004). Similarly, they may reflect restriction in construct applicability, linking them to Kelly's range corollary and to construct-level forms of constriction (Winter et al., 2010). Nevertheless, the same response may emerge under substantially different structural conditions.

Midpoint ratings do not necessarily indicate impaired construing. In some contexts, construing "in the middle" may reflect suspension of premature pole selection, tolerance of ambiguity, or preservation of flexibility in personally significant domains (Winter et al., 2010). Indeed, midpoint usage, particularly in ideal-self construing, has been associated with greater cognitive complexity, lower conflict, and reduced psychological distress (Winter et al., 2009, 2010). The psychological meaning of midpoint ratings therefore depends on the broader organization of the construct system. Within rigid and highly polarized systems they may signal uncertainty, constriction, or failure to elaborate experience, whereas within more differentiated and permeable systems they may instead reflect openness to alternative constructions.

Constriction may also become evident in the content of construing itself when constructs become overly concrete or narrowly generalized. Constructs such as "drinks alcohol/does not drink alcohol" or "likes long-hair music/does not like long-hair music" illustrate restricted generalizability and limited conceptual elaboration (Landfield & Epting, 1987). Although relatively understudied, these findings suggest that constriction is not simply a quantitative reduction in construing but may also involve a qualitative narrowing of the meanings available for anticipating experience.

Constriction may therefore represent one important window into the organization of depressive systems. Across theoretical and empirical work, it consistently reflects a progressive reduction in anticipatory alternatives and a growing reliance on familiar constructions that preserve coherence under threat. At the same time, constriction cannot be inferred from any single repertory grid indicator. Its psychological significance depends on the broader organization of the construct system and should therefore be interpreted alongside other structural characteristics, including complexity, polarization, self-construction, interpersonal positioning, and cognitive conflict.

Cognitive Complexity

If constriction reflects a narrowing of anticipatory alternatives, cognitive complexity addresses how differentiated those alternatives are once they are available (Wozniak et al., 2025). Some individuals rely on a relatively small number of tightly interconnected constructs, providing coherence and decisiveness but increasing the risk of rigidity and oversimplification. Others employ a larger number of relatively independent distinctions, allowing greater flexibility and variation in construing, though sometimes at the cost of integration or stability. Within PCT, cognitive complexity concerns the differentiation of the construct system rather than its size. A

system may contain numerous constructs while remaining highly centralized, or relatively few constructs that are nevertheless differentiated. Consequently, cognitive complexity addresses how finely experience is differentiated once it is construed.

Neither complexity nor simplicity is inherently pathological or healthy (Neimeyer, 1984a, 1984b). Excessive simplicity may contribute to rigid and global construing patterns associated with constriction, whereas excessive differentiation may contribute to fragmentation, conflict, or disorganization. Thus, the psychological meaning of complexity depends on the broader organization and functioning of the construct system rather than on differentiation alone.

From this perspective, depressive construing has frequently been expected to involve tightening and simplification of the construct system, as a defensive response to invalidation. Theoretically, repeated invalidation and failure of anticipation should progressively narrow the person's available alternatives, resulting in more rigid, affectively loaded, and restricted patterns of construing in which fewer dimensions remain available for interpreting experience. While this hypothesis has appeared intuitively plausible and clinically compelling, empirical findings over the last five decades have proven considerably more mixed and complex.

Early Empirical Support: Less Complex Systems in Depression

Following Bieri's (1955, 1966) conceptualization of cognitive complexity and Bannister's operationalization through repertory grids, early studies tested whether depressive disorders were associated with simplified and tightly organized construct systems (Bannister, 1960; Bannister & Mair, 1968; Fransella et al., 2004). Using Bannister's intensity index, McPherson et al. (1973) found the highest intensity scores among depressive patients, suggesting tightly interconnected constructs and reduced flexibility of construing. This initiated a broader line of research examining the structural organization of depressive systems.

Principal Component Analysis (PCA) findings further supported this pattern. A high percentage of variance accounted for by the first factor (PVAFF), interpreted as reflecting unidimensional construing, was found in both psychotic and neurotic depression (Bender, 1973 cited in Ashworth et al., 1982; Sheehan, 1981, 1985). More recent work replicated similar findings in single-case studies, smaller clinical samples, and women-only samples, again suggesting lower complexity and higher structural centralization in depressive participants (Fernandes, 2007; Lin & Winter, 2020; Winter et al., 2018).

Viewed from a systems perspective, these findings suggest that some depressive systems (particularly severe or hospitalized forms) become organized around a small number of highly interconnected anticipatory dimensions.

Complications: Contrasting and Null Findings

Despite this pattern, several studies challenged the universality of the association between depression and cognitive simplicity. Ashworth et al. (1982), comparing depressive patients with manic, schizophrenic, and alcoholic groups, found greater simplicity in depressives only relative to some clinical groups, but not relative to recovered depressives or non-psychiatric controls. Their longitudinal follow-up suggested modest reductions in simplicity following remission, although differences remained statistically inconclusive (Ashworth et al., 1985).

Similar inconsistencies emerged in studies using the Functionally Independent Constructs (FIC) index. Neimeyer et al. (1983) found no relationship between complexity and symptom severity in a non-hospitalized unipolar sample. Angelillo et al. (1985) likewise reported no significant complexity differences, although their ordination measure suggested broader structural rigidity across psychiatric groups. However, questions were later raised regarding the validity and interpretability of certain complexity indices, particularly FIC and ordination measures, further complicating the literature (Soldz & Soldz, 1989).

Using PVAFF, several studies also failed to observe lower complexity in depressive groups relative to controls (Feixas et al., 2008; Hanieh & Walker, 2007; Sheehan, 1985). Similarly, Space and Cromwell (1980), together with subsequent follow-up studies, found no complexity differences between depressed individuals, psychiatric controls, and non-clinical controls despite employing multiple complexity measures and including severely depressed participants (Dingemans et al., 1983; Space et al., 1983). Axford and Jerrom (1986) likewise reported equivalent complexity across depressive, psychiatric, and control groups, suggesting that hospitalization or psychological distress more generally may contribute to tightened construing independently of diagnosis.

A large-scale study by Feixas et al. (2008), using correspondence analysis and an improved PVAFF calculation, similarly found no significant differences between help-seeking depressed individuals and non-clinical controls in overall unidimensionality. Such findings suggest that cognitive simplicity may represent a broader feature of psychological distress, invalidation, or restricted construing rather than a uniquely depressive organization.

Changes resembling depressive cognitive organization have also been observed developmentally. In a late-adolescent sample, Carapeto and Feixas (2019) found higher complexity among participants with elevated depressive symptoms, proposing that increased differentiation may at times provide fertile ground for the emergence of conflict and instability. From this perspective, depressive symptoms may reflect not only constriction, but also difficulties reorganizing increasingly differentiated and emotionally conflicting meanings.

These inconsistencies suggest that depressive systems may reach similar clinical outcomes through different structural organizations rather than through a single pathway of simplification.

A Nonlinear Relationship Between Depression and Complexity

Attempting to reconcile these contradictions, Neimeyer (1983) proposed a developmental model of depressive construing. According to this formulation, mildly depressed individuals may initially retain relatively coherent and positively valenced self-constructions. With increasing invalidation and depressive symptomatology, negative meanings progressively enter the system, producing greater differentiation but also greater internal conflict. In some cases, this process may eventually culminate in severe constriction and rigidification, resulting in tightly organized and negatively valenced systems. Partial empirical support for this trajectory was later reported, with FIC scores declining as patients progressed from moderate to severe depression, suggesting increasing rigidity at more severe levels of depressive functioning (Neimeyer et al., 1985).

However, subsequent findings have remained inconsistent. Lower complexity has been reported in mild-to-moderate depression (Lin & Winter, 2020) and in samples meeting stringent MDD criteria (Winter et al., 2018), whereas other studies found no significant differences even in

moderate-to-severe depressive presentations (Hanieh & Walker, 2007). Consequently, while nonlinear models of depressive construing remain theoretically compelling, empirical support appears dependent upon sample characteristics, severity thresholds, developmental stage, and the specific measures employed.

This formulation shifts the question from whether depressive systems are simple or complex to how complexity changes as the system reorganizes in response to prolonged invalidation.

Domain-Specific Simplicity: Affective Rigidity as a Core Feature?

The previous studies treated complexity as a global property of the construct system. An alternative possibility is that simplification occurs selectively within psychologically central domains. Some research suggests that depressive construing may involve domain-specific tightening rather than generalized simplification. Silverman (1977), examining affective constructs such as "sad-happy" or "tense-relaxed", found heightened intensity and rigidity specifically within emotional construing among depressive participants, even following remission. He proposed that depressives may shift between construing organizations in a discontinuous or stepwise manner rather than through gradual adaptation, potentially contributing to mood instability.

Such findings suggest that depressive systems may not necessarily contain fewer constructs overall, but may instead become rigidly organized around emotionally significant domains such as affect, self-constructions, or loss. While theoretically compelling, this possibility has remained comparatively underexplored in later PCT research.

Cognitive Complexity: Summary

The literature suggests that depressive construing is frequently associated with reduced cognitive complexity, particularly in severe, hospitalized, or highly constricted forms of depression. Such systems often appear more tightly organized, affectively saturated, and limited in the range of available alternatives. However, empirical findings remain inconsistent, indicating that depressive functioning cannot be reduced to a single structural configuration. Some depressive presentations appear characterized by preserved or even elevated differentiation, particularly during periods of conflict, instability, or developmental reorganization. Consequently, cognitive complexity in depression may be best understood as a dynamic and context-dependent process shaped by symptom severity, developmental factors, and the specific domains of construing involved. The overall literature appears to support at best a tendency toward greater unidimensionality and structural tightening in depressive systems relative to non-clinical construing.

Polarization

One of the foundational principles of PCT is that individuals understand and interpret the world through bipolar constructs, dimensions of meaning organized as contrasts (e.g., trustworthy vs. liar, strong vs. weak). According to Kelly (1955), this dichotomous organization is not inherently rigid or simplistic; rather, it reflects the fundamental manner in which people discriminate between alternatives in experience. Constructs may be applied flexibly and proportionally across contexts. For example, a person may construe themselves as "more successful than my peer, but less successful than my father," demonstrating that bipolar constructs can support graded and nuanced interpretation rather than absolute categorization.

However, constructs are not always applied flexibly. In some individuals, constructs may increasingly be applied at their extremes, with elements consistently positioned at one pole or the other. This pattern, termed polarized construing, reflects a tendency toward rigid, all-or-nothing application of distinctions, reducing the space for ambiguity, transitional meanings, or alternative interpretations. Polarized construing can arise from deeply meaningful distinctions, but it can also reflect the rigidity and extremity with which distinctions are applied across experience (Neimeyer, 1983).

Within PCT, polarization may be understood as a way of stabilizing anticipation by reducing ambiguity and narrowing interpretative alternatives. Such construing may confer certain functional advantages, including decisiveness, rapid evaluation, and clearer positioning, particularly in uncertain or threatening situations. However, when highly rigid, polarized construing may also reduce flexibility, tolerance for ambiguity, and the capacity to revise invalidated meanings, thereby contributing to interpersonal conflict, restricted problem-solving, and vulnerability to depressive or suicidal cognition (Neimeyer, 1983; Neimeyer & Feixas, 1992). In this sense, polarization is closely related to constriction and preemptive construing, where alternatives become subordinated to dominant meanings and anticipation proceeds through rapid closure (Kelly, 1955).

Measurement of Polarization

Polarized construing was first systematically examined by Neuringer (1967), who operationalized it as the percentage of extreme ratings on semantic differential scales. In pioneering studies of suicidal patients, individuals at elevated suicide risk more frequently selected extreme ratings when evaluating concepts such as the self, life, or God, a pattern termed dichotomous evaluative thinking. Follow-up studies demonstrated that this tendency extended beyond explicitly evaluative dimensions and remained relatively stable over time, suggesting that polarized construing may represent a persistent personality style rather than a purely situational response (Neuringer & Lettieri, 1971).

Subsequent PCT studies employed the RGT to examine polarization within depressive populations more directly. Neimeyer et al. (1983), using self-relevant elements and role-elicited constructs, found that greater depressive severity was associated with higher polarization, more negative construing of the self and future, and stronger unidimensionality of construing. Moreover, polarization combined with negative future construing predicted depressive severity beyond any single cognitive measure alone, suggesting that polarization may become particularly clinically significant when embedded within broader maladaptive configurations of construing.

Polarization in Depressive Disorders

Subsequent studies reinforced the link between polarized construing and affective pathology. Dingemans et al. (1983) observed that both depressed and schizophrenic individuals exhibited more extreme ratings than non-clinical participants. Hughes and Neimeyer (1993) studied hospitalized psychiatric patients with major depression and bipolar disorder in a depressive phase and found that greater clinical risk, as indicated by supervision level and suicidal behavior, was associated with higher polarization. Similarly, Džamonja-Ignjatović (1997), reported significantly higher polarization among depressed participants, particularly those with co-occurring suicidality. Polarized construing may thus reflect both the structure of depressive and suicidal cognition and its clinical severity.

Therapeutic studies further indicate that polarization could be affected by therapeutic progress. Reductions in polarized construing following cognitive group therapy compared to waitlist controls were found (Neimeyer et al., 1985), while similar changes during constructivist psychotherapy were documented in a case of moderate depression (Fernandes, 2007). Likewise, elevated polarization was found in individuals with chronic depression and body dissatisfaction, particularly in construing of the present, future, and ideal selves, suggesting that polarized construing may contribute to rigid and negatively valenced self-organizations across time (Winter et al., 2018).

At the same time, several studies failed to detect significant differences in polarization between depressive and non-clinical participants. Examining mildly depressed women, Ross (1985) found no differences in extreme ratings, although the study relied on the methodologically ambiguous measure of "category constriction" and included relatively mild symptomatology. Similarly, in a large comparison between individuals with affective disorders and controls, results indicated nearly identical overall polarization scores (Feixas et al., 2008). Likewise, no differences were observed between adolescents with and without depressive symptoms (Carapeto & Feixas, 2019). These findings suggest that polarization is not a universal feature of depression and may depend on factors such as symptom severity, chronicity, developmental stage, construct salience, or the broader organization of the construct system.

Polarization: Summary

Polarization appears to represent an important dimension of construct systems within PCT, reflecting the degree to which distinctions are applied rigidly and extremely across experience. Although findings are not entirely consistent, the majority of clinically oriented studies suggest elevated polarization in severe depressive and suicidal states, particularly when accompanied by negative self- and future-construing. Functionally, polarized construing may stabilize anticipation and reduce ambiguity by simplifying interpretative alternatives, but at the cost of reduced flexibility and diminished tolerance for contradictory or invalidating experience. Consequently, polarization may be understood as a broader organizational tendency toward preemptive and rigid application of meanings, particularly under conditions of psychological distress.

Self-Construction

A negative view of the self has long been recognized as one of the defining features of depression across diverse psychological traditions, including psychodynamic, cognitive, and constructivist approaches. Within PCT, depressive suffering has frequently been associated with negative self-construing, diminished self-esteem, and difficulties maintaining coherent anticipatory constructions of the self over time (Neimeyer, 1985; Winter, 1984). However, PCT research has progressively complicated simplistic notions of uniformly negative depressive identities, shifting from early emphasis on negative self-evaluation toward later models emphasizing instability, conflict, and contradictory self-positioning within the construct system.

Among the most robust findings in RGT research is the self-ideal discrepancy as an indicator of self-esteem. Typically operationalized as the correlation or Euclidean distance between "self now" and "ideal self" elements, this measure reliably distinguishes depressed individuals from both non-depressed controls and participants with other psychiatric conditions. Early studies consistently

reported larger self-ideal discrepancies in depressed participants, reflecting diminished self-esteem and increased distance from desired identities (Ashworth et al., 1982; Klein et al., 1984; Sheehan, 1981). These findings have been repeatedly replicated across clinical and nonclinical populations, including adolescents, women, and participants with suicidal ideation (Carapeto & Feixas, 2019; Džamonja-Ignjatović, 1997; Feixas et al., 2008; Lin & Winter, 2020). Longitudinal and intervention studies further support the clinical relevance of self-ideal discrepancy, demonstrating reductions during treatment for MDD and deliberate self-harm alongside symptomatic improvement (Ashworth et al., 1985; Moggia et al., 2020; Winter, 1989; Winter et al., 2007).

Beyond diminished self-esteem, many studies described depressive systems as characterized by negative self-construing, that is, consistent placement of the self at undesirable poles of constructs. Greater negative self-construing has been associated with depressive affect, sleep disturbance, and broader symptom severity (Neimeyer et al., 1983). Similarly, both self-perception and perceived external evaluations of the self tend to cluster around negative poles, particularly during early treatment stages (Sheehan, 1981, 1985). Rowe (1985, 2003) described such systems phenomenologically as a 'prison' of the self, where rigid and impermeable constructions foreclose viable reconstrual and maintain stable negative identities. Early PCT formulations therefore often conceptualized depression primarily in terms of globally negative self-evaluation embedded within rigid and low-propositional construct systems (Neimeyer et al., 1983; Sheehan, 1981, 1985).

However, subsequent research increasingly challenged the notion of uniformly negative depressive self-construction. Studies employing larger and more structurally refined grids revealed considerably more complex patterns of mixed and unstable self-construing (Space & Cromwell, 1980; Space et al., 1983). Although depressed participants frequently showed elevated negative self-placement, positive and negative self-constructions often coexisted within the same higher-order dimensions of construing. Rather than constructing wholly negative identities, individuals frequently shifted their self-position within existing construct dimensions, a process described as "slot movement." Moreover, these shifts occurred without broader reconstruction of the construct system itself. Space and colleagues (1983) proposed that such instability leaves individuals vulnerable to reactive mood fluctuations and contributes to the cyclical and chronic quality of depression. In this view, pathology may emerge not solely from negative self-evaluation, but from difficulty maintaining stable self-positioning within the system over time.

Several later findings converged with this interpretation. Daily grid assessments of mildly to moderately depressed women revealed frequent "slot-rattling," or rapid oscillations in self-placement occurring without broader system reconstruction (Ross, 1985). Similarly, depressed individuals with suicidal ideation were found to maintain strongly negative affective self-evaluations while simultaneously preserving positive moral or characterological self-constructions, indicating coexistence of opposing self-aspects rather than uniform self-condemnation (Džamonja-Ignjatović, 1997). These findings suggested that depressive construing may involve internal tension and instability alongside negativity, thereby complicating earlier models of monolithic depressive self-construction.

More recent large-sample RGT studies further extended this shift from negative to conflictual models of depressive self-construction. Across several investigations involving hundreds of participants, wholly negative self-construing was found to be relatively rare among depressed individuals (Feixas et al., 2008, 2014a, 2017). Instead, the vast majority exhibited mixed self-construal patterns combining both positive and negative self-constructions. Moreover, many of

these individuals also presented with implicative dilemmas, cognitive conflicts in which desired change in one domain implied undesirable change in another (e.g., becoming more assertive implying becoming selfish) (Montesano et al., 2014, 2017a, 2017b). From this perspective, depressive pathology may be organized less around uniformly negative self-evaluation and more around conflictual organization of meanings within the self-system. Mixed or unstable self-construing may therefore reflect deeper incompatibilities embedded within personal meaning structures rather than simple ambivalence.

Self-Construction: Summary

PCT research consistently associates depression with reduced self-esteem and negative self-construing, particularly through elevated self-ideal discrepancies and increased placement of the self at undesirable construct poles. However, later and methodologically more differentiated studies increasingly challenge the notion of a uniformly negative depressive self-system. Instead, depressive construing frequently appears mixed, unstable, or conflictual, combining positive and negative self-constructions within the same broader organization of meaning. These findings suggest that depressive pathology may involve negative self-constructions together with difficulties maintaining coherent and stable self-positioning. Such configurations may increase vulnerability to conflicts, emotional instability, and chronic oscillation between competing self-constructions rather than reflecting a purely monolithic negative identity.

Conflicts and Implicative Dilemmas

Historical Accounts on Conflict in PCT

Conflict provides another window into the organization of depressive systems by revealing whether desired change can be integrated into the existing organization of meaning. Early explorations of conflict in depressive systems can be traced to repertory grid case studies, most notably Rowe's (1971) description of a 38-year-old inpatient woman who became depressed following a hysterectomy. Her construct system linked health with moral badness and suffering with goodness, such that recovery implied ethical decline. Within this "martyr system", symptom persistence preserved moral coherence, making improvement psychologically threatening rather than desirable. Although not formally conceptualized as an implicative dilemma, this case anticipated later PCT formulations in which desired change threatens valued aspects of identity rather than simply removing symptoms.

Attempts to operationalize such tensions more systematically led to the development of imbalance detection methods based on triadic relations between constructs (Slade & Sheehan, 1979). Drawing on balance theory, these approaches conceptualized internal conflict as logical inconsistency within the construct system. Clinical applications demonstrated potential relevance; for example, individuals could simultaneously construe social success as desirable while associating it with weakness or selfishness. Conflict itself was not considered inherently pathological. Some degree of imbalance was understood as potentially reflecting openness, flexibility, or ongoing reconstruction, whereas complete absence of imbalance could indicate rigidity or excessive constriction of meanings.

Subsequent studies complicated simplistic assumptions regarding conflict in depression. In both inpatient and outpatient samples, depressed individuals were found to exhibit lower levels of

measured imbalance despite greater symptom severity (Sheehan, 1981, 1985). This finding was interpreted using Kelly's concept of constriction: depressive systems may defensively narrow their range of construing, reducing ambiguity and suppressing visible conflict by simplifying meanings into rigid and monolithic organizations. Such systems may therefore appear conflict-free not because tensions are genuinely resolved, but because alternative constructions are no longer sufficiently elaborated to produce detectable imbalance. Longitudinal findings further supported this interpretation, as therapeutic improvement was frequently associated with increases in measured conflict, suggesting that re-emergence of ambiguity and complexity may accompany psychological loosening and reconstruction. The potential role of superordinate constructs was also emphasized (higher-order meanings capable of integrating lower-level contradictions), indicating that purely structural analyses may overlook clinically important dynamics within recovery processes.

Methodological critiques soon emerged, however. Winter (1982, 1983) argued that formal logical imbalance does not necessarily correspond to lived psychological conflict, as statistical density or structural properties of grids could produce apparent inconsistencies without subjective emotional significance. Conversely, highly rigid and polarized systems might contain substantial experiential tension while appearing structurally coherent due to constriction or restricted elaboration. These critiques shifted attention away from purely formal imbalance and toward personally meaningful conflicts embedded within the organization of identity and self-construction.

Several methodological refinements attempted to address these limitations. Bassler et al. (1992) proposed incorporating the magnitude of construct correlations into triadic analyses in order to improve measurement sensitivity. Later work demonstrated that the frequency of imbalanced triads was strongly influenced by grid size and structure, with larger grids yielding more potential imbalances and fewer elements amplifying their apparent density (Krauthauser et al., 1994). Bell (2004) proposed an alternative approach integrating constructs and elements through Euclidean distances rather than correlations, thereby preserving raw grid structure and improving interpretability. Despite these innovations, triadic conflict paradigms gradually lost empirical prominence, partly due to methodological complexity and partly because more clinically meaningful and identity-focused conceptualizations of conflict began to emerge.

Implicative Dilemmas

Implicative dilemmas (ID) were introduced to more directly capture identity-bound conflicts within the self-system, particularly in depression (Feixas & Saúl, 2004). An ID occurs when desired change, usually represented by a discrepant construct where present and ideal self differ, becomes associated with a congruent construct representing a valued aspect of identity where present and ideal self coincide. Consequently, symptom improvement becomes psychologically threatening because change implies movement toward an undesired identity position. Unlike earlier imbalance approaches, ID focus not on abstract logical inconsistency but on conflicts involving personally meaningful self-definitions and valued identities.

This shift represented an important conceptual development within PCT. Earlier triadic approaches often treated conflict as a formal structural property of the construct system, whereas IDs conceptualized conflict in relation to preservation of self-coherence. From this perspective, depressive persistence may reflect not resistance to change itself, but difficulty integrating desired change into a valued and coherent identity organization.

Empirical evidence consistently supported the relevance of IDs in depression. In a multicenter study, approximately half of clinical participants demonstrated at least one ID compared to roughly one-third of non-clinical participants (Feixas & Saúl, 2004). Moreover, psychotherapy was associated with reductions in ID, suggesting that therapeutic change may involve resolving identity-bound conflicts rather than merely alleviating symptoms (Feixas & Saúl, 2005). ID were not conceptualized as pathological per se, but as disequilibria that may also facilitate development and reconstruction under appropriate conditions.

Closely related are dilemmatic constructs, constructs rated near the midpoint because neither pole is clearly desirable. These differ from ID in that they reflect evaluative ambiguity rather than direct conflict between desired change and identity coherence. For example, both "talkative" and "quiet" may carry undesirable implications, producing uncertainty regarding preferred positioning. Such constructs may contribute to indecision, hesitancy, or difficulties establishing coherent evaluative direction without necessarily involving central identity conflict.

The distinction between ID and dilemmatic constructs was illustrated in a case study of a young student in therapy who initially construed "self-care" as incompatible with "caring for others", equating "autonomy" with "selfishness". Through therapy, she loosened this association and reconstructed self-care as compatible with relational values. Although her ID resolved, the number of dilemmatic constructs remained stable, suggesting that evaluative ambiguity and identity-bound conflict may represent partially distinct processes. ID appear more specifically tied to coherence of self-construction, whereas dilemmatic constructs may reflect broader uncertainty or ambivalence in construing (Feixas et al., 2009).

Further evidence reinforced the particular relevance of ID for depressive systems. In a large cross-sectional study comparing individuals with MDD and controls, over two-thirds of depressed participants demonstrated at least one ID compared to approximately one-third of controls, with greater symptom severity and poorer functioning among those presenting dilemmas (Feixas et al., 2013). Although ID were observed across multiple diagnostic categories, their prevalence and density appeared especially elevated in depression, suggesting particular salience for depressive organizations of meaning (Feixas & Compañ, 2016).

Later studies further demonstrated that ID contribute independently from simple negative self-construction. Although self-ideal discrepancy remained a stronger predictor of depressive symptom severity, ID explained additional variance in both symptoms and functioning beyond negative self-construing alone (Montesano et al., 2017a). These findings suggest that depressive suffering cannot be reduced solely to low self-esteem or negative self-positioning. Rather, difficulties integrating desired change into valued identity structures appear to represent an independent dimension of depressive experience.

Therapeutic studies supported this interpretation. In dilemma-focused therapy, symptom improvement was associated with loosening associations between congruent and discrepant constructs rather than changes in ideal self-positioning itself (Montesano et al., 2017b). Clients did not necessarily abandon valued identities (ideal selves); instead, they became more flexible in relating change to self-construal. This supports the broader PCT view of psychotherapy as reconstruction of meanings and relationships between constructs, not simply symptom reduction.

Developmental findings similarly linked ID to depressive symptomatology. Among adolescents, approximately 74% of those with depressive symptoms demonstrated at least one ID compared to

roughly 25% of asymptomatic peers (Carapeto & Feixas, 2019). However, conflicted adolescents frequently reported confusion and rumination rather than overt sadness, suggesting that identity conflict may precede or amplify depressive symptom development. Notably, some asymptomatic adolescents also demonstrated ID without significant distress, implying that the emotional impact of conflict may depend upon broader structural factors such as rigidity, rumination, or limited flexibility in construing.

Measurement refinement has continued in recent years. New indices such as the Percentage of Implicative Dilemmas (PID), Intensity of Implicative Dilemmas (IID), and the Proportion of the Intensity of Implicative Dilemmas (PICID) were developed to account for grid size and conflict intensity (Rouco et al., 2019). Among these, PICID emerged as the strongest predictor of depressive symptoms, suggesting that conflicts differ not merely in frequency but also in how centrally they implicate core identity structures (Moggia et al., 2022; Rouco et al., 2019). Such findings further support the notion that identity-related conflict, rather than simple contradiction alone, may represent one of the most clinically meaningful aspects of depressive construing.

Conflicts and Implicative Dilemmas: Summary

Research on conflict in depressive systems has progressively evolved from early attempts to detect formal structural imbalance toward more clinically and theoretically refined models of identity-based tension. Early triadic approaches highlighted the importance of conflict within construing, but were burdened by methodological limitations and difficulties distinguishing formal inconsistency from subjectively meaningful conflict. Moreover, this literature also demonstrated that complete absence of detectable conflict may itself reflect constriction, rigidity, or excessive narrowing of meanings rather than psychological health.

In contrast, ID provide a more parsimonious and clinically meaningful framework that conceptualizes depressive persistence not as simple negativity or lack of motivation, but as a structural difficulty integrating desired change into valued self-definitions. Across studies, many depressive systems appear characterized not merely by negative self-construing, but by tensions in which movement toward symptom relief threatens coherence of personally meaningful identities. Although such conflicts are also present in non-clinical populations, evidence suggests they are more frequent, more intense, and more centrally implicated in identity organization within depressive systems.

Perceived Isolation

One of the most consistent findings in PCT research on depression concerns perceived interpersonal isolation. Frequently described phenomenologically in clinical accounts of depressive experience (e.g., Rowe, 2003), this pattern has also been repeatedly operationalized through repertory grid indices assessing perceived similarity between the self and others, thereby capturing how the self is positioned within the interpersonal field. Higher scores on these measures indicate greater perceived distance from others and reduced interpersonal commonality, whereas lower scores, sometimes conceptualized as identification, reflect construing the self as more socially embedded and similar to others (Neimeyer, 1985).

Across multiple studies, depressed individuals consistently construe themselves as more isolated from others than non-clinical participants and many psychiatric comparison groups. Early work

comparing depressed, manic, schizophrenic, and alcoholic patients found that depressed individuals demonstrated substantially greater perceived isolation than controls, with levels comparable to schizophrenic and alcoholic groups (Ashworth et al., 1982). Similar findings were later replicated in studies using larger grids and more refined indices, where depressed participants showed lower perceived similarity to others than both schizophrenic patients and non-clinical controls (Sheehan, 1981; Space & Cromwell, 1980; Space et al., 1983). Taken together, these findings suggest that depressive construing is frequently characterized by a subjective experience of interpersonal separation and reduced social embeddedness.

Such alienation may remain only partially accessible within explicit self-report or clinical interviews. In a study conducted in India, both neurotic and endogenous depressive patients demonstrated marked interpersonal distance, particularly from parents, despite strong cultural expectations of familial closeness (Sachdev et al., 1982, 1983). Notably, this estrangement was not prominently expressed during interviews, suggesting that RGT may detect implicit or structurally embedded forms of interpersonal alienation not readily verbalized by participants themselves. Similar findings emerged in controlled comparisons involving depressed patients, psychiatric controls, and non-clinical participants, where depressive participants demonstrated significantly greater self-other distance even after controlling for gender and grid format (Axford & Jerrom, 1986).

Longitudinal findings further suggest that perceived isolation is not a fixed personality characteristic, but a dynamic feature of construing responsive to psychological change. Sperlinger (1976) observed that depressive participants who improved clinically over an eight-month period also demonstrated reductions in self-other distance, whereas those remaining symptomatic did not. Similarly, repeated-measures studies found that decreases in depressive symptoms during therapy were accompanied by reductions in interpersonal differentiation and alienation (Sheehan, 1985). At the same time, temporary increases in perceived isolation have also been observed during psychotherapy, particularly in processes involving emotional exploration or reconstruction of the self-system (Winter et al., 2018). Such findings suggest that interpersonal differentiation may function differently depending on its broader structural and therapeutic context.

A related line of research examined the relationship between ideal self and others, reflecting how individuals construe the interpersonal world. Here, findings have been more mixed. Some studies suggest that depressed individuals not only construe themselves as distant from others, but also perceive others as falling short of idealized standards (Feixas et al., 2008). Others failed to find significant differences in ideal-others distance relative to controls (Axford & Jerrom, 1986). Nonetheless, several authors proposed that depressive suffering intensifies when perceived distance from others combines with the experience that others occupy more valued or ‘ideal’ positions than the self (Džamonja-Ignjatović, 1997; Neimeyer, 1985). In such cases, depressive isolation involves not merely interpersonal distance, but exclusion from meaningful and validating relational positions within the social field.

From a PCT perspective, depressive isolation may represent more than simple loneliness or withdrawal. Distancing from others may function protectively by minimizing exposure to invalidation, humiliation, rejection, or emotional injury. However, this strategy carries a paradoxical cost. By reducing participation within interpersonal fields, the individual simultaneously reduces opportunities for validation, reconstruction, and stabilization of valued identities. In this sense, depressive systems may become increasingly separated from the very

relational confirmations necessary for reorganization of the self-system. As Neimeyer (1983) observed, in attempting to protect the self-constructions, depressed individuals may "dispense with the rudder in order to save the sinking ship."

Perceived Isolation: Summary

Overall, perceived isolation appears to represent one of the most consistent interpersonal features of depressive construing. Depressed individuals repeatedly construe themselves as fundamentally separated from others, often in ways that remain only partially articulated within ordinary clinical discourse. Longitudinal findings further suggest that such isolation is dynamic and responsive to therapeutic change rather than a stable personality trait. Within PCT, depressive isolation may therefore be understood as a protective but ultimately self-limiting organization of construing, reducing immediate interpersonal threat while simultaneously restricting access to validating relationships capable of supporting reconstruction and recovery.

Content of Construct Systems

A recurring finding across both idiographic and nomothetic research is that depressive construct systems are dominated by emotional content. Analyses of personal constructs generated by individuals with depression frequently reveal dimensions related to sadness, hopelessness, fatigue, loneliness, and low self-worth. Using the Classification System for Personal Constructs (CSPC), depressive individuals were found to generate significantly more emotional constructs than control participants, indicating a greater emphasis on affective meanings when construing themselves and others (Montesano et al., 2009). A similar pattern was observed in a study of Taiwanese women diagnosed with depression, where emotional constructs also appeared more frequently, although the difference did not reach statistical significance (Lin & Winter, 2020).

Beyond their frequency, emotional constructs also appear to be construed with particular intensity. Research focusing on affective constructs such as happy-sad, relaxed-tense, and tired-energetic showed that depressed individuals tend to construe these dimensions in a more rigid or polarized way, indicating tighter construing within the emotional domain (Silverman, 1977). Moreover, this intensity decreased as depressive symptoms remitted, suggesting that depressive systems may become organized around a heightened sensitivity to emotional states. Similar observations have been reported in other studies, where emotional constructs, especially negative ones, tend to dominate the way depressed individuals construe themselves and their social world (Ross, 1985; Rowe, 1971; Sheehan, 1981).

Idiographic case studies further illustrate this emotional centrality. Depressed clients frequently employ constructs related to sadness, loneliness, and a perceived absence of meaningful alternatives, sometimes describing their condition as a "living death" (Jones, 1985). In another case study, a participant identified sadness, isolation, and self-blame as dominant themes in her self-construing (Fernández-Navarro et al., 2020). Similarly, qualitative research using interpretative phenomenological analysis reported sadness, emptiness, and loneliness as central experiential themes among individuals with chronic depression (Rhodes et al., 2019). These findings suggest that emotional constructs are not only frequent but also deeply embedded in how depressive individuals understand their identity and life situation.

Concerning identity, emotional content is often strongly self-referential. Early work observed that depressive systems may become organized around dimensions of self-confidence and self-competence, placing the self at the center of emotionally charged construings (Rowe, 1969). Other studies similarly found that the self is frequently construed at the undesirable pole of constructs, such as weak, inadequate, or inferior (Sheehan, 1981). Constructs applied to the self also tend to be strongly associated with depressive symptom severity, particularly when they involve negative emotional meanings (Ross, 1985). Within this emotional field, themes of guilt and self-blame frequently emerge as central components of depressive self-construing.

Self-blame or guilt appears repeatedly in structural features of depression, although it has rarely been examined at the content level within PCT research. Studies on grief have identified patterns of self-blame that distinguish pathological responses from normal bereavement (e.g., Hoagsland, 1983). Within personal construct systems, self-blame may function as a content-level strategy for preserving coherence when alternative attributions, such as blaming others, would conflict with valued relational roles or moral ideals. In this sense, assuming responsibility for suffering may allow individuals to maintain a morally coherent identity even in the face of interpersonal or personal failure. While much of this dynamic shares similarities with previously observed self-ideal discrepancies, explicitly considering blame constructions may offer a potentially useful marker for differentiating depressive systems from other forms of psychopathology, highlighting how moral, relational, and self-evaluative constructs become integrated within depressive meaning systems.

Themes of guilt, self-sacrifice, and moral self-evaluation also suggest that emotional meanings in depressive systems may be closely intertwined with moral and identity-related construing. As already illustrated in Rowe's (1971) description of a "martyr system," emotional meanings in depressive construing may become closely intertwined with moral and identity-related constructions. In this case, wellness was associated with selfishness and moral failure, whereas continued suffering preserved a valued identity as a good and self-sacrificing person. Emotional suffering, therefore, was maintained not only through distress itself, but through its role in preserving moral coherence and valued self-definitions.

Empirical studies of ID provide further support for the possibility of such emotional-moral conflicts. In individuals with MDD, constructs congruent with the self were often moral or relational in nature (e.g., good-bad, altruistic-selfish), whereas discrepant constructs—those associated with desired change—were predominantly emotional (e.g., sad-happy, anxious-calm) (Feixas et al., 2014a). Similarly, in dysthymic individuals, congruent constructs frequently involved moral dimensions such as altruist-egoist or responsible-irresponsible, while discrepant constructs were more closely related to emotional balance (balanced-unbalanced, optimist-pessimist, warm-cold) (Montesano et al., 2014a). These findings raise the possibility that emotional improvement may sometimes be construed as implying an undesirable moral change.

From this perspective, emotional-moral entanglement may represent one possible explanation for the prominence of emotional content in depressive systems. Emotional suffering may become central not only because of affective distress itself, but because emotional states become tightly connected with valued moral or relational identities. In such systems, preserving a sense of moral worth or belonging may inadvertently reinforce emotional suffering, echoing the observation that depressive systems may prioritize "being good" over "being happy" (Rowe, 1971). Consistent with this interpretation, depressive individuals often construe identity and relationships around themes

of belonging and dignity within valued relational contexts (Ugazio et al., 2022). While further research is needed, the data suggest that the emotional dominance observed in depressive construct systems may partly reflect the integration of emotional, moral, and relational meanings within the individual's identity structure.

Beyond emotional and moral meanings, depressive construct systems also appear to organize agency in distinctive ways. An additional feature frequently associated with depressive experience concerns inhibited action and difficulties in decision-making. Within Kelly's (1955) formulation of the decision-making cycle (circumspection-preemption-control; CPC), effective decision-making involves considering alternatives, selecting a preferred construct, and acting upon it. Depressive functioning, however, is often characterized by prolonged evaluation without resolution, manifested clinically as indecisiveness, passivity, and diminished agency. Descriptions of depressive construing frequently highlight rumination, restricted movement within the construct system, and difficulties translating anticipations into action (Sheehan, 1981; Winter, 1984). From a constructivist perspective, such inhibition may reflect an anticipatory strategy aimed at avoiding invalidation or the potential disruption of valued relationships or identities. Continual reconsideration of alternatives may therefore function as a way of preserving system stability in the face of perceived threat. Consequently, depressive individuals may be expected to construe themselves and others as more characterized by reflective hesitation or "thinking without acting," rather than by impulsive or unreflective action.

Content: Summary

The literature consistently indicates that depressive construct systems are characterized by a strong predominance of emotional content. Across both quantitative grid studies and qualitative research, depressive individuals tend to generate and organize their personal constructs around affective meanings such as loneliness, sadness, negativity, fatigue, and low self-worth. These emotional dimensions appear not only frequently but also with heightened intensity and rigidity, suggesting that emotional experiences play a central role in structuring depressive construing. Within this emotional field, themes of self-blame and guilt also emerge repeatedly, often tied to self-evaluative constructs and moral interpretations of personal failure. Although research on blame construal within PCT remains limited, the available evidence suggests that self-blame may function as a content-level strategy for maintaining coherence within depressive systems. Finally, the available literature suggests that depressive systems may also organize agency around hesitation and reflective inhibition, consistent with Kelly's CPC cycle.

Disruptive Construct Systems

Compared to the substantial body of personal construct research focused on depressive disorders, the study of disruptive, violent, or antisocial behavior within PCT remains comparatively underdeveloped (cf. Horley, 2004; Houston, 1998). Although constructs such as psychopathy and antisocial personality disorder occupy a central place within forensic psychology, they have only occasionally been examined through a Kellian framework. Nevertheless, PCT offers a distinct perspective on disruptive behavior. Rather than approaching aggression, criminality, or antisociality primarily in moralistic or deficit-based terms, PCT assumes that all behavior represents an attempt to anticipate events and maintain coherence within one's construct system (Drndarević, 2021; Kelly, 1955).

From this perspective, disruptive behavior is not necessarily understood as a breakdown of construing, but often as the expression of a coherent, though socially deviant, system of meaning (Houston, 1998). In contrast to depressive processes, which are frequently associated with constriction, withdrawal, and narrowing of construing, disruptive systems may involve a more outwardly directed mode of construing in which meaning is maintained through action, confrontation, and attempts to regulate the social environment. In contrast to reducing uncertainty through withdrawal, these systems may preserve coherence through accelerated construing, interpersonal positioning, and behavioral assertion (Winter, 2006, 2016).

An important Kellian construct relevant to this process is hostility, defined as the continued effort to extort validation for a construct that has already been invalidated (Kelly, 1955, 1969). From this perspective, disruptive behavior may represent an attempt to preserve threatened meanings by eliciting confirming responses from others (Horley, 2004). Such attempts necessarily unfold within interpersonal relationships. Kelly's sociality corollary proposes that successful role relationships depend on construing how other people construe the world. Persistent hostility may also reflect limited capacity or willingness to elaborate the construing processes of others. Individuals who construe the world as hostile, exploitative, or untrustworthy may repeatedly provoke rejection, fear, or aggression in others, thereby maintaining predictability within their interpersonal world (Houston, 2004; Winter & Tschudi, 2015). In this sense, hostility reflects rigid persistence in a particular mode of construing despite repeated invalidation.

Disruptive systems may also display a distinctive organization of the CPC cycle underlying decision-making within PCT. The literature suggests that antisocial or violent individuals may show a shortened circumspection phase characterized by accelerated and extreme construing without extensive exploration of alternatives (Houston, 1998; Thomas-Peter, 1993). Such construing tends toward preemptive and dichotomous judgments in which action precedes elaboration and ambiguity is reduced through immediate positioning rather than reflective reconsideration.

At the level of identity and semantic organization, disruptive construing may become organized around themes of power, dominance, loyalty, exploitation, control, and antagonism. For some individuals, aggression, deviance, or criminality may function as relatively coherent role constructions, providing identity stability, interpersonal predictability, belonging, or validation within otherwise invalidating environments (Houston, 1998; Winter, 2016). Such behaviors may therefore be experienced as necessary, legitimate, or self-protective within the individual’s system of meanings (Fransella & Adams, 1966; Widom, 1976).

Recent exploratory work has conceptualized these processes through the notion of antisocial core role (Drndarević, 2025). Building Kelly's (1955) accounts of hostility and role relationships, this approach proposed that some offenders may construe themselves as fundamentally excluded from conventional social belonging and consequently organize identity around outsider, oppositional, or antisocial positions. In such systems, antisociality may become integrated into the person's preferred identity organization rather than experienced as conflictual. A repertory grid case study described an offender whose construing appeared coherent, stable, and aligned with antisocial ideals grounded in criminality, dominance, and opposition to social norms. In contrast, a second offender displayed a considerably more unstable and conflictual organization characterized by guilt, ambivalence, fragmentation, and tension between antisocial and prosocial meanings. These contrasting configurations were tentatively interpreted as resembling broader distinctions discussed in mainstream literature, including primary versus secondary psychopathy or more narcissistic versus emotionally dysregulated forms of antisocial organization.

This interpretation is consistent with later applications of Kelly's sociality corollary to forensic populations. Disruptive systems may selectively narrow construing around socially relevant dimensions such as threat, distrust, hierarchy, and survival, contributing to objectification, emotional detachment, and failures of reciprocal role relationships (Doninger & Kosson, 2001; Leitner, 2013; Winter, 2007).

The limited PCT literature, therefore, suggests that disruptive systems are often coherent, action-oriented, externally directed, and organized around rigid interpersonal meanings rather than simply disorganized or deficient. If depressive processes can frequently be understood in terms of constriction and restriction of construing, disruptive processes may instead involve hostility, rapid action, and active imposition of meaning upon others and the environment. This distinction provides a theoretical framework for examining how depressive and disruptive construct systems differ across the structural markers reviewed in the following sections.

Cognitive Complexity

As in depressive systems, cognitive complexity provides one window into the differentiation of disruptive construct systems and the range of alternatives available for anticipating interpersonal events. Cognitive complexity in disruptive and antisocial populations has received considerably less attention within PCT research. Existing studies remain sparse, methodologically heterogeneous, and often based on small forensic samples (Houston, 1998, 2004; Winter, 2003, 2016). Reduced cognitive complexity should not be equated with limited cognitive ability. It reflects a relatively narrow differentiation of personal meanings, particularly within domains relevant to interpersonal evaluation, threat, and morality.

So far, the findings suggest that many disruptive systems display rigid, tightly organized, and preemptive forms of construing, particularly in interpersonal and moral domains. Early studies hinted at an association between violence and cognitive simplicity. Prisoners and psychiatric patients who engaged in violent behavior were found to exhibit less differentiated construing and narrower interpretative systems compared to nonviolent controls (Chetwynd, 1977; Topcu, 1976). Building on these findings, Houston (1998) proposed that violent individuals may operate with relatively simplistic and tightly organized construct systems that restrict the range of perceived interpersonal alternatives, particularly in emotionally charged or threatening situations. From this

perspective, aggression may emerge from limited anticipatory flexibility and rapid preemptive evaluation.

One of the most important repertory grid studies in this area remains Widom's (1976) investigation of adult violent offenders with psychopathic traits. Dividing participants into primary psychopaths (low-anxiety, instrumental aggression), secondary psychopaths (high-anxiety, emotionally reactive aggression), and controls, Widom employed modified repertory grids using interpersonal situations as elements together with both elicited and supplied constructs. Although no group differences emerged on overall intensity scores, primary psychopaths displayed the most "lopsided construing" patterns, suggesting reduced differentiation and stronger preemptive organization. Moreover, despite their ability to anticipate others' overt behavior accurately, they showed impaired appreciation of others' internal construing processes, indicating disturbances related to Kelly's sociality corollary. They also failed to perceive discrepancies between their own values and those of society, suggesting a relatively coherent but socially uncalibrated self-system. These findings suggest that disruptive systems may appear internally coherent and psychologically stable despite substantial divergence from broader social meanings.

A later repertory grid study by Sewell and Cruise (2004) examined two adolescents with psychopathic traits within a residential treatment setting. Using both psychopathy-specific (supplied constructs) and social-grid (elicited constructs), the authors found elevated intensity scores, high self-other distances, and tightly intercorrelated construct networks within psychopathy-focused grids. Constructs such as "acts without thinking" and "cannot be counted on" clustered strongly with thrill-seeking and dishonesty, suggesting organization around rigid maladaptive superordinate meanings. However, these findings should be interpreted cautiously due to the highly specific nature of the supplied psychopathy constructs and the extremely small sample size.

Other Offenders

In the broader offender literature, RGT methods have more frequently been employed to examine meaning organization rather than complexity indices directly. Nevertheless, these studies reveal several recurring structural themes. Heather (1979), for example, found that adolescent delinquents displayed coexisting "official" and "subterranean" value systems despite showing no overall differences in global complexity indices compared to controls. These findings indicate that some disruptive systems may be compartmentalized or internally bifurcated rather than uniformly simple.

Case-based forensic studies further indicate that many offenders display highly polarized and monolithic forms of construing. Mason (2003) and Blagden et al. (2014) observed tightly interconnected, negatively valenced, and rigidly organized constructions of self and others among sexual offenders and individuals characterized by denial. These patterns were interpreted as reflecting defensive positioning and rigid identity organization rather than generalized intellectual deficit. Similarly, Kitson-Boyce et al. (2022), applying PCA to forensic case studies, found offender systems dominated by a single principal factor, consistent with centralized and unidimensional construing. Such monolithic organizations appeared particularly relevant for understanding denial processes, identity maintenance, and offense-related meanings.

Cognitive Complexity: Summary

Although limited, the available literature suggests that many disruptive construct systems are characterized by relatively low differentiation and tightly integrated patterns of construing. However, the literature also indicates substantial heterogeneity. Some disruptive individuals may display coherent and integrated antisocial role organizations, whereas others appear more conflictual, compartmentalized, or emotionally dysregulated. Consequently, while there are recurring indications of cognitive simplicity and tight organization within disruptive systems, the small and heterogeneous forensic literature currently limits broader conclusions regarding the structural organization of disruptive construing.

Polarization in Disruptive Systems

Polarized construing appears to be a recurring feature of disruptive systems, particularly among antisocial and personality-disordered individuals, in which individuals construe themselves and others through dichotomous categories, favoring the extreme rather than intermediate values of constructs. Polarization refers to the rigidity and extremity with which distinctions are applied across experience.

Although polarization can be quantified through RGT indices such as extreme ratings, much of the literature on violent and personality-disordered individuals approaches polarization inferentially, identifying it through thematic rigidity, categorical interpersonal positioning, or clinical observation of "either/or" construing. In disruptive systems, such polarization often appears organized around socially and morally salient domains including dominance, weakness, loyalty, betrayal, authenticity, impulsivity, and deviance.

Clinical case studies provide vivid illustrations. Houston (1998) described a 33-year-old offender whose construing of masculinity was rigidly polarized around aggression, stoicism, and alcohol use, while vulnerability and emotional openness were associated with weakness and femininity. Similarly, polarized constructions appeared in offenders with borderline and antisocial features, where constructs such as "acts before thinking vs. thinks before acting" or "deviant vs. victim" organized self- and interpersonal meanings in rigid and emotionally charged ways. Across these cases, individuals appeared to rely on polarized role positions that reduced ambiguity and stabilized identity, although often at the cost of flexibility and elaboration of alternative meanings.

Empirical studies broadly support these observations. Yorke & Dallos (2015), combining interpretative phenomenological analysis with RGT in adolescent male offenders, found highly polarized construing concerning anger, relationships, and self-understanding. Extreme ratings simplified interpersonal complexity and reduced uncertainty, although at the cost of reduced flexibility. Thomas-Peter (1992) similarly observed that personality-disordered offenders in a maximum-security setting rapidly employed extreme evaluative distinctions during grid tasks, suggesting rigid and habitual forms of construing. Widom (1976) described primary psychopaths as displaying "lopsided" constructs characterized by highly categorical evaluations and reduced appreciation of alternative perspectives, whereas secondary psychopaths appeared less rigid and more conflicted in their construing. Such findings suggest that entrenched antisocial organizations may involve greater polarization and rigidity of interpersonal positioning than more emotionally dysregulated or conflictual forms of disruptive functioning.

Functionally, polarization in disruptive systems does not necessarily imply generalized cognitive deficit or inability to construe complexity. It may reflect a rigid style of organizing significant meanings under conditions of threat, hostility, shame, or interpersonal distrust. Positioning others as loyal or betraying, strong or weak, authentic or fake may reduce uncertainty and facilitate rapid social anticipation, particularly within hostile or unstable interpersonal environments. However, such rigidity may simultaneously restrict flexibility, reduce tolerance for mixed meanings, and reinforce antagonistic or oppositional role relationships.

Polarization: Summary

Polarized construing emerges repeatedly across disruptive and forensic populations. Disruptive polarization appears more closely tied to rigid interpersonal positioning, categorical social evaluation, and stabilization of identity within emotionally charged interpersonal fields. While related to broader cognitive simplicity and structural centralization, polarization specifically captures the extremity and rigidity with which distinctions are applied, thereby clarifying how rigid interpersonal distinctions become translated into antagonistic behavior and role relationships.

Self-Construction

Early PCT research suggested substantial heterogeneity in self-construing among antisocial and forensic populations. Clinical observations and RGT studies distinguished between episodic or reactive offenders and individuals with persistent antisocial organizations (Houston, 1998, 2004). Episodic offenders were more frequently characterized by low self-esteem, marked discrepancies between actual and ideal selves, and unstable or threatened identity organization. In such cases, aggression appeared linked to emotional dysregulation, shame, guilt, or threatened self-definition rather than to stable antisocial identity positions. Persistent offenders, in contrast, more often demonstrated internally coherent and self-congruent identity organizations, suggesting that antisocial behavior had become integrated into, rather than discrepant from, core identity organization.

Empirical findings broadly support this distinction. One-time violent offenders were found to demonstrate lower self-esteem and greater intrapunitive thinking, indicating that aggression may emerge reactively from threatened identity or emotional conflict (Howells, 1983). Repeat offenders, by contrast, construed themselves more positively and externalized blame while maintaining coherent self-concepts despite criminal histories. Similarly, a persistently violent offender described himself as “wild” rather than “soft,” reflecting a stable oppositional identity organization that normalized aggression rather than construing it as problematic (Needs, 1988). Such findings suggest that persistent disruptive behavior may preserve coherent self-definition and reduce discrepancy within the construct system.

Self-congruence appears more central than positivity alone. Some disruptive individuals maintain stable and coherent antisocial identities even when these identities are explicitly negative or socially undesirable. Pollock and Kear-Colwell (1994), for example, described female offenders with borderline personality disorder (BPD) who construed themselves as perpetrators rather than victims, thereby maintaining coherent identity positions while avoiding experiences of guilt and vulnerability associated with victimhood. Similarly, adolescents engaging in repeated car theft construed offending positively and showed reduced actual-ideal discrepancies, interpreting the

behavior as identity-affirming rather than deviant (Kelly & Taylor, 1981). Across such cases, disruptive behavior appeared to stabilize the construct system by maintaining continuity between self-definition and action.

At the same time, not all disruptive systems exhibit stable antisocial coherence. Several studies described offenders whose aggression emerged from fragile or threatened self-organizations rather than consolidated antisocial identity. Landfield (1971) observed offenders who construed both themselves and others negatively, with violence arising reactively from perceived humiliation or invalidation rather than from valued antisocial identity positions. Similarly, constructivist work on anger frequently identified low self-esteem, chronic invalidation, and unstable self-construing as central features underlying aggressive behavior (Cummins, 2006a, 2006b; Laming, 2006). Here, aggression appeared defensive and compensatory, attempting to protect fragile self-organization while simultaneously perpetuating discrepancy and self-doubt.

Research on psychopathy and ASPD provides further support for this pattern. Individuals with sociopathic traits frequently demonstrate minimal differentiation between actual and ideal selves, thereby maintaining internal consistency and reducing guilt or self-conflict (Klass, 1980). Harmful behavior may become construed as justified, characteristic, or even valued within the individual's identity organization (Houston, 2004; Winter, 2006). Case studies similarly illustrate strong overlap between actual, ideal, and social selves in persistent offenders, suggesting highly consolidated antisocial role positions reinforced through interpersonal identification processes (Drndarević, 2025; Fransella & Adams, 1966; Howells, 1978). In contrast, individuals with more emotionally dysregulated or secondary psychopathic presentations often demonstrate lower self-esteem, greater ambivalence, and more unstable self-construing (Drndarević, 2025; Sewell & Cruise, 2004). These findings suggest substantial heterogeneity, ranging from coherent antisocial organizations to fragile and conflictual self-constructions.

Anger and relational dynamics provide additional insight into these distinctions. Violent adolescents frequently incorporated aggression into coherent relational self-concepts shaped by gendered and intergenerational meanings, while maintaining relatively positive self-esteem and stable identity positions (Yorke & Dallos, 2015). Nonviolent adolescents, in contrast, more often demonstrated uncertainty, withdrawal, and less consolidated self-construing. Similarly, substance use introduced additional complexity into disruptive identity organization. Some offenders maintained sharply differentiated intoxicated and sober selves, whereas others used alcohol to regulate anxiety or express emotions otherwise excluded within rigid construct systems. Abstinence itself could threaten both conventional and deviant forms of social belonging, creating what Houston (1998) described as a "marginal deviance dilemma," where coherent self-positioning became increasingly difficult.

Self-Construction: Summary

Overall, PCT research suggests that disruptive systems are better understood through the degree of coherence between antisocial behavior and identity organization. Persistent disruptive behavior appears most stable when offending becomes congruent with valued identity dimensions, thereby reducing self-discrepancy, preserving role coherence, and minimizing guilt. In contrast, episodic or reactive aggression more frequently emerges from fragile, discrepant, or threatened self-organizations characterized by lower self-esteem and unstable self-positioning. Contemporary PCT findings therefore increasingly suggest that disruptive pathology may be organized less

around simple negativity or grandiosity, and more around the relationship between aggression, self-coherence, and identity stability within the construct system.

Conflicts

There is a notable absence of empirical research directly examining cognitive conflicts and ID within disruptive or EXT systems. This absence is notable given the potential role of identity conflict in maintaining disruptive behavior. If EXT behaviors are sometimes maintained through unresolved identity tensions or incompatible meanings within the self-system, then identifying and addressing such configurations could carry important clinical implications. At present, however, the literature consists primarily of case material and indirect findings. Unlike depressive systems, where conflicts have been systematically operationalized and extensively studied, conflicts in disruptive systems remain comparatively underexplored.

One important possibility emerging from existing PCT literature is that disruptive behaviors may function as ways of managing invalidation without engaging in reconstructive elaboration. Early indications of such processes appear in the case of a manic-depressive patient described by Landfield and Epting (1987). When confronted with invalidating experiences, the individual did not engage in reflective reconstruing. Instead, he responded through impulsive action, including violence and alcohol use. From a PCT perspective, these behaviors may be interpreted as attempts to terminate or avoid elaboration of incompatible meanings within the construct system**.** The underlying invalidation remained structurally unresolved, leaving the individual vulnerable to repeated breakdowns under similar conditions.

A more elaborated illustration was provided in Houston's (1998) previously discussed case study of a 33-year-old man seeking treatment for aggression following imprisonment and separation from his wife. This individual construed masculinity in sharply dichotomous terms: aggression, toughness, and drinking were associated with "being a man," whereas emotional openness and vulnerability were construed as weakness and femininity. Emotional communication elicited anxiety that was repeatedly managed through alcohol use and violence. Here, aggression appeared embedded within a broader identity organization rather than representing simple behavioral dysregulation. Relinquishing aggression potentially threatened coherence of masculine identity itself. During therapy, some meanings were reconstrued. Aggression became associated with chaos rather than strength, while care and emotional stability became more positively valued. However, alcohol-related meanings remained only partially reconstructed. Instead of reconstruing drinking along more differentiated adaptive dimensions, the client repositioned himself merely as an "occasional drinker" rather than a "heavy drinker." This appeared to reflect only partial reconstruction: while overt aggression changed, the deeper tensions surrounding masculinity, worth, and coping remained largely unresolved.

Substance use more broadly appears to occupy an important role in the management of incompatible identity positions within disruptive systems. Houston (1998) described offenders who experienced substantial difficulty envisioning abstinence because sobriety implied exclusion not only from alcohol-using peer groups but also from coherent social identities more generally. She termed this an "abstinent dilemma," where abandoning substance use risked producing a state of marginal deviance in which the individual belonged neither to deviant nor conventional social worlds. In such cases, alcohol or substance use may function not merely as coping behavior, but

as a means of stabilizing identity continuity across incompatible interpersonal contexts without requiring deeper reconstruction of the self-system.

A particularly important illustration of conflictual organization in disruptive systems was provided in a RGT case study of two adolescents with psychopathic traits (Sewell & Cruise, 2004). One participant, John, demonstrated a striking pattern surrounding the construct "won't reoffend" versus "will reoffend." Across numerous desirable constructs within his grid, such as trustworthiness, helpfulness, calmness, friendliness, and problem-solving ability, non-reoffending was consistently implied as the preferred position. However, despite recognizing and valuing these positive meanings, John unequivocally construed himself as someone who "will reoffend," effectively excluding himself from the positive implication network.

This configuration differs from classical dilemmas typically described in depression. In depressive ID, desired change threatens valued aspects of identity (e.g., becoming assertive implies becoming selfish). Positive meanings were recognized and valued, yet remained psychologically disconnected from core self-definition. This may reflect a foreclosed identity organization (suspension), in which positive reconstruction is experienced as unavailable to the self.

Such findings may preserve coherence by restricting implications. EXT systems may contain not only classical identity dilemmas, but also blocked implication chains in which socially valued meanings fail to influence central self-construals despite being cognitively recognized. In this sense, disruptive systems may preserve coherence by restricting implications, compartmentalizing incompatible meanings, or behaviorally interrupting reconstruing processes before broader self-reorganization occurs.

These interpretations, however, remain preliminary. Existing evidence derives largely from clinical case studies rather than systematic empirical investigation, and conclusions must therefore remain cautious. Nonetheless, the available literature suggests that disruptive systems should not be viewed as uniformly conflict-free or rigidly antisocial. Instead, at least some disruptive organizations may involve unresolved identity conflicts, restricted implication patterns, or foreclosed self-definitions managed through EXT action rather than reflective reconstruction.

Conflicts: Summary

PCT literature suggests that conflict in disruptive systems may differ qualitatively from the ID typically observed in depression. Instead of involving desired change that threatens valued identity positions, disruptive conflicts may involve blocked or restricted integration of positive meanings into the self-system itself. Violence, substance use, or impulsive action may therefore function more than just behavioral dysregulation; they may also function as ways of avoiding or interrupting reconstructive elaboration following invalidation. Although systematic empirical investigation remains limited, existing findings suggest that examining conflictual organization in disruptive populations remains an underdeveloped but potentially important area for both PCT theory and forensic intervention.

Perceived Isolation

An important question in understanding disruptive systems concerns how such individuals position themselves within the interpersonal world. Despite their outwardly confrontational or dominant

presentation, disruptive individuals frequently report experiences of alienation, rejection, or unstable belonging. However, unlike depressive systems, where withdrawal often serves to minimize invalidation and emotional injury, disruptive systems may reorganize experiences of alienation into antagonistic, oppositional, or alternative forms of social belonging.

Several studies suggest that violent and disruptive individuals frequently construe themselves as rejected, excluded, or fundamentally different from others. Clinical observations of violent offenders repeatedly identified enduring experiences of interpersonal alienation and marginalization, often accompanied by resentment and hostility toward the broader social world (Houston, 1998). Similar findings emerged among violent adolescents and young offenders, who frequently construed themselves as socially excluded or disconnected from conventional interpersonal environments (Dalton & Dunnett, 1992; Stanley, 1985). Within such systems, perceived isolation may become embedded within broader antagonistic construing, where rejection increasingly justifies anger, hostility, and retaliatory orientations toward others (Winter, 2006, 2012). In this sense, violence may emerge from interpersonal organizations structured around exclusion and oppositional identity positioning.

At the same time, disruptive systems may transform alienation into alternative forms of belonging. Individuals embedded within violent subcultures frequently identify with role models embodying power, toughness, dominance, or feared status. Through identification with such figures, experiences of marginalization may be reconstrued as evidence of superiority, strength, or distinction from conventional society (Houston, 1998). Disruptive systems may reorganize belonging around alternative interpersonal frameworks that stabilize identity despite broader social rejection (Drndarević, 2025; Kelly, 1955). In this way, hostility and aggression may function not only defensively, but also socially, providing access to alternative communities organized around violence, dominance, or oppositional values (Drndarević, 2021).

Interpersonal positioning within such systems may also become unstable and highly reactive. Significant others can initially be idealized or experienced as validating, only to become rapidly devalued or invalidating when their actions threaten central constructions of the self. Winter (2006) described such abrupt shifts as forms of "slot-rattling," where invalidation by important others destabilizes established role relationships within the construct system. Violence may function to restore coherence by attacking or removing the invalidating relationship. Such findings suggest that disruptive interpersonal organizations may simultaneously depend upon and defensively attack emotionally significant relationships.

However, not all disruptive systems appear organized around subjective experiences of rejection or alienation. Research on psychopathy suggests a somewhat different interpersonal configuration. Individuals with pronounced psychopathic traits may show disturbances in social understanding itself, particularly in construing the perspectives of others. Within PCT, this corresponds to difficulties with the sociality corollary, that is, the capacity to understand another person's construct system sufficiently to anticipate their behavior (Kelly, 1955). Studies found that psychopathic and personality-disordered individuals did not consistently construe others more negatively than other clinical groups (Houston, 2004; Widom, 1976). Instead, they often appeared to assume that others shared their own perspectives, emotional reactions, or motivations, suggesting reduced interpersonal perspective-taking rather than subjective loneliness or exclusion. Findings using RGT similarly failed to demonstrate uniformly negative construing of others among psychopathic individuals, although interpretability remained limited by reliance on

supplied constructs (Doninger & Kosson, 2001). These findings suggest that disruptive systems may vary substantially, with some organized around alienation and hostility, and others around diminished social understanding or indifference to interpersonal reciprocity itself.

At the same time, even highly disruptive individuals frequently remain dependent on a limited number of emotionally significant relationships. Violent clients often enter therapy not because of internal distress or remorse, but because intimate relationships are threatened or collapsing (Cummins, 2006a). Partners or family members may impose ultimatums requiring treatment in order to preserve contact, making therapy a pragmatic attempt to maintain remaining relational anchors. These systems may depend on a very limited number of emotionally significant relationships capable of providing validation or social anchoring.

Evidence from female offenders further complicates simplistic assumptions regarding externalization and interpersonal detachment. Women imprisoned for violent acts were found to maintain strong relational orientations and, in some cases, accepted negative self-definitions in order to preserve important relationships (Pollock & Kear-Colwell, 1994). Responsibility for violence was sometimes internalized, particularly when preserving attachment bonds became more important than protecting self-esteem. Such findings indicate that disruptive systems cannot be uniformly characterized through hostility or absence of guilt, but instead involve diverse forms of interpersonal organization surrounding aggression, belonging, and identity preservation.

Other findings similarly suggest substantial heterogeneity in disruptive interpersonal construing. Drug users with sociopathic traits demonstrated relatively little negative affect regarding harm done to disliked individuals, implying reduced moral differentiation across interpersonal contexts rather than clear subjective alienation (Klass, 1980).

Perceived Isolation: Summary

Existing findings suggest that perceived isolation is present in many, but not all, disruptive systems. For some individuals, repeated rejection and marginalization appear integrated into antagonistic systems of construing in which hostility and violence become justified responses to exclusion. For others, alternative forms of belonging organized around aggression, dominance, or oppositional identity may transform alienation into narratives of strength or superiority. Still other disruptive individuals, particularly those with psychopathic traits, may demonstrate reduced interpersonal understanding rather than subjective experiences of rejection or loneliness. Unlike depressive withdrawal, which more often limits interpersonal participation, disruptive systems frequently reorganize belonging through antagonistic, oppositional, or emotionally restricted relational structures, reinforcing rigid patterns of interpersonal positioning and social anticipation.

Content of Disruptive Construct Systems

Disruptive behavior has often been linked to structural characteristics of personal construct systems, such as low permeability, poor integration, and rigid dichotomous construing (Houston, 1998; Kitson-Boyce et al., 2022). The semantic organization of disruptive systems also appears distinctive. Across populations, disruptive systems frequently organize meanings around themes of power, strength, legitimacy, threat, loyalty, status, and interpersonal positioning. Although disruptive individuals are not psychologically uniform, some displaying more reactive organizations shaped by anger, humiliation, or perceived rejection, and others construing their

world more instrumentally around dominance, control, and strategic positioning, many disruptive systems emphasize authority, behavioral assertion, and polarized interpretations of self and others.

A recurring feature across many studies is the central role of anger-related meanings. In disruptive systems, anger may become a preferred way of construing interpersonal situations. Research with violent offenders suggests that anger is often intertwined with meanings of masculinity, status, respect, and personal power, where its expression may be perceived as both attractive and punishing (Cummins, 2005; Houston, 1998; Yorke & Dallos, 2015). In these contexts, the absence of anger can become associated with weakness, invisibility, or loss of status. Constructs such as "angry-calm", "hard-soft", "abused-normal", or "impulsive-controlled" illustrate how emotional and behavioral tendencies become embedded in broader meanings concerning strength, vulnerability, and interpersonal positioning. For many offenders, particularly young men, anger may become construed as a legitimate strategy for maintaining self-positioning in uncertain or invalidating relational contexts (Procter & Dallos, 2006; Yorke & Dallos, 2015).

Closely related to these themes are polarized constructions of strength and vulnerability. Violent men frequently organize their systems around meanings linking masculinity with toughness, emotional restraint, aggression, and control, whereas vulnerability is construed as weakness, dependence, or femininity (Houston, 1998; Dave et al., 2006; Laming, 2006). Women with disruptive or borderline features may display somewhat different configurations, construing impulsivity or deviance through relational and defensive meanings such as "victim-deviant" or "impulsive-thinking", often connected to trauma, rejection, or attempts to preserve interpersonal bonds (Houston, 1998). Although the specific meanings differ, both patterns illustrate systems organized around polarized distinctions concerning strength, vulnerability, legitimacy, and relational positioning.

Case-based research further demonstrates how disruptive construing becomes embedded within meanings of status, legitimacy, and interpersonal threat. Individuals experiencing emotional instability or role threats may construe situations through dimensions such as "violent-calm", "cheerful-sad", "unlovable-worthy", or "respected-stupid", indicating how invalidation and humiliation become integrated into systems guiding action and interpretation (Landfield & Epting, 1987). Violence or rule-breaking may emerge as responses to perceived threats concerning worth, respect, belonging, or social positioning.

Studies of offenders similarly reveal systems organized around survival, respect, authority, and legitimacy. Constructs generated by long-term prisoners frequently reflect concerns with power, authority, and interpersonal control (Gunn et al., 1976). Research has also identified differing relational orientations among violent offenders, including individuals who construe others primarily in terms of opposition and strategic positioning (e.g., "supportive-opposing") and those whose systems emphasize relational distance or closeness (e.g., "intimate-isolated") (Sebranek, 2020). In more extreme cases, the construct system of a mass murderer was found to be dominated by polarized sociopolitical meanings such as "traitor-ally" or "hero-enemy", illustrating how moralized and ideological distinctions may organize perceptions of others and legitimize violent action (Winter & Tschudi, 2015). Such systems frequently externalize responsibility by construing harm as justified responses to betrayal, disrespect, threat, or injustice.

This outward orientation of blame and threat sharply contrasts with depressive systems, where responsibility is more frequently directed inward through guilt and self-blame. In disruptive construing, invalidation is more commonly located in the actions, hostility, betrayal, or disrespect

of others, reinforcing oppositional or defensive interpretations of social interactions (Winter, 2004, 2007). The social world is therefore often construed as a field of strategic positioning, threat, competition, or legitimacy.

Moreover, the relative absence of explicit emotional vocabulary in some disruptive systems does not necessarily imply emotional detachment. Studies of psychopathic individuals indicate that although their constructs may not prominently feature emotional language, their construing often incorporates meanings related to dominance, control, thrill, power, and interpersonal superiority (Widom, 1976). A RGT study of adolescents with psychopathic traits similarly demonstrated tightly interconnected constructs concerning impulsive action and unreliability, where dimensions such as acts without thinking and cannot be counted on became associated with thrill-seeking and dishonesty (Sewell & Cruise, 2004). In such systems, emotional experience may therefore be encoded indirectly through meanings concerning status, power, strategic interaction, or behavioral control rather than through direct descriptions of emotional states themselves.

An additional feature frequently associated with disruptive construing concerns patterns of decision-making and action. Within Kelly's (1955) CPC cycle, effective decision-making involves considering alternatives before selecting and implementing a course of action. However, disruptive behavior may reflect a truncated or accelerated cycle in which circumspection is reduced and closure is reached rapidly. As Kelly himself observed, "the impulsive person is unable, at first, to make use of the circumspection phase of the cycle" (Kelly, 1955: 127). Empirical studies similarly suggest that disruptive individuals frequently admire decisiveness, toughness, direct action, and rapid enforcement over negotiation, reflection, or prolonged deliberation (Heather, 1979; Miller & Treacher, 1981). From a constructivist perspective, such systems may prioritize rapid behavioral assertion and anticipatory closure over reflective elaboration of alternatives, emphasizing the importance of acting quickly to maintain status, legitimacy, or interpersonal control.

Content: Summary

Disruptive construct systems appear to organize meaning around interpersonal positioning rather than emotional suffering itself. Whether expressed through anger, dominance, loyalty, strategic control, or ideological opposition, these systems repeatedly construe the social world in terms of power, legitimacy, status, and threat, providing a coherent framework for anticipating and responding to interpersonal events.

Emotions and Anger in Personal Construct Theory

Within PCT, emotions are inseparable from processes of construing and anticipation. Kelly did not view emotions as forces that interrupt rational thinking, but as experiences that accompany the ongoing organization of personal meaning. As people continually test and revise their anticipations, emotional states emerge when existing constructions are confirmed, invalidated, threatened, or reconstructed (Kelly, 1955, 1978). Bannister (1977) further argued that Kelly, by treating emotions as part of construing, dissolved the traditional distinction between reason and emotion. In this respect, PCT converges with broader constructivist perspectives that understand emotions as constructed experiences emerging from predictions, concepts, bodily states, and social context (Barrett, 2017).

Kelly (1955) described several transitive emotional states, including anxiety, threat, guilt, aggression, and hostility, while later post-Kellian authors elaborated additional emotions such as sadness, shame, and anger (McCoy, 1977, 1981). Rather than being treated as fixed natural entities, these emotions reflect changes in the organization of anticipation itself. Sadness may accompany loss, shame disruption of expected social roles, and anger experiences of injury, obstruction, humiliation, or violation. Although every construct system necessarily involves multiple emotional transitions, anger is particularly relevant for understanding disruptive and depressive psychopathology because it directly links invalidation with agency, blame, and action (Cummins, 2005, 2006a).

Anger is therefore especially useful when comparing depressive and disruptive systems. Experiences of anger commonly imply that something has been blocked, threatened, frustrated, disrespected, or made intolerable (Cummins, 2006a). They also immediately raise questions of agency and responsibility: Who caused the injury? Should the person protest, attack, withdraw, inhibit action, blame the self, or attempt to change the situation? Other emotions illuminate different aspects of psychopathology, but anger occupies a unique position because it simultaneously concerns agency, interpersonal boundaries, responsibility, and action. This also provides the rationale for examining anger together with the supplied constructs assessing blame and impulsive versus inhibited action.

Since anger is not seen as a fixed affective quantity, anger is treated here as a position within a network of meanings. Its meaning depends on the network of constructs within which it is embedded. Construing oneself as angry may imply very different things depending on whether anger is contrasted with calmness, sadness, weakness, fear, helplessness, understanding, or emotional numbness. In one construct system, anger may represent strength or protection against helplessness; in another, moral failure or loss of control. Hence, the theoretical question addressed in the present study concerns what anger comes to mean within different personal construct systems.

Kelly's distinction between aggression and hostility is particularly relevant here. Within PCT, hostility is not synonymous with anger, violence, or overt aggression (Drndarević, 2021; Kelly, 1969; Winter, 2020). Instead, hostility refers to persistent attempts to obtain validating evidence for constructions that have already been invalidated (Kelly, 1955), whereas aggression refers to active elaboration through movement into new experience despite anxiety and uncertainty (Kelly, 1955; Kelly, 1965; Winter, 2006). The crucial issue is therefore whether anger can become part of experimentation and reconstruing, or whether it becomes organized as hostility. PCT authors have

emphasized that anger may follow different pathways: it may remain available for exploration and revision, or become increasingly repetitive, rigid, self-destructive, and disconnected from adaptive reconstruction (Mascolo et al., 2006; Winter, 2006). When anger becomes organized primarily through hostile demonstrations rather than genuine experiments, experience is no longer used to elaborate constructions but to force the original construction to remain valid.

Later developments within PCT further illustrate how anger may become central to destructive forms of construing. Winter (2004, 2006, 2016) argued that destructive acts may carry constructive meaning within the person's system even when they are socially destructive. Such acts may restore potency, establish order, communicate identity, remove intolerable uncertainty, or validate central constructions of self and others. Cummins (2006b) similarly described anger as becoming a dominant way of anticipating events through which people preserve control, potency, and coherence when faced with vulnerability or helplessness. Under such conditions, anger can move beyond an emotional response to assume one of the principal ways in which the person positions the self and anticipates the social world.

These ideas are especially relevant when comparing depressive and disruptive systems. In disruptive systems, anger may become organized around disrespect, betrayal, humiliation, domination, or obstruction. It may then become linked with blaming others, impulsive action, retaliation, and restoration of threatened potency. Laming (2006) suggested that arrogance, bullying, and coercive control may function as protection against underlying experiences of inferiority, shame, vulnerability, or fear. Anger may therefore help preserve a position of strength within the construct system.

Depressive systems may organize anger differently. Psychoanalytic theory famously described depression as anger turned against the self (Freud, 1917). PCT shifts the focus from the direction of anger to its position within the construct system. Anger may become associated with guilt, self-blame, inhibition, moral badness, or negative self-construing. Leitner and Thomas (2006) described forms of anger in which injury is experienced, yet anger no longer serves agency or reconstruction. Instead, it becomes increasingly associated with helplessness, rumination, guilt, and self-directed suffering. The important question therefore concerns how anger participates in the person's broader organization of construing.

Social and cultural meanings also influence how anger becomes organized within personal construct systems. PCT authors have noted that emotional expression is shaped by culturally shared meanings concerning gender and the legitimacy of particular emotions (Dave et al., 2006). Anger may therefore become encouraged, inhibited, moralized, or transformed into other forms of emotional expression depending on the person's social world and ideal self-constructions.

Accordingly, the present study does not examine anger as a measure of emotional intensity. Instead, it examines how anger is construed, where it is positioned within the construct system, and how it relates to other personally meaningful constructions. Anger may be construed as strength, justice, protection, or authenticity in one system, while becoming dangerous, shameful, selfish, or morally unacceptable in another. Likewise, it may become linked with blaming others and impulsive action, or with self-blame and inhibition. Such differences cannot be captured by measures of anger intensity alone.

The study therefore examined anger across three complementary levels. First, semantic analyses explored how participants construed anger through the meanings used to define it. Second,

structural analyses examined the position of anger-related hypotheses within the broader construct system. Third, functional analyses investigated how these hypotheses were connected with blaming and decision-making. Together, these analyses were intended to examine not simply whether anger was present, but how the personal theory of anger became organized within depressive and disruptive construct systems.

Goals and Objectives

Contemporary dimensional models increasingly conceptualize psychopathology along the broad dimensions of INT and EXT psychopathology (APA, 2022; WHO, 2022). These models have substantially advanced the understanding of psychopathology by identifying broad patterns of co-occurring symptoms and behaviors that cut across traditional diagnostic categories (Achenbach et al., 2016; Eaton et al., 2023). PCT, however, approaches the same problem from a different unit of analysis. Rather than examining how symptoms cluster across individuals, it examines how psychological experience becomes organized within systems of personal constructs through which individuals anticipate events (Kelly, 1955; Neimeyer & Raskin, 2000). This raises a complementary question: do prototypical INT and EXT disorders also differ in the organization of personal construct systems?

Within PCT, psychopathology is understood in terms of the organization and functioning of personal construct systems rather than symptoms alone. Consequently, differences between INT and EXT psychopathology are expected to become visible not only in symptom presentation but also in the ways self-construction, construct meanings, conflict, emotional experience, and anticipation become organized. Examining psychopathology from this perspective makes it possible to investigate whether the distinction between INT and EXT reflects different organizations of personal construing in addition to different patterns of symptoms and behavior.

Despite this theoretical potential, empirical PCT research has focused predominantly on INT conditions, particularly depressive disorders (Feixas et al., 2013; Neimeyer, 1985; Rowe, 2003), whereas disruptive and EXT conditions, including antisocial behavior, remain comparatively understudied (Blagden et al., 2014; Houston, 1998). Furthermore, no previous study has systematically compared prototypical INT and EXT psychopathology using repertory grid methodology across multiple levels of construct-system organization.

The overarching goal of the present dissertation is therefore to examine whether INT and EXT psychopathology can be understood as different organizations of personal construct systems and to identify the organizational characteristics through which these differences become visible.

Empirical Objectives

1. To examine whether INT and EXT psychopathology differ in the overall organization of personal construct systems, as reflected in:
    a. structural characteristics of construing (e.g., cognitive complexity, polarization);
    b. self-construction and interpersonal positioning within the construct system;
    c. organization of conflict and midpoint construing;
    d. content organization of constructs, particularly within the domains of morality, emotionality, agency, and interpersonal orientation.
2. To examine how theoretically relevant supplied constructs (particularly anger, blame, and impulsiveness–inhibition) are organized within personal construct systems and how they relate to broader patterns of construing.

3. To integrate the structural, self-constructive, semantic, dilemma, and anger-related findings in order to evaluate whether depressive and disruptive psychopathology can be understood as different organizations of personal construct systems within the framework of PCT.
4. To explore gender differences in construct-system organization by:
    a. comparing men and women within the MDD and ASPD groups;
    b. examining gender effects across all three study groups, including controls.

Theoretical and Clinical Integration

1. To examine the implications of the findings for understanding the INT–EXT distinction within the conceptual framework of PCT.
2. To clarify how different forms of psychopathology may become organized through different configurations of self-construing, interpersonal construing, emotional organization, conflict, agency, and anticipation.
3. To consider how these organizational differences may contribute to psychological assessment, case formulation, and PCT-informed psychotherapy by directing clinical attention toward the organization of personal construct systems rather than symptom presentation alone.

Scientific Contribution

Theoretical Contribution

This dissertation extends the empirical scope of PCT by providing the first systematic comparison of prototypical INT and EXT psychopathology using repertory grid methodology across multiple levels of construct-system organization. Rather than treating the INT–EXT distinction solely as a dimensional organization of symptoms and behaviors, the study examines whether it also reflects different organizations of personal construct systems. By integrating structural, self-constructive, interpersonal, semantic, dilemma, and anger-related aspects of construing within a single investigation, the dissertation contributes to a more comprehensive understanding of psychopathology from a PCT perspective. More broadly, it seeks to establish conceptual links between contemporary dimensional models of psychopathology and PCT by providing an organizational language for describing psychopathology in terms of personal construct systems.

Practical Contribution

The findings are expected to contribute to more individualized psychological assessment by identifying organizational characteristics that distinguish INT and EXT construct systems beyond symptom presentation. More specifically, the study may clarify how self-construction, interpersonal positioning, conflict, anger, agency, and future anticipation become differently organized across these systems. Such knowledge may support case formulation and PCT-informed psychotherapy by helping clinicians identify different construct-system organizations underlying

superficially similar symptom presentations and by directing therapeutic attention toward the broader organization of construing through which psychological difficulties are anticipated, maintained, and potentially reconstructed.

Method

Hypotheses

The hypotheses were organized around three levels of analysis: (1) similarities between pathological groups in contrast to controls, (2) differences between depressive and disruptive construct systems, and (3) the structural and functional organization of anger examined through supplied constructs. Gender differences (4) were examined as an additional exploratory line of analysis.

1. Similarities Between Depressive and Disruptive Groups in Contrast to the Control Group

Hypothesis 1. Structural Organization

H1a: Both depressive and disruptive groups are expected to show a reduced range of construing compared to the control group, operationalized through a lower number of elicited constructs.

Within PCT, the number of elicited constructs has frequently been interpreted as reflecting the range or accessibility of verbalized construing available to the individual during the repertory grid procedure (Fransella et al., 2004). Previous studies have reported lower construct production in depressive samples (Feixas et al., 2008, 2014a), while findings concerning disruptive populations remain considerably more limited. In the present study, a lower number of elicited constructs is interpreted more cautiously as potentially reflecting reduced verbal articulation of construing rather than direct evidence of cognitive simplicity or constriction per se. Such reduction may indicate that experience is being organized through a narrower set of dominant distinctions, particularly within more rigid or emotionally burdened systems.

H1b: Both depressive and disruptive groups are expected to differ from controls in the direction of more monolithic and less differentiated structural organization of construing.

This expectation is more strongly grounded for disruptive populations, where prior PCT research has frequently described tightly organized and simplified systems, often characterized by dominance of a limited number of construct dimensions (Houston, 1998; Widom, 1976; Sewell & Cruise, 2004). In depression, however, findings are less consistent. While some studies report reduced differentiation and increased rigidity, particularly in more severe cases, others suggest that depressive construing may involve disorganization, conflict, or instability rather than uniform simplification (Ashworth et al., 1982; Neimeyer, 1995; Hanieh & Walker, 2007).

The hypothesis therefore predicts deviation from controls in the direction of less differentiated and less flexible construing, while allowing different forms of structural organization across pathological groups.

Hypothesis 2. Polarization

Both depressive and disruptive groups are expected to show a more polarized organization of construing than controls.

This hypothesis is grounded in findings that both depressed and disruptive individuals may rely more strongly on extreme construct poles, reflecting dichotomous, black-and-white construing

rather than graded discrimination (Neimeyer, 1985; Neimeyer et al., 1983; Cummins, 2006a; Winter, 2013).

Hypothesis 3. Disturbed Self-Construction

Both pathological groups are expected to differ from controls on indices of self-structure, including self-ideal discrepancy and self-placement.

In depressive systems, previous PCT research consistently suggests greater self-ideal discrepancy, negative self-construing, and unstable or conflictual self-positioning (Ashworth et al., 1982; Feixas et al., 2008; Neimeyer et al., 1983; Sheehan, 1981, 1985). In disruptive systems, findings are more heterogeneous. While some individuals demonstrate fragile and discrepancy-driven self-organizations, others exhibit highly coherent antisocial identities characterized by reduced self-ideal discrepancy and normalization of disruptive behavior within the self-system (Houston, 1998, 2004; Howells, 1983; Sewell & Cruise, 2004). Accordingly, both pathological groups were expected to differ from controls on indices of self-construction, though through qualitatively different forms of self-organization rather than uniform negative self-construing.

Hypothesis 4. Perceived Interpersonal Isolation

Both depressive and disruptive groups are expected to perceive greater interpersonal isolation than controls.

Previous studies suggest that both depressed and disruptive individuals may construe themselves as alienated, rejected, or fundamentally different from others, albeit for somewhat different reasons (Dalton & Dunnett, 1992; Houston, 1998; Space et al., 1983; Lin & Winter, 2020).

Hypothesis 5. Greater Proportion of ID

Both depressive and disruptive groups were expected to demonstrate a greater prevalence of ID and related conflictual configurations compared to controls.

Although ID are not pathological per se and may also occur in non-clinical populations, previous PCT research suggests that in depressive systems they are often more frequent, more intense, and more centrally implicated in identity organization, particularly when desired change threatens valued self-definitions (Carapeto & Feixas, 2019; Feixas et al., 2014a; Montesano et al., 2017a). In disruptive systems, conflict has not been systematically investigated to the same extent. However, indirect evidence suggests that EXT behaviors may involve unresolved identity tensions, restricted implication patterns, or blocked integration of positive meanings into the self-system (Houston, 1998; Landfield & Epting, 1987; Sewell & Cruise, 2004).

2. Differences Between Depressive and Disruptive Disorders

Hypothesis 6. Midpoint Use

The depressive group is expected to show greater difficulty in the application of constructs, reflected in higher midpoint usage compared to the disruptive group, particularly in relation to self-relevant elements (e.g., present and future self).

Midpoint ratings (score = 4 on a 7-point scale) are commonly interpreted within PCT as indicating difficulty in construing an element in terms of either pole of a construct. Such ratings have been found to occur more frequently in depressive samples, particularly in relation to self-relevant

elements (Winter et al., 2007; Džamonja-Ignjatović, 1997), and are often understood as reflecting constriction at the level of construct application. At the same time, midpoint use is not unambiguous, as it may also reflect elements falling outside the range of convenience, unresolved conflict, or rejection of extreme poles (Fransella et al., 2004; Winter et al., 2010). Despite this ambiguity, it is expected that, within depressive systems, increased midpoint usage, especially in self-related construing, will primarily reflect difficulties in elaborating personally salient meaning, whereas disruptive systems are expected to show lower midpoint usage, consistent with a more decisive and polarized style of construing.

Hypothesis 7. Differences in Content Organization

Depressive and disruptive groups are expected to differ in the predominant content categories of their personal construct systems.

This expectation is grounded in prior findings suggesting that depressive construing is more frequently organized around emotional themes and, in some studies, around emotional-moral entanglements, whereas disruptive construing is more often described in terms of aggression, violence, power, status, betrayal, and interpersonal opposition. Accordingly, depressive systems are expected to show relatively greater prominence of emotional content (Montesano et al., 2009), whereas disruptive systems are expected to show relatively greater prominence of moral, dominance-related, and interpersonal-positioning themes involving power, status, threat, loyalty, and behavioral control (Cummins, 2006a, 2006b; Laming, 2006). Interpretation remains more tentative for disruptive groups because directly comparable CSPC-based studies remain limited (Feixas et al., 2002).

Hypothesis 8. Blame Construction

The depressive group is expected to construe blame predominantly in relation to the self, whereas the disruptive group is expected to construe blame predominantly in relation to others.

Although blame has not been directly researched as a supplied construct in PCT studies of these groups, the broader literature suggests that self-blame and guilt are characteristic of depressive functioning (Neimeyer & Raskin, 2000), whereas disruptive construing often reflects meanings of victimization, mistrust, and attribution of hostile intent to others (Needs, 1988; Houston, 1998).

Hypothesis 9. Decision-Making Construction

The depressive group is expected to construe itself as more inhibited, whereas the disruptive group is expected to construe itself as more impulsive, within the decision-making cycle.

This hypothesis is theoretically grounded in Kelly's account of the decision-making (CPC) cycle, in which impulsivity may reflect a foreshortened cycle and constriction may reflect difficulty moving through preemption and control (Kelly, 1955). In the present study, this distinction is operationalized through participants' placement on the supplied inhibitedness-impulsiveness construct; thus referring to construed decision-making within the construct system rather than behavioral performance itself.

3. Hypotheses Concerning Anger

Hypothesis 10. Group Differences in the Construal of Anger

Because the opposite pole of anger was elicited idiographically, anger is expected to carry different personal meanings across participants and groups. Based on previous work on aggression and depression, anger in disruptive systems is expected to be construed more often in relation to hostility, power, attack, revenge, or threat (e.g., Cummins, 2006a), whereas in depressive systems it may be construed more often in relation to hurt, guilt, suppression, inner tension, or destructive self-implicating anger (e.g., Leitner & Thomas, 2006).

Hypothesis 11. Group Differences in the Structural Embeddedness of Anger

In disruptive systems, anger is expected to be more centrally embedded within the construct system, reflecting its relevance for organizing interpersonal meaning, action, and threat-related construing (Cummins, 2005, 2006a, 2006b). In depressive systems, two possibilities are theoretically plausible: In depressive systems, anger may appear either strongly embedded within affect-saturated construing or weakly integrated due to fragmentation. The latter possibility appears more consistent with clinical observations (cf. Leitner & Thomas, 2006). Controls are expected to show less extreme structural positioning of anger overall.

Hypothesis 12. Functional Relations of Anger to Blame and Decision-Making Construal

In the disruptive group, anger is expected to be associated with impulsivity and blaming others (Dave et al., 2006; Laming, 2006). In the depressive group, anger is expected to be associated with inhibition and self-blame (Neimeyer et al., 1985; Winter et al., 2018). Regarding self-placement, all groups are expected to rate low anger as closer to the ideal self, while the disruptive group is expected to place the present self closer to anger than controls; the depressive group is expected to show greater ambivalence or variability in self-placement relative to anger.

4. Gender Moderation

Hypothesis 13. Gender Differences on Structural and Content Levels

Because PCT research on gender differences in depressive and disruptive systems remains limited, no strong directional predictions are made. These analyses explore whether gender alters the structural, content, and anger-related patterns described above.

Variables

Several indices derived from the repertory grid were used to operationalize characteristics of participants' personal construct systems. These indices assessed structural organization of construing, self- and interpersonal positioning, conflictual organization, and thematic content of constructs.

Structural Organization of Construing

1. *Number of constructs*:

- The total number of elicited constructs was recorded as an indicator of verbalized construing and accessibility of distinctions within the construct system. Lower numbers may reflect reduced elaboration or accessibility of construing during the repertory grid procedure rather than direct evidence of cognitive simplicity or constriction per se (Fransella et al., 2004).

2. *Cognitive differentiation* (simple-complex construing). Multiple indices were used to estimate the degree of differentiation within the construct system. Higher values on these indices indicate more monolithic, one-dimensional construing, whereas lower values indicate more differentiated construing. These included:
    - *Bieri Index* (Bieri, 1955), reflecting independence among construct dimensions;
    - *Intensity index* (Bannister, 1965a, 1965b), reflecting the degree of intercorrelation among constructs;
    - *Percentage of variance accounted for by the first factor* (PVAFF) derived from principal component analysis (PCA), reflecting the extent to which construing is organized around a dominant latent dimension (Lin & Winter, 2020; Sheehan, 1985);
    - *Variance accounted for by the first three PCA factors* (PCA-3), reflecting broader latent structural organization across the first three principal dimensions (Space & Cromwell, 1980).
3. *Polarization*:
    - The proportion of extreme ratings (1 or 7 on the 7-point scale) was calculated as an indicator of polarized or dichotomous construing (Fransella et al., 2004).
4. *Implicative Dilemmas (ID)*:
    - ID represent conflictual relations within the construct system in which desired change on a discrepant construct implies undesired change on a congruent construct (Feixas & Saul, 2004). ID were identified through correlations between congruent and discrepant constructs using a threshold of .35. Both presence/absence and total frequency of ID were analyzed.
5. *Percentage of Implicative Dilemmas* (PID):
    - PID represents the proportion of actual to possible ID within the grid, adjusted for grid size (Rouco et al., 2019)
6. *Proportion of the Intensity of Constructs in Implicative Dilemmas* (PICID):
    - PICID represents the proportion and strength of implicative relationships within the construct system, reflecting the extent to which construing is organized around conflictual implications (Rouco et al., 2019).
7. *Dilemmatic constructs*:
    - Dilemmatic constructs were operationalized as constructs on which the "ideal self" was positioned at the midpoint (rating = 4 on the 7-point scale), indicating absence

of clear pole preference regarding the desired direction of construing (Feixas & Saul, 2004; Feixas et al., 2009). Frequency of dilemmatic constructs was examined.

8. *Midpoint usage*:
    - The proportion of midpoint ratings (score = 4) across the grid was calculated as an indicator of applicability and indeterminacy of construing. Midpoints may reflect ambiguity, conflict, inapplicability of constructs, suspension of pole preference, or difficulty construing elements in terms of either pole (Fransella et al., 2004; Winter et al., 2010). Midpoint usage was examined both globally across the grid and separately for self-related elements (present self, ideal self, and future self).

Self and Relational Construing

1. *Self-ideal discrepancy* (self-esteem):
    a. Euclidean distance between the "self now" and "ideal self" elements was calculated. Greater distance reflects greater discrepancy between current and preferred self-construing.
2. *Valence of self-construing*:
    a. The proportion of positive versus negative self-ratings across constructs was calculated to assess the evaluative orientation of self-construing.
3. *Self-future discrepancy*:
    a. Euclidean distance between "self now" and "future self" elements was calculated as an indicator of perceived continuity or anticipated change in self-construing.
4. *Perceived self-other distance* (interpersonal isolation):
    a. Euclidean distances between "self now" and significant others were calculated as indicators of perceived interpersonal similarity versus separation.

Construct Content Analysis

1. *Classification System for Personal Constructs (*CSPC*)*:
    - Constructs were classified using the Classification System for Personal Constructs (CSPC; Feixas et al., 2002), which organizes constructs into 45 mutually exclusive categories grouped into six thematic areas: moral, emotional, relational, personal, intellectual, and values/interests. Relative category frequencies were used to characterize thematic saturation and content organization of construing. Previous research with CSPC has demonstrated high inter-rater reliability ($\kappa = .93$).

Supplied Constructs: Anger, Blame, and Decision-Making Construal

1. *Anger construct*:
    - Anger was introduced as a supplied construct. The opposite pole was elicited idiographically from each participant in order to examine the personal meaning attributed to anger within the individual construct system.

2. *Blame construct*:
    - A supplied construct contrasting "blames self" versus "blames others" was used to examine blame construal within the construct system.
3. *Decision-making construct:*
    - A supplied construct contrasting impulsiveness versus inhibitedness ("action without thinking" vs "thinking without action") was used to examine how participants construed decision-making within anticipatory processes, reflecting differences in the functioning of the CPC cycle (Kelly, 1955).
4. *Structural organization of anger*:

Several exploratory indices were developed to examine the structural organization of anger within the construct system. For each participant, a PCA using a three-factor varimax-rotated solution was conducted. Factors on which the anger construct loaded ≥ |.30| were identified as anger-relevant factors. Constructs loading ≥ |.30| on these factors were considered associated with anger-related organization.

Based on this procedure, the following indices were derived:

- *Anger centrality:*
    a. Operationalized as the absolute loading of the anger construct on the factor on which it loaded most strongly. This index reflects the degree to which anger is anchored within a dominant latent dimension of construing.
    b. Higher values indicate stronger structural integration of anger within a principal construct dimension. Lower values indicate weaker structural anchoring, with anger more loosely connected or diffusely represented across the construct system. Absolute values were used, as the direction of loadings reflects pole orientation and is relevant for qualitative interpretation rather than structural magnitude.
- *Anger domain dominance*:
    a. Operationalized as the percentage of variance explained by the factor on which the anger construct achieved its highest loading. This index reflects the structural importance of the domain in which anger is embedded within the overall construct system.
    b. Higher values indicate that anger is located within a dominant, system-organizing dimension that accounts for a substantial portion of variance in the construct system. Lower values suggest that anger is embedded within a less central or weaker dimension, reflecting a more peripheral structural role.
- *Anger network breadth:*
    a. Operationalized as the proportion of constructs loading ≥ |.30| on the primary anger factor relative to the total number of constructs. This index reflects the breadth of the construct network associated with anger and the extent to which anger-related meanings permeate multiple domains of construing.

b. Higher values reflect a wide network of associated constructs, suggesting that anger is integrated across multiple thematic domains. Lower values indicate a narrower cluster of associated constructs, suggesting a more circumscribed or domain-specific organization of anger.

- *Anger discriminative utility:*

    a. Operationalized as the standard deviation of ratings on the anger construct across interpersonal elements. Higher values indicate greater use of anger as a discriminative dimension for differentiating between persons or interpersonal roles.

    b. Higher values indicate greater variability in ratings, suggesting that anger is actively deployed as a discriminative dimension that distinguishes between different people or roles. Lower values indicate more uniform ratings, suggesting restricted or flattened use of anger as a construing dimension, potentially reflecting constriction or limited functional deployment.

- *Anger structural spread*:

    a. Operationalized as the number of PCA factors on which the anger construct loaded $\geq |.30|$, with possible values ranging from one to three. This index reflects the extent to which anger is distributed across multiple structural domains of construing rather than localized within a single dimension.

    b. Higher values therefore reflect greater structural spread, suggesting that anger permeates multiple dimensions of meaning-making, while lower values indicate more domain-specific organization. This index reflects the breadth of structural involvement, rather than the strength or centrality of anger within any given dimension.

5. *Functional organization of anger:*

Several additional indices were derived to examine the functional positioning of anger within self-construing and its relations to blame and decision-making construal.

- *Anger self-positioning:*
    - Two discrepancy indices were calculated:
        - the discrepancy between "present self" and "ideal self" ratings on the anger construct;
        - the discrepancy between "present self" ratings and the mean ratings of all other interpersonal elements on the anger construct.

These indices reflect the positioning of anger within self-construing and interpersonal differentiation. Greater self-ideal discrepancy indicates that anger is construed as less compatible with the desired self, whereas smaller discrepancies suggest greater integration or acceptance of anger within ideal self-construction.

- *Anger functional linkage*:

- Operationalized as Pearson correlations between the anger construct and the two supplied constructs:
  - blame construct (blaming self vs. blaming others)
  - decision-making construct (impulsiveness vs. inhibitedness).

These indices reflect the degree to which anger is functionally associated with attributional and behavioral regulation processes within the construct system. Stronger correlations indicate greater functional integration between anger and patterns of blame or action construing. Weak or near-zero correlations indicate that anger operates more independently, with limited integration into these domains. The direction of correlations reflects the pole alignment of constructs and is therefore interpreted in relation to the participant-specific meaning of poles, while the magnitude reflects the strength of functional linkage.

Participants

Participants were recruited in accordance with the aim of examining INT and EXT configurations of construing within the framework of PCT. The study approached MDD and ASPD as prototypical clinical configurations through which broader INT and EXT organizational tendencies could be explored.

The depressive group was recruited from the Institute of Mental Health in Belgrade, while the disruptive group was recruited from two correctional institutions: the Penal-Correctional Facility in Sremska Mitrovica (male participants) and the Penal-Correctional Facility in Požarevac (female participants). The control group was recruited from a non-clinical community sample using convenience sampling.

Participant selection in the clinical and correctional groups was based on structured diagnostic assessment using the MINI 7.0.2 interview aligned with DSM-5 criteria. The control group was screened for the absence of MDD and ASPD.

The final sample consisted of 60 participants, divided into three groups of 20 participants each: depressive (MDD), disruptive (predominantly ASPD), and control. Each group included 10 men and 10 women. Groups were balanced by gender, while demographic disparities were reduced where feasible within institutional constraints.

Inclusion and Exclusion Criteria

Participants were required to be adults (18 years or older) and proficient in Serbian. Inclusion criteria for the depressive group included meeting diagnostic criteria for MDD, while inclusion in the disruptive group required meeting criteria for ASPD. In a small number of cases in which the full developmental criterion for ASPD could not be established, participants with pronounced and persistent externalizing characteristics were retained in order to preserve the study's broader focus on disruptive/EXT psychopathology. The control group was required not to meet criteria for either disorder.

Comorbid conditions were permitted in recognition of the dimensional and overlapping nature of psychopathology and the difficulty of obtaining diagnostically pure samples. Nevertheless, efforts

were made to preserve relatively distinct INT and EXT group configurations during recruitment. Exclusion criteria for all groups included psychotic disorders, neurological disorders, and intellectual disability.

Ethical Considerations

Ethical approval for the study was obtained from the Ethics Committee of the Faculty of Philosophy, University of Belgrade (Protocol #2022-49). All participants provided informed consent prior to participation. Participants were informed about the aims and procedures of the study, the voluntary nature of participation, confidentiality protections, and their right to withdraw at any time without consequences, and received information regarding the debriefing procedure (see Supplementary material S1).

Participants could request feedback regarding their individual assessment results following participation. Individuals who experienced distress or expressed need for additional support were offered referral to appropriate psychological services within their respective institutions. No financial compensation was provided.

Instruments

Mini International Neuropsychiatric Interview (M.I.N.I.)

The Mini International Neuropsychiatric Interview (MINI), version 7.0.2 aligned with DSM-5 criteria, is a structured diagnostic interview designed for the assessment of major psychiatric disorders (Sheehan et al., 1998). Administration typically requires approximately 15–30 minutes and is organized into diagnostic modules with screening questions allowing efficient exclusion of disorders when answered negatively.

In the present study, the MINI served two primary purposes:

1. confirmation of MDD and ASPD diagnoses for group allocation;
2. exclusion of these diagnoses in participants assigned to other groups.

The official Serbian translation of the MINI 7.0.2 was used. Appropriate licensing was obtained prior to data collection (see Supplementary material S1). The interview was administered by the author following formal training in standardized administration procedures.

Repertory Grid Technique (RGT)

The Repertory Grid Technique (RGT) was used to examine participants' personal construct systems (Fransella et al., 2004; Kelly, 1955; Winter, 2013). The grid consisted of a matrix in which columns represented elements and rows represented constructs. Participants rated each element on a 7-point scale corresponding to the bipolar construct poles (1 = emergent pole; 7 = implicit pole).

Element Elicitation:

Participants identified eight individuals who currently played an important role in their lives (e.g., parents, partners, friends, colleagues). To ensure relevance and comparability:

- at least one figure had to belong to a close relational context;

- mother and father figures were compulsory;
- each figure had to be known for at least six months;
- each figure had to be currently experienced as personally significant, either positively or negatively.

Three self-elements were also included:

- present self,
- ideal self,
- future self.

Construct Elicitation:

Constructs were elicited primarily using the triadic method, consistent with Kelly's definition of constructs as bipolar distinctions. Constructs were elicited through questions such as: "We are interested in understanding you and the people who play an important part in your life. Now think about these two people for a moment: yourself (participant's name) and (name of figure). Is there some important way in which these two people are alike or different from each other?"

Construct elicitation continued until constructs began to repeat or participants were unable to generate additional meaningful distinctions. Dyadic elicitation was used when participants experienced difficulty with triadic comparisons.

Supplied Constructs:

In addition to elicited constructs, three supplied constructs were introduced to enable systematic comparison across participants:

- anger,
- blaming self vs. blaming others,
- impulsiveness vs. inhibitedness.

For the anger construct, participants generated their own opposite pole, allowing preservation of the idiosyncratic personal meaning associated with anger within each construct system.

The supplied constructs were included to examine how affective, attributional, and action-related meanings become positioned and structurally embedded within individual construct systems.

Procedure

Data collection was conducted individually and typically completed within a single session lasting approximately 90–150 minutes, depending on participant engagement and construct elaboration. Short breaks were offered when necessary.

The procedure consisted of two phases.

Phase 1: Diagnostic Screening and Group Assignment

In the clinical setting, potential participants were first identified with the assistance of institutional staff, who referred individuals presumed to meet criteria for MDD. Similarly, in correctional settings, staff assisted in identifying individuals with prior ASPD diagnoses or documented disruptive and antisocial behavior (e.g., violent behavior, disciplinary misconduct).

These referrals served only as preliminary identification prior to structured diagnostic assessment. All participants subsequently completed the MINI interview to confirm diagnostic eligibility and determine group allocation.

Phase 2: Repertory Grid Administration

Following diagnostic assessment, participants completed the repertory grid procedure. This phase included:

- elicitation of significant figures and self-elements;
- elicitation of personal constructs;
- introduction of supplied constructs;
- rating of all elements across all constructs using the 7-point scale.

Analysis

The study combined structural, self-construction, interpersonal, conflictual, content-oriented, and anger-related analyses of repertory grids.

Structural Analysis

Structural indices and graphical representations of individual grids were generated using the OpenRepGrid package (Heckmann, 2024) in R. Participants' grid data were first transcribed into a standardized Excel format and subsequently imported into R for analysis.

The package was used for:

- generation of grid matrices for each participant (Supplementary material S2),
- computation of relevant indices (structural differentiation and cognitive complexity indices; polarization; self-ideal, self-future, and self-other distances; ID, PID, PICID and dilemmatic constructs; midpoint usage; other principal component analyses (i.e., anger indices).

Content Analysis

Construct content was analyzed using the CSPC (Feixas et al., 2002). All elicited constructs were classified into predefined thematic categories and broader content areas. To enhance reliability, construct classification was independently performed by a trained psychologist. Initial inter-rater agreement was high ($\kappa = .89$). Cases of disagreement were reviewed jointly and resolved through discussion until consensus was achieved.

Anger-Related Analyses

Anger-related analyses were based on PCA outputs generated in R. For each participant, factors on which anger loaded ≥ |.30| were identified as anger-relevant factors. Constructs loading ≥ |.30| on these factors were subsequently analyzed to derive exploratory indices of anger organization, including anger centrality, domain dominance, network breadth, structural spread, discriminative utility, and functional relations to blame and decision-making construal.

Correlations between anger, blame, and decision-making constructs were also computed to examine their functional relations within individual construct systems.

Statistical Analysis

Following extraction of all indices, the dataset was exported to SPSS for Windows (version 26.0) for statistical analysis.

Preliminary analyses included tests of normality and homogeneity of variance. Depending on distributional assumptions, group differences were examined using one-way ANOVA or Kruskal–Wallis tests. Appropriate post hoc procedures (Tukey or Mann–Whitney U comparisons with correction for multiple testing) were applied where necessary.

Results

Sample Description

Table 1. *Demographic characteristics of participants across groups*

Variable	EXT (*n* = 20)	INT (*n* = 20)	CTRL (*n* = 20)	Group difference
Age, *M* (*SD*)	36.6 (9.23)	44.4 (12.7)	37.6 (11.8)	$F(2,57) = 2.84$, $p = .067$
Education, *M* (*SD*)	11 (1.6)	12.6 (2.3)	13.25 (1.8)	$F(2,57) = 7.33$, $\mathbf{p = .001}$

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. Age and Education variables are expressed in years. Significant *p* values are shown in bold.

Participants in the three groups were comparable in age, with ranges spanning 23 to 63 years in the EXT group, 24 to 76 years in the INT group, and 23 to 61 years in the CTRL group. However, significant differences emerged in years of education. The EXT group had the lowest years of education (8–12 years), followed by the INT group (8–16 years), while the CTRL group reported the highest levels (12–16 years). Both clinical groups had significantly fewer years of education than CTRL, while no significant difference was found between the EXT and INT groups.

Comorbidities

EXT group

Most participants in the disruptive group met full diagnostic criteria for ASPD. In three female participants, the developmental criterion concerning conduct problems before the age of 15 could not be established; however, these participants were retained because they demonstrated pronounced externalizing profiles, including recurrent aggressive and disciplinary problems. Comorbid conditions were common. Bipolar spectrum disorders (type I and II) were present in 12 participants (7 men, 5 women). Panic disorder was identified in 6 participants (4 women, 2 men), and post-traumatic stress disorder (PTSD) in 3 participants (2 women, 1 man). Obsessive-compulsive disorder (OCD) was present in 2 participants (1 man, 1 woman). One man met criteria for MDD. Substance use disorders, including past and remitted cases, were identified in 5 participants (3 men, 2 women). Bulimia nervosa was reported in one female participant.

INT group

All participants in the depressive group met criteria for MDD, with 19 experiencing recurrent episodes. Comorbid conditions included generalized anxiety disorder in 9 participants (5 women, 4 men), panic disorder in 8 participants (5 men, 3 women), and PTSD in 4 participants (3 men, 1 woman). OCD was reported in 2 male participants. Substance use disorders were present in 3 male participants. Anorexia nervosa was reported by one female participant, and social anxiety disorder by one male participant.

CTRL group

No participants in the CTRL group reported a history of psychiatric diagnosis or psychiatric hospitalization.

Hypothesis 1. Structural Organization of Construing

H1a. Range of Construing

H1a proposed that both clinical groups would show a reduced range of construing compared to controls, operationalized through a lower number of elicited constructs.

The results supported this hypothesis (see Table 2). Both the EXT and INT groups produced significantly fewer constructs than the CTRL group. The INT group showed the lowest number of constructs, followed by the EXT group, whereas CTRL demonstrated the highest number. No significant difference emerged between the EXT and INT groups.

H1b. Cognitive Complexity

H1b proposed that both clinical groups would differ from CTRL in the direction of more monolithic and cognitively simplified construing.

The results provided partial support for this hypothesis (see Table 2). The EXT group showed significantly more monolithic construct systems compared to CTRLs across all structural indices. Specifically, EXT participants had higher scores on Bieri's index, PVAFF, PCA-3 variance, and Intensity, indicating tighter interrelations among constructs and greater concentration of variance within a limited number of dimensions.

In contrast, the INT group showed a less consistent pattern. While INT participants did not differ significantly from the EXT group on any structural index, they differed from CTRL only on the Bieri index, where they showed greater construct redundancy. On the remaining indices (PVAFF, PCA-3, and Intensity), the INT group did not significantly differ from either EXT or CTRL groups, although mean values tended to fall between those of the EXT and CTRL groups.

Table 2. *Structural organization indices across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Number of constructs	12.15 / 11.40 / 14.90	$H(2) = 11.85$, ***p* = .003**[a]	EXT < CTRL, ***p* = .023;** INT < CTRL, ***p* = .001**
Bieri	.24 / .22 / .20	$H(2) = 7.13$, ***p* = .028**[a]	EXT > CTRL, ***p* = .021;** INT > CTRL, ***p* = .028**
PVAFF	.58 / .54 / .48	$F(2,57) = 3.29$, ***p* = .045**[b]	EXT > CTRL, ***p* = .035**
PCA-3	.85 / .82 / .80	$F(2,57) = 3.65$, ***p* = .032**[b]	EXT > CTRL, ***p* = .025**
Intensity	.36 / .30 / .26	$F(2,57) = 4.77$, ***p* = .012**[b]	EXT > CTRL, ***p* = .009**

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group; PVAFF = percentage of variance accounted for by the first factor; PCA-3 = variance explained by the first three principal components. [a] Kruskal-Wallis test; Dunn post hoc comparisons were used. [b] One-way ANOVA; Tukey HSD post hoc tests were used. Significant *p* values are shown in bold.

Additional Analyses of Structural Indices

Different Levels of Structural Organization

Because the Bieri index showed a pattern that diverged from the other structural indices in group comparisons, additional correlational analyses were conducted to examine the relationships among all measures. Very high correlations were observed among PVAFF, Bannister's Intensity, and the PCA-3 (r = .87-.91), indicating substantial overlap among these indices. This pattern suggests that these measures capture a common underlying property of the construct system, namely the extent to which variance is concentrated within a limited number of latent dimensions.

In contrast, the Bieri index showed only moderate correlations with these measures (r = .40-.50), indicating that it reflects a partially distinct aspect of construing. While it is related to overall structural organization, its weaker association with PVAFF, Intensity, and PCA-3 suggests that it does not index the same underlying dimension.

Operationally, these findings indicate that PVAFF, Intensity, and PCA-3 indices primarily reflect the degree of latent structural organization, that is, the extent to which construing is governed by dominant construct dimensions. Within a PCT framework, this can be understood as the degree of hierarchical centralization, where a limited number of constructs account for a large proportion of variance in the system. In contrast, the Bieri index reflects discriminative differentiation at the level of construct application, capturing the extent to which constructs make overlapping versus distinct distinctions among elements.

A further distinction concerns the range of construing, as indexed by the number of elicited constructs. This measure reflects the breadth of distinctions available within the system, rather than their interrelation or organization. Notably, the number of constructs showed only modest associations with the Bieri index and was not significantly related to indices of latent structural organization, suggesting that the availability of distinctions does not directly determine how those distinctions are structured or applied.

Taken together, these findings indicate that structural organization within the construct system cannot be adequately described by a single dimension of "complexity." Instead, the measures used in the present study appear to reflect at least three partially independent aspects of construing:

1. the range of available distinctions (number of constructs)
2. the degree of discriminative differentiation among constructs (Bieri),
3. the extent of latent structural centralization (PVAFF, Intensity, PCA-3).

This distinction provides a basis for interpreting subsequent group differences across indices without assuming that they reflect a uniform underlying process.

Group-Level Analyses

Given significant group differences in years of education, additional analyses were conducted to examine whether structural indices were associated with education and construct production. Years of education showed a moderate negative correlation with the Bieri index (r = -.31), indicating lower construct redundancy with higher educational levels, and a positive correlation with the number of elicited constructs (r = .27). Education was not significantly associated with indices of latent structural organization (PVAFF, Intensity, PCA-3).

To further examine whether group differences in construct redundancy were independent of educational level and construct range, two analyses of covariance (ANCOVAs) were conducted with Bieri as the dependent variable and either education or number of elicited constructs entered as covariates. In both models, the main effect of group was no longer significant, and neither covariate showed a significant independent effect. The interaction between group and number of constructs approached significance, suggesting that the relationship between construct range and redundancy may differ across groups, although this effect did not reach conventional levels of significance. A nonparametric Kruskal-Wallis test likewise did not reveal significant group differences in Bieri, providing convergent evidence that these effects were not robust across analytic approaches. The assumption of homogeneity of variances was violated in the ANCOVA models (Levene's test $p < .05$), and results should therefore be interpreted with caution.

These findings indicate that the Bieri index, as a measure of construct redundancy, is partly sensitive to factors related to the articulation and expression of constructs within the grid. In contrast, indices of latent structural organization appear less influenced by such factors. The absence of a significant effect of the number of constructs indicates that reduced range of construing does not necessarily entail increased redundancy among constructs. That is, the availability of fewer distinctions does not automatically lead to greater overlap in how those distinctions are applied.

These results suggest that range of construing and discriminative differentiation represent partially independent aspects of construing, and should not be treated as interchangeable indicators of a single underlying dimension. Accordingly, redundancy, as indexed by Bieri, cannot be interpreted unambiguously as a marker of structural organization, but rather as reflecting a combination of structural and methodological influences.

Individual-Level (Prototype) Analyses

To further explore structural differences beyond group averages, an exploratory prototype analysis was conducted at the individual level. Participants representing relatively "pure" ASPD, MDD, and comorbid ASPD+MDD configurations were selected based on highest MINI symptom counts and consistency of clinical presentation (individual grids are presented in Supplementary Material S2). This approach was intended to approximate distinct configurations of construing and should be interpreted cautiously given the small number of cases and the absence of independent diagnostic validation.

Descriptively, the prototype ASPD case (EXT 6) showed the highest degree of structural centralization, as indicated by elevated PVAFF (.90) and Intensity (.42), alongside moderate construct redundancy (Bieri = .229) and a comparable number of elicited constructs (n = 14). In contrast, the pure MDD case (INT 10) showed substantially lower centralization (PVAFF = .69; Intensity = .17) and the lowest redundancy (Bieri = .172), while maintaining a similar number of constructs (n = 14).

The comorbid ASPD+MDD case (EXT 9) occupied an intermediate position in terms of centralization (PVAFF = .70; Intensity = .18), closely approximating the depressive profile, while showing somewhat higher redundancy (Bieri = .253).

Across cases, these patterns indicate that the primary structural distinction is not in the number of constructs, which remained comparable, but in the degree of latent structural centralization, with

ASPD showing the most strongly centralized organization (low complexity) and MDD showing a less centralized configuration. The comorbid case suggests a shift away from the highly centralized pattern observed in ASPD toward a less dominant structural organization, while not fully converging with the lower redundancy observed in the pure depressive case.

Hypothesis 2. Polarization

Both depressive and disruptive groups were expected to show a more polarized organization of construing than controls.

The results supported this hypothesis (see Table 3). Post hoc comparisons indicated that the EXT group showed significantly higher polarization than the CTRL group. The INT group also demonstrated higher polarization than CTRL.

Although the EXT group had the highest mean level of polarization, the difference between the EXT and INT groups did not reach statistical significance. Overall, these findings indicate that both clinical groups tend to organize their construct systems in a more dichotomous manner compared to non-clinical participants.

Table 3. *Polarization index across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Polarization	50.8 / 39.8 / 25.5	$F(2.57) = 12.22$, ***p* < .001**[a]	EXT > CTRL, ***p* < .001;** INT > CTRL, ***p* = .019**

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. [a] One-way ANOVA; Tukey HSD post hoc tests were used. Significant *p* values are shown in bold

Hypothesis 3. Disturbed Self-Construction

Both clinical groups were expected to differ from CTRLs on indices of self-structure, including self-ideal discrepancy and self-placement.

The results provided partial support for this hypothesis (see Table 4). The INT group showed significantly greater self-ideal discrepancy compared to CTRLs, indicating lower self-esteem. The EXT group did not differ significantly from either the INT or CTRL groups on this index.

Contrary to expectations, no significant group differences were observed in the proportion of negative self-constructions, either for present or future self. Similarly, no significant differences were found for positive future self-constructions. A marginal tendency was observed for the EXT group to report more positive present self-constructions compared to the INT group, although this did not reach conventional levels of statistical significance.

Additional differences emerged in relational self-positioning. The EXT group showed greater self-other distance compared to CTRLs, indicating a tendency to construe others as more dissimilar to

the self. Furthermore, both pathological groups showed greater self-future distance compared to CTRLs, suggesting reduced perceived continuity between present and future self.

Table 4. *Self-related and self-discrepancy indices across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Negative present self	.22 / .28 / .20	$F(2,57) = 1.23$, $p = .299$[a]	—
Negative future self	.07 / .08 / .04	$H(2) = 0.24$, $p = .887$[b]	—
Positive present self	.73 / .58 / .66	$F(2,57) = 2.85$, $p = .066$[a]	EXT > INT, $p = .052$
Positive future self	.92 / .84 / .90	$F(2,57) = 1.42$, $p = .25$[a]	—
Present-ideal distance	.31 / .38 / .28	$H(2) = 10.32$, $\mathbf{p = .006}$[b]	INT > CTRL, $\mathbf{p = .004}$
Present-future distance	.29 / .31 / .19	$H(2) = 11.48$, $\mathbf{p = .003}$[b]	EXT > CTRL, $\mathbf{p = .026}$; INT > CTRL, $\mathbf{p = .005}$

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. [a] One-way ANOVA; Tukey HSD post hoc tests were used. [b] Kruskal-Wallis test; Dunn post hoc comparisons were used. Significant *p* values are shown in bold.

Hypothesis 4. Perceived Interpersonal Isolation

Both depressive and disruptive groups were expected to perceive greater interpersonal isolation than CTRLs.

The results provided partial support for this hypothesis (see Table 5). Post hoc comparisons indicated that the EXT group showed significantly greater distance between the perceived self and others compared to CTRLs. In contrast, the INT group did not differ significantly from either the EXT or CTRL groups on this index.

Table 5. *Perceived interpersonal isolation index across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Self-others distance	.33 / .30 / .25	$F(2,57) = 4.21$, $\mathbf{p = .020}$[a]	EXT > CTRL, $\mathbf{p = .015}$

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. [a] One-way ANOVA; Tukey HSD post hoc tests were used. Significant *p* values are shown in bold.

Hypothesis 5. Greater Proportion of Implicative Dilemmas

Both depressive and disruptive groups were expected to show a higher proportion of ID than controls.

Presence of ID

The results showed a descriptive pattern consistent with the hypothesis (see Table 6). The EXT group had the highest proportion of participants with at least one ID (45%), followed by the INT group (35%), while the CTRL group showed the lowest proportion (20%).

Given the relatively small frequencies within individual categories, group differences were interpreted descriptively rather than subjected to formal statistical testing. Nevertheless, the observed pattern suggests a higher occurrence of ID in clinical groups compared to controls. At the same time, it should be noted that the majority of participants in each group showed no identified ID.

Table 6. *Implicative dilemmas across groups*

Group	No dilemma	≥1 dilemma	Total	% with dilemma
EXT	11	9	20	45%
INT	13	7	20	35%
CTRL	16	4	20	20%
Total	40	20	60	33.3%

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group.

Impact of ID

Among participants who exhibited at least one ID, differences in the distribution of PID and PICID scores were observed across groups (see Table 7). PID reflects the proportion of ID relative to all possible construct pairings, whereas PICID represents a weighted index additionally taking into account the correlational intensity of implicative relationships.

Interpretation of PID severity was based on the thresholds proposed for the .35 correlation criterion used in research settings (Rouco et al., 2019). According to these criteria, PID values between .30-.77 indicate moderate impact, values between .78-1.73 indicate severe impact, and values ≥1.74 indicate very severe impact of ID.

Although Rouco et al. (2019) also proposed interpretive thresholds for PICID values, these thresholds appeared inconsistent with the observed numerical scale of the measure. Concerns regarding the published PICID cut-off values were later confirmed (G. Feixas, personal communication, August 2025). Consequently, severity criteria were applied only to PID values, while PICID scores were interpreted descriptively.

Table 7. *Severity and intensity of ID*

EXT				INT				CTRL			
# ID	PID	PICID	Severity	# ID	PID	PICID	Severity	# ID	PID	PICID	Severity
1	.7	.4	Moderate	7	9.0	3.6	Very severe	3	2.9	1.6	Very severe
3	3.8	2.9	Very severe	9	9.9	4.3	Very severe	3	1.3	.8	Severe
3	2.0	1.0	Very severe	1	1.0	.4	Severe	4	1.4	.7	Severe
1	1.0	.4	Severe	3	2.2	1.1	Very severe	2	1.2	.8	Severe
5	6.4	2.9	Very severe	3	3.8	1.9	Very severe				
1	.7	.3	Moderate	9	7.5	4.7	Very severe				

1	.6	.2	Moderate	2	1.9	1.0	Very severe
2	1.7	.7	Severe				
1	.8	.3	Severe				

Note. PID = Percentage of Implicative Dilemmas; PICID = Proportion of the Intensity of Constructs of Implicative Dilemmas; EXT = externalizing group; INT = internalizing group; CTRL = control group. Severity categories were assigned according to Rouco et al. (2019) criteria for the .35 correlation threshold for PID values. Only participants with at least one identified implicative dilemma are shown.

PID scores showed substantial variability both within and across groups. Several participants in both clinical groups showed PID values within the very severe range, with the highest scores observed in the INT group. A very severe PID score was also identified in one CTRL participant.

PICID scores showed a similar descriptive tendency, with higher values generally accompanying elevated PID scores. The highest PICID scores were observed in the INT group, followed by the EXT group, while comparatively lower PICID scores were generally observed among CTRL participants.

Qualitative Content of ID

To complement the quantitative analyses of dilemma frequency and intensity, the content of ID was examined qualitatively. For each participant, the central dilemma was identified by summarizing the dominant meaning shared across all ID within the construct system (see Table 8). For in-depth analysis of qualitative content of ID, readers are referred to Supplementary material S3.

Table 8. *Summary of Core Implicative Dilemmas Across Participants*

Group	PID	Core Dilemma
EXT		
1	.7	If I become forgiving, I become naive, gullible, and vulnerable to exploitation.
4	3.8	If I become successful, ambitious, or materially oriented, I stop being one of the ordinary people and lose my place within the group.
8	2.0	If I become more reflective and think before acting, I become weak, dependent, or less courageous.
9	1.0	If I become responsible and take care of my needs, I risk betraying important meanings of gratitude, loyalty, and indebtedness toward others.
11	6.4	If I become calmer, more reliable, and more peaceful, I stop protecting my own needs and become excessively accommodating to others.
13	.7	If I stop being talkative, I may become overwhelmed by fear.
14	.6	If I begin openly expressing my emotions, conflict will follow.
18	1.7	If I become persistent and actively pursue what I want, I lose emotional detachment and become emotionally activated.
20	.8	If I become more deliberate and reflective, I become limited, less open, or less flexible.
INT		
4	9.0	If I become capable, persistent, reliable, and authoritative, I will lose my emotional sensitivity and connectedness.
6	9.9	If I become responsible, future-oriented, and autonomous, I will lose care, harmony, and the experience of being emotionally held by others.
8	1.0	If I pursue power and influence, I risk abandoning forgiveness and becoming vengeful or morally compromised.
10	2.2	If I become calmer, more energetic, and less burdened by anger and darkness, I may lose an important part of my identity as someone who sees reality clearly and understands the broader picture.

11	3.8	If I stop blaming myself, I risk abandoning a valued identity as an honest, caring, and responsible person.
13	7.5	If I become assertive and prioritize myself, I will become selfish, aggressive, toxic, or uncaring.
15	1.9	If I become firm, decisive, and authoritative, I risk becoming imposing, controlling, or like those who exercised power over me.
CTRL		
3	2.9	If I become more self-confident, I risk becoming impulsive, angry, or less willing to take responsibility for my own actions.
6	1.3	If I become more experienced and dedicated, I may lose openness, understanding, spontaneity, and psychological ease.
18	1.4	If I fully live according to my own values and become more connected and peaceful, I may lose belonging, family security, or important relationships.
20	1.2	If I become more organized and effective, I may become overly negative, rigid, or excessively focused on practical concerns.

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group.

Despite individual variation, recurring themes emerged within each diagnostic group. Among INT participants, dilemmas predominantly linked desired changes involving competence, autonomy, assertiveness, responsibility, or authority with anticipated losses of valued relational or moral qualities, such as emotional sensitivity, care, honesty, connectedness, forgiveness, or concern for others. In contrast, EXT participants displayed more heterogeneous dilemma content. Their dilemmas most commonly concerned anticipated consequences of becoming more forgiving, reflective, responsible, emotionally expressive, persistent, or calm, with these changes being associated with vulnerability, loss of protection, reduced effectiveness, diminished group belonging, or emotional destabilization. CTRL participants generally presented dilemmas organized around balancing desirable personal development with preservation of existing interpersonal relationships, openness, spontaneity, or psychological equilibrium.

Hypothesis 6. Midpoint Use

The depressive group was expected to show greater indeterminacy in construing compared to the disruptive group, reflected in higher midpoint usage, particularly in relation to self-relevant elements.

The results partially supported this hypothesis (see Table 9). Across multiple indices, the EXT group consistently showed the lowest use of midpoint ratings, while the INT group showed intermediate values, and the CTRL group showed the highest.

For present self ratings, a significant group difference was observed, with the EXT group using significantly fewer midpoints than both the INT and CTRL groups. No significant differences emerged for future self midpoint usage.

For the ideal self, significant differences were again observed. Both clinical groups used fewer midpoints than CTRLs, with the EXT group showing the lowest values. A similar pattern was found for the proportion of dilemmatic constructs, where the EXT group differed significantly from CTRLs, while the INT group showed a non-significant trend in the same direction.

Finally, total midpoint usage across the grid showed a significant group difference. The EXT group used significantly fewer midpoints than both the INT and CTRL groups, whereas the INT group showed intermediate values.

Overall, these findings indicate that the depressive group shows greater midpoint usage than the disruptive group, consistent with the hypothesis. However, the CTRL group consistently demonstrated the highest levels of midpoint usage across indices.

Table 9. *Midpoint indices and dilemmatic constructs across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Present self midpoints (%)	5 / 14 / 15	$H(2) = 6.28$, $\mathbf{p = .043}$[a]	EXT < CTRL, $\mathbf{p = .022}$; EXT < INT, $\mathbf{p = .037}$
Ideal self midpoints (%)	10 / 17 / 27	$H(2) = 14.94$, $\mathbf{p < .001}$[a]	EXT < CTRL, $\mathbf{p < .001}$; INT < CTRL, $\mathbf{p = .010}$
Future self midpoints (%)	2 / 7 / 6	$H(2) = 4.04$, $p = .133$[a]	-
Dilemmatic constructs (%)	13 / 23 / 31	$H(2) = 16.18$, $\mathbf{p < .001}$[a]	EXT < CTRL $\mathbf{p < .001}$; INT < CTRL, $p = .081$
Total grid midpoints (%)	9 / 15 / 18	$F(2,57) = 11.29$, $\mathbf{p < .001}$[b]	EXT < INT, $\mathbf{p = .008}$; EXT < CTRL, $\mathbf{p < .001}$

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. [a] Kruskal-Wallis test; Dunn post hoc comparisons were used. [b] One-way ANOVA; Tukey HSD post hoc tests were used. Significant *p* values are shown in bold.

Hypothesis 7. Differences in Content

Depressive and disruptive groups were expected to differ in the predominant content categories of their personal construct systems.

The results supported this hypothesis (see Table 10). Significant differences were observed between the EXT and INT groups in the distribution of construct content across categories.

The EXT group showed a significantly greater proportion of moral constructs compared to the INT group. In contrast, the INT group showed a significantly greater proportion of emotional constructs than the EXT group. No significant differences were observed for relational, personal, intellectual, values, or concrete categories.

Table 10. *Group differences in construct content category proportions*

Category	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
(1) Moral	.345 / .226 / .206	$F(2,57) = 12.14$, $\mathbf{p < .001}$ [a]	EXT > INT, $\mathbf{p = .001}$; EXT > CTRL, $\mathbf{p < .001}$
(2) Emotional	.162 / .265 / .162	$H(2) = 9.18$, $\mathbf{p = .009}$[b]	INT > EXT, $\mathbf{p = .011}$; INT > CTRL, $\mathbf{p = .011}$
(3) Relational	.182 / .246 / .263	$F(2,57) = 2.40$, $p = .098$[a]	CTRL > EXT, $p = .100$
(4) Personal	.231 / .174 / .256	$F(2,57) = 2.07$, $p = .135$[a]	—

(5) Intellectual	.017 / .032 / .034	F(2,57) = 1.03, p = .364[a]	—
(6) Values	.051 / .043 / .068	F(2,57) = 0.68, p = .510[a]	—
(7) Concrete	.013 / .015 / .007	F(2,57) = 0.24, p = .788[a]	—
(8) Existential	—	—	—

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. [a] One-way ANOVA; Tukey HSD post hoc tests were used. [b] Kruskal-Wallis test; Dunn post hoc comparisons were used. Significant p values are shown in bold.

Descriptive Analysis of Content Subcategories

A more detailed descriptive breakdown of construct content is presented in Table 11. These descriptive differences provide a more detailed view of content distribution within each group but were not subjected to statistical testing at the subcategory level.

Within the moral category, both groups showed substantial use of altruist-egoist constructs. However, the EXT group showed a higher frequency of constructs within the sincere-insincere subcategory (20% vs 6%). Within the emotional category, the INT group showed higher frequencies of constructs such as warm-cold (17% vs 10%), optimist-pessimist (8% vs 2%), and balanced-unbalanced (13% vs 3%).

Table 11. *Frequencies of construct content classifications*

		EXT		INT	
Area	Category	*n*	%	*n*	%
Area 1: Moral		83	34.2	52	22.8
	1A good-bad	5	4	1	1
	1B altruist-egoist	29	24	25	23
	1C humble-proud	3	2	2	2
	1D respectful-judgemental	6	5	7	6
	1E faithful-unfaithful	5	4	2	2
	1F sincere-insincere	24	20	7	6
	1G just-unjust	1	1	3	3
	1H responsible-irresponsible	8	7	4	4
	1O others	3	2	0	0
Area 2: Emotional		39	16.1	60	26.3
	2A visceral-rational	11	9	10	9
	2B warm-cold	12	10	18	17
	2C optimist-pessimist	2	2	9	8
	2D balanced-unbalanced	4	3	14	13
	2E specific emotions	8	7	7	6
	2F sexuality	0	0	0	0
	2O others	0	0	0	0

Note. EXT = externalizing group; INT = internalizing group. Percentages represent proportion of total constructs within each group.

Exploratory Self-Positioning on Moral and Emotional Constructs

To further explore the organization of construct content, an additional qualitative analysis examined self-positioning within the domains that most strongly differentiated the groups in the quantitative analyses. Morally coded constructs were examined in the disruptive group, whereas emotionally coded constructs were examined in the depressive group. The analysis first considered whether participants positioned their present self toward positively or negatively valued poles and then examined the relation between present- and ideal-self positions. Because participants differed in the number of constructs generated within each domain, the patterns reported below are descriptive and should not be interpreted as estimates of participant-level prevalence.

Within the disruptive group, approximately two thirds of present-self placements on morally coded constructs were located on positively valued poles. Thus, despite their greater use of moral distinctions, disruptive participants generally did not construe themselves negatively within these dimensions. Many positioned themselves as loyal, sincere, responsible, honest, family-oriented, or supportive of others. Illustrative constructs included “Loyal–Knife in the back”, “Truth–Lying”, “Family first–Selfish”, and “Helps when needed–Steals, takes”. In several grids, moral construing was particularly elaborated around loyalty and betrayal, sincerity and deception, responsibility, exploitation, and concern for others.

This predominantly positive pattern was not uniform. Some disruptive participants positioned themselves closer to negatively valued poles on constructs such as “Criminogenic–Respects rules, honest”, “Trash–Good man”, and “Keeps silent, twists truth–Straightforward, true”. Others showed midpoint or ambiguous positioning, including constructions in which neither pole was clearly desirable. The disruptive group therefore included negative and ambiguous configurations alongside the more common pattern of positive moral self-construal.

Present–Ideal ratings provided a second indication of this pattern. More than half of morally coded construct placements showed little or no distance between the present and ideal self, approximately one third showed moderate distance, and only a small minority showed large discrepancies. In many cases, participants therefore not only positioned themselves positively within moral constructs but also construed their present position as relatively close to their preferred position. Other grids showed clearer discrepancy, with the ideal self positioned toward honesty, responsibility, loyalty, generosity, or concern for others. Moral saturation was therefore compatible with different forms of self-positioning, although positive and relatively congruent self-construal was the predominant pattern.

A contrasting pattern was observed in the depressive group. Approximately half of present-self placements on emotionally coded constructs were located on negatively valued poles. Participants frequently construed their present selves through emotional difficulty, vulnerability, fear, instability, reduced energy, or difficulties in coping. Examples included “Calm–Explosive”, “Cheerfulness–Melancholy”, “Energy–Lethargy”, “Fear–Stable”, and “Anxiety problems–Relaxed”. Thus, whereas disruptive participants predominantly located themselves positively within the moral domain that characterized their construing, depressive participants more frequently located themselves negatively within their predominant emotional domain.

Again, this pattern was heterogeneous. Some depressive participants positioned themselves positively on emotionally coded constructs, while others showed midpoint or ambiguous positioning. Several constructs also involved alternatives for which neither pole appeared

straightforwardly desirable, such as “Cold, withdrawn–Emotional, mild”, “Strict, rough–Compliant, gentle”, and “Analytical, suffers–Spontaneous”. One participant generated an especially large number of emotionally coded constructs while positioning both present and ideal self identically on several highly polarized affective dimensions, illustrating that emotional saturation did not necessarily imply negative or discrepant self-construal.

Present–Ideal ratings showed greater distance within the depressive emotional domain than was observed within the disruptive moral domain. Approximately one third of emotional construct placements showed little or no Present–Ideal distance, almost half showed moderate distance, and approximately one quarter showed large distance. Thus, although large discrepancies characterized only a minority of emotional constructs, approximately two thirds showed at least moderate separation between present and preferred self-positions. In several cases, this separation clearly distinguished a problematic present position from a preferred emotional alternative, including “Impulsive–Calm”, “Fear–Stable”, “Anxiety problems–Relaxed”, “Lives in memories–Lives in present/future”, and “Suffering–Fight”. In others, present and ideal positions were similar. Emotional saturation therefore occurred across different self-configurations.

Overall, the exploratory analysis revealed a clear descriptive contrast alongside substantial within-group heterogeneity. Disruptive participants predominantly construed themselves positively within their more elaborated moral domain, and more than half of moral construct placements showed little or no Present–Ideal distance. Depressive participants more often construed themselves negatively within their more elaborated emotional domain, while approximately two thirds of emotional construct placements showed at least moderate Present–Ideal distance. Neither pattern was universal, and both groups contained positive, negative, congruent, discrepant, and ambiguous configurations.

Hypothesis 8. Blame Construction

The depressive group was expected to construe blame predominantly in relation to the self, whereas the disruptive group was expected to construe blame predominantly in relation to others.

The results did not support this hypothesis (see Table 12). Across all three groups, mean scores for blame constructions were below the neutral midpoint of the scale (4), indicating a general tendency toward construing blame in relation to the self.

No significant group differences were observed for present or future blame constructions. However, a significant group difference emerged for ideal blame constructions. Post hoc comparisons indicated that the INT group had significantly higher scores than the EXT group, indicating a relatively lower tendency toward self-blame in the ideal condition.

Overall, these findings indicate that self-blame predominates across all groups, with the INT group showing a relative shift toward less self-blame in ideal constructions compared to the EXT group.

Table 12. *Blame constructions in self-construing across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Blame present	2.2 / 3.0 / 2.7	$H(2) = 3.57$, $p = .167$[a]	—

Blame ideal	2.3 / 3.7 / 3.1	$H(2) = 10.05$, $\mathbf{p = .007}$[a]	INT > EXT, $\mathbf{p = .005}$
Blame future	2.6 / 3.6 / 3.0	$H(2) = 4.87$, $p = .088$[a]	—

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. [a] Kruskal-Wallis test; Dunn post hoc comparisons were used. Significant *p* values are shown in bold. Scores above 4 indicate construing others as the source of blame, whereas scores below 4 indicate construing the self as the source of blame.

Hypothesis 9. Decision-Making Construction

As shown in Table 13, a significant group difference was observed for present self-construals of decision-making. Post hoc comparisons indicated that the EXT group had significantly lower scores than the CTRL group, with a marginal difference compared to the INT group. Given that lower scores reflect greater impulsiveness, this suggests that individuals with EXT construe themselves as more impulsive in the present compared to CTRLs. No significant group differences were observed for ideal or future self-construals

Table 13. *Decision-making constructions in self-construing across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
CPC present	3.4 / 4.5 / 4.8	$H(2) = 8.13$, $\mathbf{p = .017}$[a]	EXT < CTRL, $\mathbf{p = .022}$ EXT < INT, $p = .086$
CPC ideal	4.4 / 4.0 / 3.9	$H(2) = 2.13$, $p = .344$[a]	—
CPC future	3.9 / 4.2 / 4.4	$H(2) = 2.40$, $p = .300$[a]	—

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group; CPC = Circumspecition-Preemption-Control. [a] Kruskal-Wallis test; Dunn post hoc comparisons were used. Significant *p* values are shown in bold. Scores above 4 indicate a tendency toward inhibited decision-making, whereas scores below 4 indicate a tendency toward impulsive decision-making.

Although not specified a priori, the pattern of results suggested that group differences in decision-making were present for current self-construals but not for ideal or future self-representations. This raised the possibility that groups might differ not only in overall levels of construing, but in how decision-making is distributed across self-domains. To examine this possibility, an exploratory analysis was conducted using a mixed-design ANOVA, with self-domain (present, ideal, future) as a within-subject factor and group (EXT, INT, CTRL) as a between-subject factor.

The analysis revealed a significant Group × CPC interaction, $F(4, 114) = 4.67$, $p = .002$, $\eta^2 = .14$, indicating that the pattern of construing decision-making across present, ideal, and future self differed between groups. No significant main effect of self-domain was observed, $F(2, 56) = 0.23$, $p = .796$.

Inspection of the means (see Figure 3) indicated that the EXT group showed lower scores for present self-construals, with higher scores in ideal and future self-representations. In contrast, the INT and CTRL groups showed less pronounced variation across self-domains, with generally higher scores overall.

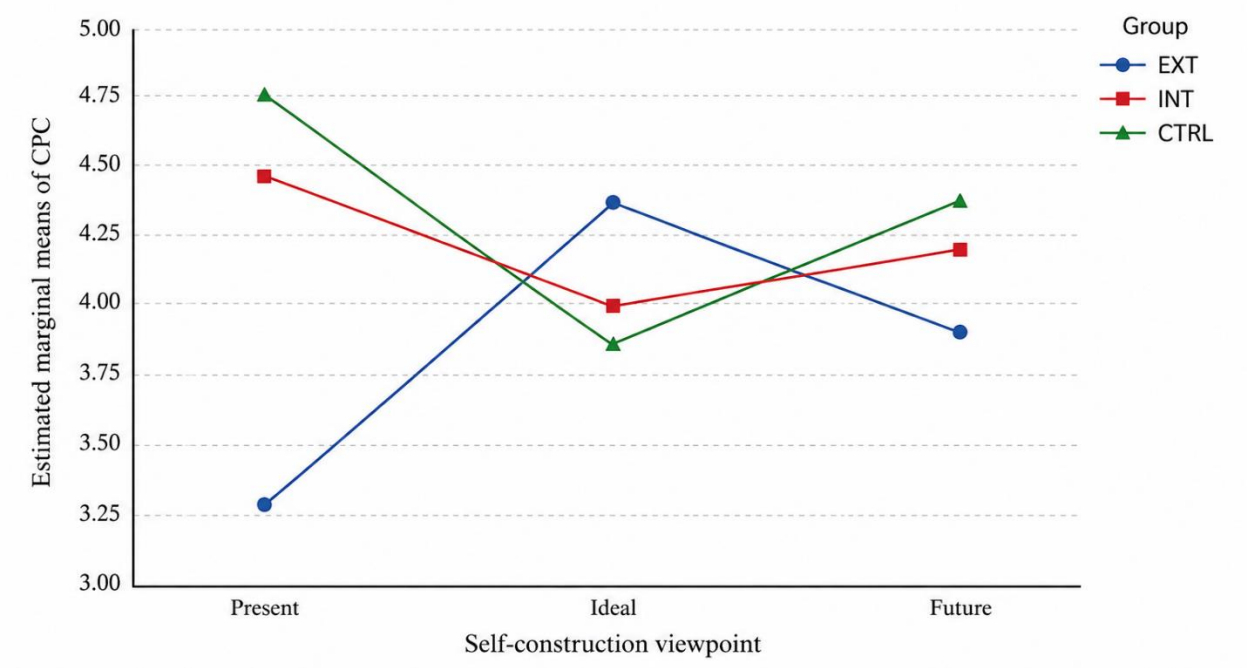


Figure 3. *Estimated marginal means of CPC across present, ideal, and future self-constructions by group*

Hypothesis 10. Group Differences in the Construal of Anger

The construal of anger was expected to differ across groups.

Because the opposite pole of anger was elicited idiographically, anger was assumed to carry different personal meanings across participants. Based on prior literature, disruptive systems were expected to construe anger in relation to hostility, power, or threat, whereas depressive systems were expected to construe anger in relation to inner distress, guilt, or suppression.

Coding of Anger Meanings

To further examine qualitative differences in the content of anger-related construing, elicited constructs were classified using the CSPC (Feixas et al., 2002). Constructs were coded at the level of specific areas within domains (e.g., Emotional: Balanced-Unbalanced [2D], Specific emotions [2E], Warm-Cold [2B], Visceral-Rational [2A]; Moral: Good-Bad [1A], Altruist-Egoist [1B]; Relational: Sympathetic-Unsympathetic [3H]). This approach allowed for a more detailed analysis of the semantic organization of constructs associated with anger, beyond global category-level comparisons, in order to examine whether groups differed not only in structural properties of anger but also in the qualitative content of their construing.

Across all three groups, the most frequent coding was 2D Balanced-Unbalanced, indicating that anger was commonly contrasted with meanings of calmness, peace, relaxation, and stability. However, this pattern was less dominant in the EXT group (9/20; 45%) than in the INT (14/20; 70%) and control (13/20; 65%) groups, which were quite similar to one another. Thus, compared

with both INT and CTRL participants, EXT participants less often construed anger primarily in opposition to emotional balance and calmness.

By contrast, the EXT group showed greater representation of 2E Specific emotions and 2B Warm-Cold codes. Specifically, 2E Specific emotions accounted for 4/20 constructs (20%) in EXT, compared with 3/20 (15%) in INT and only 1/20 (5%) in CTRL. In the EXT group, these specific emotions included happiness, nirvana, joy, and cheerful, suggesting that anger was more often contrasted with distinct positive affective states rather than only with calmness or balance. Similarly, 2B Warm-Cold constructs were more frequent in EXT (3/20; 15%) than in INT (1/20; 5%) and CTRL (1/20; 5%). In EXT, these included love (hatred), mildness, and love/laughter, indicating that anger was also contrasted with warmth, tenderness, and affiliative emotional tone more often than in the other groups.

The INT group, in comparison, showed a more restricted distribution, with most constructs concentrated in 2D Balanced-Unbalanced and relatively few in other areas: 2E Specific emotions (3/20; 15%), 2A Visceral-Rational (2/20; 10%), and 2B Warm-Cold (1/20; 5%). The specific emotions in INT were pleasure and joy (twice), while the 2B area was represented only by love. This suggests that, relative to EXT, INT construing of anger was less often organized through diverse emotional contrasts and more often through the broader opposition between anger and calm, balanced states.

The control group shared with INT the strong predominance of 2D Balanced-Unbalanced, but otherwise showed a somewhat more heterogeneous spread across areas, including 2A Visceral-Rational (2/20; 10%), 2E Specific emotions (1/20; 5%; sadness), 2B Warm-Cold (1/20; 5%; love), 1B Altruist-Egoist (1/20; 5%; benevolence), and 3H Sympathetic-Unsympathetic (1/20; 5%; dialogue). Thus, CTRL participants resembled INT participants in the dominance of balance-related contrasts, but differed from both clinical groups in showing a broader inclusion of non-emotional areas such as moral and relational meanings.

Overall, the clearest contrast was between EXT and INT: compared with the INT group, the EXT group less often construed anger against balance/calmness and more often against specific positive emotions and warm/affiliative meanings. Controls were closer to INT in the predominance of 2D Balanced-Unbalanced, but differed in showing somewhat broader semantic dispersion outside the emotional domain.

Hypothesis 11. Group Differences in the Structural Embeddedness of Anger

Anger was expected to differ across groups in its structural embeddedness within the construct system. In disruptive systems, anger was expected to occupy a more central and organizing role, whereas in depressive systems its position was expected to be either strongly integrated within an affect-saturated system or relatively weakly integrated. CTRL participants were expected to show a more balanced pattern.

The results largely supported this hypothesis (see Table 14). Clinical groups showed greater centrality of anger within the construct system compared to CTRLs, indicating that anger was more strongly anchored within a dominant meaning dimension. Differences also emerged in the dominance of the dimension in which anger was embedded, with the EXT group showing higher values than both comparison groups. A similar pattern was observed for the breadth of anger-

related clustering, with the EXT group exceeding the INT group and showing a marginal difference relative to CTRLs.

In addition, anger showed greater discriminative utility in the EXT group, indicating that it was more actively used to differentiate between interpersonal elements. The INT group showed a similar but weaker tendency relative to CTRLs.

In contrast, no group differences were found in the overall structural spread of anger across multiple dimensions. Interestingly, the CTRL group showed the greatest diffuseness in this regard. While anger in EXT and INT participants was typically concentrated within one or two dimensions, several CTRL participants showed anger distributed across three distinct dimensions, suggesting a more dispersed pattern of embedding.

Overall, these findings indicate that anger occupies a more structurally central and organizing position in clinical groups, particularly in the EXT group.

Table 14. *Structural indices of anger across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Centrality	.84 / .81 / .35	$H(2) = 32.20$, $\mathbf{p < .001}$[a]	EXT > CTRL, $\mathbf{p < .001}$; INT > CTRL, $\mathbf{p < .001}$
Domain dominance	42.7 / 32.4 / 29.4	$F(2,57) = 8.26$, $\mathbf{p = .001}$[b]	EXT > INT, $\mathbf{p = .011}$; EXT > CTRL, $\mathbf{p = .001}$
Network breadth	71.5 / 58.5 / 61.2	$F(2,57) = 4.26$, $\mathbf{p = .019}$[b]	EXT > INT, $\mathbf{p = .020}$; EXT > CTRL, $p = .063$
Discriminative utility	2.1 / 2.0 / 1.8	$F(2,57) = 4.62$, $\mathbf{p = .014}$[b]	EXT > CTRL, $\mathbf{p = .015}$; INT > CTRL, $p = .067$
Structural spread	1.6 / 1.6 / 1.7	$H(2) = 0.28$, $p = .759$[a]	—

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. [a] Kruskal-Wallis test; Dunn post hoc comparisons were used. [b] One-way ANOVA; Tukey HSD post hoc tests were used. Significant *p* values are shown in bold.

Hypothesis 12. Functional Relations of Anger to Blame and Decision-Making Construal

Anger was expected to differ across groups in its functional relations to blame and decision-making. Specifically, anger was expected to be associated with impulsivity and blaming others in the disruptive group, and with inhibition and self-blame in the depressive group. Differences were also expected in the positioning of anger relative to self-representations.

The results provided partial support for this hypothesis (see Table 15). No significant group differences were observed in self-ideal discrepancy of anger, indicating that the relative distance between present and ideal self in relation to anger did not differ across groups.

A significant group difference was found for self-other positioning, with the EXT group showing lower values than CTRLs, indicating that anger was construed as more closely aligned with the self relative to others in this group.

Clear group differences emerged in the functional associations of anger. For the relation between anger and blame, both EXT and INT groups showed significantly more negative values compared to CTRLs, indicating that anger was more strongly associated with blaming others in clinical

groups, whereas in CTRLs it was associated with self-blame. For the relation between anger and decision-making, both EXT and INT groups showed significantly more positive values than CTRLs, indicating that anger was associated with impulsive decision-making in clinical groups, whereas in CTRLs it was associated with inhibition.

These results indicate that anger is functionally linked to impulsivity and blaming others in both clinical groups. In contrast, in the CTRL group anger is linked to inhibition and self-blame.

Table 15. *Functional indices of anger across groups*

Index	Group means (EXT / INT / CTRL)	Group difference	Post hoc comparison
Self-ideal discrepancy	2.15 / 2.20 / 1.75	$F(2, 57) = 0.49$, $p = .615$[a]	—
Self-others discrepancy	-0.32 / 0.42 / 1.00	$H(2) = 5.90$, $\mathbf{p = .049}$[b]	EXT < CTRL, $\mathbf{p = .045}$
Anger-blame correlation	-0.96 / -0.60 / 0.59	$H(2) = 17.25$, $\mathbf{p < .001}$[b]	EXT < CTRL, $\mathbf{p < .001}$; INT < CTRL, $\mathbf{p = .001}$
Anger-CPC correlation	0.30 / 0.14 / -0.53	$H(2) = 20.80$, $\mathbf{p < .001}$[b]	EXT > CTRL, $\mathbf{p < .001}$ INT > CTRL, $\mathbf{p < .001}$

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group; CPC = Circumspection-Preemption-Control. Correlations are Fisher z-transformed participant-level correlations derived from repertory grid construct associations. For anger-blame, negative values indicate coupling of anger with blaming others, whereas positive values indicate coupling with blaming the self. For anger-decision-making (CPC), positive values indicate coupling of anger with impulsive responding, whereas negative values indicate coupling with inhibited responding. [a] One-way ANOVA; Tukey HSD post hoc tests were used. [b] Kruskal-Wallis test; Dunn post hoc comparisons were used. Significant *p* values are shown in bold.

Hypothesis 13. Gender Differences on Structural and Content Levels

Given the lack of sufficiently developed PCT literature on gender differences in depressive and disruptive construct systems, no strong directional predictions are made. These analyses are included primarily to examine whether gender modifies the structural, content, and anger-related patterns described above.

Structural Differences

These gender-based comparisons should be interpreted with caution due to the relatively small sample size per subgroup (n = 30 per gender; n = 10 per group × gender cell) and the number of dependent variables examined (~15), which increases the risk of Type I error.

Global Gender Differences

To examine potential gender-based differences, men and women were first compared across the full sample, irrespective of diagnostic group. No differences reached statistical significance. However, several trends were observed. Women showed a tendency toward higher polarization in their construct systems ($M = 43.00$ vs. 34.41), $t(58) = -1.77$, $p = .082$, suggesting somewhat more dichotomous construing. In contrast, men showed a non-significant trend toward higher proportions of negative future self-construals ($M = 8.8$ vs. 3.9), $t(41.66) = 1.87$, $p = .069$, potentially indicating a more pessimistic view of anticipated personal change.

Gender Moderation

To formally test whether gender moderated group differences, a series of two-way ANOVAs (Group × Gender) were conducted across all structural indices. No significant interaction effects were observed for any variable (all $p > .17$). For example, the interaction was non-significant for construct number, $F(2, 52) = 0.90$, $p = .415$, midpoint use, $F(2, 52) = 1.01$, $p = .373$, polarization, $F(2, 52) = 0.17$, $p = .843$, and self-ideal distance, $F(2, 52) < 0.01$, $p = .997$. This indicates that group differences were consistent across men and women, and that gender did not significantly moderate the relationship between group and the structural characteristics of construing.

Two-way ANOVAs revealed no significant Group × Gender interactions for the majority of anger indices, indicating that group differences were largely consistent across men and women. A single interaction effect emerged for anger factor count, $F(2, 54) = 4.04$, $p = .023$, suggesting that the structural spread of anger may vary by gender across groups. However, no interactions were observed for centrality, factor variance, saturation, or functional indices.

A significant Group × Gender interaction was observed for anger factor count, $F(2, 54) = 4.04$, $p = .023$, $\eta^2 = .13$. As shown in Figure 4, the pattern of results differed across groups. In the EXT group, men showed higher values than women, indicating that anger was distributed across a greater number of factors in men, whereas in women it was more structurally concentrated. In contrast, in the CTRL group, women showed higher values than men, suggesting a broader distribution of anger across the construct system. The INT group showed only a modest increase from men to women. These findings indicate that gender differentially affects the structural spread of anger, while leaving its centrality and functional associations unchanged.

This interaction was specific to anger factor count and was not observed for other structural or functional indices of anger, suggesting a localized rather than general moderating effect of gender.

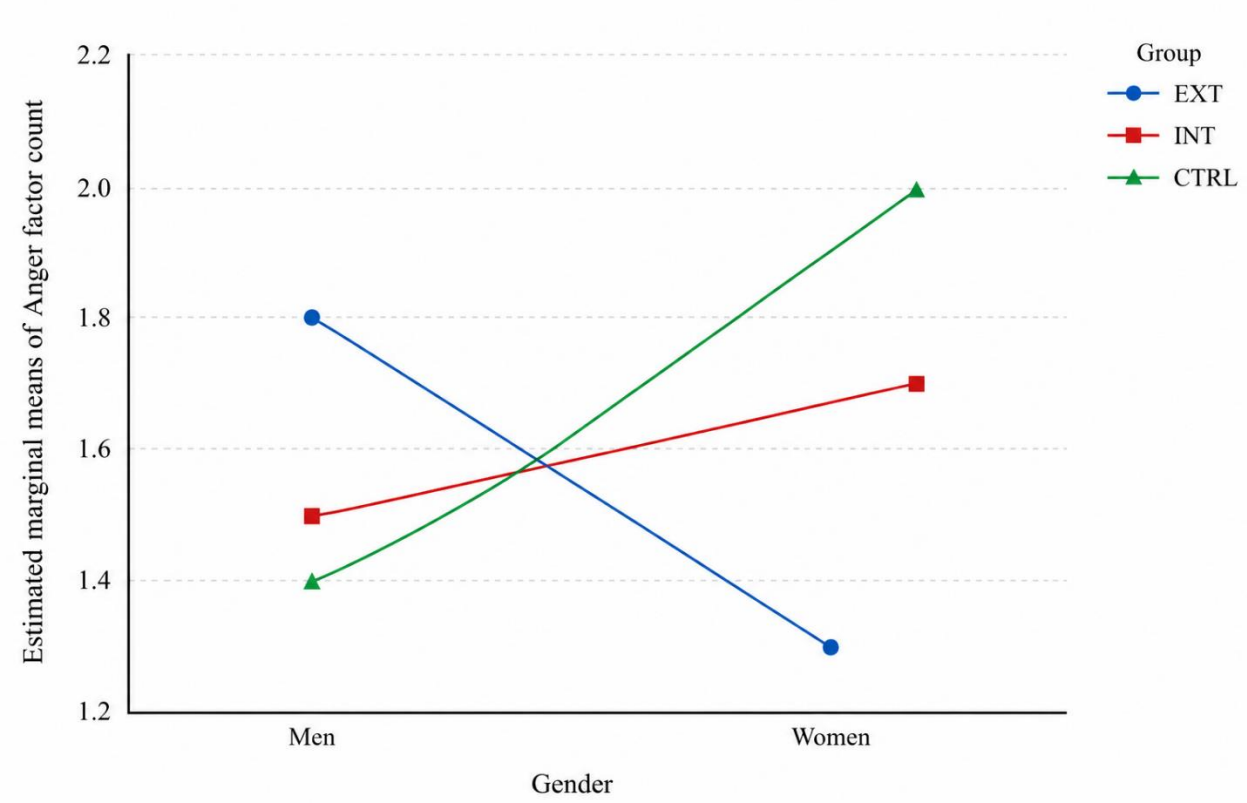


Figure 4. *Estimated marginal means of anger factor count across gender and groups*

Within-Group Gender Comparisons

Despite the absence of significant interaction effects, within-group gender comparisons were conducted on an exploratory basis to identify potential patterns that may not be detectable given limited statistical power. These analyses should be interpreted cautiously.

Within EXT, a non-significant trend suggested that men used fewer midpoint ratings than women (7.2% vs. 11.9%), $t(18) = -1.79$, $p = .090$, indicating a tendency toward lower midpoint use in men.

Within INT, several gender differences emerged. Men reported a significantly higher percentage of negative future self-construals than women (15% vs. 1.6%), $t(9.77) = 2.62$, $p = .026$. Trends were also observed for future-construed anger, with men tending to report higher levels than women (6.0 vs. 4.3), $t(13.23) = -2.08$, $p = .057$, and for present self-blame, with women showing higher values than men (3.8 vs. 2.2), $t(15.25) = 1.94$, $p = .071$.

Within CTRL, men showed a non-significant trend toward lower polarization compared to women (20.77 vs. 30.15), $t(18) = -1.80$, $p = .089$. Additionally, men construed their present selves significantly more negatively than women (56.4 vs. 74.8), $t(18) = -2.61$, $p = .018$.

Descriptive Analyses of ID

Given the limited statistical power for inferential testing, ID and PICID values were examined descriptively. The proportion of participants with at least one ID varied modestly across gender within groups. Within-group comparisons showed small and inconsistent gender differences, with

women exhibiting slightly higher prevalence in EXT (50% vs. 40%), men showing slightly higher prevalence in INT (40% vs. 30%), and no gender difference in CTRL (both 20%).

Across groups, no consistent gender differences were observed in the distribution of ID counts; however, higher values (e.g., ≥3 dilemmas) appeared more frequently among men, whereas women more often showed low-to-moderate counts (1-2 dilemmas), with zero-dilemma cases distributed similarly across genders.

Beyond distribution, INT exhibited the highest extremity of PICID scores across both genders, with values reaching up to 4.70, compared to a maximum of 2.90 in EXT and 1.60 in CTRL.

Anger Indices (Within-Group Comparisons)

To further examine the observed Group × Gender interaction for anger factor count, independent samples *t*-tests were conducted within EXT. Results indicated that men showed significantly higher anger factor count than women, $t(18) = 2.47$, $p = .024$, suggesting that anger was distributed across a greater number of dimensions in men. In contrast, women showed higher anger centrality, $t(18) = -2.15$, $p = .045$, and higher factor variance, $t(18) = -3.33$, $p = .004$, indicating stronger embedding of anger within a dominant construct dimension. No other differences reached statistical significance.

Within INT, no statistically significant gender differences were observed across anger indices. However, trends indicated that men showed higher variability in anger ratings (SD_anger), $t(18) = -1.99$, $p = .062$, and lower self-others anger discrepancy, $t(18) = -2.01$, $p = .060$. All other indices were non-significant ($ps > .11$).

Within CTRL, a significant gender difference was observed for factor variance, with women showing higher values than men, $t(18) = -2.80$, $p = .012$. A non-significant trend was also observed for anger factor count, with women tending to show higher values than men, $t(18) = -1.77$, $p = .095$. All other indices were non-significant ($ps > .20$).

These findings complement the results of the two-way ANOVA, which showed a significant Group × Gender interaction only for anger factor count, $F(2, 54) = 4.04$, $p = .023$, $\eta^2 = .13$, while no interaction effects were observed for other anger indices. Overall, group-related differences in anger organization appear robust, whereas gender effects are limited to subtle variations in the structural distribution of anger within the construct system.

Content Differences

When analysing potential gender differences in construct content, several comparisons were conducted. First, all men were compared with all women across the combined groups to examine overall gender differences irrespective of group membership. At the global level, no meaningful differences in content distribution were observed between men and women.

A series of two-way ANOVAs were conducted to examine group and gender differences across content categories. Significant main effects of Group were observed for C1, $F(2, 54) = 12.28$, $p < .001$, and C2, $F(2, 54) = 5.83$, $p = .005$, indicating that these content domains differed across EXT, INT, and CTRL. No significant group effects were found for the remaining categories (C3-C7, all $p > .11$).

No significant main effects of Gender were observed across any content category (all $p > .13$), and no significant Group × Gender interactions were found (all $p > .17$), although a marginal trend was observed for C7, $F(2, 54) = 2.55$, $p = .087$. Overall, these findings indicate that content differences are primarily associated with group membership, with no systematic influence of gender.

To further examine potential gender differences in content, descriptive comparisons based on absolute frequencies and percentages are presented in Table 16. These data are consistent with the inferential findings, indicating minimal and unsystematic gender differences across content categories. Within each group, the distribution of content across categories was broadly similar between men and women. Minor variations were observed—for example, women in INT showed slightly higher proportions of emotional content, while men in EXT showed slightly higher proportions of moral content, but these differences were small and did not reflect a consistent pattern across groups. Low-frequency categories (C5-C7) showed sporadic variation between genders, likely reflecting small counts rather than meaningful differences.

Table 16. *Content classification by group and gender (frequencies and percentages)*

Category	EXT		INT		CTRL	
	Men	Women	Men	Women	Men	Women
(1) Moral	47 (35.9)	36 (32.1)	29 (25.9)	23 (19.8)	26 (17.5)	33 (22.2)
(2) Emotional	19 (14.5)	20 (17.9)	28 (25)	32 (27.6)	21 (14.1)	28 (18.8)
(3) Relational	25 (19.1)	20 (17.9)	26 (23.2)	30 (25.9)	41 (27.5)	41 (27.5)
(4) Personal	28 (21.4)	27 (24.1)	16 (14.3)	24 (20.7)	41 (27.5)	32 (21.5)
(5) Intellectual	4 (3.1)	1 (0.9)	3 (2.7)	4 (3.5)	6 (4.0)	4 (2.7)
(6) Values	8 (6.1)	5 (4.5)	7 (6.3)	3 (2.6)	13 (8.7)	9 (6.0)
(7) Concrete	-	3 (2.7)	3 (2.7)	-	1 (0.7)	1 (0.7)
(8) Existential	-	-	-	-	-	1 (0.7)
Construct number per gender	131 (53.9)	112 (46.1)	112 (49.1)	116 (50.9)	149 (50)	149 (50)
Construct number per group	243 (31.6)		228 (29.7)		298 (38.8)	
Construct number total	769 (100)					

Note. EXT = externalizing group; INT = internalizing group; CTRL = control group. Percentages are calculated within each group and gender.

Discussion

The present study examined whether INT and EXT patterns of psychopathology can be differentiated at the level of personal construct systems. The findings support the relevance of the INT-EXT distinction within the PCT framework, while simultaneously challenging some of its traditional assumptions. While clear differences emerged in the structural organization, content, and relational aspects of construing, the results also revealed important deviations from traditional expectations. These findings suggest that differences between depressive and disruptive systems cannot be reduced to a simple inward-outward distinction, but instead reflect more complex variations in how meaning is organized.

Structural Organization

Verbalized Construing

Several indicators within the RGT have been used to capture constriction, most directly the number of elicited constructs, which has frequently been interpreted as reflecting the range of distinctions available within the construct system or as an indicator of cognitive complexity (Feixas et al., 2008, 2014a, 2014b; Hanieh & Walker, 2007). Fransella et al. (2004), however, argued that construct number is more appropriately understood as an index of verbalized construing, reflecting the extent to which individuals are able to articulate and explicitly formulate personal distinctions about significant others. This interpretation emphasizes the accessibility of construing for reflective and communicable use. Accordingly, construct elicitation captures only that portion of the construct system that is sufficiently elaborated to become verbally accessible.

Both clinical groups generated fewer constructs than controls, suggesting reduced verbalized construing. Although this difference was partly associated with educational level, it remains clinically meaningful. Within PCT, fewer elicited constructs indicate that fewer personal distinctions are available for explicit reflection and communication, not necessarily that the construct system itself is less developed. The present findings therefore support Fransella et al.'s (2004) interpretation while offering less support for treating construct number as a direct indicator of cognitive complexity or constriction.

The comparable reduction in verbalized construing across both clinical groups does not necessarily imply the same underlying organization of construing. Similar outcomes within the grid may arise from different organizational processes within the construct system, a possibility that becomes clearer when the remaining structural indicators are considered. Verbalized construing therefore appears most informative when interpreted as part of the broader organization of the construct system rather than as an isolated index.

Cognitive Complexity

Group differences became more pronounced at the level of latent structural organization. As shown in the additional analyses, PVAFF, Intensity, and PCA-3 indices converged on a common dimension reflecting the degree to which construing was organized around a small number of dominant latent structural dimensions. In contrast, the Bieri index showed weaker convergence

and appeared to capture a different aspect of the construct system, namely the degree to which different constructs generated redundant distinctions among elements. Together with the number of elicited constructs, these findings suggest that the three sets of indicators represent different windows into structural organization rather than interchangeable measures of "cognitive complexity."

Both clinical groups demonstrated reduced verbalized construing together with greater construct redundancy. Thus, the construct systems available for explicit reflection appeared not only smaller but also increasingly repetitive. Additional constructs tended to reproduce distinctions that had already been made elsewhere in the grid, contributing relatively little new anticipatory information. In this sense, the world did not become richer as additional constructs were elicited. Instead, similar meanings were repeatedly reformulated rather than expanding the system's capacity to anticipate experience in new ways.

The groups diverged at the level of latent structural organization. Only the disruptive group showed significantly greater structural centralization than controls. Thus, the reduced and repetitive repertoire of available meanings was additionally organized around a relatively small number of dominant anticipatory dimensions. Within PCT, this pattern corresponds closely to preemptive construing, in which alternative interpretations become subordinated to dominant meanings and anticipation proceeds through rapid closure (Kelly, 1955). Such systems may therefore be described as relatively centralized around a limited number of superordinate anticipatory dimensions. A relatively small number of hypotheses therefore becomes responsible for anticipating increasingly broad areas of experience. Their organization appears to favor rapid and decisive anticipation, but at the cost of reduced differentiation and fewer available alternatives. This interpretation closely matches previous PCT descriptions of violent and antisocial construing as rigid, tightly organized, and preemptive (Houston, 1998, 2004; Kitson-Boyce et al., 2022; Sewell & Cruise, 2004; Widom, 1976).

In contrast, the depressive group occupied an intermediate position. Although depressive participants also demonstrated reduced verbalized construing and increased redundancy, they did not differ significantly from either controls or the disruptive group on indicators of latent structural centralization. Consequently, the present findings do not support the view that depressive systems are uniformly characterized by reduced cognitive complexity. Instead, they suggest that depressive symptomatology may emerge across construct systems with different degrees of latent structural organization.

This interpretation is broadly consistent with the heterogeneous findings reported in previous PCT research. Earlier studies frequently associated depression with reduced complexity and tightly organized construing, particularly in severe or hospitalized samples (Ashworth et al., 1982; McPherson et al., 1973; Winter et al., 2018). In contrast, later investigations reported preserved differentiation or no complexity differences relative to non-clinical participants (Feixas et al., 2008; Hanieh & Walker, 2007; Sheehan, 1985). Rather than representing contradictory evidence, these findings may indicate that depressive psychopathology can emerge across construct systems with different degrees of structural complexity. The present findings align more closely with this latter interpretation and suggest that cognitive complexity alone is insufficient for understanding depressive organization.

The prototype analyses illustrated this pattern descriptively. The disruptive prototype showed the greatest structural centralization, the depressive prototype showed a less centralized organization,

and the comorbid prototype occupied an intermediate position between these configurations. Although exploratory, these observations provide descriptive support and are compatible with the possibility that depressive processes partially loosen highly centralized organizations without necessarily producing more elaborated alternatives (Neimeyer et al., 1983; Winter et al., 2018).

Taken together, the results indicate two distinct structural pathways. Both clinical groups relied on fewer explicitly available meanings, and many of those meanings reproduced distinctions already present elsewhere in the construct system. The difference was that the disruptive group additionally organized those meanings around a relatively small number of dominant anticipatory dimensions, whereas the depressive group did not. Consequently, disruptive construing appears to trade differentiation for stronger structural centralization, while depressive construing combines reduced verbalized construing and increased redundancy without comparable centralization. This finding suggests that depressive organization cannot be understood through structural simplification alone and that different degrees of structural complexity may give rise to depressive psychopathology.

Application of Constructs

Structural organization describes how a construct system is arranged. Polarization and midpoint responding, in contrast, describe how available constructs are applied across experience. Polarization reflects the tendency to assign elements to one construct pole or the other, whereas midpoint responses indicate occasions on which neither pole is selected. Considered together, these indices provide complementary information about construct application that neither measure can provide alone. Although the present data are cross-sectional and cannot capture the dynamics of Kelly's CPC cycle directly, the joint pattern of polarization and midpoint responding may offer an indirect perspective on how readily construct systems commit to, or suspend, anticipatory distinctions.

Polarization

Both clinical groups demonstrated elevated polarization relative to controls, with the disruptive group showing the highest levels. These findings broadly align with previous PCT research linking psychological disturbance with increasingly rigid and extreme application of construct poles (Džamonja-Ignjatović, 1997; Hewstone et al., 1981; Houston, 1998; Neimeyer et al., 1983; Widom, 1976; Winter et al., 2018; Yorke & Dallos, 2015). Within PCT, polarization reflects rigidity in the application of distinctions, where self and others are construed through increasingly absolute rather than graded meanings. Such construing reduces tolerance for ambiguity and mixed meanings, positioning people and experiences within categorical "either-or" distinctions.

The findings suggest that polarization may represent a relatively general marker of psychopathology rather than a feature specific to either depressive or disruptive systems. Both clinical groups applied construct poles more extremely than controls despite differing in other aspects of structural organization. This indicates that categorical construing may characterize psychological disturbance more broadly, while its psychological significance depends on the organization of the construct system in which it occurs.

In the disruptive group, polarization co-occurred with low cognitive complexity, elevated redundancy, and reduced verbalized construing. This suggests that relatively few dominant

anticipatory dimensions were repeatedly applied across a broad range of experience. Multiple constructs appeared to reproduce similar evaluative distinctions, yielding a condensed organization in which diverse situations were anticipated through the same limited set of meanings. Such findings closely align with previous PCT describing antisocial construing as dominated by strict binaries (Houston, 1998; Widom, 1976; Yorke & Dallos, 2015).

Although depressive participants demonstrated a comparable level of polarization, this rigidity occurred within a different structural organization. Unlike the disruptive group, depressive participants did not show significantly greater latent structural centralization. The same degree of polarized construing therefore appeared capable of emerging from different forms of construct-system organization. Rather than reflecting global simplification, depressive polarization may indicate that multiple anticipatory dimensions remain available but are nevertheless applied in increasingly absolute ways. This interpretation is consistent with previous studies reporting preserved differentiation despite elevated psychological distress (Carapeto & Feixas, 2019; Feixas et al., 2008; Winter et al., 2018).

The findings suggest that polarization primarily describes how distinctions are applied rather than how the construct system itself is organized. Similar levels of polarized construing may therefore arise within structurally different systems, giving rise to different forms of anticipatory organization despite comparable rigidity in construct application.

Midpoints in the Grid

Midpoint ratings within PCT are considered structurally ambiguous and context-dependent. Fransella et al. (2004) proposed that midpoint responses may indicate difficulty subsuming an element under either pole of a construct, rendering the construct temporarily unusable or outside its range of convenience. Such responses may reflect uncertainty, conflict, anxiety, irrelevance of the construct, suspension of construing, or constriction in the face of incompatible anticipations (Winter et al., 2010). Consequently, midpoint ratings cannot be interpreted in isolation but require consideration of the broader organization of the construct system.

Across the grid as a whole, the disruptive group consistently showed the lowest frequency of midpoint ratings, significantly below both depressive and control participants. This pattern closely paralleled the broader structural organization observed in this group, including reduced cognitive complexity and elevated polarization. Elements were rarely positioned between construct poles, suggesting that available distinctions were typically applied in a definite rather than indeterminate manner. Although midpoint responding has rarely been examined systematically in disruptive populations, the present findings are broadly consistent with previous descriptions of "lopsided" construing in psychopathy (Widom, 1976) and qualitative accounts emphasizing rigid and polarized construing among violent offenders (Houston, 1998; Yorke & Dallos, 2015).

In contrast, the depressive and control groups did not differ significantly in overall midpoint frequency. On its own, this finding could suggest relatively similar use of intermediate ratings. However, considered together with the polarization findings, a different picture emerges. Whereas the control group combined relatively frequent midpoint responding with lower polarization, the depressive group combined a comparable frequency of midpoint responses with significantly

greater polarization. Thus, similar overall midpoint frequencies appeared embedded within markedly different forms of construct application.

One possible interpretation is that depressive systems are characterized by coexistence of highly polarized and suspended construing across different domains of experience. Some distinctions appear to be applied in an absolute manner, whereas others remain difficult to subsume under either construct pole. Midpoint responding in depressive systems may therefore coexist with pronounced rigidity, suggesting that certainty and suspension are distributed unevenly across the construct system. Although this interpretation remains tentative, it offers one possible explanation for how elevated polarization and preserved midpoint use can occur simultaneously.

Considered together, polarization and midpoint responding suggest that construct application differs qualitatively across the two forms of psychopathology. Disruptive systems appear characterized by consistently polarized application of available distinctions, whereas depressive systems combine polarized application of some meanings with suspension of others. Viewed in relation to Kelly's anticipatory framework, these findings suggest that similar levels of psychological rigidity may arise through different organizations of anticipation, a distinction that would not have been evident from either polarization or midpoint responding considered in isolation.

Self and Interpersonal Construing

Before considering specific forms of self-positioning, it is important to note that the groups did not differ substantially in global valence of self-construction. Neither negative present-self nor negative future-self construing significantly differentiated the groups, while positive future-self construing remained relatively elevated across all participants. Even depressive systems therefore retained access to positively valued future constructions, suggesting that psychopathology in the present sample was not primarily organized around uniformly negative self-definition.

Instead, group differences emerged more strongly at the level of positioning, discrepancy, continuity, and applicability of self-constructions. Depressive participants did not construe themselves simply as globally “bad” or hopeless, but rather as discrepant from valued positions within the system. Similarly, disruptive participants did not demonstrate uniformly inflated or markedly positive self-constructions, although they showed a tendency toward more positively positioned present selves alongside lower self-ideal discrepancy.

One notable difference nevertheless emerged in present-self midpoint usage. Disruptive participants showed significantly lower midpoint placement on present-self constructions compared to both depressive and control groups, suggesting clearer and more categorical positioning of the self within construct dimensions. In contrast, depressive and control participants demonstrated greater ambiguity or flexibility in present-self positioning. This finding aligns with the broader structural organization observed in disruptive systems, including lower complexity, elevated polarization, and reduced midpoint usage throughout the grid more generally

PCT allows that the self can be examined across multiple relational directions within the construct system: in relation to valued standards (self-ideal), to other people (self-other), and across time (self-future). These three forms of positioning correspond to three complementary questions of

self system coordinates: Where am I relative to my values? Where am I relative to other people? Where am I relative to my anticipated future?

Self-Ideal: Intra-Personal Positioning

The most consistent finding in the present study concerned self-ideal discrepancy. Depressive participants demonstrated significantly greater discrepancy between present and ideal self than controls, while not differing substantially in either negative present-self or pessimistic future-self construing. These findings suggest that depressive disturbance in the present sample was not primarily organized around a globally negative self-construction ("I am bad"), but around incongruence between current and desired self-positioning ("I am not who I should or wish to become").

This pattern aligns more closely with later PCT models emphasizing discrepancy, instability, and conflictual self-organization (Feixas et al., 2008, 2014a, 2014b; Space & Cromwell, 1980) than with earlier formulations describing depression primarily through monolithic negative self-construing (Neimeyer et al., 1983; Sheehan, 1981, 1985). Depressive participants retained access to valued identities and positive future constructions. The construct system therefore continued to generate desirable anticipations about who the person wished to become. The difficulty appeared to lie elsewhere: the self was no longer coherently positioned within these valued constructions. From a PCT perspective, depressive systems may preserve valued hypotheses about identity while repeatedly failing to validate the anticipation that the self can legitimately occupy those positions. Depressive suffering, in this sense, appears to arise less from the absence of positive meanings than from chronic invalidation of the relationship between present and anticipated identity.

This interpretation also helps integrate the seemingly heterogeneous findings reported in previous PCT research. Earlier studies frequently described depression in terms of globally negative self-construction, diminished self-esteem, and negative self-evaluation (Ashworth et al., 1982; Neimeyer et al., 1983; Sheehan, 1981, 1985), whereas later work increasingly emphasized discrepancy, instability, and conflictual self-positioning within the construct system (Džamonja-Ignjatović, 1997; Feixas et al., 2008, 2013, 2017b; Space & Cromwell, 1980). Rather than representing competing accounts, these findings may describe different organizations of depressive construing. Some depressive systems may indeed become organized around globally negative identity constructions, where valued future positions themselves lose credibility and the self is construed as fundamentally defective or hopeless. Such organizations correspond closely to classical descriptions of severe melancholic depression, characterized by pervasive negative self-evaluation and diminished anticipation of positive futures. Other depressive systems, including those observed in the present study, appear to preserve valued identities and positive anticipations while repeatedly positioning the self outside them. Here, suffering arises not because valued meanings disappear, but because the system persistently anticipates the self as failing to occupy them. From a Kellian perspective, these two configurations may differ phenomenologically, yet both involve chronic invalidation of core anticipations about identity. One primarily reflects invalidation of valued meanings themselves, whereas the other reflects repeated invalidation of the self's anticipated place within otherwise preserved valued meanings.

In contrast, the disruptive group did not show elevated self-ideal discrepancy and did not differ substantially from controls in negative self-placement. On average, the self appeared more coherently positioned within the dominant organization of the construct system, even when the content of that system was socially deviant or morally antisocial. Rather than reflecting inflated or

uniformly positive self-construing, these findings suggest greater congruence between self-positioning and the dominant meanings organizing anticipation. In other words, the individual's preferred identity remained broadly compatible with the system through which future experience was anticipated, thereby reducing internal discrepancy and preserving continuity of self-construal.

This interpretation is consistent with previous PCT literature emphasizing the heterogeneity of disruptive systems and the distinction between coherent antisocial identities and discrepancy-driven or emotionally dysregulated forms of aggression (Houston, 1998, 2004; Sewell & Cruise, 2004). The present findings suggest that many disruptive participants construed themselves in ways congruent with their dominant meanings, even when those meanings involved exploitation, dominance, or oppositional roles. One participant, for example, questioned why he should "torture" himself through honest work for minimal income, construing greed and exploitation as more adaptive than honesty. Rather than simply rejecting conventional morality, he reconstructed the positive pole of the construct itself, allowing coherence between self-definition, values, and anticipated action to be maintained.

Control participants likewise demonstrated low self-ideal discrepancy, but within a qualitatively different organization. Their relatively coherent self-positioning was embedded within more differentiated, less polarized, and more verbally elaborated construct systems. Thus, congruence between self and valued meanings appeared to be achieved without the structural rigidity characterizing disruptive organizations.

Psychopathology may therefore depend partly on how the self is positioned relative to valued meanings within the anticipatory system. The present findings indicate one depressive configuration in which valued identities remain preserved while the self is persistently anticipated as falling short of them. Other depressive organizations described in previous PCT literature may involve progressive erosion of those valued meanings themselves, giving rise to globally negative self-constructions. Both configurations are compatible with chronic invalidation, but differ in whether invalidation primarily concerns the anticipated self-position or the anticipated identity itself. In contrast, disruptive systems more often preserve congruence between self-positioning and dominant meanings, even when those meanings are socially deviant or antagonistic. From this perspective, the central distinction is between discrepant and congruent positioning of the self within the person's dominant anticipatory organization.

Self-Other: Inter-Personal Positioning

A different pattern emerged for self-other distance, indexing perceived similarity between the self and others. The only significant group difference was observed between the disruptive and control groups, with disruptive participants construing themselves as more distinct from other people. Within PCT, greater self-other distance does not necessarily imply loneliness or simple social withdrawal. Rather, it may reflect a reorganization of interpersonal positioning in which differentiation from others becomes incorporated into the maintenance of identity coherence.

This finding aligns closely with previous PCT descriptions of disruptive systems organized around alienation, oppositional identity, and antagonistic forms of belonging (Houston, 1998; Winter, 2013; Yorke & Dallos, 2015). Earlier work repeatedly suggested that disruptive individuals often construe the broader social world as invalidating, hypocritical, hostile, or fundamentally incompatible with their own values. Rather than revising dominant constructions in response to such invalidation, the construct system may instead preserve coherence by redefining the relevance

of the social field itself. Distancing from others may therefore protect dominant anticipations from invalidation by reducing the authority of alternative constructions. If others are construed as weak, corrupt, exploitative, or fundamentally different, their evaluations lose much of their capacity to challenge core anticipations about the self.

When considered together with the self-ideal findings, this pattern becomes particularly informative. Relative to controls, disruptive participants showed greater interpersonal distance while maintaining relatively low self-ideal discrepancy. This combination suggests that coherence may be preserved not through integration within the broader social field, but through positioning the self outside it. Rather than anticipating "I should become more like others," the system may increasingly anticipate "I am not like them." Such positioning may reduce the impact of repeated interpersonal invalidation by preserving congruence between self-definition, values, and anticipated action. At the same time, previous PCT literature suggests that this configuration is itself heterogeneous. For some individuals, interpersonal distance may reflect antagonistic identity organization and identification with alternative systems of belonging organized around power, deviance, or dominance (Houston, 1998). For others, particularly individuals with more psychopathic configurations, greater distance may reflect diminished sociality or limited perspective-taking rather than subjective rejection or hostility (Doninger & Kosson, 2001; Widom, 1976). The present findings cannot distinguish between these possibilities but are broadly consistent with PCT accounts emphasizing alternative or oppositional interpersonal positioning within disruptive systems.

The findings concerning the depressive group were less definitive. Contrary to much of the previous PCT literature, depressive participants did not differ significantly from either the disruptive or the control group on self-other distance. Earlier repertory grid studies consistently identified perceived interpersonal isolation as one of the most robust characteristics of depressive construing (Ashworth et al., 1982; Sheehan, 1981; Space & Cromwell, 1980). The present findings therefore do not provide equally strong support for perceived isolation as a defining feature of depressive organization. Rather, the depressive group occupied an intermediate position between the disruptive and control groups, suggesting that interpersonal positioning may be considerably more heterogeneous than other aspects of depressive construing, such as self-ideal discrepancy.

One possible interpretation is that depressive psychopathology can emerge across construct systems differing not only in structural complexity, as suggested in the previous section, but also in interpersonal positioning. Some depressive organizations may preserve strong investment in relationships and conventional social belonging despite chronic self-discrepancy, whereas others may increasingly construe themselves as fundamentally separated from others. Such heterogeneity could explain why the depressive group did not differ significantly from either comparison group despite the robust evidence for perceived isolation reported in previous PCT studies. Alternative explanations also remain plausible, including the relatively modest sample size, heterogeneity of depressive presentations, and the fact that many participants were receiving psychotherapy and/or pharmacological treatment. Previous PCT research has shown that perceived isolation may decrease alongside therapeutic improvement (Sheehan, 1985; Sperlinger, 1976, Winter et al., 2018), raising the possibility that interpersonal positioning may be more responsive to treatment than self-ideal discrepancy.

Control participants demonstrated relatively low self-other distance together with low self-ideal discrepancy, suggesting coherent positioning of the self both within valued identities and within

the broader interpersonal field. Unlike the disruptive group, such coherence did not appear to require distancing from others or oppositional positioning but was maintained within more differentiated and mutually validating interpersonal constructions.

The findings suggest that depressive and disruptive systems may differ in how interpersonal positioning contributes to maintaining coherence of the construct system. The present findings provide clearer support for greater self-other differentiation in disruptive than control participants, whereas the depressive group occupied an intermediate position and did not differ significantly from either comparison group. Together with the findings on cognitive complexity, this pattern suggests that depressive psychopathology may emerge across multiple interpersonal organizations rather than reflecting a single characteristic configuration of self-other positioning.

Self-Future: Temporal Positioning

No significant group differences emerged in either negative or positive future-self placement. Depressive participants did not construe their future selves more negatively than controls despite showing elevated self-ideal discrepancy and other indicators of depressive disturbance. Future identity therefore remained positively valued across groups, suggesting that depressive psychopathology in the present sample did not involve a generalized collapse of positive future anticipation.

The group differences instead emerged in the relationship between present and future self. Depressive participants showed significantly greater present-future distance than controls, indicating weaker continuity between current and anticipated identity. This finding is consistent with earlier PCT formulations proposing that depression involves disturbance in anticipatory continuity across time (Neimeyer et al., 1985). Similarly, Džamonja-Ignjatović (1997) reported that disruption of future construing becomes increasingly pronounced in more severe and suicidal forms of depression. The present findings extend this perspective by suggesting that continuity may become disrupted even when future constructions themselves remain positively valued.

When considered together with the elevated self-ideal discrepancy observed in the depressive group, a coherent pattern begins to emerge. Valued identities remained available within the construct system, and participants continued to anticipate desirable future possibilities. However, the present self was positioned at considerable distance from both the ideal and future self. From a PCT perspective, the system continued to generate meaningful anticipations about who the person wished to become, while repeatedly failing to validate the expectation that the present self could coherently move toward those anticipated identities. Such a configuration is compatible with Kelly's (1955) concept of guilt as awareness of dislodgement from one's core role. The person does not necessarily lose valued meanings or aspirations; instead, those meanings become increasingly difficult to experience as personally attainable or continuous with the present self.

Earlier PCT studies describing "slot-rattling" and unstable self-positioning provide one possible framework for understanding this pattern (Ross, 1985; Space & Cromwell, 1980). Rather than reflecting stable pessimism, increased present-future distance may indicate reduced continuity of self-positioning across time, where anticipated identities remain psychologically meaningful but are insufficiently integrated with the individual's current sense of self.

The disruptive group also demonstrated elevated present-future distance, although this finding occurred within a markedly different organization of self-construing. Unlike depressive

participants, disruptive individuals showed relatively low self-ideal discrepancy and generally maintained coherent present self-positioning within the dominant organization of the construct system. Consequently, the psychological meaning of increased present-future distance is likely to differ from that observed in depression.

One possibility is that future identities are less temporally integrated with present self-positioning, reflecting a construct system organized more strongly around current interpersonal demands than longer-term continuity of self-construction. An alternative explanation relates to the institutional context of the present study. Because all disruptive participants were assessed in prison settings, future-self constructions may have been influenced by socially desirable or strategically managed self-presentation (Kitson-Boyce et al., 2022). Endorsing a more positively valued future identity may carry implicit evaluative significance within correctional environments while remaining psychologically distant from the present self. The present data do not permit differentiation between these interpretations, and future research should examine temporal self-positioning in disruptive populations outside institutional contexts.

Control participants showed significantly lower present-future distance, indicating greater temporal continuity of self-construing. Present and anticipated selves appeared more coherently aligned across time, suggesting continuity between current self-positioning and future anticipations without the marked discrepancy or instability observed in clinical groups.

Temporal positioning therefore appears to concern the continuity of anticipation across time rather than the emotional valence of future constructions alone. In the present sample, depressive systems preserved valued future identities while positioning the present self at considerable distance from them, producing a pattern of disrupted continuity between current and anticipated identity. Disruptive systems also showed increased temporal distance, although within a substantially different broader organization of self-construing. The findings therefore suggest that similar temporal configurations may emerge across different forms of psychopathology while serving different roles within the anticipatory organization of the construct system.

Implicative Dilemmas

The present findings provide tentative support for the hypothesis that clinical groups would show a higher prevalence of ID than controls, while also revealing important differences in how such conflicts become organized within construct systems. Consistent with previous PCT research (e.g., Feixas & Saúl, 2004), both clinical groups included a greater proportion of participants presenting at least one ID than controls. At the same time, ID were absent in more than half of participants across all groups, indicating that they cannot be considered universal markers of psychopathology. Instead, the findings suggest that psychological disturbance may emerge through multiple organizational pathways. Rigid polarization, constriction, reduced verbalized construing, or implicationally interconnected conflicts may each preserve anticipation under different conditions while simultaneously limiting the system's capacity to reconstruct following invalidation.

The groups differed not only in the frequency of dilemmas but also in their organization. Among participants presenting dilemmas, the depressive group showed the highest PID and PICID values, including the only consistently very high PICID scores in the sample. In contrast, the disruptive group contained the largest proportion of participants with at least one dilemma, but their PID and

PICID scores were substantially more heterogeneous, ranging from moderate to very severe. From a PCT perspective, this suggests that the anticipatory consequences of change may differ across the two systems. In depressive construing, changing one personally meaningful construct appears more likely to imply changes across multiple interconnected meanings, whereas disruptive conflicts appear less likely to propagate throughout the broader construct system.

This interpretation should nevertheless remain cautious. PICID reflects implication patterns among elicited constructs rather than the ultimate organization of superordinate meanings. Lower PICID values should therefore not be interpreted as evidence that disruptive systems are conflict-free. Instead, the findings leave open several possibilities, including weaker implicational coupling, compartmentalization of conflicting meanings, or organization of conflict at superordinate levels not captured by the elicited grid.

The depressive findings closely align with previous PCT literature emphasizing ID as characteristic of depressive organizations of meaning (Feixas et al., 2014a, 2014b; Montesano et al., 2017a, 2017b). Earlier studies suggested that desired change becomes problematic because it threatens the coherence of valued self-constructions. The present findings extend this interpretation. Depressive participants demonstrated elevated self-ideal discrepancy together with highly interconnected implication patterns, indicating that desired movement toward one personally valued position simultaneously implied undesirable changes across multiple other valued meanings. From the perspective of the person-as-scientist metaphor, changing one central hypothesis about the self may require revision of many others. Under such conditions, maintaining the existing organization, despite its psychological cost, may preserve anticipatory coherence more successfully than attempting reconstruction.

These findings also support more recent PCT perspectives arguing that depression cannot be reduced to globally negative self-construing (Montesano et al., 2017a). Depressive participants retained access to positive ideals and future constructions, yet these meanings remained embedded within densely interconnected implication structures and elevated self-ideal discrepancy. The difficulty therefore appears to lie in anticipating the broader consequences of moving toward them. This interpretation integrates earlier descriptions of low self-esteem with more recent coherence-based accounts of depressive conflict: valued identities remain available, but approaching them is anticipated to invalidate other personally important aspects of the construct system.

The disruptive findings complicate the notion of disruptive systems as uniformly conflict-free, rigidly antisocial, or devoid of self-construal tensions. The relatively high proportion of disruptive participants presenting at least one dilemma indicates that incompatible meanings are not uncommon within disruptive organizations. This observation broadly supports earlier PCT accounts describing tensions surrounding masculinity, worth, belonging, morality, or socially desirable identities among violent and antisocial individuals (Houston, 1998; Sewell & Cruise, 2004).

At the same time, disruptive conflicts appeared to possess a different structural organization. Although dilemmas were common, they generally showed weaker implicational interconnectedness within the elicited construct system. Rather than spreading across the broader organization of meanings, contradictory constructions appeared more locally contained. Such a pattern is compatible with Sewell and Cruise's (2004) observation that positive meanings may be cognitively recognized while remaining psychologically disconnected from self-applicability. It is also consistent with the possibility that disruptive systems preserve anticipation by limiting the

propagation of contradiction through the broader construct system. These interpretations remain tentative, but they suggest that the architecture of conflict may differ substantially across depressive and disruptive forms of psychopathology.

Dilemmatic Constructs

Important distinctions must also be made between ID, dilemmatic constructs, and midpoint placement of the ideal self, although all three concern the organization of meanings within the construct system. Whereas ID reflect implication patterns linking desired change with valued self-constructions, dilemmatic constructs refer to constructs in which neither pole is clearly preferred by the ideal self. Similarly, midpoint placement of the ideal self indicates that neither alternative is fully endorsed. These indices therefore address different aspects of evaluative organization, and none carries a fixed psychological meaning when interpreted in isolation.

Previous PCT research has associated midpoint responding with a wide range of psychological processes, including hopelessness, suicidality, constriction, unstable self-construing, and therapeutic improvement (Hanieh & Walker, 2007; Hughes & Neimeyer, 1993; Landfield, 1976; Neimeyer et al., 1985; Winter et al., 2007, 2010). Rather than supporting contradictory interpretations, this body of work suggests that midpoint responding derives its psychological meaning from the broader organization of the construct system. The present findings strongly support this conclusion.

The control group demonstrated the highest proportion of ideal-self midpoint ratings and dilemmatic constructs, whereas the disruptive group showed the lowest values on both indices. The depressive group occupied an intermediate position, differing significantly from controls on ideal-self midpoint usage while remaining above disruptive participants. The three groups therefore appeared to manage uncertainty in qualitatively different ways.

Among controls, elevated ideal-self midpoint usage and a greater number of dilemmatic constructs co-occurred with fewer ID and lower conflict interconnectedness. Although several control participants presented severe PID scores, ambiguity more often appeared to remain localized rather than developing into broader implication networks. From a PCT perspective, temporarily suspending commitment to one pole of a construct may preserve flexibility of anticipation by avoiding premature closure around a single evaluative position. Such an interpretation is consistent with reports of increased ideal-self midpoint responding during successful psychotherapy (Winter et al., 2010). At the same time, this should not imply that ambiguity is inherently adaptive. Excessive suspension of evaluative commitment may also weaken anticipatory direction and decisiveness when prolonged.

The disruptive group showed the opposite configuration. Low ideal-self midpoint usage and a reduced number of dilemmatic constructs suggest systems in which preferred positions are established more categorically. This finding is highly consistent with the broader organization of disruptive construing observed throughout the present study, including greater structural centralization, elevated polarization, and reduced midpoint usage across the grid. Rather than maintaining competing evaluative possibilities, disruptive systems appeared more likely to achieve anticipatory certainty through rapid commitment to one pole of a construct. Such organization may reduce uncertainty and facilitate decisive anticipation while simultaneously limiting contextual flexibility and exploration of alternative meanings.

The depressive findings proved more complex. Depressive participants retained a similar overall capacity for midpoint responding as controls, yet showed fewer ideal-self midpoints, fewer dilemmatic constructs, stronger self-ideal discrepancy, and substantially more interconnected ID. This configuration suggests that ambiguity remained present but became embedded within a broader organization characterized by discrepancy and conflict. Rather than functioning primarily as openness to multiple alternatives, suspended commitment may increasingly reflect difficulty establishing which alternative can be adopted without generating invalidating implications elsewhere in the system. In this sense, ambiguity may become less a space for exploration than a point at which anticipatory reconstruction repeatedly stalls.

Overall, the findings suggest that dilemmatic constructs and ideal-self midpoint placement provide insight into how construct systems regulate uncertainty. Control systems appeared more willing to tolerate unresolved alternatives without allowing them to propagate into broader conflict. Disruptive systems more often reduced uncertainty through categorical commitment to preferred positions. Depressive systems occupied an intermediate position: the capacity to suspend commitment was preserved, yet such ambiguity became increasingly intertwined with discrepancy and densely interconnected conflicts. From a Kellian perspective, the findings suggest that the critical issue is not whether ambiguity is present, but how the anticipatory system organizes and resolves it.

Qualitative Organization of Dilemmas

The qualitative analyses suggested that the principal distinction between INT and EXT construct systems concerned the anticipated implications of change rather than the goals of change themselves. Across both groups, participants generally generated desirable developmental directions. The differences emerged in the meanings that became psychologically costly once these aspirations entered the broader implication structure of the construct system.

From a Kellian perspective, both organizations appeared to preserve coherence by restricting movement toward different regions of the construct system. Among most INT participants, movement toward agency-related meanings (including competence, autonomy, responsibility, authority, or assertiveness) was anticipated as implying losses of care, morality, emotional connectedness, or other valued self-constructions. Consequently, agency-related meanings appeared increasingly difficult to elaborate and test because their activation threatened highly valued anticipatory organizations. Conversely, most EXT participants displayed considerably greater heterogeneity in the specific content of their dilemmas, yet the anticipated consequences of change were remarkably similar. Desired movement toward vulnerability-related meanings (including emotional openness, forgiveness, dependence, or reflection) was frequently anticipated to imply losses of safety, interpersonal protection, effectiveness, or emotional stability. Thus, the principal distinction did not concern what participants wished to become, but what they anticipated they would lose by becoming it.

One possible interpretation is that different domains of the construct system become progressively submerged within the two organizations. Kelly (1955) proposed that constructs may become submerged when they are no longer readily available for active elaboration and testing, despite remaining part of the broader construct system. The present findings are compatible with this idea. In INT organizations, agency-related meanings may become progressively submerged because attempts to elaborate them repeatedly anticipate invalidation of valued relational or moral identities. In EXT organizations, vulnerability-related meanings may become similarly submerged

because their elaboration anticipates losses of protection, effectiveness, or interpersonal security. From this perspective, psychopathology may involve not only what the system anticipates, but also which regions of experience gradually become unavailable for further reconstruction.

These findings converge with previous PCT literature. Rowe's (1969) classic "martyr" case illustrated a depressive organization in which recovery itself implied becoming morally inferior, suggesting that symptom reduction threatened preferred self-constructions. Similarly, Feixas et al. (2014b) demonstrated that depressive ID frequently involve moral-emotional implication patterns. The present findings extend these observations by suggesting that these dilemmas may reflect a broader anticipatory organization in which agency repeatedly becomes psychologically costly because of its anticipated implications for protected relational meanings.

The EXT findings likewise resonate with constructivist studies of aggression. Previous work has shown that violent offenders frequently construe anger, toughness, and emotional restraint as preserving interpersonal position, whereas vulnerability becomes associated with weakness, dependence, or loss of status (Dave et al., 2006; Houston, 1998; Procter & Dallos, 2006). The present findings suggest a common anticipatory principle underlying these observations. Rather than aggression itself representing the defining feature of EXT systems, vulnerability appears to become psychologically costly because its anticipated implications threaten domains organized around protection, effectiveness, or interpersonal security. At the same time, the relatively small number of dilemmas observed in several EXT participants remains consistent with previous descriptions of highly consolidated antisocial organizations in which dominant identity constructions require relatively little further reconstruction (Houston, 2004; Winter, 2006).

Transitional cases incorporated features of both organizations. Rather than displaying a coherent pattern characteristic of either INT or EXT systems, these participants appeared simultaneously constrained by agency- and vulnerability-related implications. Although exploratory, this observation suggests that depressive and disruptive organizations may coexist within the same construct system and differ primarily in which anticipatory domains become psychologically constrained.

Taken together, these findings suggest that previously separate PCT literatures on depression and offending may describe different expressions of a common organizational principle. Both systems continued to generate desirable developmental directions. The principal distinction concerned the anticipated consequences of change. INT systems appeared organized around protecting relational and moral coherence, whereas EXT systems appeared organized around protecting safety, effectiveness, and interpersonal control. In both cases, development became constrained because movement toward them was anticipated to invalidate protected regions of the construct system.

Content Organization

Beyond structural differences, the groups also differed in the content of their construct systems. Depressive participants generated significantly more emotional constructs, whereas disruptive participants generated significantly more moral constructs. This does not mean simply that depressive systems were "more emotional" and disruptive systems "more moral." In PCT terms, a larger number of constructs within a domain means that the person has more distinctions available

for construing experience in that domain. The findings may therefore indicate different areas of anticipatory specialization within the two groups.

Curiously, participants recruited from an affective-disorders institution showed greater elaboration of emotional constructs, while participants recruited from correctional institution showed greater elaboration of moral constructs. In other words, the domains in which the two groups differed most strongly in their construing were also closely related to the domains in which their difficulties were most visible: affective disturbance in one group and social and moral transgression in the other. This correspondence does not establish why these specializations developed, but it raises the possibility that construct systems become more elaborated in domains that acquire particular importance for the person.

In the depressive group, this specialization was not distributed equally across all forms of emotional construing. The clearest differences involved constructs such as "warm–cold", "balanced–unbalanced", and "optimistic–pessimistic", whereas constructs referring to specific emotions were not substantially more frequent than in the disruptive group. This pattern closely corresponds with previous PCT research reporting greater emotional content in depression (Feixas et al., 2014a; Montesano et al., 2009; Rhodes et al., 2019), but it also provides some indication of what this emotional elaboration concerns. Depressive participants appeared particularly likely to distinguish people according to emotional balance, interpersonal warmth, and positive or negative orientation.

Why these distinctions become particularly elaborated cannot be determined from the present data. One possibility is that affective difficulties themselves increase the anticipatory relevance of emotional functioning. When emotional balance, warmth, hope, or stability become difficult or uncertain, the person may develop more distinctions for understanding these qualities in the self and others. The direction may also be reversed: systems already strongly elaborated around emotional meanings may be particularly affected by experiences that challenge these constructions. Moreover, these processes may develop recursively, as emotionally significant experiences promote further elaboration and the resulting constructs increasingly channel how subsequent experience is understood.

A different specialization appeared in disruptive systems. Moral constructs accounted for a substantially greater proportion of their construing, but this difference was also selective. "Altruistic–egoistic" construing was common in both groups, whereas "sincere–insincere" was especially prominent among disruptive participants. This distinction is classified as moral within the CSPC, but it also has an important interpersonal function: it concerns whether another person's expressed position can be taken as a reliable indication of who they are and what they intend. Distinguishing sincerity from insincerity may therefore be particularly useful in interpersonal environments in which deception, exploitation, loyalty, betrayal, and hidden intentions carry substantial consequences.

This interpretation is compatible with previous constructivist accounts emphasizing loyalty, status, respect, threat, dominance, and interpersonal positioning in disruptive populations (Cummins, 2006a, 2006b; Houston, 1998; Yorke & Dallos, 2015). However, the present findings cannot establish whether moral specialization preceded disruptive functioning or developed through experiences in which these distinctions became increasingly consequential. Correctional and criminal environments themselves may further elaborate such construing by increasing the practical importance of judging trustworthiness and interpersonal intentions. As with emotional

specialization in depressive group, reciprocal development is also possible: existing ways of construing may channel people toward particular interpretations and environments, which then provide further opportunities for their elaboration.

Control participants showed no comparable predominance of either moral or emotional content. Their constructs were more evenly distributed across semantic domains. This suggests that the concentration observed in the clinical groups was not simply a general characteristic of repertory grid production, although the present findings do not establish whether greater content specialization is itself pathological.

Taken together, the content findings suggest that depressive and disruptive systems differ not only in the constructs they use, but in the domains for which they develop a particularly rich repertoire of distinctions. Depressive systems showed anticipatory specialization around emotional qualities, particularly balance, warmth, and optimism, whereas disruptive systems showed specialization around moral distinctions, particularly sincerity and insincerity. The present study cannot determine whether these specializations contribute to psychopathology, develop in response to relevant experiences, are shaped by treatment or institutional contexts, or emerge through reciprocal processes over time. They nevertheless indicate that the two groups elaborate different regions of experience when construing self and others.

Self-Positioning Within Predominant Domains

The exploratory analysis of self-positioning further qualified the content findings. Greater elaboration of a domain did not necessarily imply negative self-positioning within it. This was particularly evident in the disruptive group. Despite the greater elaboration of moral constructs, approximately two thirds of present-self placements were located on positively valued poles, and Present–Ideal distance was generally limited. Moral specialization therefore did not usually involve construing the self as morally deficient. In the depressive group, by contrast, approximately half of present-self placements within the emotional domain were negative, while around two thirds showed at least moderate Present–Ideal distance. This pattern is broadly consistent with Silverman's (1977) description of relatively monolithic negative construing within the emotional domain and with the greater overall Present–Ideal discrepancy observed in the present study. However, the present analysis also showed that this was not the only depressive configuration.

Some depressive participants maintained relatively congruent self-positions within highly elaborated emotional systems, while others showed discrepant or internally divergent positioning across emotional constructs. This variation is compatible with earlier descriptions of mixed and fluctuating depressive construing (e.g. Space & Cromwell, 1980) and may help explain why PCT studies have not produced a single structural description of depression. More importantly for the present content findings, emotional constructs remained highly elaborated even when participants did not construe themselves negatively or far from their ideal within this domain. This does not support a simple interpretation in which depressive participants elaborate emotional distinctions only because they describe qualities they currently lack. Emotional specialization appears broader than negative emotional self-construal, although negative and discrepant positioning was more common within it.

Disruptive grids showed a different form of heterogeneity. Some participants appeared overtly role-congruent, incorporating antisocial, dominant, or criminal meanings relatively directly into

preferred self-constructions. Such configurations resemble previous PCT descriptions of consolidated antisocial identities in which apparently problematic behavior can remain compatible with the person's core role (Houston, 2004; Winter, 2006). Other participants might be described as covertly role-congruent: despite documented histories of serious transgressive behavior, they maintained positive self-constructions around conventional moral meanings such as sincerity, loyalty, responsibility, and concern for others.

At least two explanations for this second configuration are plausible. One is strategic self-presentation. In correctional settings, participants may anticipate how clinicians or institutional authorities construe desirable conduct and position themselves accordingly. If such presentation involves construing another person's construction processes and acting within those anticipated expectations, it may draw on the role-taking process described by Kelly's sociality corollary. A second possibility is that the discrepancy is more apparent to an external observer than to the participant. Previous constructivist accounts have similarly shown that apparently contradictory meanings and behaviors can coexist within offenders' self-constructions, suggesting that their implications for broader identity may be limited or differently organized (Blagden et al., 2014; Mascolo et al., 2006; Sewell & Cruise, 2004). A criminal act need not imply a globally immoral self if it is subordinated to another valued meaning: theft may be construed as providing for one's family, aggression as defending loyalty or respect, or deception as necessary within a particular context. The behavior can then remain compatible with a preferred identity such as loyal, responsible, or family-oriented. Strategic presentation and restricted implication are not mutually exclusive, and the present data cannot distinguish between them.

A smaller number of disruptive participants showed negative, discrepant, or internally divergent moral self-positioning. The exploratory findings therefore suggest that content specialization and self-positioning within that content should be distinguished. Depressive and disruptive systems differed in the domains they elaborated, but neither domain prescribed a single self-organization. The predominant configurations nevertheless differed: depressive emotional specialization more often involved negative and discrepant self-positioning, whereas disruptive moral specialization more often coexisted with a positive and relatively congruent self. Thus, knowing which domain a construct system elaborates does not by itself indicate how the person positions the self within that domain.

Supplied Construct Domains

Contrary to expectations, explicit blame construing did not differentiate depressive and disruptive systems in the anticipated direction. Across all three groups, participants generally positioned their present selves toward the self-blaming rather than the other-blaming pole. Thus, the expected contrast between depressive self-blame and disruptive other-blame was not observed.

One likely explanation concerns the nature of the supplied construct itself. Unlike elicited constructs, which emerge from each participant's own construing, the dimension "blames self–blames others" already carries strong moral and socially desirable implications. Particularly within psychiatric and correctional settings, acknowledging personal responsibility may itself represent a culturally valued position associated with maturity, honesty, accountability, or strength. The construct may therefore have also measured participants' orientation toward socially valued self-presentation, reducing its ability to discriminate between forms of psychopathology.

The findings became more informative when blame construing was examined across self-domains rather than through present-self ratings alone. Although all groups tended to construe their present selves as relatively self-blaming, depressive participants positioned their ideal selves significantly closer to the other-blaming pole than did disruptive participants. This pattern suggests that self-blame may occupy different functions within the two systems. For depressive participants, self-blame appeared to be experienced as an undesirable aspect of present functioning rather than a valued component of identity. This interpretation is consistent with the broader pattern observed throughout the study, including elevated self-ideal discrepancy and stronger implicative conflicts. Self-blame may therefore persist because relinquishing it threatens coherence within emotionally significant anticipatory organizations (Montesano et al., 2014; Rowe, 1971).

Disruptive participants, in contrast, showed substantially greater congruence between present and ideal positioning on this construct. One possible explanation is that this pattern reflects strategic self-presentation within institutional settings. Alternatively, assuming blame may itself remain compatible with preferred self-constructions organized around toughness, self-sufficiency, or personal accountability. The present data cannot distinguish between these possibilities, and both mechanisms may plausibly contribute. More generally, the findings illustrate that directly supplied blame constructs may become organized by broader moral and institutional meanings surrounding accountability.

The findings concerning decision-making construing were considerably more consistent with theoretical expectations. Disruptive participants construed themselves as significantly more impulsive than controls, whereas depressive participants occupied an intermediate position. This pattern closely parallels Kelly's description of impulsive construing as involving abbreviated circumspection within the CPC cycle, where commitment to a course of action occurs rapidly and with limited consideration of alternative anticipations (Kelly, 1955). It also corresponds with previous PCT descriptions of disruptive construing as favoring rapid behavioral assertion and anticipatory closure over prolonged reflection (Heather, 1979; Miller & Treacher, 1981; Winter, 2007, 2016).

Moreover, this finding converges with several independent structural indicators reported earlier. Greater impulsivity co-occurred with lower midpoint usage, higher polarization, lower cognitive complexity, and stronger latent structural centralization. Although each measure captures a different aspect of the construct system, together they describe a remarkably coherent organization. Such systems appear to reach anticipatory commitment relatively quickly and show comparatively little suspension or elaboration of alternative constructions. While the present cross-sectional design cannot directly examine the CPC cycle in operation, the convergence of these independent indicators provides indirect support for Kelly's conceptualization of impulsive construing as characterized by abbreviated circumspection and rapid anticipatory closure.

The exploratory analyses further suggested that this impulsive organization primarily characterized present self-construing. Disruptive participants shifted toward more reflective positions when construing their ideal and future selves, indicating that impulsivity was experienced as descriptive of current functioning rather than as a preferred way of anticipating events. This distinction is theoretically important because it suggests that these individuals were capable of construing deliberation and self-control as desirable while nevertheless anticipating themselves as acting impulsively in the present.

Contrary to theoretical expectations, depressive participants did not construe themselves as substantially more inhibited than controls. Given the heterogeneity of the depressive sample and the absence of predominantly melancholic presentations, stronger findings concerning inhibition or behavioral passivity may not have been expected. At present, the findings suggest that impulsive decision-making differentiates disruptive systems more clearly than inhibitory decision-making differentiates depressive systems.

Taken together, the supplied constructs illustrate an important distinction between directly endorsed self-theories and the broader organization of elicited construing. Blame constructions appeared strongly influenced by moral and institutional meanings associated with accountability, whereas decision-making construing converged closely with the structural organization of the construct system. This convergence suggests that impulsivity in disruptive systems is not an isolated behavioral characteristic but one expression of a broader anticipatory organization characterized by centralized construing, polarized distinctions, reduced suspension of judgment, and relatively rapid commitment to anticipated meanings.

Anger in the Construct Systems

Anger was examined because it occupies a central position within PCT formulations of invalidation, hostility, and action. The present study therefore examines a personal theory about anger, rather than anger itself. From a PCT perspective, the question is therefore how important the construct of anger becomes as a theory for anticipating the interpersonal world

Structural Findings

The structural findings demonstrated that the theory of anger occupied a significantly more central position within both pathological groups than in controls. In both disruptive and depressive systems, the anger construct loaded strongly onto one of the principal latent dimensions of construing, indicating that the construct of anger became tightly anchored within dominant meaning structures rather than remaining peripheral or loosely connected. Thus, across both forms of psychopathology, theory of anger appeared to function as a relatively privileged hypothesis through which participants anticipated important aspects of the interpersonal world.

At the same time, the findings suggest that the anger construct occupied different structural positions within the two pathological organizations. In disruptive systems, the anger construct was embedded within significantly more dominant latent dimensions and broader construct networks. In other words, the theory of anger was not only highly central, but also situated within other dimensions accounting for a larger proportion of the overall organization of construing and connected to wider clusters of associated meanings. By contrast, depressive systems showed similarly high centrality but weaker domain dominance and narrower construct networks, suggesting that the anger construct remained important without becoming equally dominant within the broader anticipatory organization.

These findings raise an important theoretical question: why should the anger construct become such a privileged hypothesis, particularly within pathological systems? The present data do not permit a definitive answer, but two complementary interpretations appear plausible within PCT. One possibility is that anger becomes increasingly useful for anticipating invalidation, threat, conflict, or interpersonal unpredictability, leading the construct to acquire greater structural

importance over time. Alternatively, the anger construct may become privileged because it is closely linked to agency. Construing others through the anger dimension immediately carries implications for how one should respond, whether to confront, withdraw, protect oneself, or prepare for action. From this perspective, the anger construct functions as a theory about the interpersonal significance of emotional states.

The findings concerning anger discriminative utility further support this interpretation. Both pathological groups relied on anger construct more strongly than controls when differentiating between interpersonal elements. This suggests that the clinical systems relied more heavily on the theory of anger as a working hypothesis for anticipating interpersonal events. However, this should not be interpreted as evidence of greater anger itself. The theory concerning anger appeared more actively deployed as a lens through which significant others were construed and anticipated.

At the same time, structural spread did not differ significantly across groups. Anger-related construing was distributed across multiple latent dimensions to a similar extent in all three groups. Consequently, psychopathology did not appear to involve a broader distribution of anger throughout the construct system. Instead, the principal difference concerned the structural importance of the dimensions in which anger became embedded. Controls appeared to integrate the anger construct more diffusely across multiple domains without allowing it to become tightly concentrated within dominant anticipatory structures.

Content Findings

Whereas the structural analyses examined how important theory of anger became within the construct system, the content analysis examined how participants construed the meaning of it through its personally elicited opposite pole.

Across all three groups, anger was most commonly contrasted with calmness, balance, and emotional stability. Thus, despite marked structural differences, participants showed surprisingly similar meaning constructions of anger. The principal distinction therefore appeared to concern where the construct of anger was positioned within the construct system rather than what anger primarily meant.

Some exploratory qualitative tendencies nevertheless emerged. Depressive systems most frequently contrasted anger with emotional balance and stability, suggesting that anger was often construed as disruption of emotional equilibrium. This pattern coheres with broader findings indicating that depressive systems become increasingly organized around emotional regulation, affective viability, and conflict surrounding emotionally significant meanings (Feixas & Compañ, 2016; Feixas et al., 2013; Leitner & Thomas, 2006).

Disruptive systems, by contrast, somewhat more frequently contrasted anger with specific positive emotions such as happiness, joy, tenderness, or laughter. Although descriptive, this pattern tentatively suggests that anger may be construed more as incompatible with affiliative, warm, or positively valenced emotional states. Such findings broadly resonate with previous PCT descriptions emphasizing hostility, antagonistic positioning, and interpersonal threat within disruptive systems (Cummins, 2005, 2006a; Houston, 1998).

Functional Findings

The functional analyses addressed a third question. Rather than asking where the theory of anger was positioned or what it meant, they examined which other personal theories became functionally linked with the anger construct. From the person-as-scientist metaphor, the question becomes which hypotheses tend to become activated alongside the anger hypothesis.

The findings complicated a simple distinction between "externalized anger" and "internalized anger." In both pathological groups, the anger construct was functionally associated with blaming others and with more impulsive decision-making, whereas in controls it was associated more strongly with self-blame and inhibition. It is important to note that these findings concern the organization of construing rather than overt behavior. They indicate that, when the anger construct becomes psychologically relevant, it tends to recruit different hypotheses across different systems.

This finding is theoretically important because it challenges simplistic formulations of depressive anger as merely absent, inhibited, or turned inward. Earlier formulations, including psychoanalytic accounts of depression as inwardly directed anger, would predict stronger associations between anger, inhibition, and self-blame within depressive systems (Drndarević et al., 2021; Freud, 1917; Leitner & Thomas, 2006). Interestingly, this pattern emerged more clearly among controls than among depressive participants themselves. Of course, inhibition should not be equated with psychological health. However, within non-clinical systems, this association between anger, self-blame, and inhibition may reflect greater modulation and contextual integration of anger, allowing it to remain acknowledged, reflected upon, and incorporated into anticipation without immediately organizing action or interpersonal escalation.

The depressive findings may therefore point toward a more unstable organization of anger-related construing (e.g. Paz et al., 2019; Sheehan, 1985). Anger remained structurally important and functionally connected to agency, blame of others, and impulsive meanings, yet it was simultaneously embedded within systems characterized elsewhere by elevated self-discrepancy, emotional saturation, and intense dilemmas. In this sense, the central difficulty may involve unstable integration of the implications carried by anger. This interpretation closely resembles Leitner and Thomas's (2006) description of anger remaining psychologically available while failing to become integrated into effective interpersonal agency.

Describing the case study of depressive symptomatology and anger, the authors noted that anger may remain psychologically present while becoming disconnected from meaningful interpersonal action, leading instead to helplessness, freezing, constriction, or self-destructive outcomes (Leitner & Thomas, 2006). The problem, they suggest, was not the lack of anger, but integrating anger into usable agency. The present findings may suggest a similar process in at least part of the depressive sample. Anger may remain strongly embedded, emotionally significant, and psychologically linked to action tendencies, while the broader construct system fails to stabilize or tolerate the implications of such action.

The overlap between pathological groups raises an important theoretical question. If anger in both groups becomes linked to impulsive meanings and blaming others, why do these systems arrive at radically different institutional outcomes, with one group treated in psychiatric settings (for self-destructive, INT symptomatology), and the other within correctional institutions (for destructive, EXT symptomatology)? From a PCT perspective, the answer appears to lie in the broader architecture of the construct system. Throughout the present study, disruptive systems consistently

appeared more structurally centralized, polarized, morally organized, and action-oriented, whereas depressive systems appeared more emotionally saturated, self-discrepant, differentiated, and conflict-laden. The anger construct therefore seems to acquire its psychological significance through the organization of the system in which it is embedded. The same hypothesis concerning anger may participate in markedly different anticipatory organizations depending on the broader architecture of personal construing. Affective function (anger-related meanings) alone appeared insufficient to explain divergent clinical pathways.

The control group demonstrated a notably different overall pattern. Structurally, anger was less centralized, less dominant, and less discriminative, while remaining relatively diffusely distributed across multiple dimensions of construing. Functionally, anger was associated more strongly with inhibition and self-blame rather than impulsive construing and blaming others. This pattern may reflect greater contextual integration and modulation of anger within non-clinical systems. Anger appeared less monopolizing of overall organization and more capable of participating flexibly across multiple meanings without becoming tightly concentrated within dominant anticipatory structures.

The principal distinction therefore appears to lie less in what anger means than in how the anger construct becomes organized within the anticipatory system. Across both pathological groups, the theory of anger occupied a more privileged structural position and served as a more important lens for anticipating interpersonal experience than in controls. However, the broader organization within which this construct became embedded differed substantially. Thus, from a PCT perspective, the psychological significance of anger appears to derive from the position occupied by the corresponding construct within the architecture of the person's anticipatory system.

Gender Differences

Interpretation of the gender findings remains tentative given the exploratory nature of the analyses. The number of participants within each subgroup was relatively small, while analyses were conducted across a large number of structural, self-construal, dilemma, content, and anger-related indices. Consequently, the gender analyses were considered primarily exploratory and intended primarily to examine whether the broader organizational distinctions identified throughout the study remained stable across men and women.

Across the vast majority of structural, self-construal, content, and dilemma indices, no significant gender interactions emerged. The principal differences between depressive, disruptive, and control construct systems therefore remained substantially stronger than the differences between men and women. This finding suggests that the broader architecture of personal construct systems remains relatively stable across gender, despite well-established differences in symptom expression and socialization (APA, 2022). Emotional saturation continued to characterize depressive systems, whereas moral saturation remained characteristic of disruptive systems in both men and women. Similarly, elevated PID and PICID values remained concentrated primarily within depressive systems regardless of gender. Taken together, these findings indicate that the principal organizational distinctions identified throughout the study were largely preserved across both genders.

Only a small number of localized gender effects emerged. At the global level, women demonstrated slightly greater polarization, suggesting somewhat more dichotomous construing, whereas men showed a trend toward more negative future self-construing. The most notable interaction appeared for anger structural spread. Within disruptive systems, men demonstrated broader distribution of anger construct across multiple latent dimensions, whereas women showed stronger concentration of anger construct within dominant dimensions of construing. In other words, once activated, the anger theory in disruptive women appeared more tightly embedded within the principal organizational axes of the construct system rather than more diffusely distributed across multiple domains.

Although exploratory, this finding may be interpreted in light of previous observations that severe antisocial and disruptive presentations are considerably less common among women than among men (e.g., Berkout et al., 2011; Dave et al., 2006; Pollock & Kear-Colwell, 1994). Women displaying ASPD-like organizations within correctional settings may therefore represent a more selectively extreme subgroup, potentially contributing to the more concentrated organization of anger-related construing observed in the present sample. At the same time, the institutional context itself should also be considered. Individuals recruited from psychiatric and correctional institutions already represent psychologically atypical subsets of the broader population, which may attenuate or overshadow gender differences that would otherwise emerge in community samples.

Within the depressive group, men demonstrated more negative future self-construals and trends toward stronger future-related anger positioning, whereas women showed somewhat greater present self-blame construing. Although tentative, these findings broadly correspond with literature suggesting that depressive distress in men may more frequently involve irritability, frustration, pessimism, or externalized dysregulation rather than prototypical melancholic self-reproach (Cavanagh et al., 2017). However, the present depressive sample itself was heterogeneous and included participants characterized by anxiety, panic, emotional invalidation, institutional disillusionment, and emotional dysregulation in addition to more classical depressive presentations, limiting stronger conclusions regarding gender-specific depressive organizations.

Examined together, the findings suggest that gender modulates the expression of psychopathological organization without fundamentally altering its underlying architecture. The principal distinctions between depressive, disruptive, and control construct systems remained remarkably stable across men and women, whereas gender differences appeared confined primarily to particular modes of expression, especially within the anger construct and future-oriented self-positioning. From a PCT perspective, the principal units of analysis therefore appear to be construct-system organizations rather than demographic categories. Gender may shape how these organizations are expressed, but the broader architecture of anticipation appears to remain largely unchanged.

Integrative Discussion

The present study began with a relatively straightforward question: can the distinction between INT and EXT psychopathology be understood as a distinction between different organizations of anticipation? Unlike contemporary dimensional models, which organize psychopathology according to symptom covariation, PCT begins one level earlier. Its primary unit of analysis is

neither the symptom nor the diagnosis, but the personal scientist, the system that continually develops, tests, revises, and organizes hypotheses in order to anticipate future events.

From a PCT perspective, psychopathology can be understood in terms of the organization of anticipation and the difficulties a construct system encounters in revising, elaborating, or replacing its existing hypotheses. The present findings suggest that INT and EXT psychopathology are best understood as broad organizational regions rather than single construct-system organizations. Within each region, multiple recurring configurations appear possible, sharing common organizational principles while differing in their specific architecture.

The present findings do not support the existence of a single depressive or disruptive architecture. However, they do suggest that different structural configurations may converge toward similar organizational principles. This perspective may help integrate previous PCT findings that have often appeared contradictory, particularly regarding complexity, self-construing, and conflict organization. Instead of representing competing models of psychopathology, these studies may have captured different configurations within the same broader anticipatory region.

The Disruptive Scientist

The disruptive scientist appears to organize anticipation around a relatively restricted family of interpersonal hypotheses. Across the present findings, the construct system repeatedly privileged theories concerning whether persons are good or bad, altruistic or egoistic, responsible or irresponsible, and especially sincere or insincere. These moral hypotheses appeared to provide one of the principal frameworks through which both self and others were anticipated.

Structurally, these hypotheses were embedded within comparatively condensed organizations. Anticipation became organized around fewer dominant dimensions, construct application was increasingly polarized, midpoint usage was reduced, and the system appeared less inclined to suspend hypotheses once activated. Rather than suggesting cognitive impoverishment, such findings indicate a scientist who increasingly relies on a relatively small number of highly trusted theories for anticipating interpersonal reality.

The organization of the self was broadly compatible with this architecture. Self-constructions tended to remain comparatively coherent while being positioned further from other people. The exploratory content analyses added an important qualification: greater moral elaboration did not generally entail construing the self as morally deficient. Most participants maintained positive and relatively congruent positions within the moral domain despite histories of disruptive or transgressive behavior. This congruence assumed different forms. Some participants openly incorporated disruptive roles into preferred identities, whereas others maintained conventionally valued moral identities. As discussed above, the latter configuration could reflect strategic self-presentation, restricted implications between behavior and broader moral identity, or some combination of these processes. Other participants showed more discrepant or internally divergent moral self-positioning. These patterns may represent different self-configurations within a broader domain of moral anticipatory specialization, although the extent to which they reflect more substantial differences in construct-system organization remains unclear.

Qualitative dilemma analyses further suggested that hypotheses concerning vulnerability occupied a distinctive position within these systems. Across many participants, emotional openness, dependence, forgiveness, or reflection repeatedly implied anticipated losses of competence,

protection, effectiveness, or interpersonal security. Although the present findings cannot establish developmental mechanisms, they suggest that vulnerability-related hypotheses become increasingly difficult to elaborate within this organizational region.

A similar pattern emerged around anger. The present study did not investigate anger as an emotional state, but the personal theory of anger, i.e., the extent to which construing persons through anger and its personally constructed opposite became an important hypothesis for anticipating interpersonal events. Within disruptive organizations, anger-related hypotheses occupied particularly privileged structural positions. They became strongly anchored within dominant dimensions, interconnected with broad construct networks, and closely linked to hypotheses concerning blame and decision-making. Together, these findings suggest that anger becomes one of the scientist's principal theories for understanding interpersonal reality, embedded within a relatively coherent architecture organized around rapid anticipation and decisive action.

The Depressive Scientist

The depressive scientist appears organized around a different family of hypotheses. Depressive systems repeatedly organized anticipation around emotional theories, particularly whether persons are balanced or unbalanced, warm or cold, optimistic or pessimistic. These distinctions suggest anticipatory specialization around emotional functioning and relational-affective orientation, although the exploratory self-positioning analyses showed that elaborating this domain did not prescribe a single position of the self within it.

The present findings did not support a single structural organization of depression. Previous PCT studies have alternately described depressive systems as structurally simplified, highly differentiated, conflict-saturated, or characterized by globally negative self-construing. These findings may describe different configurations occupying the same broader organizational region. This possibility may be particularly relevant given the heterogeneity of contemporary MDD diagnoses, which encompass presentations ranging from melancholic depression to grief, anxiety, shame, exhaustion, emotional dysregulation, and chronic invalidation (Horwitz & Wakefield, 2007). The present sample appears to represent predominantly self-discrepant and conflict-saturated organizations rather than prototypical melancholic depression.

Across these different configurations, depressive systems nevertheless showed a broader tendency toward separation between present and valued self-constructions, consistent with the elevated overall Self–Ideal discrepancy. The exploratory content analyses qualified this pattern. Negative and discrepant self-positioning was common within the elaborated emotional domain, consistent with earlier descriptions of negative emotional construing in depression, yet emotional specialization itself did not require a discrepant self-position. Some participants remained relatively congruent within highly emotion-saturated systems, while others showed internally divergent self-positioning across emotional dimensions. Emotional elaboration and self-discrepancy therefore appear to be related but distinguishable features of depressive organization.

The qualitative dilemma analyses suggest that difficulties in approaching valued positions may be closely tied to the organization of agency within the construct system. Across some participants, becoming more autonomous, assertive, competent, or effective was anticipated as implying losses of warmth, care, belonging, or valued identity. Again, these findings should not be interpreted as establishing developmental mechanisms. They do suggest, however, that agency occupies a particularly problematic position within many depressive systems. Agency is available as an

anticipated possibility, but movement toward it may simultaneously threaten other highly valued constructions.

The organization of anger illustrates the same broader architecture. Like disruptive systems, depressive organizations also treated anger-related hypotheses as structurally important. Anger occupied central positions within the construct system and therefore belonged to its core anticipatory organization. However, this importance emerged within a markedly different pattern of construct application. Earlier findings demonstrated that depressive systems combined elevated polarization with midpoint usage comparable to controls. Together, these findings suggest that the construct system contains regions organized in different ways. Some hypotheses are applied in a polarized manner and with considerable certainty, whereas others remain substantially suspended, ambiguous, or unresolved. Anger therefore appears as one of the privileged hypotheses of the depressive scientist, but one embedded within an architecture that simultaneously contains strong commitments and substantial suspension. These systems thus appear organized around competing hypotheses regarding agency itself.

Exploratory analyses further suggested several forms of self-organization within this emotional specialization. Discrepant and negatively positioned selves were common, but some participants maintained relatively congruent positions even within highly elaborated emotional systems, while others showed internally divergent self-constructions across emotionally salient dimensions. These patterns reinforce the possibility that emotional specialization constitutes a broader feature of depressive construing within which different configurations of self-positioning can occur. They may also help contextualize previous PCT findings describing depression in apparently different terms, including negative, discrepant, conflicted, and unstable forms of self-construing.

One qualitative observation may help contextualize these findings. Several depressive participants continued to construe deceased persons, irretrievably lost relationships, abandoned social roles, invalidated institutions, or unattainable identities as psychologically central elements within their construct systems. Although exploratory, this observation is noteworthy because it suggests that important regions of anticipation may remain organized around meanings that are no longer readily available for further reconstruction. This interpretation extends beyond literal bereavement (Neimeyer, 2016). The psychologically "lost" element often involved not only attachment figures, but also valued selves, anticipated futures, institutional ideals, or ways of living that participants no longer experienced as attainable. From a PCT perspective, such systems may therefore remain repeatedly oriented toward hypotheses whose anticipated validation has become increasingly difficult, potentially contributing to the persistence of discrepancy, conflict, and emotional disequilibrium.

Common and Divergent Scientific Languages

The preceding analyses suggest that depressive and disruptive organizations share more than is often assumed. Both demonstrated greater polarization, reduced verbalized construing, increased redundancy, disturbances in temporal self-continuity, and a privileged structural position of anger-related hypotheses. These commonalities suggest that both systems repeatedly return to a relatively restricted set of psychologically important hypotheses, although the content and organization of those hypotheses differ.

One important distinction lies in which scientific language becomes increasingly privileged. The disruptive scientist repeatedly organizes anticipation through moral hypotheses concerning

whether people are good or bad, sincere or insincere, altruistic or egoistic, responsible or irresponsible. The depressive scientist repeatedly organizes anticipation through emotional hypotheses concerning whether people are balanced or unbalanced, warm or cold, optimistic or pessimistic. These patterns suggest different domains of anticipatory specialization: regions of experience for which each system develops a comparatively rich repertoire of distinctions.

The exploratory self-positioning analyses add a second distinction. The groups differed not only in the scientific language they elaborated, but also in the position the scientist typically occupied within it. Depressive participants more often positioned themselves negatively and at some distance from preferred positions within their emotional constructions, whereas disruptive participants more often maintained positive and relatively congruent positions within their moral constructions. These tendencies were not uniform. Congruent, discrepant, and internally divergent configurations occurred in both groups. Anticipatory specialization and self-positioning within the specialized domain therefore appear to constitute related but distinguishable aspects of construct-system organization.

Interestingly, anger-related hypotheses occupied a privileged position in both organizations. This finding suggests that anticipating anger (rather than merely experiencing anger) becomes an increasingly important part of both construct systems. The difference lies in the architecture into which these hypotheses are incorporated. In disruptive systems, anger becomes integrated into a relatively coherent, action-oriented organization. In depressive systems, the same hypotheses become embedded within an architecture characterized by discrepancy, conflict, and coexistence of strongly committed and substantially suspended regions of construing.

The principal difference may therefore lie in what each organization manages to preserve. The disruptive scientist appears to preserve a relatively coherent and agentic position within the system, even where this coexists with restricted ambiguity, difficulty elaborating vulnerability, and limited alternative interpretations. The depressive scientist remains strongly oriented toward valued identities and relationships, but more frequently experiences the present self as separated from preferred positions, while movement toward them may itself become implicated with losses of belonging, warmth, or identity.

These should not be understood as mutually exclusive psychological organizations. They represent recurring scientific languages and organizational tendencies through which personal scientists maintain workable theories of self, others, and future events. Each privileges different hypotheses and positions the self differently in relation to them, while substantial variation remains within both regions. The distinction between the domain that becomes elaborated, the position occupied by the self within that domain, and the broader architecture connecting these meanings may therefore provide a more precise account of how depressive and disruptive forms of psychopathology differ at the level of personal anticipation.

Implications for the INT–EXT Distinction

The present findings provide further grounds for considering the psychological meaning and limits of the INT–EXT distinction. This distinction remains one of the most robust ways of organizing psychopathology beyond individual diagnostic categories (Eaton et al., 2023; Krueger et al., 2007). More recent research has refined rather than replaced this distinction, placing INT and EXT within a broader hierarchical structure in which they are correlated, share variance with general psychopathology (*p* factor), and differentiate into narrower dimensions and syndromes (Caspi et

al., 2014, 2024; Eaton et al., 2023; Kotov et al., 2017). Thus, INT and EXT may be understood as broad but non-exhaustive distinctions within a more complex organization of psychopathology.

From a PCT perspective, the INT–EXT distinction can be approached as a relatively superordinate diagnostic construct with a broad range of convenience. Its usefulness depends on whether it permits meaningful anticipations about psychological differences between predominantly INT and EXT presentations, rather than on whether either pole corresponds to a single underlying psychological organization. The present study examined this question through MDD and ASPD as clinical manifestations predominantly associated with INT and EXT psychopathology. The observed differences suggest that this distinction has some anticipatory value at the level of personal construing. Depressive and disruptive groups differed in self-construing, structural characteristics, semantic content, and the organization of anger, suggesting that the INT–EXT distinction corresponds, at least partly, to differences in how persons construe themselves and their interpersonal worlds.

At the same time, considerable heterogeneity was evident within both groups. Depressive systems included discrepancy-dominated, melancholic-like, oscillatory, conflict-saturated, and structurally differentiated configurations, while disruptive systems ranged from overtly role-congruent antisocial organizations to discrepant and less stable configurations. In PCT terms, this heterogeneity need not invalidate the INT–EXT distinction, but may indicate the limits of its level of abstraction. A superordinate construct can organize a broad field of phenomena without determining their subordinate organization. This is also compatible with contemporary dimensional research, in which broad INT and EXT spectra differentiate into narrower dimensions and presentations rather than representing homogeneous forms of psychopathology (Eaton et al., 2023; Kotov et al., 2017).

The present findings therefore suggest a more qualified interpretation of the INT–EXT distinction. It appears useful for anticipating broad differences in construct-system organization, but insufficient for specifying how an individual system will be organized. PCT may contribute to understanding this distinction by examining what its poles correspond to at the level of personal meaning and by identifying subordinate differences obscured by broader diagnostic classifications. In this sense, INT and EXT may provide useful coordinates for distinguishing broad directions of psychopathology, while construct-system analysis can further elaborate the different organizations of anticipation that occur within them.

Methodological Implications

The findings also raise several methodological issues as well as highlight important distinctions concerning how repertory grid measures are conceptualized and interpreted within broader system organization.

Differentiating Levels of Structural Organization

One of the clearest methodological implications is the differentiation between distinct levels of structural organization within PCT systems. The present findings demonstrated very high overlap between PVAFF, Bannister's Intensity, and PCA-3 indices, suggesting that these measures largely capture a common dimension related to latent structural centralization or dominance of

superordinate dimensions. In contrast, the Bieri index showed only moderate associations with these measures, indicating a partially distinct aspect of construing.

The findings therefore suggest that cognitive complexity within PCT should not be treated as a unitary construct. At minimum, the present results support distinguishing between:

1. verbalized range of construing (number of elicited constructs),
2. redundancy or overlap among distinctions (Bieri index),
3. latent hierarchical organization of construing (PVAFF, Intensity, PCA-3 indices).

This distinction may help explain inconsistencies in previous PCT literature concerning complexity in depression and disruptive pathology, where different studies may in fact have assessed different organizational levels while treating them as interchangeable indicators of a single construct.

The present findings also support Fransella et al.'s (2004) suggestion that the number of elicited constructs should be understood primarily as a measure of verbalized construing rather than direct evidence of complexity or constriction. Construct production was partially associated with educational level, suggesting that the measure reflects the individual's capacity to verbally articulate distinctions within the interview context. This interpretation may help clarify previous studies that used construct number as an indicator of constriction or complexity (e.g., Feixas et al., 2009; Hanieh & Walker, 2007).

Contextual Interpretation of PCT Measures

A second major methodological contribution of the present study concerns a different way of interpreting them. Across multiple analyses, individual RGT measures rarely behaved as isolated markers of psychopathology. Structural complexity did not define depressive systems, nor did polarization define disruptive systems. Midpoint usage, self-discrepancy, dilemma organization, semantic content, anger-related construing, and functional coupling all varied depending on the broader organization of the construct system. Their psychological meaning therefore appeared to depend on the organizational context in which they occurred.

The findings suggest that repertory grid indices are best understood as complementary windows into construct-system architecture, each providing information about a different aspect of anticipatory organization.

- Structural indices describe how personal hypotheses become organized.
- Self indices describe where the personal scientist positions the self within those hypotheses.
- Dilemma indices describe which hypotheses cannot be simultaneously validated.
- Content analyses describe the theories through which experience is primarily anticipated.
- Functional indices describe how activation of one hypothesis recruits other hypotheses into coordinated anticipatory patterns.

Only when these perspectives are interpreted together does the broader organization of the construct system become visible.

Midpoint ratings provide perhaps the clearest illustration of this principle. Previous PCT research has interpreted midpoint usage as reflecting constriction, ambivalence, uncertainty, anxiety, inapplicability of constructs, or cognitive flexibility (Winter et al., 2010). The present findings support the view that none of these interpretations is universally correct.

Control participants consistently showed the highest midpoint usage, particularly for ideal-self construing and dilemmatic constructs, suggesting that midpoint responses may accompany evaluative flexibility and tolerance of ambiguity. In contrast, reduced midpoint usage within disruptive systems occurred alongside elevated polarization, lower complexity, and more centralized organization, where it appeared compatible with categorical commitment and preemptive construing. Depressive systems presented another configuration, combining midpoint usage comparable to controls with elevated polarization, stronger self-discrepancy, and more densely interconnected dilemmas. Similar midpoint scores therefore emerged within markedly different construct-system architectures.

The same principle extended beyond midpoint ratings. Greater differentiation, for example, appeared compatible with flexible elaboration in some systems but coexisted with discrepancy, emotional instability, and intense dilemma organization in others. Likewise, anger-related construing occupied privileged structural positions in both clinical groups, yet its psychological organization differed substantially depending on whether it became embedded within coherent action-oriented systems or conflict-saturated self-organizations.

The broader pattern of findings support moving beyond single-index interpretations toward a more configurational approach to repertory grid analysis. Instead of treating individual measures as stable psychological markers, future PCT research may benefit from interpreting indices relationally, as mutually constraining descriptions of broader construct-system architecture.

Dilemmas and PICID Interpretation

The present findings also highlight unresolved methodological issues concerning ID and PICID interpretation within PCT research. While ID themselves are conceptually and operationally well established, the interpretation of PICID intensity values remains insufficiently standardized.

In particular, the present study identified important problems regarding previously proposed PICID interpretive thresholds. Existing criteria proposed in the literature (e.g., Ruocco et al., 2019) did not allow meaningful comparison with the present findings due to methodological inconsistencies in PICID calculation and interpretation. Consequently, the present study relied primarily on PID-based severity criteria, which currently appear more interpretable and comparatively stable.

Anger Network Methodology and Supplied Constructs

One of the more distinctive methodological aspects of the present study concerns the exploratory anger-network methodology developed through the use of supplied constructs. By systematically introducing the same anger construct across participants, it became possible to examine both the semantic meaning of anger, and its structural position and functional relations within the broader construct system.

This approach allowed development of several exploratory indices, including anger centrality, anger domain dominance, anger network breadth, anger structural spread, discriminative utility,

content of anger construct, and functional relations between anger, blame, and decision-making construing. Unlike many RGT studies that examine isolated content categories, the present methodology attempted to assess how specific emotional meaning becomes structurally embedded within broader anticipatory organization.

The findings suggest that emotion constructions may differ across multiple organizational dimensions, including structural centrality, embedding, and linkage to agency and action.

The present results therefore suggest potential utility of such indices for both future research and clinical assessment. Structural characteristics such as centralized versus diffuse anger organization, rigid versus flexible embedding, or conflictual versus coherent emotional integration may provide clinically meaningful information over and above simple symptom presence or absence. More broadly, similar methodologies may potentially be extended to other emotionally significant constructs and domains of functioning.

At the same time, the findings also demonstrated limitations of direct supplied constructs. Measures such as blame construing appeared susceptible to social desirability effects, self-presentation, and moral transparency, particularly when directly applied to self-elements. In contrast, structurally embedded and relational analyses of anger appeared more sensitive to differences between groups. Future research may therefore benefit from combining supplied constructs with indirect, relational, network-oriented, or longitudinal approaches capable of assessing how emotionally significant constructs organize broader systems of meaning. However, RGT approaches do remain methodologically and clinically demanding, requiring substantial time investment, highly contextual interpretation, as well as strong theoretical integration, while many repertory grid indices still lack sufficiently standardized interpretive frameworks (Drndarević, 2024; Kitson-Boyce et al., 2022).

Clinical Implications

The present findings suggest that therapeutic interventions may be guided by the organization of the construct system through which symptoms emerge. Although INT and EXT psychopathology provide useful dimensional descriptions, the present findings indicate considerable heterogeneity within both regions. Consequently, similar symptoms or behaviours may provide different therapeutic entry points depending on which domains are elaborated, how the self is positioned within them, and how these meanings are connected to conflict, agency, interpersonal relationships, and other privileged hypotheses.

From a PCT perspective, psychotherapy moves from “Which diagnosis does this person have?”, to “How is this personal scientist currently organizing anticipation?”. Considered together, structural organization, self-positioning, dilemma organization, content, and privileged hypotheses may help identify potential points of therapeutic intervention.

Working with Depressive Systems

The present findings suggest that depressive systems frequently combine elaborated emotional construing with negative or discrepant self-positioning. Constructs concerning emotional balance, warmth, optimism, and related affective qualities may therefore provide useful entry points for exploring how patients understand their present difficulties and preferred ways of being. However,

emotional specialization did not uniformly imply negative or discrepant self-construing. Therapeutically, another relevant question is how the person positions the self within them and what movement between positions would imply for other valued constructions.

The dilemma analyses provide a more specific therapeutic formulation. Across many depressive participants, agency-related meanings repeatedly implied anticipated losses of warmth, belonging, care, or ideal identity. Therapeutic work may therefore benefit from helping patients elaborate new hypotheses in which agency no longer predicts interpersonal loss. Instead of encouraging assertiveness or behavioral activation as isolated techniques, therapy may focus on expanding the range of personally viable constructions linking autonomy, closeness, responsibility, and care.

The findings also suggest important differences among depressive organizations themselves. More melancholic organizations characterized by globally negative self-construing and constricted anticipation may first require restoration of viability and access to minimally positive alternatives before more complex reconstruction becomes possible (Neimeyer, 1985). In contrast, discrepancy-dominated organizations may already possess a broader range of available meanings but struggle with competing implications and unstable self-positioning. Here, therapeutic work may focus on elaborating these implications and testing whether movement toward preferred positions can occur without threatening other valued constructions (Feixas & Compañ, 2016).

Several participants also remained organized around psychologically unavailable meanings, including deceased persons, lost relationships, invalidated institutions, abandoned identities, or unattainable futures. Such observations suggest that reconstruction may sometimes require working not simply with symptoms but with anticipatory systems that continue to orient themselves toward meanings that are no longer available for further elaboration (Neimeyer 1983, 2016). Therapeutically, this may require careful pacing, tolerance of ambiguity, and gradual reconstruction of continuity rather than premature movement toward certainty or rapid behavioral change.

Working with Disruptive Systems

The present findings suggest that disruptive organizations may require a different therapeutic strategy. Many participants maintained positive and relatively congruent self-constructions within more elaborated moral systems despite disruptive behaviour. Moral specialization therefore should not be assumed to reflect awareness of moral deficiency or conflict. Clinically, constructs concerning sincerity, loyalty, responsibility, and interpersonal reliability may instead provide an entry point for examining how disruptive behaviour is understood within the person's own system and whether its implications extend to broader constructions of identity.

The dilemma findings suggest one possible reason. Across many disruptive organizations, vulnerability-related meanings repeatedly implied anticipated losses of protection, effectiveness, interpersonal security, or personal strength. Therapeutic work may therefore benefit less from directly challenging aggression or antisocial roles, than from gradually creating conditions in which vulnerability becomes psychologically construable without simultaneously anticipating collapse of agency or interpersonal survival. Such findings broadly align with clinical observations that direct confrontation of antisocial roles, vulnerability, or guilt may threaten system coherence and increase hostility, defensiveness, or withdrawal (Houston, 1998; Meloy & Yakeley, 2020).

The exploratory variation in self-positioning further suggests that apparently similar behavioral presentations may require different therapeutic approaches. In overtly role-congruent organizations, disruptive behaviour may be incorporated relatively directly into a preferred identity. In other apparently role-congruent systems, conventionally positive moral identities may coexist with serious transgressive behaviour. Before challenging such constructions, therapy may need to clarify how the behaviour is related to the person's broader identity: whether the apparent congruence reflects strategic self-presentation, denial, restricted implications between behaviour and moral identity, or a personally coherent construction in which the behaviour serves a valued superordinate meaning. Role-discrepant organizations present a different problem, as conflict and negative self-evaluation are already available within the system. Behavioral similarity may therefore obscure clinically important differences in how disruptive conduct is personally construed.

In addition to focusing exclusively on symptom reduction or behavioral control, therapeutic work may therefore aim to gradually expand circumspection phase (reducing impulsive decision-making), increase tolerance for ambiguity, and elaborate previously restricted hypotheses concerning trust, dependence, and vulnerability. From a PCT perspective, the goal would move beyond reducing the symptom of disruptive behavior toward enlarging the range of anticipatory possibilities available to the personal scientist.

Working with Anger

The findings also suggest a different way of conceptualizing anger in psychotherapy. Instead of treating anger primarily as an emotion requiring regulation, the present study examined the personal theory of anger, i.e., the extent to which construing self and others through anger became a privileged hypothesis within the construct system.

Across both clinical organizations, anger-related hypotheses occupied substantially more central structural positions than in controls. Therapeutically, this suggests that the clinical question may not simply be “How angry is this person?” but rather “What does the person's theory of anger help them anticipate?” or “Why does the construction of anger become so important?”.

Within disruptive organizations, anger-related hypotheses appeared embedded within relatively coherent action-oriented systems and closely linked with rapid behavioral responding. Within depressive organizations, the same hypotheses became embedded within discrepancy, emotional conflict, and unstable self-positioning. Consequently, expressions of anger may serve markedly different organizational functions.

Therapeutic work may therefore benefit from exploring whether anger primarily preserves agency, protects against anticipated vulnerability, stabilizes identity, regulates interpersonal distance, or instead signals unresolved discrepancy and conflict. Understanding the organizational function of anger may prove more clinically informative than focusing on its behavioral expression alone.

Strengths, Limitations, and Future Directions

A major strength of the present study lies in its configurational approach to repertory grid analysis. Instead of interpreting individual indices as isolated markers of psychopathology, the study examined how structural organization, self-positioning, dilemma organization, semantic content,

interpersonal construing, and anger-related hypotheses jointly described broader construct-system architectures. In doing so, the study extends previous PCT research by comparing depressive and disruptive systems within a single design while integrating quantitative and qualitative analyses of repertory grids. It also introduces exploratory methodologies for examining structurally embedded emotional processes, particularly through the analysis of anger-related hypotheses, thereby illustrating how supplied constructs may be incorporated into broader analyses of construct-system organization.

Several limitations should nevertheless be considered. First, the study operationalized INT and EXT organization through prototypical disorders, namely MDD and ASPD. This strategy provided relatively clear entry points into the two organizational regions but cannot fully represent the heterogeneity of the broader INT and EXT spectra. Indeed, one of the present findings was precisely that substantial heterogeneity existed within both groups. The depressive sample included participants whose difficulties extended beyond classical melancholic depression to anxiety, emotional dysregulation, grief, and panic symptoms, while the disruptive sample included bipolar and other comorbid conditions. In addition, three participants were retained on the basis of pronounced EXT characteristics despite not meeting the full developmental criterion for ASPD. Consequently, the findings should be understood as describing recurring organizational tendencies rather than exhaustive descriptions of INT and EXT psychopathology.

Second, participants were recruited exclusively from psychiatric and correctional institutions. Such environments represent highly selective interpersonal contexts that may influence symptom expression as well as the viability of particular constructions. Institutional settings may repeatedly validate some hypotheses while constraining or invalidating others, thereby shaping the organization of anticipation itself. Pharmacological treatment, institutional routines, and group-based interventions may likewise influence aspects of self-construing and emotional organization. Replication within community samples will therefore be important for determining the generalizability of the present configurational model.

A further limitation concerns the cross-sectional design. The present findings describe recurring construct-system organizations at a single point in time but cannot establish how these organizations develop, stabilize, or change. The study therefore cannot determine whether particular configurations represent developmental pathways, relatively stable modes of organization, or temporary responses to ongoing invalidation. Longitudinal repertory grid studies are needed to examine how construct systems reorganize during psychotherapy, following major life events, or across changing interpersonal environments.

Several methodological limitations should also be acknowledged. The supplied constructs assessing blame, decision-making, and anger were intentionally transparent and therefore susceptible to self-presentational processes, particularly within institutional settings. This limitation was especially evident for direct blame ratings, where all three groups predominantly construed themselves as self-blaming despite theoretical expectations. Interestingly, substantially stronger differentiation emerged when the same supplied constructs were examined relationally within the broader construct system. Structural embedding, semantic organization, and functional coupling appeared considerably more informative than isolated self-ratings. This observation further supports the configurational approach proposed throughout the present study and suggests that future PCT research may benefit from emphasizing relational analyses of supplied constructs rather than relying exclusively on direct ratings.

The exploratory anger methodology represents both a strength and a limitation. The indices describing structural centrality, domain dominance, semantic organization, network breadth, and functional coupling were developed specifically for the present study and therefore require independent validation. Nevertheless, the approach illustrates a broader methodological possibility. Instead of examining only anger, similar procedures could be applied to other personally meaningful hypotheses, including shame, fear, trust, dependency, intimacy, autonomy, or hope. Such extensions may substantially broaden the study of emotion within PCT while preserving its emphasis on personal meaning rather than predefined affective categories.

The absence of external validation measures also represents an important limitation. Although participants were selected on the basis of established clinical diagnoses, the study did not include standardized dimensional measures of depressive severity, impulsivity, aggression, psychopathic traits, emotional dysregulation, or related constructs. Future multimethod studies integrating repertory grids with dimensional symptom measures, clinician ratings, and behavioral assessments would strengthen confidence in the proposed configurational model.

Several future directions follow directly from the present findings.

Methodologically, future research should continue developing configurational approaches to repertory grid analysis. The present study suggests that psychological meaning emerges from the relations among structural, semantic, self-organizational, dilemma, and functional indices rather than from isolated measures considered independently. Further refinement of such approaches, together with longitudinal validation and replication across different clinical populations, may help establish construct-system architecture as a useful level of analysis within PCT research.

Theoretically, the findings support examining psychopathology as multiple recurring organizations rather than singular diagnostic structures. Future studies should investigate the stability of the proposed configurations, clarify transitions between more role-congruent and discrepant organizations, and further examine the psychological significance of unavailable or invalidated meanings, including deceased attachment figures, abandoned identities, disrupted institutions, and unattainable futures. Such work may contribute to a more process-oriented understanding of psychopathology centered on reconstruction rather than symptom accumulation.

Finally, the present findings suggest several clinically relevant directions. Future research should examine whether identifying construct-system architecture improves treatment planning, therapeutic alliance, forensic assessment, and psychotherapy outcomes beyond diagnostic classification alone. In particular, the distinction between different disruptive and depressive configurations raises the possibility that individuals sharing the same diagnosis may require different sequencing of therapeutic interventions depending on how agency, vulnerability, self-positioning, dilemma organization, and privileged hypotheses become organized within their anticipatory systems.

More broadly, the present study suggests that future PCT research may benefit from shifting its primary focus from identifying isolated repertory grid variables toward reconstructing the architecture through which those variables acquire psychological meaning. Such an approach may provide a productive bridge between contemporary dimensional models of psychopathology and Kelly's original vision of the person as a scientist continuously attempting to organize experience through systems of anticipatory hypotheses.

Conclusion

The present study examined whether the distinction between INT and EXT psychopathology can be meaningfully understood within the framework of PCT. Instead of treating depressive and disruptive psychopathology as collections of symptoms or personality traits, the study investigated whether they represent different ways in which the personal scientist organizes anticipation through systems of personal constructs.

The findings support this perspective. Although depressive and disruptive systems shared several broad organizational characteristics, including reduced construct differentiation, elevated polarization, and a privileged structural position of anger-related hypotheses, they differed in the domains around which anticipation became organized. Disruptive systems showed greater elaboration of moral constructs, particularly distinctions concerning sincerity and insincerity, whereas depressive systems showed greater elaboration of emotional constructs concerning balance, interpersonal warmth, and optimism. These findings suggest different domains of anticipatory specialization: regions of experience for which the two groups developed comparatively rich repertoires of distinctions.

Moreover, anticipatory specialization did not determine how participants positioned themselves within these domains. Depressive participants more frequently occupied negative and discrepant positions within their emotional constructions, whereas disruptive participants more frequently maintained positive and relatively congruent positions within their moral constructions. Considerable variation nevertheless occurred within both groups. Thus, the domain that becomes elaborated and the position occupied by the self within that domain appear to represent related but distinguishable aspects of construct-system organization. Together with differences in dilemma organization, interpersonal construing, and the organization of anger, these findings suggest that similar broad psychopathological dimensions can encompass meaningfully different ways of organizing self, others, and anticipated experience.

The findings also demonstrated substantial heterogeneity within both groups. No single depressive or disruptive construct-system architecture emerged. Depressive and disruptive systems both included relatively congruent, discrepant, and internally divergent forms of self-construing, although their predominant patterns differed. These exploratory configurations should not be understood as discrete subtypes. Instead, they indicate that considerable variation in construct-system organization can occur within both depressive and disruptive psychopathology. INT and EXT may therefore provide useful broad coordinates for locating psychopathological variation without implying uniform psychological organization within either domain.

Methodologically, the study suggests that repertory grid indices are most informative when interpreted configurationally rather than in isolation. Structural organization, self-positioning, dilemma organization, semantic content, and anger-related hypotheses provided complementary windows into construct-system organization. Their meaning depended partly on the architecture in which they occurred: similar indicators could assume different significance when combined with different patterns of polarization, suspension, discrepancy, conflict, and content. Considered together, these analyses provided a more complete account of construct-system organization than any single repertory grid index alone.

More broadly, the findings illustrate the different levels of description provided by dimensional and constructivist approaches to psychopathology. Dimensional models describe patterns of

covariation among symptoms and traits and locate psychopathological variation along broader spectra. The present PCT analysis focused instead on how personally significant distinctions were organized within individuals occupying different regions of this variation. The two levels of description need not coincide. Participants within the same diagnostic group differed substantially in construct-system organization, while some organizational features were shared across the depressive and disruptive groups. The present findings therefore suggest that dimensional position alone does not exhaust the psychological heterogeneity contained within INT and EXT psychopathology.

The distinction between depressive and disruptive psychopathology was therefore reflected in construct-system organization, but not as a distinction between two uniform psychological structures. Different configurations occurred within both groups, while recurring differences emerged in the meanings that were elaborated, the positions occupied by the self, and the broader organization of anticipation. INT and EXT may therefore provide broad coordinates for describing psychopathological variation, while understanding the individual requires attention to how that variation is organized within a personal system of anticipation.

References

Achenbach, T. M., Ivanova, M. Y., Rescorla, L. A., Turner, L. V., & Althoff, R. R. (2016). Internalizing/externalizing problems: Review and recommendations for clinical and research applications. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(8), 647–656. https://doi.org/10.1016/j.jaac.2016.05.012

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). APA Publishing. https://doi.org/10.1176/appi.books.9780890425787

Angelillo, J., Cimbolic, P., Doster, J., & Chapman, J. (1985). Ordination and cognitive complexity as related to clinical depression. *The Journal of Nervous and Mental Disease, 173*(9), 546–553. https://doi.org/10.1097/00005053-198509000-00005

Ashworth, C. M., Blackburn, I. M., & McPherson, F. M. (1982). The performance of depressed and manic patients on some repertory grid measures: A cross-sectional study. *British Journal of Medical Psychology, 55*(3), 247–256. https://doi.org/10.1111/j.2044-8341.1982.tb01505.x

Ashworth, C. M., Blackburn, I. M., & McPherson, F. M. (1985). The performance of depressed and manic patients on some repertory grid measures: A longitudinal study. *British Journal of Medical Psychology, 58*(4), 337–342. https://doi.org/10.1111/j.2044-8341.1985.tb02650.x

Axford, S., & Jerrom, D. W. A. (1986). Self-esteem in depression: A controlled repertory grid investigation. *British Journal of Medical Psychology, 59*, 61–68. https://doi.org/10.1111/j.2044-8341.1986.tb02666.x

Bannister, D. (1960). Conceptual structure in thought-disordered schizophrenics. *Journal of Mental Science, 106*(445), 1230-1249. https://doi.org/10.1192/bjp.106.445.1230

Bannister, D. (1965a). The genesis of schizophrenic thought disorder: Re-test of the serial invalidation hypothesis. *The British Journal of Psychiatry, 111*(474), 377-382. https://doi.org/10.1192/bjp.111.474.377

Bannister, D. (1965b). The rationale and clinical relevance of repertory grid technique. *The British Journal of Psychiatry, 111*(479), 977-982. https://doi.org/10.1192/bjp.111.479.977

Bannister, D. (1977). The logic of passion. In D. Bannister (Ed.), *New Perspectives in Personal Construct Theory*. Academic Press.

Bannister, D., & Mair, J. M. M. (1968). *The evaluation of personal constructs*. Academic Press.

Barrett, L. F. (2017). *How emotions are made: The secret life of the brain*. Pan Macmillan.

Bassler, M., Krauthauser, H., & Hoffmann, S. O. (1992). A new approach to the identification of cognitive conflicts in the repertory grid: An illustrative case study. *International Journal of Personal Construct Psychology, 5*(1), 95–111. https://doi.org/10.1080/08936039208404943

Bell, R. C. (2004). A new approach to measuring conflict or inconsistency in grids. *Personal Construct Theory & Practice*, *1*, 53–59.

Berkout, O. V., Young, J. N., & Gross, A. M. (2011). Mean girls and bad boys: Recent research on gender differences in conduct disorder. *Aggression and Violent Behavior*, *16*(6), 503–511. https://doi.org/10.1016/j.avb.2011.06.001

Bieri, J. (1955). Cognitive complexity–simplicity and predictive behavior. *The Journal of Abnormal and Social Psychology*, *51*(2), 263. https://doi.org/10.1037/h0043308

Bieri, J. (1966). Cognitive complexity and personality development. In *Experience structure & adaptability* (pp. 13-37). Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-662-40230-6_3

Blagden, N., Winder, B., Gregson, M., & Thorne, K. (2014). Making sense of denial in sexual offenders: A qualitative phenomenological and repertory grid analysis. *Journal of Interpersonal Violence*, *29*(9), 1698–1731. https://doi.org/10.1177/0886260513511530

Cavanagh, A., Wilson, C. J., Kavanagh, D. J., & Caputi, P. (2017). Differences in the expression of symptoms in men versus women with depression: a systematic review and meta-analysis. *Harvard review of psychiatry*, *25*(1), 29-38. https://doi.org/10.1097/HRP.0000000000000128

Carapeto, M. J., & Feixas, G. (2019). Self-knowledge and depressive symptoms in late adolescence: A study using the repertory grid technique. *Journal of Constructivist Psychology*, *32*(1), 81–97. https://doi.org/10.1080/1072053dfdf

Caspi, A., Houts, R. M., Belsky, D. W., Goldman-Mellor, S. J., Harrington, H., Israel, S., Meier, M. H., Ramrakha, S., Shalev, I., Poulton, R., & Moffitt, T. E. (2014). The p factor: One general psychopathology factor in the structure of psychiatric disorders? *Clinical Psychological Science*, *2*(2), 119–137. https://doi.org/10.1177/2167702613497473

Caspi, A., Houts, R. M., Fisher, H. L., Danese, A., & Moffitt, T. E. (2024). The general factor of psychopathology (p): Choosing among competing models and interpreting p. *Clinical Psychological Science*, *12*(1), 53-82. https://doi.org/10.1177/21677026221147872

Chetwynd, J. (1977). The psychological meaning of structural measures derived from grids. In P. Slater (Ed.), *The Measurement of Intrapersonal Space by Grid Technique. Vol. 2. Dimensions of Intrapersonal Space* (pp. 175–194). Wiley.

Cummins, P. (2005). The experience of anger. In D. A. Winter & L. L. Viney (Eds.), *Personal construct psychotherapy: Advances in theory, practice and research* (pp. 239–255). Whurr.

Cummins, P. (2006a). The construction of emotion. In P. Cummins (Ed.), *Working with anger: A constructivist approach* (pp. 1–12). Wiley.

Cummins, P. (2006b). The Tuesday group. In P. Cummins (Ed.), *Working with anger: A constructivist approach* (pp. 13–24). Wiley.

Dalton, P., & Dunnett, G. (1992). *A psychology for living: Personal construct theory for professionals and clients*. John Wiley & Sons.

Dave, B., Pekkala, D., Allen, D., & Cummins, P. (2006). Gender and anger. *In P. Cummins (Ed.), Working with anger: A constructivist approach (pp. 149-158). Wiley.*

DeYoung, C. G., Peterson, J. B., & Higgins, D. M. (2002). Higher-order factors of the Big Five predict conformity: Are there neuroses of health? *Personality and Individual Differences, 33*(4), 533–552. https://doi.org/10.1016/S0191-8869(01)00171-1

Dingemans, P. M., Space, L. G., & Cromwell, R. L. (1983). How general is the inconsistency in schizophrenic behavior. In J. Adams-Webber & J. C. Mancuso (Eds.), *Applications of personal construct theory* (pp. 265–284). Academic Press.

Drndarević, N. (2021). Psychological theories of aggression. *Zbornik Instituta za kriminološka i sociološka istraživanja, 40*(2–3), 91–104. https://doi.org/10.47152/ziksi202123026

Drndarević, N. (2024). Repertory Grid Method with Offenders: Two CaseExamples with Antisocial Personality Disorder. In M. Milićević, I. Stevanović, & Lj. Ilijić (Eds.), *Proceedings of the International Scientific Conference "Life in Prison: Criminological, Penological, Psychological, Sociological, Legal, Security, and Medical Issues*" (pp. 481–491). Institute of Criminological and Sociological Research. https://doi.org/10.47152/PrisonLIFE2024.06

Drndarević, N. (2025). Antisocial Personality Disorder in Offenders: Two Case Studies in the Personal Construct Psychology. In Lj. Ilijić (Ed.), *Prison life organization and security: Criminological, penological, sociological, psychological, legal, and security aspects* (pp. 300–325). Institute of Criminological and Sociological Research. https://doi.org/10.47152/PrisonLIFE.D4.5.15

Drndarević, N., Protić, S., & Mestre, J. M. (2021). Sensory-processing sensitivity and pathways to depression and aggression: The mediating role of trait emotional intelligence and decision-making style—A pilot study. *International Journal of Environmental Research and Public Health, 18*(24), 13202. https://doi.org/10.3390/ijerph182413202

Doninger, N. A., & Kosson, D. S. (2001). Interpersonal construct systems among psychopaths. *Personality and Individual Differences, 30*(8), 1263-1281. https://doi.org/10.1016/S0191-8869(00)00109-4

Džamonja-Ignjatović, T. (1997). Suicide and depression from the personal construct perspective. In P. Denicolo & M. Pope (Eds.), *Sharing understanding and practice* (pp. 222–233). ECA Publications.

Džamonja-Ignjatović, T. (1999). *Psihodijagnostika i savremeni modeli ličnosti*. Zadužbina Andrejević.

Eaton, N. R., Forbes, M. K., Markon, K. E., Krueger, R. F., & Keyes, K. M. (2023). Toward a hierarchical taxonomy of psychopathology: Structural models and their cross-disciplinary applications. *Annual Review of Clinical Psychology, 19*, 1–26. https://doi.org/10.1146/annurev-clinpsy-081219-103405

Edens, J. F., Marcus, D. K., Lilienfeld, S. O., & Poythress, N. G. (2006). Psychopathic, not psychopath: Taxometric evidence for the dimensional structure of psychopathy. *Journal of Abnormal Psychology, 115*(1), 131–144. https://doi.org/10.1037/0021-843X.115.1.131

Feixas, G., Bados, A., García-Grau, E., Montesano, A., Dada, G., & Winter, D. (2013). Efficacy of a dilemma-focused intervention for unipolar depression: Study protocol for a multicenter randomized controlled trial. *Trials, 14*, 144. https://doi.org/10.1186/1745-6215-14-144

Feixas, G., & Compañ, V. (2016). Dilemma-focused intervention for unipolar depression: A treatment manual. *BMC psychiatry*, *16*(1), 235. https://doi.org/10.1186/s12888-016-0947-x

Feixas, G., Erazo-Caicedo, M. I., Harter, S. L., & Bach, L. (2008). Construction of self and others in unipolar depressive disorders: A study using repertory grid technique. *Cognitive Therapy and Research*, 32(3), 386-400. https://doi.org/10.1007/s10608-007-9149-7

Feixas, G., Geldschläger, H., & Neimeyer, R. A. (2002). Content analysis of personal constructs. *Journal of Constructivist Psychology*, *15*(1), 1–19. https://doi.org/10.1080/107205302753305692

Feixas, G., Montesano, A., Compán, V., Salla, M., Dada, G., Pucurull, O., Trujillo, A., Paz, C., Muñoz, D., Gasol, M., Saúl, L. Á., Lana, F., Bros, I., Ribeiro, E., Winter, D., Carrera-Fernández, M. J., & Guàrdia, J. (2014a). Cognitive conflicts in major depression: Between desired change and personal coherence. *British Journal of Clinical Psychology*, *53*(4), 369–385. https://doi.org/10.1111/bjc.12050

Feixas, G., Montesano, A., Erazo-Caicedo, M. I., Compan, V., & Pucurull, O. (2014b). Implicative dilemmas and symptom severity in depression: A preliminary and content analysis study. *Journal of Constructivist Psychology*, *27*(1), 31–40. https://doi.org/10.1080/10720537.2014.850369

Feixas, G., & Saúl, L. Á. (2004). The Multi-Center Dilemma Project: An investigation on the role of cognitive conflicts in health. *The Spanish journal of psychology*, *7*(1), 69-78. https://doi.org/10.1017/s1138741600004765

Feixas, G., & Saúl, L. Á. (2005). Resolution of dilemmas by personal construct psychotherapy. In D. A. Winter & L. L. Viney (Eds.), *Personal construct psychotherapy: Advances in theory, practice and research* (pp. 136–147). Whurr.

Feixas, G., Saúl, L. A., & Avila-Espada, A. (2009). Viewing cognitive conflicts as dilemmas: Implications for mental health. *Journal of constructivist Psychology*, *22*(2), 141-169. https://doi.org/10.1080/10720530802675755

Fernandes, E. M. (2007). When what I wish makes me worse… to make coherence flexible. *Psychology and Psychotherapy: Theory, Research and Practice*, *80*(1), 165-180. https://doi.org/10.1348/147608306X109294

Fernández-Navarro, P., Ribeiro, A. P., Soylemez, K. K., & Gonçalves, M. M. (2020). Innovative moments as developmental change levels: A case study on meaning integration in the treatment of depression. *Journal of Constructivist Psychology*, *33*(2), 207-223. https://doi.org/10.1080/10720537.2019.1592037

Forbes, M. K., Tackett, J. L., Markon, K. E., & Krueger, R. F. (2016). Beyond comorbidity: Toward a dimensional and hierarchical approach to understanding psychopathology across

the life span. *Development and Psychopathology, 28*(4, Pt. 1), 971–986. https://doi.org/10.1017/S0954579416000651

Fransella, F., & Adams, B. (1966). An illustration of the use of repertory grid technique in a clinical setting. *British Journal of Social and Clinical Psychology, 5*(1), 51-62. https://doi.org/10.1111/j.2044-8260.1966.tb00955

Fransella, F., Bell, R., & Bannister, D. (2004). *A manual for repertory grid technique*. Wiley.

Freud, S. (1917). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 243–258). Hogarth Press.

Gunn, J., Watson, J. & Gristwood, J. (1976). The use of grid technique with long-term prisoners. In P. Slater (Ed.), *The Measurement of Intrapersonal Space by Grid Technique. Volume 1. Explorations of Intrapersonal Space*. John Wiley & Sons.

Gurley-Green, S., Cosgrove, L., Kostic, M., Koa, L., & McPherson, S. (2025). The iatrogenic consequences of medicalising grief: Resetting the research agenda. *Sociology of Health & Illness, 47*(2), e13866. https://doi.org/10.1111/1467-9566.13866

Hanieh, E., & Walker, B. M. (2007). Photography as a measure of constricted construing: The experience of depression through a camera. *Journal of Constructivist Psychology, 20*(2), 183–200. https://doi.org/10.1080/10720530601074739

Hare, R. D. (2003). *The Hare Psychopathy Checklist–Revised* (2nd ed.). Multi-Health Systems.

Hare, R. D., & Neumann, C. S. (2008). Psychopathy as a clinical and empirical construct. *Annual Review of Clinical Psychology, 4*, 217–246. https://doi.org/10.1146/annurev.clinpsy.3.022806.091452

Heather, N. (1979). The structure of delinquent values: A repertory grid investigation. *British Journal of Social and Clinical Psychology, 18*(3), 263-275. https://doi.org/10.1111/j.2044-8260.1979.tb00336.x

Heckmann, M. (2024). OpenRepGrid: An R package for the analysis of repertory grid data. *Journal of Open Source Software, 9*(104), 6918. https://doi.org/10.21105/joss.06918

Hewstone, M., Hooper, D., & Miller, K. (1981). Psychological change in neurotic depression: A repertory grid and personal construct theory approach. *The British Journal of Psychiatry, 139*(1), 47–51. https://doi.org/10.1192/bjp.139.1.47

Horley, J. (2004). Forensic psychology and personal construct theory. In Horley, J. (Ed.), *Personal construct perspectives on forensic psychology* (pp. 1-14). Routledge.

Horwitz, A. V., & Wakefield, J. C. (2007). *The loss of sadness: How psychiatry transformed normal sorrow into depressive disorder*. Oxford University Press.

Houston, J. (1998). *Making sense with offenders: Personal constructs, therapy and change*. J. Wiley.

Houston, J. C. (2004). Mentally disordered offenders. In J. Horley (Ed.), *Personal construct perspectives on forensic psychology* (pp. 87-119). Routledge.

Hughes, S. L., & Neimeyer, R. A. (1993). Cognitive predictors of suicide risk among hospitalized psychiatric patients: A prospective study. *Death Studies, 17*, 103–124. https://doi.org/10.1080/07481189308252609

Howells, K. (1983). Social construing and violent behaviour in mentally abnormal offenders. In J. W. Hinton (Ed.), *Dangerousness: Problems of Assessment and Prediction* (pp. 114–129). Allen and Unwin.

Jones, H. (1985). Creativity and depression: An idiographic study. In F. Epting & A. W. Landfield (Eds.), *Anticipating personal construct psychology (pp. 170-179)*. University of Nebraska Press.

Kelly, G. A. (1955). *The psychology of personal constructs* (Vols. 1–2). W. W. Norton.

Kelly, G. A. (1961). Theory and therapy in suicide: The personal construct point of view. In M. Farberow & E. Shneidman (Eds.), *The cry for help* (pp. 255–280). McGraw-Hill.

Kelly, G. A. (1965). The threat of aggression. *Journal of Humanistic Psychology*, *5*(2), 195-201.

Kelly, G. A. (1969). Hostility. In M. Maher (Ed.). *Clinical psychology and personality: The selected papers of George Kelly* (pp. 267-280). Wiley.

Kelly, G. A. (1978). Confusion and the clock. In F. Fransella (Ed.), *Personal construct psychology* (pp. 209-232). Ohio State University.

Kelly, D. & Taylor, H. (1981). Take and escape: a personal construct study of car 'theft'. In H. Bonarius, R. Holland, & S. Rosenberg (Eds.), *Personal construct psychology: Recent advances in theory and practice* (pp. 231-239). Macmillan.

Kitson-Boyce, R., Wheatley, R., & Blagden, N. (2022). The application of the repertory grid in forensic practice. *Journal of Constructivist Psychology*, *35*(2), 677-698. https://doi.org/10.1080/10720537.2020.1865222

Klass, E. T. (1980). Cognitive appraisal of transgression among sociopaths and normals. *Cognitive therapy and Research*, *4*(4), 353-367. https://doi.org/10.1007/BF01178212

Klein, M. H., Greist, J. H., Gurman, A. S., Neimeyer, R. A., Lesser, D. P., Bushnell, N. J., & Smith, R. E. (1984). A comparative outcome study of group psychotherapy vs. exercise treatments for depression. *International Journal of Mental Health*, *13*(3–4), 148–176. https://doi.org/10.1080/00207411.1984.11448982

Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., Althoff, R. R., Bagby, R. M., Brown, T. A., Carpenter, W. T., Caspi, A., Clark, L. A., Eaton, N. R., Forbes, M. K., Forbush, K. T., Goldberg, D., Hasin, D., Hyman, S. E., Ivanova, M. Y., Lynam, D. R., Markon, K. E., ... Zimmerman, M. (2017). The Hierarchical Taxonomy of Psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology, 126*(4), 454–477. https://doi.org/10.1037/abn0000258

Krauthauser, H., Bassler, M., & Potratz, B. (1994). A new approach to the identification of cognitive conflicts in the repertory grid: A nomothetic study. *Journal of constructivist psychology*, *7*(4), 283-299. https://doi.org/10.1080/10720539408405235

Krueger, R. F. (1999). The structure of common mental disorders. *Archives of General Psychiatry, 56*(10), 921–926. https://doi.org/10.1001/archpsyc.56.10.921

Krueger, R. F., & Markon, K. E. (2006). Reinterpreting comorbidity: A model-based approach to understanding and classifying psychopathology. *Annual Review of Clinical Psychology, 2*, 111–133. https://doi.org/10.1146/annurev.clinpsy.2.022305.095213

Krueger, R. F., & Markon, K. E. (2014). The role of the DSM-5 personality trait model in moving toward a quantitative and empirically based approach to classifying personality and psychopathology. *Annual Review of Clinical Psychology, 10*, 477–501. https://doi.org/10.1146/annurev-clinpsy-032813-153732

Krueger, R. F., Markon, K. E., Patrick, C. J., Benning, S. D., & Kramer, M. D. (2007). Linking antisocial behavior, substance use, and personality: An integrative model of the adult externalizing spectrum. *Journal of Abnormal Psychology, 116*(4), 645–666. https://doi.org/10.1037/0021-843X.116.4.645

Laming, C. J. (2006). Shedding violent expressions of anger constructively. *In P. Cummins (Ed.), Working with anger: A constructivist approach* (pp. 25-43). Wiley.

Leitner, L. M. (2013). Evil: An experiential constructivist understanding. In A. C. Bohart, B. S. Held, E. Mendelowitz, & K. J. Schneider (Eds.), *Humanity's dark side: Evil, destructive experience, and psychotherapy* (pp. 119–140). American Psychological Association. https://doi.org/10.1037/13941-006

Leitner, L. M., & Thomas, J. C. (2006). Experiential personal constructivism and anger. In P. Cummins (Ed.), *Working with anger: A constructivist approach* (pp. 65–81). Wiley.

Lin, Y., & Winter, D. (2020). Construing and depression in Taiwanese women. *Journal of Constructivist Psychology, 35*(4), 1196-1207. https://doi.org/10.1080/10720537.2020.1805074

Maj, M. (2005). 'Psychiatric comorbidity': An artifact of current diagnostic systems? *The British Journal of Psychiatry, 186*(3), 182–184. https://doi.org/10.1192/bjp.186.3.182

Mascolo M. F., Mancuso J. C., & Dukewich T. (2006). Pathways in the development of anger: Appraisal, action and regulation. In P. Cummins (Ed.), *Working with anger: A constructivist approach* (pp. 159-172). Wiley. https://doi.org/10.1002/9780470713136.ch11

Mason, J. (2003). The use of a repertory grid as an aid to assessment and formulation in a sex offender with a learning disability. *The British Journal of Forensic Practice, 5*(3), 13-20. https://doi.org/10.1108/14636640380000196

McCoy, M. M. (1977). A reconstruction of emotion. In D. Bannister (Ed.), *New Perspectives in Personal Construct Theory*. Academic Press.

McCoy, M. M. (1981). Positive and negative emotion: A personal construct theory interpretation. In H. Bonarius, R. Holland, & S. Rosenberg (Eds.), *Personal construct psychology: Recent advances in theory and practice* (pp. 95–104). MacMillan.

McPherson, F. M., Blackburn, I. M., Draffan, J. W., & McFadyen, M. (1973). A further study of the grid test of thought disorder. *British Journal of Social and Clinical Psychology, 12*(4), 420–427. https://doi.org/10.1111/j.2044-8260.1973.tb00090.x

Meloy J. R., & Yakeley J. (2020). A psychoanalytic view of the psychopath. In A. R., Felthous & H. Saß (Eds.), *The Wiley international handbook on psychopathic disorders and the law* (pp. 449-463). John Wiley. https://doi.org/10.1002/9781119159322.ch20

Međedović, J. (2023). Psychopathy and Its Current Evolution. In J. Međedović (Ed.), *Evolutionary Behavioral Ecology and Psychopathy*. Springer. https://doi.org/10.1007/978-3-031-32886-2_8

Moggia, D., Lutz, W., Arndt, A., & Feixas, G. (2020). Patterns of change and their relationship to outcome and follow-up in group and individual psychotherapy for depression. *Journal of consulting and clinical psychology*, *88*(8), 757. https://doi.org/10.1037/ccp0000562

Montesano, A., Feixas, G., Caspar, F., & Winter, D. (2017a). Depression and identity: Are self-constructions negative or conflictual? *Frontiers in Psychology, 8*, 877. https://doi.org/10.3389/fpsyg.2017.00877

Montesano, A., Feixas, G., Saul, L. A., Caicedo, M. I. E., Dada, G., & Winter, D. (2014). Cognitive conflicts and symptom severity in dysthymia: 'I'd rather be good than happy'. *Salud Mental*, *37*(1), 41–48. https://doi.org/10.17711/SM.0185-3325.2014.006

Montesano, A., Feixas, G., & Varlotta, N. (2009). An alisis de contenido de constructos personales en la depresión [Content analysis of personal contructs in depression]. *Salud Ment. 32*, 371–379.

Montesano, A., Gonçalves, M. M., & Feixas, G. (2017b). Self-narrative reconstruction after dilemma-focused therapy for depression: A comparison of good and poor outcome cases. *Psychotherapy Research*, *27*(1), 112–126. https://doi.org/10.1080/10503307.2015.1080874

Miller, K., & Treacher, A. (1981). Delinquency: a personal construct approach. In H. Bonarius, R. Holland & S. Rosenberg (Eds), *Personal Construct Psychology: Recent Advances in Theory and Practice*. Macmillan.

Needs, A. (1988). Psychological investigation of offending behaviour. In F. Fransella & L. F. Thomas (Eds.), *Experimenting with personal construct psychology* (pp. 493-506). Routledge & Kegan Paul.

Neimeyer, R. A. (1983). Toward a personal construct conceptualization of depression and suicide. *Death Education*, *7*(2-3), 127-173. https://doi.org/10.1080/07481188308252160

Neimeyer, R. A. (1984a). Group psychotherapies for depression: An overview. *International Journal of Mental Health*, *13*(3–4), 3–7. https://doi.org/10.1080/00207411.1984.11448973

Neimeyer, R. A. (1984b). Towards a personal construct conceptualization of depression and suicide. In F. R. Epting & R. A. Neimeyer (Eds.), *Personal meanings of death: Applications of personal construct theory and mental health* (pp. 41–88). Croom Helm.

Neimeyer, R. A. (1985). Personal constructs in depression: Research and clinical implications. In E. Button (Ed.), *Personal construct theory and mental health* (pp. 82–101). Croom Helm.

Neimeyer, R. A. (2016). Meaning reconstruction in the wake of loss: Evolution of a research program. *Behaviour Change, 33*(2), 65-79. https://doi.org/10.1017/bec.2016.5

Neimeyer, R. A., & Feixas, G. (1992). Cognitive assessment in depression: A comparison of some existing measures. European Journal of Psychological Assessment, 8, 47–56.

Neimeyer, R. A., & Raskin, J. D. (2000). *Constructions of disorder: Meaning-making frameworks for psychotherapy*. American Psychological Association. https://doi.org/10.1037/10368-000

Neimeyer, R. A., Heath, A., & Strauss, J. (1985). Personal reconstruction during group cognitive therapy for depression. In F. Epting & A. W. Landfield (Eds.), *Anticipating personal construct psychology* (pp. 180–197). University of Nebraska Press.

Neimeyer, R. A., Klein, M. H., Gurman, A. S., & Griest, J. H. (1983). Cognitive structure and depressive symptomatology. *British Journal of Cognitive Psychotherapy, 1*(1), 65–76.

Neuringer, C. (1961). Dichotomous evaluations in suicidal individuals. *Journal of Consulting Psychology, 25*, 445–449. https://doi.org/10.1037/h0046460

Neuringer, C. (1967). The cognitive organization of meaning in suicidal individuals. *Journal of Consulting Psychology, 31*, 91–100. https://doi.org/10.1080/00221309.1967.9710744

Landfield, A. W. (1971). *Personal construct systems in psychotherapy*. Rand McNally.

Landfield, A. W. (1976). A personal construct approach to suicidal behaviour. In P. Slater (Ed.), *Explorations of intrapersonal space* (Vol. 1, pp. 93–107). Wiley.

Landfield, A. W., & Epting, F. R. (1987). *Personal construct psychology: Clinical and personality assessment*. Human Sciences Press.

Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys*. Castalia.

Paz, C., Montesano, A., Winter, D., & Feixas, G. (2019). Cognitive conflict resolution during psychotherapy: Its impact on depressive symptoms and psychological distress. *Psychotherapy Research, 29*(1), 45-57. https://doi.org/10.1080/10503307.2017.1405172

Pollock, P. H., & Kear-Colwell, J. J. (1994). Women who stab: A personal construct analysis of sexual victimization and offending behaviour. *British Journal of Medical Psychology, 67*(1), 13-22. https://doi.org/10.1111/j.2044-8341.1994.tb01767.x

Procter, H., & Dallos, R. (2006). Making me angry. In P. Cummins (Ed.), *Working with anger: A constructivist approach* (pp. 131-148). Wiley. https//doi.org/10.1002/9780470713136.ch9

Rhodes, J. E., Hackney, S. J., & Smith, J. A. (2019). Emptiness, engulfment, and life struggle: An interpretative phenomenological analysis of chronic depression. *Journal of Constructivist Psychology, 32*(4), 390–407. https://doi.org/10.1080/10720537.2018.1515046

Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Houghton Mifflin.

Ross, M. V. (1985). Depression, self-concept, and personal constructs. In F. Epting & A. W. Landfield (Eds.), *Anticipating personal construct psychology* (pp. 155–169). University of Nebraska Press.

Rowe, D. (1969). Estimates of change in a depressive patient. *British Journal of Psychiatry, 115*, 1199–1200. https://doi.org/10.1192/bjp.115.527.1199

Rowe, D. (1971). Poor prognosis in a case of depression as predicted by the repertory grid. *British Journal of Psychiatry, 118*, 297–300. https://doi.org/10.1192/bjp.118.544.297

Rowe, D. (1985). Depression is a prison. In F. Epting & A. W. Landfield (Eds.), *Anticipating personal construct psychology* (pp. 149-154). University of Nebraska Press.

Rowe, D. (2003). *Depression: The way out of your prison* (3rd ed.). Brunner-Routledge.

Rouco, V., Paz, C., Winter, D., & Feixas, G. (2019). On the measurement of implicative dilemmas. *Journal of Constructivist Psychology*, *32*(3), 309-324. https://doi.org/10.1080/10720537.2018.1499159

Sachdev, P. S., Chawla, H. M., & Rao, G. S. (1982). The repertory grid interview of a depressed patient. *Indian Journal of Psychiatry, 24*(2), 176.

Sachdev, P. S., Chawla, H. M., Rao, G. S., Mehta, M., & Mohan, D. (1983). A repertory grid comparison of endogenous and neurotic depressions. *Indian Journal of Psychiatry, 25*(1), 46.

Sebranek, V. (2020). *Psychological Processes of Murder: A Personal Construct Approach* (Doctoral dissertation, University of Huddersfield).

Sheehan, M. J. (1981). Constructs and "conflict" in depression. *British Journal of Psychology, 72*, 197–209. https://doi.org/10.1111/j.2044-8295.1981.tb02176.x

Sheehan, M. J. (1985). A personal construct study of depression. *British Journal of Medical Psychology, 58*, 119–128. https://doi.org/10.1111/j.2044-8341.1985.tb02624.x

Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., ... & Dunbar, G. C. (1998). The Mini-International Neuropsychiatric Interview (MINI): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *Journal of clinical psychiatry, 59*(20), 22-33.

Sewell, K. W., & Cruise, K. R. (2004). Adolescent psychopathy and repertory grids: Preliminary data and focused case study. *Personal Construct Theory & Practice*, *1*, 92-103.

Silverman, G. (1977). Aspects of intensity of affective constructs in depressed patients. *The British Journal of Psychiatry, 130*(2), 174-176. https://doi.org/10.1192/bjp.130.2.174

Slade, P. D., & Sheehan, M. J. (1979). Measurement of "conflict" in repertory grids. *British Journal of Psychology, 70*, 519–524. https://doi.org/10.1111/j.2044-8295.1979.tb01726.x

Soldz, S., & Soldz, E. (1989). A difficulty with the functionally independent construction measure of cognitive differentiation. *International Journal of Personal Construct Psychology*, *2*(3), 315-322. https://doi.org/10.1080/08936038908404302

Space, L. G., & Cromwell, R. L. (1980). Personal constructs among depressed patients. *Journal of Nervous and Mental Disease, 168*(3), 150–158. https://doi.org/10.1097/00005053-198003000-00005

Space, L. G., Dingemans, P., & Cromwell, R. L. (1983). Self-construing and alienation in depressives, schizophrenics, and normals. In J. Adams-Webber & J. C. Mancuso (Eds.), *Applications of personal construct theory* (pp. 365–377). Academic Press.

Sperlinger, D. J. (1976). Aspects of stability in the repertory grid. *British Journal of Medical Psychology, 49*(4), 341–347. https://doi.org/10.1111/j.2044-8341.1976.tb02386.x

Stanley, B. (1985) Alienation in young offenders. In N. Beail (Ed.), *Repertory Grid Technique and Personal Constructs: Application in Clinical and Educational Settings* (pp. 47-60). Croom Helm.

Stojnov, D. (2004). From psychology of personality to psychology of persons. *Zbornik Instituta za pedagoška istraživanja, 36*, 11–45. https://doi.org/10.2298/ZIPI0436011S

Stojnov, D. (2007). *Psihologija ličnih konstrukata: Uvod u teoriju i terapiju* (2nd ed.). Psihopolis Institut.

Thomas-Peter, B. A. (1993). The reliability of reaction time and social judgement in computerized repertory grids. *Personality and individual differences*, *15*(2), 225-228. https://doi.org/10.1016/0191-8869(93)90030-7

Topcu, S. (1976). Psychological concomitants of aggressive feelings and behaviour. Unpublished Ph.D. Thesis, University of London.

Ugazio, V., Guarnieri, S., Anselmi, P., Castelli, D., & Pandolfi, M. (2022). The therapeutic relationship with clients with phobic, obsessive–compulsive, eating, and depressive disorders: which meanings prevail?. *Journal of Constructivist Psychology*, *35*(1), 360-387. https://doi.org/10.1080/10720537.2020.1828203

Widom, C. S. (1976). Interpersonal and personal construct systems in psychopaths. *Journal of Consulting and Clinical Psychology*, *44*(4), 614. https://doi.org/10.1037/0022-006X.44.4.614

Winter, D. A. (1982). Construct relationships, psychological disorder and therapeutic change. *British Journal of Medical Psychology*, *55*(3), 257-270. https://doi.org/10.1111/j.2044-8341.1982.tb01506.x

Winter, D. A. (1983). Logical inconsistency in construct relationships: Conflict or complexity? *British Journal of Medical Psychology, 56*(1), 79–87. https://doi.org/10.1111/j.2044-8341.1983.tb01534.x

Winter, D. A. (1984). Group therapy with depressives: A personal construct theory perspective. *International Journal of Mental Health*, *13*(3–4), 67–85. https://doi.org/10.1080/00207411.1984.11448977

Winter, D. A. (1989). Group therapy as a means of facilitating reconstruing in depressives. *Group Analysis, 22*(1), 39–48. https://doi.org/10.1177/0533316489221005

Winter, D. A. (2004). A credulous approach to violence and homicide. In J. Horley (Ed.), *Personal construct perspectives on forensic psychology* (pp. 15-43). Routledge.

Winter, D. A. (2006). Destruction as a constructive choice. In T. Mason (Ed.), *Forensic psychiatry: Influences of evil* (pp. 153–177). Humana Press.

Winter, D. A. (2007). Construing the construction processes of serial killers and other violent offenders: 2. The limits of credulity. *Journal of Constructivist Psychology*, 20(3), 247-275. https://doi.org/10.1080/10720530701347902

Winter, D. A. (2013). *Personal construct psychology in clinical practice: Theory, research and applications.* Routledge.

Winter, D. A. (2016). Construing homicide. In D. A. Winter & N. Reed (Eds.), *The Wiley handbook of personal construct psychology* (pp. 416–425). Wiley Blackwell.

Winter, D. A. (2020). Sociality and hostility: A pernicious mix. *Journal of Constructivist Psychology*, 1-10. https://doi.org/10.1080/10720537.2020.1805062

Winter, D. A., & Tschudi, F. (2015). Construing a "perfect knight": A personal construct investigation of mass murder. *Journal of Constructivist Psychology*, *28*(2), 139-151. https://doi.org/10.1080/10720537.2013.846837

Winter, D. A., Sireling, L., Riley, T., Metcalfe, C., Quaite, A., & Bhandari, S. (2007). A controlled trial of personal construct psychotherapy for deliberate self-harm. *Psychology and Psychotherapy: Theory, research and practice*, *80*(1), 23-37. https://doi.org/10.1348/147608306X102778

Winter, D. A., Patient, S., & Sundin, J. (2009). Constructions of alienation. In L. Leitner & J.C. Thomas (Eds), *Personal constructivism: Theory and applications* (pp. 171-189). Pace University Press.

Winter, D. A., Bell, R. C., & Watson, S. (2010). Midpoint ratings on personal constructs: Constriction or the middle way? *Journal of Constructivist Psychology, 23*(4), 337–356. https://doi.org/10.1080/10720537.2010.502428

Winter, D. A., Malighetti, C., Cipolletta, S., Ahmed, S., Benson, B., & Röhricht, F. (2018). Construing and body dissatisfaction in chronic depression: A study of body psychotherapy. *Psychiatry Research, 270*, 845–851. https://doi.org/10.1016/j.psychres.2018.10.061

World Health Organization. (2022). *International classification of diseases for mortality and morbidity statistics* (11th ed.). https://icd.who.int/en

Wozniak, E. E., Hare, D. J., Gregg, L., & Wittkowski, A. (2025). Construal of self as a mental health inpatient: a systematic review and narrative synthesis of repertory grid studies. *Frontiers in Psychiatry*, *16*, 1431798. https://doi.org/10.3389/fpsyt.2025.1431798

Yorke, L., & Dallos, R. (2015). An interpretative phenomenological analysis and repertory grid exploration of anger in young offenders. *Journal of Constructivist Psychology, 28*(2), 126–138. https://doi.org/10.1080/10720537.2014.889585

Supplementary Material S1. Study Documentation

Informed Consent (English Translation)

The study you are about to participate in is part of a doctoral dissertation aimed at examining people's feelings, thoughts, and reactions that may be associated with negative consequences for themselves or others. Research of this kind is important because it helps us better understand how emotions, thoughts, and reactions shape people's lives and behavior, and may provide valuable insights into how support can be offered most effectively.

The study is conducted by Nikola Drndarević, MA, as part of his doctoral research at the Faculty of Philosophy, University of Belgrade, under the supervision of Professor Tamara Džamonja-Ignjatović, PhD.

The study consists of two phases. In the first phase, you will be asked to answer questions in a structured interview. The second phase consists of a personality interview, the data from which will later be analyzed statistically. The total duration of participation is expected to be approximately 60–90 minutes. Short breaks of about 5 minutes will be provided after each major section or whenever participants express a need for one.

While answering the questions or participating in the interviews, you may encounter topics that you find unpleasant or emotionally distressing. You may also be asked to disclose sensitive personal information. To minimize any potential discomfort, psychological support and counseling will be available if needed. At the end of the study, you will receive a debriefing explaining the purpose of the research and will have an opportunity to discuss any emotional reactions or ask questions. Our research team is committed to ensuring your well-being, and we encourage you to inform the researcher of any concerns or discomfort you may experience during the study.

Your participation in this study is completely voluntary and anonymous. You have the right to decline participation or to withdraw from the study at any time without providing a reason and without any negative consequences. You also have the right to ask questions and to receive additional explanations after your participation.

All information collected will be treated as strictly confidential and used exclusively for scientific purposes. Any publications or presentations resulting from this research will report findings only in aggregated form, ensuring that no individual participant can be identified.

If you have any questions or comments, please feel free to ask the researcher now. If you have additional questions after your participation, you may contact Nikola Drndarević at nikola.drndarevic@iksi.ac.rs.

Because other participants may still take part in this study, we kindly ask that you do not discuss the details of the study with friends or colleagues until data collection has been completed.

If you have carefully read this informed consent form and agree to participate in the study, please indicate your consent by signing below.

Signature: _____

Date: _____

Thank you for your participation!

Informed Consent (Original Serbian Version)

Istraživanje pred vama je deo doktorske disertacije koje za cilj ima da istraži osećanja, mišljenja i reakcije ljudi koji mogu biti u vezi sa negativnim posledicama po sebe ili po druge. Ovakve studije su nam važne kako bismo bolje razumeli načine na koji osećanja, mišljenja i reakcije oblikuju, kako živote tako i reakcije ljudi, te nam može ukazati na načine na koje najbolje možemo da pružimo pomoć.

Istraživanje sprovodi MA Nikola Drndarević, u okviru doktorata na Filozofskom fakultetu Univerziteta u Beogradu, pod mentorstvom Prof. Dr Tamare Džamonje-Ignjatović. U okviru istraživanja postoje dve faze. U prvoj fazi će od vas biti zatraženo da odgovorite na pitanja u strukturisanom intervjuu. Druga faza se sastoji od intervjua ličnosti, čiji podaci će se kasnije statistički obrađivati. Ukupno vreme za završetak istraživanja procenjuje se na oko 60-90 minuta. Pauze od 5 minuta će se praviti nakon što se završi svaki glavni deo ili kad god učesnici izraze svoju potrebu.

Kada odgovarate na pitanja ili učestvujete u intervjuu, možete naići na sadržaj koji vam je neprijatan ili uznemirujući. Od vas će se možda tražiti da date osetljive informacije o sebi. Da bismo sveli potencijalne negativne emocije na minimum, omogućen je pristup savetovanju, a po završetku istraživanja pružene su informacije i podrška kako bi se razjasnila svrha istraživanja i pružila prilika za izražavanje eventualnih emotivnih reakcija ili pitanja. Naš istraživački tim je posvećen tome da osigura vaše dobrostanje, i podstičemo vas da saopštite sve nedoumice ili neprijatnosti koje osetite tokom istraživanja.

Učešće u istraživanju je potpuno anonimno i dobrovoljno, što znači da imate puno pravo da ne pristanete da učestvujete u studiji, ili da odustanete u toku popunjavanja upitnika, za šta ne morate dati nikakvo obrazloženje niti ćete imati bilo kakve neprijatnosti. Imate pravo da postavljate pitanja i da dobijete objašnjenje nakon vašeg učešća. Podaci će se obrađivati poverljivo i koristiti isključivo u naučne svrhe. Sve publikacije ili prezentacije zasnovane na ovom istraživanju će podatke predstavljati u grupnom obliku tako da nijedan učesnik ne može biti identifikovan.

Ako imate bilo kakvih pitanja ili komentara, slobodno pitajte istraživača sada. Ukoliko imate dodatnih pitanja ili komentara, obratite se Nikoli Drndareviću na nikola.drndarevic@iksi.ac.rs. Pošto drugi učesnici mogu biti uključeni u istraživanje, molimo vas da o detaljima ove studije ne razgovarate sa svojim prijateljima ili kolegama.

Ako ste pažljivo pročitali informisanu saglasnost i pristajete na učešće u istraživanju, molimo vas da potpisom date vašu saglasnost:

Potpis _____

Datum _____

Hvala vam na učešću!

Debriefing Form (English Translation)

Thank you for participating in this study, which aimed to improve our understanding of how various negative consequences for oneself or others are associated with people's emotions, attitudes, and behaviors. Research of this kind is important because it helps us better anticipate people's needs and reactions, allowing us to use this knowledge to provide more effective support to individuals who may find themselves in similar situations in the future.

Some of the questions addressed potentially distressing or sensitive topics, including private experiences and stressful or traumatic events. Other questions focused on emotions and reactions that some people may perceive as unpleasant or undesirable. The sensitive nature of these topics, together with their scientific importance, makes your participation especially valuable.

People commonly experience participation in studies like this in different ways. For some, it provides an opportunity to express thoughts and feelings or even to gain new insights, organize past experiences, or view connections between events from a new perspective. As a result, participation is often experienced as meaningful or beneficial. Equally, some participants may experience mild emotional discomfort while completing the interviews or questionnaires, particularly when recalling difficult memories or describing challenging experiences. Feelings such as sadness, anger, or fear are normal and understandable responses when reflecting on painful or personally significant experiences.

If you feel that you would benefit from additional support or would like to discuss your experience of participating in this study or any thoughts or emotions that have arisen, you are encouraged to contact a psychologist or the appropriate professional within your institution at any time over the coming days or weeks. They have been informed about the purpose of this study, are aware of the potential emotional reactions that participation may evoke, and have expressed their willingness to provide support if needed.

If you have any questions regarding the purpose of the study or the use of the collected data, you are welcome to contact the researcher during the data collection period or by email: nikola.drndarevic@iksi.ac.rs

If you have any questions or concerns regarding your rights as a research participant, you may contact the Ethics Committee of the Faculty of Philosophy, University of Belgrade at: komocetis@f.bg.ac.rs

Kind regards, and thank you once again for your participation.

Nikola Drndarević

Debriefing Form (Original Serbian Version)

Hvala na učešću u studiji čiji je cilj bio da bolje razumemo kako su različite negativne posledice po sebe ili po druge povezane sa ljudskim osećanjima, stavovima i ponašanjima. Ovakva istraživanja su nam pre svega vazna kako bismo mogli bolje da predvidimo potrebe i reakcije ljudi i iskoristimo ta znanja da u budućnosti pružimo adekvatniju pomoć onima koji se nađu u sličnim situacijama.

Neka od pitanja su se ticala potencijalno bolnih i osetljivih tema, privatnih iskustava i stresnih ili traumatskih događaja, a neka su se bavila osećanjima i reakcijama koje neki ljudi smatraju neprijatnim ili nepoželjnim. Upravo osetljivost teme, uz njenu važnost, daju poseban značaj vašem učešću.

Uobičajeno je da ovakva ispitivanja ljudi različito doživljavaju. Nekima ovo bude ventil kroz koji mogu da izraze misli i osećanja, ali i forma koja im po prvi put otvori neka pitanja i uvide, posloži događaje i veze u glavi, te stoga nije retko da u tim situacijama učešće u istraživanju bude doživljeno kao pozitivno iskustvo. Jednako često, ljudi mogu osetiti (blagu) uznemirenost i neprijatnost tokom popunjavanja upitnika, a u vezi sa sećanjima i opisima stanja o kojima se radi. Mogu osetiti i druge emocije, poput tuge, ljutnje ili straha, koje su sve normalne i uobičajene pojave u susretu sa bolnim sadržajima, posebno ličnim.

Ukoliko imate potrebu za dodatnim razgovorom u vezi sa iskustvom ispitivanja ili sadržajem svojih misli i osećanja nakon ispitivanja, budite slobodni da se obratite psihologu ili nadležnoj osobi u ustanovi bilo kada u narednim danima ili nedeljama. Oni su informisani o cilju istraživanja i potencijalnim reakcijama i izrazili spremnost da budu tu za vas.

Ukoliko imate bilo kakvih pitanja u vezi sa svrhom istraživanja ili korišćenjem podataka, obratite se ili direktno istraživaču u danima dok traju ispitivanja ili pošaljite mejl istraživaču MA Nikoli Drndarevićу: nikola.drndarevic@iksi.ac.rs.

Ukoliko imate bilo kakvih nejasnoća ili pitanja u vezi sa svojim pravima, možete kontaktirati Etičku komisiju Filozofskog Fakulteta u Beogradu na mejl: komocetis@f.bg.ac.rs.

Srdačan pozdrav i hvala na saradnji!

Nikola Drndarević

Ethical Approval

УНИВЕРЗИТЕТ У БЕОГРАДУ
ФИЛОЗОФСКИ ФАКУЛТЕТ



UNIVERSITY OF BELGRADE
FACULTY OF PHILOSOPHY

INSTITUTIONAL REVIEW BOARD (IRB)

Department of Psychology, Faculty of Philosophy, University of Belgrade, Serbia

Subject: Protocol #2022-49

Date of submission: 31-05-2022

Principal investigator: Nikola Drndarevic

Affiliation: Institute for Criminological and Sociological Research

Title of study: Personal construct theory perspective on the distinction between depressive and disruptive disorders

Approval period: 9.2022 - 9.2024

Date of approval: 30.6.2023

Decision: Based on the submitted documents, the IRB concluded that both the design of the study and its implementation are in compliance with the principles of the Code of ethics and that it presents no risk to the participants. Please notify the IRB if you intend to make any significant modifications to the study's design or implementation.

dr Ksenija Krstić, vanredni profesor

dr Iris Žeželj, redovni profesor

dr Nikola Petrović, docent

dr Kaja Damnjanović, docent, naučni saradnik

dr Ljiljana Lazarević, viši naučni saradnik

www.f.bg.ac.rs; info@f.bg.ac.rs
Чика Љубина 18-20, 11000 Београд; тел. 011 2639 119, fax 011 2639 356
Čika Ljubina 18-20, 11000 Belgrade, Serbia; tel. +381 11 2639 119, fax +381 11 2639 356

Certificate of Completion for the MINI 7.0.2. Training



Harm Research Institute

Certificate of Completion

This is to certify that

Nikola Drndarevic

Has successfully completed

Adult MINI 7.0.2 Training

David V Sheehan MD MBA

David V. Sheehan MD, MBA, DLFAPA

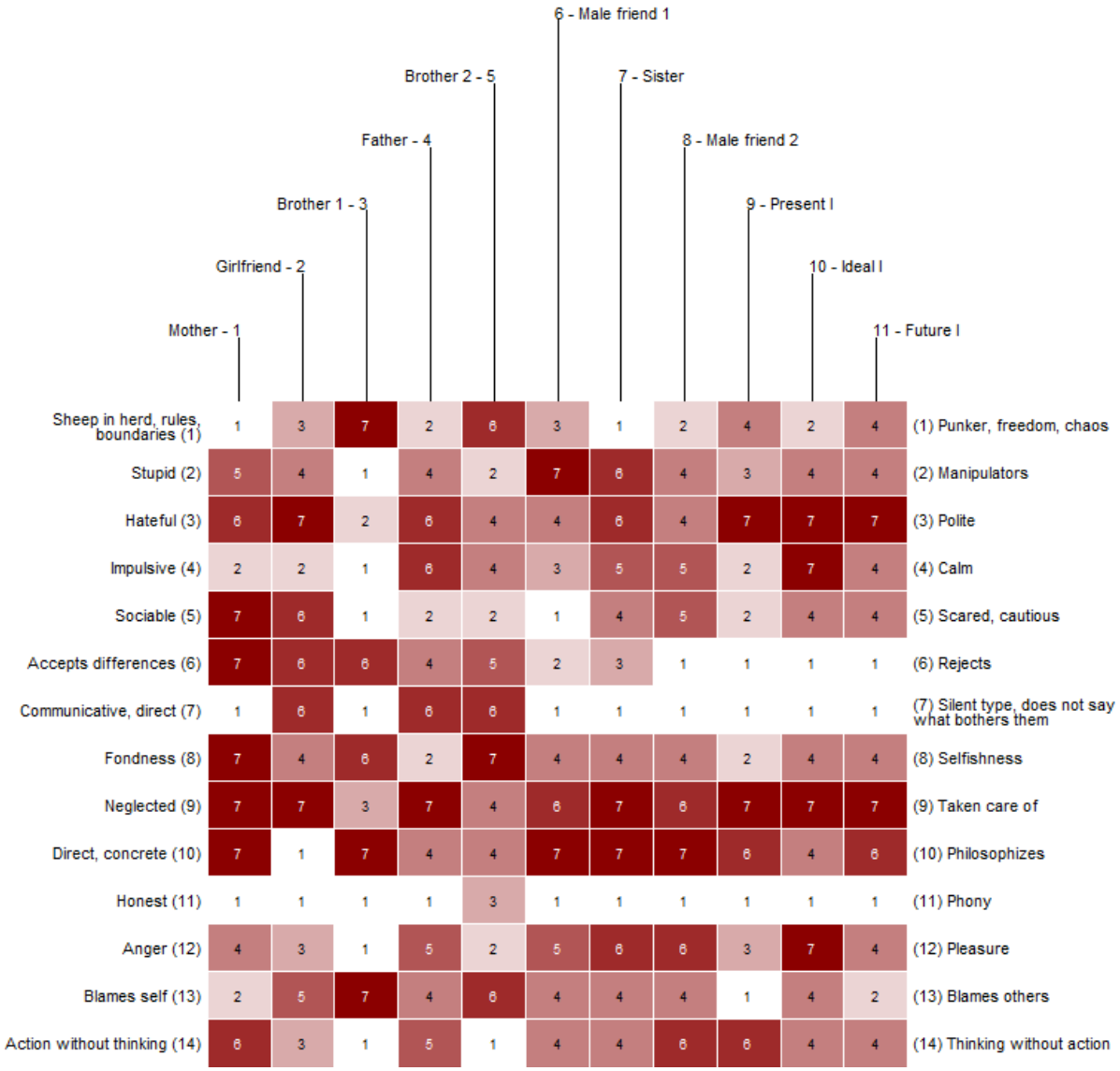
Completed: 2023-05-17

Certificate ID: dgclol2afz

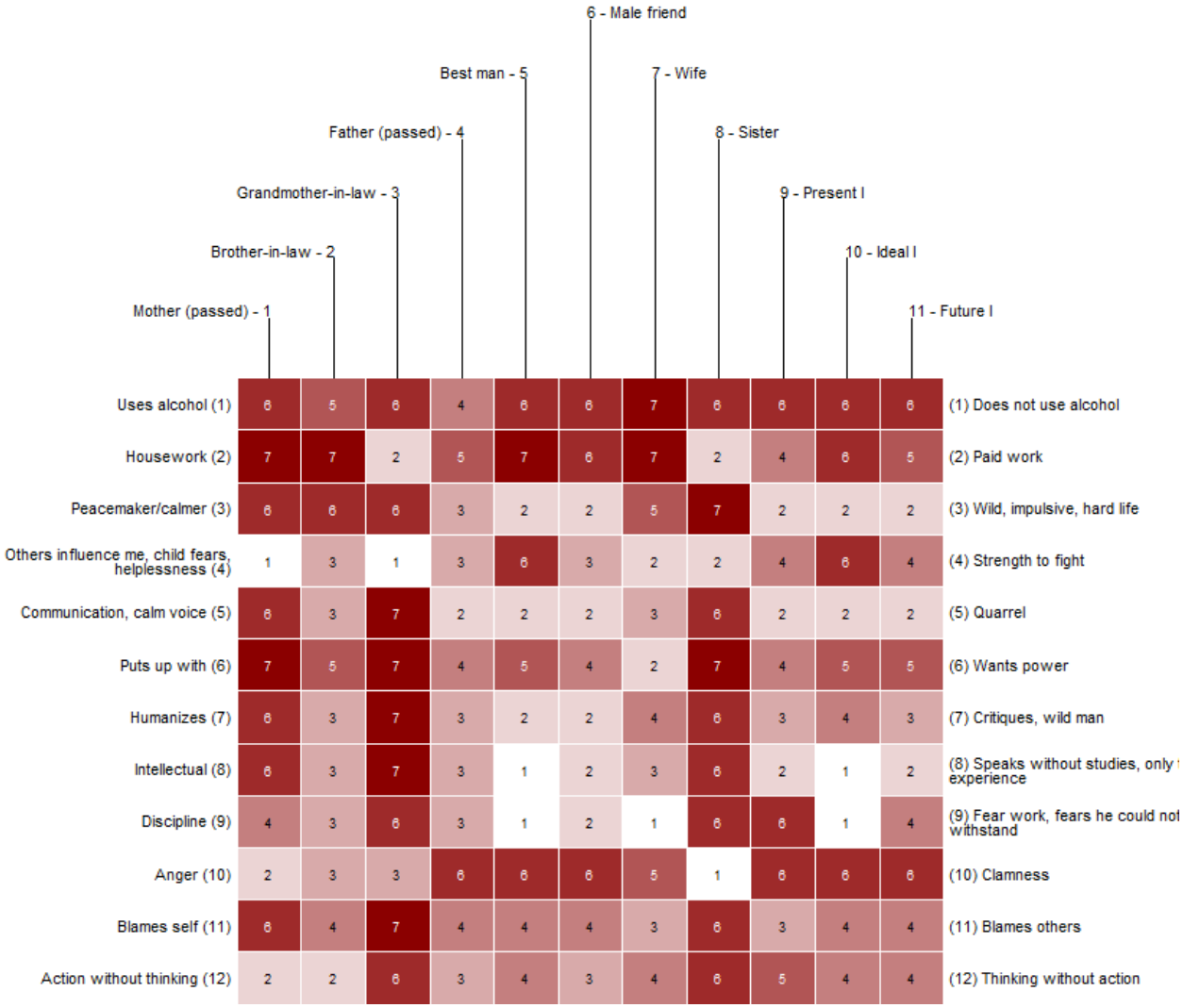
Supplementary Material S2. Individual Repertory Grids

1. Internalizing (MDD) Group

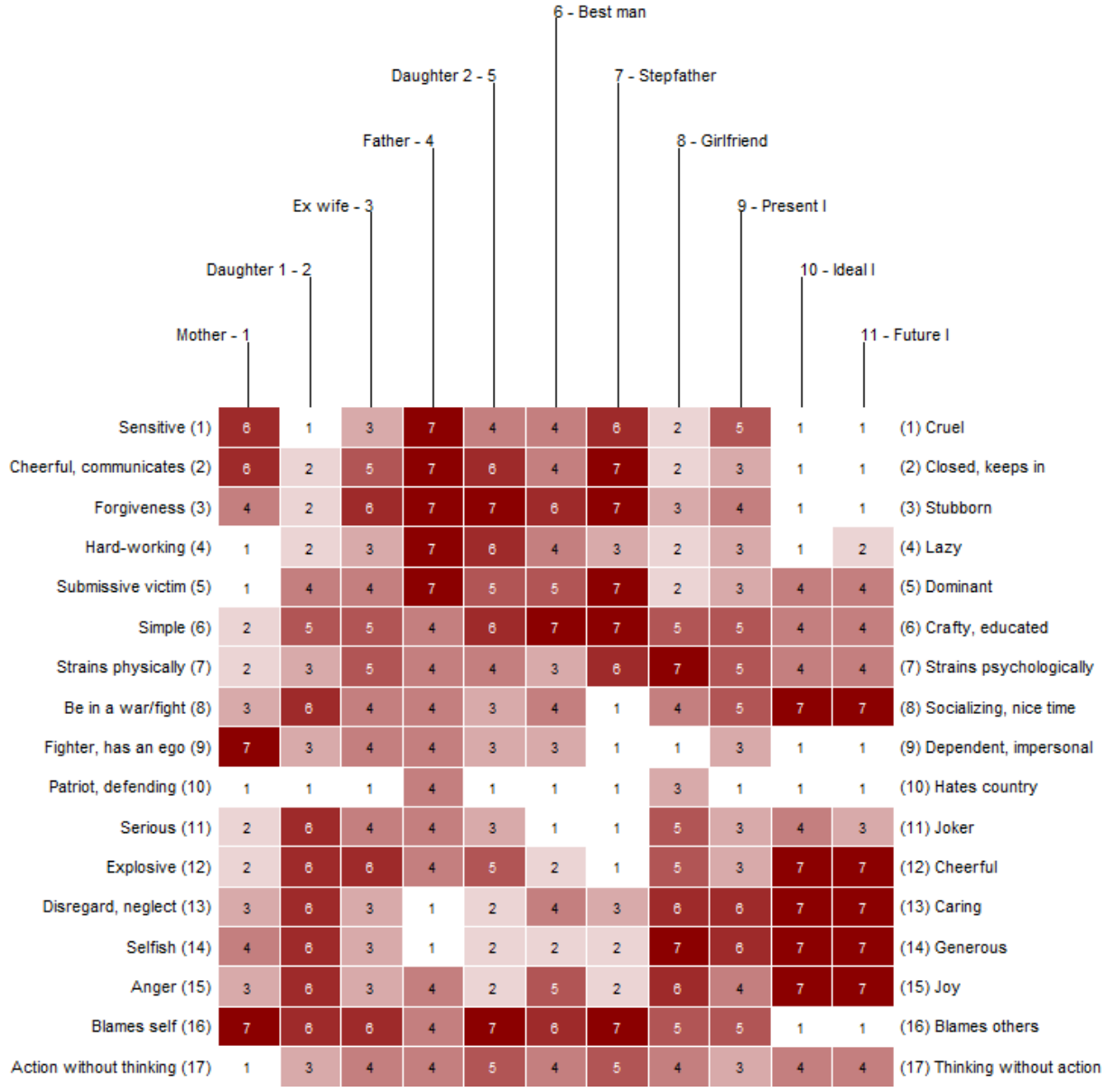
INT 1



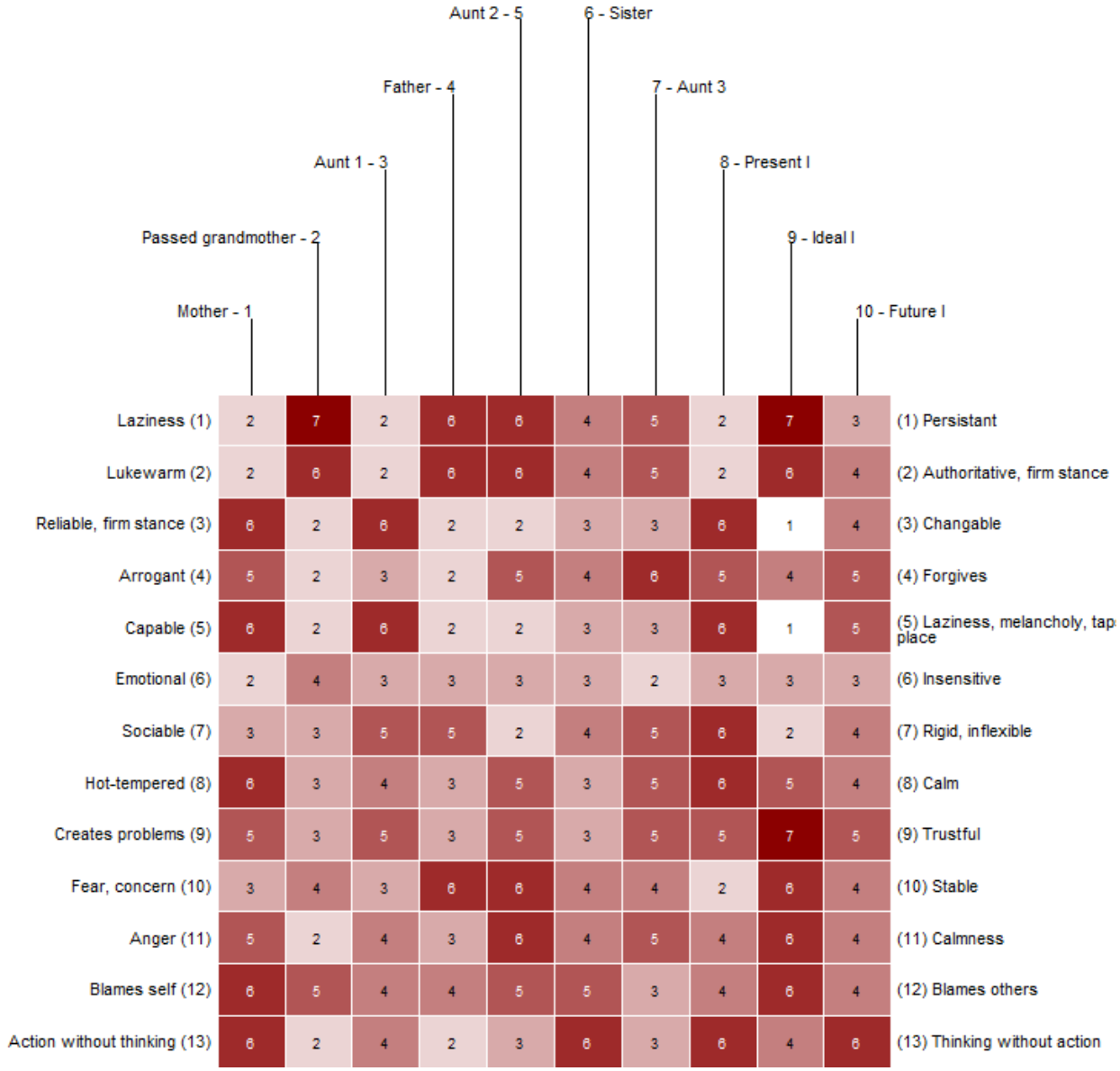
INT 2


6 - Male friend
Best man - 5
7 - Wife
Father (passed) - 4
8 - Sister
Grandmother-in-law - 3
9 - Present I
Brother-in-law - 2
10 - Ideal I
Mother (passed) - 1
11 - Future I
Uses alcohol (1) 6 5 6 4 6 6 7 6 6 6 6 (1) Does not use alcohol
Housework (2) 7 7 2 5 7 6 7 2 4 6 5 (2) Paid work
Peacemaker/calmer (3) 6 6 6 3 2 2 5 7 2 2 2 (3) Wild, impulsive, hard life
Others influence me, child fears, helplessness (4) 1 3 1 3 6 3 2 2 4 6 4 (4) Strength to fight
Communication, calm voice (5) 6 3 7 2 2 2 3 6 2 2 2 (5) Quarrel
Puts up with (6) 7 5 7 4 5 4 2 7 4 5 5 (6) Wants power
Humanizes (7) 6 3 7 3 2 2 4 6 3 4 3 (7) Critiques, wild man
Intellectual (8) 6 3 7 3 1 2 3 6 2 1 2 (8) Speaks without studies, only
experience
Discipline (9) 4 3 6 3 1 2 1 6 6 1 4 (9) Fear work, fears he could not
withstand
Anger (10) 2 3 3 6 6 6 5 1 6 6 6 (10) Clamness
Blames self (11) 6 4 7 4 4 4 3 6 3 4 4 (11) Blames others
Action without thinking (12) 2 2 6 3 4 3 4 6 5 4 4 (12) Thinking without action

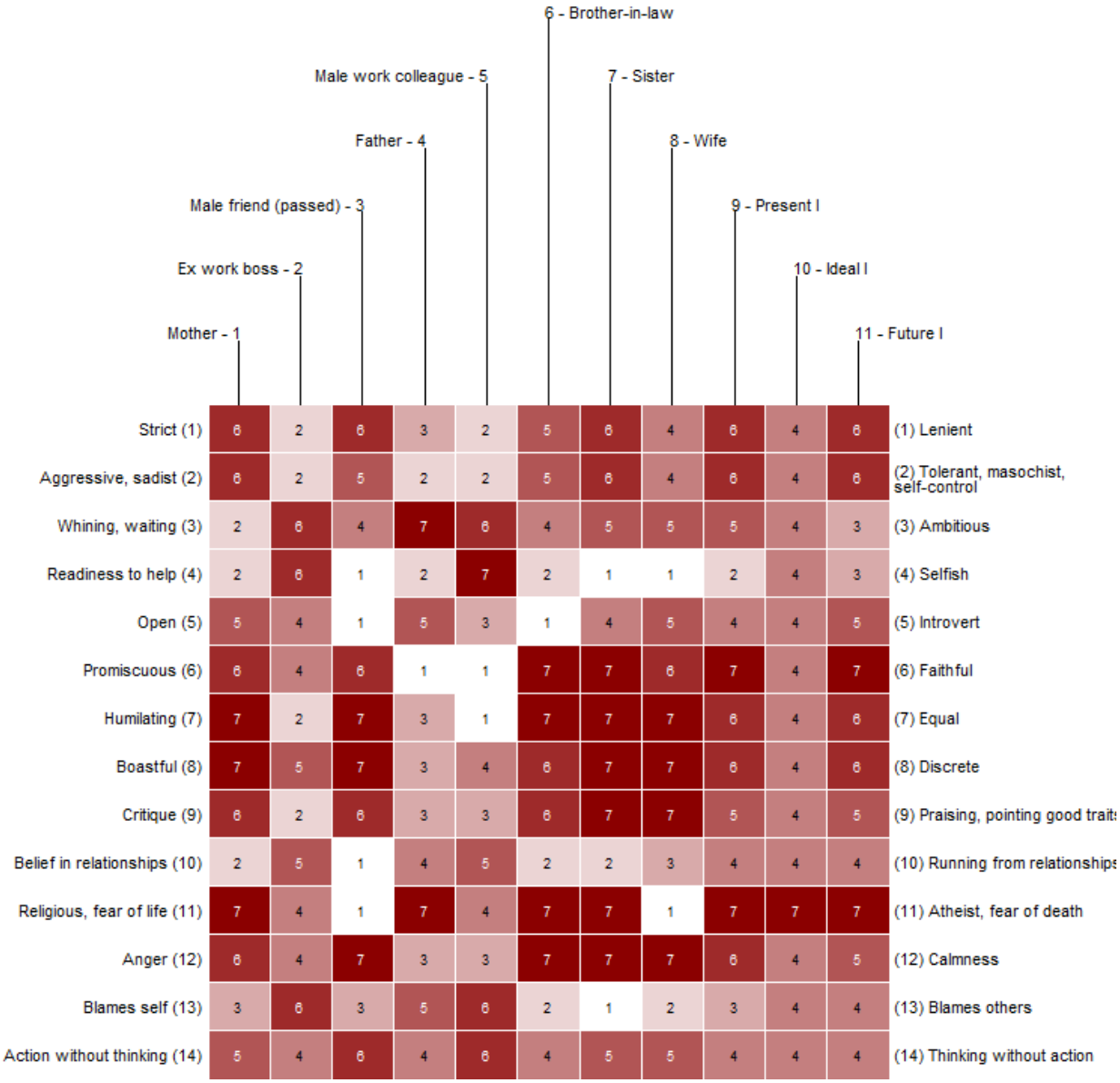
INT 3


6 - Best man
Daughter 2 - 5
7 - Stepfather
Father - 4
8 - Girlfriend
Ex wife - 3
9 - Present I
Daughter 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Sensitive (1) 6 1 3 7 4 4 6 2 5 1 1 (1) Cruel
Cheerful, communicates (2) 6 2 5 7 6 4 7 2 3 1 1 (2) Closed, keeps in
Forgiveness (3) 4 2 6 7 7 6 7 3 4 1 1 (3) Stubborn
Hard-working (4) 1 2 3 7 6 4 3 2 3 1 2 (4) Lazy
Submissive victim (5) 1 4 4 7 5 5 7 2 3 4 4 (5) Dominant
Simple (6) 2 5 5 4 6 7 7 5 5 4 4 (6) Crafty, educated
Strains physically (7) 2 3 5 4 4 3 6 7 5 4 4 (7) Strains psychologically
Be in a war/fight (8) 3 6 4 4 3 4 1 4 5 7 7 (8) Socializing, nice time
Fighter, has an ego (9) 7 3 4 4 3 3 1 1 3 1 1 (9) Dependent, impersonal
Patriot, defending (10) 1 1 1 4 1 1 1 3 1 1 1 (10) Hates country
Serious (11) 2 6 4 4 3 1 1 5 3 4 3 (11) Joker
Explosive (12) 2 6 6 4 5 2 1 5 3 7 7 (12) Cheerful
Disregard, neglect (13) 3 6 3 1 2 4 3 6 6 7 7 (13) Caring
Selfish (14) 4 6 3 1 2 2 2 7 6 7 7 (14) Generous
Anger (15) 3 6 3 4 2 5 2 6 4 7 7 (15) Joy
Blames self (16) 7 6 6 4 7 6 7 5 5 1 1 (16) Blames others
Action without thinking (17) 1 3 4 4 5 4 5 4 3 4 4 (17) Thinking without action

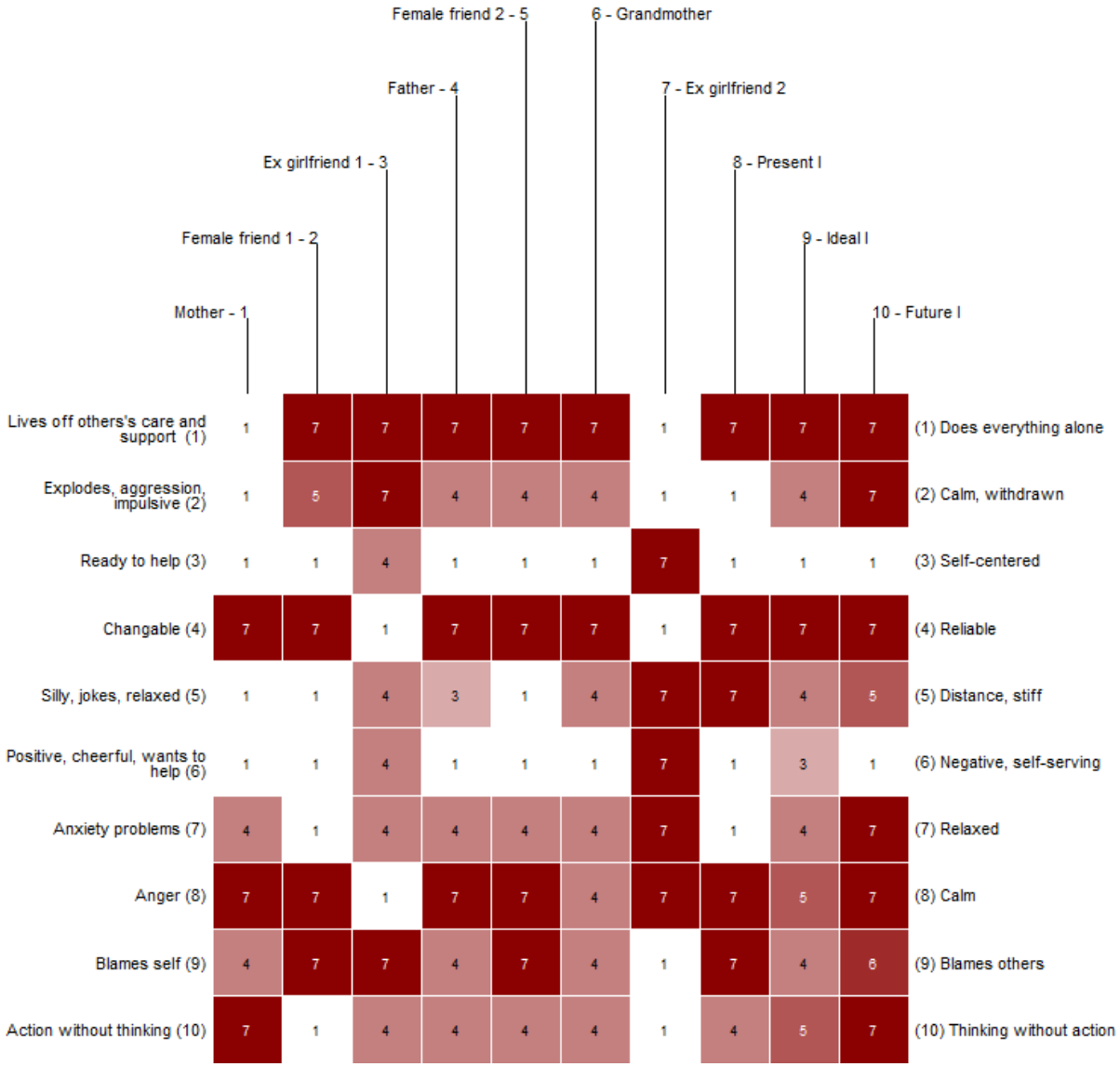
INT 4


Aunt 2 - 5
6 - Sister
Father - 4
7 - Aunt 3
Aunt 1 - 3
8 - Present I
Passed grandmother - 2
9 - Ideal I
Mother - 1
10 - Future I
Laziness (1) 2 7 2 6 6 4 5 2 7 3 (1) Persistant
Lukewarm (2) 2 6 2 6 6 4 5 2 6 4 (2) Authoritative, firm stance
Reliable, firm stance (3) 6 2 6 2 2 3 3 6 1 4 (3) Changable
Arrogant (4) 5 2 3 2 5 4 6 5 4 5 (4) Forgives
Capable (5) 6 2 6 2 2 3 3 6 1 5 (5) Laziness, melancholy, tap place
Emotional (6) 2 4 3 3 3 3 2 3 3 3 (6) Insensitive
Sociable (7) 3 3 5 5 2 4 5 6 2 4 (7) Rigid, inflexible
Hot-tempered (8) 6 3 4 3 5 3 5 6 5 4 (8) Calm
Creates problems (9) 5 3 5 3 5 3 5 5 7 5 (9) Trustful
Fear, concern (10) 3 4 3 6 6 4 4 2 6 4 (10) Stable
Anger (11) 5 2 4 3 6 4 5 4 6 4 (11) Calmness
Blames self (12) 6 5 4 4 5 5 3 4 6 4 (12) Blames others
Action without thinking (13) 6 2 4 2 3 6 3 6 4 6 (13) Thinking without action

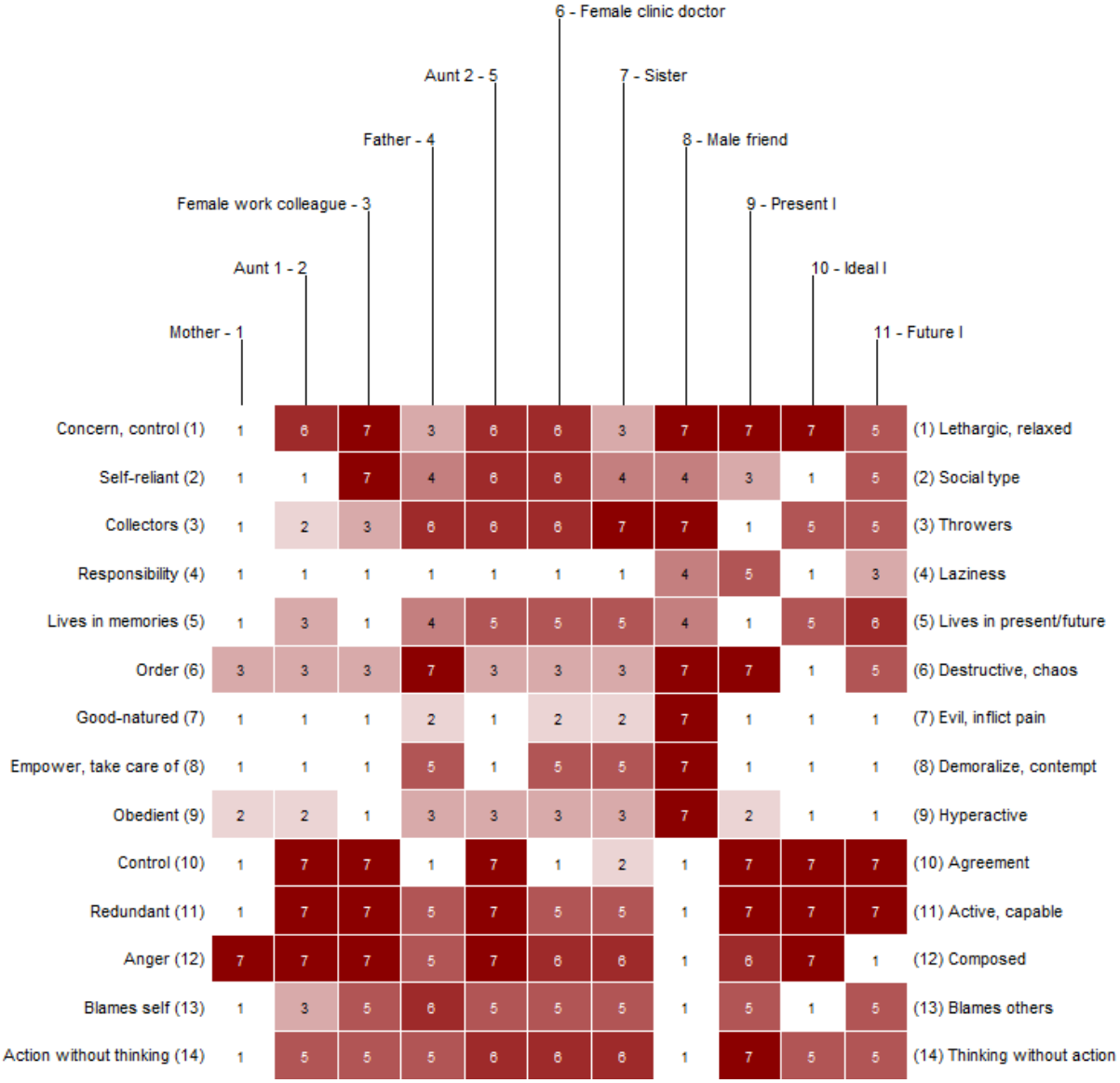
INT 5


6 - Brother-in-law
Male work colleague - 5
7 - Sister
Father - 4
8 - Wife
Male friend (passed) - 3
9 - Present I
Ex work boss - 2
10 - Ideal I
Mother - 1
11 - Future I
Strict (1) 6 2 6 3 2 5 6 4 6 4 6 (1) Lenient
Aggressive, sadist (2) 6 2 5 2 2 5 6 4 6 4 6 (2) Tolerant, masochist, self-control
Whining, waiting (3) 2 6 4 7 6 4 5 5 5 4 3 (3) Ambitious
Readiness to help (4) 2 6 1 2 7 2 1 1 2 4 3 (4) Selfish
Open (5) 5 4 1 5 3 1 4 5 4 4 5 (5) Introvert
Promiscuous (6) 6 4 6 1 1 7 7 6 7 4 7 (6) Faithful
Humilating (7) 7 2 7 3 1 7 7 7 6 4 6 (7) Equal
Boastful (8) 7 5 7 3 4 6 7 7 6 4 6 (8) Discrete
Critique (9) 6 2 6 3 3 6 7 7 5 4 5 (9) Praising, pointing good trait
Belief in relationships (10) 2 5 1 4 5 2 2 3 4 4 4 (10) Running from relationship
Religious, fear of life (11) 7 4 1 7 4 7 7 1 7 7 7 (11) Atheist, fear of death
Anger (12) 6 4 7 3 3 7 7 7 6 4 5 (12) Calmness
Blames self (13) 3 6 3 5 6 2 1 2 3 4 4 (13) Blames others
Action without thinking (14) 5 4 6 4 6 4 5 5 4 4 4 (14) Thinking without action

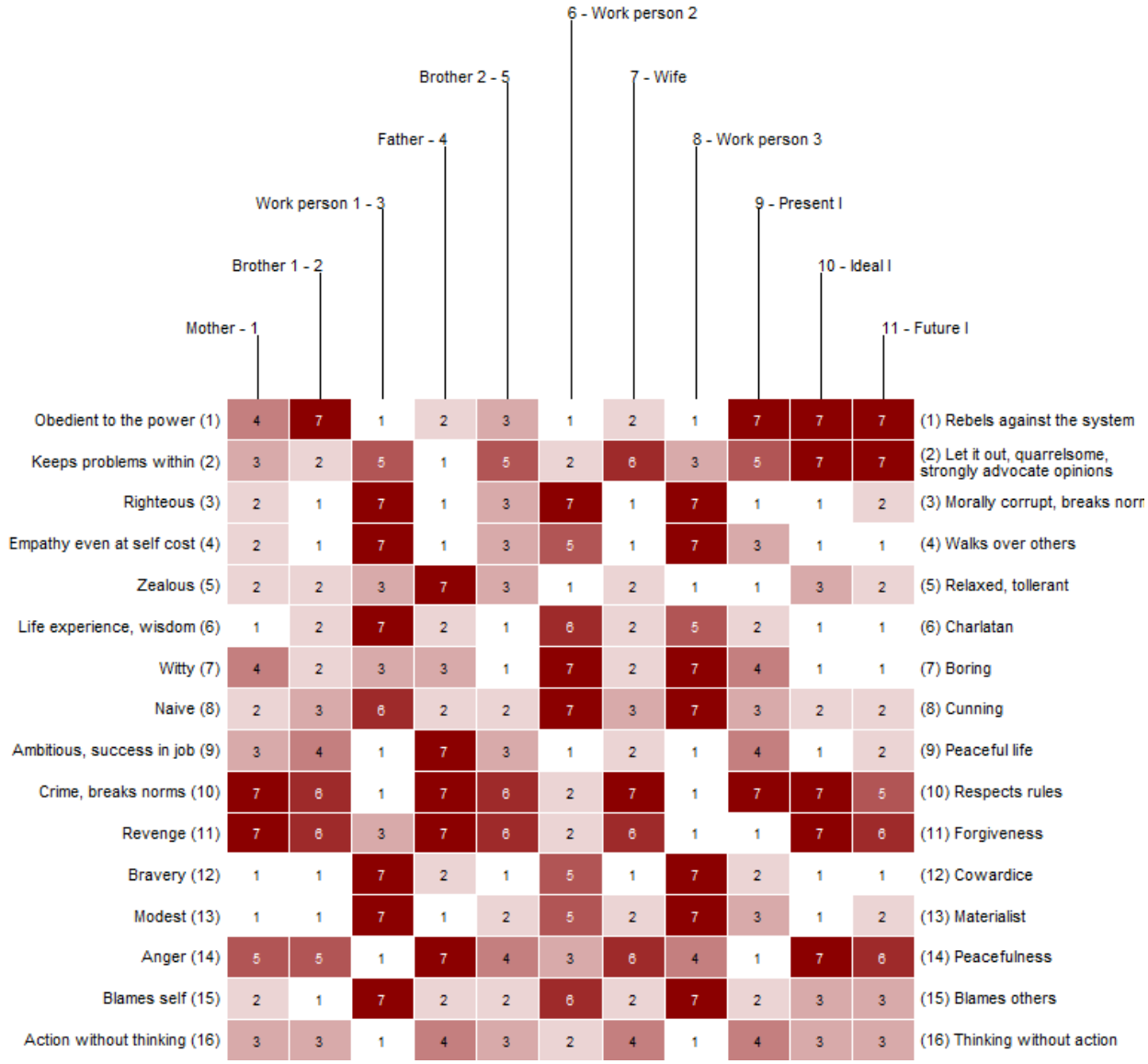
INT 6


Female friend 2 - 5
6 - Grandmother
Father - 4
7 - Ex girlfriend 2
Ex girlfriend 1 - 3
8 - Present I
Female friend 1 - 2
9 - Ideal I
Mother - 1
10 - Future I
Lives off others's care and support (1)
(1) Does everything alone
Explodes, aggression, impulsive (2)
(2) Calm, withdrawn
Ready to help (3)
(3) Self-centered
Changable (4)
(4) Reliable
Silly, jokes, relaxed (5)
(5) Distance, stiff
Positive, cheerful, wants to help (6)
(6) Negative, self-serving
Anxiety problems (7)
(7) Relaxed
Anger (8)
(8) Calm
Blames self (9)
(9) Blames others
Action without thinking (10)
(10) Thinking without action

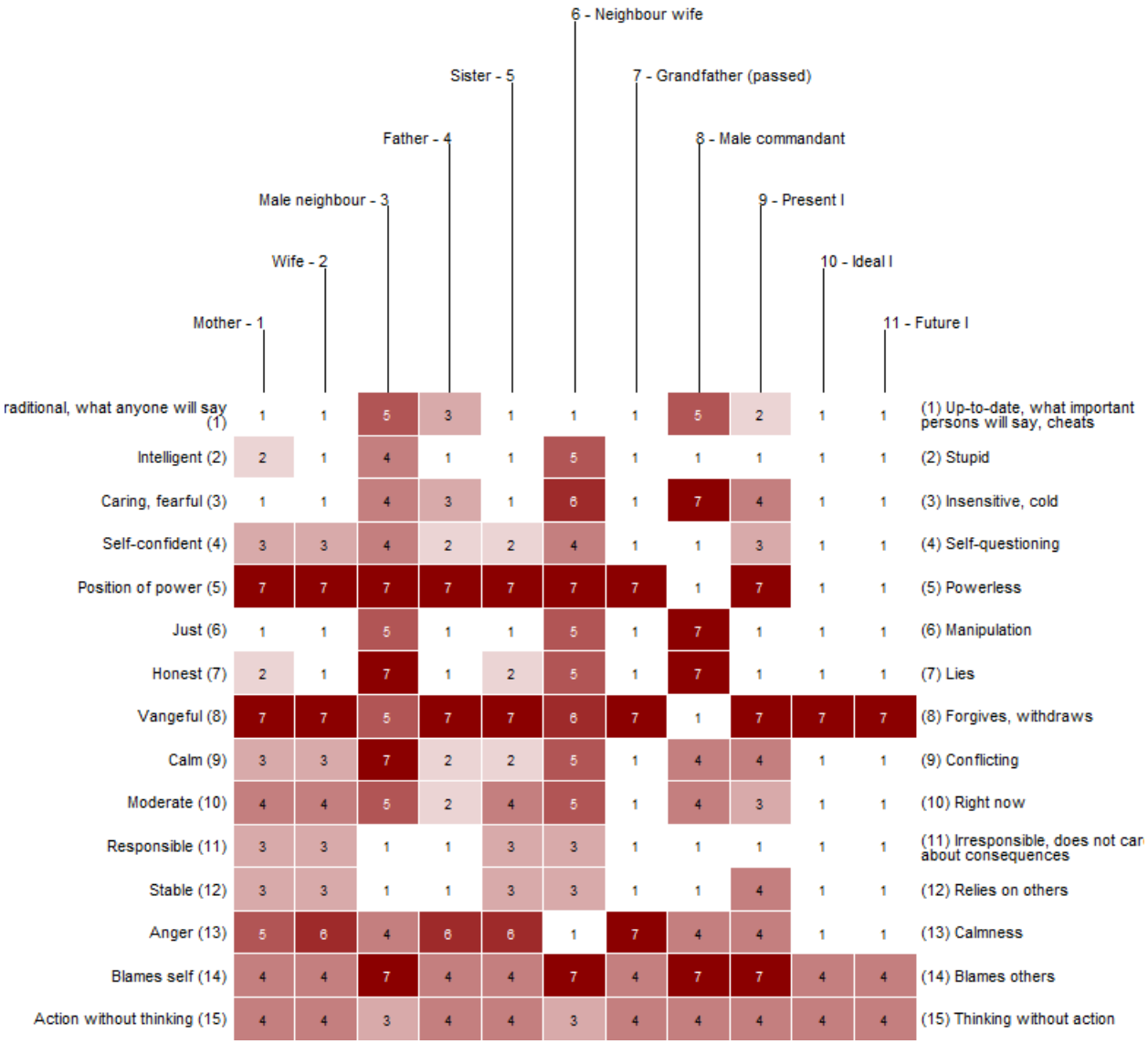
INT 7


6 - Female clinic doctor
Aunt 2 - 5
7 - Sister
Father - 4
8 - Male friend
Female work colleague - 3
9 - Present I
Aunt 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Concern, control (1) 1 6 7 3 6 6 3 7 7 7 5 (1) Lethargic, relaxed
Self-reliant (2) 1 1 7 4 6 6 4 4 3 1 5 (2) Social type
Collectors (3) 1 2 3 6 6 6 7 7 1 5 5 (3) Throwers
Responsibility (4) 1 1 1 1 1 1 1 4 5 1 3 (4) Laziness
Lives in memories (5) 1 3 1 4 5 5 5 4 1 5 6 (5) Lives in present/future
Order (6) 3 3 3 7 3 3 3 7 7 1 5 (6) Destructive, chaos
Good-natured (7) 1 1 1 2 1 2 2 7 1 1 1 (7) Evil, inflict pain
Empower, take care of (8) 1 1 1 5 1 5 5 7 1 1 1 (8) Demoralize, contempt
Obedient (9) 2 2 1 3 3 3 3 7 2 1 1 (9) Hyperactive
Control (10) 1 7 7 1 7 1 2 1 7 7 7 (10) Agreement
Redundant (11) 1 7 7 5 7 5 5 1 7 7 7 (11) Active, capable
Anger (12) 7 7 7 5 7 6 6 1 6 7 1 (12) Composed
Blames self (13) 1 3 5 6 5 5 5 1 5 1 5 (13) Blames others
Action without thinking (14) 1 5 5 5 6 6 6 1 7 5 5 (14) Thinking without action

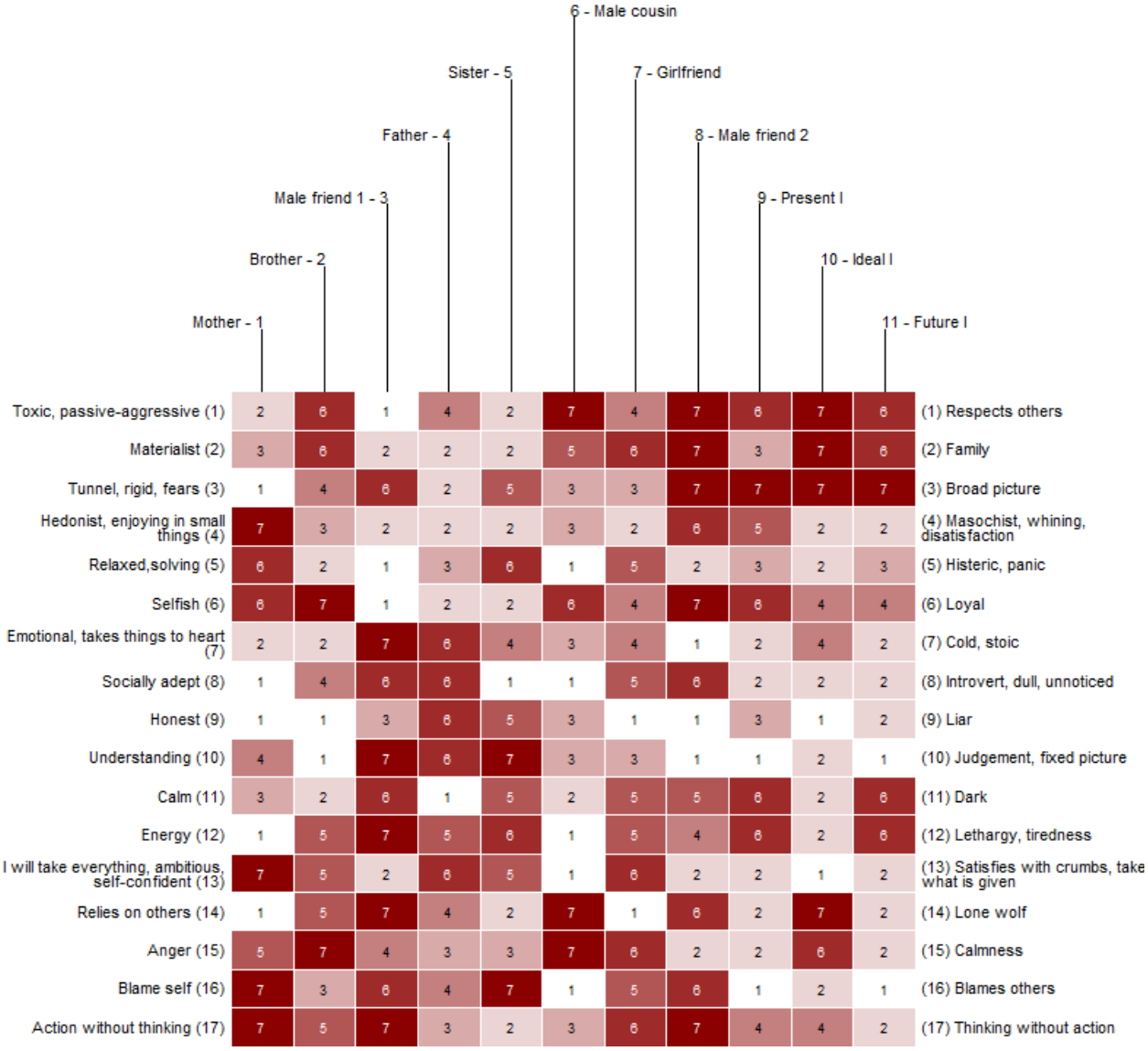
INT 8


6 - Work person 2
Brother 2 - 5
7 - Wife
Father - 4
8 - Work person 3
Work person 1 - 3
9 - Present I
Brother 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Obedient to the power (1) 4 7 1 2 3 1 2 1 7 7 7 (1) Rebels against the system
Keeps problems within (2) 3 2 5 1 5 2 6 3 5 7 7 (2) Let it out, quarrelsome, strongly advocate opinions
Righteous (3) 2 1 7 1 3 7 1 7 1 1 2 (3) Morally corrupt, breaks norr
Empathy even at self cost (4) 2 1 7 1 3 5 1 7 3 1 1 (4) Walks over others
Zealous (5) 2 2 3 7 3 1 2 1 1 3 2 (5) Relaxed, tollerant
Life experience, wisdom (6) 1 2 7 2 1 6 2 5 2 1 1 (6) Charlatan
Witty (7) 4 2 3 3 1 7 2 7 4 1 1 (7) Boring
Naive (8) 2 3 6 2 2 7 3 7 3 2 2 (8) Cunning
Ambitious, success in job (9) 3 4 1 7 3 1 2 1 4 1 2 (9) Peaceful life
Crime, breaks norms (10) 7 6 1 7 6 2 7 1 7 7 5 (10) Respects rules
Revenge (11) 7 6 3 7 6 2 6 1 1 7 6 (11) Forgiveness
Bravery (12) 1 1 7 2 1 5 1 7 2 1 1 (12) Cowardice
Modest (13) 1 1 7 1 2 5 2 7 3 1 2 (13) Materialist
Anger (14) 5 5 1 7 4 3 6 4 1 7 6 (14) Peacefulness
Blames self (15) 2 1 7 2 2 6 2 7 2 3 3 (15) Blames others
Action without thinking (16) 3 3 1 4 3 2 4 1 4 3 3 (16) Thinking without action

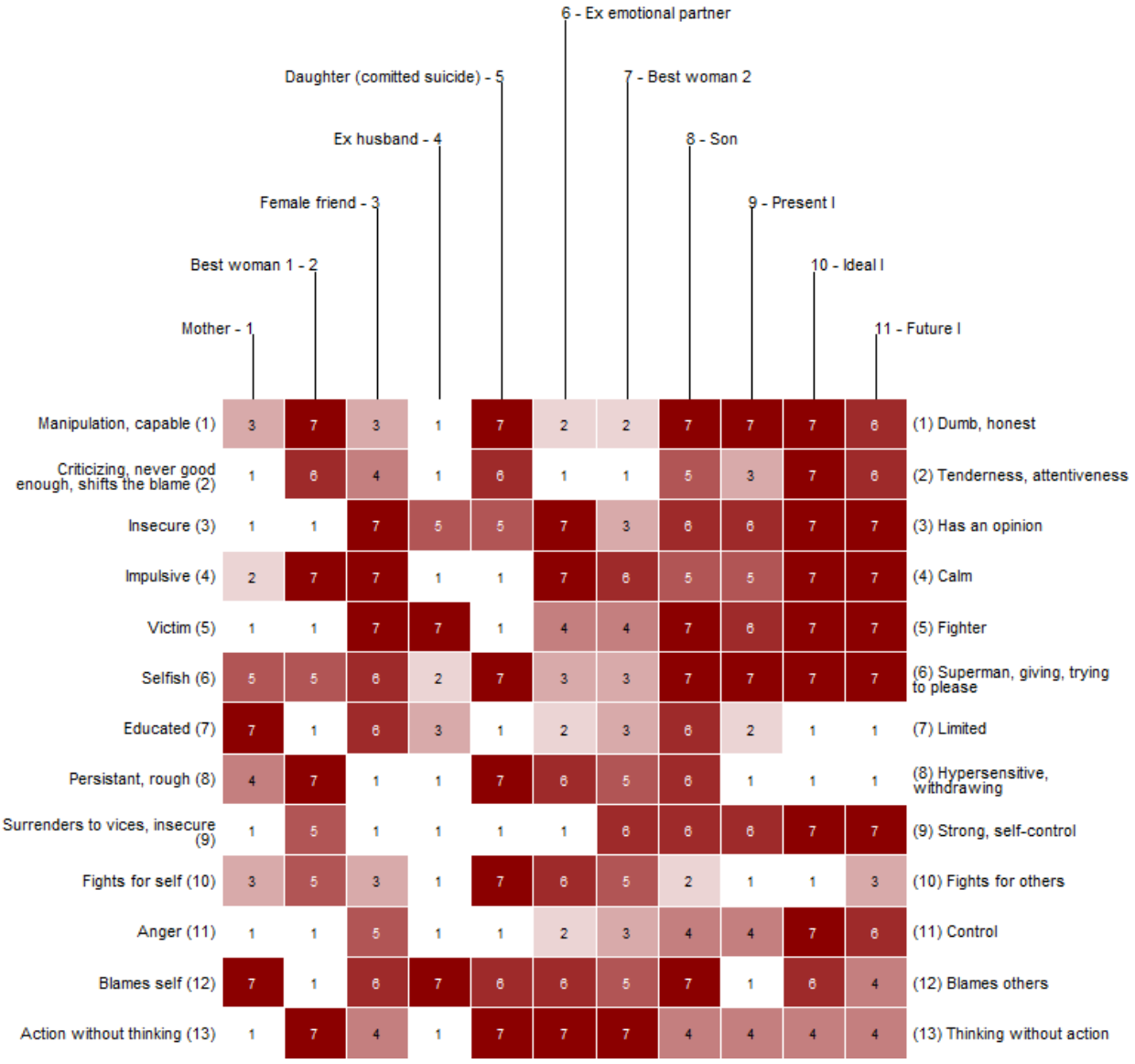
INT 9


6 - Neighbour wife
Sister - 5
7 - Grandfather (passed)
Father - 4
8 - Male commandant
Male neighbour - 3
9 - Present I
Wife - 2
10 - Ideal I
Mother - 1
11 - Future I
raditional, what anyone will say (1) 1 1 5 3 1 1 1 5 2 1 1 (1) Up-to-date, what important persons will say, cheats
Intelligent (2) 2 1 4 1 1 5 1 1 1 1 1 (2) Stupid
Caring, fearful (3) 1 1 4 3 1 6 1 7 4 1 1 (3) Insensitive, cold
Self-confident (4) 3 3 4 2 2 4 1 1 3 1 1 (4) Self-questioning
Position of power (5) 7 7 7 7 7 7 7 1 7 1 1 (5) Powerless
Just (6) 1 1 5 1 1 5 1 7 1 1 1 (6) Manipulation
Honest (7) 2 1 7 1 2 5 1 7 1 1 1 (7) Lies
Vangeful (8) 7 7 5 7 7 6 7 1 7 7 7 (8) Forgives, withdraws
Calm (9) 3 3 7 2 2 5 1 4 4 1 1 (9) Conflicting
Moderate (10) 4 4 5 2 4 5 1 4 3 1 1 (10) Right now
Responsible (11) 3 3 1 1 3 3 1 1 1 1 1 (11) Irresponsible, does not car about consequences
Stable (12) 3 3 1 1 3 3 1 1 4 1 1 (12) Relies on others
Anger (13) 5 6 4 6 6 1 7 4 4 1 1 (13) Calmness
Blames self (14) 4 4 7 4 4 7 4 7 7 4 4 (14) Blames others
Action without thinking (15) 4 4 3 4 4 3 4 4 4 4 4 (15) Thinking without action

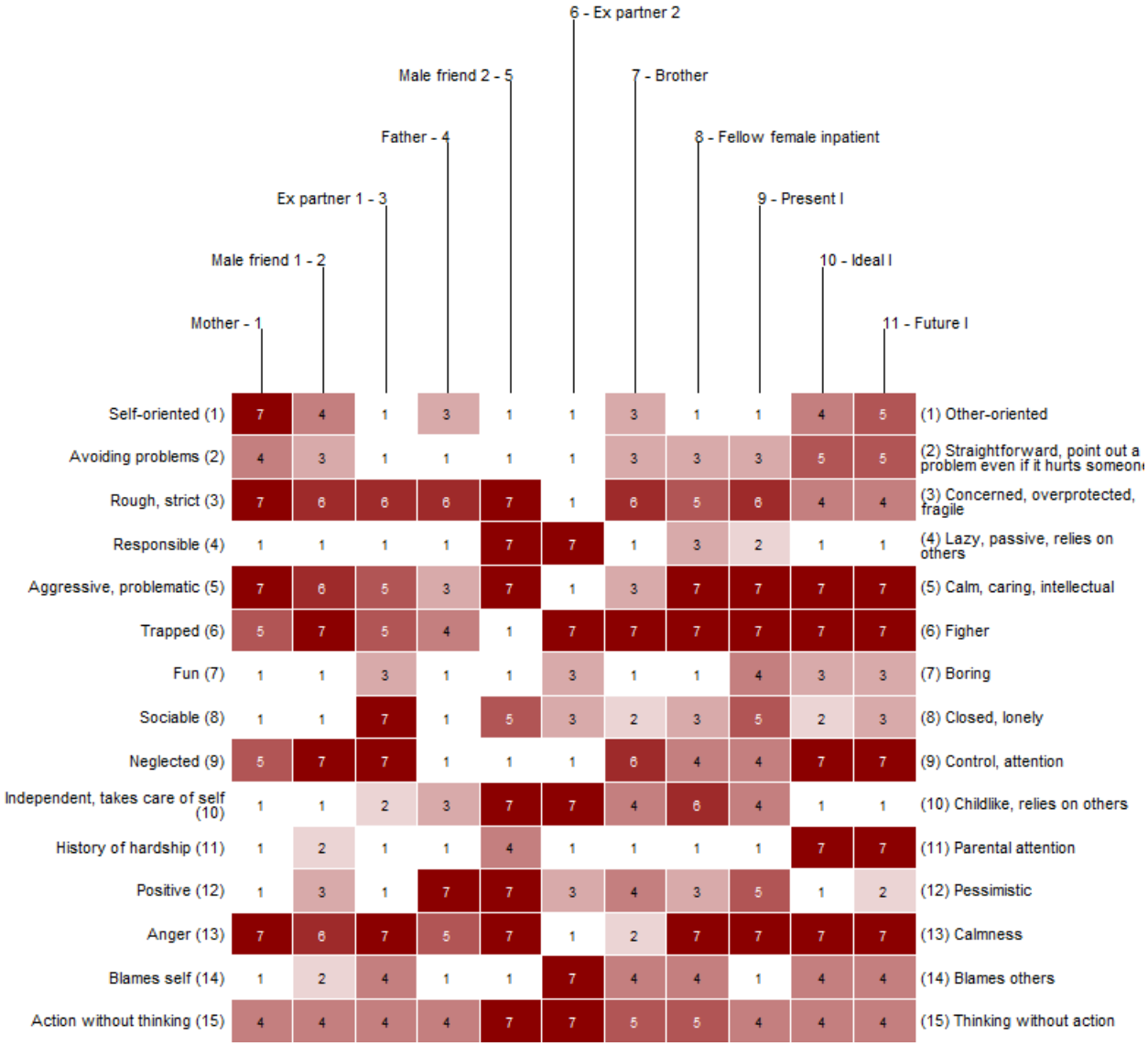
INT 10


6 - Male cousin
Sister - 5
7 - Girlfriend
Father - 4
8 - Male friend 2
Male friend 1 - 3
9 - Present I
Brother - 2
10 - Ideal I
Mother - 1
11 - Future I
Toxic, passive-aggressive (1) 2 6 1 4 2 7 4 7 6 7 6 (1) Respects others
Materialist (2) 3 6 2 2 2 5 6 7 3 7 6 (2) Family
Tunnel, rigid, fears (3) 1 4 6 2 5 3 3 7 7 7 7 (3) Broad picture
Hedonist, enjoying in small things (4) 7 3 2 2 2 3 2 6 5 2 2 (4) Masochist, whining, disatisfaction
Relaxed,solving (5) 6 2 1 3 6 1 5 2 3 2 3 (5) Histeric, panic
Selfish (6) 6 7 1 2 2 6 4 7 6 4 4 (6) Loyal
Emotional, takes things to heart (7) 2 2 7 6 4 3 4 1 2 4 2 (7) Cold, stoic
Socially adept (8) 1 4 6 6 1 1 5 6 2 2 2 (8) Introvert, dull, unnoticed
Honest (9) 1 1 3 6 5 3 1 1 3 1 2 (9) Liar
Understanding (10) 4 1 7 6 7 3 3 1 1 2 1 (10) Judgement, fixed picture
Calm (11) 3 2 6 1 5 2 5 5 6 2 6 (11) Dark
Energy (12) 1 5 7 5 6 1 5 4 6 2 6 (12) Lethargy, tiredness
I will take everything, ambitious, self-confident (13) 7 5 2 6 5 1 6 2 2 1 2 (13) Satisfies with crumbs, take what is given
Relies on others (14) 1 5 7 4 2 7 1 6 2 7 2 (14) Lone wolf
Anger (15) 5 7 4 3 3 7 6 2 2 6 2 (15) Calmness
Blame self (16) 7 3 6 4 7 1 5 6 1 2 1 (16) Blames others
Action without thinking (17) 7 5 7 3 2 3 6 7 4 4 2 (17) Thinking without action

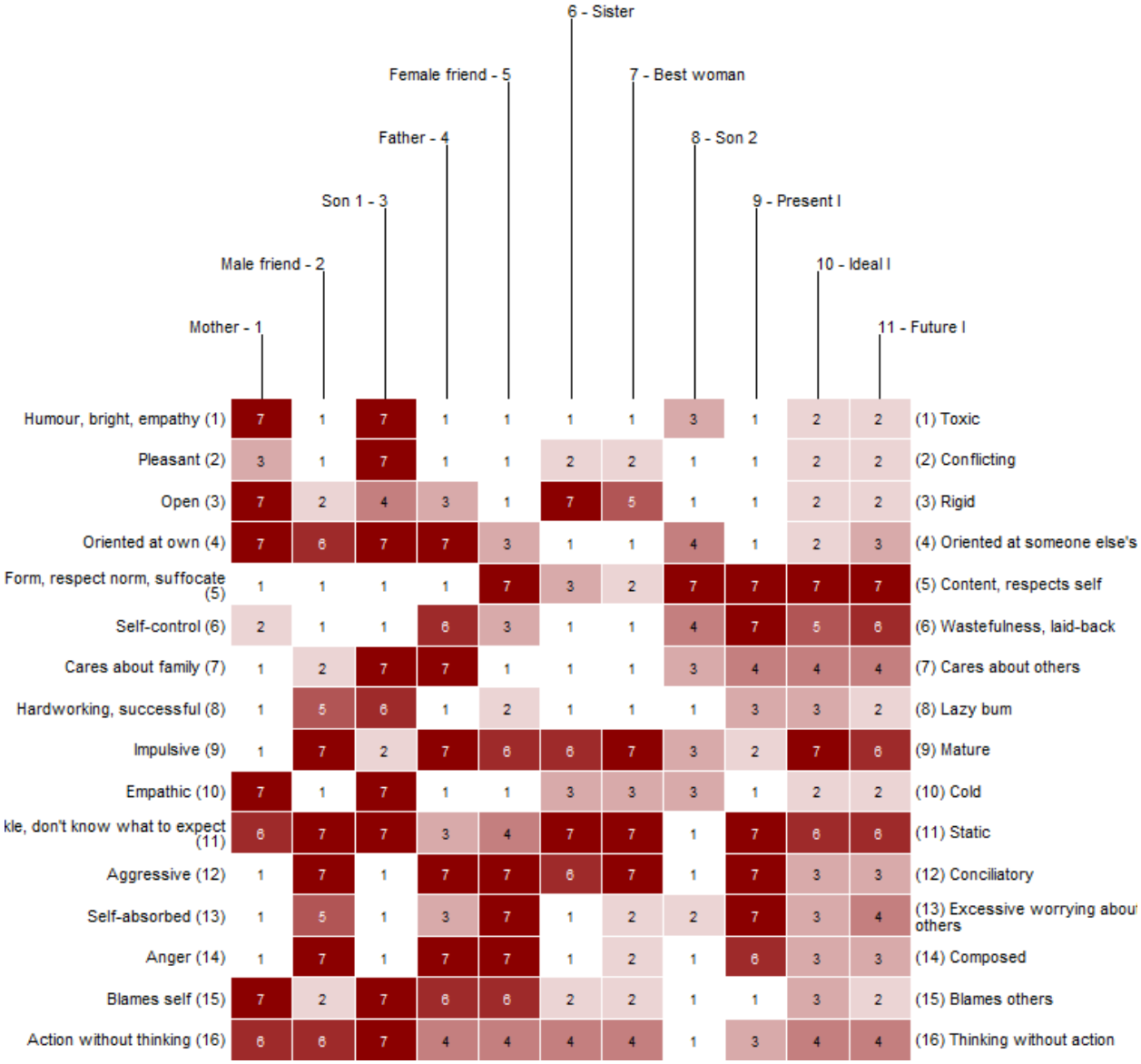
INT 11


6 - Ex emotional partner
Daughter (comitted suicide) - 5
7 - Best woman 2
Ex husband - 4
8 - Son
Female friend - 3
9 - Present I
Best woman 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Manipulation, capable (1) 3 7 3 1 7 2 2 7 7 7 6 (1) Dumb, honest
Criticizing, never good enough, shifts the blame (2) 1 6 4 1 6 1 1 5 3 7 6 (2) Tenderness, attentiveness
Insecure (3) 1 1 7 5 5 7 3 6 6 7 7 (3) Has an opinion
Impulsive (4) 2 7 7 1 1 7 6 5 5 7 7 (4) Calm
Victim (5) 1 1 7 7 1 4 4 7 6 7 7 (5) Fighter
Selfish (6) 5 5 6 2 7 3 3 7 7 7 7 (6) Superman, giving, trying to please
Educated (7) 7 1 6 3 1 2 3 6 2 1 1 (7) Limited
Persistant, rough (8) 4 7 1 1 7 6 5 6 1 1 1 (8) Hypersensitive, withdrawing
Surrenders to vices, insecure (9) 1 5 1 1 1 1 6 6 6 7 7 (9) Strong, self-control
Fights for self (10) 3 5 3 1 7 6 5 2 1 1 3 (10) Fights for others
Anger (11) 1 1 5 1 1 2 3 4 4 7 6 (11) Control
Blames self (12) 7 1 6 7 6 6 5 7 1 6 4 (12) Blames others
Action without thinking (13) 1 7 4 1 7 7 7 4 4 4 4 (13) Thinking without action

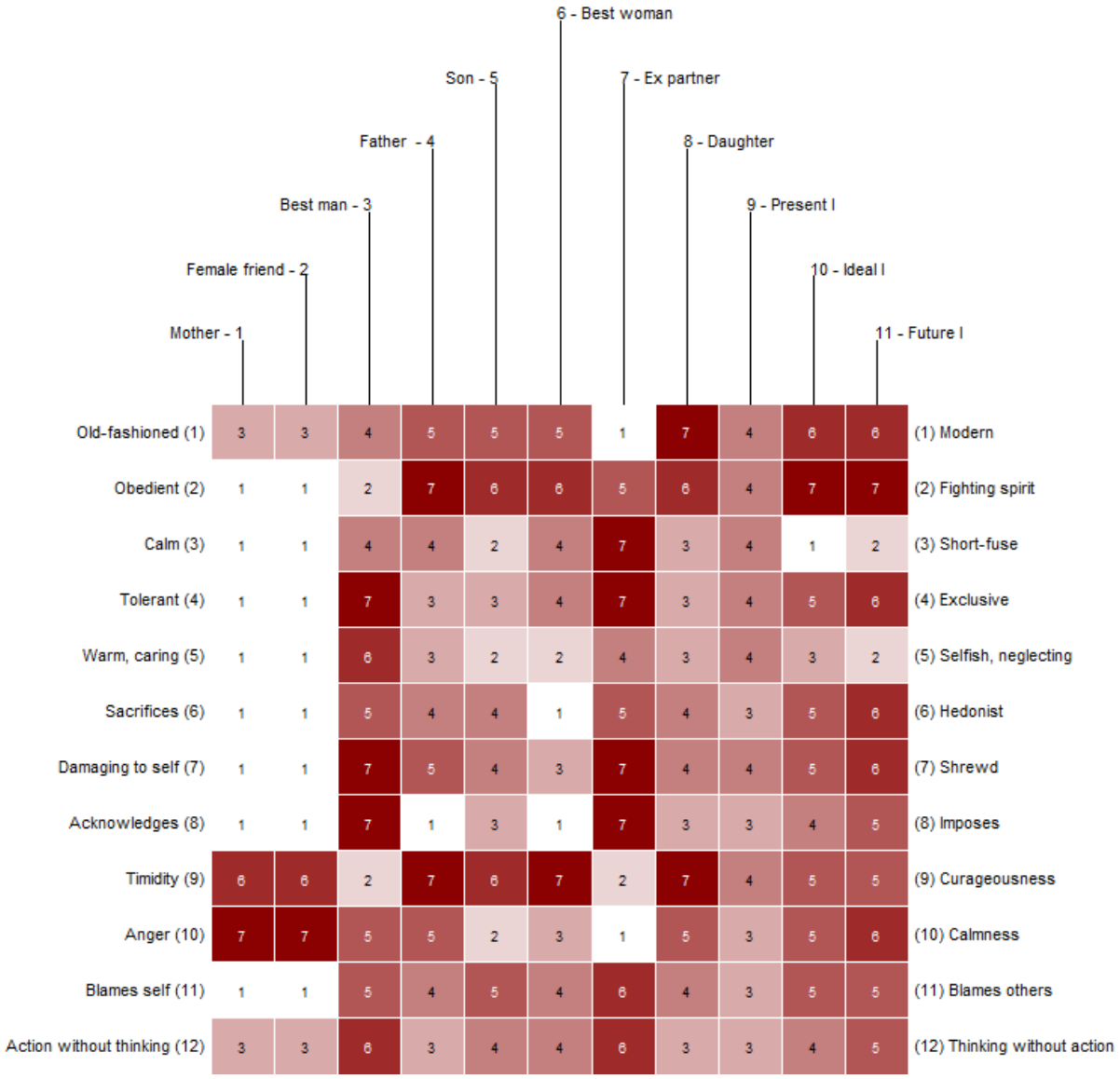
INT 12


6 - Ex partner 2
Male friend 2 - 5
7 - Brother
Father - 4
8 - Fellow female inpatient
Ex partner 1 - 3
9 - Present I
Male friend 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Self-oriented (1) 7 4 1 3 1 1 3 1 1 4 5 (1) Other-oriented
Avoiding problems (2) 4 3 1 1 1 1 3 3 3 5 5 (2) Straightforward, point out a problem even if it hurts someon
Rough, strict (3) 7 6 6 6 7 1 6 5 6 4 4 (3) Concerned, overprotected, fragile
Responsible (4) 1 1 1 1 7 7 1 3 2 1 1 (4) Lazy, passive, relies on others
Aggressive, problematic (5) 7 6 5 3 7 1 3 7 7 7 7 (5) Calm, caring, intellectual
Trapped (6) 5 7 5 4 1 7 7 7 7 7 7 (6) Figher
Fun (7) 1 1 3 1 1 3 1 1 4 3 3 (7) Boring
Sociable (8) 1 1 7 1 5 3 2 3 5 2 3 (8) Closed, lonely
Neglected (9) 5 7 7 1 1 1 6 4 4 7 7 (9) Control, attention
Independent, takes care of self (10) 1 1 2 3 7 7 4 6 4 1 1 (10) Childlike, relies on others
History of hardship (11) 1 2 1 1 4 1 1 1 1 7 7 (11) Parental attention
Positive (12) 1 3 1 7 7 3 4 3 5 1 2 (12) Pessimistic
Anger (13) 7 6 7 5 7 1 2 7 7 7 7 (13) Calmness
Blames self (14) 1 2 4 1 1 7 4 4 1 4 4 (14) Blames others
Action without thinking (15) 4 4 4 4 7 7 5 5 4 4 4 (15) Thinking without action

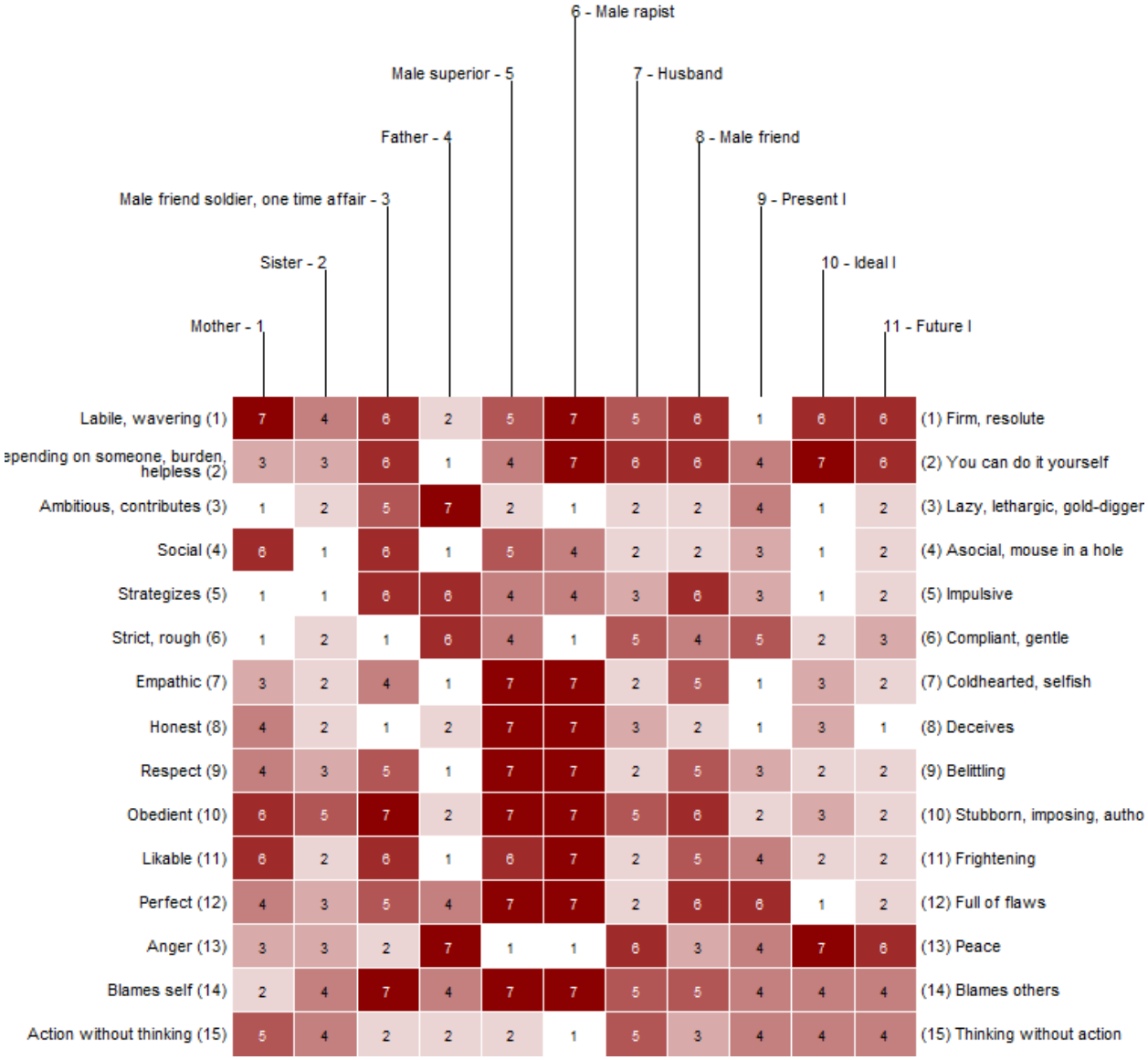
INT 13


6 - Sister
Female friend - 5
7 - Best woman
Father - 4
8 - Son 2
Son 1 - 3
9 - Present I
Male friend - 2
10 - Ideal I
Mother - 1
11 - Future I
Humour, bright, empathy (1) 7 1 7 1 1 1 1 3 1 2 2 (1) Toxic
Pleasant (2) 3 1 7 1 1 2 2 1 1 2 2 (2) Conflicting
Open (3) 7 2 4 3 1 7 5 1 1 2 2 (3) Rigid
Oriented at own (4) 7 6 7 7 3 1 1 4 1 2 3 (4) Oriented at someone else's
Form, respect norm, suffocate (5) 1 1 1 1 7 3 2 7 7 7 7 (5) Content, respects self
Self-control (6) 2 1 1 6 3 1 1 4 7 5 6 (6) Wastefulness, laid-back
Cares about family (7) 1 2 7 7 1 1 1 3 4 4 4 (7) Cares about others
Hardworking, successful (8) 1 5 6 1 2 1 1 1 3 3 2 (8) Lazy bum
Impulsive (9) 1 7 2 7 6 6 7 3 2 7 6 (9) Mature
Empathic (10) 7 1 7 1 1 3 3 3 1 2 2 (10) Cold
kle, don't know what to expect (11) 6 7 7 3 4 7 7 1 7 6 6 (11) Static
Aggressive (12) 1 7 1 7 7 6 7 1 7 3 3 (12) Conciliatory
Self-absorbed (13) 1 5 1 3 7 1 2 2 7 3 4 (13) Excessive worrying abou others
Anger (14) 1 7 1 7 7 1 2 1 6 3 3 (14) Composed
Blames self (15) 7 2 7 6 6 2 2 1 1 3 2 (15) Blames others
Action without thinking (16) 6 6 7 4 4 4 4 1 3 4 4 (16) Thinking without action

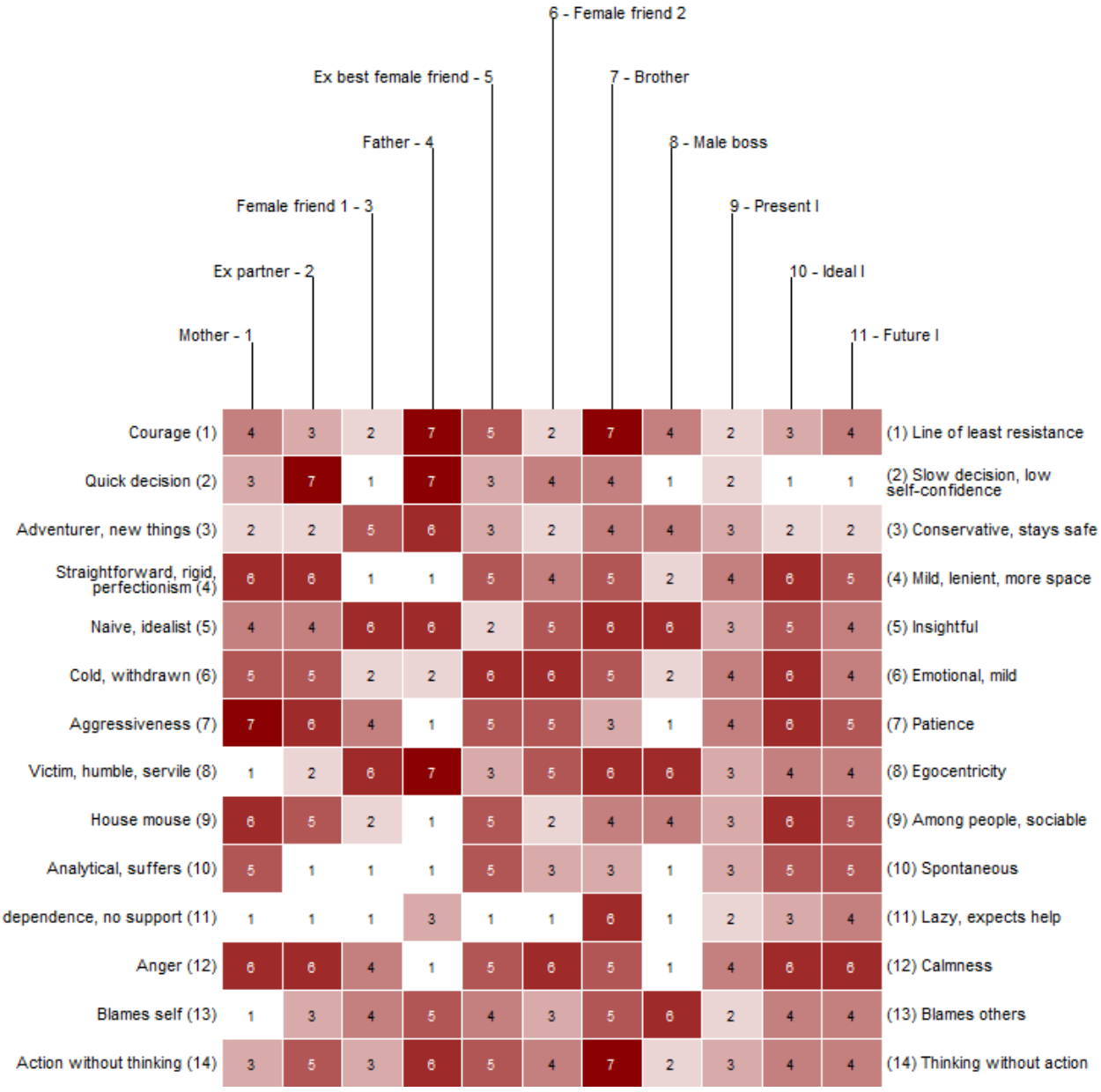
INT 14


6 - Best woman
Son - 5
7 - Ex partner
Father - 4
8 - Daughter
Best man - 3
9 - Present I
Female friend - 2
10 - Ideal I
Mother - 1
11 - Future I
Old-fashioned (1) 3 3 4 5 5 5 1 7 4 6 6 (1) Modern
Obedient (2) 1 1 2 7 6 6 5 6 4 7 7 (2) Fighting spirit
Calm (3) 1 1 4 4 2 4 7 3 4 1 2 (3) Short-fuse
Tolerant (4) 1 1 7 3 3 4 7 3 4 5 6 (4) Exclusive
Warm, caring (5) 1 1 6 3 2 2 4 3 4 3 2 (5) Selfish, neglecting
Sacrifices (6) 1 1 5 4 4 1 5 4 3 5 6 (6) Hedonist
Damaging to self (7) 1 1 7 5 4 3 7 4 4 5 6 (7) Shrewd
Acknowledges (8) 1 1 7 1 3 1 7 3 3 4 5 (8) Imposes
Timidity (9) 6 6 2 7 6 7 2 7 4 5 5 (9) Curageousness
Anger (10) 7 7 5 5 2 3 1 5 3 5 6 (10) Calmness
Blames self (11) 1 1 5 4 5 4 6 4 3 5 5 (11) Blames others
Action without thinking (12) 3 3 6 3 4 4 6 3 3 4 5 (12) Thinking without action

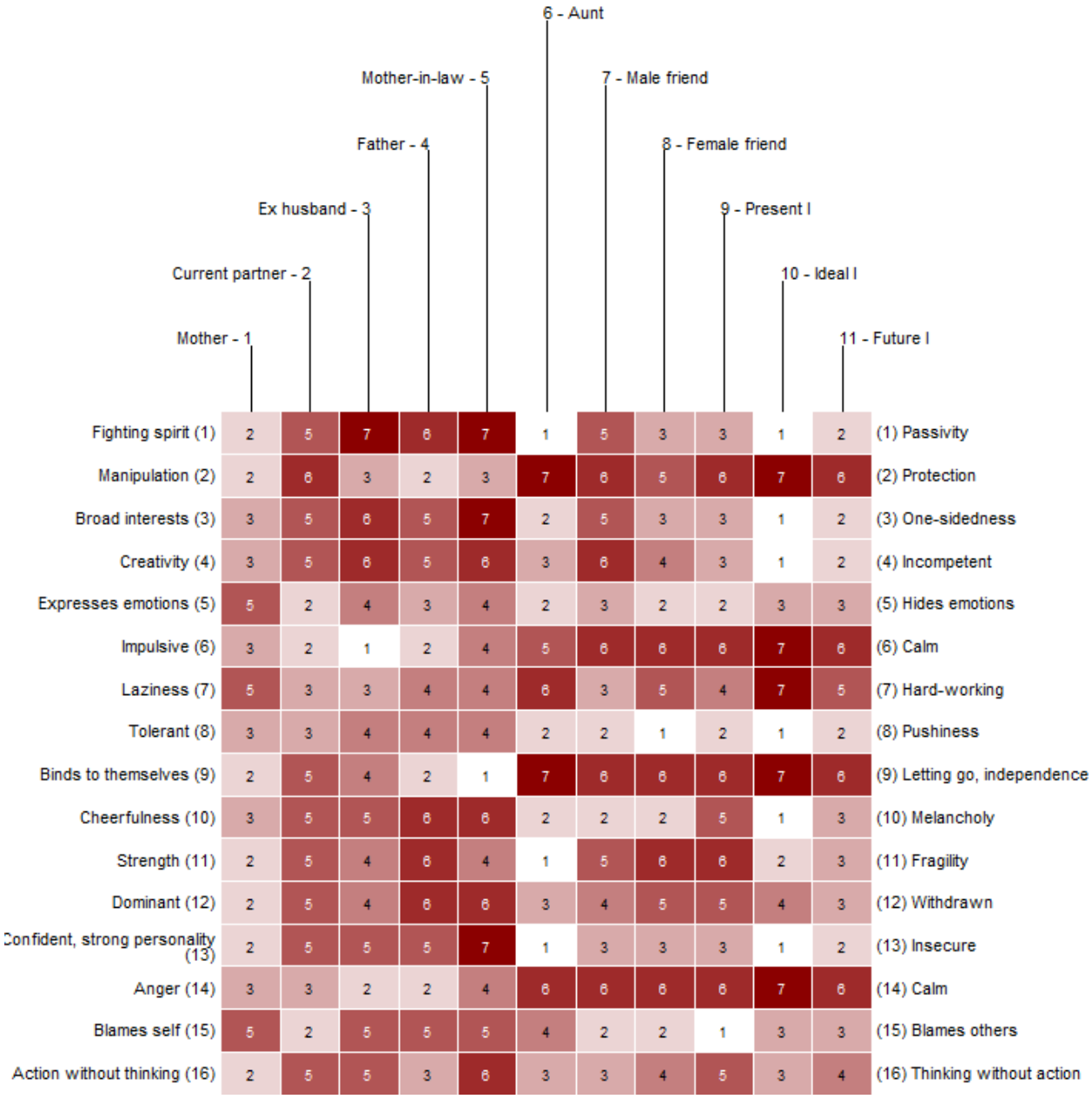
INT 15


6 - Male rapist
Male superior - 5
7 - Husband
Father - 4
8 - Male friend
Male friend soldier, one time affair - 3
9 - Present I
Sister - 2
10 - Ideal I
Mother - 1
11 - Future I
Labile, wavering (1) 7 4 6 2 5 7 5 6 1 6 6 (1) Firm, resolute
epending on someone, burden, helpless (2) 3 3 6 1 4 7 6 6 4 7 6 (2) You can do it yourself
Ambitious, contributes (3) 1 2 5 7 2 1 2 2 4 1 2 (3) Lazy, lethargic, gold-digger
Social (4) 6 1 6 1 5 4 2 2 3 1 2 (4) Asocial, mouse in a hole
Strategizes (5) 1 1 6 6 4 4 3 6 3 1 2 (5) Impulsive
Strict, rough (6) 1 2 1 6 4 1 5 4 5 2 3 (6) Compliant, gentle
Empathic (7) 3 2 4 1 7 7 2 5 1 3 2 (7) Coldhearted, selfish
Honest (8) 4 2 1 2 7 7 3 2 1 3 1 (8) Deceives
Respect (9) 4 3 5 1 7 7 2 5 3 2 2 (9) Belittling
Obedient (10) 6 5 7 2 7 7 5 6 2 3 2 (10) Stubborn, imposing, autho
Likable (11) 6 2 6 1 6 7 2 5 4 2 2 (11) Frightening
Perfect (12) 4 3 5 4 7 7 2 6 6 1 2 (12) Full of flaws
Anger (13) 3 3 2 7 1 1 6 3 4 7 6 (13) Peace
Blames self (14) 2 4 7 4 7 7 5 5 4 4 4 (14) Blames others
Action without thinking (15) 5 4 2 2 2 1 5 3 4 4 4 (15) Thinking without action

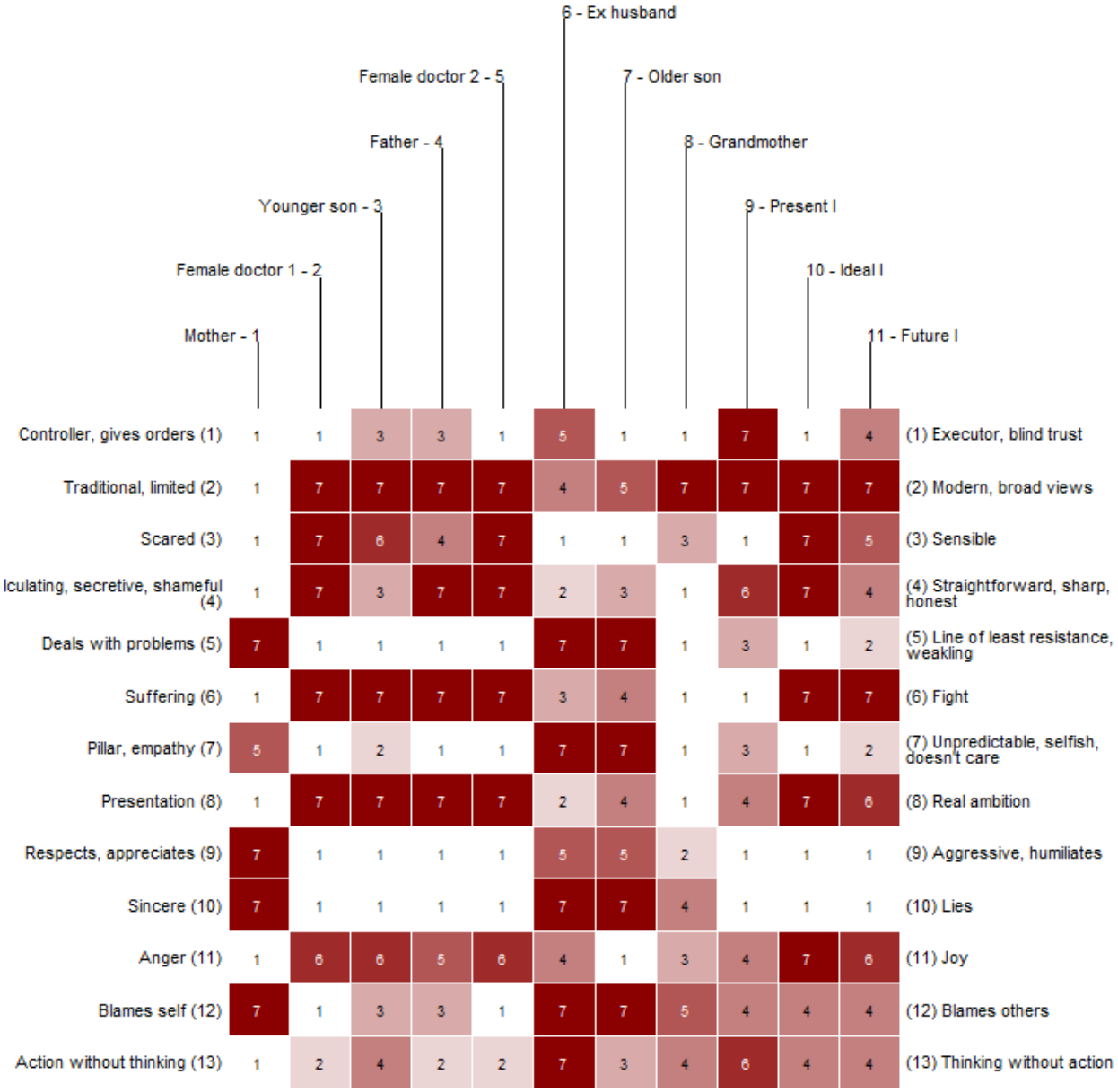
INT 16


6 - Female friend 2
Ex best female friend - 5
7 - Brother
Father - 4
8 - Male boss
Female friend 1 - 3
9 - Present I
Ex partner - 2
10 - Ideal I
Mother - 1
11 - Future I
Courage (1) 4 3 2 7 5 2 7 4 2 3 4 (1) Line of least resistance
Quick decision (2) 3 7 1 7 3 4 4 1 2 1 1 (2) Slow decision, low self-confidence
Adventurer, new things (3) 2 2 5 6 3 2 4 4 3 2 2 (3) Conservative, stays safe
Straightforward, rigid, perfectionism (4) 6 6 1 1 5 4 5 2 4 6 5 (4) Mild, lenient, more space
Naive, idealist (5) 4 4 6 6 2 5 6 6 3 5 4 (5) Insightful
Cold, withdrawn (6) 5 5 2 2 6 6 5 2 4 6 4 (6) Emotional, mild
Aggressiveness (7) 7 6 4 1 5 5 3 1 4 6 5 (7) Patience
Victim, humble, servile (8) 1 2 6 7 3 5 6 6 3 4 4 (8) Egocentricity
House mouse (9) 6 5 2 1 5 2 4 4 3 6 5 (9) Among people, sociable
Analytical, suffers (10) 5 1 1 1 5 3 3 1 3 5 5 (10) Spontaneous
dependence, no support (11) 1 1 1 3 1 1 6 1 2 3 4 (11) Lazy, expects help
Anger (12) 6 6 4 1 5 6 5 1 4 6 6 (12) Calmness
Blames self (13) 1 3 4 5 4 3 5 6 2 4 4 (13) Blames others
Action without thinking (14) 3 5 3 6 5 4 7 2 3 4 4 (14) Thinking without action

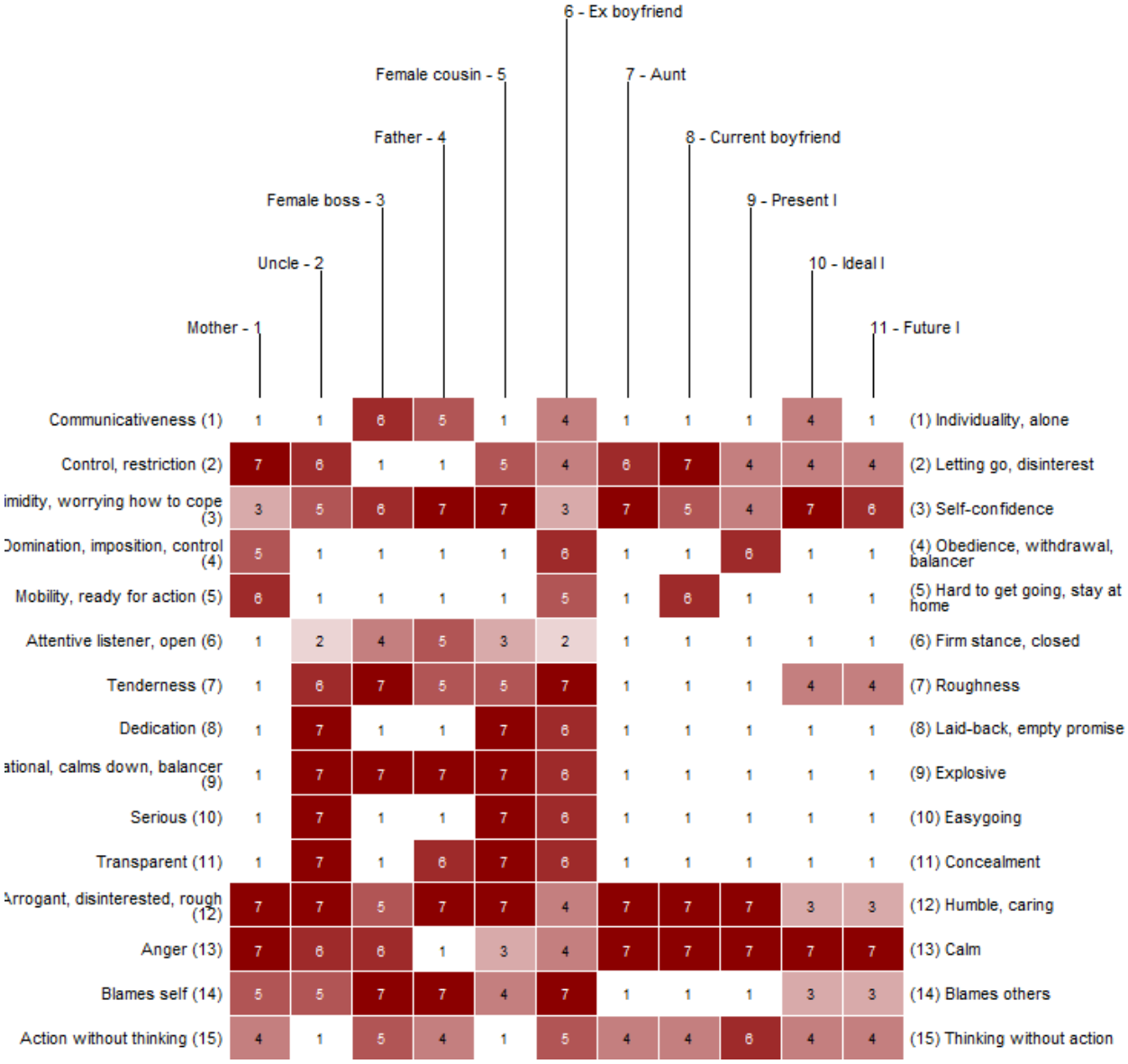
INT 17


6 - Aunt
Mother-in-law - 5
7 - Male friend
Father - 4
8 - Female friend
Ex husband - 3
9 - Present I
Current partner - 2
10 - Ideal I
Mother - 1
11 - Future I
Fighting spirit (1) 2 5 7 6 7 1 5 3 3 1 2 (1) Passivity
Manipulation (2) 2 6 3 2 3 7 6 5 6 7 6 (2) Protection
Broad interests (3) 3 5 6 5 7 2 5 3 3 1 2 (3) One-sidedness
Creativity (4) 3 5 6 5 6 3 6 4 3 1 2 (4) Incompetent
Expresses emotions (5) 5 2 4 3 4 2 3 2 2 3 3 (5) Hides emotions
Impulsive (6) 3 2 1 2 4 5 6 6 6 7 6 (6) Calm
Laziness (7) 5 3 3 4 4 6 3 5 4 7 5 (7) Hard-working
Tolerant (8) 3 3 4 4 4 2 2 1 2 1 2 (8) Pushiness
Binds to themselves (9) 2 5 4 2 1 7 6 6 6 7 6 (9) Letting go, independence
Cheerfulness (10) 3 5 5 6 6 2 2 2 5 1 3 (10) Melancholy
Strength (11) 2 5 4 6 4 1 5 6 6 2 3 (11) Fragility
Dominant (12) 2 5 4 6 6 3 4 5 5 4 3 (12) Withdrawn
Confident, strong personality (13) 2 5 5 5 7 1 3 3 3 1 2 (13) Insecure
Anger (14) 3 3 2 2 4 6 6 6 6 7 6 (14) Calm
Blames self (15) 5 2 5 5 5 4 2 2 1 3 3 (15) Blames others
Action without thinking (16) 2 5 5 3 6 3 3 4 5 3 4 (16) Thinking without action

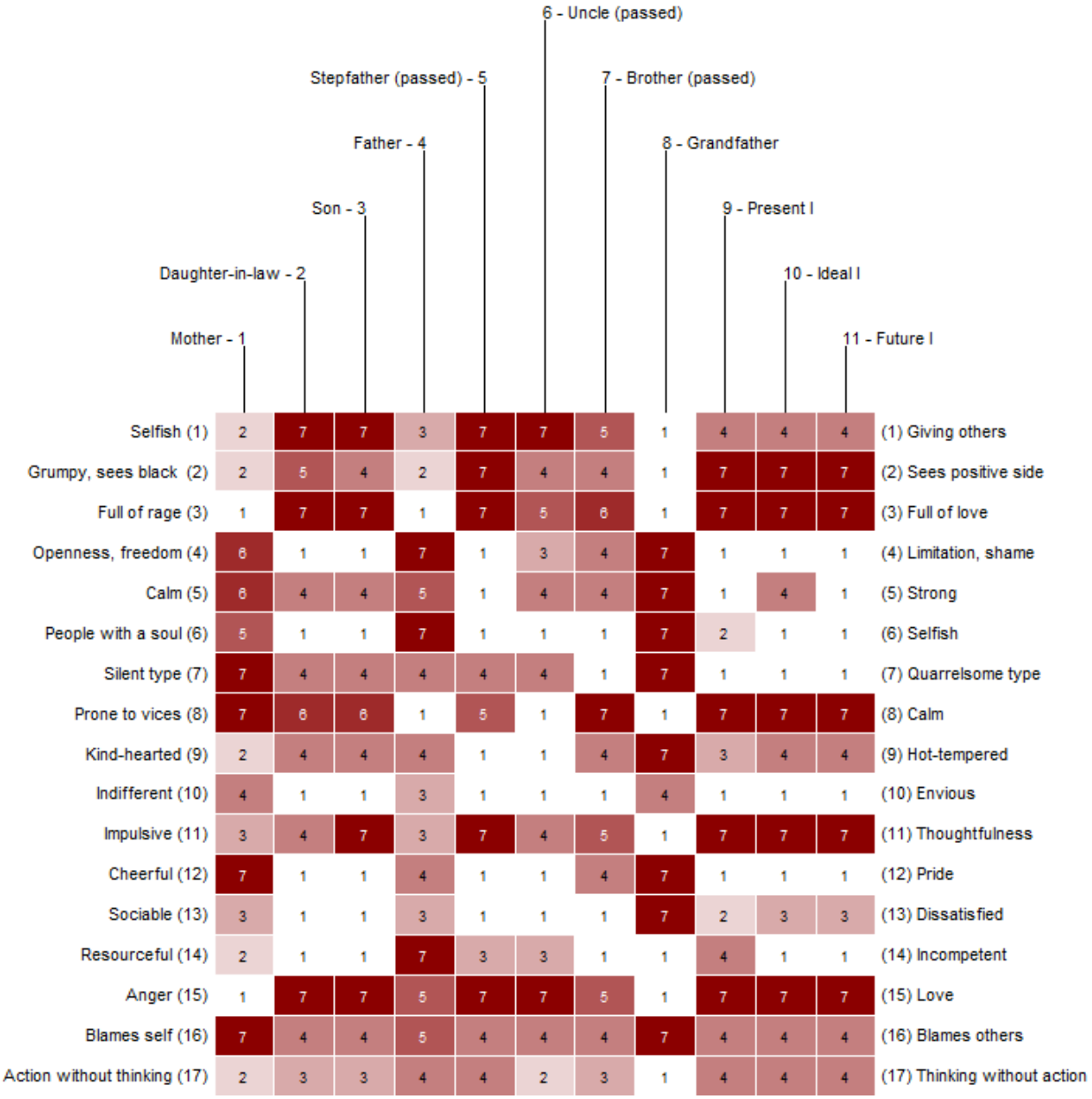
INT 18


6 - Ex husband
Female doctor 2 - 5
7 - Older son
Father - 4
8 - Grandmother
Younger son - 3
9 - Present I
Female doctor 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Controller, gives orders (1) 1 1 3 3 1 5 1 1 7 1 4 (1) Executor, blind trust
Traditional, limited (2) 1 7 7 7 7 4 5 7 7 7 7 (2) Modern, broad views
Scared (3) 1 7 6 4 7 1 1 3 1 7 5 (3) Sensible
Iculating, secretive, shameful (4) 1 7 3 7 7 2 3 1 6 7 4 (4) Straightforward, sharp, honest
Deals with problems (5) 7 1 1 1 1 7 7 1 3 1 2 (5) Line of least resistance, weakling
Suffering (6) 1 7 7 7 7 3 4 1 1 7 7 (6) Fight
Pillar, empathy (7) 5 1 2 1 1 7 7 1 3 1 2 (7) Unpredictable, selfish, doesn't care
Presentation (8) 1 7 7 7 7 2 4 1 4 7 6 (8) Real ambition
Respects, appreciates (9) 7 1 1 1 1 5 5 2 1 1 1 (9) Aggressive, humiliates
Sincere (10) 7 1 1 1 1 7 7 4 1 1 1 (10) Lies
Anger (11) 1 6 6 5 6 4 1 3 4 7 6 (11) Joy
Blames self (12) 7 1 3 3 1 7 7 5 4 4 4 (12) Blames others
Action without thinking (13) 1 2 4 2 2 7 3 4 6 4 4 (13) Thinking without action

INT 19

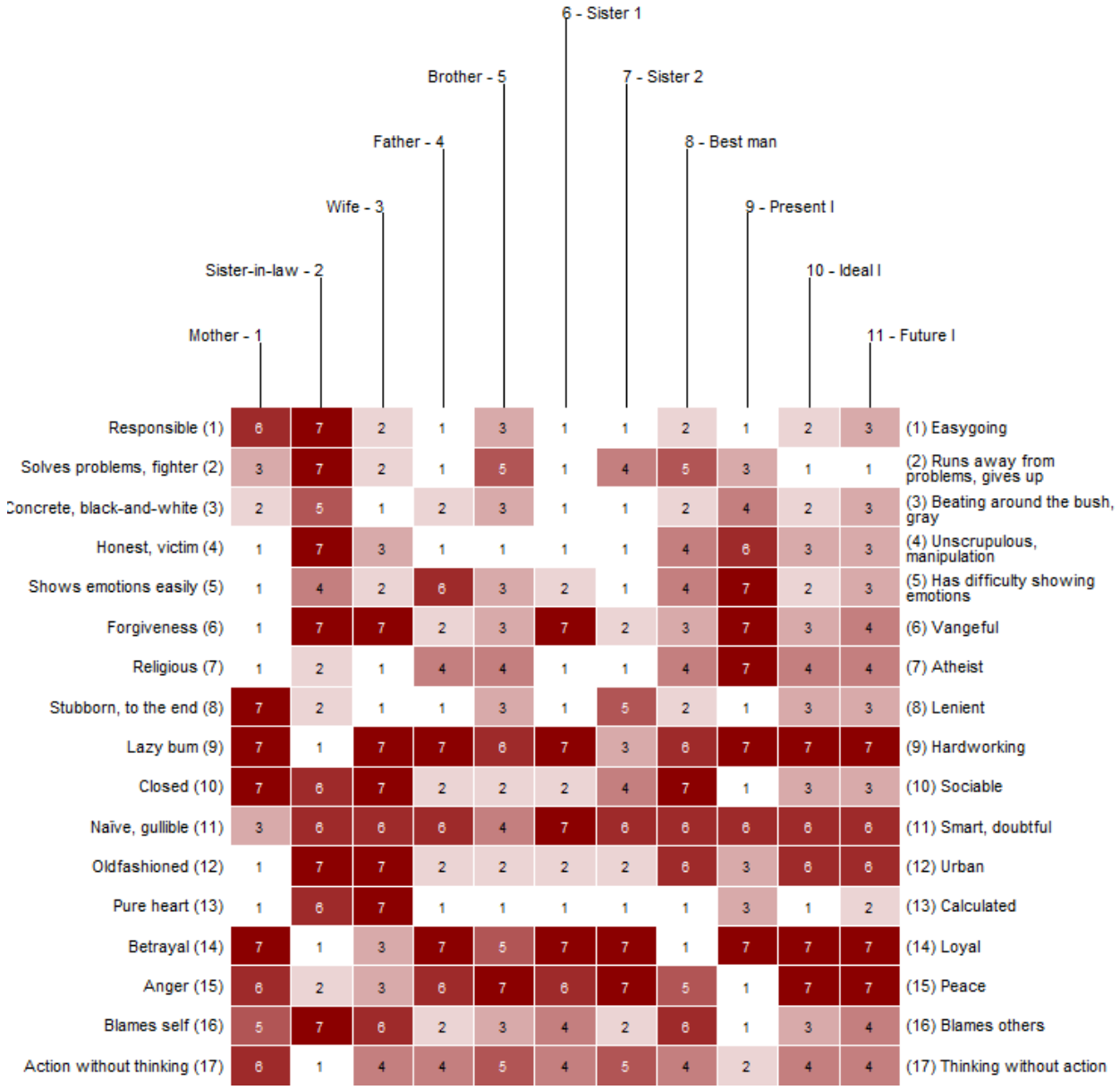

6 - Ex boyfriend
Female cousin - 5
7 - Aunt
Father - 4
8 - Current boyfriend
Female boss - 3
9 - Present I
Uncle - 2
10 - Ideal I
Mother - 1
11 - Future I
Communicativeness (1) 1 1 6 5 1 4 1 1 1 4 1 (1) Individuality, alone
Control, restriction (2) 7 6 1 1 5 4 6 7 4 4 4 (2) Letting go, disinterest
imidity, worrying how to cope (3) 3 5 6 7 7 3 7 5 4 7 6 (3) Self-confidence
Domination, imposition, control (4) 5 1 1 1 1 6 1 1 6 1 1 (4) Obedience, withdrawal, balancer
Mobility, ready for action (5) 6 1 1 1 1 5 1 6 1 1 1 (5) Hard to get going, stay at home
Attentive listener, open (6) 1 2 4 5 3 2 1 1 1 1 1 (6) Firm stance, closed
Tenderness (7) 1 6 7 5 5 7 1 1 1 4 4 (7) Roughness
Dedication (8) 1 7 1 1 7 6 1 1 1 1 1 (8) Laid-back, empty promise
ational, calms down, balancer (9) 1 7 7 7 7 6 1 1 1 1 1 (9) Explosive
Serious (10) 1 7 1 1 7 6 1 1 1 1 1 (10) Easygoing
Transparent (11) 1 7 1 6 7 6 1 1 1 1 1 (11) Concealment
Arrogant, disinterested, rough (12) 7 7 5 7 7 4 7 7 7 3 3 (12) Humble, caring
Anger (13) 7 6 6 1 3 4 7 7 7 7 7 (13) Calm
Blames self (14) 5 5 7 7 4 7 1 1 1 3 3 (14) Blames others
Action without thinking (15) 4 1 5 4 1 5 4 4 6 4 4 (15) Thinking without action

INT 20

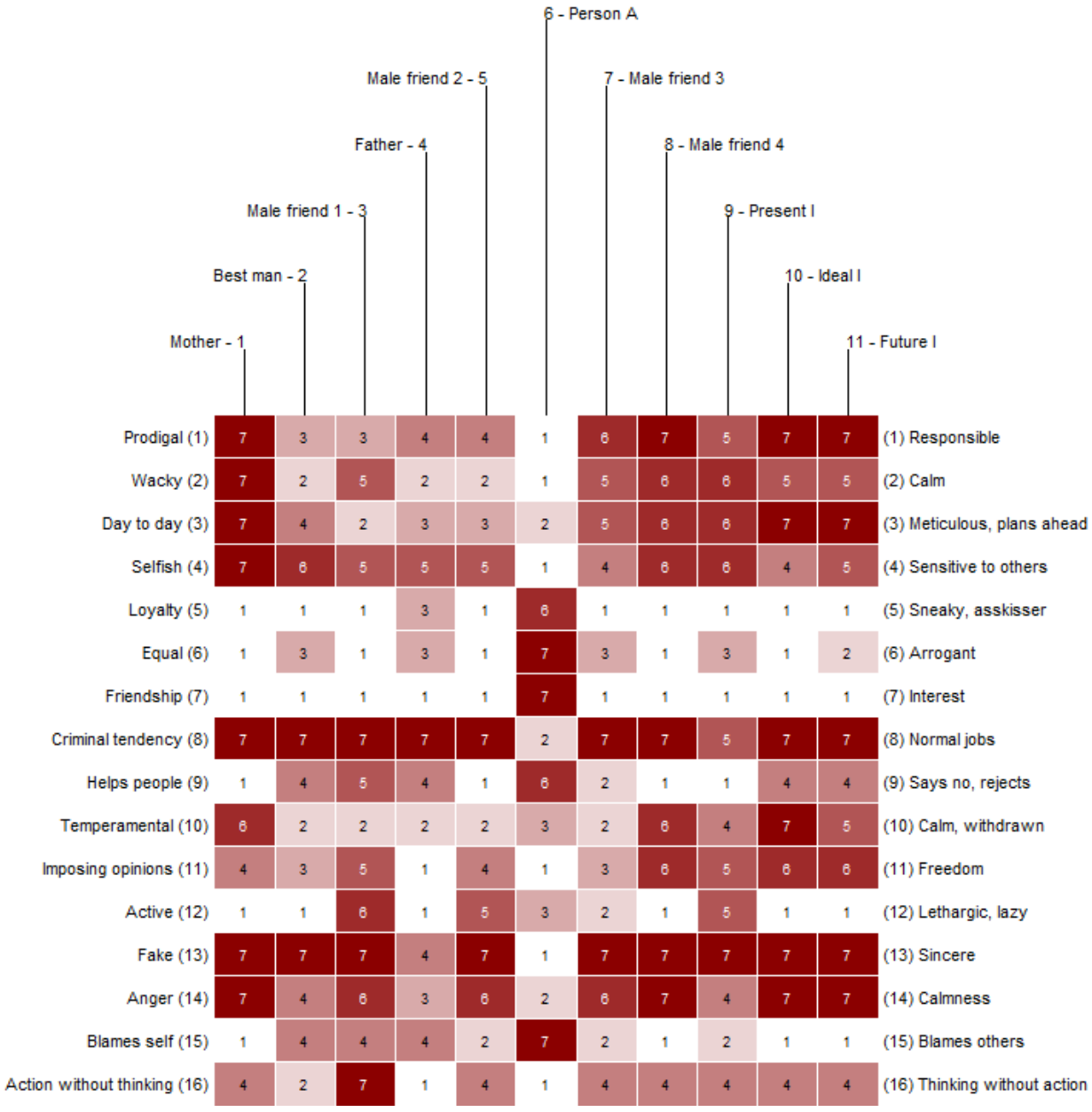

6 - Uncle (passed)
Stepfather (passed) - 5
7 - Brother (passed)
Father - 4
8 - Grandfather
Son - 3
9 - Present I
Daughter-in-law - 2
10 - Ideal I
Mother - 1
11 - Future I
Selfish (1) 2 7 7 3 7 7 5 1 4 4 4 (1) Giving others
Grumpy, sees black (2) 2 5 4 2 7 4 4 1 7 7 7 (2) Sees positive side
Full of rage (3) 1 7 7 1 7 5 6 1 7 7 7 (3) Full of love
Openness, freedom (4) 6 1 1 7 1 3 4 7 1 1 1 (4) Limitation, shame
Calm (5) 6 4 4 5 1 4 4 7 1 4 1 (5) Strong
People with a soul (6) 5 1 1 7 1 1 1 7 2 1 1 (6) Selfish
Silent type (7) 7 4 4 4 4 4 1 7 1 1 1 (7) Quarrelsome type
Prone to vices (8) 7 6 6 1 5 1 7 1 7 7 7 (8) Calm
Kind-hearted (9) 2 4 4 4 1 1 4 7 3 4 4 (9) Hot-tempered
Indifferent (10) 4 1 1 3 1 1 1 4 1 1 1 (10) Envious
Impulsive (11) 3 4 7 3 7 4 5 1 7 7 7 (11) Thoughtfulness
Cheerful (12) 7 1 1 4 1 1 4 7 1 1 1 (12) Pride
Sociable (13) 3 1 1 3 1 1 1 7 2 3 3 (13) Dissatisfied
Resourceful (14) 2 1 1 7 3 3 1 1 4 1 1 (14) Incompetent
Anger (15) 1 7 7 5 7 7 5 1 7 7 7 (15) Love
Blames self (16) 7 4 4 5 4 4 4 7 4 4 4 (16) Blames others
Action without thinking (17) 2 3 3 4 4 2 3 1 4 4 4 (17) Thinking without action

2. Externalizing (ASPD) Group

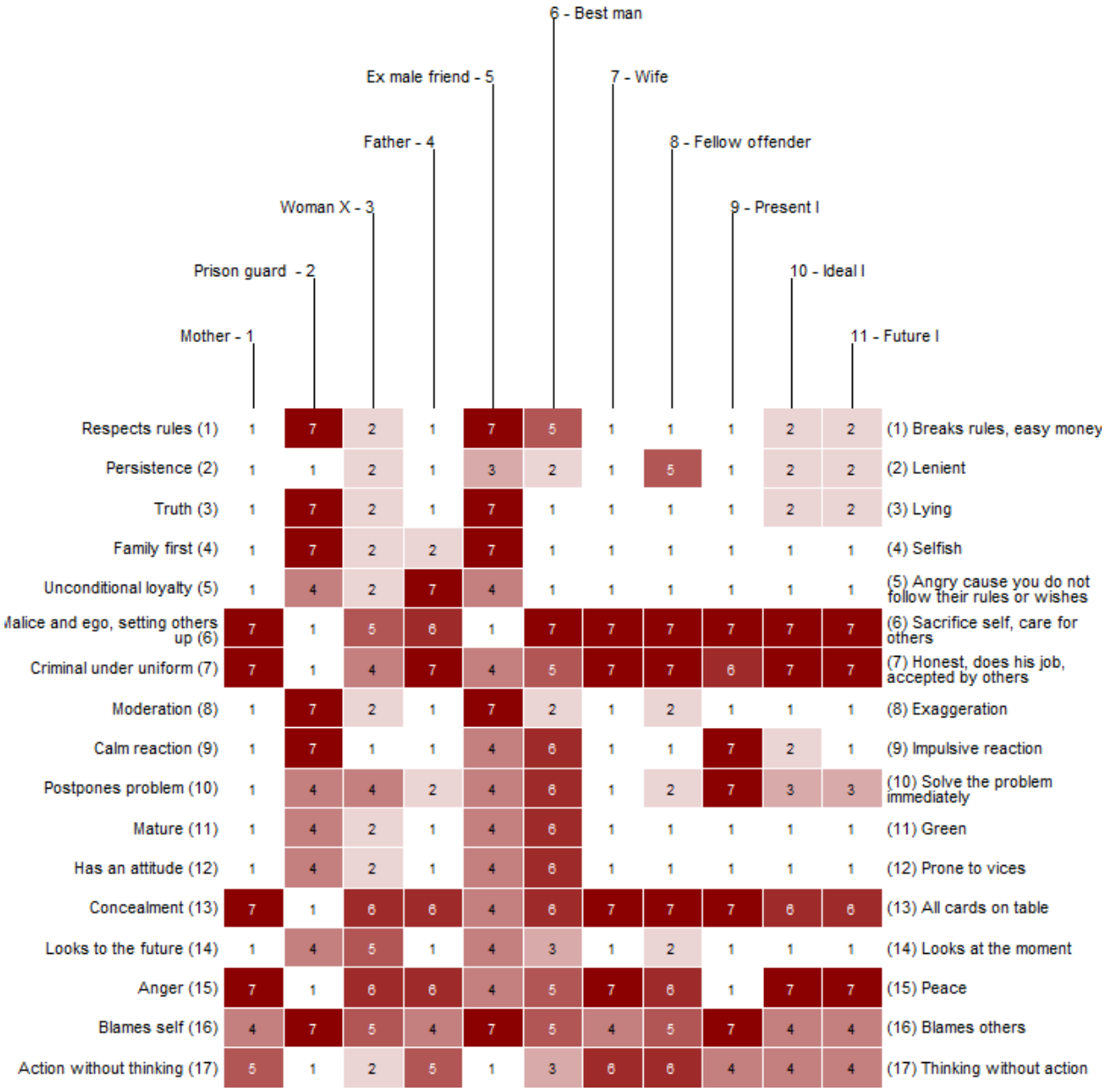
EXT 1



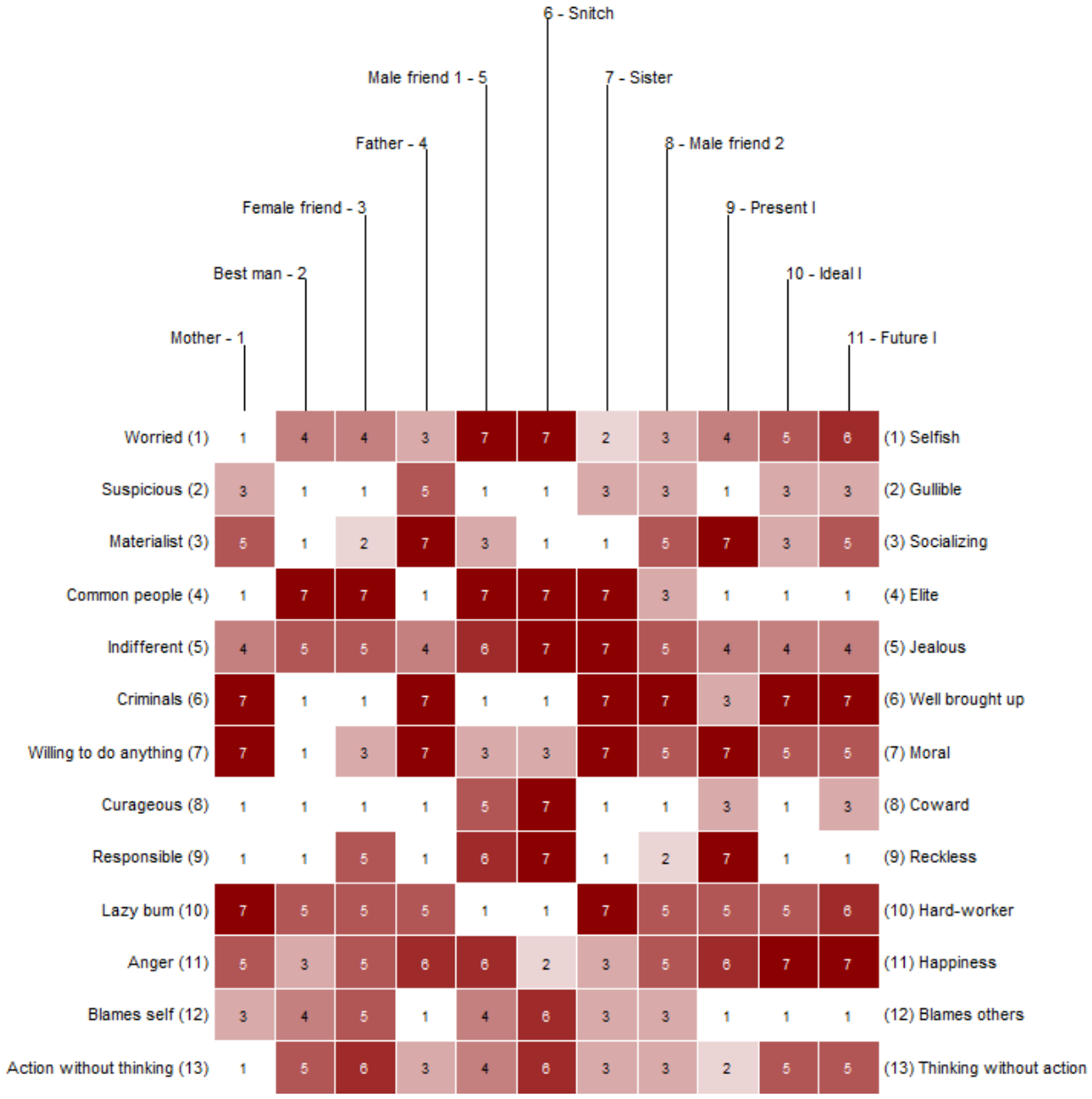
EXT 2


6 - Person A
Male friend 2 - 5
7 - Male friend 3
Father - 4
8 - Male friend 4
Male friend 1 - 3
9 - Present I
Best man - 2
10 - Ideal I
Mother - 1
11 - Future I
Prodigal (1) 7 3 3 4 4 1 6 7 5 7 7 (1) Responsible
Wacky (2) 7 2 5 2 2 1 5 6 6 5 5 (2) Calm
Day to day (3) 7 4 2 3 3 2 5 6 6 7 7 (3) Meticulous, plans ahead
Selfish (4) 7 6 5 5 5 1 4 6 6 4 5 (4) Sensitive to others
Loyalty (5) 1 1 1 3 1 6 1 1 1 1 1 (5) Sneaky, asskisser
Equal (6) 1 3 1 3 1 7 3 1 3 1 2 (6) Arrogant
Friendship (7) 1 1 1 1 1 7 1 1 1 1 1 (7) Interest
Criminal tendency (8) 7 7 7 7 7 2 7 7 5 7 7 (8) Normal jobs
Helps people (9) 1 4 5 4 1 6 2 1 1 4 4 (9) Says no, rejects
Temperamental (10) 6 2 2 2 2 3 2 6 4 7 5 (10) Calm, withdrawn
Imposing opinions (11) 4 3 5 1 4 1 3 6 5 6 6 (11) Freedom
Active (12) 1 1 6 1 5 3 2 1 5 1 1 (12) Lethargic, lazy
Fake (13) 7 7 7 4 7 1 7 7 7 7 7 (13) Sincere
Anger (14) 7 4 6 3 6 2 6 7 4 7 7 (14) Calmness
Blames self (15) 1 4 4 4 2 7 2 1 2 1 1 (15) Blames others
Action without thinking (16) 4 2 7 1 4 1 4 4 4 4 4 (16) Thinking without action

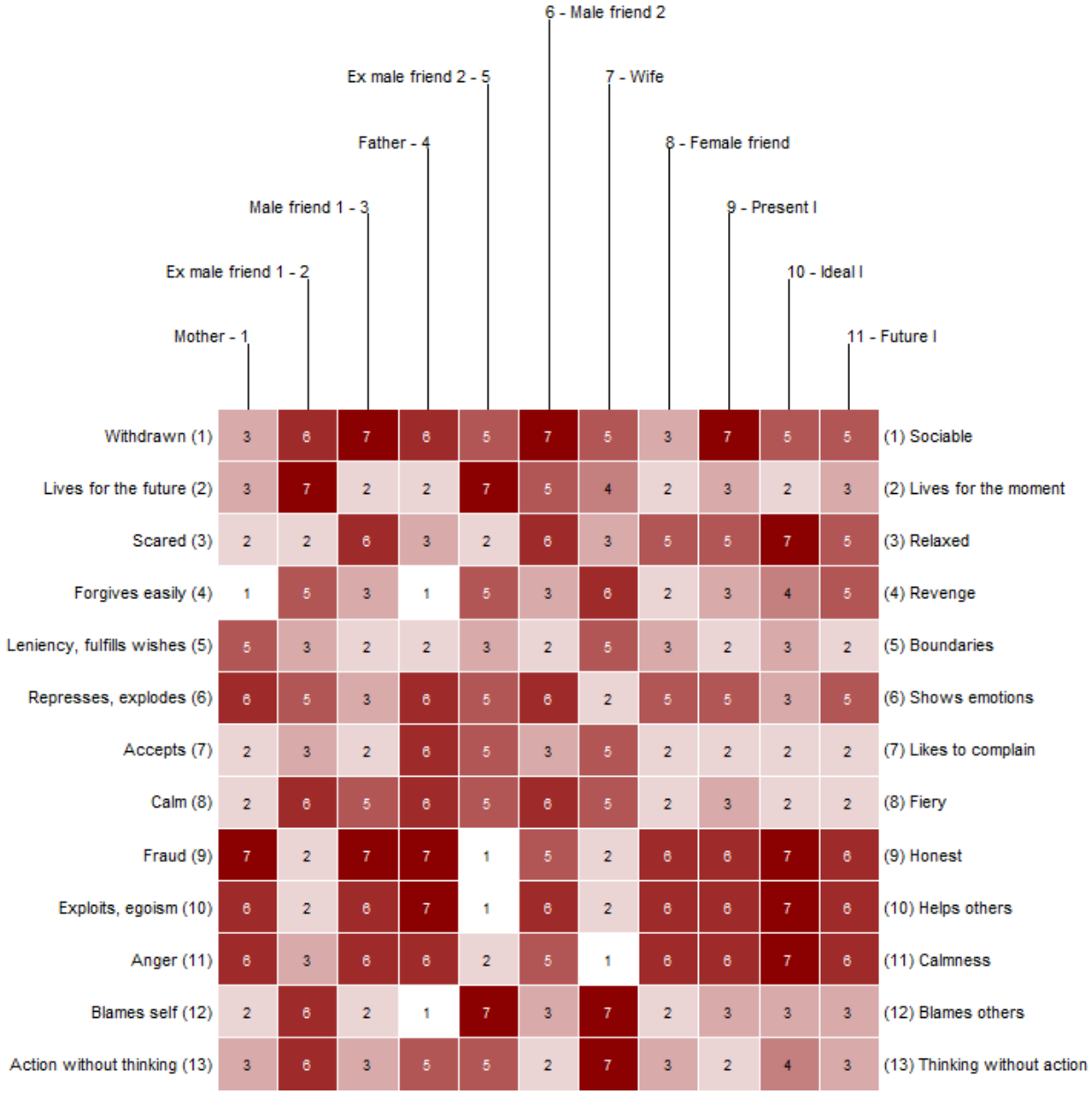
EXT 3


6 - Best man
Ex male friend - 5
7 - Wife
Father - 4
8 - Fellow offender
Woman X - 3
9 - Present I
Prison guard - 2
10 - Ideal I
Mother - 1
11 - Future I
Respects rules (1) 1 7 2 1 7 5 1 1 1 2 2 (1) Breaks rules, easy money
Persistence (2) 1 1 2 1 3 2 1 5 1 2 2 (2) Lenient
Truth (3) 1 7 2 1 7 1 1 1 1 2 2 (3) Lying
Family first (4) 1 7 2 2 7 1 1 1 1 1 1 (4) Selfish
Unconditional loyalty (5) 1 4 2 7 4 1 1 1 1 1 1 (5) Angry cause you do not follow their rules or wishes
Malice and ego, setting others up (6) 7 1 5 6 1 7 7 7 7 7 7 (6) Sacrifice self, care for others
Criminal under uniform (7) 7 1 4 7 4 5 7 7 6 7 7 (7) Honest, does his job, accepted by others
Moderation (8) 1 7 2 1 7 2 1 2 1 1 1 (8) Exaggeration
Calm reaction (9) 1 7 1 1 4 6 1 1 7 2 1 (9) Impulsive reaction
Postpones problem (10) 1 4 4 2 4 6 1 2 7 3 3 (10) Solve the problem immediately
Mature (11) 1 4 2 1 4 6 1 1 1 1 1 (11) Green
Has an attitude (12) 1 4 2 1 4 6 1 1 1 1 1 (12) Prone to vices
Concealment (13) 7 1 6 6 4 6 7 7 7 6 6 (13) All cards on table
Looks to the future (14) 1 4 5 1 4 3 1 2 1 1 1 (14) Looks at the moment
Anger (15) 7 1 6 6 4 5 7 6 1 7 7 (15) Peace
Blames self (16) 4 7 5 4 7 5 4 5 7 4 4 (16) Blames others
Action without thinking (17) 5 1 2 5 1 3 6 6 4 4 4 (17) Thinking without action

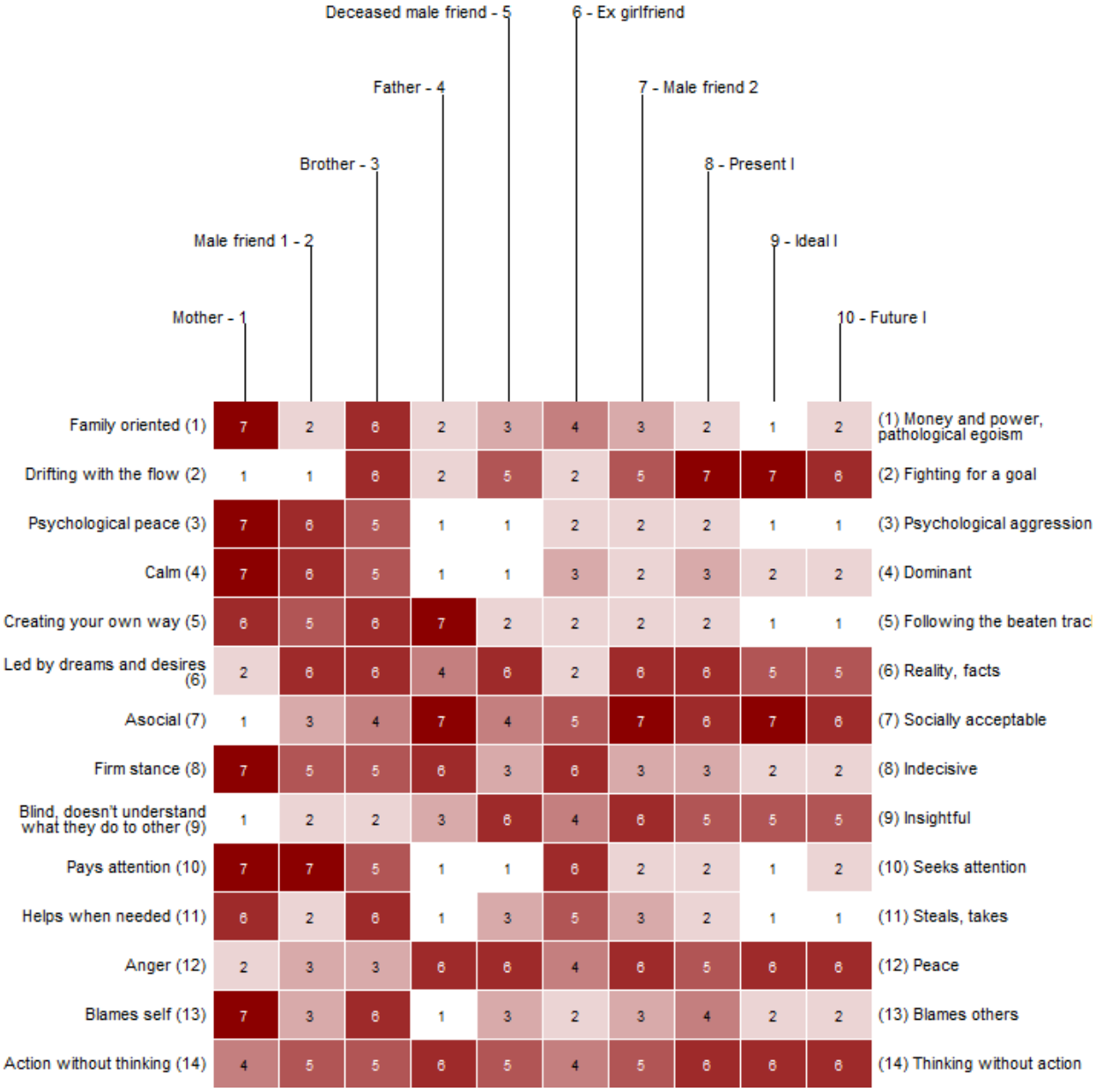
EXT 4


6 - Snitch
Male friend 1 - 5
7 - Sister
Father - 4
8 - Male friend 2
Female friend - 3
9 - Present I
Best man - 2
10 - Ideal I
Mother - 1
11 - Future I
Worried (1) 1 4 4 3 7 7 2 3 4 5 6 (1) Selfish
Suspicious (2) 3 1 1 5 1 1 3 3 1 3 3 (2) Gullible
Materialist (3) 5 1 2 7 3 1 1 5 7 3 5 (3) Socializing
Common people (4) 1 7 7 1 7 7 7 3 1 1 1 (4) Elite
Indifferent (5) 4 5 5 4 6 7 7 5 4 4 4 (5) Jealous
Criminals (6) 7 1 1 7 1 1 7 7 3 7 7 (6) Well brought up
Willing to do anything (7) 7 1 3 7 3 3 7 5 7 5 5 (7) Moral
Curageous (8) 1 1 1 1 5 7 1 1 3 1 3 (8) Coward
Responsible (9) 1 1 5 1 6 7 1 2 7 1 1 (9) Reckless
Lazy bum (10) 7 5 5 5 1 1 7 5 5 5 6 (10) Hard-worker
Anger (11) 5 3 5 6 6 2 3 5 6 7 7 (11) Happiness
Blames self (12) 3 4 5 1 4 6 3 3 1 1 1 (12) Blames others
Action without thinking (13) 1 5 6 3 4 6 3 3 2 5 5 (13) Thinking without action

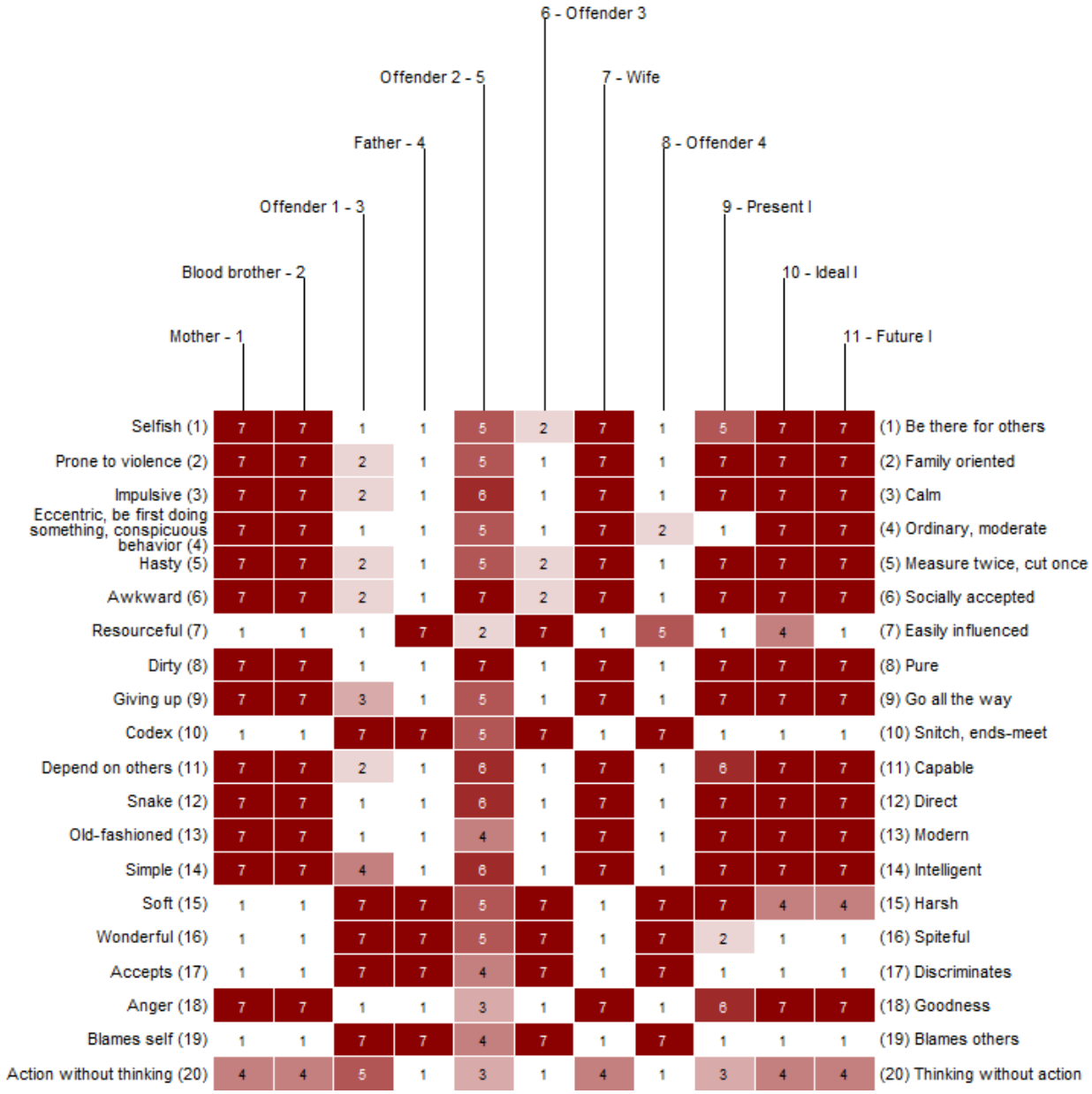
EXT 5


6 - Male friend 2
Ex male friend 2 - 5
7 - Wife
Father - 4
8 - Female friend
Male friend 1 - 3
9 - Present I
Ex male friend 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Withdrawn (1) 3 6 7 6 5 7 5 3 7 5 5 (1) Sociable
Lives for the future (2) 3 7 2 2 7 5 4 2 3 2 3 (2) Lives for the moment
Scared (3) 2 2 6 3 2 6 3 5 5 7 5 (3) Relaxed
Forgives easily (4) 1 5 3 1 5 3 6 2 3 4 5 (4) Revenge
Leniency, fulfills wishes (5) 5 3 2 2 3 2 5 3 2 3 2 (5) Boundaries
Represses, explodes (6) 6 5 3 6 5 6 2 5 5 3 5 (6) Shows emotions
Accepts (7) 2 3 2 6 5 3 5 2 2 2 2 (7) Likes to complain
Calm (8) 2 6 5 6 5 6 5 2 3 2 2 (8) Fiery
Fraud (9) 7 2 7 7 1 5 2 6 6 7 6 (9) Honest
Exploits, egoism (10) 6 2 6 7 1 6 2 6 6 7 6 (10) Helps others
Anger (11) 6 3 6 6 2 5 1 6 6 7 6 (11) Calmness
Blames self (12) 2 6 2 1 7 3 7 2 3 3 3 (12) Blames others
Action without thinking (13) 3 6 3 5 5 2 7 3 2 4 3 (13) Thinking without action

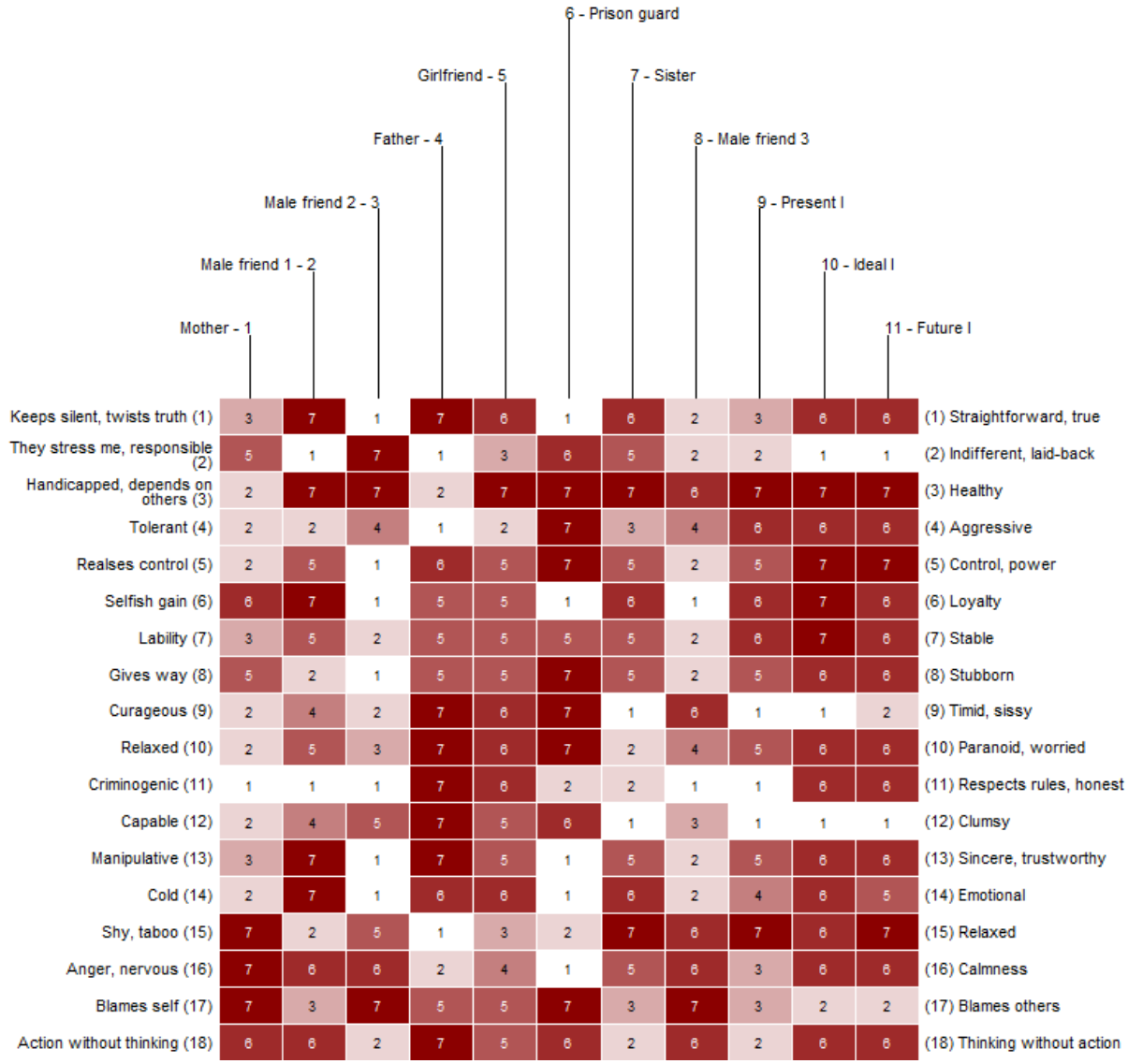
EXT 6


Deceased male friend - 5
6 - Ex girlfriend
Father - 4
7 - Male friend 2
Brother - 3
8 - Present I
Male friend 1 - 2
9 - Ideal I
Mother - 1
10 - Future I
Family oriented (1) 7 2 6 2 3 4 3 2 1 2 (1) Money and power, pathological egoism
Drifting with the flow (2) 1 1 6 2 5 2 5 7 7 6 (2) Fighting for a goal
Psychological peace (3) 7 6 5 1 1 2 2 2 1 1 (3) Psychological aggression
Calm (4) 7 6 5 1 1 3 2 3 2 2 (4) Dominant
Creating your own way (5) 6 5 6 7 2 2 2 2 1 1 (5) Following the beaten trac
Led by dreams and desires (6) 2 6 6 4 6 2 6 6 5 5 (6) Reality, facts
Asocial (7) 1 3 4 7 4 5 7 6 7 6 (7) Socially acceptable
Firm stance (8) 7 5 5 6 3 6 3 3 2 2 (8) Indecisive
Blind, doesn't understand what they do to other (9) 1 2 2 3 6 4 6 5 5 5 (9) Insightful
Pays attention (10) 7 7 5 1 1 6 2 2 1 2 (10) Seeks attention
Helps when needed (11) 6 2 6 1 3 5 3 2 1 1 (11) Steals, takes
Anger (12) 2 3 3 6 6 4 6 5 6 6 (12) Peace
Blames self (13) 7 3 6 1 3 2 3 4 2 2 (13) Blames others
Action without thinking (14) 4 5 5 6 5 4 5 6 6 6 (14) Thinking without action

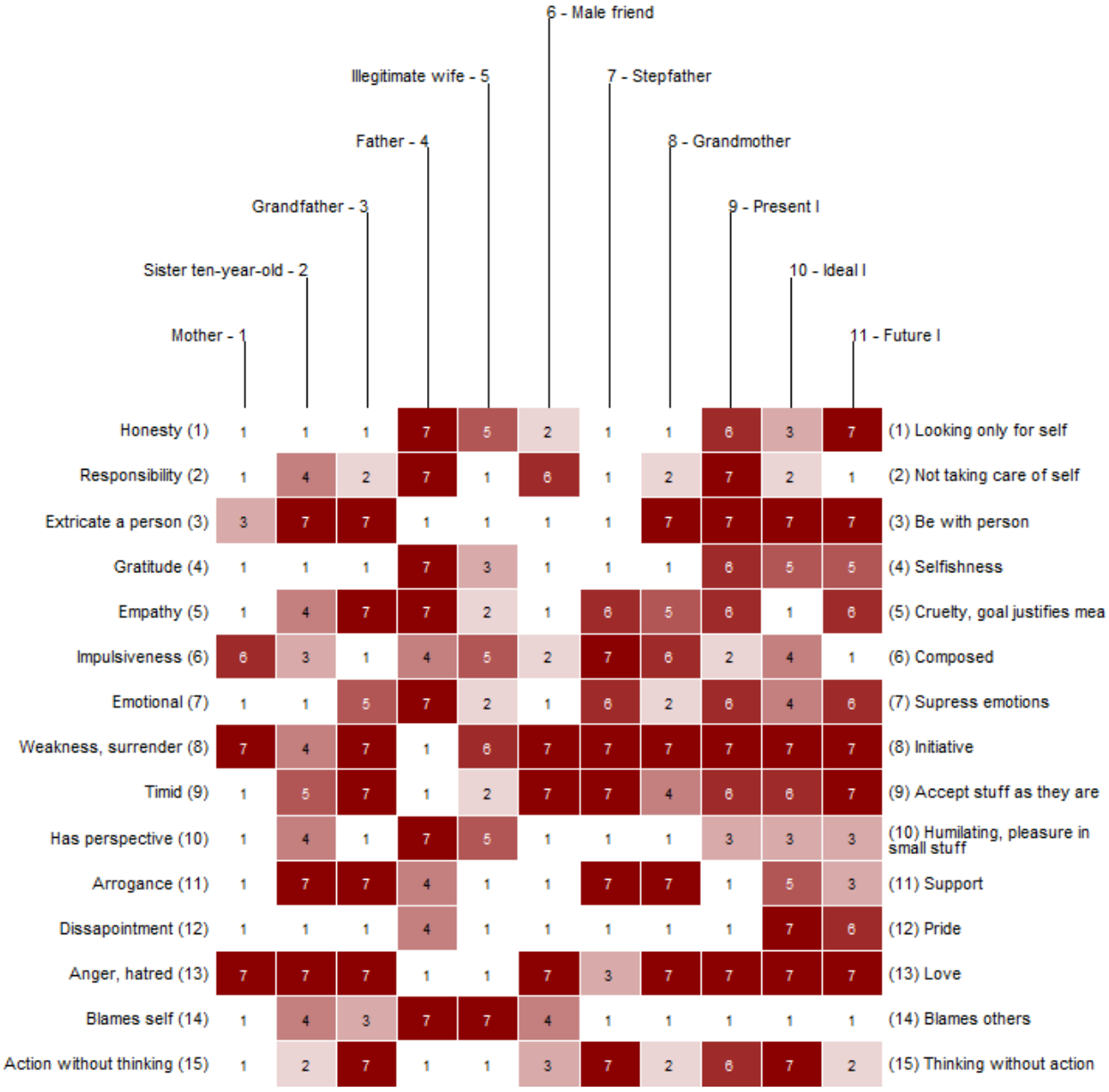
EXT 7


6 - Offender 3
Offender 2 - 5
7 - Wife
Father - 4
8 - Offender 4
Offender 1 - 3
9 - Present I
Blood brother - 2
10 - Ideal I
Mother - 1
11 - Future I
Selfish (1) 7 7 1 1 5 2 7 1 5 7 7 (1) Be there for others
Prone to violence (2) 7 7 2 1 5 1 7 1 7 7 7 (2) Family oriented
Impulsive (3) 7 7 2 1 6 1 7 1 7 7 7 (3) Calm
Eccentric, be first doing something, conspicuous behavior (4) 7 7 1 1 5 1 7 2 1 7 7 (4) Ordinary, moderate
Hasty (5) 7 7 2 1 5 2 7 1 7 7 7 (5) Measure twice, cut once
Awkward (6) 7 7 2 1 7 2 7 1 7 7 7 (6) Socially accepted
Resourceful (7) 1 1 1 7 2 7 1 5 1 4 1 (7) Easily influenced
Dirty (8) 7 7 1 1 7 1 7 1 7 7 7 (8) Pure
Giving up (9) 7 7 3 1 5 1 7 1 7 7 7 (9) Go all the way
Codex (10) 1 1 7 7 5 7 1 7 1 1 1 (10) Snitch, ends-meet
Depend on others (11) 7 7 2 1 6 1 7 1 6 7 7 (11) Capable
Snake (12) 7 7 1 1 6 1 7 1 7 7 7 (12) Direct
Old-fashioned (13) 7 7 1 1 4 1 7 1 7 7 7 (13) Modern
Simple (14) 7 7 4 1 6 1 7 1 7 7 7 (14) Intelligent
Soft (15) 1 1 7 7 5 7 1 7 7 4 4 (15) Harsh
Wonderful (16) 1 1 7 7 5 7 1 7 2 1 1 (16) Spiteful
Accepts (17) 1 1 7 7 4 7 1 7 1 1 1 (17) Discriminates
Anger (18) 7 7 1 1 3 1 7 1 6 7 7 (18) Goodness
Blames self (19) 1 1 7 7 4 7 1 7 1 1 1 (19) Blames others
Action without thinking (20) 4 4 5 1 3 1 4 1 3 4 4 (20) Thinking without action

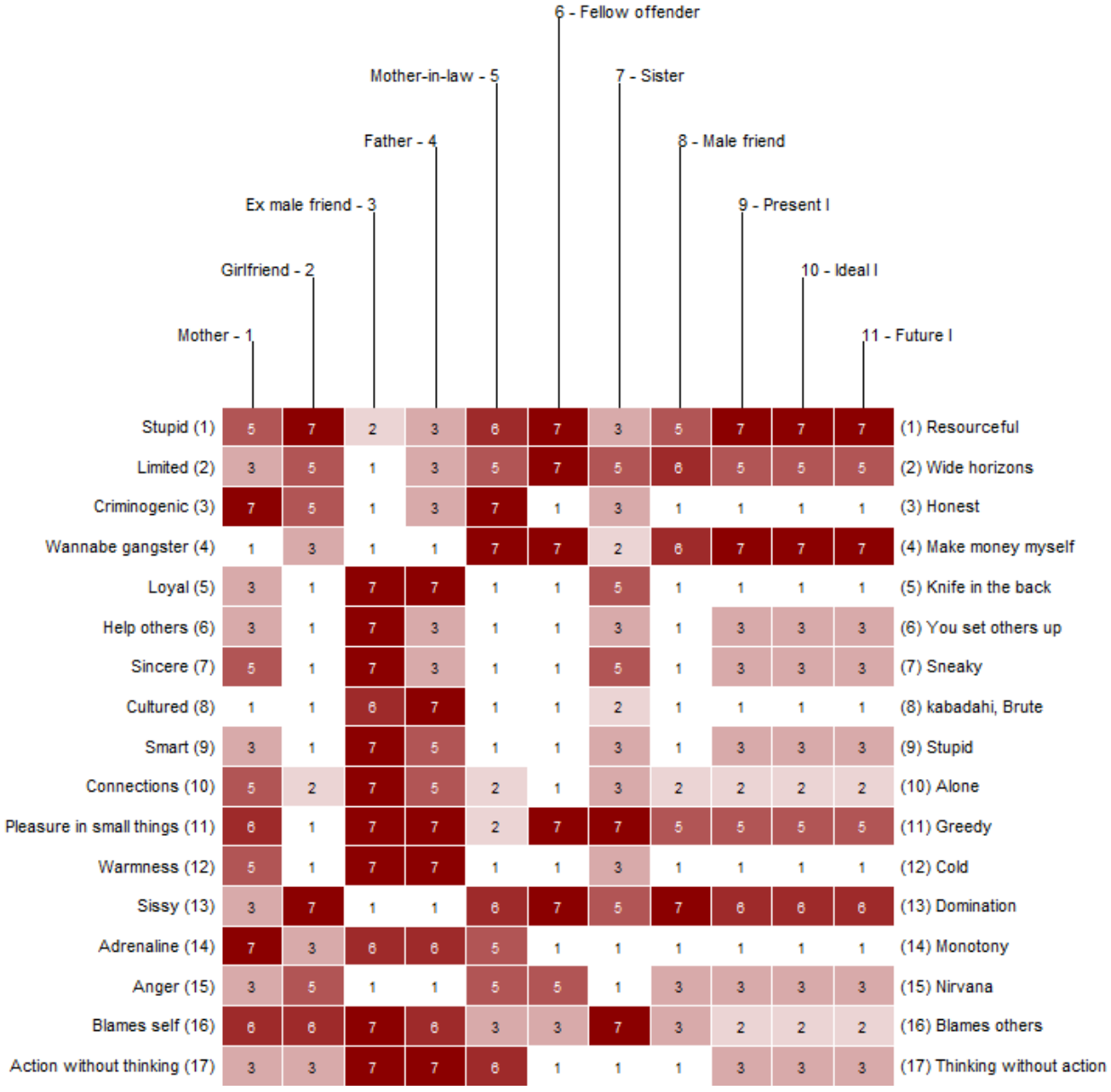
EXT 8


Mother - 1
Male friend 1 - 2
Male friend 2 - 3
Father - 4
Girlfriend - 5
6 - Prison guard
7 - Sister
8 - Male friend 3
9 - Present I
10 - Ideal I
11 - Future I
Keeps silent, twists truth (1) 3 7 1 7 6 1 6 2 3 6 6 (1) Straightforward, true
They stress me, responsible (2) 5 1 7 1 3 6 5 2 2 1 1 (2) Indifferent, laid-back
Handicapped, depends on others (3) 2 7 7 2 7 7 7 6 7 7 7 (3) Healthy
Tolerant (4) 2 2 4 1 2 7 3 4 6 6 6 (4) Aggressive
Realses control (5) 2 5 1 6 5 7 5 2 5 7 7 (5) Control, power
Selfish gain (6) 6 7 1 5 5 1 6 1 6 7 6 (6) Loyalty
Lability (7) 3 5 2 5 5 5 5 2 6 7 6 (7) Stable
Gives way (8) 5 2 1 5 5 7 5 2 5 6 6 (8) Stubborn
Curageous (9) 2 4 2 7 6 7 1 6 1 1 2 (9) Timid, sissy
Relaxed (10) 2 5 3 7 6 7 2 4 5 6 6 (10) Paranoid, worried
Criminogenic (11) 1 1 1 7 6 2 2 1 1 6 6 (11) Respects rules, honest
Capable (12) 2 4 5 7 5 6 1 3 1 1 1 (12) Clumsy
Manipulative (13) 3 7 1 7 5 1 5 2 5 6 6 (13) Sincere, trustworthy
Cold (14) 2 7 1 6 6 1 6 2 4 6 5 (14) Emotional
Shy, taboo (15) 7 2 5 1 3 2 7 6 7 6 7 (15) Relaxed
Anger, nervous (16) 7 6 6 2 4 1 5 6 3 6 6 (16) Calmness
Blames self (17) 7 3 7 5 5 7 3 7 3 2 2 (17) Blames others
Action without thinking (18) 6 6 2 7 5 6 2 6 2 6 6 (18) Thinking without action

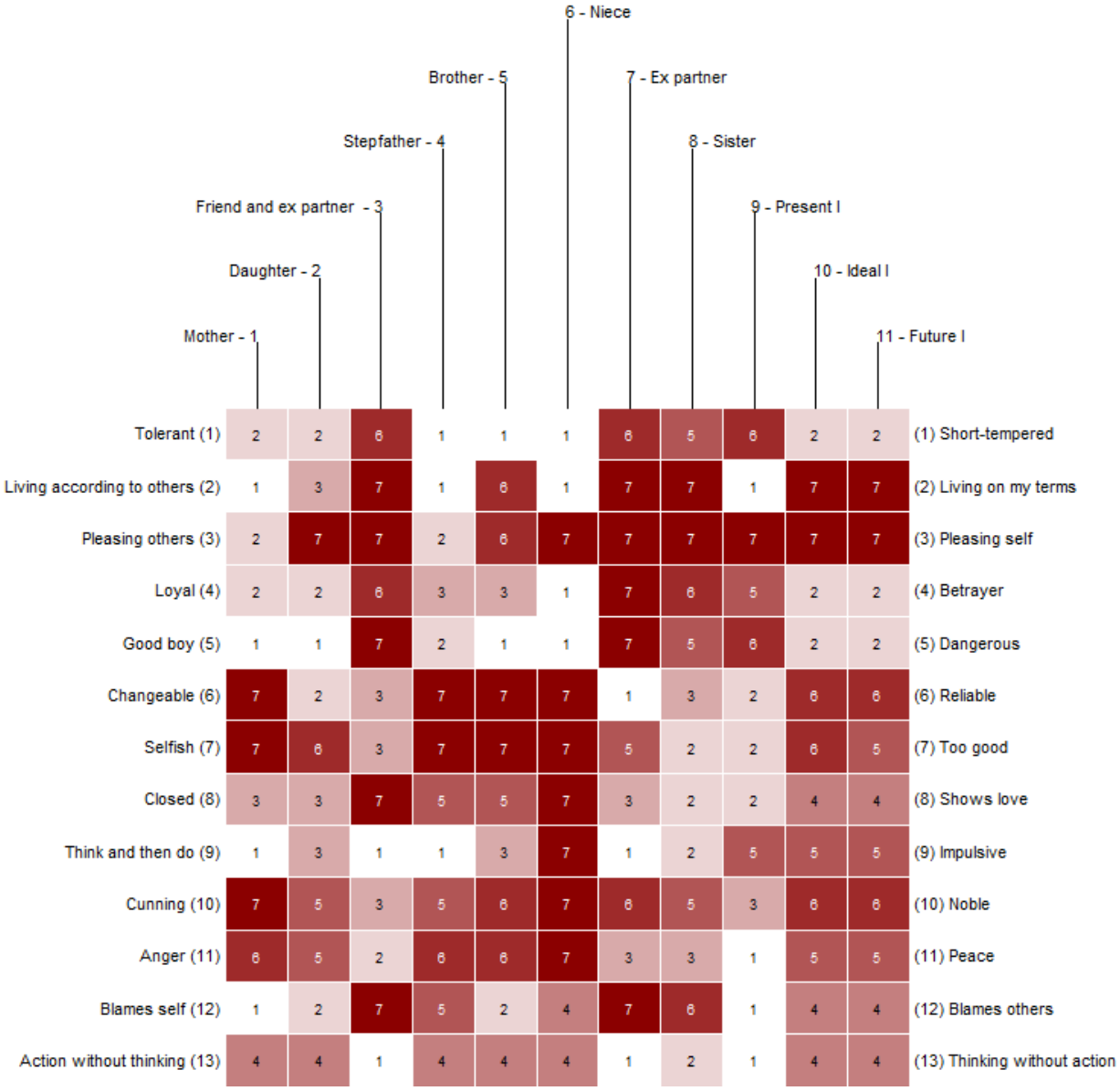
EXT 9


6 - Male friend
Illegitimate wife - 5
7 - Stepfather
Father - 4
8 - Grandmother
Grandfather - 3
9 - Present I
Sister ten-year-old - 2
10 - Ideal I
Mother - 1
11 - Future I
Honesty (1) 1 1 1 7 5 2 1 1 6 3 7 (1) Looking only for self
Responsibility (2) 1 4 2 7 1 6 1 2 7 2 1 (2) Not taking care of self
Extricate a person (3) 3 7 7 1 1 1 1 7 7 7 7 (3) Be with person
Gratitude (4) 1 1 1 7 3 1 1 1 6 5 5 (4) Selfishness
Empathy (5) 1 4 7 7 2 1 6 5 6 1 6 (5) Cruelty, goal justifies mea
Impulsiveness (6) 6 3 1 4 5 2 7 6 2 4 1 (6) Composed
Emotional (7) 1 1 5 7 2 1 6 2 6 4 6 (7) Supress emotions
Weakness, surrender (8) 7 4 7 1 6 7 7 7 7 7 7 (8) Initiative
Timid (9) 1 5 7 1 2 7 7 4 6 6 7 (9) Accept stuff as they are
Has perspective (10) 1 4 1 7 5 1 1 1 3 3 3 (10) Humilating, pleasure in small stuff
Arrogance (11) 1 7 7 4 1 1 7 7 1 5 3 (11) Support
Dissapointment (12) 1 1 1 4 1 1 1 1 1 7 6 (12) Pride
Anger, hatred (13) 7 7 7 1 1 7 3 7 7 7 7 (13) Love
Blames self (14) 1 4 3 7 7 4 1 1 1 1 1 (14) Blames others
Action without thinking (15) 1 2 7 1 1 3 7 2 6 7 2 (15) Thinking without action

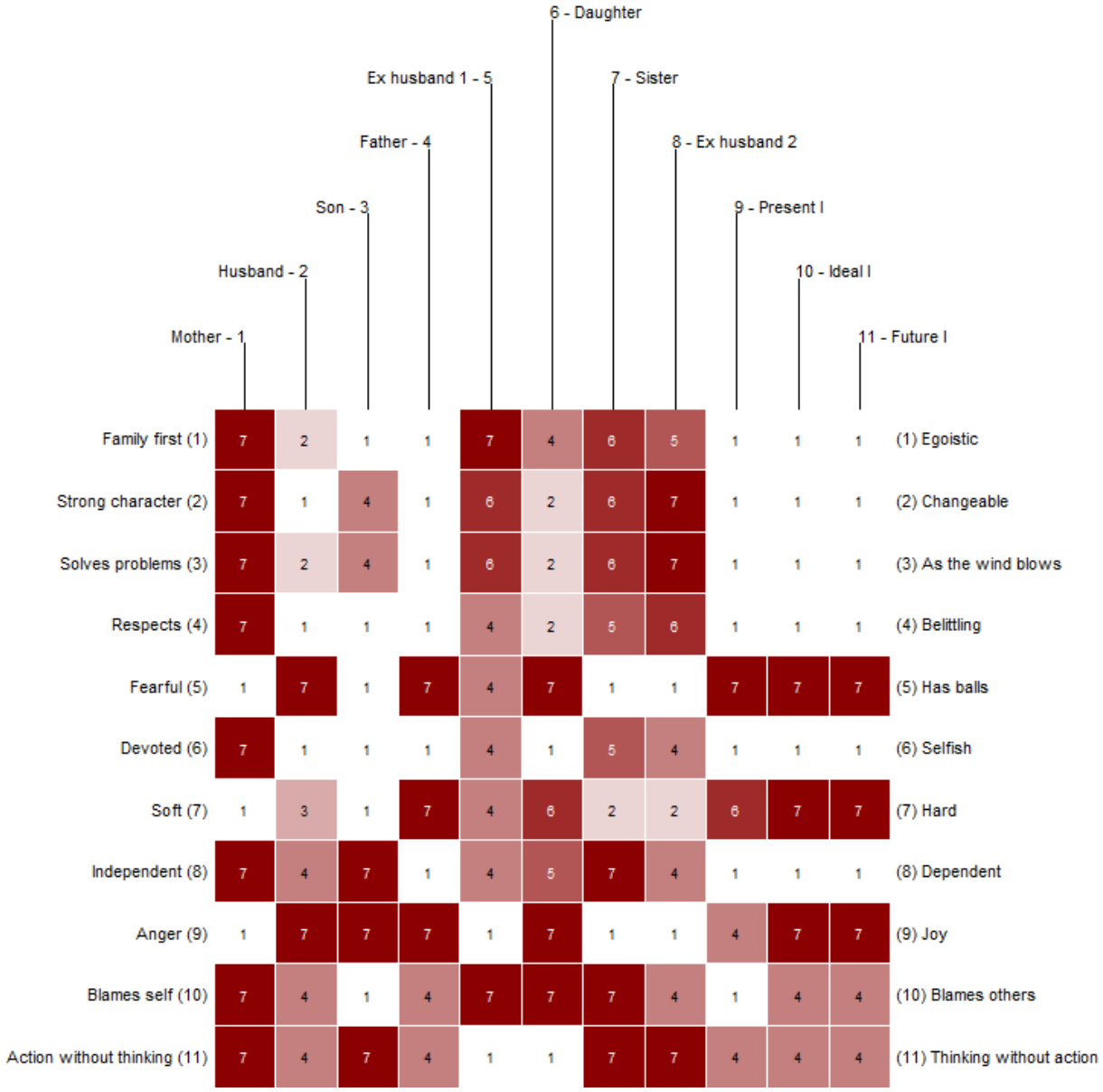
EXT 10


6 - Fellow offender
Mother-in-law - 5
7 - Sister
Father - 4
8 - Male friend
Ex male friend - 3
9 - Present I
Girlfriend - 2
10 - Ideal I
Mother - 1
11 - Future I
Stupid (1) 5 7 2 3 6 7 3 5 7 7 7 (1) Resourceful
Limited (2) 3 5 1 3 5 7 5 6 5 5 5 (2) Wide horizons
Criminogenic (3) 7 5 1 3 7 1 3 1 1 1 1 (3) Honest
Wannabe gangster (4) 1 3 1 1 7 7 2 6 7 7 7 (4) Make money myself
Loyal (5) 3 1 7 7 1 1 5 1 1 1 1 (5) Knife in the back
Help others (6) 3 1 7 3 1 1 3 1 3 3 3 (6) You set others up
Sincere (7) 5 1 7 3 1 1 5 1 3 3 3 (7) Sneaky
Cultured (8) 1 1 6 7 1 1 2 1 1 1 1 (8) kabadahi, Brute
Smart (9) 3 1 7 5 1 1 3 1 3 3 3 (9) Stupid
Connections (10) 5 2 7 5 2 1 3 2 2 2 2 (10) Alone
Pleasure in small things (11) 6 1 7 7 2 7 7 5 5 5 5 (11) Greedy
Warmness (12) 5 1 7 7 1 1 3 1 1 1 1 (12) Cold
Sissy (13) 3 7 1 1 6 7 5 7 6 6 6 (13) Domination
Adrenaline (14) 7 3 6 6 5 1 1 1 1 1 1 (14) Monotony
Anger (15) 3 5 1 1 5 5 1 3 3 3 3 (15) Nirvana
Blames self (16) 6 6 7 6 3 3 7 3 2 2 2 (16) Blames others
Action without thinking (17) 3 3 7 7 6 1 1 1 3 3 3 (17) Thinking without action

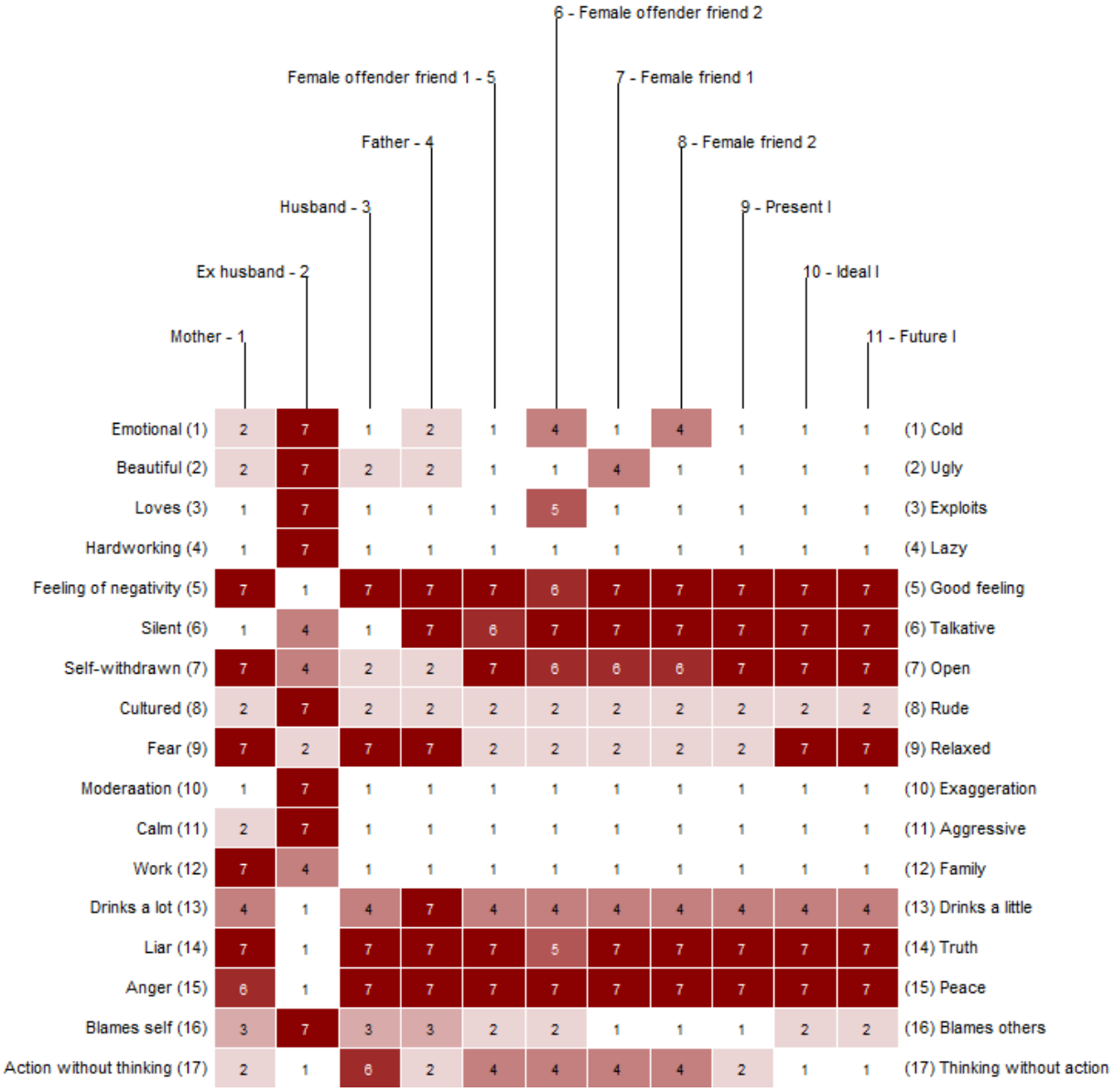
EXT 11


6 - Niece
Brother - 5
7 - Ex partner
Stepfather - 4
8 - Sister
Friend and ex partner - 3
9 - Present I
Daughter - 2
10 - Ideal I
Mother - 1
11 - Future I
Tolerant (1) 2 2 6 1 1 1 6 5 6 2 2 (1) Short-tempered
Living according to others (2) 1 3 7 1 6 1 7 7 1 7 7 (2) Living on my terms
Pleasing others (3) 2 7 7 2 6 7 7 7 7 7 7 (3) Pleasing self
Loyal (4) 2 2 6 3 3 1 7 6 5 2 2 (4) Betrayer
Good boy (5) 1 1 7 2 1 1 7 5 6 2 2 (5) Dangerous
Changeable (6) 7 2 3 7 7 7 1 3 2 6 6 (6) Reliable
Selfish (7) 7 6 3 7 7 7 5 2 2 6 5 (7) Too good
Closed (8) 3 3 7 5 5 7 3 2 2 4 4 (8) Shows love
Think and then do (9) 1 3 1 1 3 7 1 2 5 5 5 (9) Impulsive
Cunning (10) 7 5 3 5 6 7 6 5 3 6 6 (10) Noble
Anger (11) 6 5 2 6 6 7 3 3 1 5 5 (11) Peace
Blames self (12) 1 2 7 5 2 4 7 6 1 4 4 (12) Blames others
Action without thinking (13) 4 4 1 4 4 4 1 2 1 4 4 (13) Thinking without action

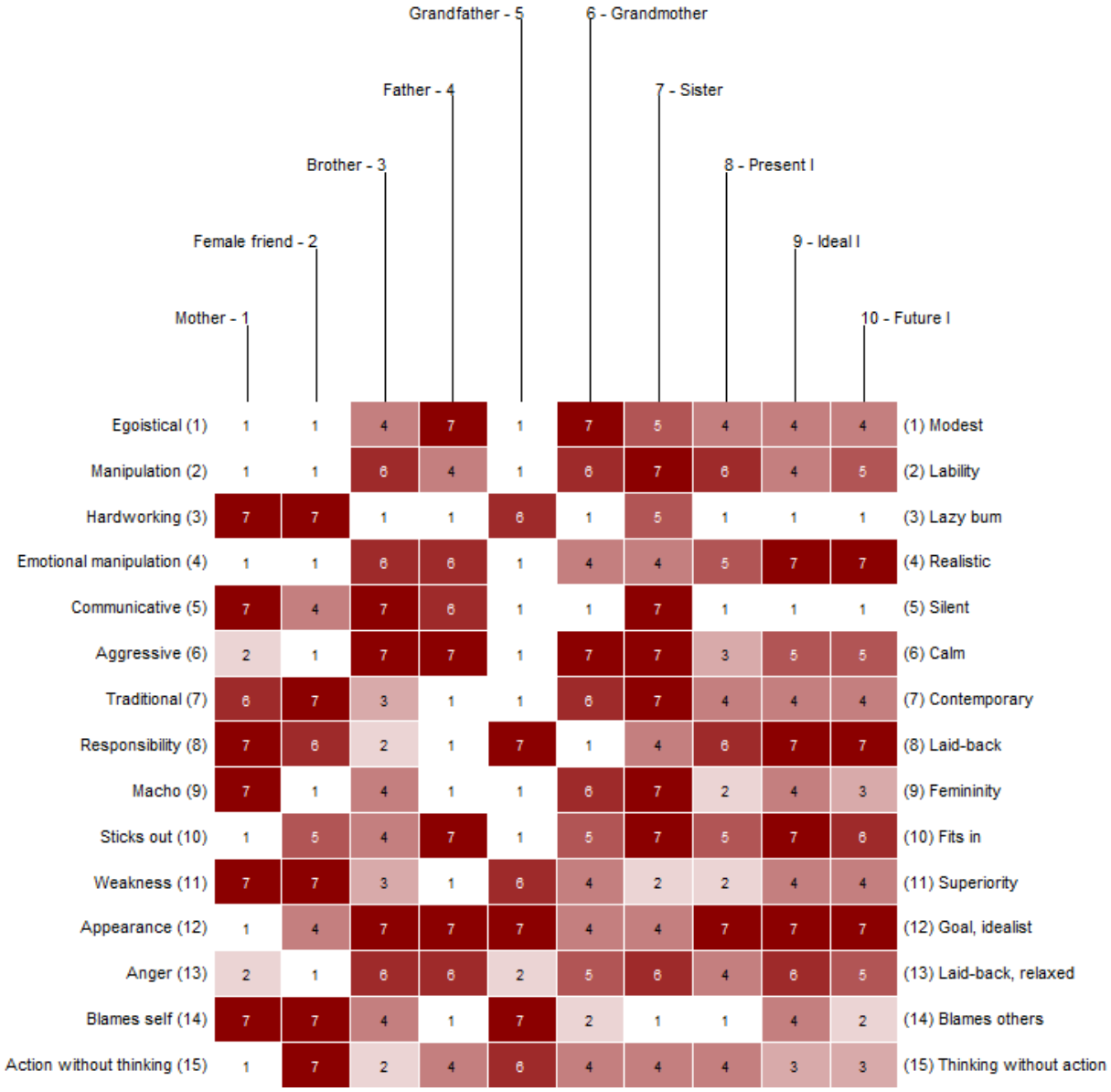
EXT 12


6 - Daughter
Ex husband 1 - 5
7 - Sister
Father - 4
8 - Ex husband 2
Son - 3
9 - Present I
Husband - 2
10 - Ideal I
Mother - 1
11 - Future I
Family first (1) 7 2 1 1 7 4 6 5 1 1 1 (1) Egoistic
Strong character (2) 7 1 4 1 6 2 6 7 1 1 1 (2) Changeable
Solves problems (3) 7 2 4 1 6 2 6 7 1 1 1 (3) As the wind blows
Respects (4) 7 1 1 1 4 2 5 6 1 1 1 (4) Belittling
Fearful (5) 1 7 1 7 4 7 1 1 7 7 7 (5) Has balls
Devoted (6) 7 1 1 1 4 1 5 4 1 1 1 (6) Selfish
Soft (7) 1 3 1 7 4 6 2 2 6 7 7 (7) Hard
Independent (8) 7 4 7 1 4 5 7 4 1 1 1 (8) Dependent
Anger (9) 1 7 7 7 1 7 1 1 4 7 7 (9) Joy
Blames self (10) 7 4 1 4 7 7 7 4 1 4 4 (10) Blames others
Action without thinking (11) 7 4 7 4 1 1 7 7 4 4 4 (11) Thinking without action

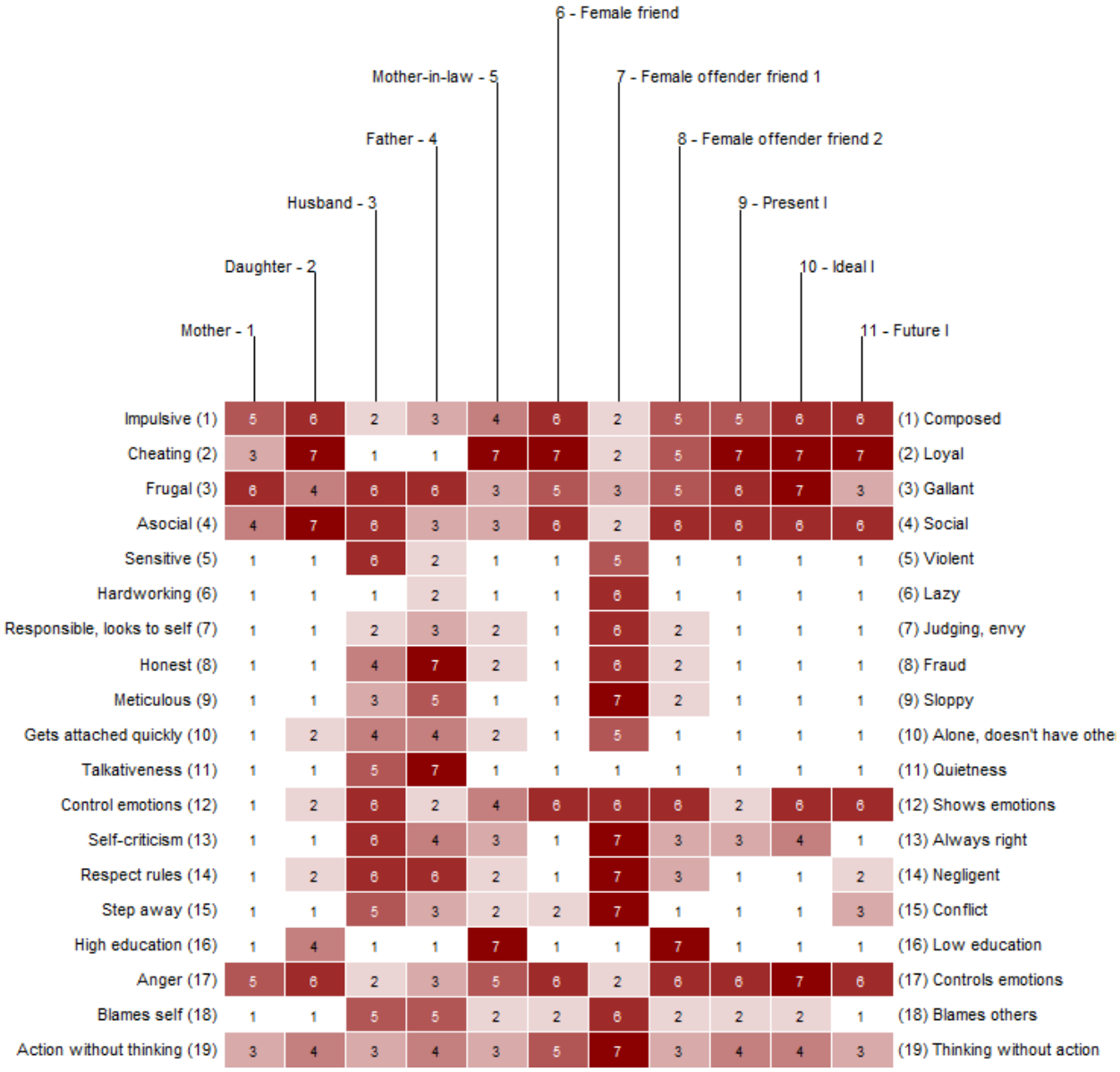
EXT 13


6 - Female offender friend 2
Female offender friend 1 - 5
7 - Female friend 1
Father - 4
8 - Female friend 2
Husband - 3
9 - Present I
Ex husband - 2
10 - Ideal I
Mother - 1
11 - Future I
Emotional (1) 2 7 1 2 1 4 1 4 1 1 1 (1) Cold
Beautiful (2) 2 7 2 2 1 1 4 1 1 1 1 (2) Ugly
Loves (3) 1 7 1 1 1 5 1 1 1 1 1 (3) Exploits
Hardworking (4) 1 7 1 1 1 1 1 1 1 1 1 (4) Lazy
Feeling of negativity (5) 7 1 7 7 7 6 7 7 7 7 7 (5) Good feeling
Silent (6) 1 4 1 7 6 7 7 7 7 7 7 (6) Talkative
Self-withdrawn (7) 7 4 2 2 7 6 6 6 7 7 7 (7) Open
Cultured (8) 2 7 2 2 2 2 2 2 2 2 2 (8) Rude
Fear (9) 7 2 7 7 2 2 2 2 2 7 7 (9) Relaxed
Moderaation (10) 1 7 1 1 1 1 1 1 1 1 1 (10) Exaggeration
Calm (11) 2 7 1 1 1 1 1 1 1 1 1 (11) Aggressive
Work (12) 7 4 1 1 1 1 1 1 1 1 1 (12) Family
Drinks a lot (13) 4 1 4 7 4 4 4 4 4 4 4 (13) Drinks a little
Liar (14) 7 1 7 7 7 5 7 7 7 7 7 (14) Truth
Anger (15) 6 1 7 7 7 7 7 7 7 7 7 (15) Peace
Blames self (16) 3 7 3 3 2 2 1 1 1 2 2 (16) Blames others
Action without thinking (17) 2 1 6 2 4 4 4 4 2 1 1 (17) Thinking without action

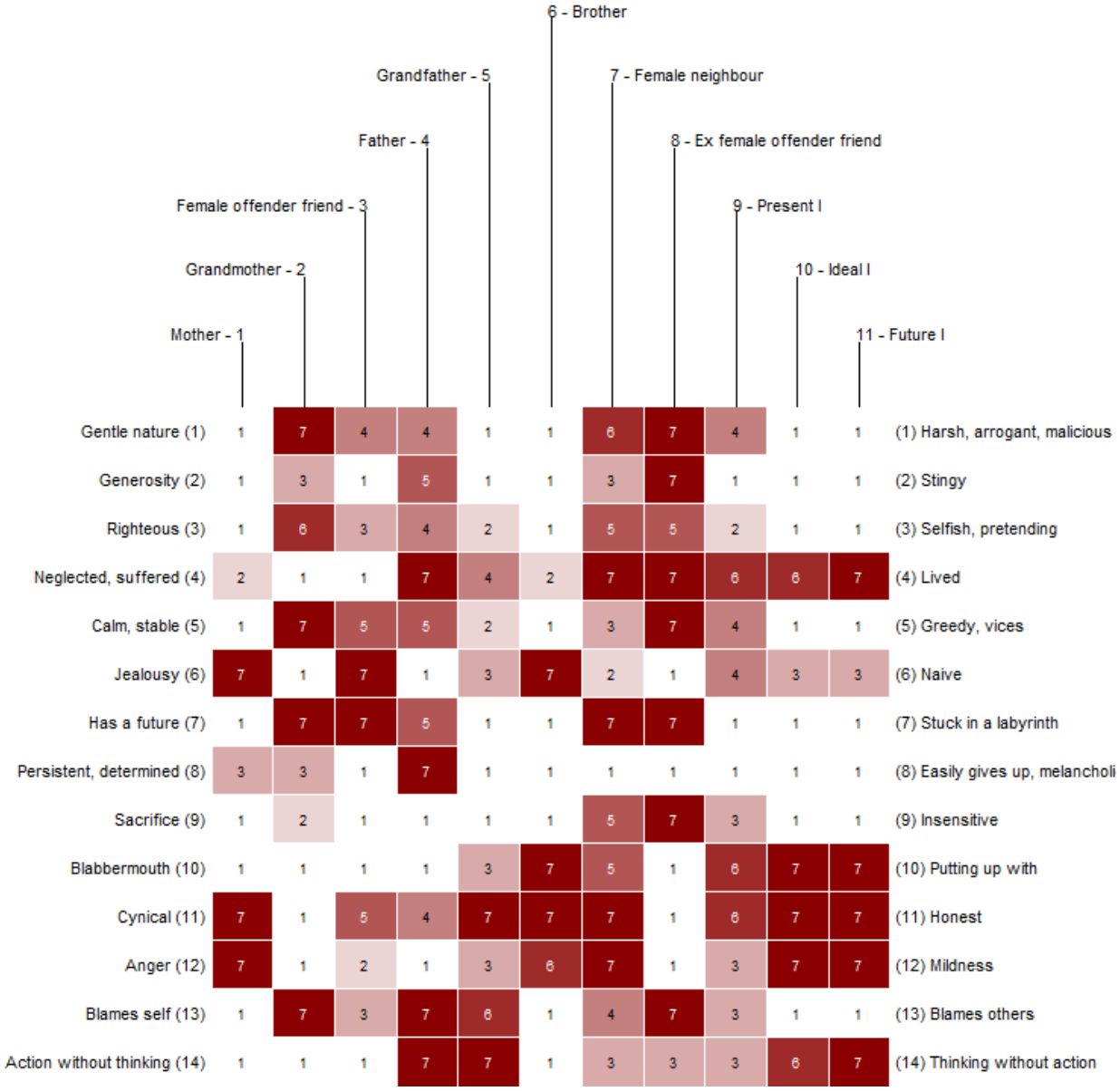
EXT 14


Grandfather - 5
6 - Grandmother
Father - 4
7 - Sister
Brother - 3
8 - Present I
Female friend - 2
9 - Ideal I
Mother - 1
10 - Future I
Egoistical (1) 1 1 4 7 1 7 5 4 4 4 (1) Modest
Manipulation (2) 1 1 6 4 1 6 7 6 4 5 (2) Lability
Hardworking (3) 7 7 1 1 6 1 5 1 1 1 (3) Lazy bum
Emotional manipulation (4) 1 1 6 6 1 4 4 5 7 7 (4) Realistic
Communicative (5) 7 4 7 6 1 1 7 1 1 1 (5) Silent
Aggressive (6) 2 1 7 7 1 7 7 3 5 5 (6) Calm
Traditional (7) 6 7 3 1 1 6 7 4 4 4 (7) Contemporary
Responsibility (8) 7 6 2 1 7 1 4 6 7 7 (8) Laid-back
Macho (9) 7 1 4 1 1 6 7 2 4 3 (9) Femininity
Sticks out (10) 1 5 4 7 1 5 7 5 7 6 (10) Fits in
Weakness (11) 7 7 3 1 6 4 2 2 4 4 (11) Superiority
Appearance (12) 1 4 7 7 7 4 4 7 7 7 (12) Goal, idealist
Anger (13) 2 1 6 6 2 5 6 4 6 5 (13) Laid-back, relaxed
Blames self (14) 7 7 4 1 7 2 1 1 4 2 (14) Blames others
Action without thinking (15) 1 7 2 4 6 4 4 4 3 3 (15) Thinking without action

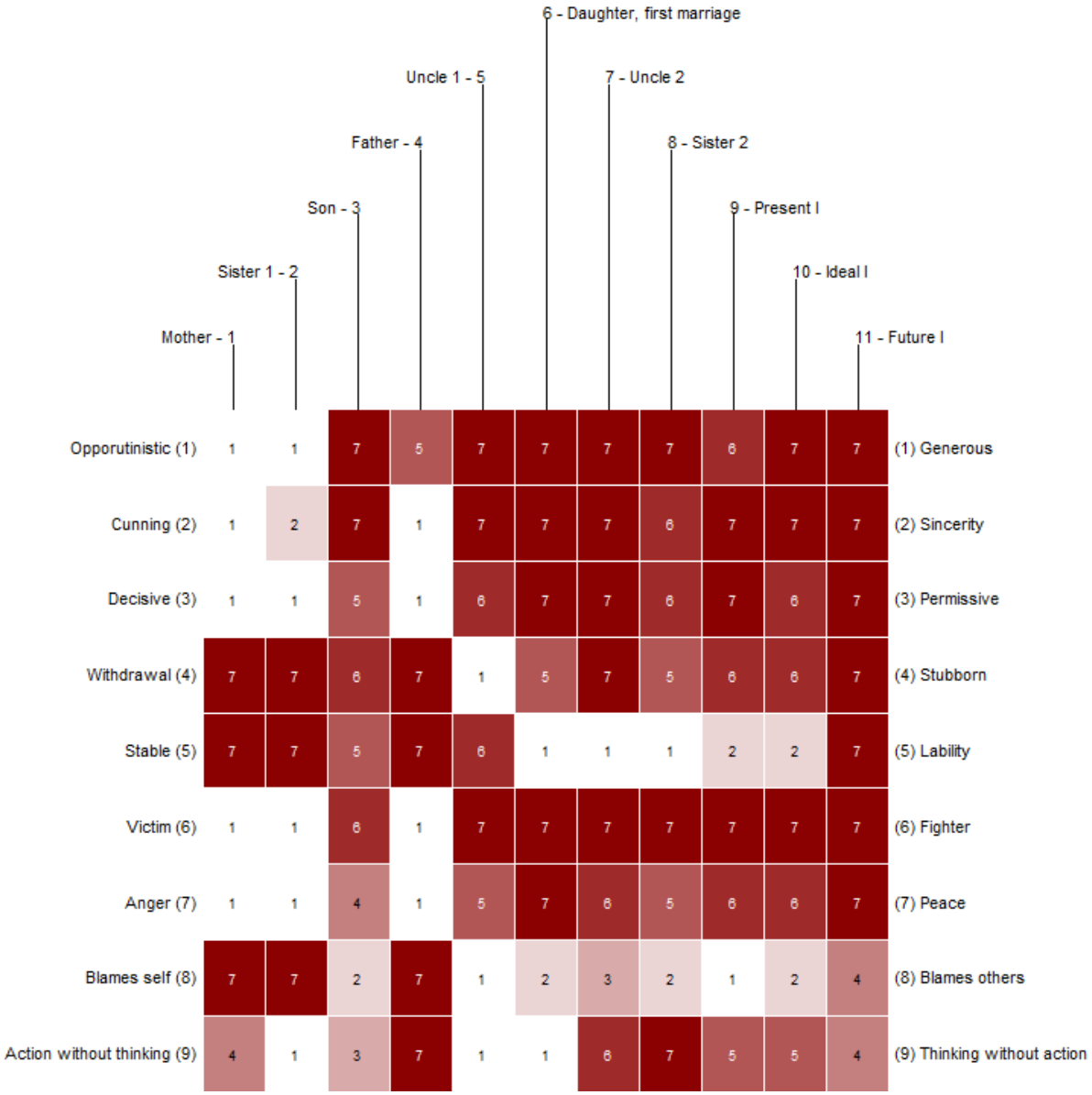
EXT 15


6 - Female friend
Mother-in-law - 5
7 - Female offender friend 1
Father - 4
8 - Female offender friend 2
Husband - 3
9 - Present I
Daughter - 2
10 - Ideal I
Mother - 1
11 - Future I
Impulsive (1) 5 6 2 3 4 6 2 5 5 6 6 (1) Composed
Cheating (2) 3 7 1 1 7 7 2 5 7 7 7 (2) Loyal
Frugal (3) 6 4 6 6 3 5 3 5 6 7 3 (3) Gallant
Asocial (4) 4 7 6 3 3 6 2 6 6 6 6 (4) Social
Sensitive (5) 1 1 6 2 1 1 5 1 1 1 1 (5) Violent
Hardworking (6) 1 1 1 2 1 1 6 1 1 1 1 (6) Lazy
Responsible, looks to self (7) 1 1 2 3 2 1 6 2 1 1 1 (7) Judging, envy
Honest (8) 1 1 4 7 2 1 6 2 1 1 1 (8) Fraud
Meticulous (9) 1 1 3 5 1 1 7 2 1 1 1 (9) Sloppy
Gets attached quickly (10) 1 2 4 4 2 1 5 1 1 1 1 (10) Alone, doesn't have othe
Talkativeness (11) 1 1 5 7 1 1 1 1 1 1 1 (11) Quietness
Control emotions (12) 1 2 6 2 4 6 6 6 2 6 6 (12) Shows emotions
Self-criticism (13) 1 1 6 4 3 1 7 3 3 4 1 (13) Always right
Respect rules (14) 1 2 6 6 2 1 7 3 1 1 2 (14) Negligent
Step away (15) 1 1 5 3 2 2 7 1 1 1 3 (15) Conflict
High education (16) 1 4 1 1 7 1 1 7 1 1 1 (16) Low education
Anger (17) 5 6 2 3 5 6 2 6 6 7 6 (17) Controls emotions
Blames self (18) 1 1 5 5 2 2 6 2 2 2 1 (18) Blames others
Action without thinking (19) 3 4 3 4 3 5 7 3 4 4 3 (19) Thinking without action

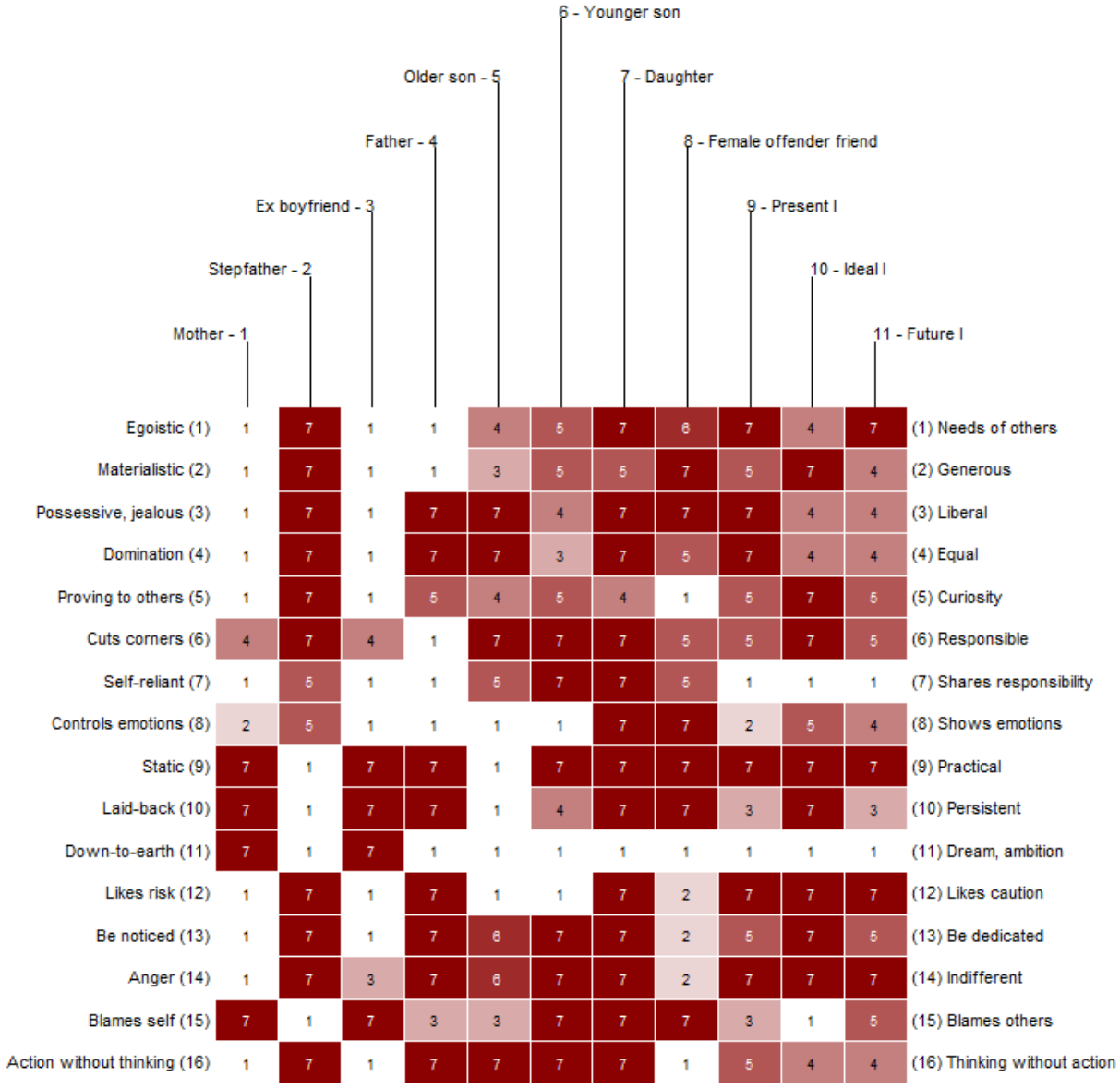
EXT 16


6 - Brother
Grandfather - 5
7 - Female neighbour
Father - 4
8 - Ex female offender friend
Female offender friend - 3
9 - Present I
Grandmother - 2
10 - Ideal I
Mother - 1
11 - Future I
Gentle nature (1) 1 7 4 4 1 1 6 7 4 1 1 (1) Harsh, arrogant, malicious
Generosity (2) 1 3 1 5 1 1 3 7 1 1 1 (2) Stingy
Righteous (3) 1 6 3 4 2 1 5 5 2 1 1 (3) Selfish, pretending
Neglected, suffered (4) 2 1 1 7 4 2 7 7 6 6 7 (4) Lived
Calm, stable (5) 1 7 5 5 2 1 3 7 4 1 1 (5) Greedy, vices
Jealousy (6) 7 1 7 1 3 7 2 1 4 3 3 (6) Naive
Has a future (7) 1 7 7 5 1 1 7 7 1 1 1 (7) Stuck in a labyrinth
Persistent, determined (8) 3 3 1 7 1 1 1 1 1 1 1 (8) Easily gives up, melancholi
Sacrifice (9) 1 2 1 1 1 1 5 7 3 1 1 (9) Insensitive
Blabbermouth (10) 1 1 1 1 3 7 5 1 6 7 7 (10) Putting up with
Cynical (11) 7 1 5 4 7 7 7 1 6 7 7 (11) Honest
Anger (12) 7 1 2 1 3 6 7 1 3 7 7 (12) Mildness
Blames self (13) 1 7 3 7 6 1 4 7 3 1 1 (13) Blames others
Action without thinking (14) 1 1 1 7 7 1 3 3 3 6 7 (14) Thinking without action

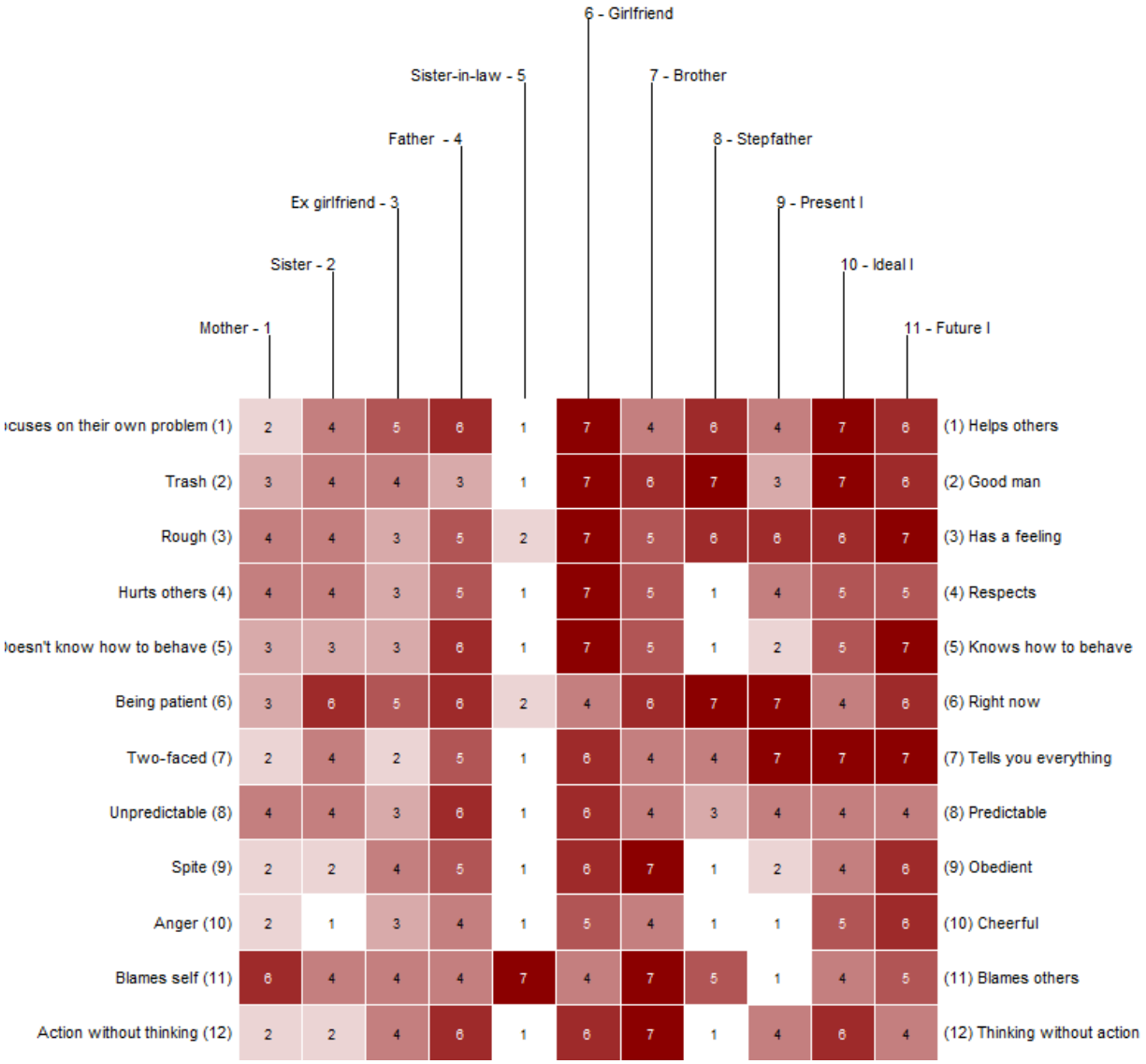
EXT 17


6 - Daughter, first marriage
Uncle 1 - 5
7 - Uncle 2
Father - 4
8 - Sister 2
Son - 3
9 - Present I
Sister 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Opporutinistic (1) 1 1 7 5 7 7 7 7 6 7 7 (1) Generous
Cunning (2) 1 2 7 1 7 7 7 6 7 7 7 (2) Sincerity
Decisive (3) 1 1 5 1 6 7 7 6 7 6 7 (3) Permissive
Withdrawal (4) 7 7 6 7 1 5 7 5 6 6 7 (4) Stubborn
Stable (5) 7 7 5 7 6 1 1 1 2 2 7 (5) Lability
Victim (6) 1 1 6 1 7 7 7 7 7 7 7 (6) Fighter
Anger (7) 1 1 4 1 5 7 6 5 6 6 7 (7) Peace
Blames self (8) 7 7 2 7 1 2 3 2 1 2 4 (8) Blames others
Action without thinking (9) 4 1 3 7 1 1 6 7 5 5 4 (9) Thinking without action

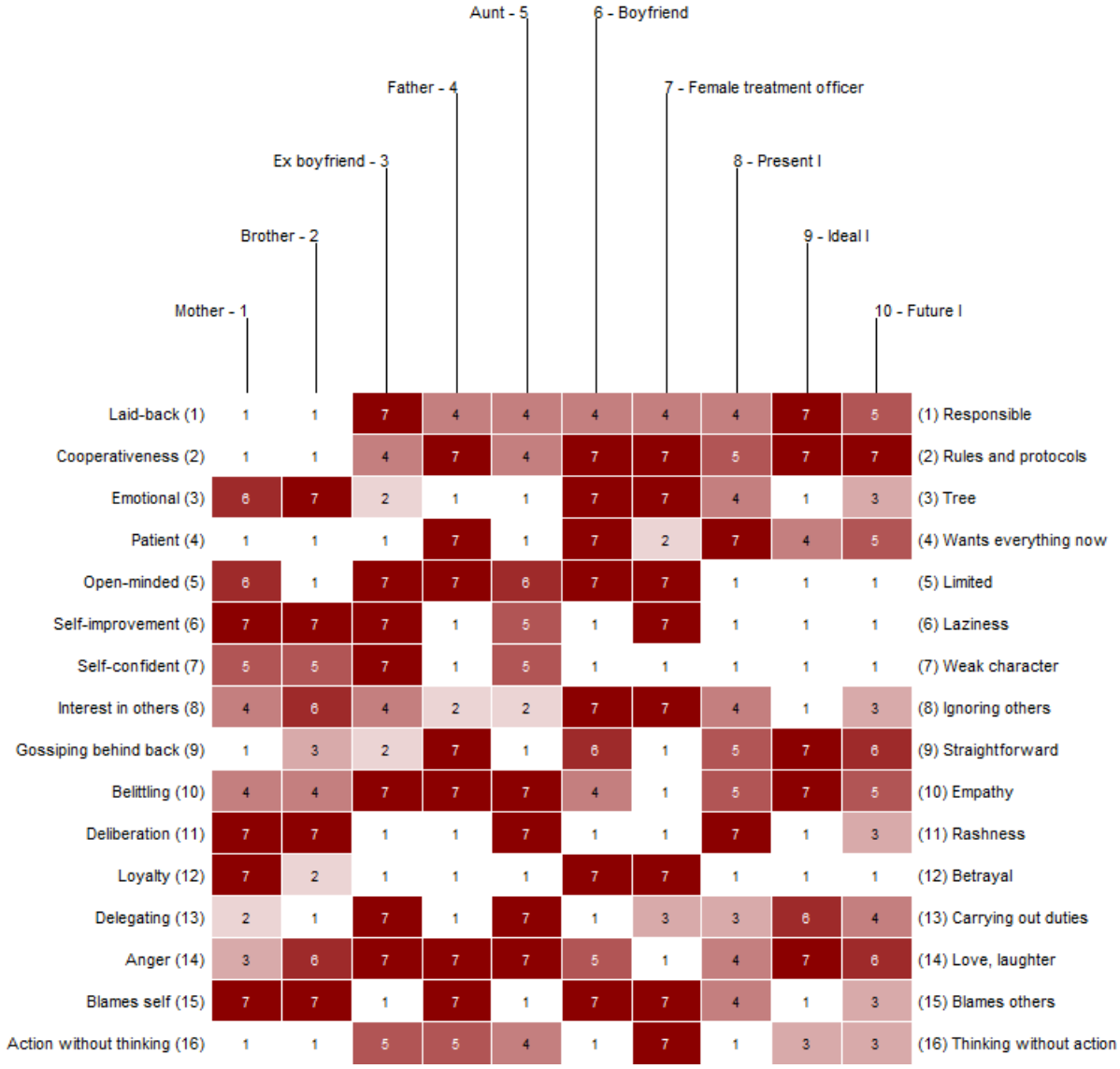
EXT 18


6 - Younger son
Older son - 5
7 - Daughter
Father - 4
8 - Female offender friend
Ex boyfriend - 3
9 - Present I
Stepfather - 2
10 - Ideal I
Mother - 1
11 - Future I
Egoistic (1) 1 7 1 1 4 5 7 6 7 4 7 (1) Needs of others
Materialistic (2) 1 7 1 1 3 5 5 7 5 7 4 (2) Generous
Possessive, jealous (3) 1 7 1 7 7 4 7 7 7 4 4 (3) Liberal
Domination (4) 1 7 1 7 7 3 7 5 7 4 4 (4) Equal
Proving to others (5) 1 7 1 5 4 5 4 1 5 7 5 (5) Curiosity
Cuts corners (6) 4 7 4 1 7 7 7 5 5 7 5 (6) Responsible
Self-reliant (7) 1 5 1 1 5 7 7 5 1 1 1 (7) Shares responsibility
Controls emotions (8) 2 5 1 1 1 1 7 7 2 5 4 (8) Shows emotions
Static (9) 7 1 7 7 1 7 7 7 7 7 7 (9) Practical
Laid-back (10) 7 1 7 7 1 4 7 7 3 7 3 (10) Persistent
Down-to-earth (11) 7 1 7 1 1 1 1 1 1 1 1 (11) Dream, ambition
Likes risk (12) 1 7 1 7 1 1 7 2 7 7 7 (12) Likes caution
Be noticed (13) 1 7 1 7 6 7 7 2 5 7 5 (13) Be dedicated
Anger (14) 1 7 3 7 6 7 7 2 7 7 7 (14) Indifferent
Blames self (15) 7 1 7 3 3 7 7 7 3 1 5 (15) Blames others
Action without thinking (16) 1 7 1 7 7 7 7 1 5 4 4 (16) Thinking without action

EXT 19

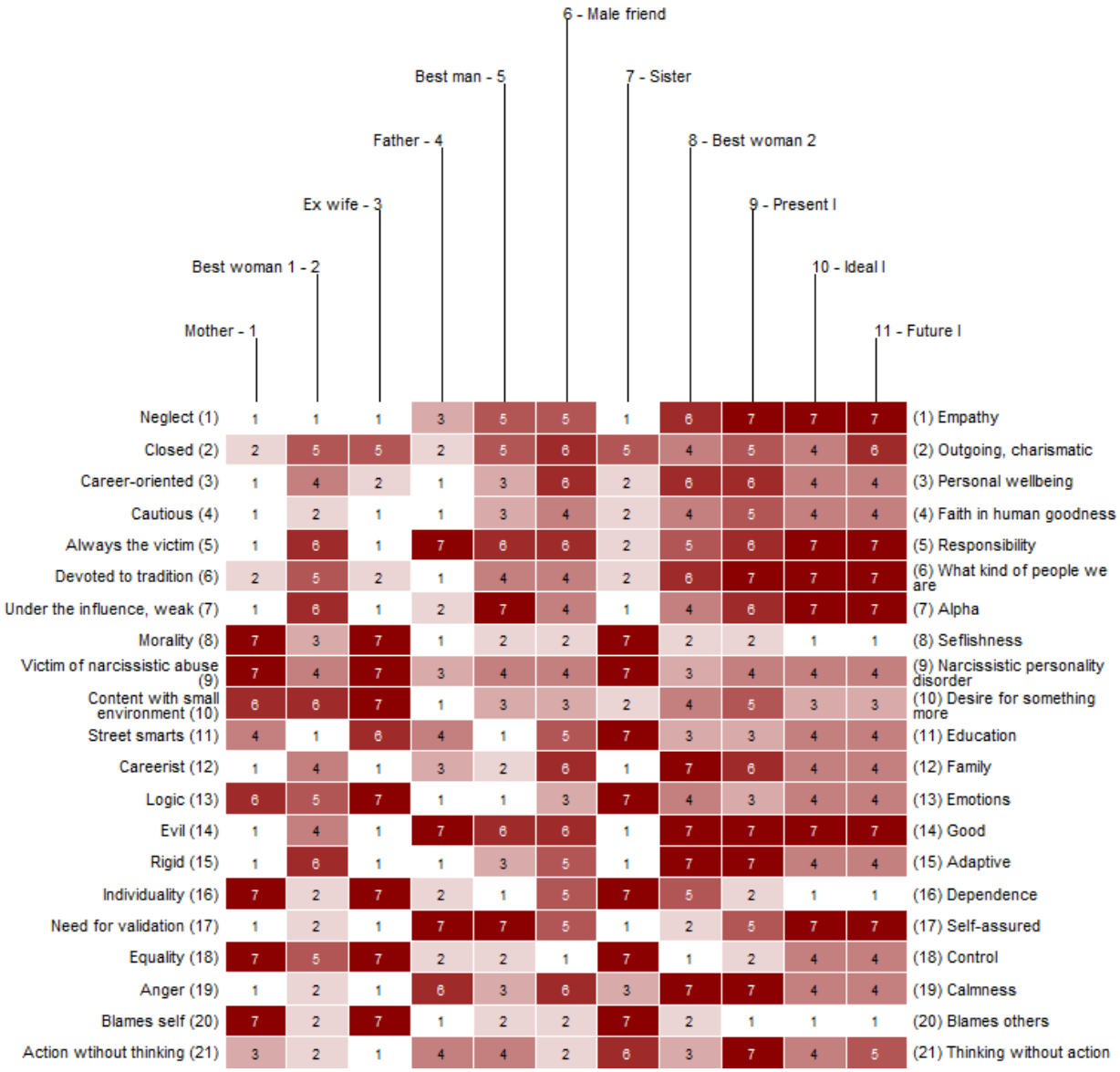

6 - Girlfriend
Sister-in-law - 5
7 - Brother
Father - 4
8 - Stepfather
Ex girlfriend - 3
9 - Present I
Sister - 2
10 - Ideal I
Mother - 1
11 - Future I
ıcuses on their own problem (1) 2 4 5 6 1 7 4 6 4 7 6 (1) Helps others
Trash (2) 3 4 4 3 1 7 6 7 3 7 6 (2) Good man
Rough (3) 4 4 3 5 2 7 5 6 6 6 7 (3) Has a feeling
Hurts others (4) 4 4 3 5 1 7 5 1 4 5 5 (4) Respects
loesn't know how to behave (5) 3 3 3 6 1 7 5 1 2 5 7 (5) Knows how to behave
Being patient (6) 3 6 5 6 2 4 6 7 7 4 6 (6) Right now
Two-faced (7) 2 4 2 5 1 6 4 4 7 7 7 (7) Tells you everything
Unpredictable (8) 4 4 3 6 1 6 4 3 4 4 4 (8) Predictable
Spite (9) 2 2 4 5 1 6 7 1 2 4 6 (9) Obedient
Anger (10) 2 1 3 4 1 5 4 1 1 5 6 (10) Cheerful
Blames self (11) 6 4 4 4 7 4 7 5 1 4 5 (11) Blames others
Action without thinking (12) 2 2 4 6 1 6 7 1 4 6 4 (12) Thinking without action

EXT 20

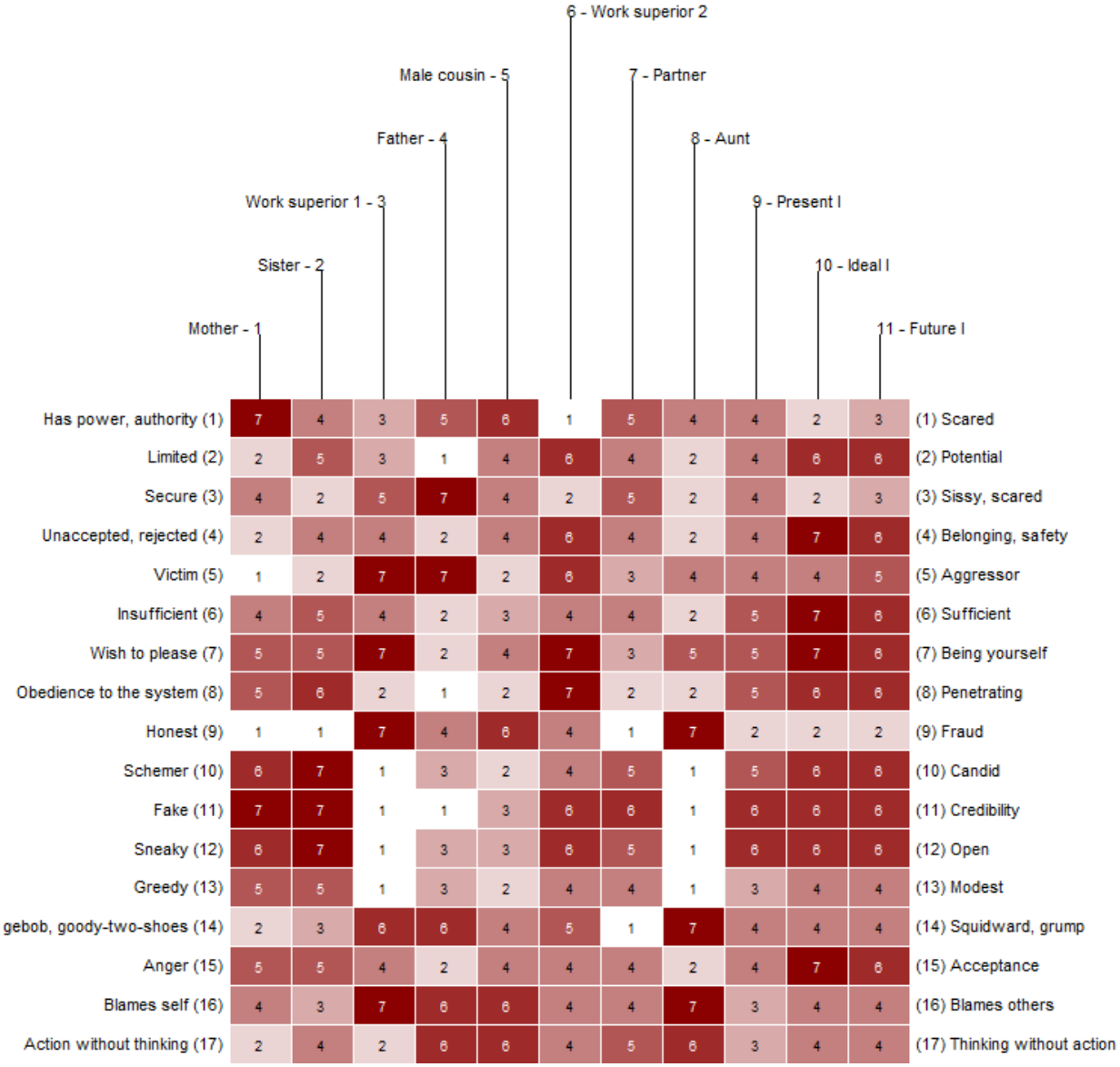

Mother - 1
Brother - 2
Ex boyfriend - 3
Father - 4
Aunt - 5
6 - Boyfriend
7 - Female treatment officer
8 - Present I
9 - Ideal I
10 - Future I
Laid-back (1) 1 1 7 4 4 4 4 4 7 5 (1) Responsible
Cooperativeness (2) 1 1 4 7 4 7 7 5 7 7 (2) Rules and protocols
Emotional (3) 6 7 2 1 1 7 7 4 1 3 (3) Tree
Patient (4) 1 1 1 7 1 7 2 7 4 5 (4) Wants everything now
Open-minded (5) 6 1 7 7 6 7 7 1 1 1 (5) Limited
Self-improvement (6) 7 7 7 1 5 1 7 1 1 1 (6) Laziness
Self-confident (7) 5 5 7 1 5 1 1 1 1 1 (7) Weak character
Interest in others (8) 4 6 4 2 2 7 7 4 1 3 (8) Ignoring others
Gossiping behind back (9) 1 3 2 7 1 6 1 5 7 6 (9) Straightforward
Belittling (10) 4 4 7 7 7 4 1 5 7 5 (10) Empathy
Deliberation (11) 7 7 1 1 7 1 1 7 1 3 (11) Rashness
Loyalty (12) 7 2 1 1 1 7 7 1 1 1 (12) Betrayal
Delegating (13) 2 1 7 1 7 1 3 3 6 4 (13) Carrying out duties
Anger (14) 3 6 7 7 7 5 1 4 7 6 (14) Love, laughter
Blames self (15) 7 7 1 7 1 7 7 4 1 3 (15) Blames others
Action without thinking (16) 1 1 5 5 4 1 7 1 3 3 (16) Thinking without action

3. Control Group

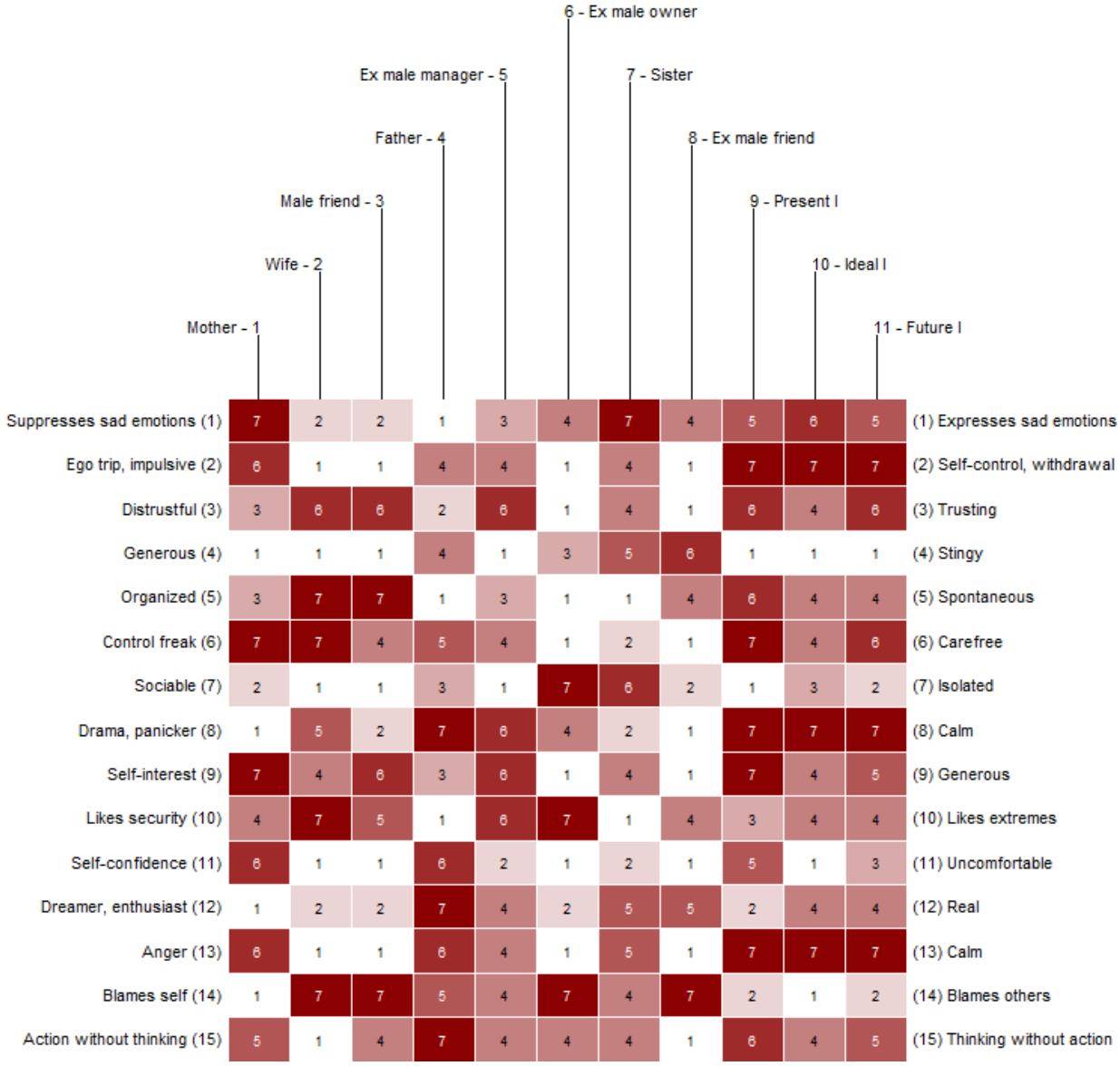
CTRL 1



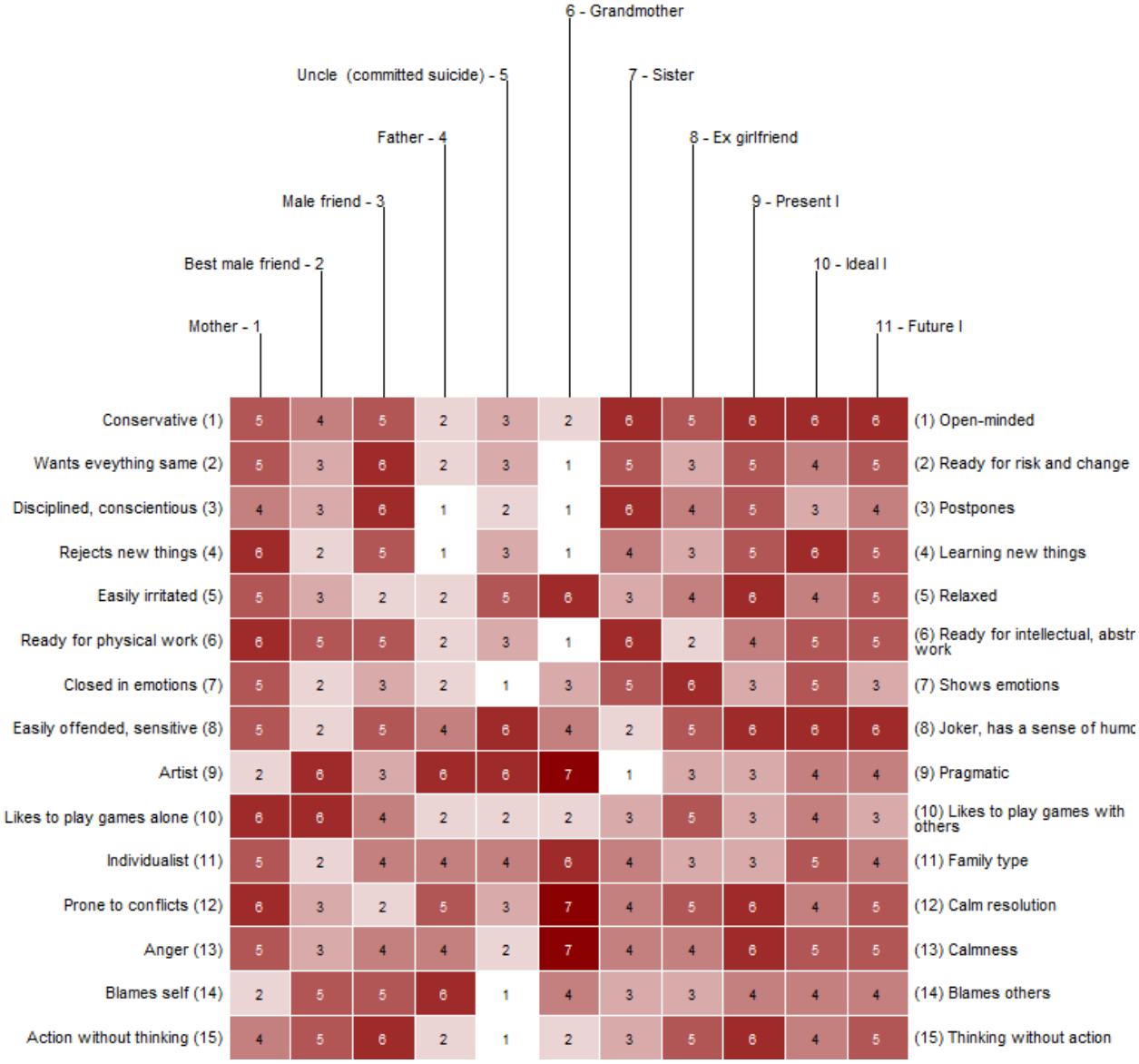
CTRL 2


6 - Work superior 2
Male cousin - 5
7 - Partner
Father - 4
8 - Aunt
Work superior 1 - 3
9 - Present I
Sister - 2
10 - Ideal I
Mother - 1
11 - Future I
Has power, authority (1) 7 4 3 5 6 1 5 4 4 2 3 (1) Scared
Limited (2) 2 5 3 1 4 6 4 2 4 6 6 (2) Potential
Secure (3) 4 2 5 7 4 2 5 2 4 2 3 (3) Sissy, scared
Unaccepted, rejected (4) 2 4 4 2 4 6 4 2 4 7 6 (4) Belonging, safety
Victim (5) 1 2 7 7 2 6 3 4 4 4 5 (5) Aggressor
Insufficient (6) 4 5 4 2 3 4 4 2 5 7 6 (6) Sufficient
Wish to please (7) 5 5 7 2 4 7 3 5 5 7 6 (7) Being yourself
Obedience to the system (8) 5 6 2 1 2 7 2 2 5 6 6 (8) Penetrating
Honest (9) 1 1 7 4 6 4 1 7 2 2 2 (9) Fraud
Schemer (10) 6 7 1 3 2 4 5 1 5 6 6 (10) Candid
Fake (11) 7 7 1 1 3 6 6 1 6 6 6 (11) Credibility
Sneaky (12) 6 7 1 3 3 6 5 1 6 6 6 (12) Open
Greedy (13) 5 5 1 3 2 4 4 1 3 4 4 (13) Modest
gebob, goody-two-shoes (14) 2 3 6 6 4 5 1 7 4 4 4 (14) Squidward, grump
Anger (15) 5 5 4 2 4 4 4 2 4 7 6 (15) Acceptance
Blames self (16) 4 3 7 6 6 4 4 7 3 4 4 (16) Blames others
Action without thinking (17) 2 4 2 6 6 4 5 6 3 4 4 (17) Thinking without action

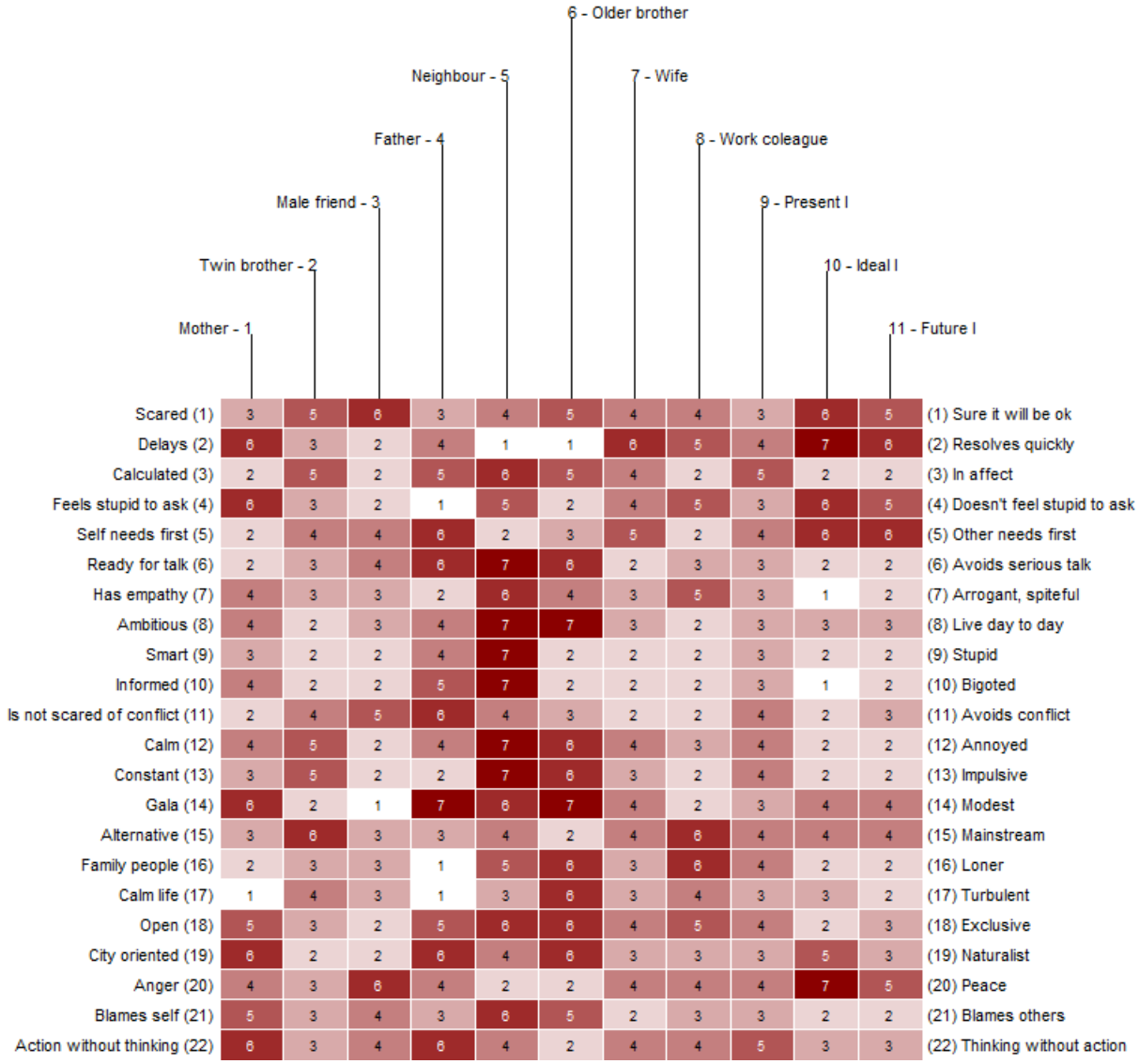
CTRL 3


6 - Ex male owner
Ex male manager - 5
7 - Sister
Father - 4
8 - Ex male friend
Male friend - 3
9 - Present I
Wife - 2
10 - Ideal I
Mother - 1
11 - Future I
Suppresses sad emotions (1) 7 2 2 1 3 4 7 4 5 6 5 (1) Expresses sad emotions
Ego trip, impulsive (2) 6 1 1 4 4 1 4 1 7 7 7 (2) Self-control, withdrawal
Distrustful (3) 3 6 6 2 6 1 4 1 6 4 6 (3) Trusting
Generous (4) 1 1 1 4 1 3 5 6 1 1 1 (4) Stingy
Organized (5) 3 7 7 1 3 1 1 4 6 4 4 (5) Spontaneous
Control freak (6) 7 7 4 5 4 1 2 1 7 4 6 (6) Carefree
Sociable (7) 2 1 1 3 1 7 6 2 1 3 2 (7) Isolated
Drama, panicker (8) 1 5 2 7 6 4 2 1 7 7 7 (8) Calm
Self-interest (9) 7 4 6 3 6 1 4 1 7 4 5 (9) Generous
Likes security (10) 4 7 5 1 6 7 1 4 3 4 4 (10) Likes extremes
Self-confidence (11) 6 1 1 6 2 1 2 1 5 1 3 (11) Uncomfortable
Dreamer, enthusiast (12) 1 2 2 7 4 2 5 5 2 4 4 (12) Real
Anger (13) 6 1 1 6 4 1 5 1 7 7 7 (13) Calm
Blames self (14) 1 7 7 5 4 7 4 7 2 1 2 (14) Blames others
Action without thinking (15) 5 1 4 7 4 4 4 1 6 4 5 (15) Thinking without action

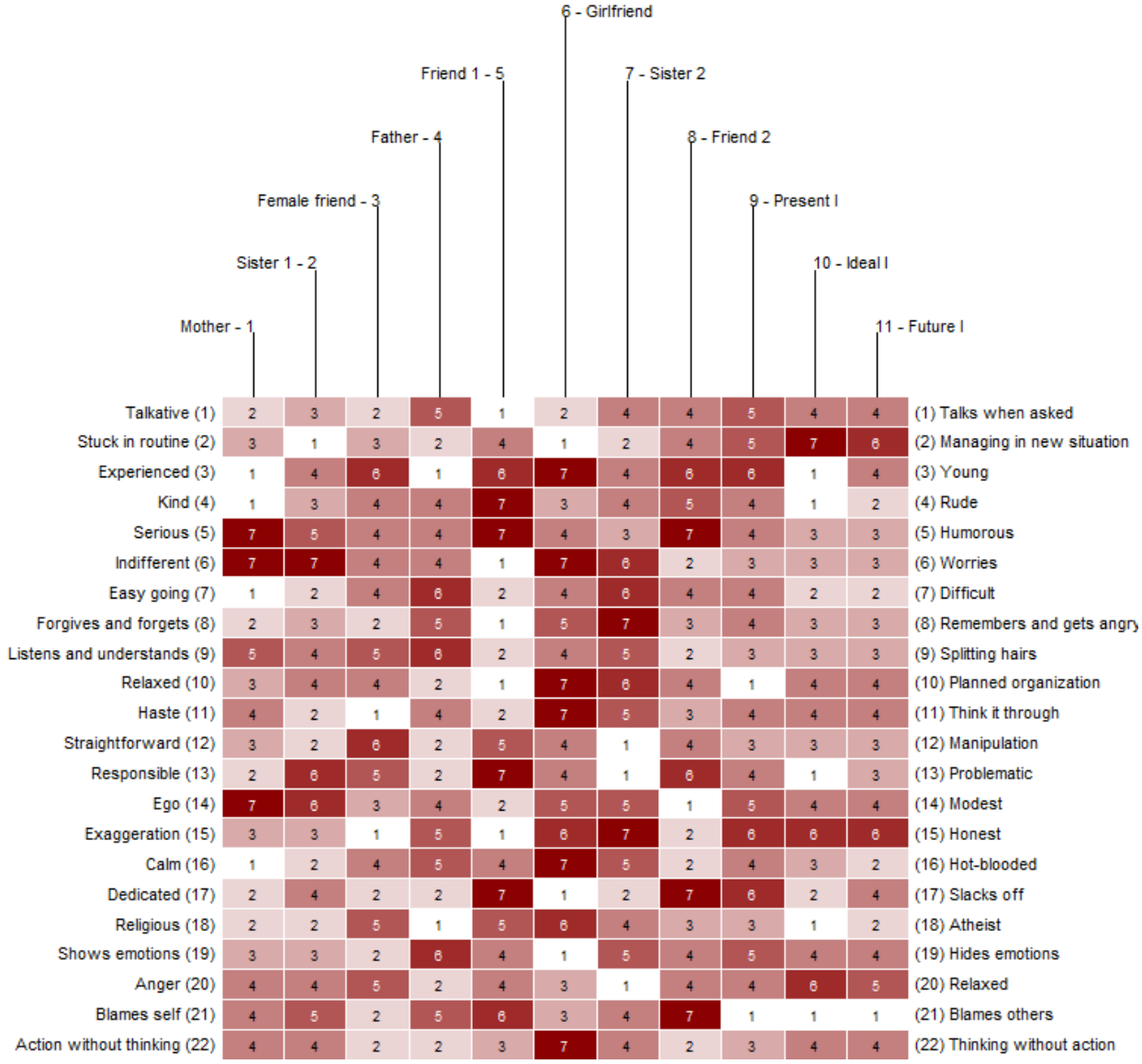
CTRL 4


6 - Grandmother
Uncle (committed suicide) - 5
7 - Sister
Father - 4
8 - Ex girlfriend
Male friend - 3
9 - Present I
Best male friend - 2
10 - Ideal I
Mother - 1
11 - Future I
Conservative (1) 5 4 5 2 3 2 6 5 6 6 6 (1) Open-minded
Wants eveything same (2) 5 3 6 2 3 1 5 3 5 4 5 (2) Ready for risk and change
Disciplined, conscientious (3) 4 3 6 1 2 1 6 4 5 3 4 (3) Postpones
Rejects new things (4) 6 2 5 1 3 1 4 3 5 6 5 (4) Learning new things
Easily irritated (5) 5 3 2 2 5 6 3 4 6 4 5 (5) Relaxed
Ready for physical work (6) 6 5 5 2 3 1 6 2 4 5 5 (6) Ready for intellectual, abstr work
Closed in emotions (7) 5 2 3 2 1 3 5 6 3 5 3 (7) Shows emotions
Easily offended, sensitive (8) 5 2 5 4 6 4 2 5 6 6 6 (8) Joker, has a sense of humc
Artist (9) 2 6 3 6 6 7 1 3 3 4 4 (9) Pragmatic
Likes to play games alone (10) 6 6 4 2 2 2 3 5 3 4 3 (10) Likes to play games with others
Individualist (11) 5 2 4 4 4 6 4 3 3 5 4 (11) Family type
Prone to conflicts (12) 6 3 2 5 3 7 4 5 6 4 5 (12) Calm resolution
Anger (13) 5 3 4 4 2 7 4 4 6 5 5 (13) Calmness
Blames self (14) 2 5 5 6 1 4 3 3 4 4 4 (14) Blames others
Action without thinking (15) 4 5 6 2 1 2 3 5 6 4 5 (15) Thinking without action

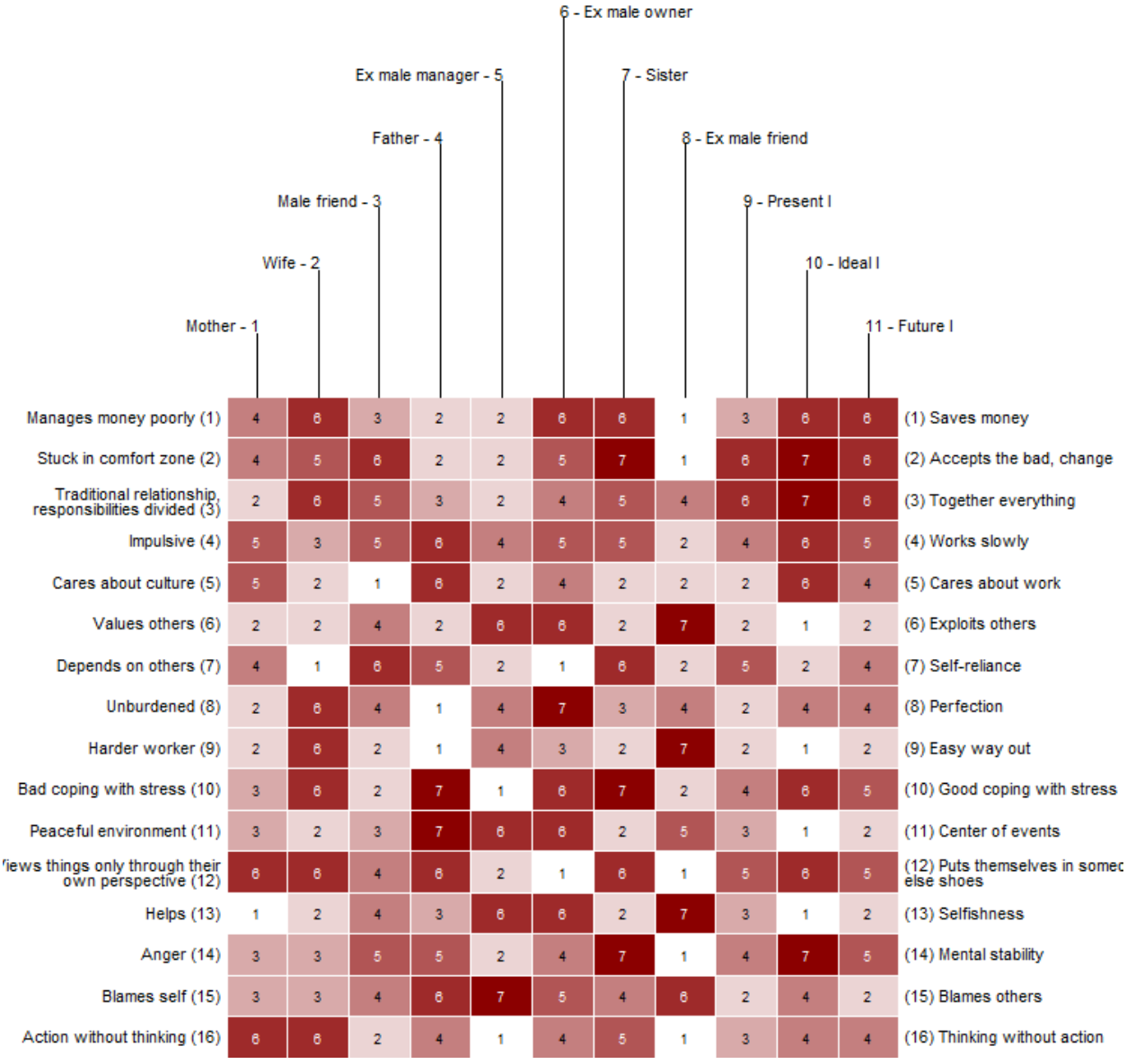
CTRL 5


6 - Older brother
Neighbour - 5
7 - Wife
Father - 4
8 - Work coleague
Male friend - 3
9 - Present I
Twin brother - 2
10 - Ideal I
Mother - 1
11 - Future I
Scared (1) 3 5 6 3 4 5 4 4 3 6 5 (1) Sure it will be ok
Delays (2) 6 3 2 4 1 1 6 5 4 7 6 (2) Resolves quickly
Calculated (3) 2 5 2 5 6 5 4 2 5 2 2 (3) In affect
Feels stupid to ask (4) 6 3 2 1 5 2 4 5 3 6 5 (4) Doesn't feel stupid to ask
Self needs first (5) 2 4 4 6 2 3 5 2 4 6 6 (5) Other needs first
Ready for talk (6) 2 3 4 6 7 6 2 3 3 2 2 (6) Avoids serious talk
Has empathy (7) 4 3 3 2 6 4 3 5 3 1 2 (7) Arrogant, spiteful
Ambitious (8) 4 2 3 4 7 7 3 2 3 3 3 (8) Live day to day
Smart (9) 3 2 2 4 7 2 2 2 3 2 2 (9) Stupid
Informed (10) 4 2 2 5 7 2 2 2 3 1 2 (10) Bigoted
Is not scared of conflict (11) 2 4 5 6 4 3 2 2 4 2 3 (11) Avoids conflict
Calm (12) 4 5 2 4 7 6 4 3 4 2 2 (12) Annoyed
Constant (13) 3 5 2 2 7 6 3 2 4 2 2 (13) Impulsive
Gala (14) 6 2 1 7 6 7 4 2 3 4 4 (14) Modest
Alternative (15) 3 6 3 3 4 2 4 6 4 4 4 (15) Mainstream
Family people (16) 2 3 3 1 5 6 3 6 4 2 2 (16) Loner
Calm life (17) 1 4 3 1 3 6 3 4 3 3 2 (17) Turbulent
Open (18) 5 3 2 5 6 6 4 5 4 2 3 (18) Exclusive
City oriented (19) 6 2 2 6 4 6 3 3 3 5 3 (19) Naturalist
Anger (20) 4 3 6 4 2 2 4 4 4 7 5 (20) Peace
Blames self (21) 5 3 4 3 6 5 2 3 3 2 2 (21) Blames others
Action without thinking (22) 6 3 4 6 4 2 4 4 5 3 3 (22) Thinking without action

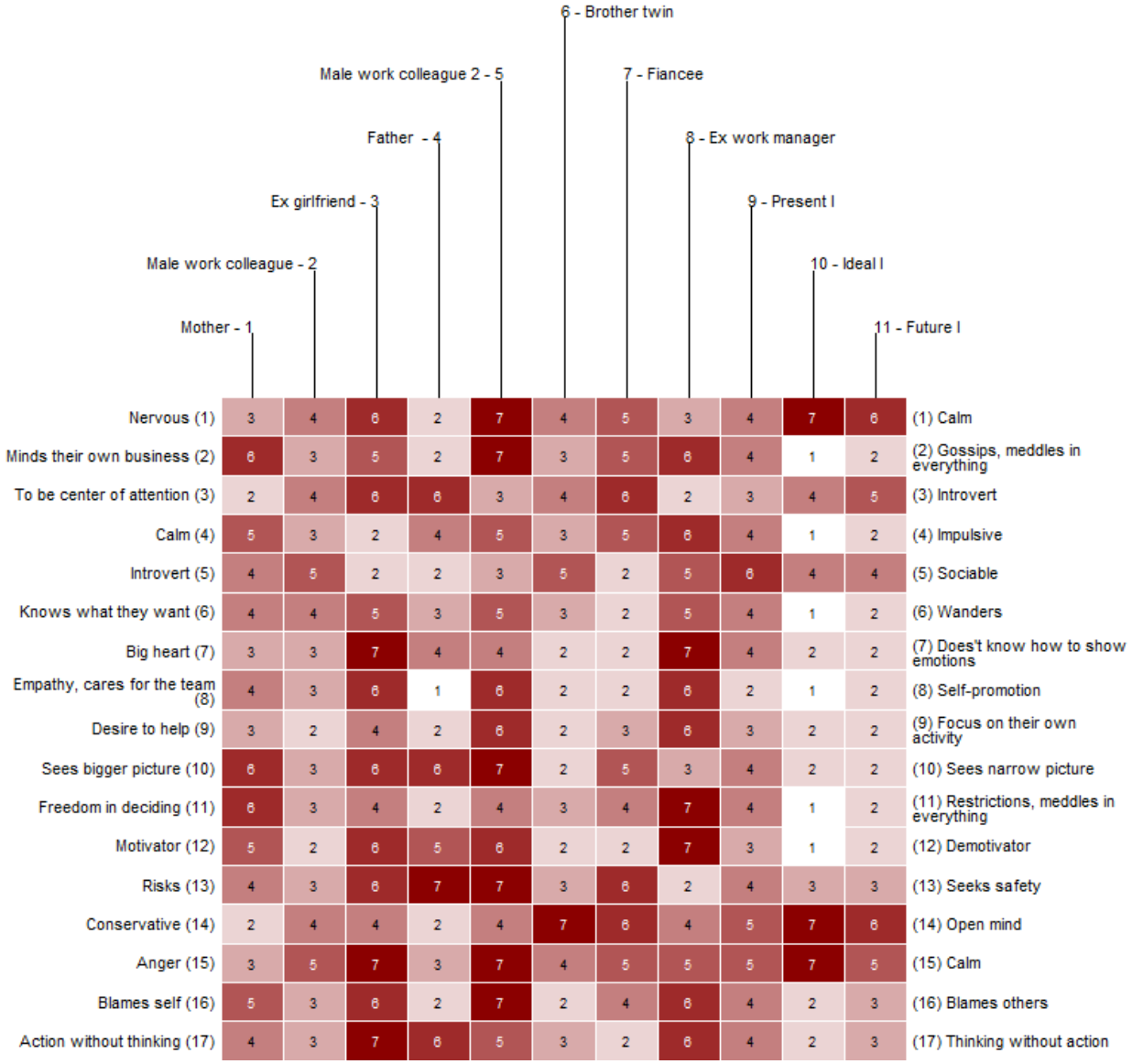
CTRL 6


6 - Girlfriend
Friend 1 - 5
7 - Sister 2
Father - 4
8 - Friend 2
Female friend - 3
9 - Present I
Sister 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Talkative (1) 2 3 2 5 1 2 4 4 5 4 4 (1) Talks when asked
Stuck in routine (2) 3 1 3 2 4 1 2 4 5 7 6 (2) Managing in new situation
Experienced (3) 1 4 6 1 6 7 4 6 6 1 4 (3) Young
Kind (4) 1 3 4 4 7 3 4 5 4 1 2 (4) Rude
Serious (5) 7 5 4 4 7 4 3 7 4 3 3 (5) Humorous
Indifferent (6) 7 7 4 4 1 7 6 2 3 3 3 (6) Worries
Easy going (7) 1 2 4 6 2 4 6 4 4 2 2 (7) Difficult
Forgives and forgets (8) 2 3 2 5 1 5 7 3 4 3 3 (8) Remembers and gets angry
Listens and understands (9) 5 4 5 6 2 4 5 2 3 3 3 (9) Splitting hairs
Relaxed (10) 3 4 4 2 1 7 6 4 1 4 4 (10) Planned organization
Haste (11) 4 2 1 4 2 7 5 3 4 4 4 (11) Think it through
Straightforward (12) 3 2 6 2 5 4 1 4 3 3 3 (12) Manipulation
Responsible (13) 2 6 5 2 7 4 1 6 4 1 3 (13) Problematic
Ego (14) 7 6 3 4 2 5 5 1 5 4 4 (14) Modest
Exaggeration (15) 3 3 1 5 1 6 7 2 6 6 6 (15) Honest
Calm (16) 1 2 4 5 4 7 5 2 4 3 2 (16) Hot-blooded
Dedicated (17) 2 4 2 2 7 1 2 7 6 2 4 (17) Slacks off
Religious (18) 2 2 5 1 5 6 4 3 3 1 2 (18) Atheist
Shows emotions (19) 3 3 2 6 4 1 5 4 5 4 4 (19) Hides emotions
Anger (20) 4 4 5 2 4 3 1 4 4 6 5 (20) Relaxed
Blames self (21) 4 5 2 5 6 3 4 7 1 1 1 (21) Blames others
Action without thinking (22) 4 4 2 2 3 7 4 2 3 4 4 (22) Thinking without action

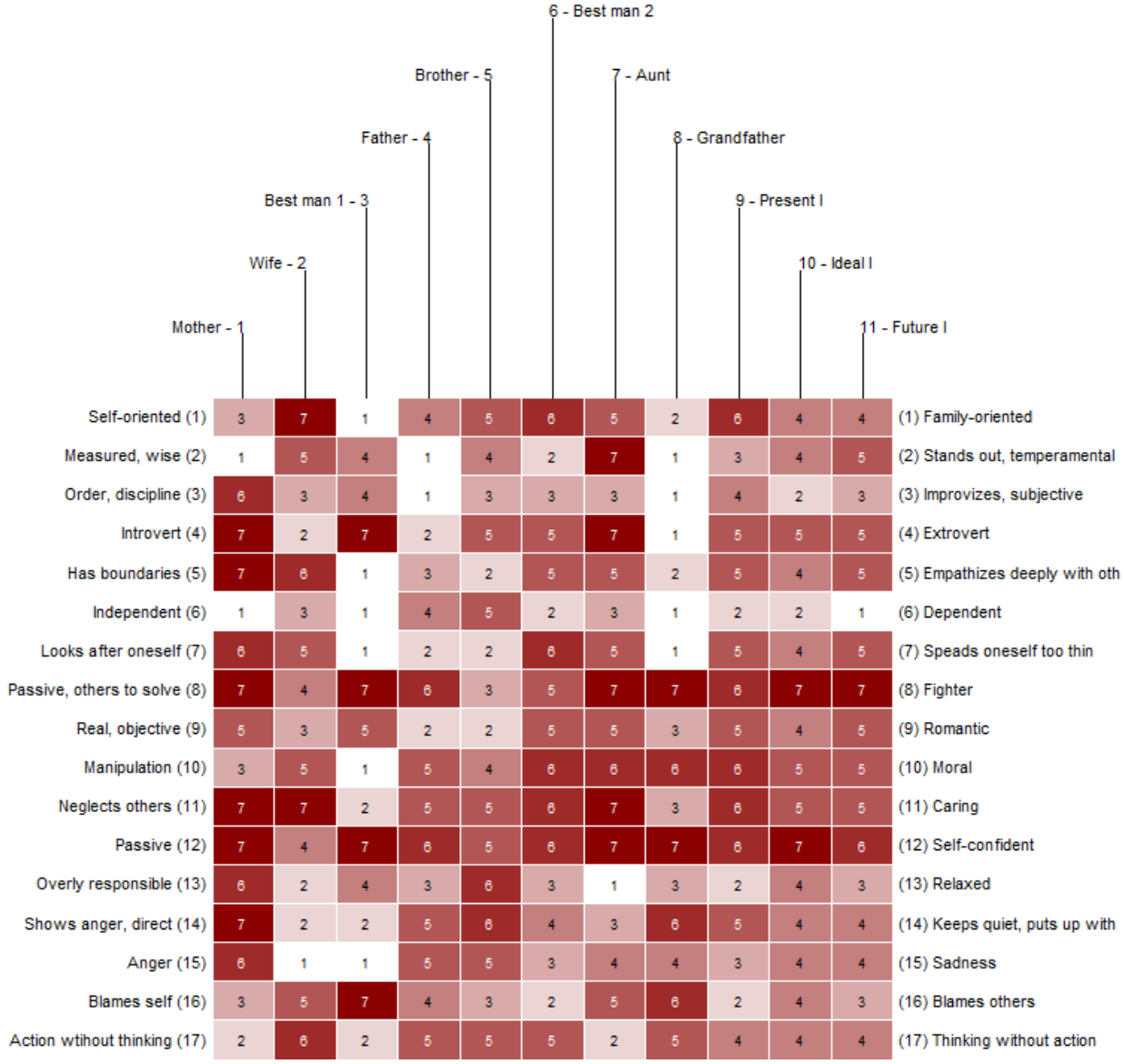
CTRL 7


6 - Ex male owner
Ex male manager - 5
7 - Sister
Father - 4
8 - Ex male friend
Male friend - 3
9 - Present I
Wife - 2
10 - Ideal I
Mother - 1
11 - Future I
Manages money poorly (1) 4 6 3 2 2 6 6 1 3 6 6 (1) Saves money
Stuck in comfort zone (2) 4 5 6 2 2 5 7 1 6 7 6 (2) Accepts the bad, change
Traditional relationship, responsibilities divided (3) 2 6 5 3 2 4 5 4 6 7 6 (3) Together everything
Impulsive (4) 5 3 5 6 4 5 5 2 4 6 5 (4) Works slowly
Cares about culture (5) 5 2 1 6 2 4 2 2 2 6 4 (5) Cares about work
Values others (6) 2 2 4 2 6 6 2 7 2 1 2 (6) Exploits others
Depends on others (7) 4 1 6 5 2 1 6 2 5 2 4 (7) Self-reliance
Unburdened (8) 2 6 4 1 4 7 3 4 2 4 4 (8) Perfection
Harder worker (9) 2 6 2 1 4 3 2 7 2 1 2 (9) Easy way out
Bad coping with stress (10) 3 6 2 7 1 6 7 2 4 6 5 (10) Good coping with stress
Peaceful environment (11) 3 2 3 7 6 6 2 5 3 1 2 (11) Center of events
'iews things only through their own perspective (12) 6 6 4 6 2 1 6 1 5 6 5 (12) Puts themselves in somec else shoes
Helps (13) 1 2 4 3 6 6 2 7 3 1 2 (13) Selfishness
Anger (14) 3 3 5 5 2 4 7 1 4 7 5 (14) Mental stability
Blames self (15) 3 3 4 6 7 5 4 6 2 4 2 (15) Blames others
Action without thinking (16) 6 6 2 4 1 4 5 1 3 4 4 (16) Thinking without action

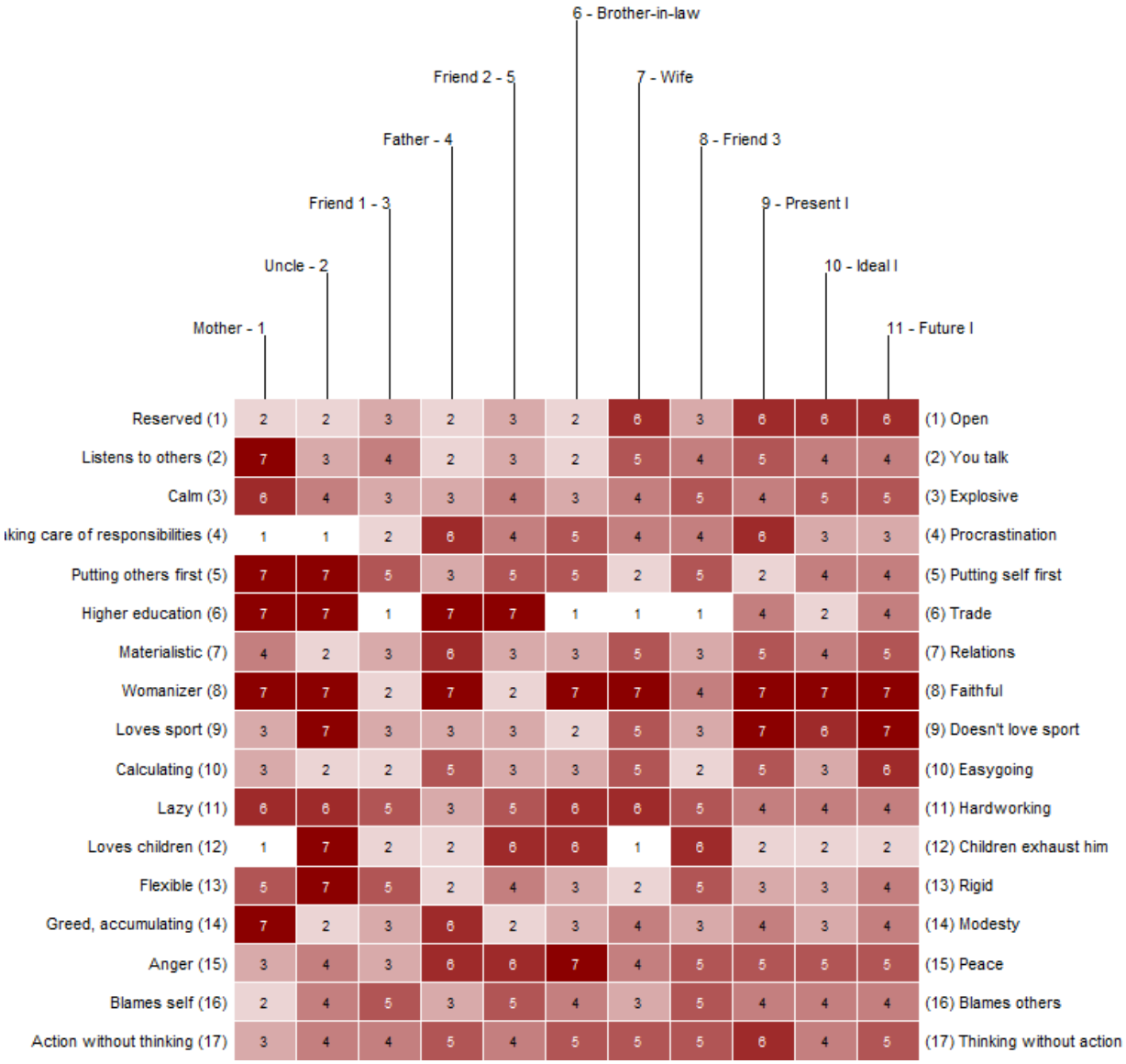
CTRL 8


6 - Brother twin
Male work colleague 2 - 5
7 - Fiancee
Father - 4
8 - Ex work manager
Ex girlfriend - 3
9 - Present I
Male work colleague - 2
10 - Ideal I
Mother - 1
11 - Future I
Nervous (1) 3 4 6 2 7 4 5 3 4 7 6 (1) Calm
Minds their own business (2) 6 3 5 2 7 3 5 6 4 1 2 (2) Gossips, meddles in everything
To be center of attention (3) 2 4 6 6 3 4 6 2 3 4 5 (3) Introvert
Calm (4) 5 3 2 4 5 3 5 6 4 1 2 (4) Impulsive
Introvert (5) 4 5 2 2 3 5 2 5 6 4 4 (5) Sociable
Knows what they want (6) 4 4 5 3 5 3 2 5 4 1 2 (6) Wanders
Big heart (7) 3 3 7 4 4 2 2 7 4 2 2 (7) Does't know how to show emotions
Empathy, cares for the team (8) 4 3 6 1 6 2 2 6 2 1 2 (8) Self-promotion
Desire to help (9) 3 2 4 2 6 2 3 6 3 2 2 (9) Focus on their own activity
Sees bigger picture (10) 6 3 6 6 7 2 5 3 4 2 2 (10) Sees narrow picture
Freedom in deciding (11) 6 3 4 2 4 3 4 7 4 1 2 (11) Restrictions, meddles in everything
Motivator (12) 5 2 6 5 6 2 2 7 3 1 2 (12) Demotivator
Risks (13) 4 3 6 7 7 3 6 2 4 3 3 (13) Seeks safety
Conservative (14) 2 4 4 2 4 7 6 4 5 7 6 (14) Open mind
Anger (15) 3 5 7 3 7 4 5 5 5 7 5 (15) Calm
Blames self (16) 5 3 6 2 7 2 4 6 4 2 3 (16) Blames others
Action without thinking (17) 4 3 7 6 5 3 2 6 4 2 3 (17) Thinking without action

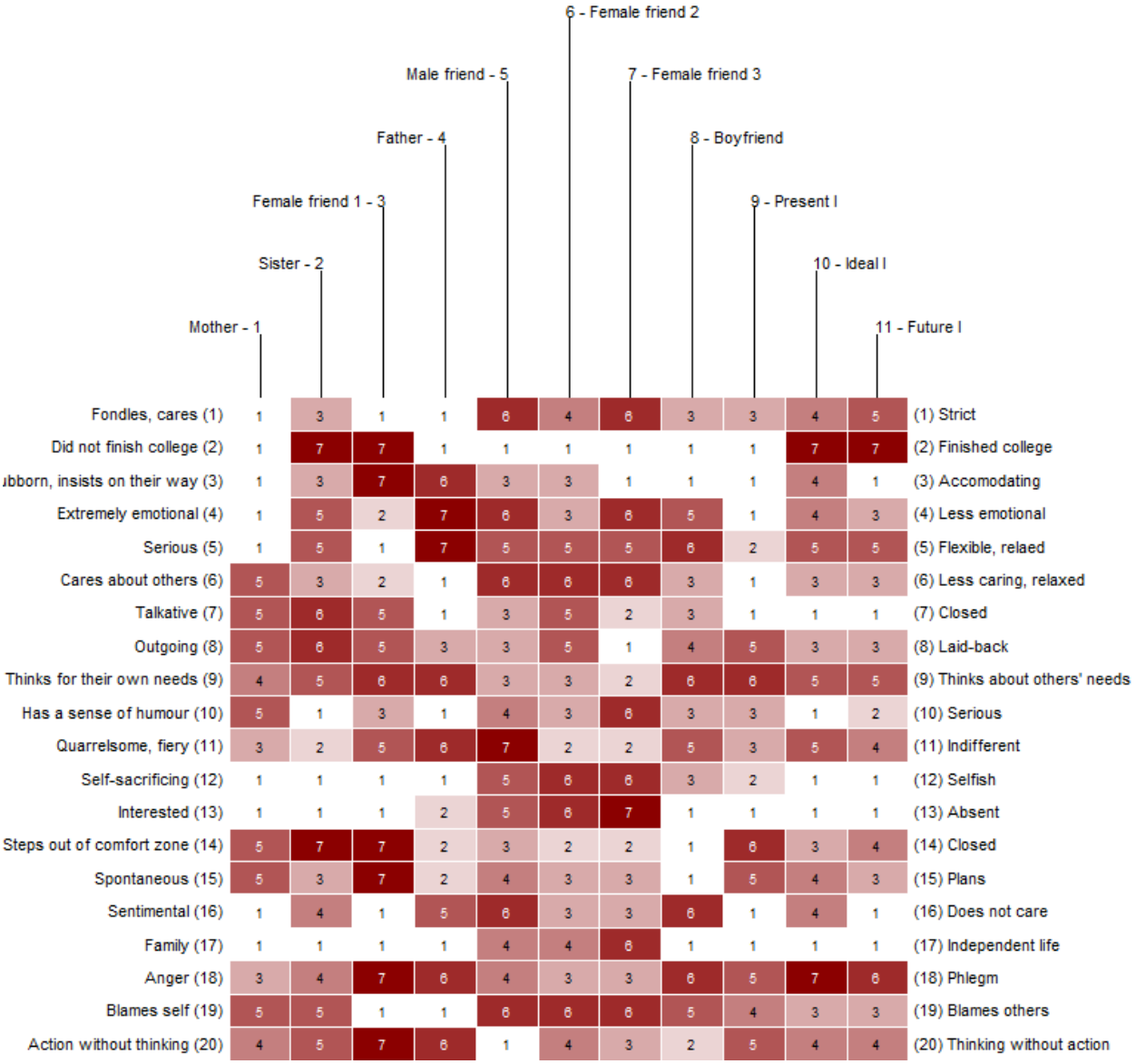
CTRL 9


6 - Best man 2
Brother - 5
7 - Aunt
Father - 4
8 - Grandfather
Best man 1 - 3
9 - Present I
Wife - 2
10 - Ideal I
Mother - 1
11 - Future I
Self-oriented (1) 3 7 1 4 5 6 5 2 6 4 4 (1) Family-oriented
Measured, wise (2) 1 5 4 1 4 2 7 1 3 4 5 (2) Stands out, temperamental
Order, discipline (3) 6 3 4 1 3 3 3 1 4 2 3 (3) Improvizes, subjective
Introvert (4) 7 2 7 2 5 5 7 1 5 5 5 (4) Extrovert
Has boundaries (5) 7 6 1 3 2 5 5 2 5 4 5 (5) Empathizes deeply with oth
Independent (6) 1 3 1 4 5 2 3 1 2 2 1 (6) Dependent
Looks after oneself (7) 6 5 1 2 2 6 5 1 5 4 5 (7) Speads oneself too thin
Passive, others to solve (8) 7 4 7 6 3 5 7 7 6 7 7 (8) Fighter
Real, objective (9) 5 3 5 2 2 5 5 3 5 4 5 (9) Romantic
Manipulation (10) 3 5 1 5 4 6 6 6 6 5 5 (10) Moral
Neglects others (11) 7 7 2 5 5 6 7 3 6 5 5 (11) Caring
Passive (12) 7 4 7 6 5 6 7 7 6 7 6 (12) Self-confident
Overly responsible (13) 6 2 4 3 6 3 1 3 2 4 3 (13) Relaxed
Shows anger, direct (14) 7 2 2 5 6 4 3 6 5 4 4 (14) Keeps quiet, puts up with
Anger (15) 6 1 1 5 5 3 4 4 3 4 4 (15) Sadness
Blames self (16) 3 5 7 4 3 2 5 6 2 4 3 (16) Blames others
Action wtihout thinking (17) 2 6 2 5 5 5 2 5 4 4 4 (17) Thinking without action

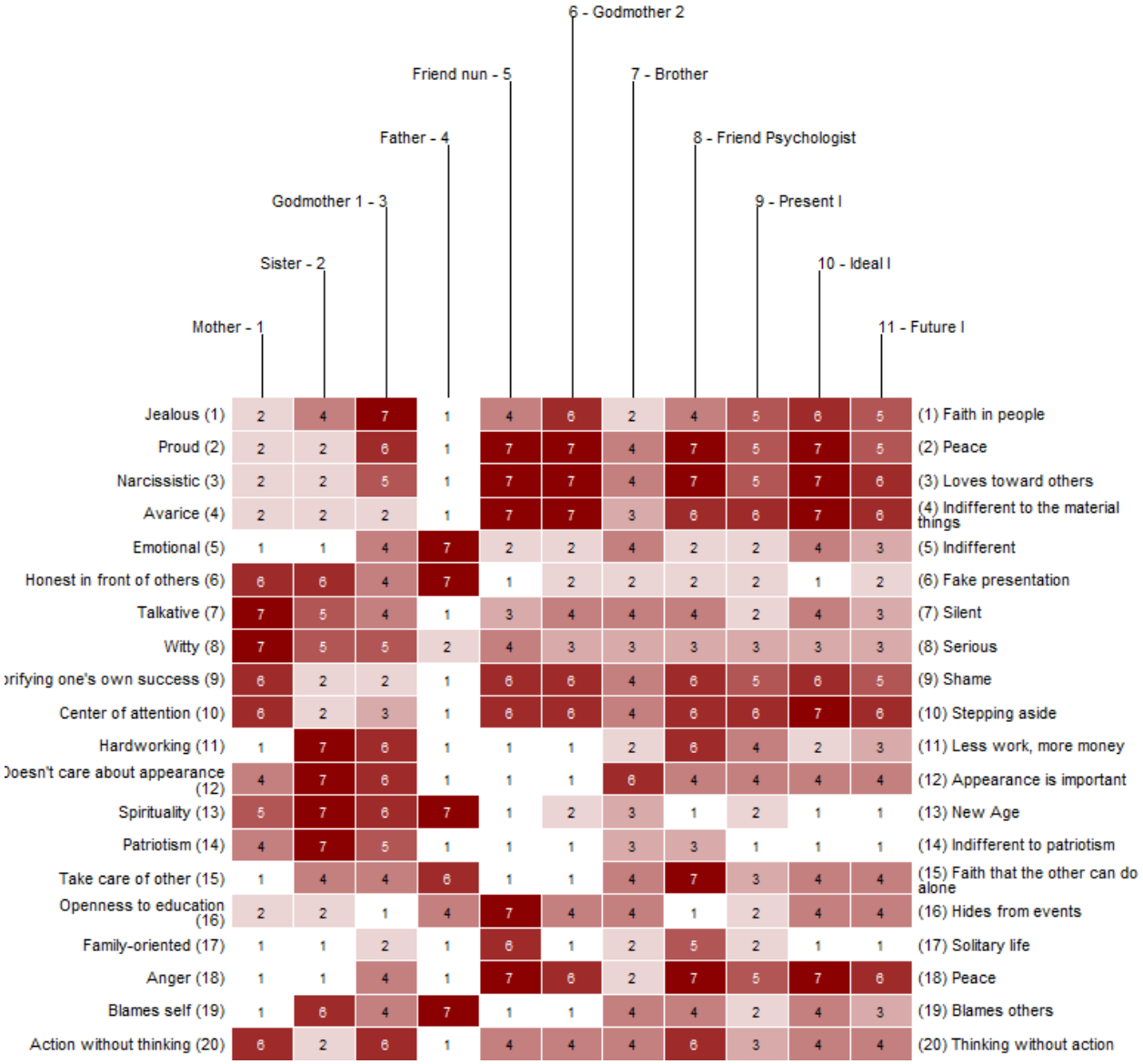
CTRL 10


6 - Brother-in-law
Friend 2 - 5
7 - Wife
Father - 4
8 - Friend 3
Friend 1 - 3
9 - Present I
Uncle - 2
10 - Ideal I
Mother - 1
11 - Future I
Reserved (1) 2 2 3 2 3 2 6 3 6 6 6 (1) Open
Listens to others (2) 7 3 4 2 3 2 5 4 5 4 4 (2) You talk
Calm (3) 6 4 3 3 4 3 4 5 4 5 5 (3) Explosive
iking care of responsibilities (4) 1 1 2 6 4 5 4 4 6 3 3 (4) Procrastination
Putting others first (5) 7 7 5 3 5 5 2 5 2 4 4 (5) Putting self first
Higher education (6) 7 7 1 7 7 1 1 1 4 2 4 (6) Trade
Materialistic (7) 4 2 3 6 3 3 5 3 5 4 5 (7) Relations
Womanizer (8) 7 7 2 7 2 7 7 4 7 7 7 (8) Faithful
Loves sport (9) 3 7 3 3 3 2 5 3 7 6 7 (9) Doesn't love sport
Calculating (10) 3 2 2 5 3 3 5 2 5 3 6 (10) Easygoing
Lazy (11) 6 6 5 3 5 6 6 5 4 4 4 (11) Hardworking
Loves children (12) 1 7 2 2 6 6 1 6 2 2 2 (12) Children exhaust him
Flexible (13) 5 7 5 2 4 3 2 5 3 3 4 (13) Rigid
Greed, accumulating (14) 7 2 3 6 2 3 4 3 4 3 4 (14) Modesty
Anger (15) 3 4 3 6 6 7 4 5 5 5 5 (15) Peace
Blames self (16) 2 4 5 3 5 4 3 5 4 4 4 (16) Blames others
Action without thinking (17) 3 4 4 5 4 5 5 5 6 4 5 (17) Thinking without action

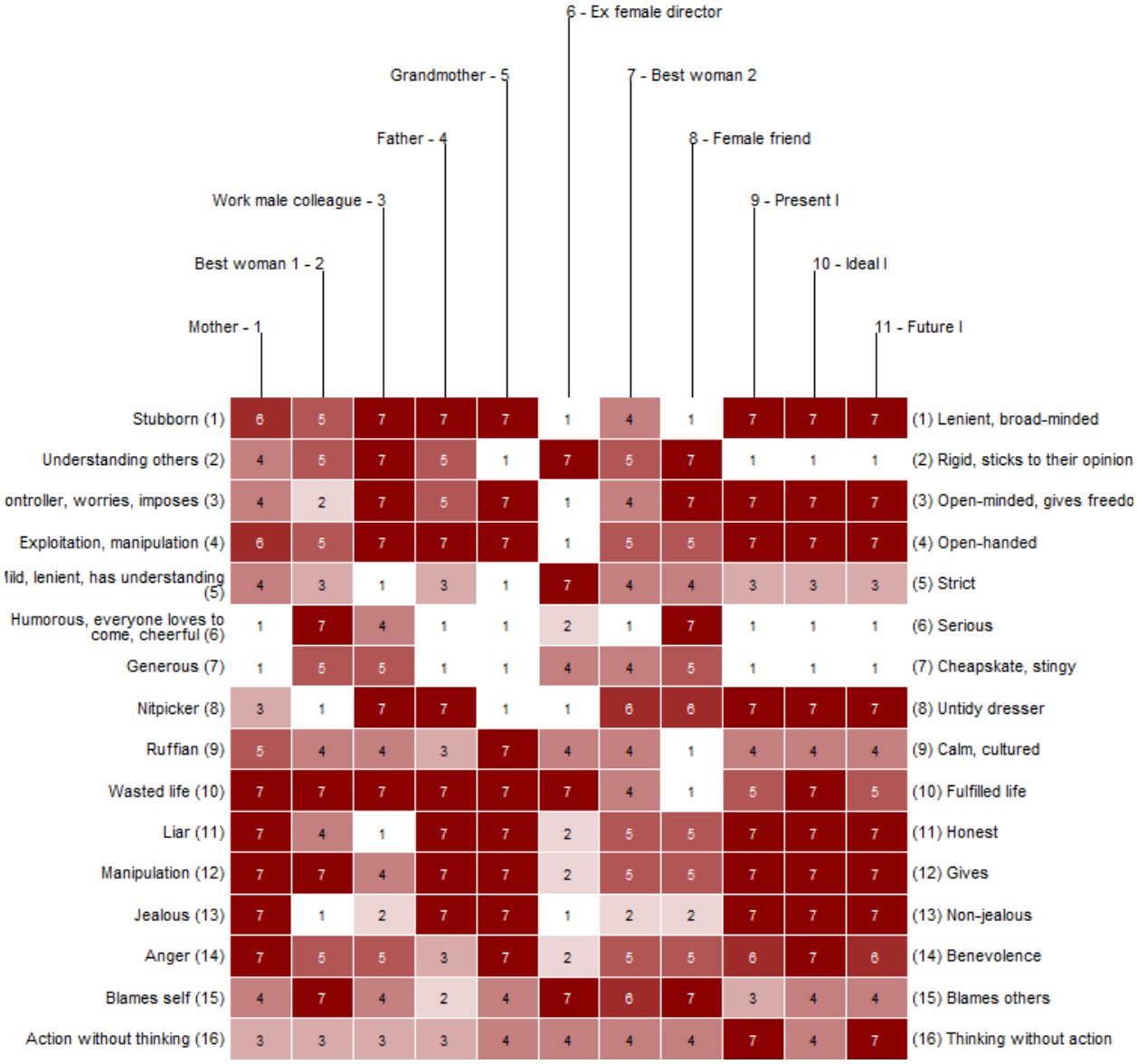
CTRL 11


6 - Female friend 2
Male friend - 5
7 - Female friend 3
Father - 4
8 - Boyfriend
Female friend 1 - 3
9 - Present I
Sister - 2
10 - Ideal I
Mother - 1
11 - Future I
Fondles, cares (1) 1 3 1 1 6 4 6 3 3 4 5 (1) Strict
Did not finish college (2) 1 7 7 1 1 1 1 1 1 7 7 (2) Finished college
ıbborn, insists on their way (3) 1 3 7 6 3 3 1 1 1 4 1 (3) Accomodating
Extremely emotional (4) 1 5 2 7 6 3 6 5 1 4 3 (4) Less emotional
Serious (5) 1 5 1 7 5 5 5 6 2 5 5 (5) Flexible, relaed
Cares about others (6) 5 3 2 1 6 6 6 3 1 3 3 (6) Less caring, relaxed
Talkative (7) 5 6 5 1 3 5 2 3 1 1 1 (7) Closed
Outgoing (8) 5 6 5 3 3 5 1 4 5 3 3 (8) Laid-back
Thinks for their own needs (9) 4 5 6 6 3 3 2 6 6 5 5 (9) Thinks about others' needs
Has a sense of humour (10) 5 1 3 1 4 3 6 3 3 1 2 (10) Serious
Quarrelsome, fiery (11) 3 2 5 6 7 2 2 5 3 5 4 (11) Indifferent
Self-sacrificing (12) 1 1 1 1 5 6 6 3 2 1 1 (12) Selfish
Interested (13) 1 1 1 2 5 6 7 1 1 1 1 (13) Absent
Steps out of comfort zone (14) 5 7 7 2 3 2 2 1 6 3 4 (14) Closed
Spontaneous (15) 5 3 7 2 4 3 3 1 5 4 3 (15) Plans
Sentimental (16) 1 4 1 5 6 3 3 6 1 4 1 (16) Does not care
Family (17) 1 1 1 1 4 4 6 1 1 1 1 (17) Independent life
Anger (18) 3 4 7 6 4 3 3 6 5 7 6 (18) Phlegm
Blames self (19) 5 5 1 1 6 6 6 5 4 3 3 (19) Blames others
Action without thinking (20) 4 5 7 6 1 4 3 2 5 4 4 (20) Thinking without action

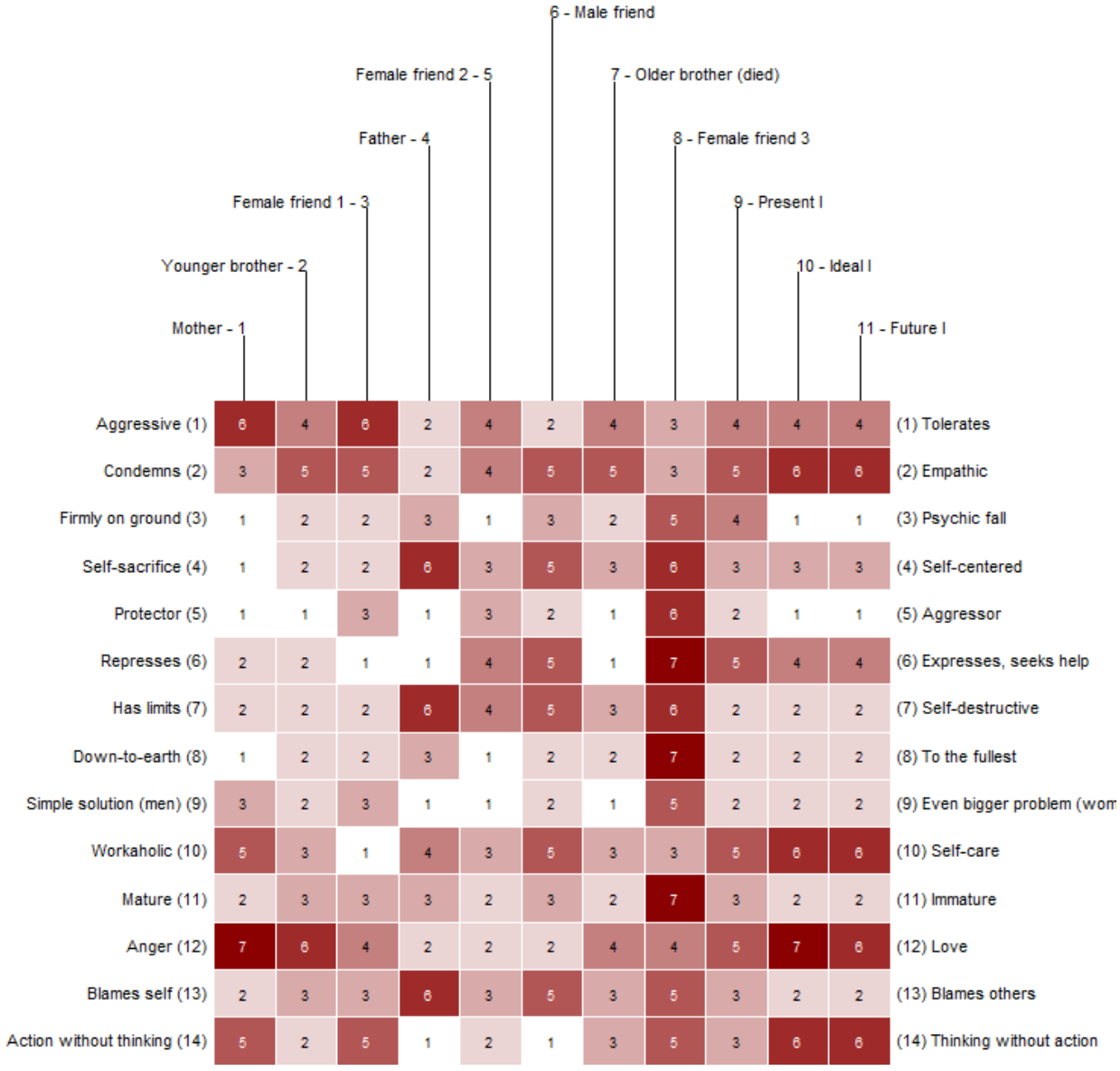
CTRL 12


6 - Godmother 2
Friend nun - 5
7 - Brother
Father - 4
8 - Friend Psychologist
Godmother 1 - 3
9 - Present I
Sister - 2
10 - Ideal I
Mother - 1
11 - Future I
Jealous (1) 2 4 7 1 4 6 2 4 5 6 5 (1) Faith in people
Proud (2) 2 2 6 1 7 7 4 7 5 7 5 (2) Peace
Narcissistic (3) 2 2 5 1 7 7 4 7 5 7 6 (3) Loves toward others
Avarice (4) 2 2 2 1 7 7 3 6 6 7 6 (4) Indifferent to the material things
Emotional (5) 1 1 4 7 2 2 4 2 2 4 3 (5) Indifferent
Honest in front of others (6) 6 6 4 7 1 2 2 2 2 1 2 (6) Fake presentation
Talkative (7) 7 5 4 1 3 4 4 4 2 4 3 (7) Silent
Witty (8) 7 5 5 2 4 3 3 3 3 3 3 (8) Serious
rifying one's own success (9) 6 2 2 1 6 6 4 6 5 6 5 (9) Shame
Center of attention (10) 6 2 3 1 6 6 4 6 6 7 6 (10) Stepping aside
Hardworking (11) 1 7 6 1 1 1 2 6 4 2 3 (11) Less work, more money
Doesn't care about appearance (12) 4 7 6 1 1 1 6 4 4 4 4 (12) Appearance is important
Spirituality (13) 5 7 6 7 1 2 3 1 2 1 1 (13) New Age
Patriotism (14) 4 7 5 1 1 1 3 3 1 1 1 (14) Indifferent to patriotism
Take care of other (15) 1 4 4 6 1 1 4 7 3 4 4 (15) Faith that the other can do alone
Openness to education (16) 2 2 1 4 7 4 4 1 2 4 4 (16) Hides from events
Family-oriented (17) 1 1 2 1 6 1 2 5 2 1 1 (17) Solitary life
Anger (18) 1 1 4 1 7 6 2 7 5 7 6 (18) Peace
Blames self (19) 1 6 4 7 1 1 4 4 2 4 3 (19) Blames others
Action without thinking (20) 6 2 6 1 4 4 4 6 3 4 4 (20) Thinking without action

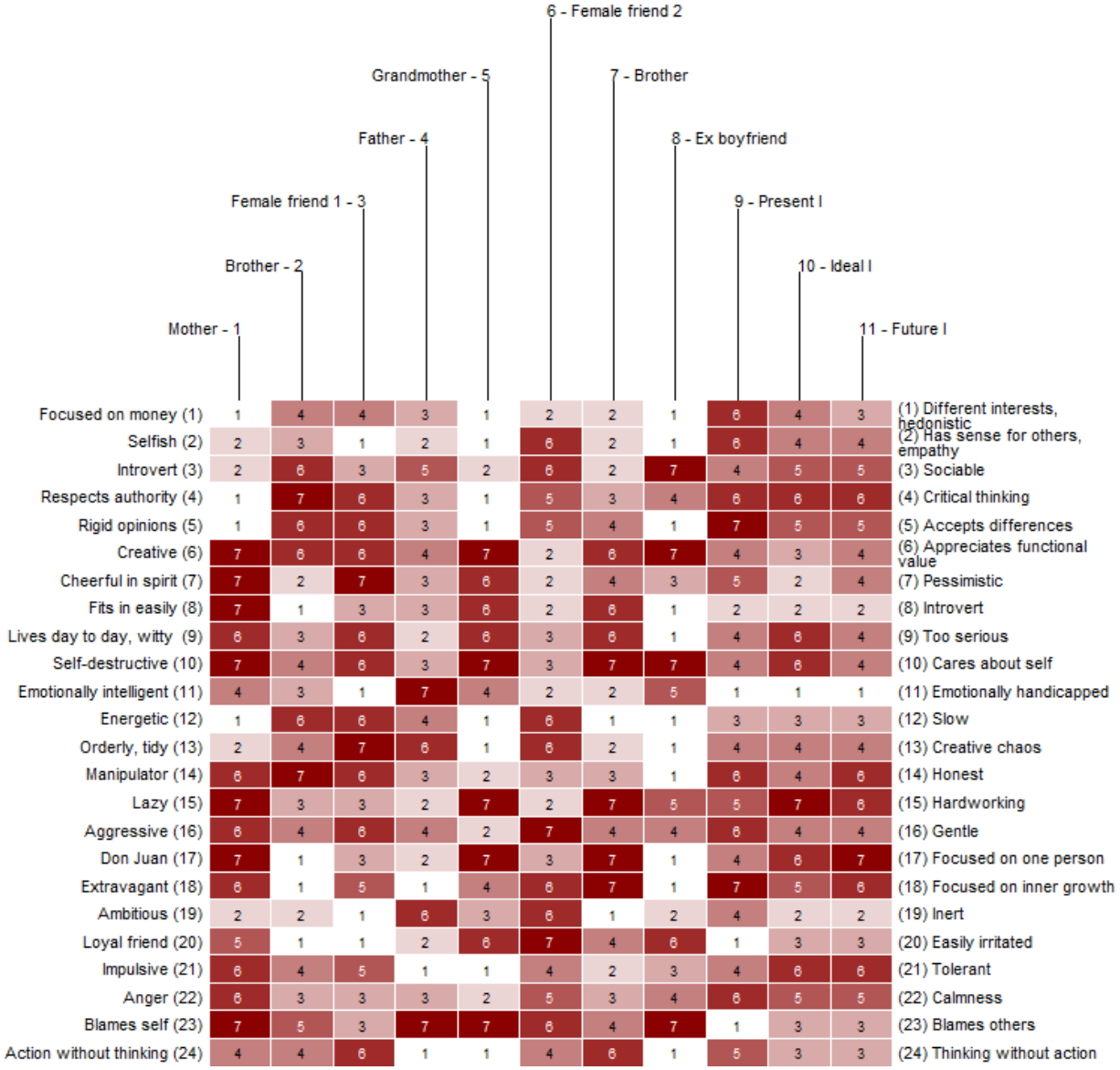
CTRL 13


6 - Ex female director
Grandmother - 5
7 - Best woman 2
Father - 4
8 - Female friend
Work male colleague - 3
9 - Present I
Best woman 1 - 2
10 - Ideal I
Mother - 1
11 - Future I
Stubborn (1) 6 5 7 7 7 1 4 1 7 7 7 (1) Lenient, broad-minded
Understanding others (2) 4 5 7 5 1 7 5 7 1 1 1 (2) Rigid, sticks to their opinion
ontroller, worries, imposes (3) 4 2 7 5 7 1 4 7 7 7 7 (3) Open-minded, gives freedo
Exploitation, manipulation (4) 6 5 7 7 7 1 5 5 7 7 7 (4) Open-handed
lild, lenient, has understanding (5) 4 3 1 3 1 7 4 4 3 3 3 (5) Strict
Humorous, everyone loves to come, cheerful (6) 1 7 4 1 1 2 1 7 1 1 1 (6) Serious
Generous (7) 1 5 5 1 1 4 4 5 1 1 1 (7) Cheapskate, stingy
Nitpicker (8) 3 1 7 7 1 1 6 6 7 7 7 (8) Untidy dresser
Ruffian (9) 5 4 4 3 7 4 4 1 4 4 4 (9) Calm, cultured
Wasted life (10) 7 7 7 7 7 7 4 1 5 7 5 (10) Fulfilled life
Liar (11) 7 4 1 7 7 2 5 5 7 7 7 (11) Honest
Manipulation (12) 7 7 4 7 7 2 5 5 7 7 7 (12) Gives
Jealous (13) 7 1 2 7 7 1 2 2 7 7 7 (13) Non-jealous
Anger (14) 7 5 5 3 7 2 5 5 6 7 6 (14) Benevolence
Blames self (15) 4 7 4 2 4 7 6 7 3 4 4 (15) Blames others
Action without thinking (16) 3 3 3 3 4 4 4 4 7 4 7 (16) Thinking without action

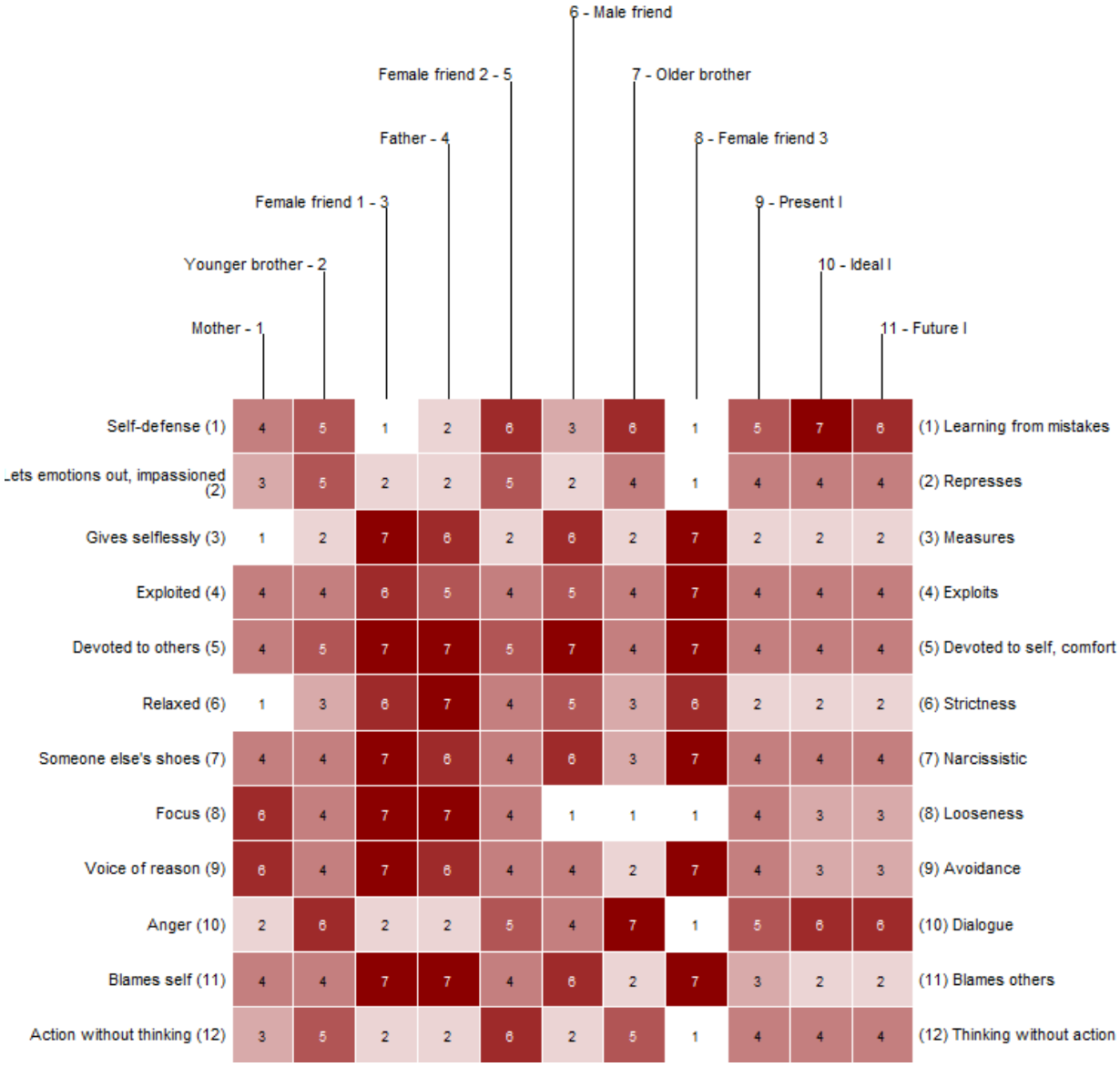
CTRL 14


6 - Male friend
Female friend 2 - 5
7 - Older brother (died)
Father - 4
8 - Female friend 3
Female friend 1 - 3
9 - Present I
Younger brother - 2
10 - Ideal I
Mother - 1
11 - Future I
Aggressive (1) 6 4 6 2 4 2 4 3 4 4 4 (1) Tolerates
Condemns (2) 3 5 5 2 4 5 5 3 5 6 6 (2) Empathic
Firmly on ground (3) 1 2 2 3 1 3 2 5 4 1 1 (3) Psychic fall
Self-sacrifice (4) 1 2 2 6 3 5 3 6 3 3 3 (4) Self-centered
Protector (5) 1 1 3 1 3 2 1 6 2 1 1 (5) Aggressor
Represses (6) 2 2 1 1 4 5 1 7 5 4 4 (6) Expresses, seeks help
Has limits (7) 2 2 2 6 4 5 3 6 2 2 2 (7) Self-destructive
Down-to-earth (8) 1 2 2 3 1 2 2 7 2 2 2 (8) To the fullest
Simple solution (men) (9) 3 2 3 1 1 2 1 5 2 2 2 (9) Even bigger problem (wom
Workaholic (10) 5 3 1 4 3 5 3 3 5 6 6 (10) Self-care
Mature (11) 2 3 3 3 2 3 2 7 3 2 2 (11) Immature
Anger (12) 7 6 4 2 2 2 4 4 5 7 6 (12) Love
Blames self (13) 2 3 3 6 3 5 3 5 3 2 2 (13) Blames others
Action without thinking (14) 5 2 5 1 2 1 3 5 3 6 6 (14) Thinking without action

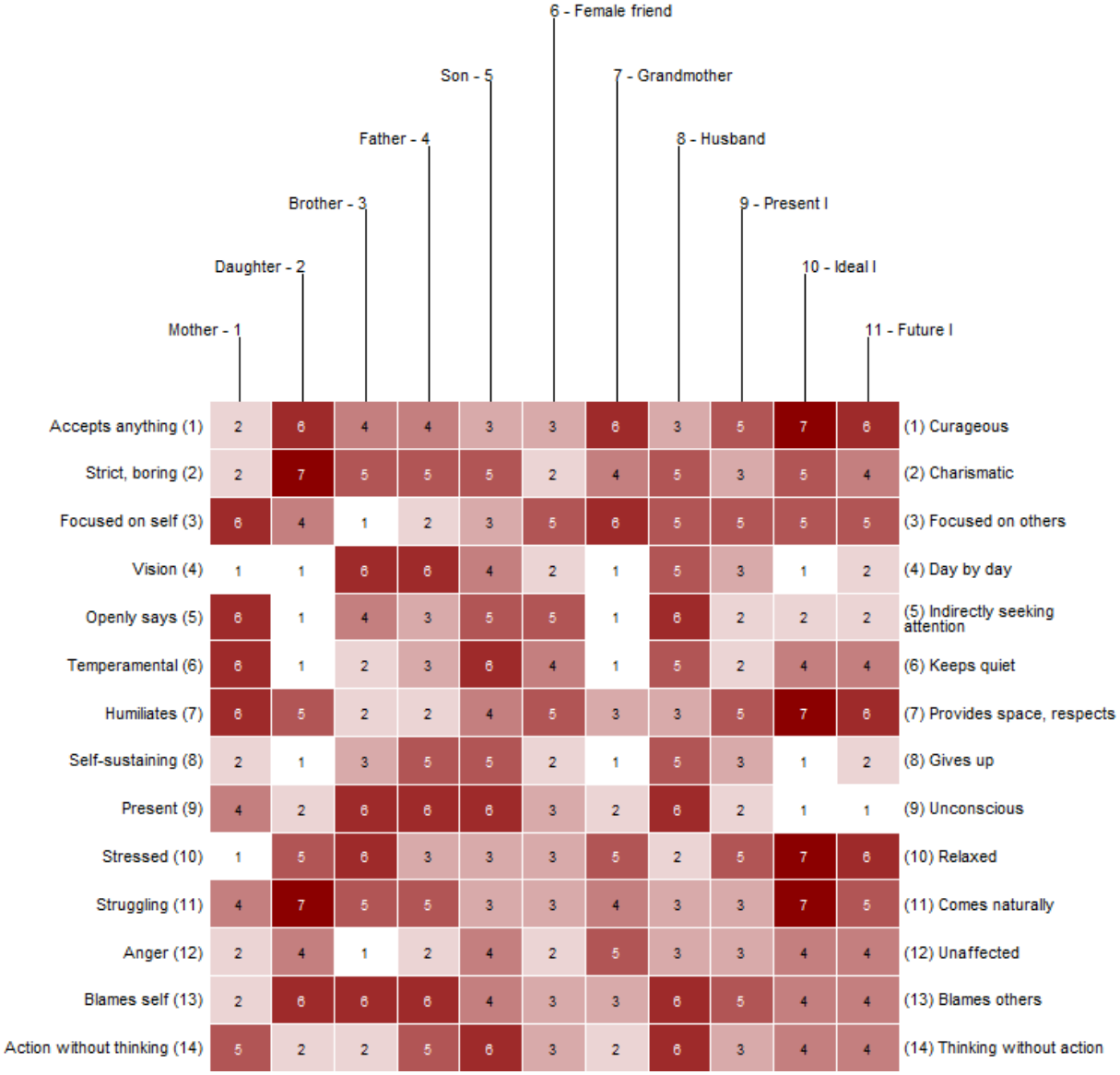
CTRL 15


6 - Female friend 2
Grandmother - 5
7 - Brother
Father - 4
8 - Ex boyfriend
Female friend 1 - 3
9 - Present I
Brother - 2
10 - Ideal I
Mother - 1
11 - Future I
Focused on money (1) 1 4 4 3 1 2 2 1 6 4 3 (1) Different interests, hedonistic
Selfish (2) 2 3 1 2 1 6 2 1 6 4 4 (2) Has sense for others, empathy
Introvert (3) 2 6 3 5 2 6 2 7 4 5 5 (3) Sociable
Respects authority (4) 1 7 6 3 1 5 3 4 6 6 6 (4) Critical thinking
Rigid opinions (5) 1 6 6 3 1 5 4 1 7 5 5 (5) Accepts differences
Creative (6) 7 6 6 4 7 2 6 7 4 3 4 (6) Appreciates functional value
Cheerful in spirit (7) 7 2 7 3 6 2 4 3 5 2 4 (7) Pessimistic
Fits in easily (8) 7 1 3 3 6 2 6 1 2 2 2 (8) Introvert
Lives day to day, witty (9) 6 3 6 2 6 3 6 1 4 6 4 (9) Too serious
Self-destructive (10) 7 4 6 3 7 3 7 7 4 6 4 (10) Cares about self
Emotionally intelligent (11) 4 3 1 7 4 2 2 5 1 1 1 (11) Emotionally handicapped
Energetic (12) 1 6 6 4 1 6 1 1 3 3 3 (12) Slow
Orderly, tidy (13) 2 4 7 6 1 6 2 1 4 4 4 (13) Creative chaos
Manipulator (14) 6 7 6 3 2 3 3 1 6 4 6 (14) Honest
Lazy (15) 7 3 3 2 7 2 7 5 5 7 6 (15) Hardworking
Aggressive (16) 6 4 6 4 2 7 4 4 6 4 4 (16) Gentle
Don Juan (17) 7 1 3 2 7 3 7 1 4 6 7 (17) Focused on one person
Extravagant (18) 6 1 5 1 4 6 7 1 7 5 6 (18) Focused on inner growth
Ambitious (19) 2 2 1 6 3 6 1 2 4 2 2 (19) Inert
Loyal friend (20) 5 1 1 2 6 7 4 6 1 3 3 (20) Easily irritated
Impulsive (21) 6 4 5 1 1 4 2 3 4 6 6 (21) Tolerant
Anger (22) 6 3 3 3 2 5 3 4 6 5 5 (22) Calmness
Blames self (23) 7 5 3 7 7 6 4 7 1 3 3 (23) Blames others
Action without thinking (24) 4 4 6 1 1 4 6 1 5 3 3 (24) Thinking without action

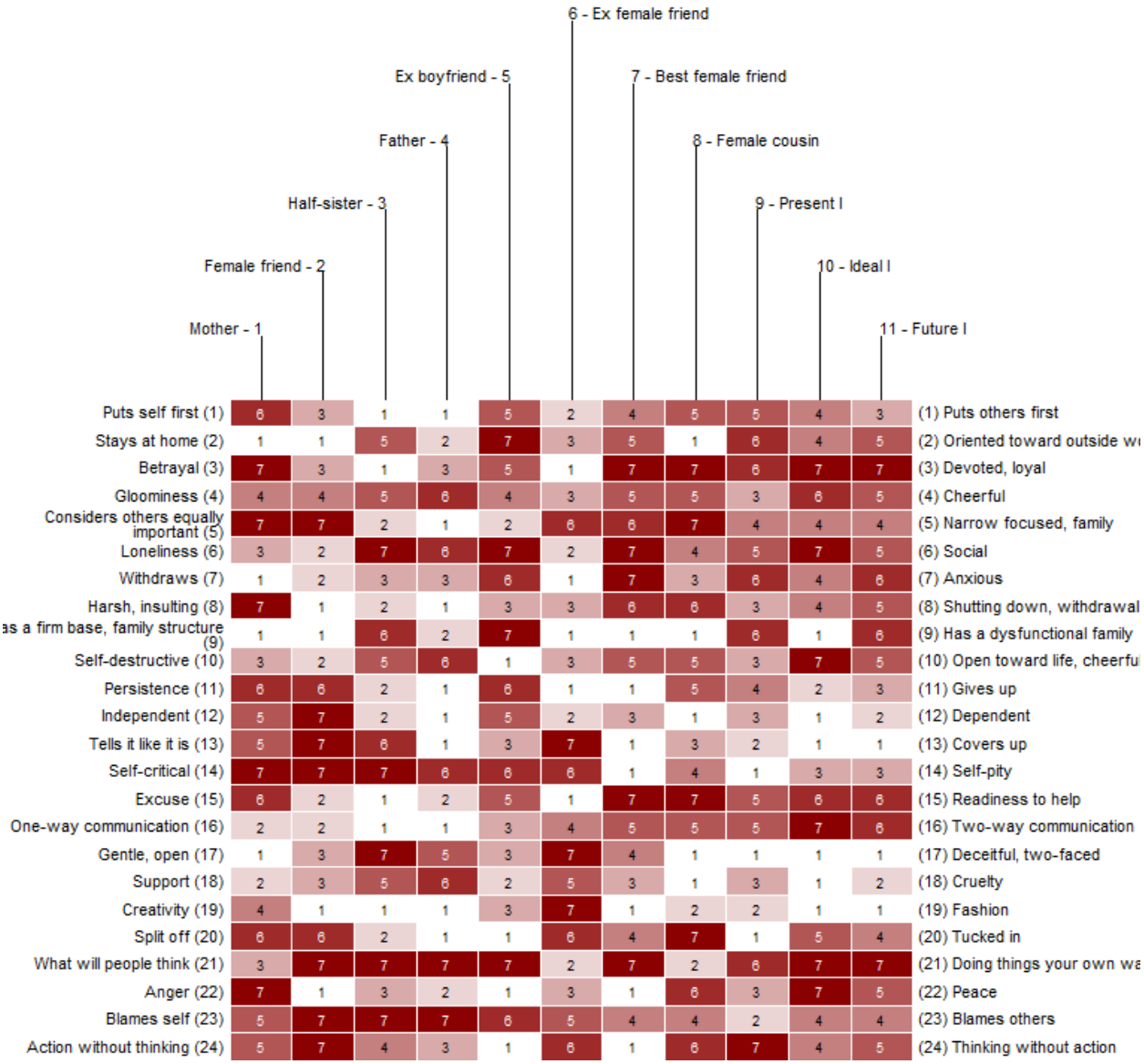
CTRL 16


6 - Male friend
Female friend 2 - 5
7 - Older brother
Father - 4
8 - Female friend 3
Female friend 1 - 3
9 - Present I
Younger brother - 2
10 - Ideal I
Mother - 1
11 - Future I
Self-defense (1) 4 5 1 2 6 3 6 1 5 7 6 (1) Learning from mistakes
ets emotions out, impassioned (2) 3 5 2 2 5 2 4 1 4 4 4 (2) Represses
Gives selflessly (3) 1 2 7 6 2 6 2 7 2 2 2 (3) Measures
Exploited (4) 4 4 6 5 4 5 4 7 4 4 4 (4) Exploits
Devoted to others (5) 4 5 7 7 5 7 4 7 4 4 4 (5) Devoted to self, comfort
Relaxed (6) 1 3 6 7 4 5 3 6 2 2 2 (6) Strictness
Someone else's shoes (7) 4 4 7 6 4 6 3 7 4 4 4 (7) Narcissistic
Focus (8) 6 4 7 7 4 1 1 1 4 3 3 (8) Looseness
Voice of reason (9) 6 4 7 6 4 4 2 7 4 3 3 (9) Avoidance
Anger (10) 2 6 2 2 5 4 7 1 5 6 6 (10) Dialogue
Blames self (11) 4 4 7 7 4 6 2 7 3 2 2 (11) Blames others
Action without thinking (12) 3 5 2 2 6 2 5 1 4 4 4 (12) Thinking without action

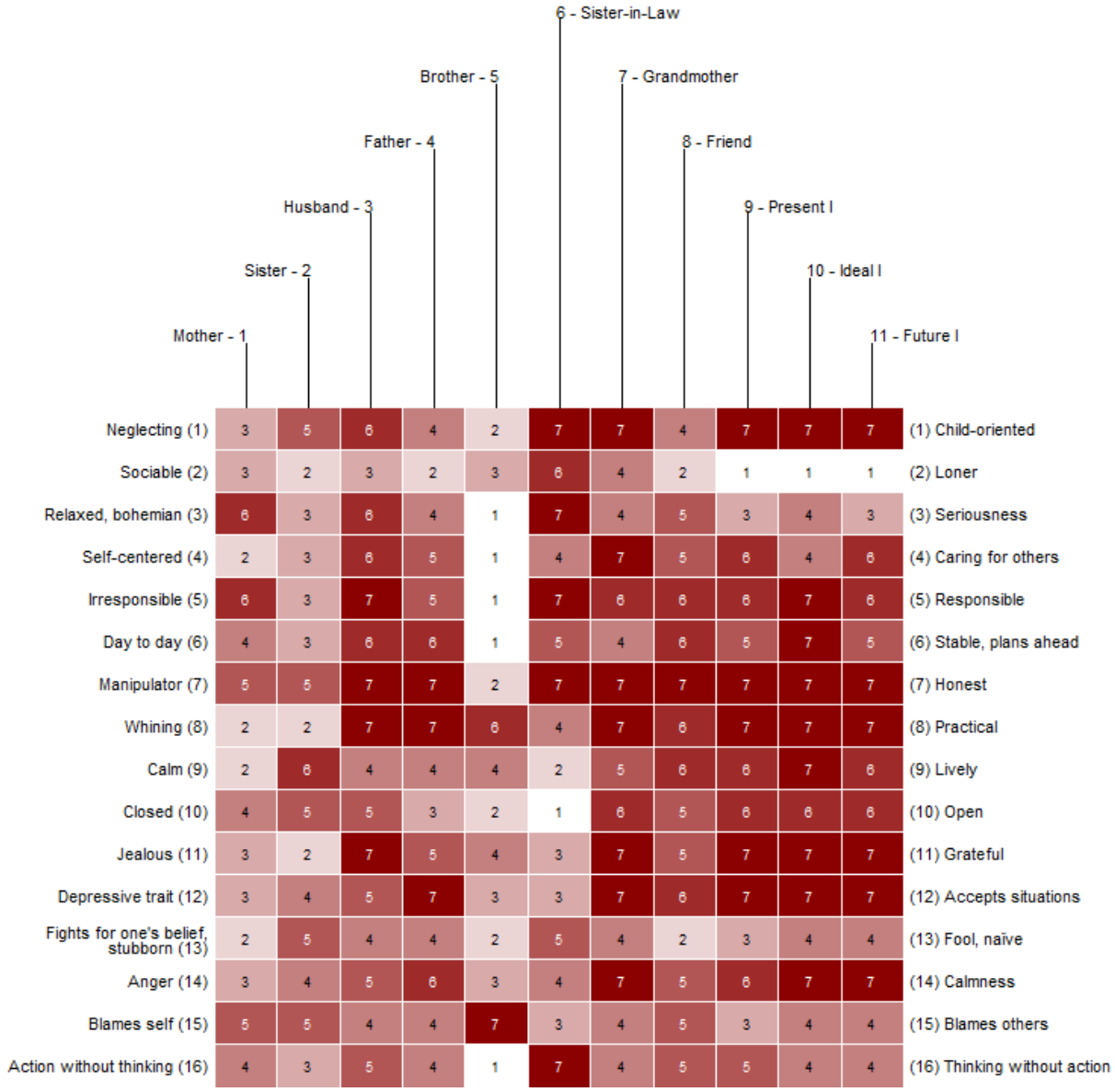
CTRL 17


6 - Female friend
Son - 5
7 - Grandmother
Father - 4
8 - Husband
Brother - 3
9 - Present I
Daughter - 2
10 - Ideal I
Mother - 1
11 - Future I
Accepts anything (1) 2 6 4 4 3 3 6 3 5 7 6 (1) Curageous
Strict, boring (2) 2 7 5 5 5 2 4 5 3 5 4 (2) Charismatic
Focused on self (3) 6 4 1 2 3 5 6 5 5 5 5 (3) Focused on others
Vision (4) 1 1 6 6 4 2 1 5 3 1 2 (4) Day by day
Openly says (5) 6 1 4 3 5 5 1 6 2 2 2 (5) Indirectly seeking attention
Temperamental (6) 6 1 2 3 6 4 1 5 2 4 4 (6) Keeps quiet
Humiliates (7) 6 5 2 2 4 5 3 3 5 7 6 (7) Provides space, respects
Self-sustaining (8) 2 1 3 5 5 2 1 5 3 1 2 (8) Gives up
Present (9) 4 2 6 6 6 3 2 6 2 1 1 (9) Unconscious
Stressed (10) 1 5 6 3 3 3 5 2 5 7 6 (10) Relaxed
Struggling (11) 4 7 5 5 3 3 4 3 3 7 5 (11) Comes naturally
Anger (12) 2 4 1 2 4 2 5 3 3 4 4 (12) Unaffected
Blames self (13) 2 6 6 6 4 3 3 6 5 4 4 (13) Blames others
Action without thinking (14) 5 2 2 5 6 3 2 6 3 4 4 (14) Thinking without action

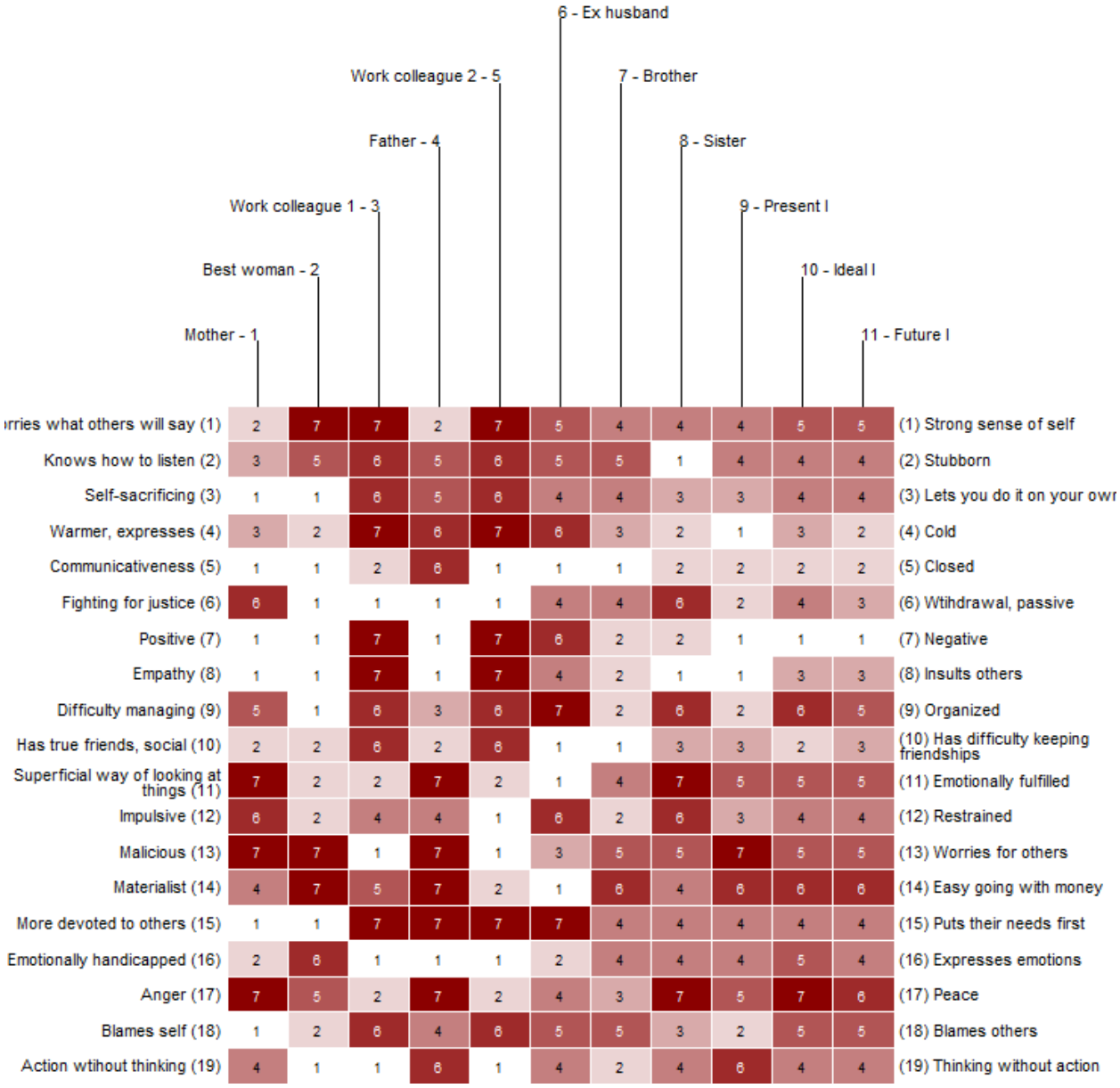
CTRL 18


6 - Ex female friend
Ex boyfriend - 5
7 - Best female friend
Father - 4
8 - Female cousin
Half-sister - 3
9 - Present I
Female friend - 2
10 - Ideal I
Mother - 1
11 - Future I
Puts self first (1) 6 3 1 1 5 2 4 5 5 4 3 (1) Puts others first
Stays at home (2) 1 1 5 2 7 3 5 1 6 4 5 (2) Oriented toward outside w
Betrayal (3) 7 3 1 3 5 1 7 7 6 7 7 (3) Devoted, loyal
Gloominess (4) 4 4 5 6 4 3 5 5 3 6 5 (4) Cheerful
Considers others equally important (5) 7 7 2 1 2 6 6 7 4 4 4 (5) Narrow focused, family
Loneliness (6) 3 2 7 6 7 2 7 4 5 7 5 (6) Social
Withdraws (7) 1 2 3 3 6 1 7 3 6 4 6 (7) Anxious
Harsh, insulting (8) 7 1 2 1 3 3 6 6 3 4 5 (8) Shutting down, withdrawal
as a firm base, family structure (9) 1 1 6 2 7 1 1 1 6 1 6 (9) Has a dysfunctional family
Self-destructive (10) 3 2 5 6 1 3 5 5 3 7 5 (10) Open toward life, cheerfu
Persistence (11) 6 6 2 1 6 1 1 5 4 2 3 (11) Gives up
Independent (12) 5 7 2 1 5 2 3 1 3 1 2 (12) Dependent
Tells it like it is (13) 5 7 6 1 3 7 1 3 2 1 1 (13) Covers up
Self-critical (14) 7 7 7 6 6 6 1 4 1 3 3 (14) Self-pity
Excuse (15) 6 2 1 2 5 1 7 7 5 6 6 (15) Readiness to help
One-way communication (16) 2 2 1 1 3 4 5 5 5 7 6 (16) Two-way communication
Gentle, open (17) 1 3 7 5 3 7 4 1 1 1 1 (17) Deceitful, two-faced
Support (18) 2 3 5 6 2 5 3 1 3 1 2 (18) Cruelty
Creativity (19) 4 1 1 1 3 7 1 2 2 1 1 (19) Fashion
Split off (20) 6 6 2 1 1 6 4 7 1 5 4 (20) Tucked in
What will people think (21) 3 7 7 7 7 2 7 2 6 7 7 (21) Doing things your own wa
Anger (22) 7 1 3 2 1 3 1 6 3 7 5 (22) Peace
Blames self (23) 5 7 7 7 6 5 4 4 2 4 4 (23) Blames others
Action without thinking (24) 5 7 4 3 1 6 1 6 7 4 5 (24) Thinking without action

CTRL 19


6 - Sister-in-Law
Brother - 5
7 - Grandmother
Father - 4
8 - Friend
Husband - 3
9 - Present I
Sister - 2
10 - Ideal I
Mother - 1
11 - Future I
Neglecting (1) 3 5 6 4 2 7 7 4 7 7 7 (1) Child-oriented
Sociable (2) 3 2 3 2 3 6 4 2 1 1 1 (2) Loner
Relaxed, bohemian (3) 6 3 6 4 1 7 4 5 3 4 3 (3) Seriousness
Self-centered (4) 2 3 6 5 1 4 7 5 6 4 6 (4) Caring for others
Irresponsible (5) 6 3 7 5 1 7 6 6 6 7 6 (5) Responsible
Day to day (6) 4 3 6 6 1 5 4 6 5 7 5 (6) Stable, plans ahead
Manipulator (7) 5 5 7 7 2 7 7 7 7 7 7 (7) Honest
Whining (8) 2 2 7 7 6 4 7 6 7 7 7 (8) Practical
Calm (9) 2 6 4 4 4 2 5 6 6 7 6 (9) Lively
Closed (10) 4 5 5 3 2 1 6 5 6 6 6 (10) Open
Jealous (11) 3 2 7 5 4 3 7 5 7 7 7 (11) Grateful
Depressive trait (12) 3 4 5 7 3 3 7 6 7 7 7 (12) Accepts situations
Fights for one's belief, stubborn (13) 2 5 4 4 2 5 4 2 3 4 4 (13) Fool, naïve
Anger (14) 3 4 5 6 3 4 7 5 6 7 7 (14) Calmness
Blames self (15) 5 5 4 4 7 3 4 5 3 4 4 (15) Blames others
Action without thinking (16) 4 3 5 4 1 7 4 5 5 4 4 (16) Thinking without action

CTRL 20


6 - Ex husband
Work colleague 2 - 5
7 - Brother
Father - 4
8 - Sister
Work colleague 1 - 3
9 - Present I
Best woman - 2
10 - Ideal I
Mother - 1
11 - Future I
rries what others will say (1) 2 7 7 2 7 5 4 4 4 5 5 (1) Strong sense of self
Knows how to listen (2) 3 5 6 5 6 5 5 1 4 4 4 (2) Stubborn
Self-sacrificing (3) 1 1 6 5 6 4 4 3 3 4 4 (3) Lets you do it on your owr
Warmer, expresses (4) 3 2 7 6 7 6 3 2 1 3 2 (4) Cold
Communicativeness (5) 1 1 2 6 1 1 1 2 2 2 2 (5) Closed
Fighting for justice (6) 6 1 1 1 1 4 4 6 2 4 3 (6) Wtihdrawal, passive
Positive (7) 1 1 7 1 7 6 2 2 1 1 1 (7) Negative
Empathy (8) 1 1 7 1 7 4 2 1 1 3 3 (8) Insults others
Difficulty managing (9) 5 1 6 3 6 7 2 6 2 6 5 (9) Organized
Has true friends, social (10) 2 2 6 2 6 1 1 3 3 2 3 (10) Has difficulty keeping friendships
Superficial way of looking at things (11) 7 2 2 7 2 1 4 7 5 5 5 (11) Emotionally fulfilled
Impulsive (12) 6 2 4 4 1 6 2 6 3 4 4 (12) Restrained
Malicious (13) 7 7 1 7 1 3 5 5 7 5 5 (13) Worries for others
Materialist (14) 4 7 5 7 2 1 6 4 6 6 6 (14) Easy going with money
More devoted to others (15) 1 1 7 7 7 7 4 4 4 4 4 (15) Puts their needs first
Emotionally handicapped (16) 2 6 1 1 1 2 4 4 4 5 4 (16) Expresses emotions
Anger (17) 7 5 2 7 2 4 3 7 5 7 6 (17) Peace
Blames self (18) 1 2 6 4 6 5 5 3 2 5 5 (18) Blames others
Action wtihout thinking (19) 4 1 1 6 1 4 2 4 6 4 4 (19) Thinking without action

Supplementary Material S3. Implicative Dilemma Analysis

Qualitative Analysis Procedure

Following the quantitative analyses of ID, a qualitative examination was conducted to explore the organization of conflict within each participant's construct system. The aim was to identify recurring patterns in the meanings linking congruent and discrepant constructs across each participant's dilemmas.

All ID identified within an individual's grid were examined together. The congruent and discrepant constructs involved in each dilemma were compared to identify recurring themes and determine whether multiple dilemmas converged on a common psychological conflict. Based on this analysis, a single core dilemma was formulated for each participant to summarize the dominant pattern underlying the individual's implicative conflicts (see Table 8).

After individual analyses had been completed, cases were compared within diagnostic groups. Similarities and differences in dilemma organization were identified inductively through iterative comparison of construct content, dilemma structure, and, where informative, the associated element fields. The resulting qualitative patterns were not specified a priori but emerged from comparisons across cases.

Finally, these recurring patterns served as the basis for an exploratory theoretical interpretation concerning the organization of agency and vulnerability within INT and EXT construct systems. Because the qualitative analyses were conducted by the first author without formal inter-rater coding, the findings should be understood as an interpretative synthesis intended to generate theoretical propositions rather than establish definitive qualitative categories.

Explorations of Individual Dilemma Structures

INT Participants

INT4 displayed a highly centralized dilemma structure, with seven ID converging on a single conflict between attachment-related and agency-related meanings. Congruent constructs describing the self as emotional, calm, and sensitive were repeatedly linked to discrepant constructs involving persistence, authority, reliability, and capability. Across the dilemmas, greater agency consistently implied emotional insensitivity or loss of valued relational qualities.

Instead of opposing positive and negative self-definitions, the dilemmas reflected difficulty integrating two positively valued positions: emotional connectedness and personal competence. The element field further supported this organization, consisting almost exclusively of female attachment figures (mother, sister, three aunts, and a deceased grandmother), with no spontaneously elicited male figures beyond the obligatory father. Together, these findings suggest a construct system strongly organized around attachment and emotional relatedness, in which agency remained desirable but difficult to integrate without threatening valued ways of construing the self.

INT6’s dilemmas converged on tensions between agency and dependency-related forms of attachment. Desired changes involved responsibility, future orientation, order, self-accountability, and letting go of possessions, yet these were repeatedly linked to congruent constructs emphasizing care, harmony, obedience, composure, and emotional comfort. Across dilemmas, greater

autonomy implied relinquishing valued experiences of psychological holding and interpersonal security.

This interpretation was consistent with the element field, which was also dominated by female attachment and caregiving figures, including his mother, sister, two aunts, a female physician, and a female colleague. Together with constructs concerning living in memories and difficulty discarding possessions, the findings suggest a construct system oriented toward preserving familiarity and attachment, even when this constrained developmental movement toward greater personal responsibility.

INT8 displayed an unusually sparse dilemma structure, containing only a single ID despite a prolonged depressive presentation. The dilemma linked a valued position of forgiveness and withdrawal with a desired movement toward greater power and influence, suggesting that becoming more authoritative or powerful was anticipated as requiring a more vengeful or retaliatory stance. Instead of centering on attachment-related meanings, the conflict concerned the integration of power with fairness, restraint, and moral conduct.

This interpretation is consistent with the broader construct system, which emphasized honesty, responsibility, fairness, and traditional values. The element field was primarily composed of family members, including a deceased grandfather, together with a male commandant, suggesting that moral authority and hierarchical relationships occupied an important place in his construing. Interview material describing profound invalidation by institutions he had loyally served further contextualized this organization. The findings suggest difficulty integrating personal power with valued moral self-definitions.

INT10's dilemma structure was characterized by three ID organized around a valued identity as someone who sees the broader picture rather than becoming overwhelmed by fear or narrow thinking. Desired changes involving greater calmness, energy, and emotional stability were consistently associated with the anticipated loss of this valued perspective, suggesting a conflict between recovery and an important way of understanding oneself and the world.

The largest discrepancy involved the construct "relies on others–lone wolf", indicating a strong aspiration toward autonomy despite experiencing himself as psychologically burdened and dependent. Unlike several other INT participants, the element field included multiple significant male figures, including his father, brother, cousin, and close friends, suggesting a broader interpersonal organization than one centered primarily on attachment figures. Taken together, the findings are consistent with a construct system in which suffering and emotional burden have become intertwined with identity, making psychological recovery implicitly associated with the loss of valued meaning rather than simply relief from distress.

INT11 displayed a highly centralized dilemma structure, with all three ID revolving around a single discrepant construct: "self-blame versus blaming others". Across the dilemmas, movement away from self-blame was linked to constructs emphasizing honesty, education, and self-control,

suggesting that relinquishing responsibility threatened important self-definitions related to integrity, care, and personal accountability.

The element field was dominated by emotionally significant relational figures, including her deceased daughter, son, mother, former partners, and close female friends. Interview material describing her daughter's suicide provided important context for understanding the importance of self-blame and responsibility within the construct system, although the qualitative interpretation was derived from the RGT itself. The construct “manipulative, capable–dumb, honest”, together with her placement of self on the dumb, honest pole, further suggests difficulty integrating competence and effectiveness with valued moral self-definitions. Collectively, the dilemmas indicate that reducing self-blame may have been anticipated as threatening an identity organized around honesty, care, and personal responsibility.

INT13’s dilemmas converged on conflicts involving assertiveness, self-prioritization, and care for others. Congruent constructs describing herself as empathic, pleasant, humorous, open, and emotionally warm were repeatedly linked to discrepant constructs involving aggression and reduced concern for others. Across dilemmas, greater assertiveness consistently implied selfishness, toxicity, or loss of valued moral qualities.

The element field consisted predominantly of close family members and friends. The absence of her former husband together with the inclusion of her two problematic sons suggests that current caregiving relationships occupied a particularly prominent position within her interpersonal construing. Interview material describing ongoing caregiving responsibilities was consistent with this interpretation. Overall, the findings suggest difficulty integrating assertiveness and self-care with an established self-definition centered on empathy, warmth, and responsibility for others.

INT15 displayed a highly focused dilemma structure, with both ID converging on a single conflict involving firmness, decisiveness, and authority. Desired movement toward greater personal agency was consistently linked to anticipated meanings of stubbornness, domination, or interpersonal imposition, suggesting that assertiveness itself had acquired problematic implications.

The element field was notable for its predominance of male figures, including her father, husband, military superior, military friend, and the man who raped her. This interpersonal context is consistent with the possibility that authority and power had become closely associated with coercion and domination. These findings suggest difficulty integrating firmness and personal authority without simultaneously anticipating movement toward morally or interpersonally unacceptable positions. Consequently, agency remained desirable but psychologically difficult to construe independently from domination or aggression.

EXT Participants

EXT1 displayed a minimal dilemma structure, containing only a single ID despite several prominent areas of dissatisfaction. The dilemma linked a valued position characterized by being smart, cautious, and doubtful with a desired movement from vengeance toward forgiveness.

Within the construct system, forgiveness appeared to imply naivety, gullibility, or increased vulnerability to exploitation, suggesting that the conflict centered on interpersonal trust and self-protection rather than emotional expression itself.

Although the grid contained desired changes involving greater peace, emotional openness, and forgiveness, only forgiveness became conflictual. This pattern suggests that the primary obstacle was the anticipated interpersonal consequences of lowering vigilance rather than relinquishing anger per se. The element field consisted almost exclusively of close family members, consistent with the possibility that these meanings were primarily embedded within intimate relationships. Across dilemmas, the participant appeared to construe difficulty integrating forgiveness with maintaining a sense of interpersonal safety and protection.

EXT4's dilemmas converged on tensions involving status, belonging, and authenticity. The strongest ID linked the construct "common people–elite" with "socializing–materialist", suggesting that success, ambition, or material advancement were anticipated as implying separation from ordinary people and movement toward a less authentic social position.

Rather than reflecting conflict about achievement itself, the dilemma appeared to concern its anticipated interpersonal implications. The inclusion of a "Snitch" among the significant elements is consistent with the importance of loyalty, group boundaries, and social positioning within the participant's construing. Taken together, the findings suggest difficulty integrating ambition and social advancement with valued meanings of belonging, authenticity, and group loyalty.

EXT8's dilemma structure converged on the relationship between impulsive action and reflective self-control. Across all three ID, becoming more deliberate and thinking before acting was associated with valued meanings of courage, health, confidence, and relaxation. Reflection therefore appeared to imply weakness, dependence, inhibition, or diminished personal effectiveness.

The broader construct system emphasized courage, capability, loyalty, health, and rule-following, while hesitation and overthinking were consistently construed as undesirable. Although the participant expressed a desire to become less criminogenic and more law-abiding, this change itself was not implicated in any dilemma. Instead, the central conflict concerned integrating reflection and self-control without anticipating the loss of vitality, confidence, or effectiveness. The element field, consisting primarily of family members, friends, and a prison guard, provided little indication that these conflicts were organized around particular attachment relationships.

EXT9 displayed only a single ID, yet its organization differed noticeably from most other EXT participants. The dilemma linked a valued position of gratitude with a desired movement toward greater responsibility and self-care, suggesting that taking responsibility for oneself was anticipated as threatening valued meanings of loyalty, appreciation, and indebtedness toward others.

The broader construct system emphasized prosocial meanings, including empathy, honesty, support, responsibility, and love, despite a history of impulsive and antisocial behavior. Interview

material describing strong feelings of indebtedness toward his grandparents was consistent with this organization but did not determine the qualitative interpretation. Overall, the findings suggest difficulty integrating self-care and personal responsibility with maintaining valued relational meanings of gratitude and loyalty, making this case more similar to several INT participants than to the dominant EXT pattern.

EXT11 displayed a highly centralized dilemma structure, with all five ID converging on a single recurring conflict. The central congruent construct, “pleasing self–pleasing others”, was associated with discrepant wishes to become more tolerant, peaceful, reliable, less dangerous, and less self-sacrificing. Across dilemmas, greater autonomy consistently implied selfishness, anger, danger, or moral unreliability.

Unlike many EXT participants whose construct systems showed relatively little implicative conflict, this participant's dilemmas were concentrated around a single unresolved tension between pleasing self and accommodating others. The element field, which included former partners alongside close family members, is consistent with an interpersonal world in which attachment, dependency, and loyalty remained psychologically important. Taken together, these patterns indicate suggest difficulty integrating personal agency with valued meanings of care and accommodation, while accommodation itself simultaneously constrained the expression of personal needs.

EXT13’s construct system showed exceptionally high congruence between present and ideal self, with only a single discrepant construct identified throughout the grid. She described herself almost exclusively in positive terms, including being loyal, hardworking, sensitive, honest, meticulous, socially connected, and respectful of rules, while expressing little desire for personal change.

The only desired movement involved shifting from emotional control toward greater emotional expression. However, this change was implicated with a valued tendency to avoid interpersonal conflict, suggesting that emotional openness was anticipated as threatening relational stability. The element field consisted primarily of current family members and close female relationships, consistent with a construct system organized around maintaining interpersonal harmony. Overall, the findings suggest that emotional containment functioned as a valued means of preserving important relationships.

EXT14 displayed remarkably little implicative conflict. The construct system showed extremely high congruence between present and ideal self, with most valued characteristics already attributed to the present self. The only discrepant construct involved moving from fear toward relaxation, while the single ID suggested that becoming more relaxed might reduce valued expressiveness or communication.

More striking than the dilemma itself was the overall coherence of the construct system, which contained little acknowledged contradiction between desired and current self-definitions. One possible interpretation is that potentially invalidating experiences are assimilated into an already established self-construction rather than generating substantial implicative conflict. The element

field, composed primarily of family members, current and former spouses, female friends, and two fellow offenders, was consistent with an interpersonal world organized around familiar social roles. The participant's marked talkativeness during the interview may also be relevant. Although speculative, it is possible that verbal engagement functions as a means of regulating anxiety or limiting reflection, thereby maintaining the coherence of the construct system.

EXT18's dilemma suggested a conflict that extended beyond emotional expression itself. The valued self-position emphasized emotional detachment, passivity, and stability, whereas persistence was associated with increased emotional activation. Within this organization, pursuing personal goals appeared implicitly linked to the activation of emotionally demanding experiences.

One possible interpretation is that anger, ambition, envy, or frustrated striving remain insufficiently integrated within the construct system and become psychologically accessible only when emotional detachment can no longer be maintained. Interview observations of tearfulness and psychological fragility were consistent with this interpretation but should be considered supportive rather than explanatory. Viewed as a whole, the findings suggest difficulty integrating personal striving with maintaining an emotionally regulated and psychologically safe self-position.

EXT20 displayed almost no implicative conflict. The single dilemma suggested that becoming more deliberate was anticipated as reducing valued openness and flexibility. Otherwise, the construct system was characterized by stable and predominantly positive self-definitions, including open-mindedness, self-improvement, self-confidence, and loyalty, while impulsive decision-making represented the principal area of desired change.

Unlike the more conflict-saturated INT participants, this participant's difficulties appeared less related to incompatible self-positions than to regulating behavior within an otherwise coherent construct system. One fewer elicited element than intended should also be considered when interpreting the relative sparsity of dilemmas. These patterns suggest a construct system with limited implicative conflict despite the presence of identifiable behavioral difficulties.

CTRL Participants

CTRL3 displayed three ID converging on a single desired change: becoming more self-confident. Greater confidence was consistently associated with anticipated losses of self-control, calmness, and personal responsibility, suggesting that increased assertiveness implied greater impulsivity, anger, or externalization of responsibility.

The element field included three former significant male figures—an ex-manager, ex-owner, and ex-friend—suggesting that themes of authority, recognition, and male interpersonal relationships remained psychologically meaningful despite their absence from the participant's current life. At the same time, the relatively small self–ideal discrepancy and frequent use of midpoint ideal ratings indicate a construct system characterized by greater flexibility and less polarized self-construing than was typically observed in the clinical groups. Overall, the findings suggest dilemmas reflected concerns about maintaining an appropriate balance between confidence and restraint.

CTRL6’s dilemmas converged on developmental themes related to maturation. Desired changes involved becoming more experienced and more dedicated, yet these developments were anticipated as carrying interpersonal and emotional costs. Greater experience implied becoming less understanding and more inclined toward excessive analysis, whereas greater dedication was associated with increased worry and reduced psychological ease.

The element field consisted primarily of current family members, friends, and a romantic partner, suggesting an interpersonal world organized around ongoing developmental relationships rather than psychologically salient figures from the past. These findings suggest conflicts concerning the transition into adulthood and the integration of increasing responsibility with maintaining valued interpersonal openness and emotional well-being.

CTRL18's dilemma structure centered on tensions between authenticity, autonomy, and interpersonal belonging. Desired changes involved achieving greater family stability, connectedness, and inner peace, yet these developments were anticipated as conflicting with valued meanings of independence, openness, and living according to personal convictions rather than external expectations.

The element field included both a former romantic partner and a former close friend, suggesting that previous relationships remained psychologically meaningful within the participant's construing. At the same time, the relatively modest self–ideal discrepancies and frequent midpoint ideal ratings indicate a construct system characterized by comparatively flexible rather than polarized self-construing. Overall, the findings suggest difficulty balancing authenticity and autonomy with attachment and relational security, while preserving access to both positions within the construct system.

CTRL20 displayed two ID organized around a single desired change: becoming more organized and effective in managing everyday demands. This development was anticipated as implying greater negativity or excessive concern with practical and material matters, suggesting that improved organization carried the perceived cost of reduced spontaneity or psychological flexibility.

The element field consisted largely of current family members, colleagues, and close relationships, with only one former significant figure, suggesting relatively little orientation toward unresolved past relationships. Together with modest self–ideal discrepancies and substantial use of intermediate ratings, the findings indicate a circumscribed area of conflict within an otherwise relatively flexible construct system.

Integrative Interpretation

Exploratory Model of Agency–Vulnerability Organization

The qualitative analyses suggest a hierarchical organization of construct systems. At the broadest level, the findings are consistent with a distinction between construct systems in which agency- and vulnerability-related meanings remain mutually available and those in which these domains become increasingly fragmented. Within this broader distinction, fragmented appeared to assume two predominant forms: one in which agency-related meanings became psychologically contaminated (characteristic of most INT participants), and another in which vulnerability-related meanings became psychologically contaminated (characteristic of most EXT participants). Accordingly, the proposed distinction concerns the organization of superordinate meanings rather than the frequency of particular constructs or aspirations.

Across most INT participants, desired changes involved agency-related meanings such as competence, autonomy, persistence, authority, responsibility, assertiveness, or power. These developments repeatedly implied anticipated losses of care, morality, emotional connectedness, or other valued self-constructions. Consequently, agency itself became constrained by anticipated losses, such that developmental change was anticipated as threatening the continuity of preferred self-constructions.

EXT participants displayed considerably greater heterogeneity in dilemma content. Their desired changes involved forgiveness, belonging, reflection, emotional expression, persistence, deliberation, responsibility, and self-care. Despite this diversity, the anticipated implications of change were comparatively consistent. Desired developments repeatedly implied increased vulnerability, diminished protection, reduced effectiveness, interpersonal conflict, or emotional destabilization. Thus, vulnerability-related meanings became constrained by anticipated losses, such that openness or psychological permeability was anticipated as compromising personal security.

Two participants (EXT9 and EXT11) diverged from the dominant EXT pattern. Their dilemmas simultaneously constrained agency and vulnerability, producing recurring tensions between autonomy and attachment, responsibility and dependency, and self-interest and care for others. Rather than conforming to either dominant configuration, these participants appeared to oscillate between configurations resembling the dominant INT and EXT organizations, a pattern that was also reflected in their clinical presentations through alternating depressive and disruptive symptomatology. Although tentative, these cases suggest that the proposed distinction may be dimensional rather than categorical.

The present findings may also be interpreted within Kelly's concept of aggression, understood as the active elaboration of one's construct system rather than the colloquial understanding of aggression as hostility or violence (Drndarević, 2021; Kelly, 1965). From this perspective, many agency-related meanings identified in the INT group can be understood as instances of aggressive elaboration. Their dilemmas therefore suggest that actively extending one's construing was anticipated as inevitably entailing losses of care, morality, or valued self-constructions. In contrast, several EXT participants appeared more concerned with preserving protection against invalidation than with elaborating their construct systems. Although speculative, this interpretation suggests that dilemmas may reflect different constraints on Kellyan aggression across different forms of psychopathology.

It is important to note that the distinction proposed here concerns neither the desired direction of personal change nor the content of aspirations themselves. Participants across both groups generally wished to become more adaptive, competent, peaceful, or psychologically healthier. The principal difference instead concerned the anticipated implications of these changes within their construct systems. In line with PCP thinking, the proposed model is organized around anticipated invalidation rather than motivational content.

The present findings may also point toward a possible extension of Kelly's (1955) Fragmentation Corollary. Whereas fragmentation describes the coexistence of inferentially incompatible construction subsystems, the present model suggests that psychological organization may vary according to the extent to which previously fragmented superordinate domains become available within the same construct system. Such an organization would not eliminate either mode of construing but would increase the permeability of their superordinate relationship, consistent with Kelly's Modulation Corollary. From this perspective, therapeutic change could be conceptualized as movement toward such integration.

Element Field Organization

Beyond the dilemma structures themselves, the composition of the element fields emerged as an additional qualitative source of information. Within RGT methodology, the element field reflects the interpersonal world through which construing is organized. The present analyses suggest that the composition of the element field may constitute an underutilized qualitative source of information about construct system organization.

INT participants frequently selected psychologically significant attachment figures, including deceased relatives, former partners, caregivers, physicians, and emotionally important people from the past. These figures often appeared psychologically active despite no longer occupying central roles in participants' lives, and in several cases despite being deceased, suggesting construct systems strongly organized around attachment and enduring relational meanings.

EXT participants more frequently selected current family members, prison acquaintances, offender peers, partners, and socially relevant figures embedded within their present interpersonal environment. Their element fields appeared more oriented toward ongoing social positioning than psychologically active past relationships.

CTRL participants generally occupied an intermediate position. Their grids contained both current and former significant relationships, although these past figures appeared less central to conflict organization and were embedded within a wider range of both past and present relationships.

BIOGRAPHY

Nikola M. Drndarević was born in Kraljevo in 1994. He completed his BA in Psychology in 2017 and his MA in Psychology in 2018 at the University of Belgrade – Faculty of Philosophy, where he subsequently enrolled in doctoral studies in psychology.

Since 2019, he has been employed as a researcher at the Institute of Criminological and Sociological Research in Belgrade. His research spans psychopathology, personality, and offenders, with particular interests in the etiology and organization of internalizing and externalizing psychopathology, including depression, trauma-related difficulties, self-harm, aggression, antisocial personality, and psychopathic traits. His work also addresses psychological aspects of imprisonment and the quality of prison life.

He has authored and co-authored more than 20 scientific publications and conference contributions, published or presented nationally and internationally, and has participated in national and international research projects. Most notably, he was a member of the PrisonLIFE project, funded by the Science Fund of the Republic of Serbia, where his work included research on prisoners' psychological functioning, personality, self-harm, and quality of prison life.

His research interests also include Personal Construct Psychology and the use of the Repertory Grid Technique in the study of psychopathology and personality. Alongside his academic work, he is a certified constructivist psychotherapist working with adults, with a particular interest in the application of constructivist approaches to understanding psychological functioning and psychopathology.

образац изјаве о ауторству

Изјава о ауторству

Име и презиме аутора **Никола М. Дрндаревић**

Број индекса **404-18-0007**

Изјављујем

да је докторска дисертација под насловом

Personal Construct Theory Perspective on The Distinction Between Depressive and Disruptive Disorders

- резултат сопственог истраживачког рада;
- да дисертација у целини ни у деловима није била предложена за стицање друге дипломе према студијским програмима других високошколских установа;
- да су резултати коректно наведени и
- да нисам кршио/ла ауторска права и користио/ла интелектуалну својину других лица.

У Београду, _____ **Потпис аутора**

_____

образац изјаве о истоветности штампане и електронске верзије докторског рада

Изјава о истоветности штампане и електронске верзије докторског рада

Име и презиме аутора **Никола М. Дрндаревић**

Број индекса **404-18-0007**

Студијски програм **Психологија**

Наслов рада **Personal Construct Theory Perspective on The Distinction Between Depressive and Disruptive Disorders**

Ментор **проф. др Тамара Џамоња Игњатовић**

Изјављујем да је штампана верзија мог докторског рада истоветна електронској верзији коју сам предао/ла ради похрањивања у **Дигиталном репозиторијуму Универзитета у Београду.**

Дозвољавам да се објаве моји лични подаци везани за добијање академског назива доктора наука, као што су име и презиме, година и место рођења и датум одбране рада.

Ови лични подаци могу се објавити на мрежним страницама дигиталне библиотеке, у електронском каталогу и у публикацијама Универзитета у Београду.

У Београду, _____ **Потпис аутора**

_____

образац изјаве о коришћењу

Изјава о коришћењу

Овлашћујем Универзитетску библиотеку „Светозар Марковић“ да у Дигитални репозиторијум Универзитета у Београду унесе моју докторску дисертацију под насловом:

Personal Construct Theory Perspective on The Distinction Between Depressive and Disruptive Disorders

која је моје ауторско дело.

Дисертацију са свим прилозима предао/ла сам у електронском формату погодном за трајно архивирање.

Моју докторску дисертацију похрањену у Дигиталном репозиторијуму Универзитета у Београду и доступну у отвореном приступу могу да користе сви који поштују одредбе садржане у одабраном типу лиценце Креативне заједнице (Creative Commons) за коју сам се одлучио/ла.

① Ауторство (CC BY)

2. Ауторство – некомерцијално (CC BY-NC)

3. Ауторство – некомерцијално – без прерада (CC BY-NC-ND)

4. Ауторство – некомерцијално – делити под истим условима (CC BY-NC-SA)

5. Ауторство – без прерада (CC BY-ND)

6. Ауторство – делити под истим условима (CC BY-SA)

(Молимо да заокружите само једну од шест понуђених лиценци. Кратак опис лиценци је саставни део ове изјаве).

У Београду, _____ **Потпис аутора**

_____

1. Ауторство. Дозвољавате умножавање, дистрибуцију и јавно саопштавање дела, и прераде, ако се наведе име аутора на начин одређен од стране аутора или даваоца лиценце, чак и у комерцијалне сврхе. Ово је најслободнија од свих лиценци.

2. Ауторство – некомерцијално. Дозвољавате умножавање, дистрибуцију и јавно саопштавање дела, и прераде, ако се наведе име аутора на начин одређен од стране аутора или даваоца лиценце. Ова лиценца не дозвољава комерцијалну употребу дела.

3. Ауторство – некомерцијално – без прерада. Дозвољавате умножавање, дистрибуцију и јавно саопштавање дела, без промена, преобликовања или употребе дела у свом делу, ако се наведе име аутора на начин одређен од стране аутора или даваоца лиценце. Ова лиценца не дозвољава комерцијалну употребу дела. У односу на све остале лиценце, овом лиценцом се ограничава највећи обим права коришћења дела.

4. Ауторство – некомерцијално – делити под истим условима. Дозвољавате умножавање, дистрибуцију и јавно саопштавање дела, и прераде, ако се наведе име аутора на начин одређен од стране аутора или даваоца лиценце и ако се прерада дистрибуира под истом или сличном лиценцом. Ова лиценца не дозвољава комерцијалну употребу дела и прерада.

5. Ауторство – без прерада. Дозвољавате умножавање, дистрибуцију и јавно саопштавање дела, без промена, преобликовања или употребе дела у свом делу, ако се наведе име аутора на начин одређен од стране аутора или даваоца лиценце. Ова лиценца дозвољава комерцијалну употребу дела.

6. Ауторство – делити под истим условима. Дозвољавате умножавање, дистрибуцију и јавно саопштавање дела, и прераде, ако се наведе име аутора на начин одређен од стране аутора или даваоца лиценце и ако се прерада дистрибуира под истом или сличном лиценцом. Ова лиценца дозвољава комерцијалну употребу дела и прерада. Слична је софтверским лиценцама, односно лиценцама отвореног кода.