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# The Cerebellum in Aggression: Extending the Cortico-Limbic Dual-Route Model of Motivation and Emotion

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According to the dual-route model of emotion, impulsive (affective) aggression involves fast acting limbic regions, whereas in instrumental (predatory) aggression the neural focus lies on top-down anterior cortical areas. However, increasing neuroscientific evidence now points toward differential involvement of the cerebellum in the aggression circuit. In particular, the medial cerebellum, the vermis, is suggested to be part of the limbic circuit involved in fast, preattentive processing during imminent threat and provocation, mediating impulsive forms of aggression. By contrast, the lateral cerebellar hemispheres with their connections to the motor and prefrontal cortex provide a substrate for the top-down regulatory control mechanisms that allow for premeditated and instrumental forms of aggression. This theoretical account can be reconciled with the involvement of the cerebellum in homeostatic functions and predictive coding. The available scientific evidence provides an empirical basis for the view that the corticolimbic dual-route model of aggression should be extended to include the cerebellum.

Keywords: aggression, cerebellum, dual-route model, emotion

Aggression can be characterized as behavior directed toward harming or injuring another living being who is motivated to avoid such treatment (Blair, 2016). The neural circuitry underlying aggression consists of subcortical limbic and cerebral cortical areas, where the subcortical regions are conserved across mammalian species and subserve survival-related behaviors (LeDoux, 2012; Panksepp & Zellner, 2004; Siegel & Pott, 1988). The limbic circuit makes up a complex network that connects sensory thalamic nuclei to the amygdala, hypothalamus and periaqueductal gray (PAG) and allows an organism to survive and thrive by fast detection of and responding to environmental challenges and opportunities (LeDoux, 2012). In particular, the amygdala is involved in automatic, preattentive threat detection (LeDoux, 2000). Following threat detection, the dorsomedial hypothalamus and PAG receive input from the amygdala and are involved in the initiation of autonomic responses associated with fight-flight behavior (Fontes et al., 2011; Mobbs et al., 2007; Todd & Machado, 2019). Cortical association areas including the prefrontal cortex interact with the limbic circuit by exerting a top-down modulatory influence over these structures (Fontes et al., 2011; Mobbs et al., 2007; Todd & Machado, 2019). Specifically, the dorsolateral parts of the prefrontal cortex are involved in appraisal and expression of survival behaviors, whereas the ventromedial parts serve an integrating and regulatory function on emotion (Alia-Klein et al., 2020; Etkin et al., 2011; Ochsner et al., 2012).

# Impulsive and Instrumental Aggression and Their Neural Underpinnings

In humans and other mammals, roughly two forms of aggression can be distinguished: Impulsive (affective) and instrumental (predatory) aggression. Impulsive aggression typically occurs in response to an unescapable threat or provocation and is accompanied by a strong sympathetic physiological response (Meloy, 1988; Siegel et al., 1997; Weinshenker & Siegel, 2002). In cats, affective attack elicited by injecting a neurokinin 1 receptor agonist in the medial hypothalamus is characterized by growling, hissing, agitation, pupillary dilatation and rearing (Bhatt et al., 2003). By contrast, instrumental aggression often involves more premeditated and goal-directed behavior in the absence of sympathetic arousal (Blair, 2010; Meloy, 1988; Weinshenker & Siegel, 2002). Although instrumental aggression in humans may initially be less prey-centered as compared to predatory aggression in animals, both forms of aggression nonetheless do share behavioral characteristics (Siegel & Victoroff, 2009; Weinshenker & Siegel, 2002). In support of this assumption, comparative research has provided evidence for the idea that animals and humans share neural and physiological characteristics that link predatory aggression in animals to instrumental aggression in humans (LeDoux, 2012; Panksepp, 2011; Panksepp & Zellner, 2004).

In both humans (Blair, 2016) and animals (Panksepp & Zellner, 2004), the limbic system, which includes the amygdala, medial hypothalamus and PAG, mediates impulsive aggression. The activation of the medial hypothalamus and PAG, both involved in

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sympathetic arousal observed during impulsive aggression (Panksepp & Zellner, 2004). The prefrontal cortex can exert a modulatory role over subcortical limbic regions underlying impulsive aggression (Blair, 2016; Panksepp & Zellner, 2004; Potegal, 2012). Instrumental aggression is argued to be another form of goal-directed behavior that is no different from any other motor response and as such is mediated by the motor cortex and the caudate (Blair, 2010). Whereas impulsive aggression is mediated by the medial hypothalamus, animal studies suggest that the lateral hypothalamus is involved in instrumental aggression (Gregg & Siegel, 2001; Siegel & Victoroff, 2009). Furthermore, prefrontal regions and the brain's reward circuit (e.g., ventral striatum) are suggested to be part of the brain regions that are recruited during instrumental aggression, both in human (Nelson & Trainor, 2007) and nonhuman mammals (Panksepp & Zellner, 2004). As mentioned earlier, the prefrontal cortex is involved in impulsive aggression as well. However, when threat is imminent and potentially life threatening, the brain's subcortical survival circuit will overrule the cortical control processes to allow for fast defensive responses (Mobbs et al., 2007). We suggest that the contribution of the prefrontal cortex differs between impulsive and instrumental aggression. For impulsive aggression, the role of prefrontal regions is to inhibit ongoing aggressive behavior (Blair, 2016; Potegal, 2012). This is relevant in the context of the violence inhibition mechanism, where ceasing of aggression is the result of the opponent's submissive cues (Blair, 1995). In instrumental aggression the role of prefrontal cortical regions lies more in governing cognitive control mechanisms that facilitate the premeditated and goal-directed nature of this type of aggressive behavior. Additionally, researchers suggest that reward can play a role in impulsive aggression as well (Chester & DeWall, 2016), in particular frustrative nonreward that activates the ventral striatum together with the insula and frontal brain areas (Bertsch et al., 2020). Yet, activation of reward-dedicated brain regions is generally more associated with instrumental aggression, which corresponds to the anticipation and outcome of reward serving as the primary motivation (Siegel & Victoroff, 2009). In contrast, the core motivation underlying impulsive aggression has more to do with getting rid of unescapable frustration or threat. Here, we aim to provide a theoretical framework that is based on the evolutionary lineage of the mammalian species in which the primordial circuits dedicated to motivation and emotion have been conserved in humans (Panksepp, 2011). The cerebral cortical system is proposed to be an expansion of these more ancient subcortical (limbic) circuits which allows for more complex forms of behavior (Giaccio, 2006). In this review we argue that the cerebellum followed a similar evolutionary trajectory which together with its intrinsic connections to the cortico-limbic regions should be considered in psychoneural theories of aggression.

initiating autonomic responses, is suggested to be critical for the

# The Cerebellum in Aggressive Behavior

The cerebellum is a brain structure located in the posterior fossa of the skull beneath the tentorium and the occipital lobe of the cerebral hemisphere (O'Hearn & Molliver, 2001). Although it represents 10% of total brain weight, it accounts for more than 50% of total neurons present in the human brain (Cardinali, 2017). In addition, the surface of the cerebellar cortex makes up 80% of the

total surface of the cerebral cortex (Sereno et al., 2020). During the course of evolution, the cerebellum expanded in concert with the cerebral cortex, particularly with prefrontal and association areas (Balsters et al., 2010; Weaver, 2005). The cerebellum consists of a three-layered cortex, deep cerebellar nuclei (DCN) and white matter (O'Hearn & Molliver, 2001). From a phylogenetic point of view, it can be divided into three parts: the archicerebellum (flocculonodular lobe), paleocerebellum (anterior lobe and vermis) and neocerebellum (posterolateral hemispheres; O'Hearn & Molliver, 2001). The archicerebellum, the phylogenetically oldest part of the cerebellum, is connected to the vestibular system and reticular formation in the brainstem and is implicated in the control of body posture and ocular movements (Cardinali, 2017; Schutter, 2013). The paleocerebellum is connected with the spinal cord and the brainstem as well as subcortical structures (Schutter, 2013). It controls proximal musculature, posture, muscle tone and reflexes (O'Hearn & Molliver, 2001). Moreover, its connections with subcortical structures underlie its role in motivation and emotion (Schutter, 2013). The neocerebellum is the phylogenetically youngest part of the cerebellum and is involved in motor planning as well as higher-order affective and cognitive functions (Adamaszek et al., 2017; O'Hearn & Molliver, 2001). Alternatively, the cerebellum can be divided into lobes and lobules. The anterior lobe, which is mainly involved in sensorimotor function (Stoodley & Schmahmann, 2009), consists of lobules I-V (O'Hearn & Molliver, 2001), whereas the posterior lobe is mainly involved in cognitive functions (Stoodley & Schmahmann, 2009) and consists of lobules VI-IX (O'Hearn & Molliver, 2001). The flocculonodular lobe is equivalent to lobule X (O'Hearn & Molliver, 2001). Figure 1 depicts the anatomy of the cerebellum.

While the cerebellum has received little attention in the neuroscientific study of emotion, the aim of this selective review is to discuss the available empirical evidence in support of cerebellar involvement in aggression. To address this assumption, lesion studies, structural and functional neuroimaging work and brain stimulation studies will be discussed. The evidence supports an extension of the existing cortico-limbic dual-route model of motivation and emotion to the cerebellum in the context of aggression.

#### **Lesion Studies**

Patients with congenital or acquired cerebellar abnormalities provide an important line of empirical work that contributes to insights on the role of the cerebellum in aggression. Acquired cerebellar damage can cause behavioral impairments known as the cerebellar cognitive affective syndrome or Schmahmann's syndrome, which is characterized by disturbed executive functioning, impaired spatial cognition, language deficits and emotion dysregulation (Greve et al., 1999; Hoche et al., 2018; Schmahmann & Sherman, 1998). Impairments in emotion regulation include increases in impulsivity, irritability, anger and aggression (Greve et al., 1999; Kronemer et al., 2021; Schmahmann et al., 2007). Lesions of the vermis in particular are associated with emotional problems and behavioral disturbances (Schmahmann & Sherman, 1998). Interestingly, most cerebellar patients displaying anger or aggression show lesions that include the vermis (Schmahmann et al., 2007). Although these findings are in contrast with observations in cats and monkeys, where a taming effect has been reported after vermal lesions (Berman et al., 1974; Peters & Monjan,

 IV
 IV

 VI
 IV

 Crus I
 IV

 VIIA
 IV

 VIIB
 IV

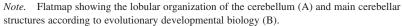
 VIIB
 IV

 IS
 archicerebellum

 Interior lobe
 meccerebellum

 Interior lobe
 meccerebellum

Figure 1 Basic Neuroanatomy of the Cerebellum



1971), the link between the vermis and aggression is nonetheless notable.

Studies in pediatric populations further add to our understanding of the involvement of the cerebellum in anger and aggression. Neuropsychological evaluations in children with cerebellar lesions and malformations indicate that the cerebellar cognitive affective syndrome is evident in children as well (Levisohn et al., 2000; Tavano et al., 2007). In several studies, vermal lesions were associated with impaired regulation of affect and behavioral disturbances (Levisohn et al., 2000; Richter et al., 2005; Riva & Giorgi, 2000; Steinlin et al., 2003; Tavano et al., 2007). Based on self-ratings and parental ratings of changes in behavior and affect after cerebellar tumor resection, Richter et al. (2005) reported increased aggression in two out of nine children with lesions that included the vermis. Notably, the lesion was confined exclusively to the vermis in one of these patients. Conversely, another patient showed reduced aggression, which is an interesting finding that does not concur with the theory that the vermis is involved in affect dysregulation. However, as this patient had an extensive lesion from lobule III extending to lobule X, which was not limited to the vermis, lesions in more lateral regions may account for the observed reduction in aggression. A recent case study of a boy who exhibited psychiatric symptoms including aggression as a consequence of a congenital cerebellar lesion characterized by agenesis of the vermis and fusion of cerebellar hemispheres supports the notion that vermal abnormalities can be accompanied by aggression (Schutter et al., 2021).

In sum, lesion studies provide evidence for the role of the cerebellum in aggression. Lesions and malformations of the vermis particularly are associated with emotional dysregulation and behavioral disturbances, including anger and aggression.

#### **Structural MRI Studies**

Structural brain alterations have been observed in psychopathic, antisocial and violent individuals and can give insights in brain regions that are involved in aggression. Whereas reductions in gray matter volume are predominantly found in prefrontal, temporal and limbic regions (Aoki et al., 2014; Gregory et al., 2012; Rogers & De Brito, 2016; Tiihonen et al., 2008; Yang et al., 2009; Yang & Raine, 2009), findings for the cerebellum are less consistent, as both reductions and increases in gray matter volume have been reported in these individuals.

Lower gray matter volumes in the left cerebellum, specifically lobules I-IV, V and VIIB, and in right lobule VIIB have been observed in antisocial offenders compared to controls (Bertsch et al., 2013). Additionally, Puri et al. (2008) reported total cerebellar gray matter volume reductions in schizophrenic patients with a history of violent offenses as compared to nonviolent patients with schizophrenia. A study in healthy adolescents showed that higher aggression scores were associated with lower gray matter volumes of the left anterior lobe and lower gray matter volumes of right posterior lobules VIIB and VIIIA (Wolfs et al., in press). In boys with conduct disorder, smaller gray matter volumes have been found in bilateral Crus I (Dalwani et al., 2011) and right lobule VIIIB and X (Zhang et al., 2018). Furthermore, lower gray matter volume and gray matter concentration of the vermis have been demonstrated in this patient population (De Brito et al., 2009; Huebner et al., 2008). In contrast, Huebner et al. (2008) reported enhanced bilateral gray matter volume in lobule IX in boys with conduct disorder. This finding is in line with results from Leutgeb et al. (2015), who reported increased gray matter volumes in lobule IX as well as in vermal lobule I-IV in male high-risk offenders relative to controls. Additionally, increased gray matter volumes have been found in left Crus I in violent offenders (Leutgeb et al., 2016). Another study in violent offenders with antisocial personality disorders and substance dependence reported larger white matter volumes in the left cerebellum and larger gray matter volumes in the right cerebellum (Tiihonen et al., 2008). Gray matter volumes in both right and left vermal and lateral cerebellar regions correlated positively with interpersonal and affective psychopathic problems, risk of recidivism, temperament and anger in violent offenders (Leutgeb et al., 2015). Similarly, impulsivity was correlated positively with gray matter volumes of the posterior vermis in healthy adolescents (Wolfs et al., in press).

Volumetric reductions are typically found in brain regions involved in emotional processing, morality, decision-making, learning and behavioral control (Santana, 2016; Tiihonen et al., 2008; Yang & Raine, 2009) and provide insights into the functional neuroanatomic substrate of antisocial and violent behaviors. The observation of a positive relationship between vermal gray matter volumes and impulsivity supports the idea that structural alterations reflect abnormalities in behavioral control (Wolfs et al., in press), facilitating aggressive behavior arguably as a result of diminished inhibitory cerebellar output to the forebrain. In psychopaths, smaller posterior cerebellar volumes were associated with worse recognition of emotional faces (Pera-Guardiola et al., 2016), suggesting that the relationship between the cerebellum and aggression may involve abnormalities in emotion perception. It should be noted that larger volumes do not necessarily imply better functionality, as larger brain volumes could also be indicative of atypical neural development that promotes early-onset aggressive behavior (Tiihonen et al., 2008).

In sum, both differences in gray matter volume observed in cerebellar regions of violent individuals and associations between cerebellar volume differences and indices of aggression and impulsivity support the idea of cerebellar involvement in aggression.

## **Functional MRI Studies**

Because anger is an emotional state that drives aggression (Panksepp & Zellner, 2004), fMRI studies on the involvement of the cerebellum in anger are relevant for understanding the relationship between the cerebellum and aggression. During anger processing, hemodynamic activity has been reported in left Crus I, left Crus II, left lobule VIIB, right and vermal lobule V and vermal lobule VI (Grosbras & Paus, 2006; Lin et al., 2016; Park et al., 2010; Spoont et al., 2010). Cerebellar activity patterns associated with anger processing have been confirmed in a recent meta-analysis in which anger and threat processing were shown to evoke activity in bilateral Crus I and Crus II, right lobule VI and left lobules VIIIA, VIIIB and X (Klaus & Schutter, 2021). In a previous study that investigated the functional cerebellar topography of primary emotions, anger evoked activity in vermal, paravermal and right lobule VI, vermal lobule IX and right Crus I (Baumann & Mattingley, 2012). However, activity in lobule VI and Crus I was not specific for anger processing as the activity overlapped with cerebellar activity during fear processing. Importantly, both anger and fear are emotions that are elicited in response to threat (Blair, 2012; LeDoux, 2000), suggesting that these emotions share a common neural pathway that is involved in the processing of threat-related stimuli and that mediates autonomic fight-flight responses (Baumann & Mattingley, 2012). The subcortical circuit is likely to be implicated in this shared neural network, given its involvement in survival behaviors and association with affective attack (LeDoux, 2012; Panksepp & Zellner, 2004; Siegel & Pott, 1988).

Brain activity associated with aggression is typically investigated in laboratory paradigms that evoke aggression through provocation and frustration. The studies that will be discussed here focused on healthy volunteers. The Taylor Aggression Paradigm (TAP; Taylor, 1967) is among the most frequently used laboratory aggression tasks and starts with a decision phase, during which the severity of the prospective punishment (i.e., a noise blast) of the opponent is set by the participant. This phase is then followed by a competitive reaction time (RT) task and an outcome phase, during which the actual punishment is administered to the player who lost the game. Buades-Rotger et al. (2017) reported activation in right lobule VI when participants decided to face the opponent, implying that they would compete in another RT trial of the TAP. Neural activity specific to retaliation (i.e., selecting a high punishment under provocation) has been found in right lobules I-IV, V and VI (Chester & DeWall, 2016; Dambacher, Sack, et al., 2015; Krämer et al., 2007). Krämer et al. (2007) reported activity in right Crus I when participants won the RT task, as well as activity in left Crus I when participants won after high provocation compared to low provocation. Confrontation with high compared to low provocation in the feedback phase was associated with activity in left Crus I and left lobule VI (Wagels et al., 2019).

Violent video games, social exchange paradigms and the Point Subtraction Aggression Paradigm (PSAP; Cherek et al., 1997) are other tasks used to elicit aggression through provocation. Activity in right Crus I has been observed when participants engaged in a violent video game and was postulated to reflect higher sensorimotor integration needed to control the violent video game with the right hand (Mathiak & Weber, 2006). In a social fairness game, participants could accept a fair or unfair monetary offer of a partner in exchange for \$3 or they could spend some of their \$3 to punish the partner for his or her offer (White et al., 2014). Increased right-sided activity in lobules V, VI and Crus II accompanied by decreased activity in left lobule V was observed as participants' punishment of the partner increased. According to the authors, cerebellar activity is consistent with an affective aggressive response to provocation, instead of a reward-related response to being treated unfairly. Based on increased activity in both impulsive aggressive individuals and controls, left lobule VI has been identified as a region specifically implicated in choosing retaliation over monetary reward on the PSAP (Gan et al., 2016).

A region consistently linked to aggression in fMRI studies is the cerebellar anterior lobe. A meta-analysis on the functional topography of the cerebellum demonstrated that lobule V and adjacent lobule VI are activated across sensorimotor tasks (Stoodley & Schmahmann, 2009), suggesting that activity in these areas observed during aggressive behavior reflects a motor component of the aggressive response. Activity related to motor functioning would be plausible, given the motor response that usually has to be executed in laboratory aggression paradigms. A meta-analysis on the functional topography of aggression in the cerebellum showed that aggression evoked activity in lobules V and VI, thus overlapping with the regions involved in sensorimotor functioning (Klaus & Schutter, 2021). Clusters of activity in the anterior lobe displayed connectivity with the somatomotor and default mode network, providing additional support for the notion that activity in the anterior lobe is associated with motor execution during aggression. Another meta-analysis on neural networks of aggression showed that the right cerebellum, the peak of the cluster being located in lobule V, is connected with cerebral somatosensory regions during elicited aggression (Wong et al., 2019). This network was found to be involved in the execution, preparation and mental imagery of actions.

Whereas the anterior lobe of the cerebellum is specialized in sensorimotor functioning, the posterior lobe is known to be involved in cognitive and emotional functioning (Stoodley & Schmahmann, 2009). As such, activity observed in the posterior lobe of the cerebellum during aggression, which is located particularly in Crus I and Crus II, is likely to reflect the recruitment of those functions. Crus I and Crus II are involved in a variety of cognitive functions that could underlie anger experience and expression of aggressive behavior (E et al., 2014; Stoodley & Schmahmann, 2009). Arguably, activity in these regions could reflect efforts to maintain self-regulation when being provoked, as well as improvements in focus and self-monitoring abilities that enable optimal performance in a competitive provocation task. Furthermore, the role of these regions in social cognition indicates that activity could reflect social-cognitive processes during aggression (Van Overwalle et al., 2014, 2020). This is supported by overlap in posterior lobe activity between retaliation and cognitive processes, particularly hostile attribution bias and negative emotional response (Coccaro et al., 2021), which are associated with aggression (Coccaro et al., 2017; Tuente et al., 2019). Because anger facilitates aggression, the roles of Crus I in anger processing (Baumann & Mattingley, 2012) and Crus II in emotional self-experiences (Van Overwalle et al., 2020) suggest that these emotional functions may underlie activity related to aggression as well. The preference for processing negative emotional stimuli that is observed in several cerebellar regions, including Crus I and Crus II, implies that the cerebellum is involved particularly in goal-directed behavior in reaction to negative emotional stimuli (Schraa-Tam et al., 2012). It is therefore conceivable that activity in Crus I and Crus II reflects emotional processes that guide goal-directed behavior during aggression.

Finally, it should be noted that thus far, only a limited number of fMRI studies investigating neural correlates of anger and aggression reported cerebellar activation. This underrepresentation may partly be explained by a selective preference for frontal brain regions in scanning parameters and analysis pipelines (Schlerf et al., 2014), making it difficult to actually detect responses in the cerebellum. Consequently, future studies are strongly encouraged to include the cerebellum in scanning protocols, which would allow for a more accurate picture on neural regions involved in anger and aggression.

In sum, activity that is observed in the anterior lobe, specifically lobule V and adjacent lobule VI, during aggression likely represents motor execution. By contrast, activity in the posterior lobe associated with aggression may reflect the recruitment of processes related to emotion and cognition.

## **Brain Stimulation Studies**

Direct evidence for the involvement of the cerebellum in aggression stems from early intracranial brain stimulation studies in animals and humans. In animals, electrical stimulation of the DCN (i.e., fastigial nucleus) in cats elicited sham rage (Zanchetti & Zoccolini, 1954) and affective attack (Reis et al., 1973). Recently, increasing Purkinje cell activity in the cerebellar cortex

of the vermis via optogenetic stimulation in mice was shown to significantly reduce the frequency of attacks toward an intruder (Jackman et al., 2020). Conversely, inhibiting Purkinje cell activity in the vermis had the opposite effect. This finding concurs with the inhibitory projections of the Purkinje cells to the DCN (Telg-kamp & Raman, 2002) which, in turn, reduce the DCN excitatory drive to extracerebellar regions including the hypothalamus. In psychiatric patients, electrical stimulation of electrodes implanted in the vermis led to substantial improvements of aggressive behavior (Heath, 1977; Heath et al., 1980).

In line with electrical stimulation studies in animals (Reis et al., 1973; Zanchetti & Zoccolini, 1954), results from a noninvasive transcranial magnetic stimulation (TMS) study in humans support the hypothesis that the cerebellum is involved in autonomic activity underlying aggression. Increasing excitability of the vermis using intermittent theta burst stimulation caused a significant decrease in heart rate (Demirtas-Tatlidede et al., 2011). Reciprocal projections from the cerebellum to the hypothalamus, a critical region involved in regulating autonomic responses (Fontes et al., 2011; Todd & Machado, 2019), are proposed to underlie this modulatory effect of the cerebellum on autonomic functions (Wen et al., 2004; Zhu et al., 2006). Furthermore, inhibitory low-frequency TMS over vermis was shown to impair emotion regulation (Schutter & Van Honk, 2009). The link between lower emotion regulation and increased anger after provocation (Mauss et al., 2006) and aggression (Holley et al., 2017) suggests that cerebellarrelated impairments in emotion regulation may underlie aggression. In another study, the administration of transcranial direct current stimulation (tDCS) to the medial cerebellum provided evidence for cerebellar involvement in response inhibition (Wynn et al., 2019), adding further support to the proposed links between the cerebellum, behavioral control and aggression (Denny & Siemer, 2012; Madole et al., 2020; Pawliczek et al., 2013). Moreover, noninvasive brain stimulation studies have demonstrated that the cerebellum is implicated in anger processing. Anodal and cathodal cerebellar tDCS enhanced the recognition of facial anger (Ferrucci et al., 2012). TMS over the left posterior medial cerebellum interfered with participants' ability to discriminate between an angry and either another negative or positive body posture, but not with the ability to discriminate between body postures displaying positive emotions (Ferrari et al., 2019).

In sum, electrical and optogenetic stimulation in animals as well as intracranial brain stimulation in humans provides direct evidence for the role of the cerebellum in aggression. Noninvasive brain stimulation studies have provided additional support for cerebellar contributions to physiologic, cognitive and emotional processes of aggression.

#### Discussion

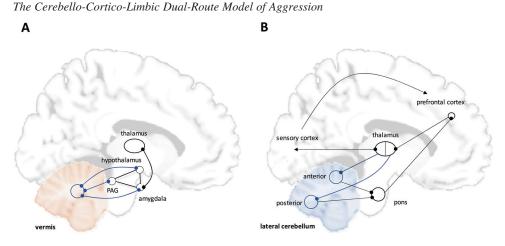
In the previous sections, evidence from lesion, structural and functional neuroimaging and brain stimulation studies was presented in support of the involvement of the cerebellum in aggression. It seems reasonable to assume that different regions of the cerebellum will be involved in implementing goal-directed behavior versus the more automatic responses associated with impulsive aggression. In support, the vermis with its connections to the PAG and limbic system has been linked to physiological arousal and impulse regulation. The posterolateral cerebellum as part of the cerebello-cortical system is proposed to play a more pronounced role in the cognitive control mechanisms associated with the regulation of premeditated and goal-directed forms of aggression. As such, the findings warrant an extension of the cortico-limbic dualroute model of motivation and emotion to the cerebellum in the context of aggression. In this extended model, the fast route involves the vermis and the slow route involves the lateral cerebellar hemispheres, which are particularly relevant for impulsive (affective) and instrumental (predatory) aggression, respectively.

It should be noted that impulsive aggression seems to be an overly broad concept that covers at least offensive and defensive aggression, which are considered to be quite distinct forms of behavior by many researchers who study aggression in animals. Offensive aggression is likely anger-related and often occurs in response to loss of resources, whereas defensive aggression is likely fear-related and often occurs in response to threats when the animal cannot escape (Blanchard & Blanchard, 2003). As noted earlier, impulsive aggression is mediated by the amygdala, medial hypothalamus and PAG (Panksepp & Zellner, 2004). These regions are important in the detection of and response to threat (Blair, 2016; Méndez-Bértolo et al., 2016). Animal research shows that the vermis has connections to the limbic system including the hypothalamus (Schmahmann, 2000; Wen et al., 2004; Zhang et al., 2016). Based on these connections, the vermis has been coined the "limbic cerebellum" (Schmahmann et al., 2007) and arguably participates in impulsive forms of aggression. This assumption is supported by several lines of evidence reviewed above that show specific involvement of the vermis in functions particularly important in impulsive aggression. First, insights on the role of the vermis in the regulation of cardiovascular responses during aggression, as demonstrated in animal (Reis et al., 1973; Zanchetti & Zoccolini, 1954) and human (Demirtas-Tatlidede et al., 2011) brain stimulation studies, add to the idea that the vermis is involved in impulsive aggression. Contrary to instrumental aggression, which is characterized by low autonomic arousal, impulsive aggression is marked by heightened autonomic arousal (Conner et al., 2009; Vitiello & Stoff, 1997; Weinshenker & Siegel, 2002). Connections of the vermis with the hypothalamus provide a neuroanatomical pathway for autonomic arousal associated with impulsive aggression (Wen et al., 2004; Zhu et al., 2006). Additionally, anger, one of the main emotions driving impulsive aggression (Panksepp & Zellner, 2004), evokes activity in the vermis (Baumann & Mattingley, 2012; Ferrari et al., 2019; Spoont et al., 2010). It should furthermore be noted that other emotions that signal threat, for example fear and disgust, evoke activity in the vermis as well (Baumann & Mattingley, 2012). These findings indicate that the vermis is part of the subcortical survival circuit involved in fast threat detection and the automatic initiation of fightflight behaviors. Indeed, the rapid detection of and response to salient information is subserved by the subcortical thalamo-amygdala circuit (LeDoux, 1995, 1996, 2012). Furthermore, the involvement of the medial cerebellum in emotion regulation (Schutter & Van Honk, 2009) and response inhibition (Wynn et al., 2019), as indicated by noninvasive brain stimulation studies in humans, demonstrates that the vermis is an integral part of the brain's subcortical survival circuit. Finally, the role of the vermis in impulsive aggression is supported by human lesion studies, showing that lesions or malformations of the vermis are consistently associated with emotion dysregulation, anger and aggressive behavior (Levisohn et al., 2000; Richter et al., 2005; Riva & Giorgi, 2000; Schmahmann et al., 2007; Schmahmann & Sherman, 1998; Schutter et al., 2021; Steinlin et al., 2003; Tavano et al., 2007).

Based on this evidence, a circuit comprising the vermis, thalamus, amygdala, hypothalamus and PAG is suggested to provide a fast route in the context of aggression that is particularly relevant for impulsive aggression. This pathway extends the fast route proposed by LeDoux (1995, 1996), which runs from the thalamus to the amygdala and enables rapid processing of salient stimuli. The fast subcortical route applies to impulsive aggression, as this form of aggression is driven by anger, is characterized by autonomic arousal and requires fast responding to imminent threat and provocation.

Instrumental aggression is suggested to be mediated by the lateral hypothalamus, motor and reward regions and higher cortical systems (Blair, 2010; Gregg & Siegel, 2001; Nelson & Trainor, 2007; Panksepp & Zellner, 2004; Siegel & Victoroff, 2009). The evolution of cerebellar lateral lobules mirrored the development of neocortical areas to which they are connected (Balsters et al., 2010). This simultaneous development indicates that these regions are functionally coupled and subserve higher cognitive functions in humans (Balsters et al., 2010). Posterior lateral regions, specifically Crus I and Crus II, are selectively connected to prefrontal cortices (Buckner et al., 2011; Sang et al., 2012) and thus offer a neural gateway for top-down modulation of the experience and expression of anger and aggression that is more cognitively oriented (Ochsner & Gross, 2005). Given the coevolution of and connections between these regions, the recruitment of posterolateral cerebellar regions during aggression is suggested to reflect cognitive control mechanisms that are particularly relevant for instrumental aggression, as these mechanisms enable deliberate and goal-directed behavior.

Lobules IV and V in the anterior lobe and lobule VI in the posterior lobe are connected to cerebral somatomotor cortices (Buckner et al., 2011; Sang et al., 2012). As such, these regions are suggested to be involved in motor functioning during aggression. Motor regions that are recruited during aggression might also reflect approach-related motivational tendencies that guide the transition from motivation to action. Indeed, the previously discussed meta-analysis on cerebellar functional activity patterns associated with aggression suggests that the right-sided activity observed in lobules V and VI during aggression reflects sensorimotor processes related to approach motivation caused by frustration and/or provocation (Klaus & Schutter, 2021). The crossed cerebello-thalamo-cortical and cortico-pontine-cerebellar loops (Kelly & Strick, 2003; Palesi et al., 2015) provide a neuroanatomical basis for approach- and avoidance-related aggressive behaviors. Functional asymmetries underlying nonmotor functions in the cerebral cortex show parallel but reversed asymmetries in the cerebellum (Wang et al., 2013). Accordingly, the lateralization of approach-avoidance motivations in the frontal cortex, where approach motivation is relatively left-lateralized and avoidance motivation is relatively right-lateralized (Kelley et al., 2017; Schutter & Harmon-Jones, 2013), would hypothetically be mirrored in the cerebellar hemispheres (Schutter, 2020). Instrumental aggression is driven by a strong reward-related motivation to achieve a certain state of affairs (Panksepp & Zellner, 2004), suggesting that the motivation to approach is central for this form of aggression. This is supported by human studies that demonstrate a link between instrumental forms of aggression and reduced



*Note.* The fast, reactive route comprising the vermis, periaqueductal gray, thalamus, amygdala, hypothalamus and prefrontal cortex is particularly involved during impulsive forms of (affective) aggression (A). The slow control route comprising lateral cerebellar, motor and prefrontal cortices is particularly involved in goal-directed and instrumental forms of (predatory) aggression (B). PAG = periaqueductal gray. See the online article for the color version of this figure.

avoidance tendencies (Dambacher, Schuhmann, et al., 2015; Von Borries et al., 2012). Based on this evidence, an overlap between cerebellar regions implicated in instrumental aggression and approach motivation is anticipated.

Taken together, the lateral cerebellar hemispheres are proposed to be part of a slow control route in the context of aggression that is particularly relevant for instrumental aggression. This route is an extension of the slow route proposed by LeDoux (1995, 1996), which runs from the thalamus to the amygdala via the frontal cortex and provides slower, but more complex and precise processing of salient stimuli. Specifically, the circuit that connects the anterior cerebellar lobe with the motor cortices subserves the action component of aggression. The circuit comprising the cerebellar posterior lobe and prefrontal regions subserves cognitive control functions in the context of aggression. Cognitive control is required specifically for instrumental aggression, because it enables deliberate, premeditated and goal-directed behavior.

#### **Summary and Conclusion**

Several independent lines of evidence support the involvement of the cerebellum in aggression. According to the dual-route model of motivation and emotion, impulsive (affective) aggression involves fast acting limbic regions, whereas in instrumental (predatory) aggression the neural focus lies on top-down anterior cortical areas. As illustrated in Figure 2, we propose an extension of this cortico-limbic dual-route model that also incorporates the cerebellum in the context of aggression. A circuit comprising the vermis, PAG, thalamus, amygdala, hypothalamus and prefrontal cortex is suggested to provide a fast route, which is particularly relevant for impulsive aggression because it enables emotiondriven, rapid responses to threatening or provocative situations. Additionally, a circuit comprising lateral cerebellar, motor and prefrontal cortices provides a slow control route of aggression that is involved predominantly during instrumental aggression, as these regions subserve functions that enable deliberate, premeditated, and goal-directed behavior.

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Figure 2

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