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THE PSYCHOPATH

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The Nature of Psychopathic Personality

“Psychopathic Personality” is a term applied to various deviations of personality structure. Such individuals are neither psychotic nor feeble-minded. The defect exists chiefly in the emotional aspects of the personality. Psychopaths usually begin as problem children and follow a similar course through life. We are all born psychopaths in the sense that we are born without repressions. An individual in order to adjust satisfactorily must learn to control his emotions in unpleasant situations. Emotional problems begin to confront the individual from the time of his birth. To the psychopathic group belong children who react to stimuli in an exaggerated manner. Early in life their problems are connected with eating, sleeping, and elimination. These children cry easily and are given to temper tantrums, and negativistic reactions which are persistent instead of being merely a passing phase. They are antagonistic and frequently show open rebellion against a dominating parent. Frequently pre-adolescent psychopaths suffer from enuresis, and run away from home. They are often boastful, destructive, deceitful, defiant, quarrelsome and shameless. Many psychopaths are sexually fixated at immature levels of sexual development. With approaching maturity, increased responsibility, and decreased influence of the home, their earlier tendencies become more marked. Emotional development lags and the instinctual drives are not adjusted to the demands of society.

The psychopath has difficulty in effecting constructive compromises and relinquishing personal desire in the interest of others and society. He does not develop the type or degree of social qualities necessary for the demands of life. He resists the ideals of his family and socializes at a lower level. He lacks the capacity to feel for others, and his response to moral and ethical considerations is inadequate. Certain lines of conduct of a socialized nature are never learnt, not because he lacks intelligence, but because a subjective emotional obstacle is present. The psychopath is self-centered, demanding much, and giving little. He lacks foresight, discriminative reflective judgment, and a defi-

nite objective in life and restlessly searches for the unattainable. Routine to him is intolerably irksome. He forgets the punishment of yesterday in the desires of tomorrow. Adjustment and success necessitate a long steady pull, but he does not realize this. Frequently the only environment to which he can adjust is one which he can dominate. He is satisfied with his conduct.

A certain number of psychopaths, in order to escape difficult situations, resort to alcohol, sedatives, marihuana, morphine, and other narcotic drugs. Many bear alcohol poorly and under it become destructive, and quarrelsome, and suffer from disturbances of memory. The psychopath is unwilling to face the realities of life and has a desire to escape consequences. He follows, by reason of his makeup, the paths of immediate least resistance. He frequently harbors a chronic feeling of injustice because he feels the restrictions imposed upon him by society.

The social and educational problems presented by this group are most difficult. Venereal disease, vagrancy, delinquency, illegitimacy, alcoholism, and drug addiction are common to this group. There is need for careful supervision of these individuals and for definite measures to safeguard society at-large from them. It is estimated that fifty percent of the men and thirty-five percent of the women in this group come into contact with the courts because of threats, assaults, vagrancy, and other anti-social acts.

The group includes a heterogenous lot of criminals, many emotionally unstable, inadequate personalities, some paranoid personalities, many alcoholics, drug addicts, pathological liars, swindlers, and sexual psychopaths.

In general, by the term psychopathic personality one means an individual who is ill equipped from birth to meet the demands of his environment. It may be looked upon as a defect state with a constitutional lack of responsiveness to the social demands of honesty, truthfulness, decency, and consideration for others. This is coupled with an inability to profit by experience. The defect and its consequences incapacitate the individual and prevent him from settling down to any permanent ordinary activity. The individual is emotionally unstable, cannot be depended upon, acts on impulse and shows poor judgment. He is frequently led into unwise activities, the consequences of which he may be able to realize intellectually, but not properly evaluate.

General Principles of Individual Treatment

In treating psychopaths it is necessary to know and study the relationship between the individual and his parents or those

who served in their stead in his early childhood, at the time when the sense of self and conscience were developing. The therapist must be very patient and understanding and must have sufficient liking for his patient to want really to help him rather than coerce or to punish him.

Although the psychopath's obvious behavior disturbances appear as though he were completely at the mercy of his instincts, there is no proof that these drives are in themselves markedly increased or abnormal to begin with. Their apparent strength and disturbance may be due rather to inadequate control, check, or direction. The real trouble seems to lie in the conscience or superego development.

The pathological development of the psychopath's personality may be traceable to the poor relationships between parents and child earlier in life. The results of these relationships are multiplied when the young adult is expected to look out for himself. The world then takes the place of the parents, in large measure. The "bad" behavior of the psychopath consists in the attempts of the individual to use on the world those methods which have previously been effective with the parents. This situation becomes increasingly complicated as society takes progressively more retributive action towards the psychopath's behavior and frequently ends by placing him in a hospital or a penal institution. Here, he is usually held rather than treated, and is discharged after he has calmed down and made promises about his future behavior.

The long range goals of treatment are essentially the development in the individual of a better sense of reality and a more useful conscience. Treatment may require many months or years. There is a definite advantage in institutional treatment with the initial commitment of such patients. Unfortunately, however, the institutions provided are usually either prisons or hospitals for psychotic patients, neither of which is generally suitable for the continued treatment of psychopaths.

Psychopaths fail to establish early in life any adequate process of testing reality, with consequent disturbance in a good appreciation of cause and effect. The failure to develop a sense of cause and effect is due to the early insecurity or actual lack of a sustained emotional relationship to the parents, and an inconsistency in the practical attitudes of the parents toward the young child. Thus, what "works" for the child at one time completely fails at another. This development is more likely in those cases where the child has been shuttled back and forth

among a number of parental relatives, and has developed an attitude of opportunism.

In psychopaths there is often an increased demand for results by magic rather than by effort. This is demonstrated by his willingness to take chances, and his expectation of good luck or his blaming of bad luck. It is a persistence of an infantile way of reacting which has become exaggerated by the inconsistency of his earlier handling. Results have actually seemed to come by divine chance of parental whim early in life, or by ingratiating rather than by work. The reliance on magic is striking in the speech of many psychopaths who later in life seem to expect accomplishment through the magic of talk rather than through any sort of action.

The reduction of this demand for magic or the over-readiness to find excuse for failure, is one of the most difficult tasks of treatment.

Psycho-therapy involves a number of steps: The discovery of the underlying conflicts; interpretation to the patient of his own conflicts so that he recognizes and accepts them; convincing the patient that the conflicts are soluble; the intellectual acceptance of a plan for solution; and the emotional acceptance of the solution.

The emotional reaction of the patient toward the therapist represents a repetition of the same emotions and conflicts which the patient has toward his parents. During therapy these are transferred to the therapist with a revival of the neurotic past. The patient then grapples with the same emotional difficulties which he has not been able to master in the past. These may be his envy mixed with admiration and gratitude felt toward his father and older brothers; his dependent, help-seeking attitude toward his mother, together with his resentment when his demands for love are not fulfilled; or later his rebellion against maternal over-protection.

Therapy is based on the principle of corrective emotional experience. The patient is exposed to the same type of emotional conflicts in the therapeutic situation that were in early life insoluble. The therapist however reacts differently than did the parents. He does not react to the patient's aggression by retaliation or reproach, neither does he gratify the patient's infantile demands for help. The patient is helped to see intellectually and feel emotionally the irrationality of his emotional reactions. His attitude toward the therapist is a mixture of adequate reasonable reactions and pre-formed rigid neurotic behavior patterns.

Therapy gives the individual the opportunity to face again and again in increasing doses formerly unbearable emotional situations and to deal with them in a different manner than in the past. The re-experiencing of the unsettled old conflicts with a new ending is the secret of successful therapy. The actual experiencing of a new solution in the treatment situation gives the patient the conviction that a new solution is possible and induces him to give up the old neurotic patterns. When members of the patient's family or immediate environment can be advised what attitudes to avoid in relation to the patient the effectiveness of therapy can be greatly increased. In the case of psychopathic adolescents parental cooperation is often the deciding factor in successful therapy. The intimidating influence of a tyrannical father can frequently be corrected by the consistently acceptive and encouraging attitude of the therapist after the patient has transferred to the therapist his typical emotional reactions, originally directed toward his father.

The first necessity in therapy is to establish a relationship, to obtain what is psychoanalytically known as a transference. In the case of many children this is easily accomplished. The therapist can easily assume the role of indulgent parent or grandparent with always something in his pocket for the child. This works especially well for the deprived clinic patient.

The psychopath rarely comes for therapy voluntarily. He usually comes under pressure from his family or the court. He, himself, is not disturbed by his conduct. He is frequently on the surface amiable and ingratiating in manner but no real relationship exists. He frequently does not follow the therapist and the words of the therapist fall on deaf ears.

Individual Treatment of the Psychopath. A Case Report

Subject was born in 1898 in New York City. He is the oldest of seven siblings. His father was 23 and his mother 18 at the time of his birth. He suffered from fracture of the right leg at three as the result of a fall. He recovered from this uneventfully. He began school at the age of five. He alleges he was harshly treated by his parents as a child. On several occasions false accusations were made against him and he was severely beaten. He disliked school and was frequently truant for which he was punished by both parents and teachers.

He came to the attention of juvenile authorities at the age of nine. He became involved in a number of misdemeanors and at the age of thirteen was sentenced to the state reformatory where he remained for two years. Following release at the suggestion of a judge his father sent him to live with a maternal uncle in the mid-west. This uncle owned and operated a lock shop and he was allowed to work in the shop after school hours. He became acquainted with several older individuals who had been previously incarcerated. During the

ensuing three years he was arrested on seven occasions on charges of burglary, vagrancy, and disorderly conduct. He served several jail sentences and one prison sentence and escaped on two occasions.

He enlisted in the U. S. Army at the age of nineteen. At twenty-one while still in service he was arrested for shooting a Negro on the street in a brawl. He was tried by military court martial and convicted on a charge of manslaughter. He was sentenced to three years in a U.S. disciplinary barracks but escaped after five months. Soon thereafter he was arrested on a charge of burglary and sentenced to a state prison to serve a sentence of from one to twenty years. He escaped from this prison after two years.

At twenty-five years of age he was sentenced to serve twenty-five years in a U.S. penitentiary for assaulting a mail custodian and robbing a mail truck. He escaped after eleven months but was soon apprehended. As the result of this escape he lost all good time. He was in one U.S. penitentiary for nine years. During this time he exhibited a poor attitude and was an outstanding disciplinary problem. He was reported on thirteen occasions for violation of prison rules, and was then transferred to another federal penitentiary. During his first seven years in the new institution his adjustment was fair only and he exhibited marked psychopathic traits. He was reported on five occasions for violation of prison rules, kept himself in the limelight, and frequently let his efforts to attract attention to himself result in his doing foolish things for which he was disciplined. He made numerous wisecracks and acted the comedian whenever possible; exercised a good deal with barbells and weights and prided himself upon his strength and muscular development; frequently associated with younger men whose conduct indicated that they had little regard for prison regulations. He attempted to give the impression that he was very fatalistic and cynical.

Studies revealed underlying feelings of insecurity and lack of self-confidence for which he was attempting to compensate. Analysis of his past life revealed strong unconscious urges to satisfy a repressed childish aggressive attitude against his father. The greater number of his crimes were neurotically motivated and committed primarily for the satisfaction he obtained from them rather than from ulterior motives. Unconscious guilt feelings directed primarily against himself were elicited.

During his last five years in prison his behavior was exemplary. He became editor of the prison paper and over a period of years through his untiring efforts did much to make it an outstanding publication. During these years in prison he demonstrated a marked re-orientation and emotional maturation. Whereas previously he had been outstanding for his maladjustment he became outstanding for his accomplishments in improving inmate-officer relationships. He developed strong emotional ties with the warden, religious leaders, medical officers of the institution, newspaper editors, and visiting private citizens. Much of his lost good time was restored. Following discharge from prison in 1944 he obtained a job writing advertising copy with a national advertising company. He has had several promotions in this company and is earning a large and enviable salary.

This individual is of good heredity as far as can be determined. He has had a prison high school education. Psychometric tests while in

prison showed him to be of normal intelligence. He was never understood by his parents and was harshly treated by them. He has a long record of incarceration, from nine to forty-six years of age. Analysis of his aggressive antisocial acts shows them to be of a compulsive, neurotic nature. On occasions he has unconsciously identified other individuals and society with his father and has aggressed against them. He began to show some evidence of emotional maturation at thirty-two years of age, and at forty years of age he exhibited evidence of a good degree of emotional maturation with a complete change in personality structure. Whereas originally he had been a most disturbing influence in prison he became a most beneficial influence serving to interpret the inmate point of view to officials and the official point of view to inmates. This former incorrigible has been credited with being responsible for a number of reforms in the federal prison system.

It is probable that strong and deep emotional attachments which he formed with certain individuals, particularly the warden, religious leader, and psychiatrist helped him resolve his neurotic conflicts. These individuals did not respond by aggression or retaliation to his neurotically motivated non-conforming behavior. They responded instead with tolerance and understanding. With their help he was able to work through his neurotic conflicts to a satisfactory ending. The repetitive core of the neurotic process was thus broken.

This case study well illustrates that in every psychopath there is much intrinsic good which can be helped to expression with control of the aggressive destructive instincts. It demonstrates that with the diagnosis of psychopathy the prognosis as to rehabilitation and social adjustment may still be good.

Group Treatment of the Psychopath: General Considerations

Group therapy promises to be a most fruitful approach to the treatment of psychopathic personality. It is based upon the principle of guidance and guided experience, and emphasizes discipline and destiny.

The chief basis for group therapy is that we are social beings, living in social units. Those who show psychopathic behavior, neurotic disturbances, and psychotic manifestations have broken away from the discipline of the group; group therapy attempts to resocialize such individuals. A practical reason for group treatment is that one therapist can treat many patients at the same time. Group treatment plays an important part in religious movements as far as they give relief to the psychological phenomena of suffering. The members of a church identify themselves with each other. They are also united by a common goal and by a common belief, of which the priest or minister is the exponent.

In the sphere of medical therapy, group treatments have been used repeatedly. Lazell, working with psychiatric patients in

1921, enumerated the advantages of group treatment as follows: The patient is socialized with reference to the fear of death and sexual problems and feels that there are so many others in the same condition as himself that he cannot be so bad. The fear of the therapist as a person is removed. Many patients later ask for individual assistance. Lazell discussed problems such as fear of death, infantile wish fulfillments, explanation of common hallucinations, masturbation, self-love, homosexuality, inferiority and its causes and day dreaming.

Pratt in 1930 began a "Thought Control Class" in the Boston Dispensary to treat patients who had many physical complaints for which no organic basis could be found. He used a combination of lectures, and having patients describe their problems and cures before other patients. Each newcomer was assigned an old member who told of the help he had received. Pratt stated:

"No statements of a physician are half as convincing as those coming from the mouths of patients who have recovered. . . . The appeal is to emotions rather than to reason. The group method possesses certain elements that act powerfully in energizing helpful emotions and these emotions are transmuted into action. As a result the mental and physical health are often quickly improved."

He treated 700 cases in three years and reported considerable improvement among the patients.

Wender in 1935 reported to the New York Neurological Society his experience with group therapy for six years in a private mental hospital caring for mild mental patients and psychoneurotics. He treated six to eight patients of the same sex in a group. The sessions began with lecture material, with a description of instinctual drives, conscious and unconscious elements, significance of dreams, early infantile traumata, reaction formations, repressions and rationalizations. The patients then described their own symptoms, and discussed dreams, and other experiences. Wender stated he believed the dynamics operating in group therapy were: Intellectualization, patient to patient transference, catharsis-in-the-family, and group interaction.

Cody Marsh (1935) gave systematic lectures, to groups of selected hospital patients, in which the fundamental problems of human life were discussed. This was followed by a free discussion and "confession" of the participants. Greene (1935) worked out a method for the treatment of stammerers in which the stammerer performed before a group, so that each participated in the fate of the others.

Schilder (1938) treated patients with severe neurosis by a group method using psychoanalytic techniques. The basis of the treatment was a written report of the patient about his past

life and his relationship to others. Dream interpretation and free association were utilized. Among basic problems discussed in groups were: body and beauty; health, strength, and efficiency; superiority and inferiority in a physical sense; aggressiveness and submission; masculinity and femininity; the relationship between sex and love; the expectation for the future; and the meaning of death.

Group therapy in the treatment of essential hypertension was described by Buck in 1937. Within the last five years many articles and books dealing with group therapy procedures have been published. Among these are the writings of Jacobson, Moreno, Bierer, Hadden, Blackman, Rhoades, Low, Axelrod, Amster, Redl, Durkin, and Lowrey. These authors describe group techniques in the treatment of mothers of disturbed children, former state hospital patients, problems of grammar school children, and clinic and hospital patients. Low organized an association of former mental patients and their relatives. He gave lectures to them and had the audience discuss their various problems.

Many articles have been published dealing with group therapy in the military service. Among the recent papers are those of Shaskan and Josesch, Rome, Schwartz, Jones, Bion and Rickman, Blain, and Sherman. Both Rome and Schwartz describe the use of audio-visual aids as useful adjuncts to group treatment and training. De-conditioning to sights and sounds of war are possible in this way. Among the authors describing group therapy techniques with juvenile delinquents are: Bender, Slavson, Redl, Gabriel, Jenkins, and Lowrey.

Wender (1940) writes as follows:

“The premise of group psychotherapy is that the human individual is a group animal, seeking a satisfactory niche in his social setting; that he is a social product, whose inhibitions and repressions are motivated by the mores of the group: that difficulties in adjustment and failure to express his emotional troubles are the result of his inability to face the group and to find his place in it. The individual must repress his personal desires and adapt to the demands of a complex group. His failure to achieve this adaptation produces a neurosis or a psychosis. Place this individual who has failed in the more complex setting in a small group which is friendly to him and which is composed of others suffering from allied disturbances, and he will become enabled, when he learns to understand the problems of the others—to associate himself with them, to release his aggressive tendencies, his hates, his loves and his wishes, without the accompanying sense of guilt. By working out his difficulties and achieving adjustment in the small group, he becomes able to face the large group, the world, and to handle his emotional problems, social or personal, on a normal basis.”

The Results of An Experiment in Group Therapy

Group therapy was given to a selected group of psychopathic inmates at a Federal Correctional Institution over a period of two and a half years. This therapy consisted of discussions and pamphlets on subjects of an educational and mental hygienic nature. Psychopathic inmates of normal intelligence, thirty-five years of age and under, who had had at least an eighth grade education were treated. The thirty-five year upper age limit was selected to keep the group from being too heterogenous in interests and attitudes toward life. Mentally defective individuals were excluded as they present a special problem and necessitate re-education at a lower level. Individuals who did not have at least an eighth grade education were excluded, as much of the discussion might be incomprehensible to them. Attendance was voluntary and only inmates expressing an interest in group therapy were enrolled.

One hundred and thirty-five individuals were given a total of 1346 one to two hour treatments. Each individual received about ten hours of group therapy. Classes were held twice weekly. The average age of individuals treated was twenty-five years, and the average grade completed was the tenth.

Individual therapy was given in conjunction with group therapy. Each individual was requested to submit an autobiography to bring out what kind of an individual he was and what his experiences had been. He was assured that he would not be censored and that his confidence would be respected. Individuals were given the Bernreuter Personality Inventory and their personality assets and liabilities were discussed with them.

Early discussions were designed to stimulate interest and give members some background for future discussions. The ultimate aim was to give individuals insight into their own behavior and problems and the behavior and problems of others by discussing individual cases before the group.

The following subjects were discussed: The development of the personality; how we behave; the structure of the nervous system; how we become what we are; the role of heredity in personality development; the role of environment in personality development; the inferiority complex; mental mechanisms; methods of solving personal problems; the nature of mental disorder; personality types that frequently fail; sex and character; the value of philosophic and religious belief as an aid to adaptation; and, factors in adjustment and principles of mental health.

Typewritten outlines of the day's discussion were distributed

at classes. This enabled members to select aspects of the subject under discussion they had not understood and to ask questions at succeeding classes. It also helped them organize the subject matter in their minds and to follow it more closely. A blackboard was used for outlining certain parts of the discussions and for drawing diagrams to elucidate the earlier topics.

Many intelligent questions were asked by members of groups at meetings. Individual members frequently discussed their problems before the group and engaged in self-criticism. It was impossible to determine with any degree of accuracy the results obtained in the group treated because of the rapid change in inmate population at the institution. The majority of men who attended classes left the institution before any definite results could be ascertained in their cases. It is noteworthy that many in need of treatment attended regularly and voluntarily. Although thirty-four members of the group had lengthy records of institutional and outside social maladjustment, only one member of the group was a serious disciplinary problem.

Concluding Remarks

Probably the best approach to the treatment of psychopathic personality is a combination of individual and group therapy. If there is no response to this therapy assaultive therapy such as electric shock treatment or prefrontal lobotomy should be considered. Assaultive therapy leaves the patient with less to work with which may possibly be desirable. The psychopathic pattern is perpetuated in many because they have too much to work with, too good a memory, too suave a personality and too much ingenuity in furthering their own ends.

The facts so far known concerning convulsive therapy in the treatment of psychopaths are few. These seem to indicate that results are secured through production of sudden and temporary neuro-physiologic and bio-chemical changes which permit a reintegration of the various personality functions into a more natural and normal economy.

Doctor Harry F. Darling of East Douglas, Mass. reported on the shock treatment of psychopathic personality in the *Journal of Nervous and Mental Disease*, March, 1945. He discussed three cases. The first of these showed no improvement from electric shock therapy. The second case had committed felonies for six years before shock treatment. He was a psychopathic personality with manic-depressive episodes of short duration. Electric shock treatment was given for a depression. Since this treatment his psychosis has recurred but he has not committed a

felony in three years. In the third case the patient was doing well six months following electric shock therapy with no evidence of his previous psychopathic behavior.

During the past year several psychopaths have been treated by prefrontal lobotomy, an operation on the brain in which certain fibre tracts are severed. These cases have received considerable publicity in the public press. This physician has found no evaluation of the results of this therapy in the psychiatric literature.

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