A Critical Study on
How the Psychopathological Construct of
Antisocial Personality and Psychopathy
Has Imploded.

The Implosion of the Construct.
## INDEX

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>3</td>
</tr>
<tr>
<td>RATIONALE – BACKGROUND</td>
<td>4</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>4</td>
</tr>
<tr>
<td>ANTISOCIAL PERSONALITY’S CONSTRUCT: BIRTH, DEVELOPMENT AND IMPLOSION</td>
<td>8</td>
</tr>
<tr>
<td>BIRTH AND DEVELOPMENT</td>
<td>8</td>
</tr>
<tr>
<td>IMPLOSION</td>
<td>17</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>19</td>
</tr>
</tbody>
</table>
ABSTRACT

This article focuses on the construct of antisocial personality and behaviors. It is proved (with: empirical studies; and, logic arguments) how this construct imploded.

Lilienfeld (1994) gave an example of this. The author, in fact, discovered a positive correlation between persons that were diagnosed psychopaths and/or antisocial and the frequency of altruistic and pro-social behaviours. Instead of inferring the incoherence of the paradigm, he elaborated an illogical auxiliary assumption to save it. He suggested to use, like diagnostic criterion for the antisocial behaviour, the pro-social behavior!!

In other words, this psychopathological construct arrived to have an incoherent logical structure: P AND NOT P. Thus, this construct is not possible to be either corroborated or refuted. It does not comply with the scientific reasoning.

This is a typical example of the incoherent and illogical reasoning that dominates inside psychopathological constructs.
Rationale – Background

Introduction

The Paradigm of Antisocial Personality and Behaviour has always been a very weak and misused construct since the beginning. It is a good example of how the psychopathological constructs became a “modern scientific” form/manifestation of the Human Superstition. Ordronaux (1873) was the first author, who became aware about this. Indeed, he stated that this concept is “… an attempt to return to belief in demon possession of the Middle Ages and a revision to superstition”¹. From that time, the number of the researchers, who criticized this construct and “how” it is used, increased.

Exempli gratia, Kinberg (1946) said that the concept of psychopath “should be abrogated as theoretically unsatisfactory, practically misleading and destructive to scientific thinking”. Karpman (1948) stated that it is “a myth … a nonexistent entity”. Vaillant regarded this construct to be a misleading stereotype.

Blackburn (1988) affirmed: “it must be concluded that the current concept of psychopathic or antisocial personality remains «a mythical entity» …”².

¹ This quotation has also been done by McCord and McCord (1964).
² Blackburn’s critics were caused mainly by the heterogeneity of the construct of psychopathy. Indeed, the latter includes a large amount of different types!
Calvaldino (1998) suggested that this *construct* is nothing more than “a moralism masquerading as medical science”. He updated *both* the Blackburn’s critics *and* the Ordronaux’s critics. The *former*, indeed, admitted that: “such a concept is little more than a moral judgment masquerading as clinical diagnosis”. The *latter* argued\(^3\) that: “the only disease to which the moral nature is subject is *sin*”.

Toch (1998) observed that the term was a form of negative counter-transference.

Shadish *et al.* (1999) underlined how the *process of validation* of the *psychopathological construct* has never been completed.

Cooke, Michie and Hat (2006), reported how this *construct* is quite controversial in the *academic literature*. In the same year, the present writer presented and illustrated “how” the *construct*: imploded on itself; was lacking in any scientific *criteria*; and, could be explained with a more *Empirical Theory* that was able to abandon these *modern forms of Superstitions*.

Although all these critics were well proved and based, they were neglected and refuted by the *establishment*. The latter, according to the Kuhn’s theory (1962; 1970), was committed to defend the *Paradigm*. The critical views were: denied; ridiculed; not taught. The researchers, who dared to show interest in them, were actively: dissuaded; discouraged; isolated. Their studies and works were hindered. They were also attacked

---

\(^3\) Against the *moral insanity*, which was the *antisocial personality*’s name that was used at his time.
with *argumenta ad personam*. The latter is a *strategy* that is largely used by *psychologists* to defend their *inconsistent constructs* (Epis, 2011/2015).

So, the *establishment*, instead of considering those critics and improving its *constructs*, has weakened and weakened them, meantime.

For instance, Hill, Murray and Thorley (1986) warned their colleagues that: “…psychopathic personality is an intriguing tale of confusion and inconsistency”.

Blackburn (1988) made the same critics with “softer” and “more indirect” words. He advised clearly that the *construct* had a very weak point. According to him, “the taxonomic error of confounding different universes of discourse” was present in the *construct*. This error leaded to create “a diagnostic category that embraces a variety of deviant personalities. Such a category is not a meaningful focus for theory and research, nor can it facilitate clinical communication and prediction”.

Nevertheless, as I told *supra* (above), the *establishment* refused to consider all those warnings. Instead of working for decreasing the heterogeneity of the *construct*, they increased it as much as they could!! At the end, the *construct* became so heterogeneous to include two *opposite* and *contradictory* types in the same *set*: the *criminal psychopath*; and, the *non-criminal psychopath*.

In other words, several psychologists put into the same *set*: *serial killers* (such as *Jack the Ripper*) committed to criminal activities; and, people (such as Mather Teresa of Calcutta) who, on the contrary, were committed to *pro-social* behaviours!!
criminologists attempted to reduce all the violations of the Criminal Law like a manifestation of psychopathy!!

Please, do not think that they were joking. I have also thought it (in first instance), but they were not joking at all. They were strongly “devoted” and convinced in what they were saying. All their career and social prestige came from that!!

So, the present writer had to recognize the self-evident implosion of the psychopathological construct for the reasons that you can read infra (below).
Antisocial Personality’s Construct: Birth, Development and Implosion

Before explaining the reasons of the implosion of the construct, a brief résumé (about the “lifespan” of the antisocial personality’s paradigm) is given. It will be very useful to understand: both, the biases that work in the creation and in the confirmation of the psychopathological paradigms; and, how superstitions can even appear “scientific beliefs”, once they are masked to psychopathological constructs!!

Birth and Development

The first label, which described the antisocial personality and behaviours, was: “manie sans delire” (Pinel, 1801). Then, this construct was called: “moral derangement” or “derangement in the moral faculties” (Rush, 1812); “moral insanity” (Pritchard, 1835). At the end, the label has become: antisocial personality disorder (e.g., DSM IV – R); psychopathy (e.g., Lange-Eichbaum, 1931; Henderson, 1939; English Mental Health Act, 1983; Cleckley, 1976; Hare, 1980); sociopathic personality disorder or asocial personality disorder (e.g., Gelder M., Gath D. and Mayou R., 1983); dissocial personality disorder (e.g., ICD-10⁴, F 60.2); and so on.

⁴ The aim of the International Classification Diseases (ICD) is to promote an international uniformity in the classification of the ailments. Its origin was in the work of Jacques Bertillon, who produced the Bertillon Classification of Causes of Death at the International Statistical Institute in Chicago. The latter became the Manual of International Statistical
If you want, you can invent another name!! We need it!!

This *construct* is a good example of *how* the *psychopathological discourse* is completely dominated by: plenty of *biases*; a lot of *fallacies*; trickeries such as that one of *nominalism*; and, an absent *epistemological awareness* and *reflection* (Epis, 2011/2015).

The first *label*, which described the *antisocial personality* and *behaviours*, was: “*manie sans delire*” (Pinel, 1801). Pinel wanted to explain the behaviour of some people who were: *violent* and *social dangerous*; committed to criminal activities; *cruel* and *callous*; inclined to kill the others. As he could not explain this *phenomenum*, he used the *ancient trickery* of the *nominalism*. He gave a *name* to *something* that he was not able to understand (at all). So, he created the *illusion* to have explained and understood *something* that he did not!! Bateson (1972) called this trickery: *explanatory principle*. Actually, *psychopathology* (… most of the times …) is nothing more and nothing less than: an *explanatory principle*; and/or, the ancient trickery of *nominalism*.

This point is pretty important to understand: **both**, one of the *intellectual dishonesties* (*a là* Lakantos) that belong to the *clinical psychologists*; **and**, how *Psychopathology* became a new *set* for gathering different forms of the modern *Superstitions*.

---

*Classification of Diseases, Injuries and Causes of Death (ICD)*. In the 1948, the World Health Organization (WHO / OMS) assumed the responsibility for revising the ICD every 10 years.
So …, I will give you a brief example, … before proceeding with our discourse.

Do you know *Treponema Pallidum*? It is a *micro-organism* that causes an *infection* to the *Central Nervous System*. Well …, it happened that the *human beings* (before discovering this *microbe*) considered “mental ill” the people who were suffering from this *infection*!! This *micro-organism* (*alone*) was the responsible of the 15% of all the psychiatric population. This is how, *superstation* works. A *physical concrete problem* (the *real cause*) is neglected and transferred to an *inexistence dimension*: a “*thought’s illness*” (*a false and fabricated cause*)?!!? There is *not* any difference *from* believing in *psychopathology* to believing in *demons’ possession*. The *psychosocial mechanisms*, which underlie and lead those *phenomena*, are exactly the same. They are used to explain *whatever* human beings are not able to explain, using the *trickery* of the *nominalism*!! So, nowadays, instead of calling a *Shaman* and/or a *Priest*, people call a more “modern and fashionable” *psychologist*!!!! But, there is *no* change, except (…) maybe …) that *Shamans* and *Priests* were better than Psychologists!!

Oh God …, save us from psychologists!

So …, now you know “what” *psychopathology* is and “how” *psychopathology* works and explains the *phenomena*. Therefore, we can proceed in our *speech*.

---

5 This happens also when the *real cause* is social.
Although Pinel used psychopathology, like an explanatory principle, for explaining the violent and cruel behaviour, soon this construct moved away from the objective facts (the criminal activities; the social dangerousness; and the cruel behaviours) to landing at “ghostly and eerie traits” that allows any kind of abuse, misuse and interpretation.

Indeed, this construct was re-baptized: moral derangement (Rush, 1812); moral insanity (Pritchard, 1835); … and it ended to include whoever acted in a different manner from the others. It was immediately declined to wide abuses and misuses.

So, as you remember, Ordronaux (1873) had to report how it was an attempt to mask superstitious ideas for science.

According to Prichard (1835), moral insanity (at the end; and, behind the usual doctrinal and technical words and jargon) was just to perform: “the common actions of life in a different way from that usually practised” by the majority. So …, singular, and/or eccentric, and/or wayward persons were all considered moral insane. Therefore, moral insanity showed clearly another aspect of the true nature of psychopathology: to be an instrument of homologation and social control a là Foucault. To be an instrument to force everyone: to be an uncritical lemming; to follow the flock like a sheep. If you do not follow uncritically the flock, … you are “insane”!!

It is exactly how it happened in the Past: the same substance with different forms. People, who do not believe in the superstitions/beliefs of the Majority, nowadays are
accused to be *mentally insane*, whereas, in the Past, they were accused to be *heretics*, etc…!!

Do you remember Socrates? Actually, he is a very good example.

Oleson (1998) defines Socrates like an *eccentric* Sophist. Although he presented (in a very peaceful manner) *original ideas*, Socrates was considered “the most dangerous man in Athens” (Lindsay, 1918). He was accused of: corrupting the young people of Athens; introducing new Gods; etc… . At the end, he was executed for those false “irrelevant and untrue rumours”. If you think that he was an isolated case, you do not have any idea, how much you are wrong⁶!!

Indeed, most of the peaceful men of this World, who have dared to present a mere *original* and/or *different idea* from those that were wanted and supported by *establishment*, have been always persecuted. “Scientists and statesmen alike have been persecuted by established authority. Mahatma Gandhi, Martin Luther King, Jr., and Nelson Mandela …” as they simply stood “against the powers of established orthodoxy when they disagreed with the existing order” (Eysenck, 1995)⁷.

⁶ Other very famous similar cases are: Giordano Bruno; Thomas More; etc…. 

⁷ “Research funds are suddenly cut off, even though promised. Irrelevant and untrue rumours are spread to impugn the offender. He may lose his job, or at least fail to be promoted. He may be barred from the library and other facilities; privileges of all kinds may be withdrawn. In extreme cases, he may be suffering bodily attacks, his family may be threatened, bombs may be planted under his car, he may be burnt at the stake – it is difficult to list all the sanctions orthodoxy can muster to assert its right to be regarded as guardian of truth” (Eysenck, 1995).
Oleson (1998) supported the idea of Eysenck (1995) using the studies of Ellis (1927) who argued: “that society sought to imprison its great men at every opportunity”.

So…, this is how the majority of times, these constructs are used. Rarely, are they used against serial killers such as Jack the Ripper!! The latters are not as common as media attempt to make people believe!! Actually, they are pretty unusual. Those few cases are used by Power to create social panic. This is a good mean to: both, make people believe in the “rightness” of those superstitions; and, make people renounce their rights and civil liberties to “get” security (a là Bauman)!!??

Although Milton (1981) stated that the notion of moral insanity, nowadays, has few in common with the construct of antisocial personality and psychopathy, he is right only, and only if, we compare moral insanity with the definitions that were given by: the DSM-IV-R; and, some National Acts such as the English Mental Health Acts 1983. On the contrary, he is hugely wrong if we compare it with the everyday practice that has been done by psychologists and clinicians.

Indeed, only the formers require the presence of objective criminal activities. The latters, on the contrary, have developed (in the practice; and, in the literature) a construct that is used wider and wider than Prichard’s moral insanity.

Whereas moral insanity was (… at least …) connected with an objective behaviour (to act in a different manner from majority), the construct of antisocial personality and psychopathy has lost any link with: both, objective facts; and, criminal behaviours.
Psychologists and clinicians reduced it to be a mere set of personality traits. As personality traits are also very arbitrary and weak creations, the construct came back to be an incongruent, contradictory, unfalsifiable theory. In practice, personality traits allow any kind of interpretation and misinterpretation without any limit. So …, the construct bended to any sort of abuse and misuse. It was not a case, indeed, that two opposite and incompatible types were originated by the same construct: the criminal psychopaths; and, the non-criminal psychopaths.

Whereas the formers are committed to cruel and criminal activities; the latters are normal, pro-social persons, who are well integrated in the society. Just to give an example, Mather Teresa of Calcutta was considered a non-criminal psychopath by several clinicians.

This leaded to a construct that was unable to satisfy any principle of demarcation. Indeed, it was unable to satisfy both the test of validity and the principle of falsification. Any kind of behaviour (both antisocial; and pro-social) was used to confirm the diagnoses, once they were done!! So, they could not be verified and checked with any contra-factual evidence. In other words, once an arbitrary diagnosis

---

8 The problem of demarcation focuses on the method of scientific investigation. In particular, it refers to the criterion that is used to mark the boundary between what science is and what science is not. Exempli gratia, this criterion was: the induction for the Empiricism; the test of validity per the Logical Positivism; and the principle of falsification for Popper.
is done by a psychologist, any behaviour is *retrospectively interpreted* to be a *confirmation* of the diagnosis itself!!

This was one of the reasons that made some researchers take critical positions on this *construct*, as I wrote in the introduction.

As Kanner said, at the end of the *circus* and *pseudo-scientific jargons* (which are used by psychologists to making their *superstitions* look like science): “a psychopath is somebody you don’t like”.

Please, note: I do not deny the existence of *crimes* and *criminals*. I believe: they must be punished. But, I *fight* the attempt to re-introduce a new “hunting to the witches” *a là Maleus Maleficarum*.

An evidence of how psychologists misuse this *construct* is given by the necessity, which most Parliaments had, to limit with *law* its application. Nevertheless, psychologists did not care about *law*!! So, they extended widely and widely the application of their *construct*. Therefore, more and more persons committed to *pro-social* behaviours were considered *psychopaths*.

---

9 The *Malleus Maleficarum* was the book, which was published by two Dominican Monks (Kraemer and Sprenger) in 1487 for “diagnosing” the “witches”. It was the “precursor” of DSM!!

10 Some Nations (such as England) request an *objective criminal activity*. Other Nations (such as Scotland) deny the existence of this “mental illness”.

11 There are plenty of examples that support this.
This led to the creation of a very contradictory construct. Some authors split the paradigm in two different constructs: the antisocial personality (which kept a connection with an objective criminal activity); and, the psychopathy (which was connected only with personality traits).

Other authors kept a unique paradigm. So, antisocial personality and psychopathy became two different degree of the same “mental illness”.

The increment of the number of the diagnostic scales increased the contradictions among the diagnoses. Most of the time, the diagnoses are made only on “sensations and feelings”, which clinicians have at the moment without using any scale. This phenomenon was proved during the hearings of the English Mental Health Tribunal. During the contra-examination, it was proved that the diagnoses were done without considering any diagnostic scale (e.g., DSM-IV-R; PCL-R). They were made only using a vague and unclear “clinical experience”. The latter is an “elegant word”, a jargon, which clinicians use, to say that they decided without following any criterion, but their feelings as they had in that moment!!!!

Most of the times, the scales are used only ex post. Before, clinicians decide if somebody is psychopath or not. Then, clinicians create, with a retrospective interpretation (a là Weick), a connection between the factual elements and the theoretical items of the construct, forcing the comparison and assessment.
Epis (2011/2015) used this construct to prove how the functional fixation, the absence of any epistemological awareness and reflection, the confirmation bias, and other fallacies, work within the psychopathological constructs.

**Implosion**

A very interesting example, of how the paradigm imploded, is given by Lilienfeld (1994). This is just an example. But, endless other examples can be given.

Lilienfeld (1994) arrived to formulate and to support a theory with an **incoherent logical structure**: $P$ AND NOT $P$.

The author discovered a positive correlation between persons that were diagnosed psychopaths and/or antisocial with the existing scales and the frequency of altruistic and pro-social behaviours.

Instead of inferring incoherence, and/or a contradiction, inside the Paradigm, he elaborated a “wonderful” auxiliary assumption to save it.

He concluded that “the assessment of psychopathy might need to incorporate behaviors that are heroic or altruistic (e.g. helping individual … )” as in their absence a “substantial subset of psychopaths (who) perform frequent pro social behaviors” could not be detected and they may result “false-negative”. 
In other words, he suggested like *diagnostic criterion* for the *antisocial behaviour*, the *pro-social behaviour*!! He made an *incoherent* and *illogical reasoning* that can be synthetized with the *logical model*: \( P \) AND NOT \( P \).

This is an example of how these constructs do not comply with: **both** the *scientific reasoning*; **and** an *epistemological examination* and *reflection*.

Although the strong *establishment*’s blind effort to save the *Paradigm*, the *Paradigm* imploded.
BIBLIOGRAPHY

Adler (1939), *Social interest: a challenge to mankind*, New Your: Putnam


Asch S. E. (1955), Opinions and Social Pressure in Scientific American, November 1955, pp. 31 - 35


Bonaparte M., (1966), *Psicologia del delitto*, Milano: Giuffre’


Bunge M. (1999), The Sociology – Philosophy connection, New Brinswick: Transaction


Carrier M. (1991), What is Wrong With the Miracle Argument?, in *Studies in History and Philosophy of Science*, 22, pp. 23-36


Curran D. and Mallinson P. (1944), Psychopathic Personality, in *Journal of Mental Science*, 90, p. 266


Epis L. (2015), *Methodological Mistakes’ Example in Psychological and Criminological Research. Example number 1: The role played by the*
“attention shifting in children pro-social behavior” (Wilson B. J., 2003) and how re-doing the research with a better Methodology!, published on www.lukae.it.


Evans B. (1958), The Natural History of Nonsense, New York: Anchor Paperbacks


Groegry I. (1961), Psychiatry – Biological and Social, Philadelphia and London: W. B. Saunders


Goffman E. (1961), Asylums, USA: Aldine


Innocenti Don Ennio (1968), Psicanalisi in Chiesa: Sigmund Freud è attuale?, in *Concretezza*, XIV, 23, pp. 25-31

Innocenti Don Ennio (1969a) [articolo firmato con lo pseudonimo Serafini Silvi], I disegni delle Massoneria, in *Adveniat Regnum*, VII, 3-4, pp. 7-11;


Innocenti Don Ennio (1970a) [articolo firmato con lo pseudonimo Serafini Silvi], Un intervista del “Grand Maestro”, in *Adveniat Regnum*, VIII, 1.2, pp. 26-28

Innocenti Don Ennio (1970b), Replica alla “Rivista Massonica”, in *Adveniat Regnum*, VIII, pp. 47-50

Innocenti Don Ennio (1970c), Psicanalisi e Scienza, in *Rivista Diocesana di Roma*, XI, 5-6, pp. 800-805

Innocenti Don Ennio (1970d), Psicanalisi e Scienza, in *Rivista Diocesana di Roma*, XI, 7-8, pp. 981-988

Innocenti Don Ennio (1973), La Psicanalisi e il Cattolicesimo, in *Rivista del Clero Italiano*, LIV, 12, pp. 899-925


Kinberg O. (1946), On the Concept of “Psychopathy” and the Treatment of So-Called “Psychopaths” in *Theoria* 12, 169-180


Kuhn T., (1970), *The structure of scientific revolutions*, (seconda edizione riveduta), Chicago, University of Chicago Press


Hare R.D. (1984), Performance of psychopaths on cognitive tasks related to frontal lobe function in *Journal abnormal Psychology*, 93, pp. 133–140


Harrington A. (1972), *Psychopaths...*, USA: Simon and Schuster


Lindsay A. D. (1918), *Socratic Discourses by Plato and Xenophon*, London: J. M. Dent and Sons LTD.

Lombroso Cesare (1876), *L’Uomo Delinquente Studiato in Rapporto alla Antropologia, alla Medicina Legale ed alle Discipline Carcerarie*, Milano: Ulrico Hoepli


Lombroso Cesare (1907), *Genio e degenerazione : nuovi studi e nuove battaglie*, Milano : R. Sandron


Losel F. (2005), *Social Learning and Information Processing Theory*, Lecture Notes, Cambridge University – Institute of Criminology, MPhil in Criminology, Criminological Theories Course (Not Published)


Lykken D. T. (1957), A study of anxiety in the sociopathic personality, in *Journal of Abnormal and Social Psychology*, 55, pp. 6 - 10


Meehl P. (1973 a), the cognitive activity of the clinicians, in Meehl P., *Psychodiagnosis: Selected Papers*, Minneapolis: University of Minnesota Press;


Meehl P. (1990a) Why Summaries of Research on Psychological Theories are often Uninterpretable, in *Psychological Report*, vol. 66, 195-244


Meehl P. (1991), *The Miracle Argument for Realism: An Important Lesson to be Learned by Generalizing From Carrier’s Counter-examples*, retrieved on the World Wild Web at the URL [http://www.tc.umn.edu/~pemeehl](http://www.tc.umn.edu/~pemeehl) the 18 November 2005


Milgram S. (1965), Some Conditions of Obedience and Disobedience to Authority in *Human Relations*, 18, pp. 57 – 76


Moran P. (1999), Antisocial Personality Disorder – An Epidemiological Perspective, USA: Gaskell


Ordronaux J. (1873), Moral Insanity, *American Journal of Insanity*, 29, 313


Panikkar Raimon (2008), *I Veda*, in due volumi, Milano: RCS.


Pinel P. (1801), *Traite’ medico-philosophique sur l’alienation mentale, ou la manie*, Paris: Richard, Caille et Ravier; the present writer has used this version with the Italian translation: Pinel P. (1830) *Trattato medico-filosofico sopra l’alienazione mentale*, Lodi: Tipografia Otrcesi


Pritchard J. C. (1835), *A Treatise on Insanity*, Philadelphia: Haswell, Barrington and Haswell


Rapaport and Gill, (1959), the points of view and assumptions of metapsychology in *International Journal of Psychoanalysis*, vol. 40, 153-162


Rosenhan D. L. (1975), The contextual nature of psychiatric diagnosis, in *Journal of Abnormal Psychology*, 84, 442 - 494


Rychlak J. F. & Rychlak R. J. (1990), The insanity defence and the question of human agency, New Ideas in Psychology, 8, 3 -34.


Scheff T. J. (1966), Being Mentally Ill: A Sociological Theory, Chicago: Aldine

Scheff T. J. (Ed.) (1975), Labelling Madness, USA: Prentice-Hall

Sherif M. (1935), A Study of some social factors in perception in *Archives of Psychology*, number 187

Sherif M. (1937), An experimental Approach to the Study of Attitudes in *Sociometry*, 1, pp. 90-98


Sutherland E. (1950), Sexual Psychopath Laws in *Journal of Criminology, Criminal Law, and Police Science*, 40, 543-554


Szasz T S. (1971a), The Myth of Mental Illness (article), in Karlins M. (ed.), *Psychology and Society – Readings for General Psychology*, USA: John


Szasz T.S. (1992), Crazy Talk: Thought disorder or psychiatric arrogance?, in *British Journal of Medical Psychology*, 65


Tart C. T. (1963), A Possible psychic dream, with some speculations on the nature of such dreams, in *Journal of Society for Psychical Research*, 42, 283-298.


Zimbardo P. G. (1972), *The Stanford Prison Experiment*. A Slide – Tape Presentation produced by Zimbardo P. G., P.O. Box 4395, Stanford, Galif 94305 (the present writer saw the videotape and documentary)