

Serial Murder: A Forensic Psychiatric Perspective

by James Knoll, MD

'You feel the last bit of breath leaving their body. You're looking into their eyes. A person in that situation is God!'

—Ted Bundy

Ressler: 'Do you have any idea at all, of what would start bringing this type of fantasy to mind...?'

Dahmer: 'It all revolved around having complete control. Why or where it came from, I don't know.'

—*How To Interview A Cannibal*

Robert K. Ressler

When law enforcement apprehends a serial murderer, the event is consistently the focus of unswerving media coverage. For local communities, the ordeal can be particularly shocking and upsetting. Residents living in a community that is exposed to serial murder may even experience posttraumatic stress disorder symptoms for varying periods of time (Herkov and Beirnat, 1997).

Over the past three decades, our society has become fascinated by the phenomenon of serial murder as evidenced by the numerous books, movies and television shows on the subject. Yet, despite the high level of interest, there is no current theory that adequately explains the etiology of serial murder (Holmes et al., 2002). This is primarily due to the fact that serial murder is an event with an extremely low base rate and therefore is difficult to study via rigorous scientific methods (Dietz, 1986).

While serial murder is a universally terrifying concept, it is an extraordinarily rare event. In a study of the frequency of serial sexual homicide,

McNamara and Morton (2004) found that it accounted for only 0.5% of all homicides over a 10-year period in Virginia. In contrast to the sensationalized perception that serial murder is a growing epidemic, there is no solid evidence that this is the case. An analysis of homicide victims from 1960 to 1998 indicated that the percentages of female homicide victims have actually decreased (Schlesinger, 2001a). Because the victims of serial murderers are overwhelmingly female, these data fail to support the notion that serial murder is increasing in frequency.

Historically, the term *serial murder* may be relatively new, but its occurrence is not. In the United States alone there have been documented cases as far back as the 1800s. In 16th-century France, it is likely that myths such as "werewolves" were used to explain the deeds of serial murderers that were too horrifying to attribute to human beings (Everitt, 1993). In all likelihood, serial murderers have always been among us.

In 1886, psychiatry professor Richard von Krafft-Ebing wrote the classic *Psychopathia Sexualis*, in which he described the characteristics of individuals who appeared to obtain sexual gratification from acts of sadistic domination. The next major psychiatric contribution to our understanding of serial murderers was in 1970 when forensic psychiatrist Robert Brittain produced detailed descriptions of sadistic murderers he had encountered over his career. Beginning in the early '70s, media coverage of notorious cases such as Ted Bundy and the Hillside Strangler produced a sense of urgency to study and explain the phenomenon.

Thus far, the study of serial murder has been somewhat hampered by lack of a unanimously agreed upon defini-

tion. However, most experts agree on the criteria that the offender must have murdered at least two victims in temporally unrelated incidents. This phenomenon usually involves a cooling off or refractory period between killings that varies in duration for each individual offender. To date, our greatest source of knowledge and data on serial murder has come from experts working in the Federal Bureau of Investigation's Behavioral Science Unit, now called the Behavioral Analysis Unit. To emphasize the sexual nature of the crimes, and to distinguish these offenders from others who murder serially for other reasons (e.g., contract killers), Douglas et al. (1997) have used the term *sexual homicide*. For each individual serial sexual homicide offender, the performance and meaning of the sexual element may vary.

Researchers at the FBI gathered data from detailed interviews of 36 convicted serial murderers and were able to extract and analyze important personality and behavioral characteristics that helped distinguish different types of serial murderers. For ease of communication and conceptualization, the offenders were categorized into either "organized" or "disorganized" types (Table 1). These terms were initially meant to help law enforcement interpret crime scenes and can be understood as generally applicable concepts. They may also have appeal to forensic mental health professionals in that they provide illustrative descriptors of personality and behavior. The term *mixed sexual homicide* is used to describe the offender whose crime scene reflected aspects of both the organized and disorganized types. Finally, the term *sadistic murderer* describes the offender who is primarily a sexual sadist and derives the greatest satisfaction from the victim's response to torture.

Meloy (2002) has advanced a similar typology, but with a clinical emphasis. Sexual homicide perpetrators may be described as either "compulsive" or "catathymic." The compulsive perpetrators are similar to the FBI's organized killers. They leave organized crime scenes and can be diagnosed with sexual sadism and antisocial/narcissistic personality disorders. The catathymic perpetrators leave disorganized crime scenes and may be diagnosed with a mood disorder and varying personality traits. While the compulsive type display emotional detachment and autonomic hyporeactivity, the catathymic

type are less psychopathic. In contrast, the catathymic type are autonomically hyperreactive and may have histories of abuse. Again, these types were intended to be generalities, and any individual case is likely to fall on a continuum between the two.

Psychiatric Findings

In terms of formal psychiatric diagnoses, most data come from individual case studies and retrospective analyses. When these studies are reviewed, they do suggest a common collection of diagnoses: psychopathy, antisocial personality, sexual sadism and other paraphilias (voyeurism, fetishism and sometimes necrophilia). The sexual sadism seen in serial murderers must be distinguished from sexual sadism between consenting adults that would not be considered criminal. The variant of sexual sadism seen in serial murderers is at the extreme end of the spectrum. Dietz et al. (1990) have provided an analysis of individuals who engaged in torturing victims to the point of death to obtain the "pleasure in complete domination" over them.

Paraphilias, particularly voyeurism and fetishism, have been described in many serial murderers. In fact, over 70% of sexual murderers had these paraphilias in Ressler et al.'s 1988 study. Schlesinger and Revitch (1999) have suggested that some individuals with voyeurism and fetishism may engage in burglaries that actually serve the purpose of gratifying these two paraphilias.

Focusing on the compulsive nature of the offenses, researchers have speculated on the significance of the seemingly obsessive qualities of the serial murderer, particularly the organized type. These individuals demonstrate a tendency toward orderliness, obsessive fantasy and ritualistic behavior (e.g. posing the body, biting, inserting objects and so forth) during their murders that suggest compulsive qualities. Experts believe that these obsessive and compulsive traits, combined with higher than average intelligence, permit organized offenders to improve their predatory skills and ability to avoid apprehension over time.

There is a notable absence of psychosis among serial murderers, and approximately half of perpetrators report substance use prior to their offenses (Ressler et al., 1988). At the present time, there is no conclusive evidence

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Table 1

Offender Traits

Organized

Good verbal skills, socially adept
May live with spouse
Reasonably intelligent
Usually employed
Planning of crime
Ruse or con to gain control of victim
Targeted victim
Crime scene: suggests control, order
Crime scene and death scene not the same
Movement of body
Attempts to conceal evidence

Disorganized

Poor verbal and social skills
Loner or lives with parents
Low intelligence
Under- or unemployed
Little to no planning of crime
Blitz or surprise attack of victim
Victim of opportunity
Crime scene: disarray
Crime scene and death scene often the same
Body left at death scene
Little to no attempts to conceal evidence

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that specific organic factors play a causal role in the creation of a serial murderer. However, studies have found right temporal lobe abnormalities (Hucker et al., 1988) and other neurological abnormalities (Gratzer and Bradford, 1995) in sexual sadists.

Silva and colleagues (2004, 2002) have used neuropsychiatric concepts to approach the study of serial murderers, most notably Jeffrey Dahmer. They describe an association between autism spectrum disorders and a subgroup of serial murders, and propose that Dahmer may have suffered from Asperger's syndrome. Along these lines, it is interesting to note that after exhaustive interviews with Dahmer, legendary FBI profiler Robert Ressler was impressed by the peculiar nature of Dahmer's presentation. In fact, Ressler held the opinion that Dahmer should have been sent to a psychiatric hospital instead of prison (Ressler, 2004a).

One of the most reliable psychological findings in the mental lives of serial murderers is the presence of violent fantasy. Convicted serial murderers have consistently described a high frequency of violent fantasies that are both persistent and arousing (Brittain, 1970; Johnson and Becker, 1997; Warren et al., 1996). Behavioral theorists have speculated that an early developmental pairing of sexual arousal with aggression is responsible for the deviant fantasy life seen in serial murderers.

Developmental Theories

Over the past several decades, there have been a number of different psychosocial theories put forth on the etiology of serial murder. Investigators with significant experience interviewing serial murderers have speculated that the behavior may result from a deadly convergence of: 1) early childhood attachment disruptions; 2) psychopathy; and 3) early traumatogenic abuse (Myers et al., 2005).

However, there is conflicting evidence on the presence of child abuse in the development of serial murderers. When the FBI studied 36 serial murderers, many of them had a history of either abuse or neglect: 43% reported a history of childhood sexual abuse, and 74% reported a history of psychological abuse that typically involved humiliation (Ressler et al., 1988). In contrast, other studies have found that the majority of sexually sadistic murderers had no evidence of childhood abuse (Dietz et al., 1990; Gratzer and Bradford, 1995). One possibility accounting for these differences may be due to heterogeneity in the populations studied.

When sexual murderers with a

history of sexual abuse were compared to murderers without such a history, Ressler et al. (2004) found significant differences. Sexual murderers with a history of early sexual abuse were significantly more likely to begin fantasizing about rape earlier, in addition to developing more severe sexual deviancy. In addition to abuse, the family histories of many sexual murderers reveal unstable environments that may predispose them to disordered

early life attachments. In one study, 70% of the sexual murderers' families had histories of alcohol abuse, and about 50% had family members with criminal histories (Ressler, 2004b). It is hypothesized that parental neglect from either absence or preoccupation with their own problems might have further exacerbated these men's ability to form healthy attachments.

Animal cruelty appears to be a common finding in the childhood and

adolescent developmental stages of many serial murderers. The link between animal cruelty during childhood and subsequent physical violence during adulthood has been demonstrated in a number of studies (Kellert and Felthouse, 1985; Tingle et al., 1986), leading animal cruelty to be added to the *DSM III-TR* as a symptom under the diagnosis of conduct disorder in 1987. In keeping with the

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developmental theme of conduct disorder symptoms, researchers have also commented on a possible link between childhood fire setting and adult serial murder (Singer and Hensley, 2004).

Obviously, children who are diagnosed with conduct disorder or engage in animal cruelty do not all go on to become serial murderers. Nevertheless, it is thought that in the cases of those who do, an early "practicing" of violent and/or sadistic behavior on a living creature plays a role in desensitizing the individual to violence against humans. This notion has been termed "the graduation hypothesis" (Wright and Hensley, 2003). Indeed, some individuals progress past mere desensitization and actually derive pleasure and satisfaction from acts of animal cruelty.

Psychodynamically oriented investigators have theorized that a sexually provocative mother may contribute to the formation of a serial murderer (Fox and Levin, 1994; Meloy, 2002). It is important to note that this premise is far from another "blaming of the mother" theory. Rather, investigators point to documented instances of strikingly inappropriate sexual behavior on the part of the mother that in some cases would easily qualify as sexual abuse. Evaluations of some convicted serial murderers suggest that a displacement of aggression from their mothers onto to their female victims was present during their offenses.

In summarizing both developmental theories and individual case studies of serial murderers, some relatively consistent traits are observed: a strong need for control/dominance, an active deviant fantasy life, deviant sexual interests and psychopathic traits. Upon synthesizing these traits into a gestalt, the following picture emerges: an individual who spends excessive time in a reverie of deviant fantasy and has a tendency toward isolation, a need for totally submissive partners and a preference for autoerotic pleasure (Grubin,

1994). As can be imagined, such an individual will have a lack of healthy relationships and subsequently must depend on fantasy for gratification.

At some point, mere fantasy becomes an insufficient source of pleasure for the potential offender. It is theorized that a gradually progressive series of "try-outs" occur where he attempts to turn his fantasies into reality. For example, an offender may begin by simply following a potential victim. This may next progress to voyeurism or breaking into victim's homes as suggested by Schlesinger and Revitch (1999).

During a burglary, the offender may steal fetishistic items for sexual pleasure, such as undergarments. When this fails to provide sufficient satisfaction, the offender may progress to rape and ultimately murder. Such behavior is positively reinforced over time through paired association with masturbation, making the deviant fantasies extremely refractory to extinction (Prentky et al., 1989). Each time the serial murderer takes a victim, there is further stimulation of fantasy and an overall reinforcement of the cycle.

Assessment and Prevention

Forensic assessments of suspected serial murderers are best done by those with experience evaluating psychopathic and serial sexual offenders. Dishonesty and underreporting of deviant fantasies and offenses are commonplace, and a meticulous review of collateral data prior to the evaluation is necessary. Individuals who have already confessed to murders may nevertheless be unwilling to discuss the sexual nature of their offenses for a variety of reasons, the most common being the fact that sex offenders are severely harassed by other inmates in prison.

In an effort to help guide forensic risk assessments, Schlesinger (2001b) has put forth a list of 10 ominous signs (Table 2). The list consists of traits, characteristics and behaviors that were frequently found in the backgrounds of perpetrators of sexual homicides. It is suggested that when these signs are

seen in combination, the individual may be predisposed to committing sexual homicides.

Most experts believe that the prognosis for individuals who have committed serial murder is extremely poor (Douglas and Olshaker, 1995; Revitch and Schlesinger, 1989). At the present time, a preventive approach is most widely endorsed. Children and adolescents who demonstrate sexually sadistic fantasies or other ominous signs should be followed closely by mental health professionals who can direct efforts toward extinguishing the reinforcing cycle and conducting periodic risk assessments (Johnson and Becker, 1997).

Conclusions

Regarding the origins of serial murder, Park Dietz, MD (1986), arguably forensic psychiatry's leading expert on the subject, cautioned us:

The tendency of the press, public and public officials to regard such individuals as mad solely on the basis of their crimes reflects the widespread needs to attribute such behavior to alien forces.

As difficult as it is to fathom, serial murder may "simply be part of the spectrum of human possibility, a brutal dark side of man, not representing demons or disease" (Drukteinis, 1992).

It is important to recognize how limited our present understanding is in terms of the etiology and development of serial murder, so that erroneous conclusions are not drawn. While researchers have identified traits and abnormalities common to serial murderers, there are many who possess these traits and do not go on to become serial murderers. What is it then that leads some to act on their deviant fantasies while others do not? Until future research can help further clarify this question, Dietz suggested that, in his experience, "the leap from fantasy to action has much to do with character and the vicissitudes of life" (Simon, 1996).

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Dr. Knoll has indicated he has nothing to disclose regarding the subject matter of this article.

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Table 2

Ominous Signs (When Seen in Combination) Indicate Risk for a Potential Sex Murderer

1. Childhood abuse
2. Inappropriate maternal (sexual) conduct
3. Pathological lying and manipulation
4. Sadistic fantasy with a compulsion to act
5. Animal cruelty, particularly against cats
6. Need to control and dominate others
7. Repetitive firesetting
8. Voyeurism, fetishism, and (sexual) burglary
9. Unprovoked attacks on females, associated with generalized misogynous emotions
10. Evidence of ritualistic (signature) behavior

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