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 unsparing 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 Beimat, 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 horrific 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 definition. 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 autonomously hypereactive 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

<table>
<thead>
<tr>
<th>Organized</th>
<th>Disorganized</th>
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<tr>
<td>Good verbal skills, socially adept</td>
<td>Poor verbal and social skills</td>
</tr>
<tr>
<td>May live with spouse</td>
<td>Under- or unemployed</td>
</tr>
<tr>
<td>Reasonably intelligent</td>
<td>Little to no planning of crime</td>
</tr>
<tr>
<td>Usually employed</td>
<td>Little or lives with parents</td>
</tr>
<tr>
<td>Planning of crime</td>
<td>Low intelligence</td>
</tr>
<tr>
<td>Ruse or con to gain control of victim</td>
<td>Blaze or surprise attack of victim</td>
</tr>
<tr>
<td>Targeted victim</td>
<td>Victim of opportunity</td>
</tr>
<tr>
<td>Crime scene: suggests control, order</td>
<td>Crime scene: disarray</td>
</tr>
<tr>
<td>Crime scene and death scene not the same</td>
<td>Crime scene and death scene often the same</td>
</tr>
<tr>
<td>Attempts to conceal evidence</td>
<td>Body left at death scene</td>
</tr>
<tr>
<td></td>
<td>Little to no attempts to conceal evidence</td>
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Source: Knoll J (2006)
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 traumagenic 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
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 theorists and individual case studies of serial murderers, some relatively consistent traits are observed: a strong need for control/domination, an active need for power, and a need for control and dominate others. A need to control and dominate others

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 fresetting
8. Voyeurism, fetishism, and (sexual) burglary
9. Unprovoked attacks on females, associated with generalized misogynous emotions
10. Evidence of ritualistic (signature) behavior

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

References