

LIFE / SOCIETY & CULTURE / SOCIAL ISSUES

Part 4: What are the causes of serial murder?

Early Criminality; Medical/Psychiatric History

Barrie J. Ritter, Ph.D. ©2016



First Lady Rosalynn Carter & John Wayne Gacy
[http://homesecurity.net/img/John Wayne Gacy.1](http://homesecurity.net/img/John_Wayne_Gacy.1) Copyright 2008-2012

The life histories conclude with marital status, early criminality and medical and psychiatric history. As the results do not significantly affect what has already been shown about the lives, we will turn instead to the intriguing issues of personality characteristics. (Anyone interested in the last three aspects of the life history can write for details.)

One of the most fundamental issues about the type(s) of persons who commit multiple (or serial) murders concerns the question of sanity or psychosis. One way to address this issue is through the evidence on psychiatric histories among the cases. Very few of the subjects had been hospitalized or otherwise treated for a major mental illness prior to their crimes and/or their trial.

Another way to look at sanity is through the use and success of insanity defenses. A third way is by determining how many of the subjects exhibited symptoms of psychosis – those symptoms traditionally associated with a complete mental breakdown.

Academics commonly state that the use of insanity defenses is rare and usually unsuccessful; as proof they cite national statistics on all murder or felony cases. This supposedly neutralizes citizen fears about the use of insanity defenses to escape punishment for heinous crimes. And, on the surface, this study confirms the low success rate of the insanity defense. Eight of the 27 cases used that defense at trial and none were successful. But academics believe this low success rate is due to jurors' fears of defendant-killers being turned loose rather than their true state of mind. On the contrary, there is reason to believe that the finding of sanity had merit rather than being a result of juror fears or their lack of receptiveness to psychiatric defenses. Sometimes there was evidence that the defendant had feigned symptoms and – with two exceptions only - there was no evidence that major psychiatric symptoms of psychosis existed prior to arrest or trial. In other cases, the defense psychiatrists were unable to offer a diagnostic category at all, or one that constituted legal insanity. In fact, multiple personality defenses have become increasingly associated with serial murderers, even though the history of such cases shows them to have been exceedingly rare in the past, and, in any event, they are not a form of psychosis and should not be offered at trial as an insanity defense. The problem is not, as one psychiatrist and textbook author (Lunde, 1976) claims, that psychiatry is too advanced for the outmoded concepts of the law. It is, rather, that there is usually no independent evidence offered by those closest to the defendant - and beyond the uncorroborated belief of a psychiatrist – that a defendant exhibited such symptoms of psychosis as, for instance, hallucinations, delusions, severe mental confusion or an inability to behave rationally. With the two cases that are the exceptions, Juan Corona and Herb Mullin, a previous diagnosis and treatment for a psychosis, schizophrenia, existed, and both subjects exhibited clear-cut signs of this major mental illness. This existed prior to their crimes, was documented at the time of the illness; it was observed by their families and the response had been treatment. In other words, when there was a psychosis, symptoms were observed by both lay people and professionals who were in agreement that such symptoms required treatment.

Another problem is that, with serial murder cases, psychiatric testimony or issues pertaining to insanity arise in most of the cases except those in which the defendant claims innocence. Often this occurs prior to trial, when an attempt at insanity is put forth by a person who is later found to have feigned symptoms (e.g. Ken Bianchi, the "Hillside Strangler" who feigned multiple personality and [David Berkowitz](#), the "Son of Sam," who claimed that he was commanded to kill by demons, in the form of a neighbor's dog). In both cases, the ruse was discovered before trial and both then pled guilty to murder. Unfortunately, subsequent authors in the cases of

Berkowitz and others have ignored admissions of feigned symptoms or findings of sanity and so misrepresent the final disposition of the cases. Or, authors may take an issue that may or may not have been raised at trial and make it the subject of a discussion of the killer's supposed abnormality or the "cause" of the crime. Such issues as child abuse often evolve into discussions that lack substantiated, independent evidence and were not considered at trial. This lends support for those reporters or clinicians who contend – despite the rarity of a psychiatric history or treatment for a psychosis - that multiple murderers are always, or almost always, psychotic (e.g. Ellis & Gullo, 1974; Lunde, 1976). Increasingly, however, [serial killers](#) are described in the literature as psychopaths (sociopaths or anti-social personalities, terms which refer to much the same thing), even though one hallmark of the psychopath is the absence of a neurosis or any psychosis. Rarely if ever is there any discussion of the legal implications, although they are significant: a psychopath may have a personality disorder. But psychopaths are as legally responsible as normal people for their crimes.

The next installment reveals what psychopathy means, in terms of serial killers, and not in the abstract.

SUGGESTED LINKS

- > [Part 2. School, Social Life, and Role Models](#)
- > [Part 3. Aspirations and Occupations](#)
- > [Part 5. Psychopathy and Dominance](#)



Barrie Ritter

Crime & Justice Examiner