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The end: Final disposition of serial killers, continued (Part 27)

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Remembrance ceremony at Fort Hood, one year after attack. Major Hasan, an army psychiatrist, is currently standing trial for killing 13 and wounding 30.

Photo by Ben Sklar/Getty Images

Most researchers who have any interest in dispositions are more concerned with *criminologically* important variables than with covering all issues that may be relevant to serial killers. Levin and Fox's (1985) methods, paricularly their use of an FBI data set, led them to conclude that in certain respects there was little difference between serial killers and run-of the-mill murderers. They cited figures indicating that psychiatry's role in the courts was overestimated: Only one percent of all felony defendants used an insanity plea, (not guilty by reason of insanity, NGI) and only one in three succeeded. Similarly, of their 42 cases, 9 tried an NGI plea and 4 succeeded. In my own study (Ritter, 1988), approximately

the same number attempted an insanity plea and none succeeded.

The methods used by Ritter (1988) yielded sufficient detail to reveal that psychiatry's role extends well beyond NGI defenses. Further, that role has expanded to include newer arenas such as criminal justice and forensic psychology. These clinical fields are no more scientific than psychiatry, when it goes beyond its own domain and into the courts. There, its mandate is predicting the future, or knowing the mental status of someone in the past (at the time of the crime), both of which are impossible tasks, for anyone, with any type of training.

Since Ritter's article (March 22, 2015), "Captured! The apprehension of a serial killer (Part 24)," argued that other nations are relatively more successful in apprehending serial killers than we are, and the cases in the early era of disposition were predominantly non-U.S., and all males who were born in the late 19th century through the first decade of the 20th, we would predict greater clarity in the findings during the first era. This is precisely what was found. The first era, which contains almost all the cases outside the U.S., is characterized by more readily obtainable information and the imposition of the death penalty. This does not necessarily support the use of executions, however. Other nations have subsequently ceased its use, while solving more of their crimes, where America has done neither.

American maintains the death penalty but has an increase in murders that go unsolved.

It is in the second era that Americans lead in the number of serial killers but, at the same time, clarity ceases. Why? The answer is due, at least in part, to two simultaneous national trends: A decline in public discussion of, and philosophical concern over, equal justice, sanctions and moral lessons, and, a simultaneous increase in the acceptance and involvement of psychiatrists (or clinicians) in the courts. As a result, the final disposition of American serial killers is given less attention in the press, and is more difficult to determine.

For the early era of serial killers who were born in the late 19th and early 20th centuries, the picture is usually clear. Every male, from each of the four countries studied, was apprehended, tried and executed. These earlier cases are, in alphabetical order: John Reginald Christie (1898-1953), England; Thomas Neill Cream, M.D. (1850-1892), England; John George Haigh (1909-1949), England; Herman Mudgett, M.D. [AKA H.H. Holmes] (1860-1896), U.S.; Peter Kurten (1883-1931), Germany; Henri Desire' Landru (1869-1922), France; Marcel Petiot, M.D. (1897-1946), France; and George Joseph Smith (1872-1915), England.

Of these, Christie, Haigh, and Kurten used an insanity defense, and, as noted previously, none were successful. On the other hand, the French seemed to have pampered Landru

and Petiot by turning them over to psychiatrists for most of their lesser offenses, throughout their lives. Since neither Landru nor Petiot had ever been found to be mentally ill previously and both were viewed as manipulators, their files contained warnings against further use of psychiatrists in any future crimes. Thus, neither Landru nor Petiot used an insanity defense at their trials.

There is some overlap between the first and second eras, such that William Heirens (1929-2012), U.S., might be placed in either era. Heirens reflects the decreasing age of killers over time. He was only 17 when he was caught. He had seen the movie "Dr. Jekyll and Mr. Hyde," and was so inspired, he used multiple personality ("George") as a defense. When found to be a malingerer, faking the disorder, he confessed, pled guilty, and received three life sentences. In prison, psychiatrists found him to be sane, but his involvement with psychiatrists continued nonetheless. Kenneth Bianchi and John Gacy also used multiple personality as a defense. (However, like psychopathy, now referred to as antisocial personality disorder, multiple personality is not a form of psychosis; it is a personality disorder. There is no psychiatric basis for the use of a personality type in a trial with an insanity defense.) For Bianchi and Gacy, as well as Heirens, the diagnosis of multiple personality was initially believed, but was then dismissed, when the subjects were found to have been feigning the disorder *before* the trial began. Bianchi confessed and was sentenced; Gacy went to trial with an insanity defense.

David Berkowitz, Haigh and Peter Sutcliffe (England) were also found to be using insanity defenses with made-up stories, to support claims of a supposed psychosis, the medical term equivalent to the legal term, insanity. (Their claims were, respectively, from hearing talking dogs, having drunk the blood of victims, and hearing God demand the killing of prostitutes). Of the above-mentioned cases, Bianchi, Berkowitz, and Heirens all confessed and were sentenced without a trial. Haigh went to trial with *twelve* psychiatrists testifying. Only one found *any* diagnosis (hysteria) – and it was not a psychosis. The Crown reproached psychiatrists in Sutcliffe's trial for their "remarkable indifference" in ignoring all evidence from any source beyond that of the defendant. In Bianchi and Haigh's cases as well, the psychiatrists were severely criticized.

In many of the cases of this second era, there was no trial. This is one of the reasons outcomes are so difficult to determine. In a democracy, the trial is pivotal, because the jury represents the community acting together to reach a unanimous decision, using evidence and common sense. A trial also allows the local community to exercise its collective sense of what is right and what is wrong, in the form of a moral lesson, from which the wider community can learn which acts are invariably punished, condemned and must never be repeated. It is only by the learning of a crime's consequences that punishment becomes

useful. What is important is "... the injury that a crime inflicts upon the social body... the disorder that it introduces into it: the scandal that it gives rise to, the example that it gives, the incitement to repeat it if it is not punished, the possibility of becoming widespread that it bears within it" (Beccaria, 1764, quoted by Foucault, 1977, pgs. 92-93): "One must calculate a penalty in terms not of the crime, but of its possible repetition. One must take into account not the past offence, but the future disorder. Things must be so arranged that the malefactor can have neither any desire to repeat his offence, nor any possibility of having imitators."

Worst of all, final disposition in the second era has been obscured by a flood of *experts* – lawyers, clinicians and intellectuals, each of whose views are widely disseminated, but whose *professional* goal is something other than justice. These are the people who have altered the aims of criminal justice to focus on the offenders rather than the offense. These are the people who want to boost their careers by being close to major serial killers. Punishment is being mitigated in cases where mitigation is least deserved.

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