

Do all serial murderers have an identifiable psychosis

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Introduction The fascination that the society has with serial murderers has led to an increased interest in the subject by the research world (Roy, 2002). Serial murderers plague societies and, understanding them has been a formidable challenge for law enforcement, psychiatrists and other interested parties.

The term serial murderer may seem new in the context of history, but the occurrence is not. Most people hold the belief that, they have the ability to control their impulses and, if they are about to do something wrong, their conscience will act as a cautionary tool stopping them. More often than not, people are sure that their conscience will not allow them to act aggressively towards others. The question that remains is whether something different in other people who commit murder. In the case of serial murderers, this control diminishes repeatedly.

The purpose of this paper is to present an academic discourse that probes for answers to the question of whether all serial murderers have an identifiable psychosis. The term psychosis refers to an abnormality that occurs in the mind where the individual suffering from it tends to lose touch with realistic things in the world and, focus on the fantasy that is in their minds (American Psychiatric Association, 1994). Serial killers are an example of people who lose touch with what is real in order to commit a crime in the way that they do. However, not all serial killers have an identified psychosis. Most of the time, psychotic people often report having delusions and hallucinations. Some murderers attribute their actions to the society, their culture or their upbringing.

However, others are into killing because they like it when they murder people. Some of them confess engaging in murder acts to break the monotony of their mundane lives. No matter what their motives may be, it is quite evident that all serial murderers exist and follow rules that put them on another side of the social boundaries that govern people. To most people, they are a representation of the extreme desires and darkness that people seek to control within themselves (Wilson, 1988). These hallucinations and delusions sometimes, reportedly, guide the actions that serial murderers take.

Serial murdering is a relatively unusual form of homicide. As a result, the attention given to such an incidence boosts its agenda in the social construct of the society. Research question There is an argument that certain types of crime, especially those that are extremely violent and repeated, warrant that the perpetrator lack the conscience that other people often take for granted. The question that will guide this research is: Do all serial murderers have an identifiable psychosis? Literature review The elements that may be applicable to serial murders complicate understanding serial murderers as much as the murderous acts. This is because the elements are instrumental in the definition of a serial murderer. Understanding the motivations of serial murderers requires one to know the elements that make certain types of killing serial and others not.

As a result, this distinguishes serial murderers from other murderers. Holmes and Deburger (1988) are most popular in their identification of these elements, which include repetition of homicides and, this is central to their

characteristics. In addition, they occur between the victim and the murderer. In addition, the murders rarely occur between close people and, there is rarely a clear-cut motive in terms of relations between killer and victim, but a real motive exists that may seem non-rational to other people. The existing motive will shape the structure of the serial killer.

The perpetrators also have a lust for murder (Douglas & Olshaker, 1999). These elements are common and, the major difference with serial killers is that the elements base on a reality or a belief that is not common within the society such that it is abnormal. According to the Australian Institute of Criminology, the beliefs and realities that serial killers hold anchor on mental conditions such as psychosis (Pinto & Wilson, 1990). However, the institute also argues that sufficient information about the motives driving serial killers is not yet available. Profilers often use background information to get more insight into the functionality of the mind of a serial killer.

Looking at the past life of a serial killer, especially their adolescent years, is a necessary part of this study. The development of psychosis is also most likely to happen in the adolescent life of an individual (Felson & Ribner, 1981). Both psychosis and serial killing often get their triggers from or by certain events and situations that may be present in an individual's life. These triggers include sexual abuse, drugs, alcoholism and physical abuse, among others. An example of such as the case of abuse is that of Ed Kempler who spent days locked in the basement of their house by his mother because she feared that he would molest his sister, even though he had not

done anything to suggest that he would do this. He was ten at the time; therefore, he retreated to a fantasy world.

He made this world a reality when he killed. In this case, Ed Kempler suffered a psychosis that the events of his childhood triggered (Cheney, 2000). The Behavioral Analysis Unit of the US department of defense acknowledges that the identification of psychosis is a challenge before the police catch serial killers. Most serial killers blend into their societies successfully for years (Stewart, 2000). For instance, Gary Ridgeway, also known as the green river killer, killed 48 women in a period of 20 years. He had a wife and held the job of truck driving for over 30 years.

The society is often fast in judgment of serial killers considering them all as psychotics with hallucinations and voices in their heads. However, Douglas (1996) refutes this claim offering instead that most of these individuals do not suffer from psychosis, but they are psychopaths who have always had mental disorders and, violent and abnormal social behavior. Douglas (1996) asserts that there are only about a handful of serial killers who have an identifiable psychosis like Richard Trenton whose fantasy convinced him that the consumption of human blood would help him live longer. Most serial killers who have identifiable psychosis work in a disorganized manner such that their reign is extremely short (Fox & Levin, 1999). Though mental illness is often the explanation for the behavior of a serial killer, there are numerous forms of mental illness that explain them with different serial killers exhibiting different symptoms. Following this discussion, they cannot all have an identifiable psychosis.

However, another argument is that the different versions of mental illness are all a form of psychosis. One of the most prolific refuters of the claim that all serial killers have an identifiable psychosis is Norris (1988) who took an interest in the brain abnormalities that may cause aggressive and obsessive behavior in serial killers. However, even Norris acknowledged that other psychological factors come to play leading to the identification of 21 patterns that indicate aggressive behavior. Some of these patterns also bear similarities to the symptoms that people exhibit when suffering from some form of psychosis. These behavior patterns include compulsivity, suicidal tendencies, ritualistic behavior, memory disorders, and masks of sanity, hyper-sexuality and deviant sexual behavior. In addition, they have interrupted childhood bliss or none at all.

They exhibit a chronic nature of not telling the truth, feeling inadequate and powerless. They may be a result of unwanted pregnancy. They exhibit extreme cruelty to animals and may have had head injuries. They could have a history of drug and alcohol abuse, cruel parenting, emotional and physical abuse (Norris, 1988). These patterns are not all present in serial killers, but they are the most common to occur.

Psychosis may result in the exhibiting of all of these behavior patterns or, it may be the result of some of them. Norris (1988) goes on to explain that psychosis presents itself in episodes that give forth to the violence that manifest as serial killing. Norris argues that these episodes can explain incidences of homicide and, the murder of a single person, but not serial killing. Temporary insanity can explain single homicide episodes, but it

becomes harder for this explanation to hold true for serial murders. It is harder to prove that psychotic episodes can happen in such a way.

This would mean that they have a similar trend to their nature that triggers serial killing. There are other mental illnesses whose nature has characteristics of the appearance of psychosis. This is especially true for dissociative disorders such as dissociative identity disorder (DID). Its common reference is multiple personality disorder (Carlisle, 1993). In this case, the individual lives in a fantasy where they become a different person.

This is an example of psychosis because the individual loses touch with reality and, assumes that they are someone else (Carlisle, 1993). The illness can lead to the person having two or more than two personalities that they believe. Psychologists believe that a great percentage of DID development is due to the occurrence of a traumatic event that the person is unable to deal with thus; they develop another person who can deal with the problem. The other personality helps the individuals to dissociate from pain and responsibility such that if they murder people, they do not have to deal with consequences such as guilt (Carlisle, 1993). The Behavioral Analysis Unit (BAU) identifies psychosis as one of the motivations for serial killing, but not a common occurrence in cases of serial murders (US Department of Justice: FBI, 2008). The BAU defines psychosis as a situation where an individual suffers from a mental illness and commits murders because of the illness that they have.

Based on the definition of psychosis from the BAU, psychosis may be present in all serial murderers. This contradicts Norris' view, which is that psychosis

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is not always present in serial murderers. Douglas (1996) also refutes the claim of psychosis being present in all serial murderers. The psychosis that the BAU describes is inclusive of hallucinations, delusions, and paranoia or grandiose (US Department of Justice: FBI, 2008). These conditions are often part of or a manifestation of different types of mental illnesses that are present in serial murderers. The acts that serial murdering involves are explicit and, may be too much for someone to handle without certain psychological defenses.

Killing periodically is an act that is gruesome such that it requires the person perpetrating them to form an uncanny expertise of psycho-emotional mobilization. There is a lot of duress involved coupled with an almost unbelievable ability to summon certain psychological defenses. These defenses will help in cushioning the killer against the act itself. Engaging in the continuous act of serial killing happens when the killer has the thought or belief that the act happens to fulfill some need that is impossible to meet in a different way (Phelps, 2010). Due to the popularity of the symbolisms and mysteries are common in serial killing; periodic killing involves the individual forming or sustaining a certain pattern of behavior. These patterns of behavior get their guidance from mental and illnesses.

However, Knight (2006), developed some factors that are present in the profile and mind of a serial killer and, psychosis was absent in them. Specifically, the absence of psychosis is one of the factors that should be central in the profile of a serial killer. Knight views a serial killer as a person who is well aware of his surrounding and whose actions fulfill certain

intentions. In addition, these serial killers are also aware of the reality that they are within; therefore, psychosis should be absent if an individual becomes known as a serial killer. Williamson and Seamon (1985) share this view. Knight, Williamson and Seamon, understand psychosis as a situation where the individual has lost all touch with reality, not a situation where the individual's mental condition leads to homicidal acts.

Despite claims to refute the presence of an identifiable psychosis in serial murderers, Knight acknowledges that there are some psychotic serial killers and, the psychosis drives them to commit serial murder. However, he argues that the most confounding fact there is about serial killing is that not all the killers have psychosis. The act itself is so inconsistent and incongruous to the social norms that people expect. As a result, people will be quick to believe that serial killers function on a plane that is entirely different from what is common in the society (Stone, 2000). Society is more comfortable believing that a mental illness or condition is causing serial killers to believe, in an alternate reality where, actions such as theirs are not strange or illegal. Knight (2006) argues that this mindset leads to overemphasis of symbolism of the killer.

These types of discussion then lead to different parameters of discussion, some of which may be irrelevant. Answering the research question The occurrence of serial killing is common and has been so for over a century; the studies conducted into the area, are yet to reveal much about the minds of serial murderers. Scholars have been trying to find explanations that have their context in psychological issues, but most of the discoveries are not yet

satisfactory (Vronksy, 2004). Some of the findings provide support for issues that involve serial killing with anchoring in historical evidence. However, these discoveries do not apply to all incidences of serial murder.

There are cases of psychosis that exist in serial murder such as Richard Trenton., but not all serial killers have an identifiable psychosis. In an attempt to comprehend the phenomenon of serial murder, the mental condition that the individual assumed at the time of the act is of significant importance (US Department of Justice: FBI, 2008). The literature available on this issue underlines the undercurrent of the dilemma between viewing serial murderers as mad, bad, or both. In addition, there is extreme difficulty in the determination of either if these conditions.

However, the existing literature of homicide presents that many types of mental illness can cause serial killing. The coupling of this suggestion with the definition of psychosis from the BAU yields the result that all serial killers have an identifiable psychosis (US Department of Justice: FBI, 2008). The psychoses, in this case, are the mental illnesses that the BAU describes as having led to the serial killer murdering. However, the psychiatric evidence that is available suggests that not all serial killers are mentally ill. Following this line of thought, the conclusion would be that not all serial murderers have an identifiable psychosis. It is, however, evident that those who repeatedly engage in homicidal acts without feelings of remorse do suffer from a defective mindset that is yet to be categorized fully.

For instance, Douglas Clark, who faced execution for killing six girls, did not think of dying in a gas chamber as a bad thing. He thought there were worse

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things than that. There are mental illnesses whose nature has characteristics of the appearance of psychosis. The significant level of the blurring that is around insanity and mental illness explanations is in the numerous explanations that exist about the mindset of different serial murderers (Knight, 2006). All serial killers, therefore, have a different perception and view of the world that makes them act the way they do without giving much thought to anything else but gratification. However, these different perceptions do not all owe their origins and nature to psychosis.

Most serial killers tend to follow certain rules and, obey certain rituals in their homicidal acts. For instance, they may have a certain victim. They could also have a certain mode of operation. Their consistency with the elements of their homicidal acts is what led Norris (1988) to conclude that not all serial killers have an identifiable psychosis. This is because the occurrence of psychosis in the same way repetitively is yet to exist in psychiatric and psychological fields. As a result, Norris' argument that the occurrence of psychosis in a serial way is impossible has credible anchoring.

An individual can suffer from psychosis on a single occasion and kill someone, but a repetition of the same psychosis resulting in a consistent method of killing is almost unheard of. Therefore, not all serial murderers have an identifiable psychosis. Conclusions While looking for information that either would refute or confirm that all serial killers have an identifiable psychosis, the availability of information in the area is overwhelming. This research has had no shortage of information. However, the literature would benefit from case studies about actual serial killers with diagnosed

psychosis. These case studies would help in presenting a clear context of the issues surrounding psychosis and, clear up the complexity of the definitions of psychosis.

From the case studies, the researcher could draw upon the details of the serial murderers and their behavior and, come up with independent and valid claims about whether or not all serial killers have an identifiable psychosis. Drawing upon the issue of case studies, the information I would have liked to find during the literature review is how some serial murderers have psychosis while others do not. Specifically, the procedure and methods that psychiatrists and psychologists used to arrive at this conclusion including all the factors that they considered and, how they determined certain acts to be the result of psychosis while others were not. This research would be better with more information on the future trend and attitude towards the relationship between serial murderers and psychosis. This trend would help explain what the stand of current psychologists is on the issue and, provide a better framework for the research paper's findings. In addition, it would help immensely if all the arguments and suggestions that exist about serial killers having or not having an identifiable psychosis have a reference to a serial murderer who led to this conclusion.

This would help, as the researcher would know if the conclusions based on a certain serial killer or a collection of them.