No One is Born a Serial Killer!

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Abstract

Neither the intelligence, nor the thinking, the memory, the imagination, or the language of a killer are the psychological causes of his murders, but the deeper springs of his personality: the emotional, motivational, natural factors that were generated not only by hereditary, biological factors, but by the factors related to education, socialization, culture and, especially, the socio-economic environment the individual lives in. The murderer’s anti-social attitudes become effective through the acquisition of appropriate tools, of some stereotypes, skills and abilities that will help him/her become efficient in doing his/her crimes.

Keywords: Psychopath, Murderer, Serial Killer, Aggression, Violence, Victim, Murder

1. Introduction

The most comprehensive definition of the serial killer is the one given by Professor Egger, associate professor of social justice at Sangamon University: ‘A serial murder is when one or more individuals (men, in most of the cases) commit a second murder and / or another subsequent homicide; it is not predetermined (there is no prior relationship between the author and victim); it comes at a distinct time and apparently it is unrelated to the original murder, being generally committed in a different geographical area. In addition, the motive is not material gaining, but it seems to be a desire to exercise power over the victim. The latter may have a symbolic value and are seen as insignificant, being most often unable to defend themselves or alert the others. Also, they are often perceived as not being too strong, because of their situation in time and space and their status in the environment to which they belong (homeless, prostitutes, migrant workers, homosexuals, lost children, single or elderly women)’.

It can be noticed that the serial killers’ iterative process is likely to be explained by the failure of their sexual instinct, i.e. forming a constitutional hormonal (bioinstinctual) repetitive mechanism that periodically presses the individual, causing a tensional cathartic orientation towards suppressing life. Although being critically aware, the psychopath can not episodically control, manage or change it, so that his deeds are committed with direct intention. The fact that he can foresee the results, which are socially dangerous, makes him fully responsible (Butoi T., p.87).
2. Considerations on ‘the criminal gene’

Regarding the criminal conduct, any investigation we do at our current level of scientific knowledge with whatever methods we try to address the problem, we fail to find differences of ‘species’ as once Lombroso thought. Not even those who choose a biological line as Lombroso, such as Kretschmer or Hooton and especially Sheldon, fail to detect anatomical-morphological or physiological constitutional decisive differences. Although blamed, this theory will probably not be totally abandoned (Cioclei V., p. 125).

The concerns for establishing a relationship between an individual’s biological structures and his criminal behaviour moved towards genetics. Thus, in the 1970s there are many hypotheses and explanations that could be referred to as the theory of genetics or the chromosomal aberration theory. The human karyotype, as known, is made of 46 chromosomes arranged in 23 pairs, of which 22 are ‘soma’, the irreproducible part, and a couple are the ‘goma’ germ, which ensures the reproduction, consisting of sexual chromosomes. The genetic sex is given by the absence or presence of a particular chromosome, conventionally denoted with Y, so that the female genetic formula is 46 XX and the male one is 46 XY.

Through multiple studies, it was found that there may be some qualitative or quantitative (R. Van Durne, p. 3 and the next). The chromosomal abnormalities detected most frequently at the criminals are in relation with the sexual chromosomes. One of the first anomalies with relevance to the criminal behaviour is the emergence of a supplemental type X chromosome, which leads to the formula 47 XXY, anomaly which was called the ‘Klinefelter’s Syndrome’. The research has established that the frequency of the Klinefelter’s syndrome among criminals is five to ten times higher than among the general population. At the same time, it was observed that the excess of X chromosomes does not result only in criminal behaviour, but that it fits in a personality which is often abnormal from the psychiatric point of view (Debray Q., p. 13).

At a certain time there was heavily publicized another recently discovered anomaly – the ‘crime chromosome’. It is the emergence of an additional Y that leads to the formula 47 XYY. According to some estimates, the frequency of this anomaly among the criminals is about ten times higher than among the general population. Criminological research was very much interested in this syndrome because its appearance commonly associates with violent acts, even serial killings and the general predisposition to murder of the individuals from this category is more pronounced than those with the Klinefelter syndrome.

3. Serial killer’s psychopathology

In psychiatric terminology, a serial killer may be classified either as psychotic or having a psychopathic or sadistic behaviour, depending on the examined information and the facts of the crime. From Vernon J. Geberth experience, however, the killer is rarely psychotic. They are usually sexual psychopaths with a deep criminality and they clearly have a good connection with the reality.

A psychotic killer may suggest that he kills because his psychosis pushes him to kill, while a psychopathic killer, especially a serial killer, as Vernon J. suggests, based on the FBI studies and personal experience, kills because he likes to kill. How can anyone explain this type of behaviour? He is an individual who is able to enjoy what the majority considers to be horrible, terrible facts and is able to recognize the dangerous consequences of those facts made on others, but unable to feel remorse and not willing to stop doing those facts.

Even today, qualified clinicians and the general public equally confuse psychopathy with the Antisocial Personality Disorder (Hare, R. (1991) Psychopathy and the DSM-IV Criteria for Antisocial Personality Disorder, Journal of Abnormal Psychology, 100 (3), pp. 391-398). Thus, to avoid confusion, we will use the following definitions: Psychopathy is a personality disorder highlighted by distinctive behaviours and by certain personality traits; the psychopath is a man, diagnosed with psychopathy, which deprives the others of their goods and liberties and, often, throughout his lifetime, influences the others manipulating them. The psychopaths lack conscience and feelings for others, taking what they want and doing what they like, without having the slightest trace of regret or guilt. This psychopath term is used when the psychological, biological and genetic factors as well as the social influences and childhood experiences helped to develop the syndrome. And the last term, the sociopath, is used to describe the same behaviour and personality traits that are evident for a psychopath. The obvious exception is that at the sociopath this syndrome is caused entirely by social influences and childhood experiences.
Another serial killers’ mental feature is the emotional-affective instability. The meaning of the instability term is very heterogeneous and should be considered with caution. It should not be understood from this context that the normal individual has a total stability of attitudes and emotional-affective reactions because this would conflict with the principle of continuous adaptation to the multiple demands of the environment. For the normal individual the stability of the reactions to the environment has a sense of relativity, achieved by the duration of his reactions set deliberately and consciously, by their continuity, by the lack of excessive oscillations and by their constancy, remaining the same both in terms of quantity and quality, being appropriate to the stimuli that triggered them. In contrast to this, the killer betrays discontinuity in his manifestations, unwarranted leaps from one extreme to another, volatility and unpredictability in his reactions to stimuli.

The failure to comply with the social demands expressed by rules and regulations that impose a certain behaviour is the serial killers’ other psychical feature. These misfits are refractory to any organized educational and social influences constantly creating problems in their group affiliation. Their family, is, in turn, the most often a ‘problematic family’, the anamneses revealing either structural deficiencies, i.e. the absence of a parent due to death, abandonment, divorce or conviction, or functional deficiencies when the family is structurally intact but lacks skill, interest or concern to properly educate the child as a result of the low socio-economic and cultural levels, of alcoholism, of their criminal concerns and so on. Without considering that such situations are inevitable, such families do provide a significant percentage of potential criminals. We should not exclude the well structured families, with high economic and cultural level, which consider the child’s education is done by itself, eliminating the concern and the control over the child’s evolution, applying, at most, some sporadic corrections and sanctions only when the child’s conduct exceeds certain limits. It is an almost unanimous view that when there is an inappropriate attention to rules, to the individual’s regime of daily life, especially during the early years, quietly the maladjustment is set up.

Serial murders are considered by some psychologists as the latest extension of violence. Rationally speaking, serial crimes are completely irrational acts. However, the serial killer feels great pleasure in exercising power and control over the victim, including the power of life and death, sex being secondary. He is excited by the cruelty of his act and, frequently, will torture his victim to death. The killer can record on tape his victim’s screams of pain, which he can use to enhance his fantasy when there is no victim to ‘play’ with or he can use these records to further terrorize his future victims. Any mutilation of the victim will be made either to shock the authorities, or to make the body unidentifiable.

Although many serial killers were known to have normal sexual relations with a woman in their early lives, they really do not have any satisfactory relationships with anyone. They are in a state of complacency to a point where nothing matters. Many serial killers said they had been abused as children, usually by their mother or a parent / grandparent. Many abusers reported that, under the influence of alcohol or drugs, they lived unreal states during the murders they committed without being able to perceive the severity and cruelty of their acts, and without having a logical explanation for their actions. Many murderers were identified as being under the influence of alcohol and drugs at the moment of crime, which tends to exacerbate their sadistic fantasies.

A serial killer’s homicides tend to increase as time passes. It is obvious that they should kill more often to satisfy the pleasure they have from committing this act. Many serial killers were caught by accident as they became bolder in their pursuit and more indifferent to risk. This type of criminal never stops killing until he is caught and detained in prison for life. There is no treatment to cure a sexually sadistic psychopath who becomes a serial killer.

3.1. Parafrenia – serial killers’ symptomatic feature

In psychopathology, the human person has many ways of manifestation of suffering. In this regard, we distinguish several levels in a person’s organization: the metaphysical being, or the person as projection or as the individual’s ‘trans-subjectivity’; the human being, represented by the super-ego and the moral conscience; the historical being, or the person as temporality, as existence, in a psycho-biographical way, or as the ‘individual life history’ but integrated into the world and his historical era; the social individual or the human person as a social and legal institution (responsibility, freedom, will, action, relationships, status and role); personality, representing the bio-psychological organization or the body (soma) and the mental life (psyche) (Enâchescu C., p. 89).
In the field of psychopathology, the mental illness should be considered as a state of alterity of all these ways that make up the human person. The element that necessarily accompanies the disease is human suffering experienced as an inner subjective state of disease by the individual. Regardless of the nature, cause, location or its clinical development, the disease is a particular form of human suffering that emerges from a human being’s experience. This experience has mainly a moral character or significance and it is felt by the individual in a negative way. Thus, the disease is felt as malaise and the individual develops an emotional-affective reaction to it – expressed by emotional distress or suffering. So any disease has two clearly defined states in terms of ontology: the disease itself, purely medical as a morbid process, and the suffering as a painful peculiar experience of evil, of moral transformation felt by the sick man. By moral transformation we understand despair, concern for the prospects of the life threatening disease, sadness, anxiety, restlessness.

The parafrenic delirium, in terms of psychopathology, is characterized by a very good adaptation of the serial killer to the external reality with the conservation of lucidity and of the mental fund. These aspects coexist in parallel with delusional constructions which may be fantastic, expansive, dramatic, confabulatory, cosmic etc. The killer is always aware of his delirium, which he often sees as being quite detached from his own person (Enâchescu C., p. 91).

3.2. The process of disorganization in the killer’s psychopathology

3.2.1. Lesion disorganization

Lesion disorganization refers to the organic lesion of the brain which can be caused by global brain injury, causing severe disorders of the vigil consciousness of varying degrees, being so profound that a person can go into a coma. Thus, we can speak of ‘sector disruptions’, localized lesions, affecting only certain mental processes – memory, perception, language, instincts, praxes (Enâchescu C., p. 48).

With reference to the psychopathic serial killers, we can ask ourselves how their brains look like, what does not work and why they are ‘likely’ to use violence to achieve their goals. The answer is given by the latest research in the field, namely, the emotional side of their brain is damaged, and the absolute absence of any emotions makes them so dangerous. The more their aggressiveness increases, the more their blood pressure drops, which shows that violence has a calming effect on them. Thus, the brain area responsible for this is the amygdala, more correctly its malfunction. Located in the temporal lobes, the amygdala is responsible for the production of emotions such as fear and anxiety. The effect of a destroyed amygdala is that its owner does not feel any thrill of nervousness when he makes the others suffer. Moreover, using violence he gets what he wants, indulgence. Hence the conclusion that emotional intelligence is more important than rational intelligence and the lack of emotion and not that of reason makes a killer be ‘waterproof’ to the basic moral concepts.

3.2.2. Functional disorganization

Functional disorganization is seen as being the opposite of the brain lesion; there is no identifiable brain lesion and the disorders are purely functional. In such case a process of regression of the individual’s personality occurs, distinguishing three types of regression: topical, temporal – as a process of returning to ancestral mental structures – and formal, involving primitive methods of expression and representation, lower if compared with the level of development.

These functional disorganizations may be due to the lack of the emotional-affective traits, or to the existence of frustration or psycho-traumatisms from childhood. If they appear later in life, they may manifest as behavioural disorders, neurotic or psychotic disorders, hysterical crises (Enâchescu C., p. 49).

3.2.3. Immaturity

This type of deficiency is produced by stopping the development of the central nervous system in children – prenatal, perinatal or postnatal. As an anatomical immaturity with serious consequences for the formation and maturation of mental functions and for the overall personality of the individual, it has two forms: emotional and affective.

Emotional immaturity is considered an immaturity of the inhibitions of the emotional reactions, with an explosive manifestation, while the affective one consists of different psychopathological aspects, such as suggestibility,
dependence – independence, security – insecurity, possibility or impossibility of having the autonomy of their own personal actions, of making intellectual and non affective judgments, the inhibit of their emotional reactions.

3.3. **Serial killers’ hedonistic – criminal instinctuality**

The sexual offenses are the most dangerous having serious individual and social consequences. Rape, i.e. sexual intercourse with persons by coercion or with persons who are unable to defend themselves or to express their will, the intercourse with a minor, the incest or the sexual corruption cause outrage and protests. Such acts are committed by individuals who lack moral sense and concern for the victim, by brutal people who do not have the power to restrain their sexual impulse.

But serial killers commit murders against the sexual life through very abnormal, pathological methods and means. Thus, the type of the **hedonistic** killer kills simply because this makes them happy; they want to watch their victims’ facial expressions when they interrupt their victims’ life, while the **sexual** serial killer kills in order to get sexual pleasure. The **sadist** kills also to get great pleasure, but he gets his wanted satisfaction in a very cruel way. This individual can satisfy his sexual impulse only making his sexual partner suffer (beating and / or torturing him/her); it is about physical suffering (beating, flogging), but also moral suffering (humiliation, moral torture). Sometimes the sadist can consume the sexual act by killing his partner; sometimes, when there is no rape, the killer satisfies his sexual instincts after the murder, which is eventually followed by the actions that affect the integrity of the body – mutilation, cannibalism.

4. **Conclusions**

In terms of their psychic life, serial killers are characterized by the ‘pleasure’ of murder. This fact results from the download or cessation of the great mental tension they had before the murder. The actual assassination is the last step in a string of anti-human acts in which force was used before, violence being the result of a continuous moral decay. Thus, we can say that the serial killer is the most odious and the most harmful criminal. This person shows irritability, impulsivity and increased aggressiveness. He is egocentric, domineering, with a low capacity of reasoning, unstable and superficial in emotional contact, making him engage in conflicting situations, reacting violently.

Knowing the causes and the psychological characteristics of murders, offenses and crimes makes it possible to explain the deviant behaviour to find ways to prevent, detect, and eradicate it, to find techniques to rehabilitate and socially reintegrate those who commit crimes.

In conclusion, we think that it is better not to ignore the negative aspects of the everyday life, not to imagine them away from us and be more aware of what surrounds us. Only prevention, as a form of reaction against crimes, through family and school education, through cultural activities or even through our work, will make us realize that within a stone’s throw, a different world than the one we know is weaving its dark threads... the gloomy world of crime.

**References**

Butoi T. (2003). *Serial killers – The psychology of crime*. București: Phobos Publishing House.

Cioclei V. (2007). *Textbook of criminology*. București: C. H. Beck Publishing House.

Debray Q., (1975). *L’apport de la génétique à la connaissance du criminel*. In P. Chauchard, Q. Debray, P. Dekiner et coll., *Aberrations chromosomiques, biochimie de cerveau et criminalité*. (p. 10 – 21), Paris: Neret.

Enăchescu C. (2000). *Treatise on psychopathology*. București: Technical Publishing House.

Hare, R. (1991) Psychopathy and the DSM-IV criteria for antisocial personality disorder. *Journal of Abnormal Psychology*. 100 (3). 391 – 398.

R. Van Durne. (1974-1975). *Avatars du syndrome XYY, l’agressivité génétique est-elle un mythe?*. *Revue de Droit Pénal et de Criminologie*. 1. 3 – 10.