

SOME THOUGHTS ON THE PSYCHOLOGICAL ROOTS OF THE BEHAVIOR OF SERIAL KILLERS AS NARCISSISTS: AN OBJECT RELATIONS PERSPECTIVE

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In this article the definition and context of serial murder is documented. The main theoretical framework adopted is object relations theories which have been particularly renowned for drawing close attention to the process and development of the early dyadic mother-infant relationship as a primary departure point for understanding both healthy and pathological psychic development. These theories have been especially comprehensive in depicting the inner world of the infant as magical and terrifying, fractured and kaleidoscopic. Within the context of narcissistic dynamics, one aspect of human behavior may be described as non-pathological and the basis for healthy ambitions and ideals, while another may be identified as pathological and destructive so that individuals behave in grandiose and murderous ways. Some of these individuals are sadistic serial killers who enjoy the sexual thrill of murdering and who are both pathological and destructive narcissists. In this study we examined the psychological roots of the behavior of sexually motivated male serial killers, and why they do what they do. The context of serial murder is presented, with a refined definition of sexually motivated serial murder. The development of narcissism is described as this forms the basis for understanding such behavior.

Keywords: serial killers, narcissists, behavior, object relations theory, murder, motivation, sexually.

Serial murder is perhaps the most baffling crime as it is difficult to comprehend that certain individuals would enjoy killing others. This kind of criminal and abnormal behavior is disturbing because it highlights a small but troublesome

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group of people in society who engage in acts of insanity and terrorism but who are not insane. Victims selected are most often strangers unprepared for the violence inflicted upon them. This article documents the definition and context of serial murder. As the focus is on sexually motivated serial killers, their characteristics are described along with the principal components of sexualized serial murder. A refined definition of sexually motivated serial murder is offered and in order to set the scene for the presentation of some thoughts regarding the psychological roots of the behavior of serial killers, the development of narcissism is delineated. The conceptual framework of object relations theories is adopted with the inclusion of some psychoanalytical concepts.

DEFINITION AND CONTEXT OF SERIAL MURDER

Serial murders, especially if they are sexually motivated, are perhaps the most repugnant acts of violence as they embody the ultimate capacity for human cruelty. Serial murder – which has been recorded throughout Western European history since the 1400s (Hickey, 1997; Schlesinger, 2000) – is a type of abnormal behavior which breaches the boundaries of consensual rationality and normality. Three types of multicide have been identified; mass murder, spree murder, and serial murder (Holmes & Holmes, 1998a, 1998b). Mass murder is the killing of three or more people at one time and in one place. There is no, or very little, cooling-off period. Spree murder involves the killing of at least three or more people within a 30-day period and is also accompanied by other crimes. Serial murder is the killing of three or more people over a period of more than 30 days, with a significant cooling-off period. This cooling-off period may be weeks, months or even years (Geberth, 1996; Hare, 1993; Hickey, 1997; Keppel & Birnes, 2003).

The etiology of serial murder is unclear. Researchers have proposed various sociological, biological, and psychological theories that seem to offer a partial understanding of the nature of serial murder (Hickey, 1997; Holmes & DeBurger, 1998; Geberth, 1996; Keppel, 1995, 1997, 2000; Keppel & Birnes, 2003; Miller, 2000; Ressler, Burgess & Douglas, 1988; Ressler & Shachtman, 1997). Some authors have proposed as the basis for criminal behavior the notion of a predisposition to violence (Lewis et al., 1985; Reiss & Roth, 1993) as well as an interplay between environment, biological factors, and personality traits (Eysenck, 1977). However, theory appears to explain why it is rare for serial murder to take place outside racial boundaries or why it is that serial killers are predominantly male. To date, there has been no object relations approach to understanding the abnormal psychology and criminal behavior of sexually motivated serial killers.

Several authors have created taxonomies or classifications of criminal offenders based largely on the motivations of serial killers (Hickey, 1997; Holmes & DeBurger, 1998; Holmes & Holmes, 1998a, 1998b; Schlesinger, 1999). What is

apparent in these typologies of serial killers is that not all serial killers are alike and some kill for reasons other than sex. It has been recognized that the need for other typologies that are not constructed solely on the basis of apparent motivation should be advanced. It was for this reason that attention was turned to the careful analysis of the crime scene itself. In this context, serial killers are either organized or disorganized serial killers (Geberth, 1996; Geberth & Turco, 1997; Hickey, 1997; Keppel, 1997, 2000; Keppel & Birnes, 2003; Miller, 2000; Ressler et al., 1988). This notion of organized versus disorganized means that the personality types of serial killers have also been identified. Some are described as psychopathic personality type (Geberth, 1996; Hare, 1993; Schechter, 1990; Schlesinger, 1998), narcissistic (Money, 1990; Schlesinger, 1998), paranoid or antisocial (Geberth, 1996; Ryzuk, 1994), or as having bipolar mood disorder, temporal lobe epilepsy, schizoid personality, and dissociative disorder (Hickey, 1997; Miller, 2000; Money, 1990). It is recognized that psychotic serial killers are extremely rare (Geberth, 1996; Hickey, 1997).

THE MAIN CHARACTERISTICS OF SEXUALLY MOTIVATED SERIAL KILLERS

Krafft-Ebing (1886) was the first to note that sexually motivated serial killers humiliate and degrade their victims, are manipulative, above average in intelligence, take trophies, do not often harm wives or girlfriends, have a history of cruelty to animals, enjoy the torture and pain of the victim, normally kill prostitutes, sometimes revisit the crime scene, tend to escalate their levels of violence over time, leave a signature at the crime scene or behave idiosyncratically, show no overt signs of abnormality, and often plan the kill. Contemporary researchers expanded this earlier research to include the notion that serial killers tend to begin to start out by engaging in criminal behaviors such as petty crime as children as well as having a violent fantasy life (Geberth, 1996; Holmes & Holmes, 1998b; Hickey, 1997) that is later acted out on their victims (Douglas & Olshaker, 1997; Ressler & Shachtman, 1992, 1997). Their play as children can be described as aggressive and many come from dysfunctional families where there is neglect and abuse (Hickey, 1997; Keppel & Birnes, 2003; Schlesinger, 2000); many fathers are absent (literally or symbolically) or are controlling and authoritative during the formative years, while the mothers may be rejecting, punitive, hated, or smothering, controlling, and infantilising (Hickey, 1997; Miller, 2000). Many serial killers were illegitimate or adopted children and several were sons of prostitutes. As adolescents their career of crime escalates into violence towards others. They often abuse drugs and/or alcohol (Geberth, 1996; Hickey, 1997; Keppel & Birnes, 2003) and report outbursts of uncontrollable rage, inexplicable mood swings, and an insatiable sex drive. Some have experienced head injuries at some point before beginning to kill (which may be evidence for a neuro-psychological basis for their behavior). Most are aggressive and have an insatiable

preoccupation with death, blood, and violence (Norris, 1992). These individuals cannot empathize or feel guilt and are largely indifferent to others, while their relationships may be described as shallow (Geberth, 1996; Holmes & Holmes, 1998a, 1998b; Schlesinger, 2000). Most are diagnosed with one or more forms of paraphilias, the most common being sadomasochism, fetishisms, and voyeurism (Geberth, 1996; Hickey, 1997; Keppel, 1995; 1997; Keppel & Birnes, 2003; Prentky et al., 1989; Ressler et al., 1988; Ressler & Shachtman, 1997; Schlesinger, 2000). The compulsion to kill is also noted (Schlesinger, 2000) and this implies a drive or impulse to kill repeatedly. Most serial killers, however, do know right from wrong, and are not prey to irresistible urges (Miller, 2000).

Holmes and Holmes (1998a, 1998b) have identified lust and thrill serial killers who are not psychotic and who are most likely to be classified as organized – they make detailed plans for the kill, anticipating the weapons they will need to inflict the most pain, often – but not always – stalking and abducting their victims. For lust serial killers, sex plays an integral part in the murder itself, even when the victim is dead (necrophilia is common). Sexual gratification is thus the ultimate goal, and this type of serial killer will not stop killing until he is caught, and – once released – will resume killing. For lust killers, sex may not be immediately visible, or explicit, which points to the notion that there are many ways in which sex can be a part of the crime. There is normally object and/or penile penetration of the victim, while postmortem mutilation and dismemberment are fairly common; some take away the body parts as trophies or have sex with them. The level of violence escalates with each killing (Miller, 2000; Ressler & Shachtman, 1997; Schlesinger, 2000).

On the other hand, thrill serial killers are pleasure-seeking persons who take their time to enjoy the act of domination and control over the victim. Sadistic torture and object penetration of the orifices of the victim are common. The focus is on the process of killing which distinguishes them from lust serial killers who continue to enjoy the kill and gain sexual pleasure even after the victim is dead. For thrill serial killers once the victim is dead, interest is largely lost and it is uncommon for dismemberment, mutilation or necrophilia to take place. There is rarely overkill and if there is dismemberment, sex with body parts may be evident. Thrill serial killers gain sexual excitement from the cries of pain and humiliation of the victim, who must remain conscious during the attack. Cases have been reported in which thrill serial killers' victims are revived if they pass out, while other thrill serial killers may become enraged if their victims die too early. As a consequence of keeping the victim aware, the cruelty is drawn out so that the pleasure is more intense (Geberth, 1996; Hickey, 1997; Keppel, 1995; 1997).

A REFINED DEFINITION OF SEXUALLY MOTIVATED SERIAL MURDER

Serial murder has been defined earlier in this article; however, it is necessary to further refine this definition if the focus is on sexually motivated serial murder. This means that such a definition should include motivation and the essential character of serial sexual murder. The author proposes that such a refined definition may be:

Sexually motivated serial murder is the killing of three or more victims over a period of more than 30 days, with a significant cooling-off period. The sexual nature of the crime, which may – or may not – be explicit, is perverse and sadistic and reflects an aggression that is particularly destructive, pathological and rooted in violent fantasies that are acted out on the victim.

Now that the main characteristics of sexually motivated serial murder have been described, attention will be focused on narcissism from an object relations perspective and the narcissism of sexually motivated serial killers.

PATHOLOGICAL AND DESTRUCTIVE NARCISSISM: AN OBJECT RELATIONS PERSPECTIVE

The term narcissism was first coined in 1898 by sexologist Havelock Ellis who used it to refer to autoeroticism, a sexual perversion, and thus pathological, in which individuals focus exclusively on their own bodies rather than on the body of another as a love object. Shadowed by the influence of Ellis (1898), Freud (1910) presented his first ideas on the social psychology of narcissism which were later elaborated on in his 1914 seminal paper *On Narcissism*. Of relevance to this paper, he noted that “the self-regard has a very intimate connection with the narcissistic libido” (Freud, 1914, p. 98). This point would later become the crux of all subsequent psychoanalytic work that defined narcissism as a pathological lack of self-esteem defended against by compensatory grandiosity (Ivey, 1989).

Object relations theorists suggest that there are a group of people in whom the main problem appears to be a disturbance of their self-regard in connection to a specific disturbance in their object relations. Within the object relations perspective, the development of the self is seen as dependent on preoedipal childhood experiences of caretakers (Fairbairn, 1949, 1952; Kohut, 1971, 1977; Winnicott, 1945, 1963). Summers (1999) outlines two significant tasks for caretakers that are crucial for the psychological development of the child. The first task is for caretakers to delight in, and encourage, the infant’s interests and spontaneous enjoyment. Casement (1990) remarks that “the infant needs to be able to discover his or her capacity to light up the mother’s face – for there is to be found the fundamental basis of self-image and self-esteem” (p. 93). Belief in the appeal of one’s affects constitutes trust in the self and an ability to develop a sense of self-confidence. The second task is for caretakers to provide sufficient

support for the child when negative affects are experienced so that the child can learn to cope in the future with painful feelings. This means that responsive caretakers allow the child to use them to establish his or her own psychological organisation (Fairbairn, 1949; Kohut, 1977, 1984).

Kohut (1971, 1972, 1977) viewed narcissism as having its own preoedipal development based on the nature of the responses of the infant's caretakers. This means that the infant's narcissism may develop fundamentally in two ways. The first is, by being acknowledged by significant others (usually the mother) or by an experience of reflection of admiration in the mother's eyes. The infant thus learns that she or he is worthy and valued. This mirroring experience is internalized and forms a sense of healthy self-esteem and can be described as "I am perfect". The second way is by being able to admire another, usually the father, in such a way that the father is idealized as good, perfect, and powerful; thus, the infant learns that she or he is also a part of that which is idealized and perfect. This idealization experience is internalized so that 'the ideal parental imago' becomes a part of the infant's self-structure. This experience can be expressed as "you are perfect and you are part of me". In this way, the role of the other is to assist in the development of the infant's sense of self-esteem and self-worth. The parents are used as self-objects, meaning that their function is to support the development of the infant until the infant is capable of providing his or her own sense of self-esteem. Moreover, self-objects, in terms of narcissism, imply the fusion of the self and the ideal object (the idealized parental imago) to form an internalized ideal self. The normal developmental process of young children involves taking over the function of the self-objects and doing for themselves psychologically what the self-objects once did. This process is what Kohut (1971, 1972) termed transmuting internalization. In this way the development of narcissism is a normal phase-specific function and healthy ambitions emerge out of the experience of mirrored grandiosity, while the experience of idealization of the parental imago gives rise to healthy ideals (Kohut, 1972, 1977).

If there are deficient self-objects experiences of mirroring either the infant's grandiosity or idealization, a developmental arrest occurs and this results in damage to the self-structure (Kohut, 1972, 1977). These children come to believe that they are intrinsically inadequate and unable to maintain the attention of the caretaker through the offering of their own unique experiences. When children grow up without acknowledgement by significant others they come to believe that what they may have to share is of little interest to others. This results in a sense of inadequacy and shame. This damage to the basic self-structure may be described as a basic fault (Balint, 1968) or self-defect (Summers, 1999). This damage is expressed as a pathological lack of self-esteem which is characteristic of pathological narcissism. This means that the frustration of the narcissistic needs for grandiosity and idealization are repressed. Feelings of inadequacy and

shame are hidden by a facade of grandiosity and exhibitionism, hollow emptiness, envy and rage.

Lacking this internalized self-function, the adult narcissist depends on others to provide narcissistic supplies of grandiose mirroring and idealization – which means that object relations are there to protect a fragile sense of self-esteem. External objects become self-objects and object relatedness is commonly either one of idealization in which the narcissist gains a sense of “I am perfect and a part of you” (Kernberg, 1974, p. 216) or one of devaluation in which others are viewed as inferior and used to bolster a weak self-esteem. The narcissist may oscillate between object relations of idealization and devaluation. This two-pronged dynamic explains why narcissists have shallow relationships with little intimacy. In this context, Kohut (1971, 1972) refers to two broad types of object relations as the mirror-hungry and the ideal-hungry, and both types can be displayed by a narcissist towards the same self-objects at different times.

Kernberg (1974, 1975, 1984, 1986) noted that the phenomenological aspect of pathological narcissism is a chronic experience of emptiness, helplessness and vulnerability and that these feelings are protected by the hard shell of grandiosity and exhibitionism. Kernberg (1974, 1986) suggests that this intrapsychic manoeuvre defends against the experience of “a hungry, enraged, empty self, full of impotent anger at being frustrated and fearful of a world which seems as hateful and revengeful as the patient himself”. Kernberg’s notion of narcissism is basically that it is a defense against inadequacy and low self-esteem, but he agrees with Kohut in that narcissism arises from preoedipal object relationships which are ineffective and dysfunctional. Kernberg (1974, 1975, 1986) views narcissism as not a normal part of development (unlike Kohut) and considers that the rage typically expressed in narcissists is rooted in the oral stage of development in which there is excessive innate aggression leading to oral hunger or greediness. Innate oral aggression plays a central role in the development of pathological narcissism and has qualities of both pathological self-love and pathological object-love. The pathological self-love may be expressed in unusual degrees of self-reference or self-centeredness, while pathological object-love may be acted out in extreme envy and exploitation as external object relationships are viewed as extensions of the narcissistic self. External object relationships are useful insofar as they function to meet the needs of admiration and idealization. The devaluation of others is not only of external figures but also of internalized object images.

Rosenfeld (1971) was the first to introduce the term destructive narcissism and referred to it in relation to the so-called death instinct by arguing that all states of narcissism are destructive in nature. He suggested that the death instinct was central to the processes of such primitive destructive acting out behavior, but also emphasized that the death instinct constitutes a fusion with the libidinal

instinct. The death instinct was first presented by Freud (1920) who viewed it as an innate biological force that manifests itself in the striving to restore the so-called 'Nirvana' state or state of nonexistence from which all life emerged. He extended this notion in his 1923 paper on *Ego and Id* to suggest that "life consists of a continuous descent into death" (p. 47) intimating that psychic life is governed by the need to bring about the state of death. Freud's (1920) innate death instinct is displayed and expressed by innate aggression. In subsequent elaborations on this concept Freud (1929) also speculated that the death instinct was manifest in narcissism and that in the "blindest fury of destructiveness, we cannot fail to recognize that the satisfaction of the instinct is accompanied by an extraordinarily high degree of narcissistic enjoyment, owing to its presenting the ego with a fulfillment of the latter's old wish for omnipotence" (p. 21).

The death instinct may be turned inward to damage the self (addictions, self-mutilation, suicide) or it may be projected outward. The death instinct manifests as a destructive psychic force "that not only is a deflection of self-destructiveness to the outside, as described by Freud, important though it is, but also from the very beginning the wish to annihilate is directed both at the perceiving self and the object perceived, hardly distinguishable from one another" (Segal, 1993, p. 56). The destructive narcissistic psychic organization has been likened to a powerful criminal gang (Rosenfeld, 1971) and this gang's leader "controls all members of the gang to see that they support one another in making the criminal destructive work more effective" (p. 174). This is a useful concept as the implication is that the destructive elements of the psychic organization, as a gang, overthrow and disavow aspects of the psyche that desire inner cohesion and outer connectedness. They therefore work towards destroying external object relationships. Similarly, Fairbairn (1952) described the notion of the internalization of the bad object, or attachment to the bad object, and how this internalization explains destructive internal processes. He used the metaphor of "a satanic pact" to describe the allegiance to the bad internalized object.

SOME THOUGHTS ON THE PSYCHOLOGICAL ROOTS OF THE BEHAVIOR OF SEXUALLY MOTIVATED MALE SERIAL KILLERS

Sexually motivated male serial killers are pathological and destructive narcissists. Given the extensive research into the personality disorders and behavior of serial killers, there is, to date, no object relations approach to understanding the behavior of serial killers as pathological and destructive narcissists. Using object relations theories, some thoughts are presented on the psychological roots of the behavior of sexually motivated (thrill and lust) male serial killers. It is not possible within the scope of this article to offer a full exegesis of every aspect of serial killers' behavior; thus, only the main elements of their behavior are explored and analyzed.

Early developmental deficiencies and childhood abuse Serial killers as pathological narcissists exhibit a specific type of defensive psychic organization that hides a “defective self” (Summers, 1999) which manifests as a “pathological lack of self-esteem” defended against by “compensatory grandiosity and exhibitionism” (Freud, 1914; Kernberg, 1974, 1975; Kohut, 1971, 1972). Within the object relations approach, the well-defended lack of self-esteem of serial killers is understood as being rooted in deficient or inadequate preoedipal infantile experiences (Kernberg, 1974, 1975; Kohut, 1971, 1972). These inadequate preoedipal experiences are deficient self-object experiences of mirroring and idealization (Kohut, 1972, 1977). This means that there was no or little responsive caretaking – caretakers did not promote or encourage the child to use them to establish his or her own psychological organization (Fairbairn, 1949; Winnicott, 1963). This means that the early object relationships of serial killers were dysfunctional and that the process of “transmuting internalization” (Kohut, 1971, 1977, 1984) did not occur in an optimal manner. For serial killers, a “developmental arrest” (Kohut, 1977, 1984) occurred, resulting in pathological narcissism. As a result, serial killers, as pathological narcissists, have a damaged self-structure which may be described as “a basic fault” (Balint, 1968).

The mothers of these serial killers, as indicated, were domineering and controlling, punitive and rejecting, or overprotective and seductive, while the fathers were (literally or symbolically) absent. These primary figures, in failing to give sufficient mirroring and idealization, and in lacking recognition of their infant’s emerging needs for grandiosity and idealization (Kohut, 1977) would have disconfirmed the child’s emerging sense of self and reality (Kohut, 1977; Winnicott, 1945, 1963). As a child the serial killer would not have discovered his or her “capacity to light up the mother’s face” (Casement, 1990) and, thus, there would have been no sense of visibility and “recognition in the eyes of the other” (Winnicott, 1963, p. 231). These children would have experienced a profound sense of rejection and low self-esteem. The impact of this kind of dysfunctional object relation would result in the needs for grandiosity being repressed only to unconsciously surface as mirror-hungry behavior. The need for mirroring and attention may explain why thrill serial killers require that their victims remain fully awake and aware during torture as this awareness ensures a response, and this response offers – in fantasy and in reality – a sense of visibility. This need for mirroring also explains why there is seldom postmortem mutilation, necrophilia or cannibalism, as once the victim is dead there is no more recognition of themselves in the victim’s eyes and thus no more sense of existence and visibility.

Lacking adequate idealization experiences, serial killers would not have had “you are perfect and a part of me” experiences, commonly initiated by the father or a significant male other. The impact of the absence of the father and the lack

of idealization experiences would result in serial killers attaching themselves to objects that in their fantasy are “perfect” and a part of them. This may explain why *lust* serial killers symbolically and literally take in or introject and eat their victim (cannibalism). In their fantasy, the victim becomes the perfect other and this devouring of their victim fulfills their unconscious need to be a part of the perfect other, to experience the “you are perfect and a part of me” experience. This also explains why *lust* serial killers often have sex with the dead body as – in their fantasy – the victim remains the perfect other, a part of them. In the continuity of sex (as an act of possession of the other) serial killers continue to experience a union with the perfect other/victim, and so the fantasy continues and they can re-experience the “you are perfect and a part of me” experience. The mutilation or dismemberment of the dead victim, and the taking of body parts as trophies, is similarly about symbolically claiming the perfect other as in their fantasy – the perfect remains a part of them. The mutilation of the body is also understood as an aggressive act which also symbolizes the repressed rage and envy against a hateful and rejecting world.

It is suggested that thrill serial killers compensate more for a lack of mirroring experiences and *lust* serial killers compensate more for a lack of idealization experiences. Lacking adequate mirroring and idealization experiences, serial killers, as infants, would have also experienced a diverting of the self from its purposes of self-realization to one of preserving the object relationship. One of the important tenets of object relations theories is the attachment to, and maintenance of, the relationship in order to survive (Fairbairn, 1952). A dysfunctional relationship is better than no relationship and this means that infants will attach even to bad objects in order to maintain a connection, sacrificing their own needs at the expense of having this relationship. In this regard, infants do the mirroring for the primary caretakers instead of the caretakers doing the mirroring for the infants. This means that as children, serial killers disregarded their own needs at the expense of others’ needs. This results in some serial killers becoming withdrawn and reclusive, unwilling to establish relationships. The distance from others is a defense against the repressed pain of rejection and of not having their needs met as children. It may also mean the opposite. Not having their needs met, serial killers seek to obtain narcissistic supplies from others in an exploitative manner. Serial killers may seek out object relations not in order to develop a mutual relationship of interdependency but to obtain their narcissistic supplies and, thus, to unconsciously bolster their fragile sense of self and defend against feelings of shame, rejection, inadequacy, and low self-esteem. These object relations are therefore described as self-protective ties (Summers, 1999). While the necessary narcissistic supplies are offered, such relationships are idealized. These same relationships, however, are discarded and devalued as soon as they no longer provide the narcissistic supplies. This

explains why many serial killers, as pathological narcissists, are interpersonally manipulative and exploitative, and why their relationships are shallow and lack intimacy, and why they vacillate between devaluation and idealization of the object relations.

It is not only preoedipal developmental deficiencies but also early childhood experiences of abuse and rejection that contribute to the behavior of serial killers. Many serial killers were physically, sexually and emotionally abused as children. Research into the impact of childhood abuse and neglect on violent behavior of adults who became serial killers concluded that adults who had been physically, sexually and emotionally abused as children were three times more likely than were nonabused adults to act violently as adults (Dutton & Hart, 1992). It was Freud (1940) who first made the link between oedipal sexual trauma and adult abnormal behavior. Since then the notion that responses to childhood sexual trauma later surface as aggressive, sometimes homicidal behavior has been presented (Aldwin & Sutton, 1998; Cameron, 2000; Etherington, 2000). In response to these abuses, for serial killers aggression emerges as homicidal rage and envy, and culminates in a series of brutal and sexualized murders. The brutality and violence are measures of serial killers' inner conflict, repressed sexual humiliation, and helplessness. It is suggested that sexual abuse gave rise to a profound sense of powerlessness and loss of control. Much of the hate, powerlessness, and rejection experienced from sexually abusive early object relations were introjected and internalized. This explains why serial killers have such self-loathing.

Object relations theorists noted that a vital task of the caretaker is to provide support for the child when negative affects are experienced. However, it is often the caretaker or other significant figures who are the abusers. When this happens, the child lacks a sense of an ability to have an impact on the environment. This may explain why serial killers seek – unconsciously – to reclaim their lost power through serial murder, as the act of killing is the ultimate – but twisted – symbol of having an impact on the world and being powerful. Moreover, due to the inappropriate sexual nature of the childhood abuse their psychosexual development would have been de-railed. This may have resulted in the experience of sexuality being a place of both nonnegotiated power and the development of confusion regarding the appropriateness of sex and its meaning. As a consequence, serial killers use sex as a vehicle for their homicidal rage and aggression. The act of sexual serial murder is not only about sex but is also about power and revenge. Their sexualized behavior may be understood as an unconscious rage, resentment, envy, and revenge against the literal figures that were responsible for their sexual pain. These unconscious feelings explain why they kill with such violence and contemptuousness. Serial killers are unconsciously trying to kill off their repressed sexual pain and powerlessness.

Every stab into the victim's flesh is a stab against their own childhood sexual terror and pain, and the rage that accompanies it is a rage against those who tormented and terrorized. Abrahamsen (1973) observed that all murderers are tortured by their inner world of conflict. He stated that (op. cit., p. 13) "the prime marks of the murderer are a sense of helplessness, impotence and nagging revenge carried over from early childhood". Intertwined with this core of emotions which distort murderers' view of life, and all their actions are their "irrational hatred for others", their suspiciousness, and "sensitivity to rejection". Hand-in-hand with these goes their inability to withstand frustration. Overpowered by frequent uncontrollable emotional outbursts, they "need to retaliate, to destroy, to tear down by killing" (op. cit., p. 13).

As indicated, aggression expressed as homicidal rage is a common theme from one murder scene to the next (Hickey, 1997). The compulsion to kill is understood as the workings of the death instinct which finds its full expression in destruction and death, characteristic of destructive narcissism. The death instinct, as the source of the homicidal rage and aggression, is directed outwards (projection). It becomes violent and violence becomes a narcissistic defense against feelings of low self-esteem and worthlessness. This descent into violence and violence as a defense is what makes these serial killers also destructive narcissists. The act of killing is symbolically the passport that enables the crossing of the border from pathological narcissism into destructive narcissism.

Some serial killers may be unconsciously killing their hated mothers. From a psychoanalytic approach it may be that repressed oedipal incestuous feelings for the perceived seductive mother could be a main stimulus for the sexualized nature of serial killings. This type of serial killing may be viewed as a displaced matricide – a displacement of sexual feelings for the mother onto women. However, from an object relations approach, the mother is the hated object as she is experienced as either excessively overprotective or rejecting and abandoning (Fairbairn, 1952). The resulting oral aggression (Kernberg, 1974. 1986) of narcissistic serial killers, in fantasy, is focused on destroying her. Female victims are understood as symbolically representing the bad object. Serial killers, in fantasy, therefore believe the bad objects (Fairbairn, 1952) can, and must, be greedily attacked and destroyed before they (further) harm or destroy the perceiver. This is done through serial killing.

Some serial killers may be unconsciously killing their hated fathers. The bad objects are perceived as those rejecting or absent early male figures who would normally have participated in the process of idealization. The lack of idealization results in the ideal ego's not being developed and this means that there is no internalized sense of values or ideal. This explains why serial killers have no remorse or guilt. The anger and envy experienced by this lack of idealization

is later reenacted in the sadistic attack on men who represent the hated and rejecting father.

The reason that victims are sometimes children is because “the sadist sees the child victim as a presentation of everything he hates about himself as well as the dreaded memories of his childhood experiences” (DeYoung, 1982, p. 125). The child victim is symbolically himself. Some serial killers make their victims (not just children) feel what they felt as children (humiliated and fearful). The homicidal rage, which has its early expression in serial killers’ uncontrollable rage as children – a childhood response to the sense of humiliation and powerlessness – can also serve the illusionary function of saving one’s self from destruction by displacing onto someone else the focus of aggressive discharge (Malmquist, 1971). The victim’s body is the site of this displaced aggression and the repeated killing is understood as a distorted way to neutralize the pain of early childhood trauma. But this neutralization never occurs. In this sense, serial murder may be understood as the unconscious need to restore narcissistic balance and self-esteem that was fractured during childhood and preoedipal development.

This displacement of aggression and need to counterbalance the dreadful memories of childhood explains why serial killers also abuse animals as children. As children the control of pets and animals is perhaps one of the few remaining places where they feel in control. The animals are unable to fight back (as are they themselves), the feelings of rage and revenge are displaced onto the animals, this power over the animals is intoxicating and gives them a brief sense of power. Later, the defenseless and tortured puppy becomes the defenseless and tortured human victim. The rage and aggression are simply transferred and displaced onto defenseless human beings. Their abnormal behavior, criminality, and twisted perversions escalate into uncontrollable cycles of serial killing which continue to hide an unconscious sense of rejection, powerlessness, and inadequacy.

The addictive behaviors of serial killers (alcohol and drug abuse, delinquency, insatiable sex drive, preoccupation with death, horror, and gore) act to block out – or ward off – feelings of rejection and low self-esteem characteristic of narcissistic personality disturbances. It is also possible that, given the understanding of the workings of the death instinct and its relationship to aggression, in killing repeatedly serial killers are unconsciously wishing for their own death, their own nonexistence such is the self-hatred and self-loathing.

However, many individuals have negative experiences in childhood and do not become addicts or angry and revengeful serial killers. What may cause the difference is that serial killers as narcissists have a fatal combination of preoedipal dysfunction (which gives rise to pathological narcissism) and negative childhood experiences (which result in violence and criminality and are expressed in destructive narcissism).

Sexual sadism and fantasies Sexually motivated thrill and lust serial killers use sadism as an expression of their hate for the world. These serial killers are particularly distasteful as they kill not only for pleasure but also to sexually humiliate their victims. The prime reason that they sexually torture and kill is to obtain sexual satisfaction and orgasm which they are unable to attain in any other way. The sexualized component of the sadism is not always apparent, but when it is explicit, it is especially heinous and often involves stabbing, beating, ripping, cutting and mutilation. The aggressive attacks on the victim may be understood as symbolic expressions of the killer's hate for the world. In cutting, stabbing and beating the killer cuts they cut into his own unconscious pain and reenacts his childhood impotent power and helplessness. In addition, in the aggressive acts of sexual sadism revenge is achieved. For serial killers sex, envy and aggression are furiously blended together to a point of nondifferentiation. This kind of aggressive and sexual sadism may be understood as being rooted in an identification with the split off destructive parts of the psyche, as described by Rosenfeld (1971). For these serial killers there is an unconscious allegiance to the internal criminal gang that seeks to make all criminal destructive work effective. This allegiance is because, as indicated, early external objects are perceived as bad and prosecutory. Moreover, the bad object is introjected and internalized resulting in an inner world of not just self-loathing but also paranoid anxiety and persecution. This means that both the outside world and the inner world are perceived as hateful and persecutory, and any remains of a good internal object is overthrown and repressed ('by the gang'). This explains why some serial killers are paranoid – it is a defense against a (real and imagined) persecuting and hateful world.

As a reminder, fantasies play a significant role in the lives of these serial killers and the acting out of the killing is the acting out of fantasies (Prentky et al., 1989; Ressler et al., 1988). It is suggested that the reason that they kill again and again is because reality is never as good as the fantasies. It was Freud (1914) who noted that the grandiose infantile narcissistic ego is characterized by states of magical or omnipotent thinking. He understood that the breakdown of illusions (of omnipotence and perfection) through the gradual impingement of reality initiates the break away from the narcissistic state. This means that the gradual giving up of the illusions as the basis of the narcissistic state would introduce the advanced psychological organization of relating to consensual reality and relationship with others. This gradual impingement of reality never happened for serial killers. There was no gradual breakdown or giving up of the illusions. When there is a premature and sudden, rather than a gradual, impingement into the world of reality, as with serial killers, they retreat into their inner magical world. There they create a fantasy in which to kill is linked with the fantasy that they are omnipotent and powerful (the illusion is preserved). It becomes a

vicious cycle of acting out fantasies that never quite measure up to reality as reality is always disappointing, and consequently there is an endless hope that next time the fantasy acted out will be perfect, and so the killing begins again.

CONCLUDING REMARKS

There is evidence for a predisposition to violence as well as an interplay between environment, biological factors and personality traits as the basis for criminal behavior. Serial killers, as pathological and destructive narcissists, vent their rage at and envy of a hateful and rejecting world by attacking and brutalizing others. In terms of object relations theories, the implication is that serial killers are made as it is predominantly the quality and nature of early object relationships which are dysfunctional and foster feelings of pathological low self-esteem, shame and inadequacy. These feelings, narcissistically defended against by compensatory grandiosity, are the seeds for revenge and violence. The preoedipal unresponsive parenting and pathological abuse of male children generates uncontrollable aggression and homicidal rage in sons which finds its outlet through addictions, cruelty, delinquency, sadism, and finally serial murder. In addition, childhood abuse contributes to the sense of helplessness and rage. These feelings are directed at those who symbolically represent the early tormentors. Together with the workings of the death instinct, expressed in destructive narcissism, these individuals become serial killers, using sadism as a source of sexual gratification and power. In terms of psychological theory, to adopt the view that childhood experiences of abuse and its psycho-sexual-social (psychoanalytic) implication alone is the primary source for understanding serial murder is shortsighted. Many individuals are abused as children and do not become serial killers. The difference is that there are also inadequate preoedipal experiences which strongly contribute to serial killers' narcissistic pathology. This is why an object relations approach to understanding the behavior of serial killers is so valuable and necessary as it adds a preoedipal dimension to the genesis of the psychology of serial killing, rather than focusing only on psychoanalytic principles of oedipal development which present only half of the conceptual picture.

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