Etiology of the Psychopathic Serial Killer: An Analysis of Antisocial Personality Disorder, Psychopathy, and Serial Killer Personality and Crime Scene Characteristics

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The purpose of this article is to make the distinction between antisocial personality disorder and psychopathy, discuss possible etiologies of psychopathy, and analyze the crimes, personality characteristics, and historical aspects of psychopathic serial killers. The research indicates that both environmental and biological factors affect the development of psychopathy. Several different serial killers were compared to assess the similarities and differences between their histories, crimes, and personalities. Though there were marked differences between their crimes, startling historical and personality similarities were clearly identified. Based on these findings, the validity and reliability of offender profiling is also discussed. [Brief Treatment and Crisis Intervention 7:151–160 (2007)]

KEY WORDS: Psychopathy, antisocial personality disorder, serial killer, offender profiling.

Much of the research done regarding the etiology of antisocial personality disorder (ASPD) has been primarily focused on identifying environmental risk factors (Lahey, Loeber, Burke, & Applegate, 2005; Rutter, 2003; Skilling, Harris, Rice, & Quinsey, 2002). However, an increasing number of recent studies have also taken into consideration genetic and biological influences and their interaction with the environment (Moffitt, 2005; Raine, Moffitt, Caspi, Loeber, Stouthamer-Loeber, & Lynam, 2005; Taylor, Iacono, & McGue, 2000). Even though these studies have been relatively successful in identifying the biological and environmental indicators of ASPD, they have been less successful in isolating these factors as either biological or environmental due to the inability to control the interaction between the two. Another issue that has affected research in this area is the failure to make an accurate distinction between ASPD and psychopathy (Hare, 1996; Widiger et al., 1996). Research findings have consistently identified similar risk factors for both ASPD and psychopathy but have failed to further examine the heterogeneity among the historical, behavioral, and personality characteristics represented in this population. A further classification of these characteristic subsets could potentially lead to the discovery of different etiologies, particularly that of psychopathic serial murderers.

Risk Factors

Research concerning the identification of risk factors for antisocial and violent behavior has
primarily been conducted to aid in the prediction of individuals who are at risk for committing violent offenses (Herve, Mitchell, Cooper, Spidel, & Hare, 2004; Loeber et al., 2005; Rice, 1997; Salekin, Leistico, Neumann, DiCicco, & Duros, 2004) in order to help create more effective intervention and treatment programs for those individuals who are at high risk for committing violent offenses or are likely to reoffend. However, treatment programs for violent offenders do not always have the desired effects. In an evaluation study (Harris, Rice, & Cormier, 1994), including 292 male violent offenders (treated for at least 2 years with the average time spent in the program being 5 years), 146 were treated in the therapeutic community and the other 146 were sent to prison. The program’s violent recidivism rate was 40%, with little difference between the groups. However, when the outcome of psychopaths was evaluated separately, an unexpected discovery was made; the violent recidivism rate of psychopaths in the treatment group was almost one third higher than those who had been sent to prison. It was speculated that the treatment program raised psychopaths’ self-esteem and consequently increased aggression. It also was speculated that instead of learning to be more empathic and concerned about others, like the nonpsychopaths, the psychopaths only learned how to appear more empathic in order to better manipulate and deceive others (Harris et al., 1994; Rice, 1997).

The general belief regarding the prevention of violent behavior is that the earlier the treatment, the more successful it is. This is due to the developmental nature of personality styles. Personality becomes increasingly more solidified over time, so problematic behaviors, such as violence, are more easily treated when an individual is at an earlier developmental level (Salekin et al., 2004). This belief has lead to an increasing interest in studying children and adolescents who are at risk for committing or who have committed violent offenses, particularly those who exhibit antisocial behaviors (Fung et al., 2005; Moffitt, 2005; Raine et al., 2005; Taylor et al., 2000). In comparison to non-antisocial children, antisocial children tend to show poor verbal ability, impulsivity, high neuroticism (negative emotionality), low constraint, failure in school, autonomic hypoactivity, and higher rates of attention deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder (CD) (Lahey et al., 2005). However, the age of onset is the best predictor of severity and course of antisocial behavior (Taylor et al.)

**ASPD Versus Psychopathy**

The terms APSD and psychopathy are often used synonymously and incorrectly. APSD is a category listed in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, conceptualized by sense of entitlement, lack of remorse, apathetic to others, unconscionable, blameful of others, manipulative and conniving, affectively cold, disparate understanding of socially acceptable behavior, disregardful of social obligations, nonconforming to social norms, and irresponsible (American Psychiatric Association, 2000). Psychopaths embody most, if not all, of these characteristics, but they are more accurately described as “remorseless predators who use charm, intimidation and, if necessary, impulsive and cold-blooded violence to attain their ends” (Hare, 1996). The confusion between APSD and psychopathy may reside in research statistics (Herve et al., 2004; Skilling et al., 2002; Woodworth & Porter, 2002), which state that 5%–6% of adult male offenders are responsible for about 50% of crime (Skilling et al.) and that psychopathy has a prevalence rate among the offender population of about 15%–25% (Woodworth & Porter, 2002). However, what the statistics do not state is that although almost all individuals identified as
psychopaths by the Psychopathy Checklist-Revised (PCL-R; Hare, 1991) also met the DSM-IV-TR criteria for ASPD, most individuals with ASPD are not psychopaths (Skilling et al.), just like the geometric concept that all squares are rectangles, but not all rectangles are squares.

Research studies (Moffitt, 1993; Raine et al., 2005; Skilling et al., 2002; Taylor et al., 2000) have presented evidence to support that identification of the highest risk offenders depends on two things: early age of onset of violent and antisocial conduct and persistence of that antisocial and criminal behavior. In addition to this, another important distinction has been made regarding antisocial behavior. In 1993, Moffitt identified two subgroups of antisocial behavior: adolescence limited and life-course persistent. Moffitt defined adolescence-limited offending as normative and results from affiliation and mimicking peers, whereas life-course-persistent offending is more similar to a disorder (Moffitt, 1993). There is also evidence to suggest that early-onset/life-course-persistent antisocial behavior has more of a genetic influence than late-onset or adolescent-limited antisocial behavior (Taylor et al.).

Biological Etiology of Psychopathy

In the beginning, that was my most profound admission, that there was something missing in Jeff, the part that should have cried out, Stop!—Lionel Dahmer (Jeffrey’s father)

Even though the etiology of psychopathy is unknown, there are several studies (Blair, 2003; Yang, Raine, Lencz, Bihrlle, LaCasse, & Colletti, 2005) that have been conducted which present evidence to support a neurobiological basis of psychopathy. The amygdala and the prefrontal cortex are two of the areas in the brain that have been the primary focus when studying psychopathy. The amygdala is involved in aversive conditioning, instrumental learning, and responses to fearful and sad facial expressions (Blair, 2003), which are all processes that have been found to be impaired in people with psychopathy. Reduced amygdala volume (Tiihonen et al., 2000) and delayed response to words with neutral and negative associations (Kiehl et al., 2001) were also found in individuals with high levels of psychopathy (>28/40 on the PCL-R). These findings have suggested that amygdala impairment affects socialization (Blair, 2003), which involves aversive conditioning and instrumental learning. Individuals with psychopathy do not learn to avoid antisocial behavior because learning to avoid a behavior involves engaging in a certain behavior and then being punished by an aversive response. For example, in order to learn that physically hurting another is wrong, one must inflict pain on someone and then be negatively affected by that person’s distress (aversive response).

It has also been suggested that impairments of the prefrontal cortex are linked to psychopathy. The medial orbitfrontal cortex (OFC) receives and sends projections to the amygdala and is involved in instrumental learning and response reversal, which are both functions that are impaired in psychopaths (Blair, 2003). Lesions of the OFC have been associated with “acquired sociopathy,” which is psychopathic behavior in previously nonpsychopathic individuals, following the development of lesions of the OFC (Blair, 2003). A study by Yang et al. (2005) found a 22.3% reduction in prefrontal gray matter, using structural magnetic resonance imaging (MRI), in unsuccessful psychopaths (psychopaths who have been caught) in comparison to control subjects. The evidence presented in these studies strongly suggests a biological etiology for psychopathy. This is not to say that the cause of psychopathy is solely biological or that all people with these neurological impairments develop psychopathy; it only presents a piece of the puzzle in determining what causes people to become psychotic.
Infamous Serial Killers

I am the most cold-blooded son of a bitch you’ll ever meet.

I just liked to kill, I wanted to kill.—Ted Bundy

Just like almost all psychopaths have ASPD, but most people with APSD are not psychopaths, most psychopaths are not killers. They may be successful in the business world by conning and manipulating their colleagues or clients for the purpose of embezzling money. However, it is unavoidable that there is a subset of psychopathic individuals who are compelled to kill. Several studies have found that psychopathic offenders are as much as three or four times more likely to violently reoffend following release from custody than are nonpsychopathic offenders (Hare, 1996). Even though the DSM-IV-TR criteria for ASPD and psychopathy (as defined by the PCL-R) overlap in their criterion, psychopathy is a far more relevant factor in studying serial violent offenders in the criminal population. Serial killers such as Gary Ridgeway, Ed Gein, Ted Bundy, Jeffrey Dahmer, BTK (Dennis Rader), John Wayne Gacy, and Ed Kemper can all be identified as psychopaths. Ed Gein was even the inspiration for the characters of Norman Bates from “Psycho” and Buffalo Bill from “Silence of the Lambs”. He too wore the skin of his victims when he dressed up as a transvestite (Court TV’s crime library, n.d.). These serial murderers intrigue the average person because the average person cannot fathom committing such a heinous crime and never showing any remorse. Even though many serial killers share striking similarities in their personalities, crimes, and histories, they are totally different people, born and raised by different parents, have had different life experiences, and are from different places and different times. Could it be possible that people are born this way?

The definition of serial murder is a minimum of 3–4 victims with a “cooling off” period in between. The killer is usually a stranger to the victim; the murders appear unconnected or random. The murder is rarely “for profit,” and the motive is psychological, not material. The victim may have a symbolic value for the killer, and the method of killing may reveal this meaning. The killer often chooses victims who are vulnerable (children, adolescents, women, prostitutes . . . ) (Court TV’s crime library, n.d.). The average serial killer profile is white, male, low-middle socioeconomic status, in his 20s or 30s, has a history of childhood abuse or neglect, is sociopathic/psychopathic, is a chameleon to his environment, and appears normal to others (Court TV’s crime library, n.d.). Many serial killers are also sexual sadists and incorporate their deviant sexual fantasies into their killings. Actually, almost all serial killers incorporate some kind of sexual element into their murders. Gary Ridgeway (The Green River Killer), Jeffrey Dahmer, Ed Kemper, and Henry Lee Lucas all engaged in necrophilia, which involves engaging in sexual activity with deceased individuals. Ed Kemper even had sex with his mother after he decapitated her and put her vocal cords down the garbage disposal (Court TV’s crime library, n.d.).

Childhood

We’re still blaming the mothers.—Joyce Flint (Jeffrey Dahmer’s mother)

However, when speaking to people who knew them as children, serial killers are usually described as a little “off.” As children, fledgling serial killers often set fires, torture animals, and wet their beds. These red flag behaviors are known as the “triad” of symptoms. Gary Ridgeway exhibited the triad of symptoms in his childhood (Court TV’s crime library, n.d.). Other historical factors common in serial killers are abuse, trauma, insecure attachment, loss or
abandonment of a parent or caretaker, antisocial behavior, head injury, and low arousal levels. John Wayne Gacy, Gary Ridgeway, and Ed Gein were all physically and verbally abused by a parent and most likely endured some type of trauma; John Wayne Gacy, Henry Lee Lucas, Ed Gein, and possibly Dennis Rader had childhood incidents of head injury; Ted Bundy grew up thinking his mother was his older sister and his grandparents were his parents; and Jeffrey Dahmer had a mentally ill mother who ingested numerous drugs while pregnant with Jeffrey. Ted Bundy, John Wayne Gacy, Gary Ridgeway, Ed Gein, Ed Kemper, and Jeffrey Dahmer most likely all developed insecure attachments to one or both of their parents and suffered from physical or emotional loss or abandonment as well as instability in their childhoods (Court TV’s crime library, n.d.).

One of the most common and disturbing factors found in many serial killers’ histories is their unusual or unnatural relationships with their mothers, which often included sexual and sadistic elements. Bobby Joe Long, Henry Lee Lucas, Gary Ridgeway, Ed Gein, Charles Manson, and Ed Kemper all had inappropriate relationships with their mothers. Bobby Joe Long, Charles Manson, and Henry Lee Lucas were all exposed to their mothers’ sexual activities when they were children, and Charles Manson and Henry Lee Lucas were both dressed as girls for a significant portion of their childhood. Gary Ridgeway stated that his mother “dressed like a whore” when she went out (Court TV’s crime library, n.d.). Ed Gein, Gary Ridgeway, and Ed Kemper were all subjected to sexual sadism by their mothers. The victims of these serial murderers all share uncanny similarities with their mothers or in some cases were their mothers. Gary Ridgeway and Bobby Joe Long killed women, who they characterized as “whores and sluts”; Ed Gein killed elderly women; Henry Lee Lucas’ first murder was his mother; and Ed Kemper’s last victim was his mother (Court TV’s crime library, n.d.). The relationship between maternal characteristics and victimology are too similarly close to disregard; there is no question that these killers’ relationships with their mothers somehow impacted their psychopathic development.

**Victimology**

Worthless little queers and punks—John Wayne Gacy’s description of his victims

Victimology is the complete history of the victim. It is thought that by identifying why a particular person was targeted for a violent crime, the motive will be uncovered, which will then lead to the offender. Victim’s risk, history, and physical and personality characteristics are some of the factors analyzed during the evaluation of a crime scene. Victims usually consist of vulnerable populations (e.g., children, adolescents, elderly, females, prostitutes, runaways, etc.). It can help link separate crimes to one offender. It is one of the most valuable tools for classifying and solving violent crimes (Douglas, Burgess, Burgess, & Ressler, 1992).

Victimology is particularly useful when attempting to capture a serial killer because, like most serial killers, the victim is a stranger to the perpetrator. Gary Ridgeway targeted prostitutes; John Wayne Gacy lured adolescent boys to his home by promising them payment; Ted Bundy attracted kind-hearted, college-aged females with long hair to his car by faking injury; and Jeffrey Dahmer baited young men into coming to his home with the promise of money if he could photograph them. Analysis of the similar characteristics between the victims of a serial killer provides important clues that aid in profiling and capturing these criminals by helping to identify who and where the killer would be likely to strike next; but, what if the victimology is not so homogeneous? Dennis Rader killed men and women, young and old; Henry Lee Lucas killed both old and
young women; and Gary Ridgeway claimed to have killed at least two boys when he was young but only targeted prostitutes when he was older. A variation of victim characteristics makes it difficult to infer characteristics about the perpetrator, which is why investigators rely on other aspects of crime scenes to profile and catch serial killers.

**The Modus Operandi and Signature Aspects**

The modus operandi (MO) is the offender’s actions during the perpetration of a crime. It is a learned behavior, developed and used over time because it works, it continuously evolves, and is modified according to experiences with previous victims (Douglas et al., 1992). Both Jeffrey Dahmer and John Wayne Gacy were arrested for sexual assault of a teenage boy and spent time in prison. From then on, they killed their victims, so there would never again be a witness. While Dennis Rader waited in Kathryn Bright’s home, she arrived, unexpectedly, with her brother, Kevin. Rader did not bring his “tool kit,” which he used to bind his victims, so he used articles at the scene. Eventually, Kevin escaped after being shot twice, but Kathryn was not so lucky; she became Rader’s fifth victim. Surprisingly, Rader was not implicated in this crime; however, he did state at his trial that “from then on, I always brought my kit.” These examples illustrate how and why an MO evolves.

The signature aspect, or calling card, is the unique, personal expression or ritual demonstrated by the offender while he is committing the offense and is based on the offender’s fantasies. When a signature is left, so is an aspect of the offender’s personality (Douglas et al., 1992). The signature aspect is different from the MO because it is conduct that goes beyond the necessary behaviors needed to commit the crime. It is driven by the killer’s fantasies and needs to be done in order for the killer to gain satisfaction from his crime. An MO may evolve, but a signature aspect remains constant. However, it is possible for a signature aspect to increase in intensity. Gary Ridgeway increasingly engaged in necrophilia with his victims. After he dumped the bodies of his victims, he often revisited them numerous times to reengage in sexual activity with them, hence reliving his crimes. Dennis Rader enjoyed taunting the police with letters describing his crimes and indicating where they could find his most recent victim’s body. To certify the authenticity of the letters, he signed them BTK (Figure 1) and arranged the letters in a sexually explicit way.

**The Organized/Disorganized Typology of Serial Murder**

In addition to victimology, MO, and signature aspect, the organized/disorganized classification of serial killers is extremely important in criminal profiling. Organized offenders are hypothesized to kill after undergoing some sort of precipitating stressful event, are of average intelligence, are socially competent, are apt to plan his offenses, use restraints on his victims, take “trophies” or “souvenirs” (items, of little extrinsic value, which belong to the victim and serve to later stimulate the offenders fantasy), bring a weapon to commit the murder and take it with him when he leaves the crime scene.

![Figure 1](http://example.com/image.png)

**FIGURE 1**

BTK’s signature Court TV’s crime library: Criminal minds and methods (n.d.).
Disorganized offenders are hypothesized to kill opportunistically; may leave blood, semen, fingerprints, and the murder weapon at the scene; minimally restrain their victims; display victim’s bodies in open view; are of below-average intelligence; and are thought to be socially incompetent (Douglas et al., 1992). The third type is the mixed offender, whose crimes include both organized and disorganized characteristics. Some of the reasons a crime scene might be classified as mixed are (a) there is more than one offender, (b) the crime may have been planned, but an unexpected event occurred, (c) the offender is young or inexperienced, (d) drugs or alcohol are involved, or (e) following external stressors, a previously organized offender may decompensate into a disorganized offender (Douglas et al.). Even though there are technically three categories for classifying crimes, it is rare that a crime is solely either organized or disorganized.

Table 1 (Canter, Alison, Alison, & Wentink, 2004) classifies 39 crime scene variables as either organized or disorganized and gives the percentage of their frequency, based on 100 crimes from 100 different serial killers. The data from the study conducted by Canter et al. (2004) regarding the organized/disorganized typology of serial murder was taken from the data archives at the Centre for Investigative Psychology.

<table>
<thead>
<tr>
<th>Organized</th>
<th>Disorganized</th>
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</thead>
<tbody>
<tr>
<td>Victim alive during sex acts</td>
<td>Vaginal rape</td>
</tr>
<tr>
<td>Body positioned</td>
<td>Overkill</td>
</tr>
<tr>
<td>Murder weapon missing</td>
<td>Multiple sex acts</td>
</tr>
<tr>
<td>Multiple crime scene</td>
<td>Beaten</td>
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<tr>
<td>Body concealed</td>
<td>Body left in isolated spot</td>
</tr>
<tr>
<td>Torture</td>
<td>Belongings scattered</td>
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<tr>
<td>Restraints</td>
<td>Tease cuts</td>
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<tr>
<td>Body covered postmortem</td>
<td>Bludgeoned</td>
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<tr>
<td>Ligature strangulation</td>
<td>Clothing scattered</td>
</tr>
<tr>
<td>Firearm used</td>
<td>Object penetration</td>
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<tr>
<td>Tampered with evidence</td>
<td>Improvised murder weapon</td>
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<tr>
<td>Gagging</td>
<td>Manual strangulation</td>
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<tr>
<td>Bitemarks</td>
<td>Violence directed at genitalia</td>
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<td></td>
<td>Weapon left in victim</td>
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<td></td>
<td>Facial disfigurement</td>
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<td>Throat cut</td>
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<td>Trail of clothing to murder scene</td>
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<td></td>
<td>Ransacking</td>
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<td></td>
<td>Genital mutilation</td>
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<td>Body parts missing</td>
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<td></td>
<td>Thoracic mutilation</td>
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<td></td>
<td>Innards extracted</td>
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<td></td>
<td>Decapitation</td>
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<td></td>
<td>Dismemberment</td>
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Note. Frequency across the sample of 100 cases indicated in parentheses.
Figure 2 (Canter et al., 2004) is a smallest space analysis (SSA), which is a multidimensional scaling procedure of the data given in Table 1. The SSA represents the relationships between variables by the amount of distance between variables. The closer two variables are to each other on the SSA, the more likely they are to co-occur. The contours indicate frequency (Canter et al.). Figure 2 shows that the organized variables are much closer in proximity to each other and have a higher frequency of occurrence than the disorganized variables.

**Criminal Profiling**

The idea of criminal profiling is to gather a body of data yielding common patterns so that investigators can develop a description of an UNSUB (unknown suspect). A profile is based on the idea that people tend to be guided by their individual psychology and will inevitably leave idiosyncratic clues at the crime scene. Criminal profiling draws information from victimology, MO, signature aspects, and crime classification. Clues from these areas supply information to aid investigators in creating a profile of the offender.

Some research studies (Alison, Bennell, Mokros, & Ormerod, 2002; Canter et al., 2004) have attempted to discredit methods used for offender profiling by focusing on the flaws used in the process. A study by Canter et al. argues that “no empirical evidence has been demonstrated to support the validity or reliability of the organized/disorganized typology of serial murder.” Another study by Alison et al. (2002) argues that “most current profiling methods rely on a naïve and outdated understanding of personality and trait approach and global traits, or broad personality types, are unlikely to be useful in predicting criminal behavior.” Even though it is important to constantly reevaluate the methods used for offender profiling,
in order to improve the process, neither of these studies offers feasible solutions. They are very quick to attack the imperfections but fail to mention the success of this process. The process of offender profiling has helped apprehend numerous serial murderers. In order to create an offender profile, you must work with the information you have, which, many times, is not a lot. Offender profiling has never claimed to be an exact science; it is only used to provide a general description of the offender.

The profile of BTK was criticized after the arrest of Dennis Rader because the profile claimed that BTK “would not have many friends,” “all of his relationships would be superficial,” and “he would not be married or have any children”. However, this was not the case. Dennis Rader was in fact married and had two children. He was considered to be a nice, normal guy and was a Boy Scout leader and was active in his church. Even though BTK’s profile was not 100% accurate, it does not mean that the whole profiling process should be discredited.

It is apparent from the research presented that elements of a serial killer’s personality and history are inevitably left at the crime scene. Clues about the killer are able to be extracted through victimology, MO, signature aspects, and crime classification to help create a psychological profile of the offender. Even though it is not an exact science, offender profiling, along with forensic science and eyewitness accounts, is one of the most useful and reliable tools in apprehending serial killers. Although the exact causal relationship is unknown, the characteristic similarities between the subset of psychopathic serial murderers implicate common etiological factors in its development.

References


