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## Genesis of a Serial Killer:

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### Fantasy's integral role in the creation of a monster

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## Genesis of a Serial Killer:

### Fantasy's integral role in the creation of a monster

In the past decade, the elusive creature known as the serial killer has captured the attention of American culture. With the popular press churning out dozens of books and movies centered around the serial killer each year, the term has almost become a catch-phrase, replacing earlier terms such as 'homicidal maniac.'

Fiction writers and the movie industry use 'serial killer' in a much more casual manner than can be allowed in a systematic study. Therefore, for a proper definition of what constitutes a serial killer, pop culture cannot be used as a source.

It cannot be denied that the serial killer kills. Killing, however, integrates a variety of meanings. A mere slip of the hand on the steering wheel can turn a normal person into a killer. And it is conceivable that a second such happening could turn an otherwise normal person into a serial killer of sorts. The FBI's Uniform Crime Reports define murder as the "willful, nonnegligent, killing of one human being by another" (*Holmes & De Burger, 1988*). The serial murderer, then, is what has fascinated American culture, and captured the attention of the law enforcement world. For the purposes of this paper, serial killer and serial murderer will be used as interchangeable terms.

Narrowing the definition to intentional homicide does not, however, limit the category sufficiently. Under the heading of intentional homicide falls the work of hired assassins, mercenaries, and the guerrilla warrior. These types of people are not of great interest, at least not in this context. The three above types of murderer work for obvious, understandable goals. The hired assassin and mercenary work for one of the most obvious motivations, money, while the guerrilla fighter kills for some ideal. The serial killers of the popular media, and of this paper do not work for such external, obvious goals. Instead, they are driven from within, living and dying for that which appeals only to them.

The nature of this drive has been heavily debated, but there is a consensus on some points. Sexual undertones in the murder have been noted by many researchers. This point was first espoused two decades ago, by David Abrahamson (1973), who said simply, "sexual elements are always involved..." (p.11) in murder. More recently, this was qualified by Albert Drukteinis (1992), who recognized that the sexual element of the crime "varies depending on its meaning to the offender" (p.533). In other words, that which signifies womanhood may differ radically between killers. At the same time, similarities in the acts and thoughts of serial killers cannot be denied. These sexual undertones are one of the more prominent difference, and have inspired several researchers to refer to the self-motivated serial murderer as a serial sexual murder (*Ressler, 1988*).

One of the other common points concerning the serial killer is the presence of free will. It cannot be denied that there are a great deal of unconscious drives present in the actions of the serial killer, and that these drives are still shrouded in darkness. At the same time, there is a great deal of evidence that the serial killer "acts from a conscious perspective" (*Holmes & De Burger, 1988, p.98*). Simply put, the serial killer decides to kill.

These two points make the serial killer simply fascinating for a sizable portion of American culture, as evidenced by the continuing production of serial-killer based works. And these two points make serial killers similar enough to be put in one category, but different enough to make them difficult to study. Indeed, Albert Drukteinis (1992) argues that the mere existence of common characteristics among serial killers does not constitute a distinct psychological phenomenon. Contrary to Drukteinis' statement, however, the serial killer is indeed a distinct psychological phenomenon. If one group was to be labeled as the leading authority on serial killers, it would have to be the FBI, the United States Federal Bureau of Investigation.

The FBI has studied serial killers methodically for over a decade (*Ressler, 1988*), and has compiled vast amounts of information concerning the killers themselves, their methods, and their motivations. Still, they have not developed a reliable method for identifying the serial killer before he kills. To date, most killers have been stumbled upon by local police or by the FBI (*Congress, 1983; Ressler, 1988, Worthington, 1993*). Thus, even though there is information of serial killers available, there is still much to be understood. The FBI has devoted significant portions of their psychological department, the Behavioral Science Unit, to the study of such people as serial killers. In addition, they have turned crime scene profiling, the development of a criminal's description and characteristics from evidence at the crime scene, into a science. All in all, the FBI has made great leaps in this area.

No researcher, or writer, or even the FBI, however, has managed to make what now seems like a simple connection in the serial killer. It is well known that fantasy plays a large role in the life and motivation of the serial killer. And it is also widely accepted that the serial killer uses fantasy as a crutch, as a coping mechanism for day-to-day life. No researcher, however, has synthesized these two facts into a far more intriguing thesis. The serial killer, much like the chronic gambler and problem drinker, is addicted to the use of fantasy. So strong is this compulsion that the serial killer murders to preserve the addiction, in essence preserving his only remaining coping mechanism.

The statement that the serial killer is addicted to his fantasy life cannot be properly supported without a discussion of addiction. Though the nature of addiction has been and remains a matter of argument, it is now recognized to encompass compulsions outside the pharmacological. While the pharmacological examples such as alcoholism and heroin addiction are still the clearest examples of addiction, new models of addictive behavior, including exercise addiction, compulsive gambling and even sexual addiction have gained acceptance. This has resulted in a new dichotomy in addiction, that between process addiction, including things such as gambling and work, and substance addiction, which contains the classic alcohol and drug addiction (*Schaefer, 1987*). Attitudes about process addictions have recently undergone a wholesale change. Just as alcoholism was once thought to be a conscious choice, these latter examples have long been thought to be the result of such things as a defective moral character. Recently, however, it has been recognized that the sexual addict or the compulsive gambler, can stop their compulsion no more easily than the alcoholic. New aspects of addiction, beyond the physiological, have been recognized and documented. These new realizations have resulted in new, revised models of addiction. An underlying statement, accepted by most in the world of addiction research, recognizes addiction as an integrated, bio-psycho-social illness (*Johnson, 1993*). In other words, an addiction is not an isolated physical or social illness. The addiction contains elements of society, biology and individual psychology (*Johnson, 1993*). This is a rather logical statement, and will be further discussed below.

Naturally, there are more restrained, and thereby arguable, definitions of addiction. The biobehavioral view sheds important light on portions of the individual and the vast majority of the biological portions of addiction, and can thus be seen as an extension of the bio-psycho-social model:

Addiction is the repeated use of a substance, or a compelling involvement in behavior that directly or indirectly modifies the internal milieu (*as indicated by changes in neurochemical and neuronal activity*) in such a way as to produce immediate reinforcement, but whose long-term effects are personally or medically harmful or highly disadvantageous to society.

(*Pomerleau, 1988*). This viewpoint manages to catch all addictions, including both substance and process, and define them in a learning context. That is, just as a rat learns to press a bar in order to receive water, the addicted individual learns to continue using the addictive substance to receive reinforcement. Without great further study of the neurochemical effects of a given substance, any statement about the internal milieu must remain theoretical, and mostly unproven. But it must be admitted that, among alcoholics, there has been definite neurochemical research findings which support this model (*Pomerleau, 1988*). The continuation of addictive behavior is also explained well by this viewpoint. Much as the rat will continue to press a bar in order to receive continued reinforcement, the addicted individual continues to turn to the addictive substance for reinforcement.

To further understand the psychological component of addiction, it is necessary to understand both the course and purposes of addiction. A brief, yet encompassing view of addiction's purpose is that of a coping device. The addiction becomes a method in which the addicted individual can "manage and magically control multiple forms of anxiety" (*Keller, 1992, p.224*). Much like a security blanket, or favorite stuffed animal, the addiction is used to protect and comfort the addicted individual. The magical nature of the control is important, for the addictive substance really has little, if any, permanent effect on the anxiety itself, merely delaying the onset or temporarily relieving the symptoms. An alcoholic worried about losing his job does not

eliminate the source of his fear by drinking, but instead finds temporary solace at the bottom of a bottle. Understanding the magical, and comforting, role played by the addictive substance is key to understanding addiction. By viewing an addiction as a coping device, much of the addiction's allure becomes evident, as does the addicted individual's continued return to it.

Addiction is invariably a progressive disease (*Schaeff, 1987; Graham & Glickauf-Hughes, 1992*). Simply put, it gets worse. Some addictions progress more slowly than others, while some addictions progress very quickly. Some of the progression speed would seem to be based in the individual. While research is lacking in this area, common sense supports this conclusion. Not all alcoholics drink at the same speeds, or have problems with their drinking after a certain, predefined time. That is, while one alcoholic may lose his job after several weeks, another alcoholic may continue his drinking for years, slowly accruing life problems. Some researchers argue that addiction is always fatal (*Schaeff, 1987*), but others view this as a questionable statement. Some have wondered how, for example, a chocolate addiction could be fatal (*Litwin, 1992*). Afflictions such as worry, tobacco, and sexual addiction are more easily explained as fatal; worry, and sexual behavior can conceivably result in heart failure, for example, and tobacco products often cause cancer. The example of the chocolate addiction can very well be extended to explain a cause of death. With an insatiable desire for chocolate, it can be posited that the addicted individual will consume a great deal of chocolate. With the fattening nature of chocolate, it can also be theorized that the individual would gain a great deal of weight, perhaps even to the point where a fatal heart attack occurs. Thus, even the chocolate addiction can be fatal. Schaeff's (1987) argument adds an important dimension to the knowledge of addiction. Not only does addiction build, it builds until the individual is destroyed.

Researchers are beginning to see that addictions are far more similar than ever believed. One author, commenting on the vast wealth of addiction-based literature, phrased it thus, "Any one book describes all the addictions and it is a matter of substituting one noun for another in the other books" (*Litwin, 1992, p. 30*). The large market for 'addiction' material (*Litwin, 1992*) isn't the only cause. Other researchers agree that not only is there an "underlying psychological sameness." (*Johnson, 1993, p. 26*), but that, "Many different addictions will serve the same internal need" (*Johnson, 1993, p.26*). This isn't just an arm-chair conclusion, either. Brian Johnson (1993) has worked with a variety of addicts, and has formed this thesis over many years of study. The similarities between sexual addiction, for example, and gambling addiction, and alcoholism, are greater than one would expect.

Eisenstein was one of the first to list hypersexuality (now called sexual addiction) as an addiction (*Orford, 1985*). Indeed, sexual addiction is like alcoholism in that the sex addict uses a mood-altering experience, just as the alcoholic uses a mood-altering drug (*Carnes, 1983*). Carnes (1983) goes farther, recognizing the progressive cycle of sexual addiction, and describing how the addict becomes increasingly focused on sex. Many anecdotal accounts describe the great lengths to which a sexual addict will go, in order to achieve the ubiquitous 'fix', and refer to such things as a lack of control, and a drive to action (*Orford, 1985*). In line with the biobehavioral view, the core of sexual addiction, sexual behavior itself, is now seen as a psychotropic agent (*Orford, 1985*). The only argument against labeling sexual addiction as an addiction, which has fallen rather short in the last decade, is the societal definition of excessive sexual behavior. That is, each society defines excessive sexual behavior differently. What may be viewed as excessive in one locale and time may be viewed as quite acceptable in another. While there is some weight to this argument, sexual addiction is an unarguable affliction. Given the progressive nature of the disease, sexual activity will build over time. Thus, while the true sexual addict may be labeled as simply active, after a period of time, the level of activity will have grown to a point where the addiction is unmistakable.

Gambling, meanwhile, is also a mood modifier, or psychotropic experience (*Orford, 1985*). Much like sexual behavior and alcohol, gambling has the power to alter moods and cognitive states in those who partake. Some have argued that gambling is so very powerful a mood modifier, that it is for all intents and purposes a drug (*Orford, 1985*). Gambling addiction, too, is a progressive disease. Virtually everyone has heard anecdotes of afflicted individuals gambling away careers, marriages, and homes. There is even historical evidence for

gambling addiction. Ancient documents comment on an insatiable desire for gambling among notable historical figures, including the Roman Emperors Nero and Augustus (*Orford, 1985*). In line with these early documented cases, gambling addiction has now been recognized to be as powerful an addiction as alcohol, and has even been compared in strength to heroin (*Orford, 1985*).

The importance and similarity among the addictions is their mood-modifying nature. Exercise, gambling, and sexual behavior are all psychotropic behaviors, just as much as alcohol, cocaine and marijuana are psychotropic substances. Essentially, the addictive substance is psychotropic, and as such, is an understandable coping device. All of these behaviors can make an individual feel better for a little while, and this brief respite from anxiety is what eventually leads the individual into addiction.

Predispositions to addiction have been suggested, and fall into the broad categories of behavioral and biological. Within the biological subdivision are included theories of genetics and neurotransmitters, while behavioral predispositions include mental state and even more importantly, upbringing.

Suggestions of genetic susceptibility are nothing new. Some researchers seek an addiction gene, convinced that when it is found, the key to all addiction will have been pinpointed (*Edwards & Tarter, 1988*). Even though this particular endeavor has made few gains over the past decades, there is growing evidence for at least a partial genetic susceptibility to alcoholism (*Edwards & Tarter, 1988*). This is based partially on other theories, which posit that, for some individuals, neurotransmitter levels in the brain may predispose them toward addiction (*Edwards & Tarter, 1988*). Based on the similarity between alcoholism and other addictions, it is a small leap of logic to identifying the theoretical genetic basis for alcoholism with a general genetic predisposition. It is known that there are biological qualifications in regards to choice of addiction (*Johnson, 1993*), and this is rather logical. An individual that becomes physically ill upon ingestion of alcohol is highly unlikely to become addicted to alcohol. It is far more likely that such an individual would become enthralled with another, different substance, such as tobacco or even a process such as gambling. Edwards & Tarter's (1988) theory is the most plausible of all current biological theories of addictive predisposition, and Johnson's (1993) qualification is a necessary restriction of that theory.

Beyond inherent, inborn predispositions to addiction, it is known that there are many similarities in the childhood of addicts. That is, there are common points in the early lives of almost all addicts. Potential alcoholics, it is known, often have trouble developing interpersonal relationships, and those few that are cultivated can generally be categorized as poor or superficial (*Edwards & Tarter, 1988*). In addition, alcoholics often come from homes with significant levels of parental conflict and marital discord. Insufficient levels of contact and poor parenting are often counterparts of the parental conflict and in-home discord (*Edwards & Tarter, 1988*). Antisocial, or psychopathic, behavior in childhood has also been linked to a greatly increased risk of alcoholism (*Edwards & Tarter, 1988*). The list of traits does not end here, however. Further research uncovered more marks of susceptibility, and these include: poor school performance, perceived use of drugs of adults, conflict with parents, low religious involvement, absence of sense of purpose, reduced social responsibility and psychological disorders such as depression, sociopathy, and low self-esteem (*Edwards & Tarter, 1988*). In short, the boys at risk for alcoholism have difficulty in the regulation of their behavioral level, and difficulty with goal directedness (*Edwards & Tarter, 1988*). Sexual addicts are not entirely different in their early lives. Their home lives characteristically had quite inconsistent training, and highly erratic discipline (*Orford, 1985*). Extensive research on sexual addicts, however, has yet to be conducted, so most comparisons between alcoholics and sexual addicts are rather tentative. Regardless of this, it can be seen that among various types of addicts, there are a series of childhood behaviors and circumstances that tend to precede, and predispose the individual to, the addiction.

Even in adulthood there are definite, recognizable antecedents to addiction. Bruce Alexander (1988) listed special traits of alcoholics as including the following: hyperactivity, reduced attention span, increased sociability, increased social aggression, and a generally heightened emotionality. While it is commonsensical to recognize these traits after the alcoholic has been drinking, these traits are also present before drinking

(*Alexander, 1988*). Sexual addicts are listed as being afflicted with such things as continuous need, a general compulsivity and unhealthy levels of self-contempt (*Orford, 1985*). A little thought will reveal the similarities between the compulsivity of the sexual addict, and the cluster of hyperactivity, reduced attention span, increased sociability and increased aggression among alcoholics. Again, just as for alcoholics, sexual addicts evidence these traits before and after the act. Research into further traits of alcoholics in fact yielded an excellent motivation for drinking: alcoholics commonly identify drinking with enhanced personal power, and greater self-worth (*Marlatt & Fromme, 1988*), and thus drink for greater power and self-esteem. It is not hard to see that the sexual addict, contemptuous of self, seeks increased self-esteem and greater personal power through the act of sex. Similarities, in fact, between addicts are surprising. Virtually all addicts show low levels of self-esteem, and other similar traits. Commonalities such as this underline the equivalencies in the adulthood traits of addicts.

Choice of addiction is an interesting subtopic. Some have called it random, indicating that the individual will become addicted to whatever is at hand. Contrary to this statement, however, there are definite predispositions to different types of addiction. Indeed, the particular addiction chosen is influenced by culture, the individual's metabolism, individual heredity, and availability (*Johnson, 1993*). As mentioned before, an individual that becomes violently ill upon the ingestion of alcohol is quite unlikely to become an alcoholic. Culture's influence is undeniable; during the 1940s, it was a social norm to smoke, thus leading to widespread nicotine addiction. Individual metabolism and heredity come in again when considering how much effect the given substance or process has on the individual. Availability's role is obvious. If cigarettes are entirely unavailable in a culture, no one will become addicted to them. Johnson (*1993*) doesn't rule out luck, and it is undeniable that chance plays a definite role in addiction. Two children of nearly identical upbringing may choose very different addictions, such as heroin and gambling. The choice of addiction, therefore, is a multi-factorial thing, with both behavioral and biological precursors.

Addiction's course is, for the most part, a predictable and sequential thing. The addiction can be easily broken into three stages, the precursor stage, during which the individual is inclined toward addiction, the onset stage, when the individual first begins to use the addiction as an addiction, and the progression stage, which is the final stage of addiction. All addictions follow this sequence, both process addictions such as gambling and substance addictions such as heroin. The length of the stages differ radically among individuals. For one individual, the precursor stage may last for years, while for another it may be months. An individual lingers in the onset stage without the behavior becoming a true addiction, for years, while another person may move to the progression stage after only a handful of trials. Regardless of this, these stages always occur in a specific order, one after another.

Attitudinal precursors to addiction are the most important. Smoking, for example, begins long before the first cigarette is lit; attitudes are developed long before the act (*Orford, 1985*). People become preconditioned to an addiction through familiarity (*Orford, 1985*). An individual that grows up in a household of smokers will be likely to smoke himself. An individual that reads a great deal of murder-based materials could conceivably begin to become predisposed to murder. The aforementioned precursors become intertwined with the familiarity, and incline the individual toward a particular addiction. The 'fixation' view of addiction argues that addiction begins in infancy. The child, experiencing rage over the loss of control of self, and satisfaction at the control of some other object (such as a blanket), becomes fixated on external sources of control (*Graham & Glickauf-Hughes, 1992*). Put simply, the individual gains control over themselves through the use of an outside object, through the essential incorporation of that object into themselves (*Graham & Glickauf-Hughes, 1992*). The researchers argue that the failure to later move the source of control from the, for example, security blanket into themselves results in an immense predisposition toward addiction. This viewpoint sheds an interesting theoretical light on addiction's underlying foundation. One researcher has suggested a preexisting need for addiction, and argued for such a thing as an "addictive search" (*Wurmser, 1974*). The results of this search can include "irresistible violence, food addiction, gambling, alcohol use, indiscriminate 'driven' sexual activity or running away" (*Wurmser, 1974, p.832*). While empirically hard to

test, this statement would seem to have some merit. The most important part of Wurmser's (1974) attestation, however, is the list of the search's results. He lumps violence, drinking, sex addiction and compulsive eating into the same conceptual basket. In this view, they are all simply different means to a similar end. The choice between them is determined primarily by the individual's upbringing and social interactions. Research has shown that, for men, sex can serve the needs for success, control, power, even aggression and violence (Orford, 1985). Above all, an addiction is related to a pleasurable activity (Johnson, 1993). The core of this paradigm is the constant progression from fun to self-abuse, which is the result of dysregulation (Johnson, 1993).

Actual onset of the addiction is categorically different from initial use of the addictive object. Essentially, the shift from initial to addictive behavior is characterized by the wholesale alteration of the individual's state of balance. While the normal individual can continue to use the substance or behavior without great side-effects, the addicted individual's state of balance is upgraded into a state of constant conflict (Orford, 1985). Johnson (1993) argues that the individual who is forced to adopt an addiction is unable to tolerate fear and guilt, and the heightened aggression of being an independent person. Whether the addiction causes the initial unbalance, which seems improbable in light of research, or simply escalates it, the net effect is the same: an increased level of anxiety. The adaptive viewpoint speaks in different terms, saying instead that addictions are adaptive, in that they are better than the alternatives (Alexander, 1988). In other words, drug addiction is psychologically better for the individual than the alternative of self-hatred. As is all too common with addiction research, though, this framework is untestable. It is supported, though, by the realization that addiction soothes aggressive feelings through a combination of discharge and physical impairment (Johnson, 1993). The individual glorifies, in the view of one researcher, in the addiction's all-powerful symbol (Keller, 1992).

The individual derives a feeling of wholeness, of independence, or surety from the addiction (Johnson, 1993). For this reason, the individual tolerates the negative effects of the addiction, such as guilt, loss of self-esteem, and loss of identity (Keller, 1992). A small portion of the addictive cycle can be glimpsed in the light of these two statements. The individual uses the addiction to gain self-worth, and in the process, further damages self-esteem. The individual must continue to use the addiction, just to achieve a normal baseline of esteem. Addiction begins not when the individual begins to use the substance to alleviate negative feelings, but rather when the individual uses the addiction as the only method for dealing with negative feelings (Keller, 1992). Furthermore, addiction can be said to occur when the individual "involuntarily and unintentionally acquires an inability to regulate the activity and has a persistent urge to engage in the activity" (Johnson, 1993, p.25). In other words, when the individual has a compulsion to engage in the activity, and uses it to deal with all external problems, he or she is addicted. The onset of addiction, then, is marked by a categorical change in the nature of the addictive substance's use. Where once the addiction was used for fun, now it is used as a coping device, and serves to reinforce its own use.

Progression is the final stage of addiction. The actual speed of progression, of the worsening of the addiction, is partially determined by the degree of reinforcement (Orford, 1985). The question of reinforcement would seem to eliminate all but substance addictions. After all, it is easy to see where the addiction of heroin is centered, but the lure of gambling is not so obvious. Recent research puts process addiction in the same figurative boat as substance addiction:

"Even apparently pure behavioral disturbances such as compulsive shopping or gambling or exercise, seem to produce a high that functions in much the same way as a drug-induced high...a powerful reinforcer for the behavior"

(Keller, 1992, p. 223). Much of this reinforcement can be attributed to endorphins, which when stimulated, give a reduction in perceived pain on the level of a large dose of morphine (Orford, 1985). Siegel et al (1988) contends that exercise-caused endorphin release can be classically conditioned, much like Pavlov's dogs salivating to the sound of a bell. Processes, therefore, are just as strongly addicting as substances. The

strength of addiction, meanwhile, is based on the strength of reinforcement.

Another factor in the progression of the addiction is the consuming nature of the addiction itself. This can be viewed as an increasing preoccupation with the addiction, and increasing commitment to it (*Orford, 1985*). In fact, there are 3 characteristics of this increasing preoccupation and commitment: "an affective attachment to the object..., a behavioral intention to consume or approach the object," and a "cognitive commitment to the object and approach or consumption" " (*Orford, 1985, p. 207*). Thus, the commitment is both behavioral and cognitive. In the case of excessive gambling, there is an overpowering compulsion to gamble, a preoccupation with it, and tension is only released by the act of gambling (*Orford, 1985*). Gambling, just like excessive drinking, takes over. The desire to stop the behavior is opposed by a stronger force (*Orford, 1985*), the consuming nature of the addiction's reinforcement. As the addiction progresses, there is an unmistakable identity transformation. The addiction has increased in importance, until it has become overvalued and offers more in anticipation than in fact (*Orford, 1985*). The addiction is no longer performing the role for which it was adopted, at least not to the degree required. It has already, however, become the core of the person's identity (*Orford, 1985*). All other aspects of the individual's life has begun to revolve around the addiction.

"...all the person's energy, including sexual energy, becomes bound up by the relationship to the addictive substance until the person is no longer living in an object-related world"

(*Keller, 1992, p.224*) The individual's most important relationship has become the one with the addiction (*Johnson, 1993*). To the addicted individual, everything else has become secondary. This increased reliance on the addiction results in a gradual deterioration of interpersonal relationships (*Johnson, 1993*). One sexual addict described his addiction as increasing "'to such an extent that it permeates all his thoughts and feelings, allowing no other aims in life...'" (*Orford, 1985, p.92*). Not surprisingly, distasteful, frightening and even self-jeopardizing behaviors will be tolerated for the sake of sustaining the addiction (*Johnson, 1993*).

Serial killers are a more concrete phenomena than that of addiction. That is, while addiction is no less a real thing than serial killers, it is far more elusive in nature. While there is some debate among authors as to what exactly constitutes a serial killer, there is not nearly the level of contention as to the classification of specific murderers as serial killer as there is contention as to whether certain types of addiction really are addictions.

Serial killers are viewed by many experts in both psychology and psychiatry to be the ultimate extension of violence (*Geberth, 1990*). As this statement would suggest, serial killers have many traits in common with each other. The proper psychological classification for serial killers has been bandied about for many years, but the most appropriate is that of psychopathic sexual sadist (*Geberth, 1990; Geberth, 1992; Ressler, 1988*). In psychological circles, the phrase ASPD, or anti-social personality disorder has replaced the earlier terms psychopathy and sociopathy.

Anti-social personality disorder has a variety of characteristics, some of which better describe serial killers than others. The inability to love, which is often considered to be the core of ASPD is especially evident in the serial killer (*Holmes & De Burger, 1988*). That is, the killer simply never develops any lasting relationships which do not have obvious cause-and-effect value, such as 'she gives me money.' This is strikingly similar to many alcoholics' difficulties in forming relationships. Highly impulsive and aggressive behavior is another part of the serial killers psyche, and studies show that they require more thrills than normal people (*Holmes & De Burger, 1988*). Just like young children, they must constantly be in search of new entertainment, and like the young child they show little ability to restrain the occurrence or the nature of their behavior. The difficulty in controlling their own behavior is not dissimilar to the findings of Edwards & Tarter (*1988*) regarding potential alcoholics. An inherent sadistic nature is yet another part of the serial killer, along with a fascination for violence, injury and torture (*Geberth, 1992*). While the young child may pull the legs off of a grasshopper for entertainment, the serial killer enjoys doing or fantasizing about doing such things to fellow humans. The classic feature of the psychopath (and thus the serial killer), now known as the ASPD individual, is an absolute lack of guilt. Participation in activities which could result in social disapproval will



generate guilt and remorse in a normal, healthy individual, but the serial killer does not experience either of these feelings to any sufficient degree (*Holmes & De Burger, 1988*). Ted Bundy is a classic example of the serial killer. In addition to an inability to love, and a sadistic nature, anti-social personality traits he manifested included: evasive personality, strong feelings of insecurity, general anger, and a tendency to run from problems (*Holmes & De Burger, 1988*). In short, those traits which help us to get along with each other--ability to love, to control behavior, and a conscience--fail to develop in the ASPD-afflicted individual.

There are similarities and common vulnerability factors between ASPD and other psychological disorders. The cluster of disorders, with the exception of ASPD, includes borderline personality, hysteria, drug abuse, gambling, alcoholism and bulimia (*Tarter & Edwards, 1988*). Bundy's feelings of insecurity are nothing new to an addicted individual, and have been correlated with a near-predisposition to addiction (*Tarter & Edwards, 1988*). His evasive personality is nothing new to anyone who has dealt with an alcoholic, who will routinely dodge anything that approaches a question regarding their behavior. In addition, Bundy had earlier experienced problems with alcohol and drugs (in this case, marijuana), as do many ASPD individuals (*Holmes & De Burger, 1988*). Ted Bundy is a prime example illustrating the many common points between anti-social personality and addictions. Beyond the bounds of anti-social personality disorder, there are other, distinct similarities between serial killers and their crimes. Serial murders are, as a whole, lacking in clear-cut motives (*Holmes & De Burger, 1988*). As mentioned above, the crime is lacking in an extrinsic motivation--they are driven by internal compulsions. The serial killer kills for an elusive psychological gain (*Holmes & De Burger, 1988*). This gain is generally sexual, and it has been posited that all serial murderers are necrophiles (*Brown, 1991a*). Some of the killers motivation consists of uncontrolled drives, reflected in their inability to control impulsive behavior or change their actions in consideration of others (*Holmes & De Burger, 1988*). There is not external motive in a serial murder. The victim is killed for psychological gain on the part of the murderer.

The evidence of forethought, of sometimes extensive planning, is always observable. Even though some serial killers claim that their crimes were spontaneous, that there was no forethought or planning, some experts now question whether such a thing as spontaneous homicide really exists (*Ressler, 1988*). This is supported by the fact that fantasized violence is quite obvious even among those killers that claim not to have fantasized at all (*Ressler, 1988*). The serial killer spends an amount of time planning the murder, whether consciously or not, and this is reflected in the killer's actions and in the crime scene.

Another interesting feature of the serial killer is their ability to thoroughly conceal their criminal activities. Only in rare cases are even the killer's intimates aware of his activities (*Holmes & De Burger, 1988*). Ted Bundy even went so far as to volunteer time helping with the investigation of several killings which he had committed, with little suspicion turned toward himself (*Holmes & De Burger, 1988*). None of his coworkers suspected him, and even past lovers, while admitting he was rather an intense person, didn't believe he was capable of murder (*Holmes & De Burger, 1988*). This is akin to the closet addict, who hides his drug problems or other addiction from loved ones for years. Their lack of close relationships and of remorse only aid this ability.

These three traits serve to make the serial killer very dangerous. Their lack of conscience, as a result of ASPD, lack of external motivation, planning and ability to hide their criminality make them virtually invisible. Even after several bodies have been discovered, area law enforcement may not realize that a serial killer is at work.

The serial killer is well-rooted in history, probably as far back as man's earliest days. One of the most memorable is Jack the Ripper, the first recorded serial sexual killer. Jack the Ripper terrorized London for a few short years in the latter half of the 19<sup>th</sup> century, murdering and mutilating middle-aged prostitutes. Though some claims are much higher, most authorities indicate four definite murders at his hands, and possibly five. Still, his exploits were well known, hence his survival in culture today.

There have been many theories of crime posited, which by nature, also apply to the serial killer. Biological

theories of crime first appeared in the 1800s, hinting at some general mental or character deficiency which led to the criminality (*Holmes & De Burger, 1988*). Any more advanced theories had to wait until the first decade of the 20<sup>th</sup> century, when the first systematic studies of murder were conducted (*Holmes & De Burger, 1988*). Sociogenic theories, explaining murder as a result of societal influence began to appear within a few decades (*Holmes & De Burger, 1988*). According to the sociogenic approach, the serial killer can be viewed as an ultimate product of their culture. The sociogenic approach leaves no room for genetic or physiological predispositions, and has been supplanted by a hybrid approach. The stress-diathesis model, however, realizes that serial murder has a variety of both psychological and cultural causes (*Holmes & De Burger, 1988*). The stress-diathesis model of the serial killer proposes that individuals with a predisposition, or existing weakness, when exposed to the proper stressors, will become serial killers. This covers the fact that some people, though faced with essentially the same upbringing and life situation of a serial killer, will not become serial killers.

Recently it has been realized that serial killings are not necessarily the work of a lone killer (*Jenkins, 1990*). Indeed, whenever serial killings have been recorded as such, groups of serial killers are evident (*Jenkins, 1990*). Jenkins (1990) lists off several groups of admittedly dysfunctional families, along with teams such as Henry Lee Lucas and his partner Otis. The group serial killer, though he has incorporated another person into the fantasy on a semi-permanent basis, is addicted to the fantasy just as is the lone serial killer.

As mentioned earlier, there are definite problems with the identification of serial killers. Some killers may travel so much and alter their modus operandi so often that police and other law enforcement officials cannot discern any pattern in the killings (*Holmes & De Burger, 1988*). Thus, the homicides would be listed as separate, unsolved crimes, rather than the chain of murders which they really represent. Despite this problem, and others, there are some statistics which seem appropriate. Even after adjustment for the population growth of the last thirty-five years, the rate of murder has nearly tripled (*Holmes and De Burger, 1988*). In 1984, in 43% of all murders, the victim was a stranger to the assailant, or there was no known connection (*Holmes & De Burger, 1988, p. 15*). Thus stranger-killings comprise a healthy proportion of murders, and, therefore, a healthy portion of the increase in murders. The number of murders per year actually committed by serial killers is a hotly debated topic. In 1983, LAPD Homicide investigator Pierce Brooks estimated that as many as 12,000 people per year were murdered by serial killers (*US Congress, 1984, p.29*). This estimate, however, seems to be rather high. Most sources agree with Holmes and De Burger (1988) who place the number of victims between 3,500 and 5,000 per year (*p. 19*). From this number, they estimate the number of actual serial killers at roughly 350 (*Holmes & De Burger, 1988, p. 21*), or roughly seven per state of the union. This estimate is based on research that shows most serial killers murder between ten and twelve individuals, over several years (*Holmes & De Burger, 1988, p. 20*). There are problems with inferential estimates of this type, though. If there are only 350 killers, and (Holmes and De Burger's own minimum of) 3,500 victims, then each killer must murder ten times per year. Yet, if each killer claims roughly ten victims over several years, there must be either more killers or fewer victims. In addition, estimates of how many victims the 'average' killer can account for is also debated. Even though he was convicted for only a handful of murders, some experts claim that Ted Bundy was responsible for as many as a hundred murders (*Worthington, 1993*).

Not all serial killers are alike. Regardless of all the similar attributes serial killers share, many experts insist on dividing them into subgroups. Holmes and De Burger (1988) divide serial killers into four categories: visionary, mission-oriented, hedonistic and control-oriented. Visionary serial killers murder in response to voices, or visions urging them to kill. This type of killer is most usually classified as psychotic (*Holmes and De Burger, 1988*). Some would argue that the psychotic or visionary killer cannot be included in the fantasy-addiction theory, but this is not true. Even though the killer is not in fully conscious control of his personal world, the killer's mind still acts to preserve the fantasy, which in this case is the psychotic delusion. The mission-oriented serial killer has as a goal the elimination of a group or category of people, such as murdering hookers to clean up the city (*Holmes & De Burger, 1988*). The hedonistic killer is a thrill-seeker, killing for the kicks of it, while the control-oriented killer enjoys the absolute power over the victim (*Holmes & De Burger, 1988*). These divisions, however, are trivial. Not only is there insufficient evidence that these

divisions correctly categorize serial killers, but dividing them into these groups accomplishes nothing. These groups then, will all be lumped into the category of serial killer, for this paper.

The division that Holmes & De Burger (1988) lay out that is useful is that of the process-focused vs. act-focused killers. The process-focused killer uses more excessive violence, and often engages in dismemberment or abuse of the dead victim (Holmes & De Burger, 1988). Process-focused murderers, then, murder to commit the murder, and not for the end goal of the dead victim. Act-focused killers, on the other hand, murder quickly and efficiently (Holmes & De Burger, 1988). These differentiations are not far off of the FBI's organized/disorganized classification scheme. In this scheme, laid out by the Behavioral Science Unit of the FBI (1985), killers are classified as disorganized when there is little evidence of extensive pre-crime planning, including such things as using a weapon of opportunity at the scene, and picking a victim at semi-random. Disorganized killers tend to be far more violent than their counterparts, and also seem to kill for the process of the killing, rather than the end result (FBI, 1985). Organized killers, on the other hand, are just that. They tend to plan out the crimes in great deal, perhaps stalking the victims for weeks on end, bringing their own weapons, and having elaborate disposal schemes for the body (FBI, 1985). Just like the act-focused murderer, the organized offender kills quickly and efficiently, and does not mutilate as often as the disorganized offender (FBI, 1985). For all intents and purposes, the process-focused murderer is equivalent to the disorganized offender and the act-focused killer is the same as the organized offender. Thus the FBI's (1985) terminology will be used over that of Holmes and De Burger (1988).

As stated above, fantasy is the driving element in the serial killer's life, and as a result plays an integral role in the murder itself. The killer is not only pushed to kill by their thought patterns (Ressler, 1988), but is essentially incited to murder by an intrusive fantasy life (Burgess, 1991). Their early-learned view that violence against other humans is a normal and "acceptable" (Holmes & De Burger, 1988, p. 44) way of getting what they want serves to virtually encourage murder. And just as in addiction, their ambivalent views toward societies' values encourages them to try a proscribed behavior, in the this case murder.

Within the murder, there are many reflections of fantasy. Even among the serial killers who had little or no conscious plans of murder, there is still a great deal of evidence in their belief structures for unconscious fantasy (Ressler, 1988). A killer that believes that alcohol bestows a type of power, for example, is evidencing a fantasy of dominance (Ressler, 1988). The planning is reflected in the actions of the killer, which tend to be methodical, and reflect "ritualized" behavior and careful planning with "'dominance, power and control as the most frequent motivational themes'" (Drukteinis, 1992, p. 532). This is seen in disorganized offenders as "redundant violence" (Holmes & De Burger, 1988, p.46), violence far in excess of that required to actually kill. This redundant behavior is not far off from obsessive compulsive behavior, and this conception of serial murder has appeared in print (Rappaport, 1988).

The murder, as a whole, is an integral part of the serial killer's sexual fantasy (Brown, 1991a). And crime scenes tend to echo elements of the fantasy in such things as the condition of the body, the body's state of dress and position, and the visibility of the disposal locale (Ressler, 1988). Ted Bundy confessed to the murder of over thirty young women and girls (Geberth, 1990), almost all of whom fit a target type. Bundy's plans were essentially the acting out of his sadistic fantasies, and contained a combination of sex and violence (Geberth, 1990). The killer himself "admitted that he used his victims to recreate for him the covers of detective magazines or scenes from 'slasher' movies" (Geberth, 1990, p. 76). It is obvious that detective magazines and slasher movies played a substantial role in Ted's fantasy life, as did his target type--women with long hair parted in the middle. For the serial killer, Bundy included, each murder is never quite good enough--they can always think of some way to improve it (Holmes & De Burger, 1988). Simply put, they will kill again, in an attempt to perfect the fantasy and the murder (Holmes & De Burger, 1988).

The serial killer's preoccupation with, and constant need for, thrills, is an integral part of the killer's fantasy life, and as such is a partial drive for murder. The serial killer's first murder is an experience of intense physiological arousal, and there is great pleasure centered in the exertion of power and control over the victim

(Geberth, 1990). The killer is at his "peak" (Geberth, 1990, p. 74) at precisely this time. Holmes and De Burger (1988) related Ted Bundy's assertion that murder is a psychological high that serial killers "need" (p. 135) to repeat. The cruelty of their acts sexually excites the serial killer, and physical and psychological torture of the victim increases, for many killers, this excitement (Geberth, 1992). Robert Ressler (1988) categorized their near pathological need for thrills: "Risk becomes adventurous to them, and the longer they go on, the more they think they can't be caught" (p. 85). The killer becomes smug enough in his skills that, unless he takes bigger and bolder risks, the thrill isn't as great. As a result, the killer may leave the bodies in more obvious locales, or even place himself in jeopardizing situations. Abrahamson (1973) recognized that when criminals revisit a murder scene, as so many serial killers do, it is to unconsciously betray themselves. The danger of such an attempt provides a great deal of excitement for the offender. There are other ways in which the killer may expose themselves to danger, for the thrill of it. These include observing the discovery of the body, keeping souvenirs and participating in the actual investigation (Ressler, 1988).

The actual origin of the serial killer is still mostly mystery. No one knows of any definite genetic predispositions toward serial murder, or any particular life experiences that will produce serial killers one hundred percent of the time. But fantasy's central role in the creation of the murderer is no mystery.

The foundation for the serial killer is laid down in their early life experiences, more commonly known as childhood. Serial killers come from all different social classes and geographies, but come from similarly inadequate families. As would be expected, some families are worse than others, but all have central traits in common. Virtually all serial killers reported childhood punishment and discipline as unfair, hostile, abusive and very inconsistent (FBI, 1985; Ressler, 1988). An act that may rate no response one day may result in a severe beating the next. This inconsistency is a common point between serial killers and sexual addicts. Serial killers learn behavior that encourages violence, and that will one day lead to multiple murder (Holmes & De Burger, 1988). The primary caretakers of the future killer, be they parents, grandparents or legal guardians, are simply "bad" (Ressler, 1988, p. 71) at their job. Not only are they nonprotective, unhelpful and aloof, but they typically hold adult expectations for even the youngest of children (Ressler, 1988). In addition, there is a high degree of instability in the family life (FBI, 1985), just like the sexual addict's family. Their families typically moved around a great deal, or parents frequently changed occupations (Ressler, 1988). Psychological and behavioral problems, such as alcoholism and drug use are not uncommon in their families, either. Ressler (1988) reports that 69% of interviewed serial killers had a family history of alcoholism (p. 19). Better than half of the serial killers reported psychiatric problems in their families (FBI, 1985, p. 3). The FBI (1985) reports that 70% of the families had a history of alcoholism, and over 50% were suspected of sexual abuse (p. 3). Abuse and neglect were commonplace in the childhood of the serial killer (FBI, 1985), and serial killers were generally victims of sexual or physical abuse (Drukeinis, 1992). Clifford Olson, for example, who reported being sodomized by his uncle as a young child, later went on to murder eight girls and three boys in a nine-month spree (Worthington, 1993). His murder methods included strangulation, bludgeoning and stabbing (Worthington, 1993). Alex Henriquez, suspected by police of being sexually abused during his childhood and through his teens, strangled two girls and one woman to death (Dubner, 1992). This abuse is a critical phase in the creation of the serial killer. The sexual abuse result in intense physiological arousal, and the abused child quickly associates the two (Ressler, 1988). An initial sexual arousal leads to the conversion of the abuse into a cue for sexual arousal, and over time, the violence itself is abstracted out, becoming the central cue for sexual arousal (Hardy, 1964). Orford (1985) recognized a virtual predisposition for violent sexual preferences in males, explaining it thus:

"The male emphasis on sex, along with greater prominence of male sexual organs, greater degree of initiative expected of males, and more obvious signs of physiological arousal lead young males to label physiological arousal as sexual" (p. 183).

Viewed in this light, it is easy to understand how the future killer learns to associate the violence and sexual arousal.

For the serial killer himself, childhood is also marked by personal problems. The serial killer never truly bonds to their family (*Ressler, 1988; FBI, 1985*), much like some alcoholics. In addition, this inability to bond extends to peers, resulting in very few friendships. Even as young children, the future serial killer is viewed as a loner. They are essentially failures in the realm of interpersonal relationships. A positive view of the father is rare among serial killers, while 72% report a lack of attachment to, and no positive image of, their fathers (*Ressler, 1988, p.21*). The serial killer feels more aggression than the average child, and a good portion of this is vented toward the father. Indeed, the serial killer holds more anger and substantially less affection toward the father than do even other murderers (*Burgess, 1991*). Even the childhood of the serial killer is marked by an 'unjust' view of the world, and an obsession with dominance through aggression (*FBI, 1985*). The childhood pre-killer has a difficult time distinguishing fantasy and play from reality (*FBI, 1985*), and this difficulty only increases as time goes on. Episodes of bedwetting and firesetting, coexist with a tendency for cruelty to animals, and have been called the 'triad' of childhood characteristics representative of future serial killers (*Burgess, 1991*). In relation to other children, the future killer is rebellious and aggressive, lying constantly (*Drukteinis, 1992*). Their anger toward society is reflected in the way they bully other children when given the chance. Feelings of alienation are very real; their disregard for relationships results in very few of them being formed, and their feeling that they are different from those around them makes it difficult for anyone to relate to them. 82% of serial killers report daydreaming so much that it became a problem for them in childhood, and 71% report chronic lying (*Ressler, 1988, p. 21*). 80% of them had run away at some point in their childhood, and 83% reported severe temper tantrums (*Burgess, 1991, p. 268*).

The play of the child is oriented around aggression and violence, as are their daydreams (*Ressler, 1988*). This inclination toward violence only increases over the years. Perhaps as a result of this violence-orientation, the child is very egocentric, seeing the people and other children as merely extensions of their own, personal world (*Ressler, 1988*). The abuse which the child is suffering lends strength to their fantasies, making them even more aggressive and lending a dominance and control-focus to them (*Ressler, 1988*). The future killer is essentially using fantasy to escape a poor family life, into a world where the child is in control and can act out the abuse against others, rather than be a target of the abuse (*FBI, 1985*). Drukteinis (1992) has suggested that these "sexually sadistic fantasies" (p.535) help to control the child's fears, and act as an outlet for hostility and aggression that are actually directed against significant others, such as abusive parents. These aggression-centered fantasies, initially a form of escape for the child, come to serve as a substitute for the child's sense of mastery (*Ressler, 1988*). In other words, the child learns to depend on the fantasies for feelings of control over self, and over the external world. Expanding from its role as source of perceived control, the child's fantasies begin to reach into other areas of their lives. The fantasy comes to be the future killer's primary source of emotional arousal, and this arousal is based on a combination of sex and aggression (*Ressler, 1988*). These aggressive fantasies, which are coming to fulfill many of the child's needs are actually the driving force behind many of the aforementioned criminal and unusual activities, such as cruelty to animals, abuse of other children, destructive play, a disregard for others, fire setting, theft and property destruction (*Ressler, 1988*). The dangerous nature of this fantasy is the tendency, seen in the behavior of the future killer, for fantasy to lead to behavior tryouts and eventually to criminal activity (*Ressler, 1988*). The child fantasizing of control may dream of dominating the family dog, eventually going so far as to kick it. Finding kicking the dog rewarding, the future killer expands his behavior to beating, and eventually killing the dog. The future killer's childhood centration on violence will lead to an adulthood violence-focus.

As the years pass, the future killer's reliance on fantasy only increases. It continues to substitute for real feelings of control, and as a vent for anger, and also comes to compensate for feelings of low self-esteem and feelings of general failure (*FBI, 1985*). As a result of their reliance on fantasy, and as a result of childhood abuse, the future killer has developed a series of negative personality traits which results in only increased isolation. These traits include a preference for autoerotic activity, aggression, chronic lying, rebelliousness, and a preference for fetish behavior (*Ressler, 1988*). The killer's initial difficulty in distinguishing between reality and fantasy continues to grow (*Abrahamson, 1973*). Fueled by the negative personality traits, and inability to distinguish fantasy from reality, the future killer fails to adequately develop social relationships

(*Drukteinis, 1992*). The early isolation, leading to antisocial acts, are fueled by the acts, and increased isolation results. The isolation and antisocial behavior build into a feedback cycle, resulting in more violent behavior on the part of the killer, and even greater isolation from society. The lack of punishment resulting from the future killer's early violent behavior is a type of reinforcement, virtually sanctioning the individual's expression of anger in this form (*Ressler, 1988*). The killer's childhood fantasies and thinking patterns stimulate only themselves, and while reducing tension, serve only to further their alienation (*Ressler, 1988*). The social isolation, the result of early antisocial behavior and fantasy, only increases the child's reliance on fantasy (*Ressler, 1988*). This isolation is reformed into even greater anger against society (*Ressler, 1988*). The killer's early reliance on fantasy leads to early violent acts, and childhood abuse leads toward anger against society. The anger fuels the violent acts, which in turn increases the child's isolation. The increased isolation leads to even more anger, antisocial acts, and a vastly increased reliance on fantasy. The self-feeding cycle of isolation, anger and fantasy only serves to catapult the future killer even farther away from what society views as normal, and even closer to the act of homicide. This self-feeding cycle is evident in some alcoholics, where personal problems lead to drinking, and the drinking leads to greater personal problems.

The isolation-fed anger, experienced by the future serial killer, serves to deal another crippling blow to their interpersonal development: the prevention of proper sexual development (*Ressler, 1988*). With no basis for caring, or the concept of companionship, the child will never develop the ability to love. Rejected and abused by parents, ostracized by other children, the future killer never develops the normal, non-violent basis for pleasure that characterizes the normal citizen (*Ressler, 1988*). In almost all cultures across the world, both modern and ancient, aggression and sex have been found to be inextricably linked (*Drukteinis, 1992*). Power, dominance, submission and aggression are common features of courting and mating behavior in virtually all cultures (*Drukteinis, 1992*). The serial killer's failure is the inability to differentiate small forms of dominance, such as leading the dance, from larger forms of dominance, such as rape. In essence, the serial killer's focus on violence makes them unable to tone down the nature of their acts to fit the situation. And as a result of their childhood, their sexual interest is intertwined with violence and exploitation (*FBI, 1985*). Fantasy is nothing new to the future killer, and it is a commonly accepted notion that masturbatory fantasies are at least partially responsible for the development of some types of sexual deviance (*Orford, 1985*). The child's violent fantasies further link violence and sex in his perception of the world. The serial killer's preference for autoerotic activities, such as pornography and masturbation is no mystery (*Drukteinis, 1992; FBI, 1985*). Without any substantial social structure, the killer is unable to embark on a normal sexual relationship, and thus is forced into solo sexual activities. The serial killer uses sex as he uses fantasy, for the goals of power and gratification (*Geberth, 1992*). In addition, there is a heavy emphasis on visual stimuli, with 81% of serial killers using pornography extensively (*Ressler, 1988, p. 25*). Forms of media such as detective magazines, with lurid tales of sex and murder, are often an additional source of arousal for the future killer, further linking sex and violence. Ed Kemper, a serial killer from California, described the roles of dominance, power and sex in his own sexual fantasies:

"I have fantasies about mass murder...[I] make made passionate love to their dead corpses. Taking life away from them,...and then having possession of everything that used to be theirs. All that would be mine. Everything." (*Drukteinis, 1992, p.533*).

The role of sex is almost secondary to possessing everything which had belonged to the victim, even their bodies. An interesting side note is the mutilation murderer, which normally falls under disorganized offenders. These types of killers tend to masturbate at the body: their difficulty with interpersonal relationships, which initially led them to autoerotic activities, has become so pronounced that they can not even interact with a nonresisting partner (*Ressler, 1988*).

By the time of sexual development, and autoerotic experimentation, fantasy is well on its way to it's final role, that of sole coping device. Man's ability to rehearse and anticipate positive outcomes from his behavior, and ability to reinforce self through forethought and planning, through imagination and fantasy (*Orford, 1985*), is what has gone terribly wrong here. The serial killer, though outwardly secure and apparently stable, is in

reality terribly insecure (*Geberth, 1990*). When the killer is not in complete control of the situation, he feels helpless, without power. Fantasy, here, is like other forms of addiction, lending a form of temporary self-esteem. The extreme violence of some killers is entangled with this low self-esteem. Holmes and De Burger (*1988*) found a correlation between high levels of violence and low self-concept, especially among offenders of average and greater than average intelligence. Fantasy has become a situation in which the killer is always in control, always powerful. This fantasy has gone so far as to become another reality for the killer, equivalent to, and as viable as, the real world. Indeed, the fantasy world is so real to the killer, that he believes he can move between fantasy and reality, that there is no distinguishable difference (*FBI, 1985*).

As fantasy is evolving into the future killer's only coping mechanism, the killer continues to experiment with violence. This violence has a tendency to build, from bullying to cruelty to animals, to killing animals and even farther (*Ressler, 1988*). In essence, the acts of violence fuel more elaborate and violent thoughts and fantasies (*Ressler, 1988*). Ressler (*1988*) has recognized that each act which moves the killer closer to the expression of intense emotion will become incorporated into the future killer's imagination and fantasy life. Each small violent act moves the killer closer to the expression of sexual frustration and attempted gratification, in the form of murder. Just as each drink pushes the potential alcoholic closer to the edge, the violent acts push the killer closer to more violent acts, and the 'edge' of murder.

As the future killer moves into adult life, and closer to the commission of murder, their fantasy life has begun to backfire. The killer begins to become a slave to the fantasy life, some feeling acutely trapped between the world within and the world without (*Abrahamson, 1964*). Just as the drug addict needs more and more of the drug just to feel normal, the serial killer is beginning to rely on the fantasy just to keep a normal baseline of emotion. Rather than granting the great rewards it once did, it now serves only to make the killer feel normal.

The fantasy's emphasis on power has an interesting side-effect in many killers. As adolescents, and especially as adults, they become obsessed with police work and police procedure (*Geberth, 1990*). Alex Henriquez, for example, became so enamored with the police investigation that it came to be his undoing (*Dubner, 1993*). Police detectives were surprised at how helpful Henriquez was, commenting that he "clearly got a thrill" (*Dubner, 1993, p.84*) from police work. Before his apprehension, Henriquez often masqueraded as a DEA agent or an undercover police officer, carrying a small handgun and badge (*Dubner, 1993*). The fascination with the police is simply an extension of the serial killer's pathological need for dominance, and the impersonation of law enforcement officials is another extension of the killer's fantasy world into reality.

By this time, the serial killer is undertaking the penultimate experimentation with violence. This is not entirely different from any other addict's experimentation with such things as alcohol or illegal drugs. For most killers, this takes the form of non-murderous sexual offenses, and may span several years. Alex Henriquez raped his niece over a period of several years, and shortly before committing his first murder, sodomized the five-year-old daughter of one of his girlfriends (*Dubner, 1993*). Clifford Olson, Canada's most notorious serial killer, committed well over a thousand sexual offenses before and during his career of murder (*Worthington, 1993*). Just as the killer's adolescent experimentation with violence was incorporated into their fantasy life, so are these experiences. And just as those earlier experiments led to more serious acts, these acts push the individual closer to murder. The serial killer's use of fantasy as a coping mechanism, and resultant reliance on fantasy, has results in an absolute dependence on it. Thus the mechanism which had granted a sense of control has been converted into an obsession (*FBI, 1985*). Brown (*1991b*) recognized the existence of obsessive behavior in serial killers, but failed to recognize it as an obsession with fantasy. This obsession became the cornerstone of Jeff Dahmer's legal defense. His attorney argued that, because of his obsession, Dahmer was not truly responsible for his actions, and should thus have been committed to a mental institution: " "Dahmer couldn't stop killing because of a sickness he discovered, not chose. He had to do what he did because he couldn't stop it. This isn't a matter of choice" " (*Drukteinis, 1992, p.533*). The attorney even went so far as to call Dahmer a " "steamrolling killing machine" " (*Drukteinis, 1992, p.533*). Jeff Dahmer is a classic example of the serial killer's absolute loss of control in this regard. Now completely addicted, the serial killer has become a virtual slave to the fantasy.

Murder is not the isolated event which the media and public view it to be. Rather, it is the logical outgrowth, an extension, of the serial killer's fantasy life. Fantasy is the drive mechanism for the murder (*Brown, 1991b*). And even though fantasy preceded murder, the act of murder has, in a sense, solidified the fantasy (*FBI, 1985*). The serial killer's great difficulty in differentiating between fantasy and reality has been pushed over the edge by the act of murder. The acting out of the fantasy has linked it with the real world, and in the serial killer's mind, the fantasy has become reality (*FBI, 1985*). In the words of the FBI (1985), "the offender believes he can now control reality" (p.6). Essentially: "Sexual homicide is an act of control, dominance and performance that is representative of an underlying fantasy embedded with violence, sexuality and death" (*FBI, 1985, p.11*) Though it is not immediately obvious in all cases, it is nonetheless true that the serial killer murders to preserve the fantasy (*Ressler, 1988*). Often, the fantasy is of murder, and the only way to keep it alive is to act it out. The protection of the fantasy may have been required by a variety of factors, some of which are external, such as: an interruption by the victim of the offender's feeling of dominance, or being enraged at the victim's behavior (*Ressler, 1988*). The murder is not recognized as such by the killer. Rather, most killers describe an "unbearable" (*Holmes & De Burger, 1988, p.98*) urge to kill. The net effect of this murder is to move the killer to a higher level of fantasy (*FBI, 1985*).

The role of fantasy continues to be reflected in the murder, especially in the case of victim type. Most serial killers have a recognizable victim type (*US Congress, 1984*). Ted Bundy's preferred victims were women in the early- to mid-twenties, with long dark hair parted in the middle (*Holmes & De Burger, 1985*). Earl Nelson preferred murdering his landladies, and Postel Laskey stalked elderly women (*Holmes & De Burger, 1985*). The close kinship of the serial killer to the sexual addict is seen in the fact that many sexual addicts developed preferred partners (*Orford, 1985*). For serial killers, the victim is often symbolic of someone in the killer's history (*FBI, 1985*). The pattern of victims evident in the behavior of most serial killers is representative of the planning and fantasy involved in the murder.

The serial killer experiences distinct psychological benefits from the murder, not the least of which is the relief from intense anxiety (*Brown, 1991b*). Indeed, this relief is not entirely dissimilar to the function of a compulsion (*Brown, 1991b*) or an addiction. Stress is the triggering stimuli for most serial murders (*Ressler, 1988*), much as stress can trigger drinking bouts in alcoholics. An interesting note is that some killers are so affected that they surrender to the authorities after the first or second murder. As a rule, however, the more the serial killer murders, the greater the psychological gain. The fantasies survive and are elaborated upon, and the behavior of the killer is reinforced. Just as fantasy and isolation fed each other, so the murder fuels the fantasy and the fantasy fuels the murder. Ted Bundy himself argued that the force for killing becomes so overwhelming that serial killers have no desire to stop killing, and as the killings progress, this force only gains power (*Holmes & De Burger, 1988*).

Each murder results in further refinement of the fantasy, in further perfection. Every time the serial killer murders, the fantasy feeds off itself and becomes more structured (*FBI, 1985*). The garrote that slipped, and allowed the victim to live longer than the killer desired, will be replaced in the fantasy, the victim living only as long as the serial killer wishes. Not even apprehension and incarceration can stop the fantasies (*Ressler, 1988*). Regardless of what happens to the killer, the planning for the next murder will continue. One killer who turned himself in after the first murder, for example, fantasized about the murders constantly while incarcerated. Upon release, he killed eight more women (*Ressler, 1988; Holmes & De Burger, 1988*). Cliff Olson killed whenever he was out of jail: during 1964, 1972-1973, 1978 and 1980-81 (*Worthington, 1993*). He was convicted only on the basis of his last killing spree, but claims to have killed over 40 individuals (*Worthington, 1993*).

Just as the fantasy improves, so does the murder. Ted Bundy called this a learning curve: the more murders the serial killer commits, the better the serial killer becomes (*Holmes & De Burger, 1988*). The improved garrote from the fantasy is incorporated into the next murder. The murder weapon is sharpened, so that it kills more easily. As Ted Bundy said, the killer learns from the past, constantly improving.



The serial killer does not stop of his own accord. Unless prevented, the serial killer will kill again and again (*Holmes and De Burger, 1988*). Each successful murder exhilarates the killer, both confirming and reinforcing the act. Simply put:

"Serial killers tend to increase their killings--it appears they have to kill often to maintain their equilibrium. The fantasy and psychic high that they obtain induces bold and more frequent attacks, sometimes with a complete disregard of risk" (*Geberth, 1990, p. 74*).

While each murder reinforces the fantasy, the fantasy grows. One murder is no longer enough; the killer must kill again, and as the killings grow, he begins to require them more often. The feelings of success of self-worth begin to stem from the killings only. All serial killers follow this pattern, increasing the frequency of their killings (*US Congress, 1984*). By this time, there are no remaining internal forces that will stop the serial killer's actions. Honolulu psychologist Jack Annon, say simply, "'the only way a serial killer can quit is by being caught or by undergoing successful psychological therapy'" (*Marilyn, 1989, p. 80*). The success rate of psychological therapy, however, has been essentially nil (*Holmes & De Burger, 1988*). Just as in the case of Alex Henriquez, the solution for serial killers is, regrettably, punishment and confinement (*Dubner, 1993*). Unless removed from society, the killer will continue to murder.

The serial killer, rather than being a creature of complete and unutterable evil, as Geberth (1992) would argue, is in truth an addict. Shaped by a dysfunctional childhood and faulty learning, the serial killer learns to depend on fantasy as a coping mechanism. This is, in certain respects, no different from the alcoholic using their drink of choice as a coping mechanism. Just as addicts tend to fall into a downward spiral, until all else in their lives centers around the addictive substance, the serial killer's life begins to revolve around fantasy. The revolution becomes so dominating that eventually fantasy becomes the center of the serial killer's life. And just as the heroin addict's need for a fix may drive him to steal, the serial killer's obligation to the fantasy drives him to murder. In short, the cycle of the serial killer is no different from the cycle of any other addict, the end result of murder being functionally the same as the heroin addict's theft.

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