

A study on mental disorder in serial killers

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ABSTRACT

Serial killers pose a special problem for crime investigators because their motives are often far less obvious than those of the person who commits a single homicide. In most homicides, the victim somehow knew the killer, and that makes it easier to narrow down the list of possible suspects. This is not the case with serial killers; there is usually no easily determined relationship and so tracking down the killer is that much harder. The investigators need to know what it was about that particular person that attracted the killer. As such, officers must focus on the motivation of the serial killer and track him/her down that way. Mentally disordered offenders are overrepresented among homicide recidivists: those who go on killing again. For example, profiles of many serial killers show that many of them had suffered severe head injuries to the frontal lobe of their brain when they were children. If there is frontal lobe damage or abnormal activity in this region of the brain, there is an inability to make rational decisions. Neuroscientists have known that lesions to this part of the brain lead to severe deficits in violent behaviors. The authors of the present article deal with every factor which plays a role in shaping the mental state of a serial killer with focus on mental disorder. Psychological and biological causes, personality disorders which are responsible for shaping criminal motives, history of childhood development, senses of dominance and fantasy, and typology of serial killers are discussed in the present article.

KEY WORDS: Serial killer; mental disorder; brain; homicide; psychological profile.

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INTRODUCTION

I "killed Tanya Bennett...I beat her to death, raped her and loved it. Yes I'm sick, but I enjoy myself too. People took the blame and I'm free.... Look over your shoulder. I may be closer than you think."

[Keith Hunter Jespersen, the Happy Face Killer, quoted from Olsen, 2003]

Can you imagine living in a house with a dead body while you have already dissected it? How hard is it to think of death and fun together? When we normal people cannot even imagine all this, think what goes in the mind of a serial killer who has done all this and, as the above quote indicates, actually finds pleasure in it. Keith Hunter Jespersen was a long haul truck driver and the murderer of eight women, including Taunja (Tanya) Bennet. At the end

of each confession, Jespersen drew a happy face, earning for himself the grisly sobriquet 'the Happy Face Killer'. The way in which the term 'serial killer' came into existence is interesting. During the mid-1970s, the FBI agent Robert K. Ressler coined this phrase after serial movies. As Lippit argues, "like each episode of a serial movie, the completion of each serial murder lays the foundation for the next act which in turn precipitates future acts, leaving the serial subject always wanting more, always hungry, addicted" [Lippit, 1996, p. 114]. Serial killers' 'addiction' to killing does not cease after the first time but instead increases. The definition of serial killings is not simple for it takes on many different forms, and is brought on by many different states of mind. Holmes and De Burger [1988, p. 138] have attempted to define serial murder as "consisting of repetitive killings which are one-on-one with rare exceptions, where the relationship between the victim and the offender is that of a stranger or slight acquaintance, and the motivation to kill and apparent motives are lacking". Serial murder usually refers to the separate killings of at least three people by an individual over a certain length of time [Bartol & Bartol, 2004]. Whilst there is an increase in literature on serial murder, it has been suggested that much of the scholarly work plays into the creation of essentialist stereotypes, which presuppose certain notions about the serial killer's 'character' [Dietz, 1996]. For example, that he is male and that his victims are powerless strangers [Hinch & Hepburn, 1998], that the killing is motivated by internal, psychogenic factors and that it is psychologically rewarding [Hickey, 1991].

Rarely do any of these killers act for money instead they do it for the thrill, sexual

satisfaction and/or dominance they achieve in their own world. Just as it is different to pinpoint the causes of why someone becomes a serial killer, it is just as hard to figure out what motivates them to kill and keep killing. In most homicides, the victim somehow knew the killer, and that makes it easier to narrow down the list of possible suspects. This is not the case with serial killers there is usually no easily determined relationship and so tracking down the killer is that much harder. As a result, officers must focus on the motivation of the serial killer and track him/her down that way. Serial killers are motivated by reasons that are unique to them; the tendency of becoming a serial killer is influenced by biological, social, and psychological factors and no one single trait is the cause; most of the sexually motivated serial killers violence during development.

In one hand, serial killers pose a special problem for crime investigators because their motives are often far less obvious than those of the person who commits a single homicide. On the other, the development of safe and ethical services for mentally disordered offenders, particularly for those who have committed a homicide offence poses an important public health challenge. In recognition of the contribution of mental disorder to the commission of a serious crime, the law has long recognized that mentally disordered offenders may lack criminal responsibility for their violent actions, and hence require a therapeutic rather than criminal disposition [Waller, 1977]. Also, mental disorder may render a defendant permanently unfit to stand trial for an alleged offence. There are numerous factors that can influence a serial killer's behavior. In many cases of serial killings, the behavior is influenced either by the

past experiences/backgrounds or the psychological processes of the serial killers. The Federal Bureau of Investigation (FBI) Behavioral Science Unit developed the concept of psychological profiling in the 1960s to aid in the pursuit of serial killers and to let police know what kind of man (serial killers are nearly always men) is instigating the crimes [Mullen, 2006]. Various studies have shown that mentally disordered offenders are overrepresented among homicide recidivists: those who go on killing again [Tiihonen & Hakola, 1994; Eronen, Hakola & Tiihonen, 1996]. There are increased rates of offending in sufferers of schizophrenia and major affective disorders [Penrose, 1939; Fazel & Danesh, 2002; Wallace, Mullen & Burgess, 2004; Wallace, Mullen, Burgess, Palmer et al., 1998] and that, especially in the perpetrators of the most serious of crimes such as homicide, there are elevated rates of psychiatric disorders [Vielma et al., 1993; Petursson, & Gudjonsson, 1981; Fazel, & Grann, 2004; Shaw et al., 1991].

Victimology, the study of the victims, can be crucial in tracking down a serial killer. The investigators need to know what it was about that particular person that attracted the killer. Was the victim truly chosen at random or had the person been stalked previously? The killer may have been searching for the one person who fit his fantasy and, if a common link can be found between the victims, this may be very revealing. For instance, nearly all of the victims of serial killer Ted Bundy had dark hair parted in the center. The confessed murderer, Gary Leon Ridgway, claimed that strangling young women was his 'career'. The so-called 'Monster of the Andes', Pedro Lopez has been convicted of 57 murders in 1980 [Carroll, Lyall, & Forrester, 2004]. He may have killed many more; his victims were young girls in Colombia. In

another case, despite his notoriety, Shipman was, in many ways, an unusual type of serial killer. His victims, many of whom were elderly women, met their end through morphine injections, one of the main methods of assisted suicide, which some believe to be a compassionate act. Some psychiatrists have suggested Shipman disliked older women, or that he was trying to re-enact the death of his mother. Others believed he gained pleasure from the power of life and death that he could exercise as a doctor. Shipman may have begun to kill patients very early on in his medical career, before he had even finished training to be a doctor. David Berkowitz, known as 'The son of Sam', is a typical example of an average serial killer, and quiet normal in comparison to his other counterparts who have been known to eat their victims. Edward Cole killed little boys that reminded him of a schoolyard bully that taunted him for having a girl's name. He later expanded his modus operandi (method of operation) to include young brown haired females that looked like his abusive mother. Authors of this article intend to study mental disorder in serial killers. There are various factors which shape a serial killer's mind mostly psychological ones. Accordingly, the authors have to deal with every factor which plays a role in shaping the mental state of a serial killer with focus on mental disorder. Psychological and biological causes, personality disorders which are responsible for shaping criminal motives, history of childhood development, senses of dominance and fantasy, and typology of serial killers are discussed in the present article.

A) Mind and mental disorder in a serial killer

A recent study has demonstrated that 20 out of 31 confessed serial killers are diagnosed as mentally ill. Out of that 20, 64% have frontal

lobe abnormalities [DeLisi, & Walters, 2011]. A thorough study of the profiles of many serial killers shows that many of them had suffered severe head injuries (to the frontal lobe) when they were children. To discover why damage to the frontal lobe could be a cause of serial killing, we must look at the function of the frontal lobe of the brain. The frontal lobe is located in the most anterior part of the brain hemispheres. It is considered responsible for much of the behavior that makes possible stable and adequate social relations. Self-control, planning, judgment, the balance of individual versus social needs, and many other essential functions underlying effective social intercourse are mediated by the frontal structures of the brain. Individuals who had undergone damage to the ventromedial frontal cortex (and who had normal personalities before the damage) developed abnormal social conduct, leading to negative personal consequences. Among other things, these individuals present inadequate decision-making and planning abilities, which are known to be processed by the frontal lobe of the brain. For a long time now, neuroscientists have known that lesions to this part of the brain lead to severe deficits in all these behaviors.

Even though the brain could be instrumental in determining the mind of a serial killer, it is important to point out that most serial killers have not lost their grip on reality and thus have some control over their decisions. The ability to make the 'normal' and 'sinister' life two separate entities shows that the serial killers have control of their decisions to a certain extent. In fact, this ability furthers the yearning to kill more people until the authorities catch them. Simon argues, suspension of empathy is necessary for someone to intentionally harm other people,

and it is usually accompanied by the psychological mechanism of devaluation and projection [Reckdenwald, & Parker, 2010]. Brain damage cannot be the motivator for all serial killing. 46% of all confessed serial killers have no frontal or general brain damage. The majority admits that they were perfectly aware of what they were doing before, during, and after the crime. Some even confess that they know that what they were doing was wrong, and contemplated 'giving up' after the first time. The thrill derived from murder is a temporary fix. Like any other powerful narcotic, homicidal violence satisfies the senses for a time, but the effect soon fades. And when it does, a predator goes hunting.

In the US, the FBI estimated that at any given time between 200 and 500 serial killers are at large, and that they kill 3,500 people a year [Stone, 2006]. This high average among the serial killers shows that killing becomes a pattern that is difficult to break. The inability to break such a pattern can be attributed to the brain function of the person. Since the frontal lobe deals with the decision-making, this could possibly be an explanation as to what is going on in the mind of a serial killer. If there is frontal lobe damage or abnormal activity in this region of the brain, there is an inability to make rational decisions. This is in no way serves as a justification for such behavior. Although character has a genetic component, much of it is shaped by the nature and quality of our early relationships and experiences [Stone, 2001]. Therefore both good and bad experiences become embedded in the child's developing personality and also have an influence on adult character, as in the case of many serial killers. Instead, it serves as a possible distinction between the mind of a serial killer and the mind of a 'normal' brain.

A) Personality and psychological disorders

Most serial killers, while different, do share some similar traits. They usually exhibit a lack of remorse or guilt, being impulsive, the need for control; they are in search of sensation, and show behavior that is predatory in nature. Essentially, these traits are indicative of a psychopath. It's important to keep in mind though, that not all violent offenders are psychopaths and of course that not all psychopaths will turn into violent offenders. Those offenders that are psychopathic are able to commit crimes without any regard for any sort of consequences. This relationship is especially interesting with serial killers because while not all psychopaths will of course become serial killers, most serial killers do show some or many traits of psychopathy. Those killers usually have no regard for human life and the serial killers that are driven by sex, are able to kill and assault with absolutely no remorse. Of course psychopathy alone does not explain serial killers, but it does provide an interesting look into their personalities.

A serial killer is often confirmed of suffering from at least one psychological disorder. But a person can always suffer from more than one, which is mostly the case. Psychologically, the thrill-motivated killer tends to be a sociopath, someone with a disorder of character rather than the mind. He lacks a conscience, feels no remorse, and cares exclusively for his own pleasures in life. It has been estimated that 3% of all males in our society could be considered sociopathic [Fox & Levin, 1994, p.18]. Society generally is quick to place tags on serial killers. Many believe that they are psychotics who hear voices or see visual hallucinations, but this is a misconception as explained by John Douglas [1996]. Most are not at all psychotics who have

lost touch with reality, but instead psychopaths who are suffering from chronic mental disorders with violent or abnormal social behaviors. Only a small handful, like Richard Trenton who believed he needed to drink other people's blood to stay alive, are actually psychotics. And this group is so disorganized in its crimes that it is generally apprehended quite quickly. A few observed serial killer psychological disorders are: schizophrenia; multiple personality disorder; antisocial personality disorder; anxiety disorder; bipolar disorder; borderline personality disorder; childhood antisocial disorder; delusional disorder; depression; obsessive compulsive disorder (OCD); obsessive compulsive personality disorder (OCPD); physical abuse; panic attack; pedophilia; personality disorder; psychotic disorder; sexual sadism.

A psychopath is a person who doesn't believe in social norms, and ethical principles and is generally antisocial. These people seem to have strange set of morals and logics in life. It has been ascertained that their characteristics are very shallow, are charming, very impulsive, have criminal ways of thinking, are violent and abusive and show all of these traits from a very early age. Serial killers are known to gain satisfaction through their behavior. Despite all the work that has been done on the psychology of the serial killer, forensic psychologists and psychiatrists are still far from understanding such people. Although it may be easier to comprehend someone who kills out of greed or revenge, the work of a serial killer is so far removed from normal behavior that most people have little understanding of his motives. Many serial killers are psychopaths. Psychopathy or anti-social personality disorder is not considered completely curable. There is even debate by some scientists as to whether it

is a mental illness at all. The hallmark of the psychopath is an extreme lack of guilt or empathy for others, which means the serial killer, can carry out terrible crimes without emotional distress. Studies of serial killers in prison and evidence gathered from those who know them suggest that many of these murderers were the targets of physical, psychological, or sexual abuse in early childhood [Vaughn, Newhill, DeLisi, Beaver, & Howard, 2008]. This may lead them to build a world based on fantasy as a protective measure. These fantasies are then acted out in the course of a violent crime, often with a sexual context. The killer feels satisfied after the crime and then relaxes for a while. However, it is only a matter of time before the fantasies push them toward the next killing.

According to Eysenck and Gudjonsson [1989], who formulated the General Arousal Theory of Criminality, there is a common biological condition underlying the behavioral predispositions of psychopaths. These individuals are likely to be extroverted, impulsive thrill seekers, presenting a nervous system that is insensitive to low levels of stimulation (they are hard to please and are hyperactive in childhood). Therefore, in order to increase their level of stimulation, they participate in high-risk activities, such as crime. Although not exactly diseases, personality disorders are anomalies of the psychic development. In forensic psychiatry, they are considered mental health disturbances. These disorders involve the disharmony of affectivity and excitability, together with impaired integration of impulses, attitudes, and conduct, which manifests in the interpersonal relations of the individual. Individuals with personality disorders have behaviors which are usually turbulent, their attitudes are incoherent, and

their actions are ruled by a need for immediate gratification. Personality disorder is characterized by insensitivity to the feelings of others. When this degree of insensitivity is high, leading marked affective indifference, the individual is apt to adopt a recurrent pattern of criminal behavior, and the clinical profile of the personality disorder takes the form of psychopathy. To date, it has not been possible to find specific genes for the various mental disorders [Knowlton, 2005]. In personality disorders genes can be held responsible for the predisposition rather than for the disorder. Consequently, it is essential to consider the environment in which the individual lives, as well as the interaction established with this environment.

A) Disorders of childhood development: Causes of crimes

In a chart of serial killer - childhood development characteristics - created by Ressler, Burgers and Douglas [1990] the three most frequently reported behaviors included day dreaming, compulsive masturbation, and isolation. The daydreaming, which is brought on by an over productive imagination, tends to lead the way into the general fantasy world that the serial killer begins to live in to protect himself from any isolation he is faced with. The records of hundreds of serial killers indicate child abuse. Most of the serial killers are known to have suffered both mental and physical (sexual) abuse in their childhood and many a times the culprits being their own parents. Absence of family morals, sometimes, even the absence of a proper functioning family, has lead to severely low esteemed children, who grew up to be mentally sick. Of all the abuses that a serial killer at some point of time suffered himself, rejection tops the chart. A few of them were born to prostitutes

or teen-aged unmarried mothers and had to face situations pathetic enough to make them hate whole of the human race. All in all, serial killers have a background of abusive parents, ignored childhood on account of a dysfunctional family, and totally displaced moral values, extremely low self esteem and a seriously wrong concept of life and the working of the society [Woolard, Odgers, Lanza-Kaduce, & Daglis, 2005].

At an early age, if a child is left alone, or forced to live in isolation whereby little attention is given to them for long periods of time, their minds become the object of their company, and thus begin the daydreams and the fantasy world [Ressler, Douglas, & Burgess, 1990]. Some of these fantasies may include such deviant and bizarre sexual practices as fetishes, pedophilia, bondage, and rape. Because of their strong sense of conscience or concern over their public image, most will resist translating their desires into action [Ressler, Douglas, & Burgess, 1990]. Detailed, ongoing research by the FBI shows that many convicted serial killers enact their crimes because of the incredibly rich, detailed and elaborate violent fantasies (including the act of murder) that have developed in their minds as early as the age of seven and eight. What distinguishes killers from 'normal' civilians is that the aggressive day dreams that have been developed as children continue to develop and expand through their adolescence right into manhood, where they are finally released into the real world [Wilson & Seamen, 1992]. Through the use of murder and mayhem, the serial killer literally chases his dream. With each successive victim, he attempts to fine tune the act, striving to make his real life experiences as perfect as his fantasy [Apsche, 1993].

In a case, Berkowitz came from an adopted home, and upon discovering his real mother, was told by her that he wasn't wanted. Originally being shy, insecure, and angry, he blossomed into a potential killer. He procured a large and powerful weapon, which in turn made him feel bigger and more powerful, and set about unknowingly to obtain revenge for what his mother had done to him. In most cases, there is an event known as the 'pre-crime stressor', as discussed by Ressler, Burgess, and Douglas [1990]. The pre-crime stressor can be looked at as the reason for why the person turns to killing as a form of release, even if the criminal does not realize the full extent of his motivations or fails to see the reasons behind the stress he feels. A clear example of this can be seen upon the questioning of Berkowitz who denied he neither had anything against women, nor did he have reason as to why he killed so many. In actuality fact, his mother's rejection was the stressor that ultimately turned him violent. He did not attack his mother directly (few serial killers ever attack the source of their resentment), but the majority of his killings were based on women who had a likeness to his mother.

Traits that should be looked at when trying to decide if a person is a potential killer include: social withdrawal, abnormal dependence on ones mother or ulcerated relations with ones parents, hypochondria or other attention seeking behavior including forms of clothing, delusional mind as to grandeur, severe depression, a general feeling of emptiness as to the future, inability to take criticisms, a general feeling of being mistreated, inability to assert ones self, parental taunts as to ones inability to be sufficient (or the Hitchcock 'Psycho' syndrome), mood

disorders, and a general failing in attempts to succeed.

A) Sense of dominance

Power has always been the center of a serial killer's thinking. These people are seriously obsessed with being in a position of power, be it sexually or in general life. They somehow like the feeling of being in charge and they will go to any extent, to make sure they are. This psychology branches from the background of child abuse, neglect and low self esteem. The children, who grow up with a feeling of being unwanted and unloved, tend to become very violent and assertive in their adult life. And sometimes, this low self esteem and rejection finds a wrong vent in brutally murdering innocent people. These people being shy as kids have vivid imaginations, mostly violent and when in a position, they get obsessed with living their imaginations. It is really hard to imagine what goes on in a sick mind and is totally shocking when this sick mind goes ahead and makes it all come true, no matter what. The history of all known serial killers is filled with failed marriages and love affairs. They even fail at pursuing a career. Their minds are just not made to work hard and make a career. They can't work under someone because they want power; they are known to generally misbehave at their workplace, leading to being fired. Their short temper follows them everywhere, leading to general misbehavior and violence with coworkers. These people also get bored very easily. They need thrill in their life, which they find in all the wrong places.

As Jack Apsche [1993] makes clear, serial murderers see themselves as dominant, controlling and powerful figures. They hold the power of life and death, and in their own

eyes, they perceive themselves as God. In their fantasies and their enactment of the murder, they become God. This is actually probably the only power they have ever had, and for this reason they savor and continue to persist. Once a killer has tasted the success of a kill, and is not apprehended, it will ultimately mean he will strike again. He put it simply, that once something good has happened, something that made the killer feel good, and powerful, and then they will not hesitate to try it again. The first attempt may leave them with a feeling of fear but at the same time, it is like an addictive drug. Some killers revisit the crime scene or take trophies, such as jewelry or body parts, or video tape the scenario so as to be able to re-live the actual feeling of power at a latter date.

Many of serial killers have been reported as saying that they had fallen into the power of the devil after several kills, which is contradictory to their initial beliefs that they were God. It is almost as though initially they believed that they would be powerful in that they had the choice in taking or sparing life, but as time progresses, and the kills mount up, they find they are driven to kill as though they have no choice. Apsche [1993] has noted that many killers have attempted to get help when they discovered they had little control. They appear to want to stop their actions, but regain control to avoid their discovery. This is possibly an example of a bipolar personality clash. A few killers killed for financial gains also and lot many lives have been sacrificed in the name of God and Devil equally. There have been serial killers, who in their confession said that God/Devil guided them to kill a person and sometimes even to eat their particular organs or drink their blood, etc. There have been cases where a person lived with dead bodies and treated them as his

family. This case shows serious problem of low self esteem, caused due to rejection. That person was so scared of rejection that he thought of keeping dead people around him, who can be controlled easily or say, who need not be controlled at all, who didn't have their opinions and took the killer as their master, without resistance.

A) Sex and fantasy

One of the most hideous serial killers would undoubtedly have to be the sexual killer. Many specialists, including Douglas [1996] have agreed that the most crucial factor in the development of the serial rapist or killer is the role of fantasy. It has been suggested that the escalation from fantasy to reality in these instances, can be attributed to pornography. The reason may be for pornography tends to build on the natural inner desires that exist within us all. The desire to have sexual intercourse is dominant in all males. The action of penetration brings on a sense of triumph and conquest. The only difference here is that these killers have not had the opportunity to learn intimacy due to childhood restraints, and they substitute intimacy with control (which they obtain by inflicting bodily harm to the other (the equivalent to the penetrating conquest) to counteract their inner desires for a mate. It has been believed that the mode of death is one where factors indicate that the victim has meaning to the killer and that the intimacy of the murderous act is part of a close bond between himself and the victim formed in the killers fantasy and delusions. A study by Yochelson and Samenow [1988] pointed out that a high proportion of serial killers are 'highly sexed' in childhood, and have been known to look into bathrooms through keyholes on females undressing, or initiated

sexual games - sometimes amounting to rape - with girls at school.

A) Typology of a serial killer classification

Holmes and Holmes [1998] indicate that they developed their classification from the consideration of case material from 110 serial murders and interviews with selected offenders. Briefly, the following are descriptions of this typology:

I. Visionary

Suffering from a break with reality, the visionary serial killer murders because he has seen visions or heard voices from demons, angels, the devil or God telling him to kill a particular individual or particular types of people. His quick, act-focused killings are seen as a job to be done. The crime scenes of visionary killers are described as being chaotic with much disorder and forensic evidence. Consequently, ransacking of property, belongings scattered, clothing scattered, and trail of clothing leading to/from crime scene have been selected. This is described as an 'act-focused' type of crime in which the offender desires a quick kill with no extensive acts of torture or interaction with the body. Consequently, bludgeon, has been selected as a method for a quick kill. This being described as a spontaneous and disorganized offence, the offender is expected to use whatever weapon is available then leaving it at the scene. Therefore weapon of opportunity and weapon left in victim have been selected as appropriate characteristics for this type of offender.

2. Mission

The mission killer is focused on the act of murder itself. He is compelled to murder in order to rid the world of a group of people he has judged to be unworthy or undesirable. The

mission killer operates in an act focused and planned manner; he does not engage in activities such as torture or post-mortem activity such as necrophilia or dismemberment. Bludgeoned, throat cut and firearm used are indicative of an act-focused murder in which the killing is swift. The mission killer will take the murder weapon away with him after he has committed the crime; murder weapon missing is indicative of this action.

3. Hedonistic

This type of serial killer is subdivided into the following two groups:

3.1. Lust

The lust killer kills for sexual gratification; sex is the focal point of the murder, even after he has killed the victim. This type of murderer derives pleasure from the process of the murderous event. Various acts such as cannibalism, necrophilia, and dismemberment are prevalent in this type of murder. The lust murderer combines sexual gratification, sadistic acts, and murder. This offender is organized and plans the offence so as to avoid detection; murder weapon missing, body covered post-mortem, body in isolated spot, and body concealed reflect these characteristics. Sexual activity is a central part of this type of murder therefore vaginal rape, alive during sex acts, and multiple sex acts reflect this offence. The body is likely to have been moved after the killing, indicating there will be multiple crime scenes. Skin-to-skin contact or killing at close range is the preferred methods of killing, therefore beaten and manual strangulation have been selected. Torture, overkill, and object penetration into the victim's body cavities as indicative of this offence, therefore these behaviors have been included. Sadistic acts and body mutilation after death feature in this type as well. Variables chosen as representative of

this feature are the following: genital mutilation, thoracic mutilation, abdominal mutilation, burns on victim, violence at genitalia and facial disfigurement.

3.2. Thrill

The thrill killer murders for the pleasure and excitement of killing. Once the victim is dead, this murderer loses interest. This type of killing often involves a long process involving extended acts of torture. Also a sexual-type killer, the thrill killer engages in a 'process' kill and derives pleasure from administering pain and suffering to the victim. The use of restraints, torture, bitemarks, and burns on victim are included in this type. Manual strangulation and ligature strangulation are also taken as indicative of this category with the rationale that strangulation such as this could be used to cause the victim a slow death (referring to the process kill). The method of murder will reflect this offender's desire for control over his victim. Contributing to this, gagging has been included because gagging is a means of controlling the victim and taking away his/her ability to speak or yell. Penile penetration and object penetration are parts of the crime; vaginal rape, alive during sex acts and object penetrations have therefore been selected. Once the victim is dead the offender loses interest in the murder and concentrates on disposal of the body. The thrill killer gives careful thought to disposal of the body as well as taking precautions because he is aware of the dangers of being detected; therefore, the variables multiple crime scenes, murder weapon missing, body covered post-mortem, body in isolated spot, and body concealed have been selected.

4. Power/Control

This killer derives pleasure and gratification from having control over the victim, and considered to be a 'master' at what he does. His motives are driven by the need for power and dominance over another human being. The longer he can extend the process of murder, the greater his gratification. The motives for the power/control killer center on the need for dominance, power, and control over the victim and over the offence as a whole. Consequently, the victim's body is likely to yield signs of torture, having been beaten, and possibly tease cuts and burns on victim. The offender's need for control over the victim may also be achieved by using methods such as gagging and restraints. Strangulation and penile penetration are also observed, consequently, ligature strangulation, vaginal rape and alive during sex acts have been selected. This offender is likely to move the victim's body, therefore multiple crime scenes has been included. This offender's desire for power and control over the victim continues after death. Dismemberment with the offender taking particular body parts away with him and decapitation has been reported. Therefore, body parts missing and decapitation are included. Considered to be a professional at his crimes, the variables body covered post-mortem, body in isolated spot, body concealed, and murder weapon missing have been used, on the assumption that this killer has thought through ways to avoid detection. Tampering with the evidence would be seen as part of this 'professional' process too.

Conclusions and discussion

To discover what makes a serial killer function, it is necessary to look back into their past, particularly their adolescent life. By looking at many and varied cases, it is evident that

virtually all serial killers come from dysfunctional backgrounds involving sexual or physical abuse, drugs or alcoholism and their related problems. Many traits that seem to be universal in all these serial killers, though in varied amounts, include disorganized thinking, bipolar mood disorders, a feeling of resentment towards society brought on by their own failings, sexual frustrations, an inability to be social or socially accepted, over bearing parents and a wild imagination that tends to drag them into a fantasy world. What gives the serial killers their name is the symmetry of their modus operandi. There is always something common in the murders like, the use of a particular weapon, the race of the people killed, their age, gender, their profession and sometimes even the graffiti on the body of the victim. The basis of the motives has mostly been some psychological disorder, which wasn't identified until it was too late. More or less the motive has always been considered an element of hatred and fear, which have their roots in the killer's childhood. It is hard to believe that a person can kill for sexual favors, and can have unbelievable intentions like necrophilia and cannibalism.

The authors of the present article intend to give clues to investigators and law enforcement officers to detect serial killers based on them. The forensic psychiatrist uses evidence from the crime scene to build a psychological profile of the serial killer. One categorization that has been found useful is to decide whether the investigators are dealing with an organized or a disorganized killer. For example, one categorization that has been found useful is to decide whether the investigators are dealing with an organized or a disorganized killer. A number of other factors can be added to the profile. Many serial killers are young adults in

their twenties or thirties. They tend not to cross racial lines. White killers tend to kill white victims; black killers tend to kill blacks. Many kill close to home the first few times, but then start to move farther away. Serial killers are eventually often highly mobile, which can make the logistics of catching them difficult.

Disorganized offender leaves a mess at the crime scene. He may use any weapon that is available to strike out and makes little effort to cover his tracks. This lack of planning and control often suggests low intelligence. He is likely to be unemployed and may be a bit of a loner with few friends. The attack may be marked by excessive violence and could also include sexual contact with the victim after death. The disorganized serial killer often turns out to have a history of mental illness. If the crime scene suggests the murder was carefully planned and executed, then the killer may be a man of average to high intelligence who has a stable social network. He may be married with a family. He may also be employed. Living a 'normal' life on the surface requires a degree of self-control, which manifests itself in the way the crime is carried out. Sometimes, though, the organized offender does lose control in the actual attack when the fantasy motivation takes over. In such cases, a violent or frenzied attack may occur, yet there may also be careful attempts to conceal or destroy evidence.

Trophies and souvenirs are an important part of the killer's modus operandi (method of operation), the name given to the particular tools and strategies that distinguish the killer's work. The modus operandi includes factors such as the location of the crimes, the tools used, the time of day, the alibi, and any accomplices involved. The modus operandi

may, of course, evolve over time as the killer becomes more experienced. The investigators will be particularly interested in any details that are unique to that killer, such as leaving a note behind. They will also look for the signature of the crime. Trophies and souvenirs can be part of the signature, as can mutilating or having sex with the corpse, or placing the body in a certain position. Of particular interest to those investigating serial killers is what is taken from the scene or from the victim. In most crimes, the perpetrator will take items of monetary value, like cash or jewelry. They may also take evidence, such as a weapon. The serial killer often takes something known as a trophy or souvenir, of no obvious value except to him in his fantasy world. The item is known as a trophy if it is seen as a symbol of achievement and a souvenir if it is to remind the killer of the crime.

The location of the serial killer's crimes is also of significance. Geographical profiling is based on the premise that the killer will operate in a zone where he feels comfortable. This may be near home or, alternatively, far away from it, depending on his psychological make-up. Location is not just where the crime was committed, but is also where the victim was abducted and where the body was taken and left after the crime. Establishing a geographical profile can be challenging if the victim was a prostitute, for instance, or someone who might not be missed by relatives or co-workers for a while. Sometimes bodies are dumped in remote places and may not be found for some time. In such cases, a forensic anthropologist may be called in to judge the times of death so the order in which victims were killed can be determined.

The motives of serial killers have been many till date. If we compile a list of all the motives discovered till now, it will look something like

this: sexual favors; sexual sadism; pedophilia; financial gains; racism; fun; pleasure; thrill. The last three motives are real, and they truly define the mental condition of a serial killer. For a normal person it is hard to even think of death and fun together but for a serial killer it is easy to accomplish. Motive or no motive, killing a person for any reason other than self defense, is a criminal offense and killing a number of people serially, is a serial crime and is most often punished serially, with a series of life terms or direct death penalty. The authors of this writing believe that hanging a serial killer is not a solution because hanging one has never stopped the next one. The solution to this probably lies in providing a healthy childhood to every kid, no matter which family or society he is born in, because most of the problems of a serial killer have their roots in his childhood and some in his genetics. Finally, let's build a society where people respect each other, irrespective of their colors, a society where parents provide their children with a childhood full of love and care and where every person is aware that life is precious.

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