

The Mind of a Murderer

**Privileged Access to the
Extreme Violence
Demons That Drive**



Katherine Ramsland



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Extreme Violence

Katherine Ramsland

Foreword by Dr. Michael Stone



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For Alexandre Lacassagne,
who started it all and who would understand

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Foreword

Katherine Ramsland, the doyenne of forensic psychology and one of the most prolific writers on the topic of murder and other forms of violent crime, has in her newest book created something unique in the literature on multiple murder. In *The Mind of a Murderer*, Dr. Ramsland provides biographical sketches of a dozen and a half notorious murderers, spanning over a century—from Joseph Vacher in the 1890s to Tommy Lynn Sells of the 1990s. Each killer was responsible for a number of deaths—ranging from four to more than forty.

But the cases were chosen specifically because each killer had been the subject of an intense, and often prolonged, examination, most often by a psychiatrist or psychologist. In a few cases, the expert was a sociologist or a minister. Since each expert offered opinions about the “causes” and prime motives of the murderer’s actions, we are treated to a century’s worth of speculation about what prompts someone to commit multiple murder. About two thirds of the cases involve serial sexual homicide (the most common form of “serial killer”), but we also learn about two mass murderers, two spree killers (whose murders were spread out over a couple of weeks), a familicide, and an infanticidal woman who killed her five children.

The vignettes are arranged in chronological order, allowing the reader to progress from the rather simplistic and often quaint ideas put forward by the experts in the early 1900s to the more sophisticated and scientifically grounded theories of the last generation. To embark on this scientific journey is a humbling experience. It is pretty clear that the notions about cause that we currently find so compelling—so much more *convincing* than what the psychiatrists were thinking in the era between the two world wars—are destined to strike readers fifty years hence as, well, simplistic and quaint.

As always, Dr. Ramsland writes with a clarity of prose and elegance of style that make her the envy of forensic commentators and establish her as a genuine authority in her field. That, however, is not the main reason this book belongs on your shelf. The main reason is this: with every vignette you will learn something about a famous murderer that you did not know before. Even in the chapter on Tommy Lynn Sells, who is currently counting the days till his execution on Texas’s Death Row—where

I interviewed him and where he receives letters from me as we continue to exchange them—Dr. Ramsland’s probing research unearthed things about this man that I did not know. I didn’t know, for example, that he had a tombstone tattoo on his arm with the name of his dead twin sister (they both contracted meningitis at age two, which she did not survive). I also didn’t know that, when he was seventeen, he tried to have sex with his mother, who then kicked him out.

The opinions of the experts reflect, as is always the case, the zeitgeist and corpus of knowledge of their time. The French physician and forensic investigator Alexandre Lacassagne worked in the last quarter of the nineteenth century, when fingerprinting was just in its infancy. He relied, instead, on the astute and thorough questioning of medical and law enforcement personnel to learn all he could about the characteristics of killers and about the specifics of their methods. He learned how the grooves etched into bullets when fired from a particular gun could aid in identifying a killer. But his main interest was not so much in the method as in the *mind* of the killer. To that end, he interviewed the sadistic killer Joseph Vacher over an extended period, building up a picture of which risk factors were at work (childhood cruelty and bullying, rage, and callousness) and which were not (hereditary “taint,” brain damage, and epilepsy). Lacassagne’s insights stand up well even in our day.

The search for cause and effect regarding the mind of the murderer continued and took a curious detour in the mid-twentieth century. Psychoanalysis was now the fashionable source of explanation, and correlation was king. If, as children, killers had suffered parental neglect or cruelty (as was usually the case), then bad parenting (the correlation) was determined to be the “cause” of their actions. One somehow forgot that, for each killer, there were probably a hundred persons who emerged from similarly dreadful homes and were never even assaultive. Think also of Jeffrey Dahmer’s brother: they were raised in the same household, but the brother turned out normal. Or the three brothers of killer Gary Gilmore (the subject of Norman Mailer’s *Executioner’s Song*), all raised by the same abusive alcoholic father, but all decent and productive citizens—unlike Gary.

As for the various correlations, they were then given catchy titles from biblical or Greek mythology, along the lines of Freud’s Oedipus complex. Thus, as Dr. Ramsland tells it, a young girl who killed her siblings suffered from what psychiatrist Paul de River called a “Cain complex”; because she also killed a parent, this meant she also had an “Electra complex.” The new terms did lend an air of erudition to the speaker—but, alas, had no explanatory value.

The experts from the last quarter of the twentieth century, as Dr. Ramsland makes clear, were more open to the multiplicity of risk factors that nudge certain men and women to commit murder. The recognition of inherited tendencies, long ignored at midcentury, made a comeback. Sometimes an expert went overboard, as when psychiatrist Helen Morrison claimed that “there is something in the genes that leads a person to become a serial killer. In other words, he is a serial killer before he is born.” Not true. Though genes are occasionally a major factor, there is no baby resting in the obstetrics ward of whom we can say, “*That one will be a serial killer!*”

Dr. Ramsland, carrying forward the scientific spirit of Lacassagne, shows us how expert opinion about the mind of the murderer has evolved over the past hundred years—passing through a long period of one-size-fits-all theories, and back to the open-minded, multifactorial approach of Lacassagne. We can at this stage of our knowledge speak about *patterns* in the lives of certain types of killers. We can speak about the *pathways*—including the unpredictable bumps in the road that lead one person with a risky pattern to “actualize” the pattern and commit murder, while another person in a similar pattern, moving along a similar pathway, leads a peaceful and productive life. In the past hundred years, our knowledge about patterns and pathways has improved significantly. But we are still a long way from being able to speak *prescriptively*. We cannot say, for example, that a young person showing risk factors X, Y, and Z (such as parental cruelty, genes for a “callous-unemotional personality,” and serious injury to the brain’s frontal lobe) is *destined* to become a murderer. All we can say is that such a person is many times more likely to pursue a violent path than someone showing none of those factors.

If I may add my own allusion to Greek mythology, Dr. Ramsland offers us a double odyssey. Like Odysseus confronting all manner of monsters and scary figures—such as the Cyclops and the seductive Circe—we are given the chance to travel alongside some of the most “high-profile” killers of the past hundred years. Then we become acquainted with the experts who studied each of them the most extensively. We end up coming as close as we can get to the *mind of the murderer* in this second decade of the twenty-first century. This makes Dr. Ramsland’s book doubly rewarding, doubly interesting, and doubly important.

Michael H. Stone, MD
Professor of Clinical Psychiatry, Columbia University
Author of *The Anatomy of Evil*

Acknowledgments

In many ways, this book is the result of years of interaction with many people, as well as opportunities to research and write about individual cases of serial killers. Therefore, I'm sure I can't name everyone who should be acknowledged, but among those with whom I discussed portions of this book and from whom I received significant feedback are the following:

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Introduction: The Criminal Type

Life is not a series of gig lamps symmetrically arranged, but a luminous halo, a semi-transparent envelope surrounding us from the beginning of consciousness to the end.

—Virginia Woolf

When I first received Karl Berg's book *The Sadist*, I opened it at once. It's one of the earliest detailed clinical examinations of a brutal, blood-starved serial killer. Since Berg had also created a rudimentary profile from crimes he'd linked, as well as performed the victims' autopsies, when he finally came face-to-face with the sadistic offender, Peter Kürten, his perspective was unique. In this narrative, we first see Berg's experience as the bodies turn up, stabbed, bludgeoned, or choked, which prepares us for the "monster." When the police make an arrest, we know what's next: Kürten speaks. He was among the worst of the worst, and as a clever, calculating psychopath he freely described to Berg what he'd done to each victim.

There's a clear difference between the recorded facts of a case and the way a killer tells his or her own story. The raw quality of such confessions makes us feel as if we're in the same room. It's disturbing yet titillating, grotesque, and wondrous. How, we ask, can a person get this way?

That's the reason for this book. As I've written about the psychology of extreme offenders, I've noticed that over the past century, several mental health professionals have ventured closer than usual to a killer's soul to learn its secrets. Sure, there have been journalists and crime writers who befriended killers for this same purpose, but this book includes only the work of professionals educated in the principles and techniques of criminology, psychiatry, psychology, or counseling. Presumably, their background not only guides them in gathering psychologically relevant information but also reminds them of the need for theories and treatment plans. While some were merely curious, others believed they could shed significant light on the intimate nature of extreme violence. A few even tried to become a therapist or a friend.

Progress in the field of criminal psychology builds on prior work. Each mental health expert evaluates offenders according to the context and explanatory codes of his or her times. But despite assessments of countless offenders over the past century, only a few clinicians have ventured beyond the typical evaluation period to thoroughly explore a specific criminal's mind. As we examine these singular in-depth studies, we discover that the nineteenth-century "criminal autobiographies" provided some tools and techniques that are still in use today. We also see how certain notions have shaped and even limited analyses, so as we've learned more we've discarded some theories and strengthened others.

No one is better positioned to offer intimate details than someone with expertise on the abnormal mind. Thanks to their training, the clinicians in these pages have used their privileged access to provide productive ideas about what makes the most perverse murderers tick. These tales offer a map of the past century, almost decade by decade, in terms of how the psychiatric profession has approached mass and serial murder. Some accounts are amusingly naïve, while others provide genuine clarity and direction. All of them, collectively, have helped us to better see where we've been and where we might now go as we ponder the most violent of criminal minds.

Overview

Since the earliest days of psychiatry, "alienists" have tried to understand the motives and acts of the criminally insane. Initially they believed that anyone who acted contrary to reason must be psychotic, but then a certain type of rational criminal stood out. In 1809, hospital director Philippe Pinel was among the first to note this "mania without delirium," thereby acknowledging the disturbing behavior of what we now call a psychopath. (He treated a missionary who had coldly murdered his family to send their souls to heaven.) Following Pinel, other wardens of psychiatric asylums studied what they called "moral insanity" to learn how the faculty for socially appropriate behavior could fail. Such offenders, they observed, had no conscience about their cruel or destructive acts, and yet delusional mental illness was absent. They seemed to know what they were doing but to care little about harm done to others or even themselves.¹

Since around 1830, the enthusiasm for scientific methods influenced physicians with a specialty in mental disease to clarify and systematize their knowledge about violent offenders. They focused on defining a context that made sense of dangerous aggression, based on cause-and-effect ideas about disease. Isaac Ray was a founder of the discipline of forensic

psychiatry, with his publication in 1838 of the authoritative text *A Treatise on the Medical Jurisprudence of Insanity*. He was a superintendent for several psychiatric hospitals, and his ideas influenced the defense team during the 1843 English trial of Daniel M'Naghten, a case that inspired the wording for the insanity defense still in use today. Ever a defender of the rights of the mentally ill, Ray helped lead the way for medical professionals to treat such people humanely. In his treatise, he distinguished different types of murderers (e.g., the homicidal monomaniac versus the criminal murderer). The former commits murder for its own sake, whereas the latter usually does it for selfish gain. The monomaniac makes no plan and has little concern about consequences, and peculiarities of character usually precede his conduct.²

As Darwin's theory of evolution created an early form of environmental criminology, physicians created diagnostic texts with which to foster professional communication and disease codification. This model inspired psychiatrists and heads of asylums to do likewise.³

Psychiatrists believed that mental illness had a biological cause, and as it was passed to each successive generation, it degenerated. Their notions endured throughout the nineteenth century until Emil Kraepelin began to systematically collect data on his cases. His study revealed patterns that he turned into a typology of mental illness. By the early twentieth century, he had upended erroneous theories about biological psychiatry.

Then nervous disorders, especially of the upper classes, brought in hypnotherapists and psychoanalysis, with psychotherapy aimed toward getting at the heart of psychological disorders—unhappiness, stress, and unresolved conflicts. A psychiatrist or alienist was a person who worked in asylums, while a neurologist was trained in pathology and medicine, usually ran a private office, and attended to “nervous disorders.” They saw that psychological influences played a role in a patient's condition as well as in his or her treatment. The use of suggestion in treatment was particularly prominent.⁴

During the decade prior to World War I, psychotherapy became popular with members of middle-class society, who apparently enjoyed being the center of a specialist's attention. Sigmund Freud led the way to the couch, becoming world famous for his controversial theories about sexuality, repressed unconscious conflicts, and the deep roots of neuroses.

By the 1950s, genuine science began to displace the idea of unconscious conflicts with research on the brain. Medications had made significant inroads into the treatment of major mental illness, and within two decades, psychoanalysis had become more of a parenthesis between two forms of biological psychiatry than the light of truth it had purported to

be. "In retrospect," says social historian Edward Shorter, "Freud's psychoanalysis appears as a pause in the evolution of biological approaches to brain and mind rather than as the culminating event in the history of psychiatry."⁵ He admits that psychoanalysis was of enormous consequence, however, because it took psychiatry out of the asylum and gave it prestige as an office-based specialty.

But let's back up to the nineteenth century, where the idea of the criminal mind would lead to the earliest form of intimate case analysis.

Preparations

Richard von Krafft-Ebing was among the nineteenth-century alienists who believed in the degeneracy of mental illness. The theory held that a weak strain that began with an acquired characteristic such as alcoholism or compulsive theft would become genetically transmittable (a process that was unclear). Alienists studied the progress (or regress) of these influences within families. Thus, they recorded detailed case histories.

Born and educated in Germany, by the 1860s Krafft-Ebing was a staff psychiatrist in Baden, Germany, when he first preached the notion that criminality was the result of degeneration. Psychosis was but a link in a genetic chain. He thought that degeneration most commonly affected the sex drive, producing an undersexed, oversexed, or sexually deviant condition. He then began the ambitious enterprise of using cases to identify and categorize sexual pathologies. As director of the Feldhof Asylum, he was often a consultant to the courts regarding psychological issues, and this gave him access to the most extreme offenders. He also became a professor, teaching medicine and psychiatry at the University of Strasburg, as well as at universities in Graz and Vienna. Because he had his feet in both worlds, he assisted in moving psychiatry from the asylum to the more learned communities. In addition, he had his own private practice.⁶ To his credit, Krafft-Ebing began the ambitious process of learning what he could about these unique and often quite brutal people.

His goal was to make the diagnosis of mental disorders more uniform with a classification system, which he published as *A Textbook of Insanity and Psychopathia Sexualis with Especial Reference to the Antipathic Sexual Instinct: A Medico-Forensic Study*. Clarifying such terms as "necrophilia," "masochism," and "fetishism," he helped to define the differences between what was considered normal and abnormal. Among the cases he described were many recidivating offenders, including sexually sadistic serial killers. He took the details of some of them from the work of a contemporary, the Italian anthropologist Cesare Lombroso.⁷

Lombroso had ascended quickly in the field of criminology with his “confirmation” of what he called “the criminal type.” In 1876, he published a book about criminal anthropology, focusing largely on his own prodigious studies, which grew through successive editions into the multivolume study *L'uomo delinquente* (*The Criminal Man*). Lombroso had made systematic measurements of the skulls and bodies of numerous offenders, developing a theory that not only was criminality inherited but also its propensity was visible in certain features of the physical body. The “born criminal,” he and his colleagues concluded, was genetically defective. In fact, it seemed likely that such people were primitive throwbacks who, due to their lack of intellectual sophistication, were compelled toward crime. The born criminal, Lombroso insisted, had a diminished sensibility to pain, no sense of right and wrong, and no remorse.

Due to his growing influence, Lombroso managed to shift the study of criminal behavior into what he viewed as the realm of science. It was all about measuring, observing, calculating, and comparing. During his prime, he founded the Italian School of Positivist Criminology, developed a rudimentary lie detector, and warned the courts to be cautious about capital punishment. He took a dim view of how crimes were often solved with little evidence. Although Lombroso’s interest in criminals originated in a study of tattoos, he soon began collecting skulls, preserved brains, and objects made or used by lunatics and criminals. He worked in an asylum during the 1870s, where he was able to make anthropometric measurements on numerous inmates and assemble a portfolio of illustrations. Later, Lombroso took a position at the University of Pavia, and it was during this time that his publications drew the attention of professionals across Europe. Many sent him crime-related items from their own institutions or studies, in the hope that a large-scale collaboration would provide more proof for the theories.

According to Lombroso, what set criminals apart were certain physical abnormalities, which he called “stigmata.” Among them were overly long arms, bulging brows, asymmetrical facial features, a broad nose, dusky skin, bushy eyebrows that often appeared as one, thick necks, and large jowls. As he added to his studies, Lombroso began to separate such people into criminal types, such as “criminaloids” who infrequently committed crimes and offenders inspired by passion or a compelling situation. His passion grew into examining genetic factors that predisposed a person to habitual crime. He believed that one day he and his anthropological colleagues would be instrumental in improving risk assessment and helping society to curb and control crime.

Lombroso’s disciples, in Italy and elsewhere, launched a movement to make anthropology into the ultimate and most fundamental science. “Our

theories,” Lombroso wrote, “are based on a mass of facts that are there for all to see; it has proved that despite the opposition from distinguished men, our school has attracted and convinced the best scientists in Europe who did not disdain to send us . . . the most valuable documents in their collection.”⁸ However, because he failed to use control groups and did not adequately examine alternative theories, he fell short. Lombroso was too eager to be correct, and because he suffered few challenges, his notions had a strong influence on psychiatry and criminology.

When he was professor of forensic medicine at the University of Turin, Lombroso established the Archive for Psychiatry, Anthropology and Criminal Science. He allowed the public to see it in 1884. Thereafter, he set up conferences among his growing body of colleagues, and in 1892, his years of collecting exhibits paid off with the opening of the Museum of Psychiatry and Criminology.⁹ It was the first of its kind, and others grew up around Europe based on his model.

Key to his success was his access to the criminally insane, and among Lombroso’s patients was twenty-two-year-old Vincenz Verzeni. This patient was accused of two murders, including the shocking mutilation of a girl whose intestines had been torn out. A third woman had survived a similar assault and had identified Verzeni as the perpetrator. Since the attacks were so violent, and since pieces were missing from the corpses, Lombroso examined Verzeni’s skull. No one was surprised to learn that his cranium was asymmetrical or that his ears were defective and the right one was smaller. More interesting, he had oversized genitals. This man was clearly depraved.

Verzeni admitted to the crimes and offered lurid details: the murders and mutilations, he said, had aroused him. In fact, he’d been fantasizing about such assaults for a while. He especially enjoyed putting his hands around someone’s neck, he said, and sometimes he played a dangerous game: he would throttle and rape a woman or girl, and if he had an orgasm before she died, he let her live. If not, she died. He also participated in certain postmortem activities, such as drinking blood or ripping parts off a corpse to keep or consume. He declared that, for him, the impulse to maim and kill was irresistible.¹⁰

Lombroso studied Verzeni closely and concluded that there were signs of degeneracy in the arrested development of the right frontal bone in the skull. There were also indicators for degenerate behavior from Verzeni’s ancestry. He was a classic born criminal. The *Washington Post* ran an article in 1907 that described this case and noted that European sociologists and penologists considered crime to be a disease. They expected surgeons, “remedies,” and hospitals to eventually replace prisons and the gallows.

In other words, at this time, society perceived psychiatrists as educated professionals with an accurate interpretation of human behavior.

Yet it was a French pathologist, Alexandre Lacassagne, who first urged offenders to tell their stories, instigating what he called “criminal autobiographies” and developing a theory about social criminality that undermined Lombroso’s body-based notions. No one followed up on Lacassagne’s work until decades later, when Karl Berg interviewed Peter Kürten.

During the early twentieth century, there were few extended analyses of extreme offenders, and they were considered quite bold. Besides Berg’s work on Kürten, serial killer Carl Panzram analyzed himself in a book-length autobiography, drawing the interest of psychiatrist Karl Menninger, but the sensational case of Albert Fish in the 1930s truly demanded the sustained evaluation of a competent professional. Dr. Fredric Wertham took up the challenge. Fish was a demented deviant with an amazing number of paraphilias who cannibalized a child and described the erotic experience to the dead girl’s mother. Given his numerous oddities, including self-flagellation, he was a natural subject for study. Wertham applied a Freudian interpretation, which was in vogue at the time.

This psychodynamic approach to criminal behavior, based on blaming the mother (or the most involved caretaker), remained widely accepted into the 1960s, when Marvin Ziporyn befriended mass murderer Richard Speck, who’d killed eight nurses in Chicago in a single night. While Ziporyn, too, thought Speck’s upbringing was overly maternal, he also considered research in brain disorders. This was a unique angle for criminal assessment.

Yet the concept of psychopathy—the remorseless manipulator with no particular motive—had been evolving according to changing fashions in the professional community. In 1941, Dr. Hervey Cleckley published *The Mask of Sanity* to lay out the basic traits and behaviors of a psychopath, including manipulativeness, irresponsibility, self-centeredness, and a lack of empathy or anxiety. The psychopath was also more violent, more likely to recidivate, and less likely to respond to treatment. This was not a mental illness; it was a character disorder, showing up in varying degrees in many of these extreme offenders. By the mid-twentieth century, they seemed to be getting either bolder or more numerous.

With rising murder rates during the 1960s, the FBI expanded its jurisdiction. At the FBI Academy, founded in 1972, several agents taught ideas from psychology and sociology. Special Agent Howard Teten offered a course in abnormal psychology and applied criminology, which became the basis for founding the FBI’s Behavioral Sciences Unit and its method

of behavioral profiling in cases of serial murder. Interviews with convicted murderers were entered into the Violent Criminal Apprehension Program database, and to reinforce their investigative analysis with science, the agents utilized the work of criminal psychologists who had applied theories to serial offenders. Among them were Donald Lunde, James Brussel, and James Melvin Reinhardt, all of whom appear in the following chapters. The FBI also utilized the Psychopathy Checklist, a diagnostic instrument developed during the 1970s by prison psychologist Robert Hare.

Recognizing the need for a systematic approach that also acknowledged the uniqueness of individuals, mental health experts continued to study extreme offenders. For a better handle on assessment, Dr. Michael Stone devised a Scale of Evil with which he assigned a hierarchy of scores to progressively evil acts, while other experts balanced their interviews with the latest findings from brain research.

Collectively, psychologists and psychiatrists who have used their training and skills to probe the minds of the most extreme murderers have retrieved important information about motives, pre- and postcrime behavior, fatal fantasies, mental rehearsal, compartmentalized personalities, and the role of mental disorders. At times, their theories thwarted their goals, but with a set of offenders whose behaviors have been consistent from one case to another, it's been possible to isolate recurring conditions and factors. From the first person who believed a criminal had insights to offer to today's technological approach, much has been learned about how and why some people commit shocking acts of violence. Collecting this type of research in one place can assist us to refine our approach for the future. So, let's return to Alexandre Lacassagne.

Joseph Vacher and Alexandre Lacassagne

1

The violated body of a young shepherd named Victor Portalier lay naked in a field on August 31, 1895, his belly ripped open. Those who discovered him thought it was a wolf attack, the bane of sheep herders there in southern France, but his unclothed state startled them. Within moments, the police had fanned out to search the area. A gendarme on a bicycle spotted a young man in tattered clothing walking along the road, so he ordered him to produce identification. Upon learning with delight that this wanderer had once been in his own former military regiment, the gendarme relaxed and asked if he'd seen any suspicious characters; another military man, he thought, would certainly be alert to unusual behavior. The young man readily described a figure fleeing across a field a mile to the north. The gendarme thanked him and left, inadvertently allowing the charming killer to continue on his way.

An examination of the murdered shepherd revealed wounds from both a knife and a razor, while bruises on his neck indicated that he'd been strangled. There was also evidence of sexual violation. Although the police in this area did not yet know it, this attack was but one more in a string of similar such murders around the French countryside over the past year. Because the murders were in different districts, no one had yet linked them. Most had been in rural areas, targeting young men or women herding sheep, although the marquis of Villeplaine had been killed while walking in his park, his throat slit open. Because his coat and pocketbook were missing, it was presumed that a thief had targeted him. However, there were no leads for running down a suspect. Some journalists offered a disturbing idea: only seven years earlier in London, Jack the Ripper had gutted half a dozen prostitutes, and he'd never been caught. England was just over the channel. Perhaps "Jack" had traveled.

The series of murders in France seemed to have begun on November 20, 1884, when a killer strangled, stabbed, and mutilated a thirteen-year-old girl. The same thing happened the following May to a young woman.