

Dissociative Identity Disorder Theory Explaining Serial Murder and Murderers

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Abstract

Serial murder is globally prevalent but mainly in the United States. The 1980s saw many explanations to this phenomenon. The fact that 80% of all serial murderers are psychologically and legally sane raised many theories in biology, psychology, and even sociology to explain this phenomenon. Take, for example, Freudian theory on the weakness of the superego, anti-social personality disorder, narcissism theory, and so on. The problems with these theories were twofold: They suffer from the inability to test empirically, or they did not fit the common definition of serial murder. This article presents the current theory explaining serial murder and murderers. Opposing former theories, this theory tested in laboratory conditions (magnetic resonance imaging, handwriting analysis, and eyesight test). In addition, this theory could explain each component of serial murder definition. But despite the dissociative identity disorder theory's force in explaining serial murderer, it also suffers some shortfalls.

Keywords: Serial murder; Psychological theories; Dissociative identity disorder

Introduction

In 2005, Fox and Levin presented new research in which they claim that from 1900 to their research at the time, only 558 serial murderers operated in the US, and the number of victims in this period was 5,650 people. That is, the average number of victims per year comes close to 60, calculating to an average of roughly 10 victims per serial murderer. The debate on the proper definition for serial killing continues today [1-5]. A serial murder is a series of at least three murder cases performed by the same murderer (or murderers) over months and years. The murder cases stand separate from one another in time and number of victims, and can take place in one location or in several locations. Only one victim is murdered in each event, the motive for murdering repeats itself in all cases, and it can be for the sake of psychological benefit, which stems from pathology or for the sake of material benefit. The way of operation is usually similar in all cases, but can be changed deliberately to make it difficult for law enforcement authorities. In most cases, a fantasy precludes the murder each time [6].

Psychological Explanations of Serial Murder and Murderers

While just one-fifth of serial murderers have a history of mental illness, and with the inability to attribute this phenomenon to sane people, psychiatry remains the dominant model to explain serial murder [7]. The fact that serial murderers are aware of yet uncaring toward their reality and their deeds, raised many attempts to apply psychological theories to explain serial murder. The most salient theories in this area were anti-social personality disorder and narcissism theory [8-11]. The facts that the serial murderer is seemingly sane and serial develop and promote the idea that he lacks a conscience. The characteristics of lack of regret and feeling of guilt together with egoism, narcissism, and lack of conscience led scholars to use and apply the abovementioned theories. But in doing so, they tended to ignore some major components of the serial murder definition [6]. For example, if a serial killer aims to obtain satisfaction, why is there a "cooling-off" period between his murders, sometimes for weeks, months, and even years? If the serial murderer does not feel guilt, why does he change his behavior to a normative one during the cooling-off periods?

Another main characteristic in serial murder is the preliminary fantasy of the murder. None of the theories mentioned addresses this important component. Not one theory explains either the reason for morbid fantasies or why the murderer turns his fantasy into reality. For these reasons, the psychological explanations leave many questions without a proper answer and raise even more questions.

DID: Dissociative Identity Disorder in Explaining Serial Murder

In the past, dissociative identity disorder was called multiple personality disorder—a dissociative condition is a state that can be absolutely normal, and most of us experience it in daily life. For example, when a person reads a book that fascinates him, we may say that beyond being concentrated on the content of the book, the reader dissociates himself from his personal and external environment, from his needs, his feelings and sense of time. This reader would suddenly distinguish that the sun has set already, that his leg "fell asleep," that the weather has become cool, or that he is hungry or thirsty. His dissociation was the reason he was unaware of these changes. When he comes out of the state of dissociation, he pays attention to all these phenomena, but that "diving" into the book stops because he cannot experience these two conditions at the same time. Psychiatrists call this state a normal state of dissociation or detachment [12].

But a dissociative state might become pathological, and this is what is important for our discussion. According to Van der Hart, Nijenhuis, and Steele (2005), a trauma is defined as a subjective response of the individual or the victim, and it is not a derivative of the quality of the event that caused it [13]. The trauma has to do with a void of the pre-traumatic personality structure that interrupts the development of a cohesive and consistent personality structure in children. The

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scholars claim that in every individual there are two operating states: one intended for daily functioning while the other for defensive acts as a response to a threat. They differ from one another, and at a time of threat, the daily life operating state would not respond. But in order to create a cohesive personality continuing a sense of self, there must be some kind of integration between the two states. The assumption is that such integration would fail when the individual is in a state of extreme stress, which decreases his integrative capability. Such a state can stem from physical and sexual abuse, as well as from the lack of attachment to meaningful others. The outcome is an alternate shift between daily functioning and preventing situations that might arouse the trauma and re-experiencing the traumatic event. In other words, a disconnection is established between the two states, and there may be even a disconnection within each one of them. The result can be a different perception of the self in the dissociative parts, including viewpoints and beliefs highly different from those that exist in the “neutral” (the “normal”) personality. The scholars report of a situation in which a woman was aware of two different viewpoints in her relationships with other people, but she could not do anything to change this situation. That is, there is evidence to suggest awareness among the dissociative parts, and it depends on the extent of dissociation.

The conclusion is that a dissociative situation enables the individual to function regularly in daily life when the trauma endured does not damage his capability of conducting normal life. The situation in a mechanism of suppression is different. In this case, the individual avoids, consciously and unconsciously, exposure to unpleasant trauma experienced in his life. In a state of dissociation, the individual shifts between the different identities. This is a pathological situation, because there is disconnection from the “neutral” identity. In addition, unlike a state of suppressing an event, in a dissociative state the “other” identity has a life of its own. Experiments under MRI testing found that when the individual shifts from the “neutral” identity to another one, other centers in the brain start operating, the sensorimotor reactions are different, with changes in both systems of cognition and emotion. Moreover, findings showed handwriting changes, as well as sight quality. These findings are unequivocal empirical evidence of the existence of another identity or identities independently existing and disconnected from the neutral identity.

We can summarize by saying that following a trauma or hard life circumstances the individual may establish at least two identities. One identity, a central one, receives a few labels from the scholars: apparently normal personality (ANP); neutral identity states (NIS); neutral personality state (NPS). They refer to the part of the personality responsible for the normal functioning of the individual in daily life (with family, at work, and so on), through operating a censorship—blocking access to the traumatic memories or supervising them. The label “neutral” in reference to the identity of the individual is slightly problematic [13-16]. At the same time, there appear other identities or personality parts in a dissociative state. These parts or identities include the traumatic memories, or react to the trauma in different ways. This identity received a few labels: emotional personality (EP); traumatic identity states (TIS); traumatic personality states (TPS). A dissociative disorder allegedly includes three components: fantasy, dissociation, and compartmentalization. Compartmentalization means lacking awareness of the other identity’s existence (unproved) or, alternately, a state in which the elements of one identity do not penetrate the other, or at least there is an attempt to block this part in the individual’s personality [10].

Fantasy defines as a process in which the individual tries to achieve

satisfaction by being involved in imaginary actions he cannot or does not dare to execute in reality. Fantasy enables the individual to experience feelings of hatred and bitterness and other negative feelings while being dissociated from the moral aspects of his thought. Coming out of fantasy might cause the individual a sense of disappointment or frustration, because then he returns to the painful, depressing, or hollow reality from which he tried to escape through fantasy. Furthermore, since the individual has no tools of coping with the harsh reality, it is probable he would tend to escape repeatedly to the fantasy world created. This is why fantasy might become pathological when it receives an increasingly higher level of “reality,” or a desire to materialize it in reality [17]. The outcome of these processes is a “dual identity”: One identity relates to daily reality and to people with whom the murderer regularly associates. The second identity is a “secret identity,” where aspirations of power and control in relation to others can be expressed, together with the fantasies he has about his self and others. An attempt to illustrate a situation like this appears in the movie “Dr. Jekyll and Mr. Hyde,” although in this case, the secret identity was uncovered to the spectators theatrically. There is a constant dynamic between the two identities within the individual. We described how the individual escapes to and from the world of reality and fantasy. But beyond this, one identity is suppressed by another identity: At the time of fantasy, the real world is suppressed because it disturbs the fantasy, which cannot be normative. On the other hand, fantasy suppresses the real world in which the individual experiences hardships, pain, and so on. Here is the evidence of awareness, but a certain compartmentalization is kept between the two identities presented in the theory.

The discussion that interests us in the context of serial murderers is the identity or the part that dissociates from the personality. Serial murderers describe it as a “shadow” or as “the dark side” in their personality. This identity can serve as a refuge from those memories or harsh circumstances, but beyond this, it can also provide the individual with an inner world unlimited by moral or social norms, and this is the point of pathology concerning this process. The linkage between sociology and psychology enables us to explain the violent contents residing in the dissociated identity. My claim is these contents do not stem only from murderous motives developed in the individual because of great fury but stand influenced by the violent sociocultural environment of the murderer. Carlisle (1998) shows interest in the connection between this disorder and serial murderers [8,18]. He argues that just as those who suffer from dissociation disorder do not define as psychotic, the same applies to serial murderers who suffer from it. Moreover, the fact that there are two different identities among serial murderers—functioning at high and regular levels and committing horrible murders at the same time—points to the possible existence of two identities detached from each another, although they may be aware of each other. Let us take the case of Ted Bundy as an example, considered one of the most severe serial murderers. Bundy terminated his college studies, went on to study law, and achieved good results. He worked as a help-line phone assistant, and even volunteered for the election campaign of a senator. Yet at the same time, he murdered many women.

Reinders et al. (2006) claim that those suffering from the abovementioned disorder learn to establish an oscillation between the two states of identity in a controlled way, opposing previous claims that these individuals carry on with no control to and from their dissociative identities [6]. Van der Hart’s words consolidate a perception that these identities are indeed well aware of each other [16]. According to Carlisle (1998), there is no equality or balance between the two identities [8]. The fantasy identity would overpower the real one, and

this happens for two reasons: (a) the fantasy identity means to meet the strongest needs of the individual, and therefore becomes dominant; (b) the real-normative identity experiences guilt feelings that come from the thoughts and fantasies of the fantasy identity. The individual who experiences guilt feelings represses the normative identity more and more, after having realized that it is difficult for him to repress his fantasy identity, especially when it helps him emotionally. The dissociation between reality and fantasy and the dynamics between the identities continue their existence for a long time. As far as serial murderers are concerned: (a) the serial murderer continues functioning normatively after the murder, going to work and maintaining his family life; (b) while we would expect that the fantasy would make him go on murdering continuously, it does not happen because the normative identity is the dominant one after the murder until the next one. The scholar tries to explain these points later in his theory.

Carlisle (1998) claims that the serial murderer repeatedly runs a scenario through his imagination in which he murders and, at a certain stage, he might go beyond the fantasy world into the real world where the imaginary murder becomes real [8]. The scholar argues that in suitable circumstances, the murderer would materialize the murder automatically after having “trained” for it in his imagination over a long period. I have two comments on this argument: Serial murderers usually do not operate automatically and impulsively, as if driven by the devil. Most of them operate in a planned and organized way. Moreover, the scholar does not bother to explain the critical point of the shift between a murder in fantasy and a murder in reality. It is unclear what he means by the words “in suitable circumstances.” Does he mean an where he removes a normative block that enables him to murder? My claim is that while fantasy provides relief and excitement to the serial murderer for a certain period, one can compare these feelings to the feeling a drug user experiences from taking drugs. At a certain stage, the psyche develops tolerability to the fantasy imagery, up to the point where the individual cannot feel the same excitement he used to feel in the past, and therefore wishes to materialize his fantasy in reality. My second claim is that from the moment when the serial murderer neutralizes societal influence or the normative identity influence by using techniques of neutralizing guilt or defending the self, no normative block would hold him from committing the murder.

Carlisle (1998) claims that after the murder, the murderer may dissociate the event partially or fully from his consciousness: His thought returns to the normative identity and he experiences surprise, guilt, and despair. This is how Bundy describes his deeds, in the third person, when he speaks about the experience after the murder:

What he did frightened him and he was full of regret... he started crying. After the first time... he swore to himself that he would not do such a thing again, or something that would lead to it... for months the impact of the event dwindled slowly and lost its deterring value, and within three months, he withdrew to the old routine [fantasies that led to another murder] [8].

The scholar explains the cooling-off period between one murder and the next as the individual's struggle against the dissociated identity with the murderous contents, like the struggle against addiction, while trying not to return to the same excitement and fantasies that led him to commit a murder the first time. But since the murder did not solve his problems and feelings, and the impulse again to feel the power and control he experienced in the first murder becomes stronger, it is expected that the murderer again would give in to this impulse and murder, and then again would feel guilt, and would enter a cooling-off period, and so on. Since the murderer feels self-hatred following

the deed, he defends himself through idealization of the pathology by positioning himself at a level with God, worshiping his self-images. According to Carlisle, to be divine means to be clean of sin and hence guiltless.

In this context, the scholar refers to serial murder as some kind of obsessive addiction, like an addiction to drugs, when the murderer must, due to his addiction, escalate his actions by committing murders at an increasing frequency. In the same way, if he acts out of a sadistic motive, he would escalate his behavior. There is room for comparison the scholar conducts between a serial murder and addiction to drugs, although it may influence the afore-mentioned ideology. But we may see the murder from a different point of view: In the murderer's fantasy world, he is the main actor. He has in his mind the detailed scenario he memorized by heart in his fantasies, and at the same time there is a second key-actor in the situation, the victim. But since the victim is not aware of the scenario, he cannot behave as is expected of him. As a result, the murderer feels disappointment and even frustration from the comparison between his feelings during fantasy and his feelings during the murder and afterwards. This can be a significant reason for repeating the murders aiming to materialize the fantasy verbatim. But this is useless, since reality forever differs from fantasy.

The central criticism of this theory is that it is not exhaustive and exclusive. It suits part of the serial murderers, especially those motivated by a sexual and sadistic fantasy, as the scholar himself testifies. It does not suit all serial murderers who are motivated by hedonistic motives of material benefit. On the other hand, this theory can explain a variety of criminal deeds that are not related to serial murder, mainly according to the positivist approach in criminology. The murderer “is not guilty,” but there are forces that push him to do it. In our case, it is fantasy. Nevertheless, that “other identity” that exists in the murderer, pushing him to murder repeatedly, does not serve as an excuse or a justification for insanity, and therefore the murderer is responsible for his deeds legally and psychologically, especially, as he knows, according to the scholar, how to distinguish between good and evil. Another criticism of this theory is much more meaningful theoretically and empirically speaking: Why is it that among most people, day dreaming and fantasies can be a convenient and non-pathological niche for a temporary escape from a harsh reality, while among serial murderers this normal phenomenon of fantasy becomes pathological and fatal? The theory does not answer this question. We should bear in mind that this theory was not formulated for serial murderers, but we conclude from it and can apply it in relation to this issue. Hence, the theoretical answer can be highly complicated psychologically. There are people who, although they have gone through a severe trauma, repress it and go on with their lives even if they suffer from psychological scars, while others whose personalities do not enable them to cope with the traumatic memories, develop a dissociative identity in order to manage. In spite of the negative criticism, one has to remember that this theory is one of the only psychiatric theories that has an empirical confirmation in the laboratory, and we have seen how it is expressed among serial murderers. For this reason, one can accept it to a certain extent in the theoretical explanations to serial murder. Holmes and Holmes (1998) summarize the knowledge in the psychological field in a similar way, as they refer to the biological field by saying:

Even today, there is no absolute or simple answer to the question what makes people murder over and over again, and even today the etiology for it is unknown [10].

I think this statement expresses the frustration of the fact that no one theory can explain all kinds of serial murder and murderers.

Nevertheless, there is no basis to disqualify all the given explanations. Since we deal with a very complicated phenomenon that is finally expressed by individuals, it seems that some explanations could explain part of the phenomenon. In addition, one should bear in mind that a serial murder is not a homogeneous phenomenon: There are different types of serial murders, and in each type, there is a variety of individuals. For this reason, Holmes and Holmes (1998) suggest to look at the phenomenon of serial murder and murderers from another viewpoint [10]. According to them, one should not ask what the characteristics of all serial murderers are, but rather examine the benefits they achieve from committing the serial murder. Their intention is that while they, a minority of the murderers, act so because they are psychotic and hear voices instructing them to commit the murder; others do it for a material motive or a sado-sexual motive. In this way, the scholars assume that we could arrive at a theoretical and empirical generalization in relation to different groups of serial murderers, and, by so doing, they negate the approach that there is an all-encompassing theory which can explain all serial murder cases, although they did not refer to the integrative model that incorporates several theories. It is important to mention that publication of Holmes and Holmes' book came before the development of the dissociation theory, but there is no later reference on their part to address this theory.

Summary and Conclusions

Serial murder and murderers are relatively rare but promote public fear of crime. Many psychological explanations tried to explain personality traits among these murderers since the topic started to the interest of the science community. The problem is that either the theoretical explanations did not properly address the serial murder definition, or some of the explanations raised more questions than answers. One of the most prominent theories to explain the serial murderer and murder is the DID theory, tested in laboratory conditions, showing empirical evidence for its arguments. Far better than other theories, this theory better explains the cooling-off period, the transition from fantasy to action and the fact that most serial murderers may be the neighbor next door, who works, is active, and even has a family life, without raising suspicion to his lethal behavior. But although this theory has its advantages, it also has some shortcomings when it comes to explaining the complexity of human behavior. We must remember that the environment affects human behavior; individuals do not exist in a social and cultural vacuum. Powerful surroundings affect and shape his personality, his habits, his conscious and behaviors. The most salient proof for this statement is the fact that serial murder and murderers in

the US are much more common than in other countries. The conclusion is that in order to explain the serial murder phenomenon, we must build a theoretical and empirical integrative model that addresses each component.

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