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To the Graduate Council:

I am submitting herewith a dissertation written by Tedra Elise Jamison entitled "The Homicidal Narcissist." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

Leonard Handler, Major Professor

We have read this dissertation and recommend its acceptance:

Debra Baldwin, John Lounsbury, Lois Presser

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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Lois Presser

Accepted for the Council:

Anne Mayhew
Vice Chancellor and
Dean of Graduate Studies

(Original signatures are on file with official student records.)

THE HOMICIDAL NARCISSIST

A Dissertation

Presented for the Doctor

of Philosophy Degree

The University of Tennessee, Knoxville

Tedra Elise Jamison

August 2005

DEDICATION

This dissertation is dedicated to my mother, Theora, my father Theodore, my sisters Tema and Tammara, my brothers Keith and Alan, my aunts Marion and Jo, my cousin Kimalishea, my niece Jasmine, my nephews Jabari and Jahlani, my great-niece Ajaya, and my soon-to-be nephew Kohl. Thank you for always encouraging me when my spirit was fading, supporting me when my soul was weary, and believing in me when I doubted myself. You all were such an anchor for me when I needed you most, even little Ajaya's sweet smiles. I especially want to thank my mother for carrying me on your shoulders when I couldn't stand alone. I would also like to thank my steadfast friends who have helped me to persevere and encouraged me to see the person that they knew was inside me. Allison Caban-Holt, Gary Holt, Roger Holt, Pamela King, Deneen Crandell, Tanika Yancy, Marcus Caldwell, Jason Maxwell, Katina Henderson, Kenyetta Mallory, Darin Clark and Janet Carnes; I thank you all for helping me to understand the true meaning of friend, that true friends are family.

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ABSTRACT

Personality type and murder have been linked via several studies on Sadistic personality disorder, Antisocial personality disorder, and psychopathy. The present study focused on the relationship between Narcissistic personality disorder and homicidal propensity. The relationship was examined using a sample of 490 inmates of the Colorado Department of Corrections. The subjects specific to this study were 215 inmates convicted of homicidal crimes including manslaughter, first degree murder, second degree murder, and second degree murder-crime of passion. A control group of approximately 275 inmates was included. The control group consisted of a random sample of crimes with the exception of homicide. Elevations on the Narcissistic, Sadistic, and Antisocial indices of the Millon Clinical Multiaxial Inventory-III were expected from the homicidal subjects. Results showed small but significant differences were found between minorities and whites on years of education and IQ. Significant differences were between the crime-groups on years of education and age. In terms of validity, both the Desirability (raw score $p = .00$) and Debasement (raw score $p = .02$) modifying indices distinguished significantly among the Murder and Nonviolent groups. In relation to personality and crime committed, the Nonviolent (mean BR = 68) offenders scored significantly higher on the Narcissism scale than the Other Violent (mean BR = 66, raw score $p = .04$) and Homicidal offenders (mean BR = 66, raw score $p = .02$). No significant difference was found between the crime-groups on the Sadistic or Antisocial scales. Significant differences were found among the crime-groups with the Schizoid and Dependent scales. A discriminant

function analysis was also conducted to determine which variables predicted membership in the Nonviolent, Other Violent, and murder groups. No predictors were found.

TABLE OF CONTENTS

	Page
CHAPTER	
I. INTRODUCTION	1
Murder and Personality	2
Psychopathy and Homicide	4
Antisocial Personality and Homicide	6
Sadistic Personality and Homicide	7
Narcissistic Personality and Homicide	9
II. HOMICIDAL PROPENSITY AND PSYCHOLOGICAL TESTING	12
Homicidal Propensity and the Rorschach	12
Homicidal Propensity and Personality Testing	18
Rationale	28
Current Study: The Homicidal Narcissist	30
- Hypotheses	30
- Methods	30
- Subjects	30
- Measures	33
III. RESULTS	37
IV. DISCUSSION	43
Limitations of Study and Implications for Future Research	52
REFERENCES	53
APPENDIX	64
-Tables	65
VITA	81

LIST OF TABLES

Table	Page
Ia. Years of Education of Minorities and Whites	65
Ib. Ages of Minorities and Whites	65
Ic. IQ scores of Minorities and Whites	66
IIa. Years of Education of Crime-groups	66
IIaa. Comparison of Years of Education of Crime-groups	67
IIb. Ages of Crime-groups	67
IIbb. Comparison of Ages of Crime-groups	68
IIc. IQ scores of Crime-groups	68
IIcc. Comparison of IQ Scores of Crime-groups	69
IIIa. Raw (BR) Desirability Scale Scores of Crime-groups	69
IIIb. Comparison of Raw (BR) Desirability Scale Scores of Crime-groups	70
IVa. Raw (BR) Debasement Scale Scores of Crime-groups	70
IVb. Comparison of Raw (BR) Debasement Scale Scores of Crime-groups	71
Va. Raw (BR) Disclosure Scale Scores of Crime-groups	71
Vb. Comparison of Raw (BR) Disclosure Scale Scores of Crime-groups	72
VIa. Raw (BR) Narcissitic Scale Scores of Crime-groups	72
VIIb. Comparison of Raw (BR) Narcissitic Scale Scores of Crime-groups	73
VIIa. Raw (BR) Antisocial Scale Scores of Crime-groups	73
VIIIb. Comparison of Raw (BR) Antisocial Scale Scores of Crime-groups	74
VIIIa. Raw (BR) Sadistic Scale Scores of Crime-groups	74

VIIIb. Comparison of Raw (BR) Sadistic Scale Scores of Crime-groups	75
IXa. Raw (BR) Schizoid Scale Scores of Crime-groups	75
IXb. Comparison of Raw (BR) Schizoid Scale Scores of Crime-groups	76
Xa. Raw (BR) Avoidant, Depressive, Dependent, Histrionic, Compulsive, Negativistic and Self-Defeating Scale Scores of Crime-groups	77
Xb. Comparison of Raw (BR) Avoidant, Depressive, Dependent, Histrionic, Compulsive, Negativistic and Self-Defeating Scale Scores of Crime-groups	78
XIa. Discriminant Function Analysis of Crime-groups by Personality	80
XIb. Discriminant Function Analysis Predictions of Crime-groups by Personality	80

Chapter I

Introduction

“ He was a murderer from the beginning, not holding to the truth, for there is no truth in him. When he lies, he speaks his native language, for he is a liar and the father of lies.”

(John 8: 44)

The mind of the murderer has been an elusive enigma since the time of Cain and Abel. While murder is a subject often examined, the core issues remain a mystery. Many have strived to understand how one can be motivated to commit murder, what some think to be the most heinous of crimes. At present, our only means of identifying this type of personality is after the crime has been committed, after someone has already been killed, however, this study will explore the possibility of predicting homicidal propensity via personality indicators.

It has been well identified that murder is related to mental illness (Nestor, Kimble, Berman, and Haycock, 2002; Putkonen, Collander, Honkasalo, and Loennqvist, 2001; and Eronen, 1995). However, very few homicides are committed by severely mentally ill or psychotic individuals (Shaw, Appleby, Amos, McDonnell, Harris, McCann, Kiernan, Davies, Bickley, & Parsons, 1999). The actual link between mental illness and murder appears to be, in part, due to personality or characterological disorders. In other words, one's propensity towards murder is related to one's personality traits, not one's psychotic state.

The problem with this finding is that the specific personalities that may be indicative of violence have not been clearly delineated. Ascertaining the underpinnings of murder is important to risk assessment and violence including law enforcement, correctional environments, and mental health settings.

Overall, homicide and violent behavior have been linked to personality disorders in general (Cartwright, 2002; Karsvnie, Lazcano de Anta, Rigazzino, and Saade de Alonso, 2000; Kudryavstev and Ratinova, 1999; Putkonen, et al., 2001; and Shaw, et al., 1999), borderline personality disorder (Putkonen, et al., 2001) , sadistic personality disorder (Meyers and Monaco, 2000), antisocial personality disorder (Bourgeois and Benezech, 2001; Eronen, 1995; and Woodward and Porter, 2000), and psychopathy (Nestor, et al., 2002 and Woodworth and Porter, 2002). However, relatively little research has examined the relationship between narcissistic personality disorder and murder. The current investigation will examine narcissistic personality disorder and how it relates to homicidal behavior, thereby expanding the current knowledge about murder.

Murder and Personality

Examination of the research literature on murder and personality reveals a noteworthy connection between homicide and personality disorders. Cartwright (2002) did a review of current research pertaining to psychopathology and rage-type murder. He found that rage-type murder is not related to psychotic illness, but is linked to personality/characterological disorders. In essence, murder is more common in individuals with a personality disorder, such as antisocial personality disorder, rather than in individuals with a psychotic illness, such as schizophrenia.

Kudryavstev, et al. (1999) studied the psychological aspects of criminal homicidal aggression. The subjects were 18-49 year-old male Russian murderers. They identified five types of aggression based on an analysis of the murderers' criminal behavior, their psychological structure, the dysfunction of their self-control mechanisms, and their different personality characteristics.

Putkonen, et al. (2001) studied 125 women convicted of murder. They found that two-thirds (42 out of 77) had been diagnosed with a personality disorder. Most of these were Cluster B personality disorders, including antisocial personality disorder, narcissistic personality disorder, and borderline personality disorder. Shaw, et al. (1999) conducted a national clinical survey to estimate the rate of mental disorder in those convicted of homicide. The researchers examined 718 cases of homicide between April 1996 and November 1997. Out of the 500 with retrieved psychiatric reports, more than half had a lifetime history of mental illness (220 total) and symptoms of mental illness at the time of the homicide (71 total). Out of the 220, one of the most common diagnoses was personality disorders (47 cases, 21%). As is apparent from the research reviewed thus far, personality disorders are an important link to murder. With that in mind, this study will examine the specific personality characteristics that are said to be associated with homicide and concentrate on the parallels between the main personality types that have been identified as integral to murder, with a specific focus on narcissistic personality disorder.

Psychopathy and Homicide

In a study of psychosis, psychopathy, and homicide, Nestor, Kimble, Berman, and Haycock, (2002) found that mentally disordered murderers could be separated into two distinct groups, psychopathic murderers and psychotic murderers. Another study, by Woodworth and Porter (2002), examined the relationship between psychopathy and characteristics of criminal homicides. The specific characteristics examined were differences between instrumental homicides and impulsive homicides. Instrumental homicides are committed in a “cold-blooded” fashion, with premeditation, or driven by goals instead of affect. In contrast, impulsive homicides are committed in an affect driven fashion, which is predominantly reactive and spontaneous. The study showed that homicides committed by psychopathic individuals were significantly more instrumental than homicides by non-psychopaths.

Murphy & Vess (2003) conducted a study of male patients at a maximum security forensic hospital. The researchers found four subtypes of psychopathy. They describe psychopathy as a personality disorder in which “the individual displays a lack of conscience, seeks self-gratification at others’ expense, is emotionally detached, and generally leaves a path of destruction in the wake of their interpersonal relationships.” (p. 12-13.) The four subtypes maintain these same psychopathic characteristics, but add features of each personality disorder. The narcissistic variant includes grandiosity, entitlement, and callous disregard for the feelings of others. The borderline variant features affective instability and self-destruction. The sadistic variant involves deriving pleasure from the suffering of others. The antisocial variant exhibited criminal behavior, impulsivity, poor behavioral controls, need for stimulation, and parasitic lifestyle.

John Douglas, the leading expert in criminal personality profiling, puts forth the best statement concerning psychopaths and their attitude towards murder in his book Journey into Darkness (1997). He remarks, “ ... murder- a premeditated act willfully committed by a sane individual with a character disorder such that, while he knew the difference between right and wrong, he wasn’t going to let that moral distinction get in his way.” (p. 9). Not all murders are premeditated, but this sense of entitlement is clearly an important element in the psyche of the murderer.

Robert Hare has been studying psychopathic individuals for 25 years. His research on psychopaths is useful in assessing violence risk. He states that psychopathy and Antisocial Personality Disorder (ASPD) are so closely linked that many find the distinguishing line between the two labels is often blurred. Hare (1996) emphasized the importance of the distinction between the two disorders. He discussed a 1992 FBI report concerning killers of law enforcement officers. The report suggested that the killers’ characteristics were antisocial. He defined antisocial as “sense of entitlement, unremorseful, [being] apathetic to others, unconscionable, blameful of others, manipulative and conning, affectively cold, disparate understanding of behavior and socially acceptable behavior, disregardful of social obligations, nonconforming to social norms, irresponsible.” (p.1). Hare felt that this description included the behavioral qualities of antisocial personality disorder and the affective and interpersonal traits of the psychopath, essentially merging the two disorders into one.

Antisocial Personality and Homicide

Lack of remorse is a primary characteristic for the personality disorder that is commonly associated with the homicidal individual. The Antisocial personality disorder (ASPD) is defined in the DSM-IV-TR (2000) as “ a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

- (1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
- (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- (3) impulsivity or failure to plan ahead
- (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults
- (5) reckless disregard for safety of self or others
- (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
- (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

The individual must also be at least 18 years old, show evidence of a Conduct Disorder with onset before age 15 years, and the occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode” (p. 291-292).

Michaels (1955) describes people with this type of personality disorder as people who

“... cannot hold their tension, are impatient, and are impelled to act. They feel the urgency of the moment psychologically...” The antisocial personality has been linked to homicide in various studies. (Bourgeois & Benezech, 2001; Eronen, 1995, and Woodward, et al., 2000.) Most murderers with ASPD commit homicide as a means to an end. For example, this type of murderer may kill a partner for insurance money or kill an innocent bystander while committing a property crime. The motivation for the murder is not just due to a threat to the individual’s ego.

Sadistic Personality and Homicide

Meyers and Monaco (1999) conducted a study on anger, sadistic personality, and psychopathy in juvenile sexual homicide offenders. Anger was qualified by the way it was experienced and expressed. Anger experience was measured with the State-Trait Anger Expression Inventory (STAXI) as State Anger (S-Anger) or Trait Anger (T-Anger). S-Anger symbolized anger severity at the time of testing. T-Anger represented angry temperament. T-Anger/T (Angry Temperament) shows the experience and expression of anger when incited, and T-Anger/R (Angry Reaction) calculated dispositional differences when provoked. Anger-In (AX/In) denoted how often angry feelings are held in or suppressed. Anger-Out (AX/Out) indicated how often angry feelings are expressed outward to other people or things. Anger-Control (AX/Con) reflects how often anger expression is checked.

Meyers and Monaco found that Trait-Anger was significantly higher for the homicidal juveniles than was State-Anger. Anger-Control was significantly higher than Anger-Out, implying an effort by the youth to resist their sadistic impulses. Of the

participants who qualified for Sadistic Personality Disorder (SPD), a significant difference was noted, with higher scores on the Anger-Out scale than those without SPD. A marginally significant difference was found on the Trait-Anger scale, resulting in higher scores for the participants with SPD. Psychopathy, as measured by the Hare Psychopathy Checklist-revised (PCL-R), was found to be significantly negatively related to Anger-Control. Sadism was measured by the Schedule for Nonadaptive and Adaptive Personality (SNAP). Millon's Sadistic Personality Disorder and Narcissistic personality disorder (NPD) share personality features, such as insensitivity and, again, interpersonal exploitation (Beauregard & Proulx, 2002). Patients with both disorders utilize interpersonal exploitation to feed emotional needs. The Narcissist exploits others to bolster his ego. The Sadist receives satisfaction from exploiting others by intimidating, dominating, and humiliating. Unlike sadists, narcissists are rarely openly hostile and destructive to personally significant others (Millon, 1996).

Despite the overlapping traits, NPD can be differentiated from the other three personality types due to its hallmark sense of self-importance and uniqueness (Gunderson & Ronningstam, 2001). Because of this strong sense of superiority, any injury or puncturing of this inflated sense of self-worth may lead to dangerous rage, which can, in turn, result in homicidal behavior (McCarthy, 1978). Unfortunately, only a few studies have explored this connection between homicide and narcissistic personality disorder (Cartwright, 2002; Ferreira, 2000; Schlesinger, 1998; and Stone, 1989). The predominant focus of most research in this area is psychopathy, antisocial personality disorder, and sadistic personality disorder. NPD is another personality disorder that may provide insight into the homicidal criminal.

Narcissistic Personality and Homicide

Another characteristic of the murderer is that, for him or her, the act is committed with an air of self-entitlement. In other words, the murderer feels that they are allowed to take the life of another human being and they will not or should not be punished. This hedonistic self-centeredness has led to links between narcissism and homicide.

Narcissistic personality disorder is defined in the DSM-IV-TR (2000) as “a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
- (2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- (3) believes that he or she is “special” and unique can only be understood by, or should associate with, other special or high-status people (or institutions)
- (4) requires excessive admiration
- (5) has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
- (6) is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
- (7) lacks empathy: is unwilling to recognize or identify with the feelings and needs of others

(8) is often envious of others or believes that others are envious of him or her
(9) shows arrogant, haughty behaviors or attitudes. “ (p. 294).

In their chapter on narcissism and the Rorschach, Handler and Hilsenroth (in press) discuss how narcissism can lead to rage, and possibly violence. They state, “Vulnerability to the individual’s self-esteem makes him or her very sensitive to narcissistic injury from criticism or failure. Such patients may or may not show the vulnerability outwardly, but such ‘injuries’ may haunt them often for long period, leaving them feeling humiliated, degraded, shamed, hollow, and empty... the reaction of the NPD individual to such injury may be rage or defiant counterattack.” (p.4). Depending upon the level of narcissistic injury, the narcissist’s defense mechanism may lead to assault or even murder.

McCarthy (1972) connects narcissism with murder when considering homicidal adolescents. He states, “...children and adolescents who murder are not merely lacking in impulse control, acting out of Oedipal guilt, or expressing poorly controlled rage. They are characterized by a vengeful narcissistic rage expressed through violent acts as attacks on a poorly integrated part-self object. Deprivation and rejection by early objects provide the framework for narcissistic disturbances in homicidal adolescents.” (p. 21).

Otto Kernberg (2001) uses the term malignant narcissism to describe a corrosion of the super-ego, antisocial behavior, paranoid features, and the psychopathic personality in which the super-ego is completely extinguished (Siniscalco & Kernberg, 2001). In essence, a person with malignant narcissism displays an impulsive, paranoid, and hedonistic attitude in general and frequently engages in criminal thinking. The term

malignant narcissism is stated to be a subtype of antisocial personality disorder (Geberth & Turco, 1997).

Stone (1989) utilizes the biographies of 300 notorious murderers to construct a scale of malignant narcissism, which he describes as a “pathologic personality characterized by the coexistence of marked narcissistic and antisocial traits” (p.644). Psychopathic people, people with ASPD, and people with NPD all share this sense of entitlement, interpersonal exploitation, and a lack of empathy (Murphy & Vess, 2003).

Chapter II

Homicidal Propensity and Psychological Testing

Homicidal Propensity and the Rorschach

Over the years many people have used projective tests to identify discriminately possible murderers from the normal population based on the personality traits previously discussed. This chapter focuses on the Rorschach and its main constructs that may be useful in the identification process. The interpretations of each construct will be explained and, for those that apply, linked to an existing theory on the etiology and/or cognition of the murderer.

The Rorschach Psychodiagnostic Ink-Blot test is a series of 10 inkblots that are presented to a subject who free-associates to what they see in the blot. This is a projective test, used to assess personality dynamics. Many have tried to ascertain possible predictors of psychopathic orientation using the Rorschach.

Samenow (1976) questions the usefulness of the Rorschach as a valid predictive measurement and refers to frequent controversy over the subject. Despite the controversy, researchers have found a number of links with dangerousness via the Rorschach. The study mentioned earlier by McCarthy (1978) found a link between murderers and Narcissism by using the Rorschach. Gacono, Meloy and Bridges (2000) found this same link in a similar study.

Other researchers used the Rorschach to focus on the relationship between fantasy and murder. A 1989 study by Prentky, Burgess, Rokous, Lee, Hartman, Ressler, and

Douglas found a correlation between serial sexual homicide and fantasy. The study investigated the role of fantasy as a possible internal drive mechanism for repeated sexual homicides. The hypothesis maintained this drive mechanism was “an intrusive fantasy life manifested in higher prevalences of paraphilias, documented or self-reported violent fantasies, and organized crime scenes in the serial murderers.” (p. 887)

Meloy (1992) studied the Rorschach of famed killer Sirhan Sirhan, assassinator of presidential aspirant Robert Kennedy. He found a connection between fantasy and murder. Interpretation of the Rorschach showed a possible rehearsal of the assassination in fantasy. This suggests a possibility of regular fantasy rehearsal before committing a predatory act.

One other factor that is commonly correlated with homicide is suicide, as per Rorschach research. An early study by Lester and Perdue (1972) discovered the color-shading constructs of the Rorschach to be useful in the prediction of inward-directed aggression (suicidality) but not as indicative of outward-directed aggression (homicidality.) A later study by Lester, Kendra, Thisted, and Perdue (1975) resulted in two predictive equations to be used with structural summary units from the Rorschach. The authors created a predictive equation for murderers and a second one for non-murderers. Lester, Kendra, and Perdue (1974) attempted to retest their equations in a later study and validated them with 77% accuracy. Lester (1976) used these equations in his own study on the published protocols of the Nazi leaders in order to categorize them. Twelve of the sixteen were classified as murderers and four as non-murderers. Eleven were labeled completed suicides, two as attempted suicides, and three as non-suicides.

Perdue and Lester (1974) also compared the Rorschachs of black and white murderers to illuminate possible racial differences. No significant differences were found.

The importance of these studies is that they delineate the actual constructs that actually hint at possible predictive factors. Useful indices found in the Lester, et al., (1974) study were FM, FC', C, P%, H%, and the W:M ratio. (See Figure 1 for all Rorschach subscales mentioned in text.) Greco and Cornell (1992) studied adolescents who committed homicide and found a low level of responses. R was the only important indicator of homicidal behavior. A 1974 study by Lester and Perdue produced the same results, but in 1975 they found the S, A, P and m constructs to be essential in their equations used to discriminate murderers from non-murderers.

Craft (1965) published a summary of ten studies of the psychopathic personality. His findings were similar to that of the aforementioned Cornell and Greco study; R appeared to be the only possible predictor. Limited responsiveness seems to be an important indicator, but low R may be due to low IQ or defensiveness toward the testing. In another Lester and Perdue (1973) study the experimenters administered the Rorschach to discern murderers who kill their relatives from those who do not. They concluded that murderers who kill their relatives gave more W responses, fewer FM responses, lower F+% responses, and lower F% responses.

Kayser-Boyd (1993) examined the Rorschachs of 28 battered women who killed their battering spouses. She found low R as well as high Lambda, fewer Blends, low Zf and Zd, simple whole or concrete D responses, more vague Developmental Quality, low X+%, high X-, less M, absence of V and FD, low S, and low T. The situational aspect of these homicides must be taken into account when examining these scores. In the Meloy

1. W (Whole responses): measures ability to organize one's total environment meaningfully.
2. D (Major detail): measures ability to maintain control under current demand or stress situations.
3. S (Space responses): measures oppositional thinking.
4. DQ (Developmental quality): measures willingness and/or capacity to analyze and synthesize the stimulus field in a meaningful way.
5. F (Form): measures ability to perceive things realistically.
6. M (Human movement): measures quality of relationships.
7. m (Inanimate movement): measures thinking ability provoked by situational stress in an uncontrollable situation.
8. C (Color): measures ability to experience emotion.
9. L (All form responses/R): measures defensiveness.
10. EA (Experience actual): measures available resources for efficient decision-making.
11. Adj D (Adjusted D): measures general ability to maintain control under demand or stress situations.
12. X+% (Percentage of good form responses of all determinants with form/R): measures realistic perception and conventionality.
13. F+% (Percentage of good form responses/R): measures ability to perceive things realistically.
14. X-% (Percentage of distorted form responses of all determinants with form/R): measures perceptual distortion.
15. FC' (Form-acromatic color response): measures possible depression.
16. P (Populars): measures conformity/nonconformity.
17. W:M Ratio: measures motivation or effort towards processing material.
18. R (Number of responses): measures productivity or defensiveness.
19. A (Animal): animal content.
20. FM (Animal movement): responses involving animal movement.
21. Blends (Responses involving more than one determinant): measure sensitivity to stimuli.
22. Zf (Z frequency): measures careful or impulsive reaction to new material.
23. Zd (Processing efficiency): measures ability to easily and accurately process new material.
24. T (Texture): measures need for close interpersonal contact.
25. V (Vista): measures negative emotional experience triggered by introspection.
26. FD (Form dimension): measures ability to engage in positive introspection.
27. H (Human response): interpersonal interest and socialization.
28. MOR (Morbid response): measure of negative thinking or pessimism.
29. Y (Diffuse shading): measures situational stress and anxiety.
30. CF (Color-form response): measures less control over emotions compared with FC response.
31. Fr + rF (Reflection response): measures tendency to overvalue personal worth.

Figure 1. Rorschach Subscales

article mentioned earlier, the Rorschach structural summary of Sirhan Sirhan included no pure H responses, high Lambda, high Adjusted D, no T, low X+%, and high D and Dd.

In 1993, Meloy and Gacono appraised the Rorschach protocol of a borderline psychopath. In this protocol they discovered a high number of MOR responses, no Y, no T, high Lambda, one Rf, CF, m, Adj D, and Pure F. Gacono and Meloy (1994) later studied Rorschachs of 82 males with antisocial personality disorder. Some of the core characteristics they found were high Lambdas, low EA, D and Adj D, few Pure C responses, higher S responses, and higher C'. McDonald and Paitich (1981) compared psychological test results of murderers, assaulters, thieves, and non-criminals. They were unable to predict dangerousness with reliability using overt aggression measures of the Rorschach.

After reviewing the research literature in this area, we can concentrate on specific constructs that may be predictors of homicidal behavior. These constructs include R, W, M, Lambda, X-%, C, C', T, and Fr + rF. The R construct signifies the frequency of responses given by the examinee. This may indicate a restricted defensiveness toward the testing. A sense of guardedness may be due to a disregard for authority. Yochelson and Samenow (1976) suggest that this may be caused by a reaction to unsuccessful attempts to gain something desired through legitimate means. Frustration can lead to rebellion. A childhood wrought with poverty may also result in a need to prevent loss of possessions or comfort. Low intellect is also a possible reason for low response rate.

The W (whole response) index suggests recognition of the total environment. The literal meaning of this construct is that the subject attempted to include all stimuli from the card in his response and to merge them. A large number of whole responses may

indicate a strong need, or obsession, to control the environment. A low number of whole responses could be a sign of egocentricity and a myopic view of environment. A lack of interest in the testing may be evidenced by a low amount of W responses.

The M (movement) construct includes creativity, fantasy, empathy, cognitive control over impulses and quality of relationships. (Exner, 1993; Gacono and Meloy, 1994) Few or negative M responses may indicate deficient social skills or poor interpersonal relationships.

The Lambda index represents problem-solving style and defense of emotions. A high Lambda score indicates that the subject strongly defends against his emotions and has a simplistic and often ambient style of problem solving.

Reality testing is symbolized by the X-% index. A low score on this variable reveals that internal fantasy overwhelms the subjects thinking. Gacono and Meloy (1994) describe it thusly, "Psychopathy developmentally implicates the conceptual fusion of self- and object representations through the gratification of narcissistic wishes (my wants subsume your wants); but with the addition of psychosis, perceptual fusion also occurs, both intra-psychically and interpersonally (there are only wants). "

The C (pure color) and achromatic responses symbolize affect. Several primary color responses reflect a lack of emotional adjustment and possible emotional explosiveness. Murderers may not have learned the proper way to express or modulate emotions from their childhood.

The T (texture) determinant suggests a need to bond with others. An absence of T displays withdrawal from others and a lack of desire for companionship. Many texture responses would reflect dependency on others.

The Fr + rF variable is indicative of narcissistic tendencies, including an inflated sense of self-worth. A frequent need for reaffirmation of the exaggerated sense of personal pride is usually present among individuals who score high on this construct. The subject may be overly involved with the self, which can result in superficial relationships with others.

The R, W, M, Lambda, X-%, C, C', T, and Fr + rF constructs appear to be among the few that may actually be predictive of homicidality and future dangerousness when using the Rorschach. However, the use of other psychological tests may help to strengthen predictive processes.

Homicidal Propensity and Personality Testing

Another type of measure used to distinguish the murderous personality from others includes the Minnesota Multiphasic Personality Inventory (MMPI). The MMPI is an objective measure of personality that contains three validity scales and ten clinical scales. The three validity scales include the Lie scale, the Frequency scale, and the K scale. The Lie scale identifies the prevalence of conflicting answers to similar questions and, therefore, reveals dishonest or invalid answering. The Frequency scale reflects the frequency of unusual or atypical answers. The K scale identifies persons who displayed significant psychopathology yet had profiles within the normal range or subject's defensiveness toward testing. The Clinical scales include Hypochondriasis (Hs), Depression (D), Hysteria (Hy), Psychopathic Deviancy (Pd), Masculinity-Femininity (Mf), Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc), Mania (Ma), and Social Introversion (Si) (Greene, 1991). (See Figure 2 for all MMPI subscales.)

1. Hypochondriasis (Hs) identifies excessive somatic concerns.
2. Depression (D) identifies depressive symptoms, such as poor morale, lack of hope for the future, and general dissatisfaction with one's life situation.
3. Hysteria (Hy) identifies hysterical reactions to stress situations.
4. Psychopathic Deviate (Pd) identifies general social maladjustment, rebelliousness, and unconventional or non-conformist attitude.
5. Masculinity-Femininity (Mf) identifies masculine/feminine roles with questions related to intelligence, education, and socioeconomic status.
6. Paranoia (Pa) identifies paranoid symptoms such as feelings of persecution, suspiciousness, and excessive sensitivity.
7. Psychasthenia (Pt) identifies abnormal fears, self-criticism, difficulties in concentration, and guilt feelings.
8. Schizophrenia (Sc) identifies bizarre thought processes and peculiar perceptions, social alienation, difficulties in concentration, and impulse control.
9. Hypomania (Ma) identifies hypomanic symptoms such as elevated mood, accelerated speech and motor activity, irritability, flight of ideas, and brief period of depression.
0. Social Introversion (Si) identifies a tendency to withdraw from social contacts and responsibilities.

Figure 2. MMPI Subscales

Utilizing the MMPI in murderer samples, researchers found elevations on the following scales: Pa, Sc, D, Pt, F, and Pd. A 1983 study by Anderson and Holcomb involved the administration of MMPIs to 110 men accused of capital and first degree murder. Their results identified five profile types of murderers. The first profile was classified by elevations on the Sc, Pa, Pd, Pt, and F scales. This profile was labeled as a “disturbed” profile that indicated the person had disorganized thinking. Murders in this profile were usually goal-oriented murders, as opposed to impulsive murders. Readiness to kill is apparent but a stimulus is needed for action. Similar elevations were found to delineate the second profile, with the exception that the individuals in this profile exhibit a marked suspiciousness and tendency toward hallucinations and delusions. The murderers in this profile did not appear to require a stimulus prior to murder. Elevation of the Pd scale was the only indicator of the third profile. This profile featured high IQ and the least likelihood of drug history.

Another benchmark of this profile was that the offenders were the least likely to kill a stranger, but the most likely to kill a relative or friend. The fourth profile evidenced elevations on the Pd, Pa, and Sc scales. This profile is characterized as a blend of a paranoid personality and a judgment-impaired sociopath. This type of murderer is most likely to confess to the commission of the murder during a police interview. The last profile revealed elevations on the Pd and Sc scales. Of the five groups, this type appears to be the one most readily identified with severe mental illness by others. This group also had the smallest percentage of sexual element in their murder.

Kalichman (1988) performed a comparable study and found related but differing results, with elevations on the Pd, Ma, D, and Sc scales. Kalichman’s type one was a

normal profile. This type had a tendency to know their victim. His type two evidenced elevations on the Pd and Ma scales. These individuals were least likely to know their victim and had a tendency toward impulsivity and acting out. Type three revealed elevations on the Pd scale only. Individuals in this typology tended to have sociopathic characteristics and were more apt to know their victim. The last type, with elevations on the D, Pd, and Sc scales, displayed high likelihood of violent behavior and substance abuse.

A 1992 study by Biro et al., revealed four types of homicidal offenders. The first group, dubbed the “psychotic” profile, evidenced elevations on the Pa and Sc scales. This type is characterized by paranoia, hallucinations, and delusions. The second group, called the “hypersensitive-aggressive” profile, resulted in elevations on the Pa and D scales, but had no elevation on the Sc scale. Low frustration tolerance, difficulties in interpersonal communication, introversion, and tendency toward impulsive-aggressive outbursts are essential traits of this type. This typology was also found in the study by McDonald and Paitich (1981) mentioned earlier. The third group reflected the typical “psychopathic” profile, with an elevation on the Pd scale. Common features of this type include poor aggression control, antisocial behavior, and overestimation of self. The last group demonstrated “normal” MMPI profiles.

Quinsey, Maguire, and Varney, (1983) conducted a study on assertiveness and over-controlled hostility among mentally disordered murderers. The sample included 67 subjects divided into the four following categories: a.) a charge of homicide or attempted homicide with an MMPI O-H T score of 70 or above, b.) a charge of homicide or attempt homicide with an O-H T score of 52 or lower, c.) no history of offenses against persons,

and d) control subjects. The researchers found that extremely assaultive murderers who rate high on the Over-controlled Hostility (O-H) scale of the MMPI are less assertive than subjects who rate low O-H and have committed extremely violent offenses.

Other studies employed the MMPI-2 to distinguish differences among murderers. Domingo (2001) conducted a study on 37 homicidal prison inmates, designed to explore the distinction between murderers who commit predatory violence and those who commit affective violence. The sample was divided into groups of those who knew their victims and those whose victims were strangers. The only significant variable found to differentiate the two was a difference on the D scale. Offenders who knew their victim before the murder was committed had greater levels of depression.

McKee Shea, Mogy, and Holden, (2001) used the MMPI-2 to create profiles of women charged with the murder of their child, spouse, or an unrelated adult. The women who killed their children evidenced elevations on scales Pa and Sc. Elevations on the D and Pa scales were the earmarks for the women who killed their spouse. The elevations for the last group, the women who murdered strangers, were on the Pd and Sc scales.

The aforementioned study by McDonald and Paitich (1981) also measured personality with the Sixteen Personality Factor Test. Each of the sixteen factors was measured dichotomously. The subject's score for each factor relied upon whether his score reached the high end or the low end of each factor. The sixteen factors were as follows: Reserved - Outgoing, Dull - Bright, Easily Upset - Calm, Submissive - Dominant, Sober/Serious - Happy-Go-Lucky, Expedient - Conscientious, Shy/Timid - Bold/Venturesome, Tough-minded - Tender-minded, Trusting - Suspicious, Practical - Imaginative, Forthright - Shrewd, Placid/Serene - Apprehensive, Conservative -

Experimenting, Group Oriented – Self Directed, Undisciplined – Disciplined, Relaxed – Tense/Driven, and Open – Defensive. The only significantly elevated score for the homicidal subjects was the Conscientious factor.

The last type of personality measure to be featured in this section is the same measure used in this study, the Millon Clinical Multiaxial Inventory-III (MCMI-III). The MCMI-III has been normed for correctional populations (Retzlaff, Stoner, and Kleinsasser, 2002.) (See Figure 3 for all MCMI subscales.)

The MCMI-III (Millon, 1997) has four validity indexes, entailing an item reading screen, a Disclosure scale, a Desirability scale, and a Debasement scale. The Disclosure scale measures the subject's defensiveness. In other words, it indicates whether the subject is open with information or is hesitant to reveal information about himself/herself. The Desirability scale measures the probability that the subject is attempting to make himself/herself look good or present a positive image. This can also be called "faking good." The Debasement scale measures the probability that the subject is attempting to make himself/herself look bad or present a negative image. This can be called "faking bad." The measure also includes 11 Clinical Personality Disorder scales, which are as follows: Schizoid, Avoidant, Depressive, Dependent, Histrionic, Narcissistic, Antisocial, Sadistic, Compulsive, Negativistic (Passive-Aggressive), and Self-Defeating. The three scales of Severe Personality Disorders are Schizotypal, Borderline, and Paranoid. The Basic Clinical Syndrome scales consist of Anxiety, Somatoform, Bipolar: Manic, Dysthymia, Alcohol Dependence, Drug Dependence, and Post-Traumatic Stress

1. Schizoid (Scale 1): identifies lack of desire, incapacity to experience deep pleasure or pain, apathy, and interpersonal detachment.
2. Avoidant (Scale 2A): identifies vigilance and fear and mistrust of others.
3. Depressive (Scale 2B): identifies pessimism, seeming motoric retardation, and loss of hope.
4. Dependent (Scale 3): identifies dependence upon the approval of others, passivity, and lack of initiative and autonomy.
5. Histrionic (Scale 4): identifies interpersonal manipulation to achieve attention, approval of others, and stimulation/affection.
6. Narcissistic (Scale 5): identifies egotistic self-involvement, over-valued self-worth, and interpersonal exploitation.
7. Antisocial (Scale 6A): identifies tendency to engage in duplicitous or illegal behavior for self-gain, impulsivity, irresponsibility, insensitivity, and mistrust of others.
8. Sadistic (Aggressive) (Scale 6B): identifies tendency to obtain personal pleasure and satisfaction in ways that humiliate others and violate their rights and feelings.
9. Compulsive (Scale 7): identifies controlled and perfectionistic tendencies.
10. Negativistic (Passive-Aggressive) (Scale 8A): identifies inability to resolve conflicts.
11. Masochistic (Self-Defeating) (Scale 8B): identifies tendency to allow or invite exploitation or abuse of self.

Figure 3. MCMI-III Subscales

Disorder. The last three scales are the Severe Clinical Syndromes, which include Thought Disorder, Major Depression, and Delusional Disorder.

Dutton and Kerry (1999) studied 90 male federally incarcerated prisoners in Canadian prisons, who committed spousal violence. Of the 50 homicidal inmates, psychiatric reports, including the Millon Clinical Multiaxial Inventory-II (MCMI-II), were collected. These subjects were compared with a control group of 50 non-lethal spouse abusers. The researchers found that passive-aggressive and dependent personality disorders are most common and antisocial personality disorder less common in spousal murderers, when compared to non-lethal spouse abusers.

Fisher (2000) investigated juveniles who committed murder. Although he was unable to identify a specific profile of the juvenile murderer, out of the 30 who completed the MCMI-III, 25 had at least one clinically significant elevation. Murrie (2002) examined 128 male juveniles, using the Millon Adolescent Clinical Inventory (MACI), with a focus on the Psychopathy Content scale. He found a correlation between psychopathy and past violent offending. Blanchard (2001) studied 68 participants in domestic violence treatment programs in New Mexico and Colorado. The subjects completed scale 5 (Narcissistic scale) of the MCMI (along with the STAXI-2, the Texas Social Behavior Inventory, the Conflict Tactics Scale-Revised, and the Crowne-Marlowe Social Desirability Scale.) Narcissism was found to be related to a higher incidence of both minor and total psychological aggression. Holt (1996) and Holt, Meloy, and Strack (1999) explored the relationship between sadism and psychopathy with 41 incarcerated males. The subjects included violent and violent/sexual psychopaths and violent and violent/sexual non-psychopaths. Psychopathic offenders were found to be significantly

more sadistic than non-psychopathic offenders but no difference was found between the violent and sexually violent offenders on the sadism measure (MCMI-II Scale 6B.)

As mentioned earlier, homicide and violent behavior have been linked to sadism (Meyers & Monaco, 1999), antisocial personality disorder (Bourgeois & Benezech, 2001; Eronen, 1995, and Woodward & Porter, 2000), and psychopathy (Nestor, et al., 2002 and Woodworth & Porter, 2002). In fact, the predominant focus of most research in the area of homicide is psychopathy, antisocial personality disorder, and sadistic personality disorder. However, relatively little research has examined the relationship between narcissistic personality disorder and murder. Due to the fact that antisocial personality disorder, sadism, psychopathy, and narcissistic personality disorder all share common personality characteristics, this appears to be an issue of intolerable neglect.

Psychopaths, people with ASPD, and people with NPD are said to share a sense of entitlement, interpersonal exploitation, and a lack of empathy (Murphy & Vess, 2003). Millon's Sadistic Personality Disorder and NPD share personality features, such as insensitivity and, again, interpersonal exploitation (Beauregard & Proulx, 2002). Both disorders utilize interpersonal exploitation to feed emotional needs. The Narcissist exploits others to bolster his ego. The Sadist receives satisfaction by intimidating, dominating, and humiliating others (Millon, 1996).

Despite the overlapping traits, NPD can be differentiated from the other three personality types due to its hallmark sense of self-importance and uniqueness (Gunderson & Ronningstam, 2001). Because of this strong sense of superiority, any injury or puncturing of this inflated sense of self-worth may lead to murderous rage, which can, in

turn, result in homicidal behavior (McCarthy, 1978). Unfortunately, only a few studies have explored this connection between homicide and narcissistic personality disorder.

Cartwright (2002) used a case study to identify the defensive organization of the rage-type murderer. The case study outlines a murder by an individual with a narcissistic exoskeleton, behind which he hides the bad self. The stage is set for the rage-type murder when the narcissistic exoskeleton is penetrated, exposing the hidden bad self, and the bad self is projected onto the other. The external object becomes extremely threatening in the eyes of the murderer and, therefore, must be destroyed. Gilligan (1996) echoes this theory while discussing a case study of a 20-year old male patient who brutally murdered a young woman by stabbing her to death then mutilating her eyes and cutting out her tongue. He describes the murderer as vulnerable to insult, boastful and grandiose, with feelings of entitlement to special privileges. Gilligan delves further into the psychiatric makeup and narcissistic rage of this murderer in the statement, “But knowing just how deeply Ross L. feared that he was not only a wimp and a punk but also a pussy himself may help us to understand the depth of his narcissistic rage over the power he felt a woman had to make him feel less than a man...” (p. 84).

Ferreira (2000) wrote about serial killers and their motivation to kill. She discussed how the antisocial, narcissistic, and malignant narcissistic personality disorders relate to the motivation behind serial murder. Confirming contemporary research, Ferreira states that there are common behavioral patterns among serial killers but there is no distinct psychological pattern, with the exception that most serial killers are not psychotic.

Schlesinger (1998) created a review of narcissism and serial murder. He penned a case report on a 30-yr-old male murderer, focusing on the subject's narcissistic injury, Narcissistic personality disorder, and narcissistic defenses and their relation to his homicidal behavior.

To help understand the deviant psychological underpinnings of murder, the current investigation will examine narcissistic personality disorder and its relationship to homicidal behavior, thereby expanding the current knowledge about murder. Once discerning variables have been illuminated, it is hoped that one can differentiate between homicidal, other violent and nonviolent offenders and eventually predict violence or assess for dangerousness with personality measurement. The measure used in this study is the MCMI-III because this instrument is specifically designed to assess personality disorders as its personality scales are closely related to the Diagnostic and Statistical Manual (DSM) criteria (Millon, 1986). This measure has been proven valid and reliable for clinical populations (Millon, 1986) and has been normed for forensic/correctional populations (McCann & Dyer, 1996 and Retzlaff, Stoner, and Kleinsasser, 2002).

Rationale

The current study was conducted because of the predominant pattern of associating murder with antisocial personality and sadism in the literature regarding murder and personality. However, due to the common traits of self-entitlement, lack of empathy, and interpersonal exploitation that are shared between Antisocial Personality Disorder and Sadistic Personality Disorder as well as Narcissistic Personality Disorder,

there appears to be a need to examine the connection between Narcissistic Personality Disorder and homicide.

As is evident, narcissism is an important though neglected component of homicide. Because of this connection, it is important to re-emphasize the progression from narcissistic injury to narcissistic rage and then, finally, to murder. Narcissistic injury is an intense wounding to the person's feelings, due to or leading to shame. The injury or shame leads to narcissistic rage. Narcissistic rage "seeks to destroy the object causing the shame and humiliation" (p. 162) (Lewis, 1993). Because of the intensity of the rage and the need to destroy the humiliating object, narcissistic injury can turn to rage as the method of expression. (Lewis, 1993; Gilligan, 1996; Cartwright 2002; Handler & Hilsenroth, in press). Kernberg (1982) describes the phenomenon by conceptualizing narcissism in developmental degrees. He describes the last and most severe stage of development as "...narcissistic patients whose grandiosity and pathological self-idealization are reinforced by the sense of triumph over fear and pain by inflicting fear and pain on others. We also find cases where self esteem is enhanced by the direct sadistic pleasure of aggression linked with sexual drive derivatives. Some of these narcissistic personalities may pursue joyful types of cruelty....Some narcissistic patients have a combination of paranoid and explosive personality traits, and their impulsive behavior, rage attacks, and blaming are a major channel for instinctual gratification" (pp. 514-515). Because of this possibility for severe narcissistic injury to lead to extreme aggressive attacks, the logical progression is that they can also lead to murder. Therefore the following hypotheses were proposed:

Current Study: The Homicidal Narcissist

Hypotheses

Five hypotheses are tested in this study:

1. It is anticipated that homicidal offenders will endorse high levels (score of 75 or higher) of Antisocial, Sadistic, and Narcissistic Personality, compared to the non-homicidal offenders on the Millon Multiaxial Clinical Inventory-III (MCMI-III).
2. It is hypothesized that all groups will endorse high levels (score of 75 or higher) on the Antisocial scale of the MCMI-III.
3. It is hypothesized that the homicidal groups and control groups will be differentiated by the Narcissism scale of the MCMI-III.
4. It is hypothesized that the Schizoid scale will elicit low scores for all groups on the MCMI-III.
5. It is hypothesized that individuals in the murder groups will score low on the Avoidant, Dependant, Depressive, Histrionic, Compulsive, Negative, and Self-defeating scales of the MCMI-III, compared to control groups.

Methods

Subjects

All subjects have participated in a previous study (Retzlaff, Stoner, and Kleinsasser, 2002) in which the MCMI-III was administered and scored. The original study by Retzlaff, et al., (2002) included 10,637 inmates incarcerated in the Colorado

Department of Corrections (CDOC). Each inmate completed a number of intake tests upon entry into a centralized diagnostic and classification center in Denver, Colorado. Data were collected from these intake evaluations, including the Culture Fair Intelligence Test (CFIT) and the Millon Clinical Multiaxial Inventory-III (MCMI-III).

This study included 490 subjects, culled from the original. The subjects were 215 inmates convicted of homicidal crimes, including manslaughter, first-degree murder, second degree murder, and second degree murder-crime of passion. A control group of approximately 275 inmates was included, bringing the total to 490 subjects. The control group consisted of inmates who committed a random sample of crimes, with the exception of homicide.

Subjects of the control groups were chosen by programming a computer to randomly select participants, among those who had not committed murder. The control subjects (N=275) were divided into two separate groups. The Nonviolent (NV) group (N=199) included inmates with nonviolent crimes, such as forgery. The Other Violent (OV) group (N=76) consisted of inmates who had been convicted of violent crimes but not homicide. The Murder subjects (N=215) were comprised of inmates convicted of first-degree murder, second-degree murder, second-degree murder-passion, and manslaughter. Females (N=35) and inmates convicted of criminally negligent homicide (N=17) were omitted due to the small number of subjects. Also, inmates convicted of vehicular homicide (N=56) were omitted due to the small number of subjects and the usual, but not always, accidental nature of that crime.

The division of groups was utilized to concentrate each group of subjects for the optimal interpretation of data. First-Degree murders are usually with cold-blooded (non-

emotional) reasons, for example, to acquire a monetary gain during the commission of a robbery. These murders are categorized as First-Degree due to the occurrence of premeditation and planning prior to the act. Second-Degree murder often includes an emotional or reactive component. An example of this would be a homicide occurring in the “heat of the moment” or in a hot-blooded fashion. However, it is important to note that these labels are determined by multiple factors, such as quality of evidence, quality of legal representation, jurisdiction, etc. The nature of the data in offender populations has limitations such as these and a researcher can either work within the parameters as best as is possible or decide not to work with the criminal population at all.

The control subjects were divided into two separate groups based on their history of violent or nonviolent crimes. The homicidal subjects were grouped together. The Murder group includes those subjects who had been convicted of first-degree murder, which is the only type that involves premeditation or planning. This group also contains individuals who had been convicted of second-degree murder, second-degree murder-crime of passion, or manslaughter. These crimes were grouped together due to the fact that all of these crimes are similar in definition and often overlap, depending upon the state in which the crime was committed.

Some states define second-degree murder as any murder that is not first-degree, with the major distinction being the sentencing difference. Some distinguish second-degree murder as different because it is performed while in the “heat of passion” but many others identify this as manslaughter. The confusion surrounding the definition of second-degree murder is due to it being an arbitrary construct that relies upon differences in the laws among the states. All three types of second-degree-murder are defined as the

intentional killing of a human being without pre-meditation. Therefore, for the purpose of this study, we will use the definition of intentional killing of a human for murder.

The ethnic breakdown of the total subject pool included 223 Caucasians (45.5%), 150 Hispanic-Americans (30.6%), 112 African-Americans (22.9%), 4 Native Americans (.8%), and 1 Asian (.2%). The total number of minority subjects was 267 inmates (54.5%), while the total number of white subjects was 223 inmates (45.5%). The subjects in the NV group consisted of 199 males between the ages of 18 and 60, with an average age of 30.7 years. The average education level and IQ score of this group was 11.3 years and 105.8, respectively. Subjects in the Other Violent group consisted of 76 males between the ages of 18 and 60, with a mean age of 31.2 years. The average education level and IQ score of this group was 11.8 years and 106.5, respectively. The subjects in the Murder group consisted of 215 males between the ages of 18 and 64, with an average age of 28.4 years. The average education level and IQ score of this group was 11.3 years and 104.9, respectively. The racial breakdown of this group included 38 Caucasian, 35 African-American, 42 Hispanic, and 1 Native American.

Measures

The Millon Clinical Multiaxial Inventory (MCMI) was developed in 1977 as a personality assessment tool. It was designed to help clinicians identify DSM-IV-related personality disorders from a patient's presenting symptoms. The initial version of the MCMI demonstrated 1-week test retest reliability coefficients of a .87 average for its Basic Personality Scales and .85 for its Pathological Personality Syndromes. Several studies have been conducted since the inception of the first version of the MCMI that

prove it to correlate with other personality tests such as the MMPI and the Symptom Distress Checklist-90 (SCL-90). The MCMI was normed for inpatient and outpatient clinical populations.

The MCMI-III was published in 1993. As for the validity of the MCMI-III, the manual reports that 11 of the 14 Personality Disorder Positive Predictive Powers are over .50, the valid range being .50 or greater. The three Positive Predictive Powers that did not meet this criterion were Depressive (.49), Negativistic (.39), and Masochistic (.30) (Millon, 1997). The Negative Predictive Powers are all greater than or equal to .94, the valid range being .90 (Retzlaff, 2000). Internal consistency results for the clinical scales, as measured by the Cronbach's Alpha, ranged from .66 to .90 (Millon, 1997). (See Figure 4 for Cronbach Alphas.)

The test can be administered individually or in a group setting and requires a short period of time (about 30 minutes) to complete. A true-false format is used and the measure contains 175 items in total. The MCMI-III has been normed for correctional populations (Retzlaff, et al., 2002.)

To indicate elevations on the MCMI-III, Base Rate scores are figured for each scale. These scores are unique to Millon instruments. Scores from 0 to 74 indicate a lack of pathology in the area measured. On the other hand, if the scores range from 75 to 84, pathology at the "traits" or "features" level is suggested. A score of 85 or above implies a diagnosis of primary and severe pathology.

IQ was measured with the Culture Fair Intelligence Test (CFIT), which assesses intelligence equivalently across cultural groups while minimizing cultural or educational

1. Schizoid:	.81
2. Avoidant:	.89
3. Depressive:	.89
4. Dependent:	.85
5. Histrionic:	.81
6. Narcissistic:	.67
7. Antisocial:	.77
8. Sadistic:	.79
9. Compulsive:	.66
10. Negativistic:	.83
11. Masochistic:	.87

Figure 4. MCMI-III Cronbach's Alphas

biases using non-verbal stimuli. Each scale contains four sub-tests linking different tasks: completing series, classifying, solving matrices, and evaluating conditions. By using four distinct tasks, the composite intelligence measure avoids reliance on a single skill.

Chapter III

Results

In order to optimize interpretation of the data, females and the negligent homicide and vehicular homicide subjects were removed from the data set and the minorities were merged into one group. The females were removed due to their small sample size. The negligent homicide and vehicular homicide subjects were removed due to their small sample sizes and in order to focus on intentional murder. Negligent homicide and vehicular homicide often occur by accident or due to driving under the influence. The minority groups were merged into one group to focus on differences between whites and non-whites.

A one-way ANOVA was used to determine whether significant differences existed among the groups for the demographic data. A one way ANOVA is a statistical technique used to measure the analysis of variance between single dependent variables. Through this analysis, small but significant differences were found between minorities and whites on years of education and IQ. On the education variable, minorities averaged 11.0 years and whites averaged 11.8 years ($p = .00$). In relation to IQ, minorities scored a mean IQ of 103.3 and whites scored a mean of 108.6 ($p = .04$). There was no significant difference in age between groups. (See Tables Ia -Ic) {All tables located in the Appendix }.

The subjects were examined for differences between the crime-groups, in age and years of education. A small but significant difference was found in years of education

with Nonviolent (mean = 11.4 years) subjects having less education than Other Violent (mean = 11.8 years) subjects. Another small but significant difference was found in age with Other Violent (mean = 31.7 years) subjects being older than Murder (mean = 28.6 years) subjects. These differences were corrected for the analysis by entering the raw scores on the Millon test into analyses of covariance (ANCOVAs). (See Tables IIa - IIc).

The MCMI-III has four validity indicators. The first is a Validity scale involving three extremely unlikely items and measures whether the patient actually read the test items. If any of these items are endorsed as true then the profile should be deemed uninterpretable. None of the profiles included in this study had any of the validity item endorsed. The other validity indices are the three Modifying Scales: Disclosure, Desirability, and Debasement.

The Disclosure scale measures whether the patient is overreporting or underreporting psychopathology. This scale is the only scale with actual cut-off scores. If the profile is below 35 or above 85 then the profile is considered invalid. On the other two Modifying Scales, Desirability and Debasement, there are no cut-offs. The Desirability scale measures the patient's attempt to present a favorable image of him or herself. The Debasement scale assesses the patient's attempt to present a negative or bad image of him or herself with more pathology than may truly be present. A score of 85 or more of these scales indicates high levels of that construct but the profile is not necessarily invalid.

In terms of validity, a significant difference was found between the groups on the Desirability (raw score $p=.02$) and Debasement scales (raw score $p=.05$). Both the Desirability (raw score $p = .00$) and Debasement (raw score $p = .02$) modifying indices

distinguish among the Murder and Nonviolent groups. The mean Base Rate (BR) scores of the Nonviolent group on the Desirability and Debasement modifiers were 74 (raw score mean = 16.0) and 49 (raw score mean = 5.2), respectively. The mean BR scores of the Murder group on the Desirability and Debasement modifiers were 70 (raw score mean = 14.9) and 56 (raw score mean = 6.6), respectively. (See Table IIIa, IIIb, IVa, and IVb).

These findings suggest that the Nonviolent offenders attempt to “fake good” or present a more positive image of themselves than may be authentic, compared with the Murder and Other Violent offenders. In contrast to that hypothesis, the Murder group tends to present a more negative image than is genuine or “fake bad”. Despite this, the results do not invalidate their profiles and do not warrant corrective measures in the analysis. There was no significant difference found between the groups on the Disclosure scale (raw score $p = .71$). (See Tables Va and Vb).

Hypothesis One stated that the homicidal offenders would endorse high levels of narcissism, antisocial personality, and sadism. This hypothesis was presented due to the common association of antisocial and sadistic personalities with murder (Bourgeois and Benezech, 2001; Eronen, 1995; Woodward and Porter, 2000, and Meyers and Monaco, 2000), and the logical assumption that high levels of narcissistic injury can also lead to murder. In contrast, the Nonviolent offenders scored significantly higher on the Narcissism scale than the Other Violent (raw score $p = .04$) and Homicidal offenders (raw score $p = .02$). However, these scores are not extremely different and are below the Base Rate cut-off. The Nonviolent, Other Violent, and Homicidal offenders performed with raw mean scores = 15.20, 14.12, and 14.3, which translate into mean Base Rate

scores of 68, 66, and 66, respectively. (See Tables VIa and VIb.) There was no significant difference found between the crime-groups on the Sadistic (raw score $p = .9$) or Antisocial (raw score $p = .3$) scales. Thus, Hypothesis One was not supported. (See Tables VIIa, VIIb, VIIIa and VIIIb.)

The second hypothesis stated that all groups would endorse high levels on the Antisocial scale, due to the frequent diagnosis of Antisocial Personality Disorder in criminal populations. Mean raw scores on the Antisocial scale for Nonviolent, Other Violent and Murder groups were 10.08, 9.8, and 9.3, respectively. These scores translate into Base Rate scores of 70, 70, and 68, respectively, on the Antisocial scale for Nonviolent, Other Violent and Murder groups. There was no significant difference among these scores (raw score $p = .14$). Therefore, this hypothesis was not supported because these scores are below the Base Rate 75 cut-off. (See Tables VIIa and VIIb).

Hypothesis Three asserts that the Narcissism scale would differentiate among the Murder and Control groups. The Nonviolent, Other Violent, and Homicidal offenders performed with raw mean scores = 15.20, 14.12, and 14.3, which translate into mean Base Rate scores of 68, 66, and 66, respectively. The Nonviolent offenders scored significantly higher on the Narcissism scale than the Other Violent (raw score $p = .04$) and Homicidal offenders (raw score $p = .02$). There was no significant difference found between the groups on this scale (raw score $p = .12$, BR $p = .22$). The initial assumption was that narcissism would play a key role in pushing an individual from nonviolent and/or violent crime to murder. Consequently, Hypothesis Three was supported but not in the direction expected. (See Tables VIa and VIb.)

Hypothesis Four states that low scores would be observed for all groups on the Schizoid scale due to the disconnected nature of this personality type. Because of the Schizoid's lack of interpersonal engagement, it is not likely that this personality type will have a high prevalence in a murderous population. Results indicated that the Schizoid scale differentiated between the Murder (raw score mean = 6.25, BR mean = 64) and Nonviolent (raw score mean = 5.11, BR mean = 60) groups (raw score $p=.01$). There was no significant difference found between the Murder and Other Violent (raw score mean = 5.70, BR mean = 64) groups (raw score $p = .36$) or Nonviolent and Other Violent groups (raw score $p = .33$) on the Schizoid scale. (See Tables IXa and IXb). Despite significant differences being present, all groups scored low (BR <75) on the Schizoid scale. Hence, Hypothesis Four was supported.

Due to the frequent presence of Antisocial and Sadistic personalities in homicidal research, the fifth hypothesis stated that individuals in the Murder group would endorse low levels of Avoidant, Depressive, Dependant, Histrionic, Compulsive, Passive-Aggressive, and Self-defeating personality variables. Significant differences were found among the groups on the Dependent scale only. The Dependent scale differentiated between the Murder (raw mean score = 1.39, BR = 7) and Other Violent (raw mean score = 3.26, BR = 20) (raw score $p = .00$) and Nonviolent (raw mean score = 1.60, BR = 38.99) groups (raw score $p = .00$). No significant differences were found on any of the other aforementioned personality variables. None of the mean scores on the aforementioned variables were high (BR >75). Therefore, Hypothesis Five was supported. (See Tables Xa and Xb.)

A discriminant function analysis was also conducted to determine which variables predicted membership in the Nonviolent, Other Violent, and Murder groups. A discriminant function analysis is a statistical technique used to analyze what variables distinguish two or more groups. No predictors were found. (See Tables XIa and XIb.)

Chapter IV

Discussion

Research has established a strong connection between murder and personality disorders, particularly the antisocial and sadistic personalities (Bourgeois and Benezech, 2001; Eronen, 1995; Woodward and Porter, 2000; and Meyers and Monaco, 2000). This association relates murder with traits such as a proclivity toward breaking rules, crossing boundaries, and pleasure derived from inflicting pain. However, the current study was meant to examine and illuminate the relationship between narcissistic personality and murder due to the intense rage that develops from narcissistic injury. The secondary aim of the study was to determine if any differences exist between narcissism and the two main personality disorders commonly associated with murder, antisocial personality disorder and sadistic personality disorder, in relation to intentional, though not necessarily premeditated, murder.

To give a better understanding of the differences between the specific types of murder, each is defined as, “*Murder*: A killing that is ‘calculated, in cold blood’ or with ‘malice aforethought’ (or a guilty mind). *First Degree* includes the following: 1. an intent to effect death with ‘malice aforethought’, 2. a deliberate act, 3. a premeditated act. *Second Degree* includes: 1. an intent to effect death with ‘malice aforethought’, 2. without deliberation or premeditation. In essence, in most states second degree murder is any murder that is not defined as first degree. *Manslaughter*: Homicide that lacks malice aforethought. *Voluntary*: (non-negligent) intentional killing without ‘malice

aforethought'; often described as homicide in 'hot blood' and often results from provocation. *Involuntary*: (negligent) unintentional killing without 'malice aforethought,' ..." (Hagan, 1994.) This study focused on intentional killing, regardless of premeditation.

In the initial analysis, small but significant differences were found between minorities and whites on years of education and IQ. White inmates averaged more years of education and higher IQ scores than minority inmates (minorities = 11.03 years education & 103.3 IQ and whites = 11.81 years education & 108.6 IQ). Another significant difference between the crime-groups was found between number of years of education and age. Other Violent subjects (mean = 11.7 years) tend to have more years of education (mean = 11.3 years) than the Nonviolent inmates and the Other Violent subjects tend to be older by a few years (mean = 31.2 years) than the Murder offenders (mean = 28.4 years). These results are similar to those of Gacono, Meloy, and Bridges (2000) in which they found the average years of education and IQ of their murder sample to be 11.8 years and 100.4 IQ. The findings of this study were consistent with a study by Miethe and Drass (1999) in which the majority (61%) of their homicidal subjects were between 20-39 years in age. In that same study, 14% of the subjects were under 20 years of age and 25% were aged 40 or older.

In terms of validity, the Nonviolent offenders made a significantly greater effort toward presenting a positive image than the Murder and Other Violent inmates. The mean BR scores on the Desirability scale for NV and Murder groups was 75.3 and 70, respectively ($p = .00$). In contrast, the Murderers made a significantly greater effort toward presenting a more negative image than the Nonviolent or Other Violent subjects.

The mean BR scores on the Debasement scales for NV and Murder groups was 37.4 and 44.3 with a $p = .02$. There was no significant difference among the groups with the third validity index, the Disclosure scale. These findings may be explained by the mere nature of a forensic population. The Disclosure scale measures the “examinees tendency to respond in a frank open manner, rather than in a closed reticent fashion.” (Millon, 1997.) Inmates in a forensic population tend to be more closed as a rule. Mistrust, unfortunately, is an essential survival tool in a correctional culture and, therefore, inmates will tend to underreport in order to be less vulnerable or overreport for personal gain. The MCMI-III corrects for this very problem by design.

Differences were found among the groups in relation to personality and crime committed. The Nonviolent (mean BR = 68) offenders scored significantly higher on the Narcissism scale than did the Other Violent (mean BR = 66, raw score $p = .04$) and Homicidal offenders (mean BR = 66, raw score $p = .02$). The difference found among the crime-groups on the Narcissism variable suggests that Nonviolent offenders exhibit significantly more Narcissistic personality traits than the Other Violent or Murder subjects. Based on this finding, one can assume that the Nonviolent offenders lean more toward a type of interacting with others that includes a grandiose sense of self and interpersonal exploitation. Hilsenroth, Fowler, and Handler (1997) found similar results in their study of psychopathic antisocial patients. Their nonviolent patient sample presented with narcissistic personality disorder in addition to antisocial personality disorder.

Results from the Sadistic and Antisocial scales suggest that the three crime-groups do not differ in terms of their self-rated sadism and antisocial tendencies (mean

BR scores on the Antisocial scale for Nonviolent, Other Violent and Murder groups were 70, 70, and 68, respectively out of a possible 105. Mean BR scores on the Sadistic scale for Nonviolent, Other Violent and Murder groups were 9, 9, and 9, respectively.) It would appear that the three crime-groups rate themselves as equally antisocial, which is not surprising considering the fact that criminal behavior is among the diagnostic criteria for Antisocial personality disorder. Criterion 1 for Antisocial personality disorder in the DSM-IV-TR (American Psychiatric Association, 2000) states that the individual evidences a “failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest” (p. 291).

The results of the Sadistic scale are surprising, however, and may be explained by motive or other factors in regard to the crime committed. The murders involved in this study may have been more instrumental than reactive. For example, the murders may have been committed for monetary gain as opposed to emotional retribution or seeking pleasure from giving pain. This would follow the common diagnosis of antisocial personality disorder in the correctional system as this personality usually incorporates exploitation in their interpersonal interactions (Gratzer & Bradford, 1995; Cartwright, 2001; and Hare 1991).

In examining the results from all three focal personality types (Narcissism, Antisocial, and Sadistic), it is important to note that since none of the crime-groups scored high (BR>75), none of the crime-groups can be identified as purely narcissistic, antisocial or sadistic in symptoms or features. Since these findings are somewhat in contrast with the expectations and hypotheses of this study, the following conclusions are presented in an attempt to explain the contrary results.

One question that may be asked is in reference to the validity of the test in a forensic population. As mentioned earlier in Chapter 2, the MCMI-III has been validated and normed for use on correctional samples in several studies (Retzlaff et. al, 2002; Fisher, 200; Blanchard, 2001) In another study, Fisher (2000) focused on homicidal juveniles. Although he was unable to identify a specific profile of the juvenile murderer, out of the 30 who completed the MCMI-III, 25 of the subjects had at least one clinically significant elevation. Blanchard (2001) examined 68 participants in domestic violence treatment programs in New Mexico and Colorado with the MCMI-III. Narcissism was related to a higher incidence of both minor and total psychological aggression.

Another question concerns the test-takers' attitude towards the testing. Although the subjects showed significant differences in regards to the Desirability and Debasement measures, the scores were not high enough to invalidate the profiles (mean BR scores of the NV and Murderer groups on the Desirability and Debasement modifiers were 75.3 and 37.4 & 70.6 and 44.3, respectively.) These differences only proved that the NV subjects attempted to look less pathological than the other groups and the murderers endeavored to appear more pathological but not enough to skew the data.

One explanation for this may be that narcissism is an important factor in murder only when it is also associated with antisocial disorder and/or sadism. The personalities overlap or one is more dominant than the other in some features. Hilsenroth, et al. (1997) found comorbid Narcissistic personality disorder in a patient population of antisocial psychopaths. It is more common to find a blend of personalities in an individual inmate. Millon (1997) identifies several of these "mixed personality types" when discussing the

criminal population. In one of these types called the “unprincipled criminal type”, Millon describes a type of inmate that appears to be a combination of the antisocial and narcissistic personality disorders.

“The behavior of the unprincipled criminal type is characterized by an arrogant sense of self-worth, an indifference to the welfare of others, and a fraudulent and deceptive social manner. There is a desire to exploit others and to expect social recognitions and considerations without assuming reciprocal responsibilities. A deficient social conscience is evident in the tendency to flout conventions, to engage in actions that raise questions of personal integrity, and to disregard the rights of others...” (p.148). This type of inmate appears to merge the vainglorious nature of the narcissist with the exploitative nature of the antisocial and is an excellent example of the overlapping personalities that emerge when examining murder and personalities.

Another example of the blurred lines between personalities is evident in Gacono and Meloy’s (1994) findings with sexual homicide perpetrators. Thirty-three percent of the subjects responded to narcissism indicators on the Rorschach as measured by reflection responses. Seventy-seven percent of the subjects who produced a reflection response had more than one such response. Gacono and Meloy relate narcissism to psychopathy by calling it a more aggressive or malignant type of narcissism, thus overlapping the two concepts. Meloy (1988), in particular, further delineates narcissism as an essential element in the making of a psychopath as stated in his seven criteria for psychopathy that differentiate malignant narcissism from the benign version.

1. “The predominance of aggressive drive derivatives and the gratification of aggression as the only significant mode of relating to others.
2. The absence of more passive and independent modes of narcissistic repair.
3. The presence of sadistic or cruel behavior, inferring the activation of primitive persecutory introjects, or sadistic superego precursors.
4. The presence of a malignant ego ideal with developmental roots in a cruel and aggressive primary parental object.
5. The absence of a desire to morally justify one’s behavior, which would imply the presence of superego precursors of a more socially acceptable ego ideal.
6. The presence of both anal-eliminative and phallic-exhibitionistic libidinal themes in the repetitive interpersonal cycle of goal conflict with others, the intent to deceive, the carrying out of a deceptive act, and the contemptuous delight when victory is perceived.
7. The emergence of paranoid ideation when under stress, rather than a vulnerability to depressive affect.”

p. 237

As noted in Criterion Three, sadistic personality features are also combined with narcissism in the malignant version. Geberth and Turco (1997) corroborate Meloy's theory of malignant narcissism in their study of murder. They found subjects with antisocial personality disorder who also had high scores on sadism or narcissism, which they also called malignant narcissism. Gratzer and Bradford (1995) found the similar results in their study of sexual sadists. With this in mind, one may assume that murder cannot be perceived in terms of a pure DSM personality type and should more likely be conceived as a blend of personalities as well as etiologically multifaceted. The many possible causes of murder can include personality, cultural and situational factors, which include motive (Gottfredson & Hirschi, 1990; Tittle, 1995). For example, a murderer may choose to kill for impulsive or instrumental reasons. Impulsive reasons are primarily reactive, involving emotions, and may include killing someone because they were found in bed with his/her spouse or simply because they were insulted by that person.

Instrumental reasons primarily involve premeditation toward an external goal and may include, for example, slowly poisoning a relative in order to gain an inheritance prematurely or committing murder after planning to catch one's spouse in the throes of passion with another. When considering murder, situational factors, such as opportunity, must also come into play. For example, one may commit murder because someone lets slip the impressive amount of money they are carrying on their person. Another situational factor can be simply whether the person is a stranger, spouse or relative. All of these factors can affect the likelihood of murder but, whatever the reasons, a murder will not happen if the opportunity does not allow it and a psychological predisposition toward violence is not present.

As to the results in reference to the Schizoid scale, as expected, all groups scored low on this scale. This finding can be explained by the schizoid personality type's low desire for interpersonal relations, preference for solitary activities, and indifference to the opinions of others (American Psychological Association, 2004). Subjects with this personality style have little interest in doing things with anyone, including harming them. Since murder and violence, by nature, involves interacting with another, this finding is predictable.

In conclusion, it is evident from the results of this study that personality variables, by themselves, cannot explain the difference between a nonviolent, violent, or homicidal offender. With this in mind, one must examine the possible answers to the problem of differentiating the groups. In regard to murder, it would appear that homicide is a multifactor process involving psychological variables as well as non-psychological variables, such as situational factors. The situational factors can be too numerous to count, and therefore, differentiating these groups by the use of psychological factors, such as personality, can be limited. All factors including personality should be incorporated when examining and predicting violence. It would appear from this study and others like it that violence involves personality types that are not pure but an amalgamation of features and traits of different personalities.

Limitations of Study and Implications for Future Research

Several limitations of this study should be noted. This study did not include females because of a low number of female murder subjects from the initial study. This is not uncommon due to the small number of female murderers recorded in history. Despite this, more studies should examine the female murderer, including those that involve females subjects only.

Another limitation of this study is the lack of a battery of psychological tests. This study involved several measures including an intelligence measure, a self-report personality measure, a semi-structured interview, and a self-report instrument. Due to the fact that only one personality test was used, the results cannot be assumed diagnostic. The aim of this study was to illuminate a possible connection between specific personality types and murder, not to diagnose the specific personality types that make a murderer. In this way, the study met its goal.

A possible confound of this study is the issue of plea agreements. An offender may be charged with a severe crime but the severity of the crime may be lowered by pleading guilty to a lesser crime. This information was unavailable in this regard. Further research should involve charges as an indicator of the severity of the crime. Also, the offender's criminal history may also be useful to assess his level of aggression.

REFERENCES

REFERENCES

Alison, L., Bennell, C., Mokros, A., and Ormerod, D. (2002). The personality paradox in offender profiling: a theoretical review of the process involved in deriving background characteristics from crime scene actions. *Psychology, Public Policy, and Law*, 8(1), 115-135.

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders* (2000). Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association.

Anderson, W. and Holcomb, W. (1983). Accused murderers: five MMPI personality types. *Journal of Clinical Psychology*, 39(5), 761-768.

Beauregard, E. and Proulx, J. (2002). Profiles in the offending process of nonserial sexual murderers. *International Journal of Offender Therapy and Comparative Criminology*, 46(4), 386-399.

Biro, M., Vockovic, N., and Djuric, V. (1992). Towards a typology of homicides on the basis of personality. *British Journal of Criminology*, 32(3), 361-371.

Blanchard, B. (2001). Extremes of narcissism and self-esteem and the differential experience and expression of anger and use of conflict tactics in male batterers. *Dissertation Abstracts International: The Sciences & Engineering*, 62 (5-B), 2476.

Bourgeois, M. and Benezech, M. (2001). Criminal dangerousness, psychopathology and psychiatric comorbidity. *Annales Medico-psychologiques, Revue Psychiatrique*, 159(7), 475-486.

Cartwright, D. (2002). The narcissistic exoskeleton: the defensive organization of the rage-type murderer. *Bulletin of the Menninger Clinic*, 66(1), 1-18.

Craft, M. (1965). *Ten Studies Into Psychopathic Personality*. Bristol: John Wright & Sons, Ltd.,.

Colorado Department of Corrections Mental Health and Clinical Standards Manual. Colorado Department of Corrections

Domingo, L. (2001). MMPI-2 assessments of incarcerated males convicted of murder: Differentiating between affective and predatory violence. *Dissertation Abstracts International : Section B: the Sciences & Engineering*, 61(10-B), 5558.

Douglas, J. and Olshaker, M. (1997). *Journey into darkness*. New York: Pocket Star Books.

Dutton, D. and Kerry, G. (1999). Modus operandi and personality disorder in incarcerated spousal killers. *International Journal of Law and Psychiatry*, 22 (3-4), 287-299.

Dyer, F and McCann, J. The Millon Clinical Inventories research critical of their forensic application and Daubert Criteria. *Law and Human Behavior*, 24, 487-497.

Eronen, M. (1995). Mental disorders and homicidal behavior in female subjects. *American Journal of Psychiatry*, 152(8), 1216-1218.

Exner, J. (1993). *The Rorschach: A Comprehensive System*. New York: John Wiley & Sons, Inc.

Ferreira, C. (2000). Serial killers—victims of compulsion or masters of control? In Fishbein, D. (Ed.) *The science, treatment, and prevention of antisocial behaviors: application to the criminal justice system*. (pp. 15-18).

Fisher, S. (2000). Juvenile males who murder: A descriptive study. *Dissertation Abstracts International : Section B: the Sciences & Engineering*, 60(11-B), 5770.

Gacono, C. and Meloy, J. (1994). *The Rorschach Assessment of Aggressive and Psychopathic Personalities*. New Jersey: Laurence Erlbaum Associates.

Gacono, C., Meloy, R., and Bridges, M. (2000). A Rorschach Comparison of Psychopaths, Sexual Homicide Perpetrators, and Nonviolent Pedophiles: where angels fear to tread. *Journal of Clinical Psychology*, 56(6), 757-777.

Geberth, V. and Turco, R. (1997). Antisocial personality disorder, sexual sadism, malignant narcissism, and serial murder. *Journal of Forensic Sciences*, 42(1), 49-60.

Gilligan, J. (1996). *Violence: Reflections on a National Epidemic*. New York, Vintage Books.

Gottfredson, M. and Hirschi, T. (1990). *A General Theory of Crime*. Stanford, CA: Stanford University Press.

Gratzer, T and Bradford, J. (1995). Offender and offense characteristics of sexual sadists: A comparative study. *Journal of Forensic Sciences*, 40(3), 450-455.

Greco, C. and Cornell, D. (1992). Rorschach Object Relations of Adolescents Who Committed Homicide. *Journal of Personality Assessment*, 59(3), 574-583.

Green, R. (1991). *The MMPI/MMPI-2: an interpretive manual*. Massachusetts: Allyn and Bacon.

Gunderson, J. and Ronningstam, E. (2001). Differentiating narcissistic and antisocial personality disorders. *Journal of Personality Disorders*, 15(2), 103-109.

Hagan, F. (1994). *Introduction to Criminology: Theories, methods, and criminal behavior*. (3rd. Ed). Nelson-Hall Publishers: Chicago.

Handler, L. and Hilsenroth, M. (in press). The use of the Rorschach in the diagnosis of Narcissistic personality disorder.

Hare, R. (1991). *The Hare Psychopathy Checklist-Revised (PCL-R) Manual*. Toronto: Multi-Health Systems, Inc.

Hare, R. (1996). Psychopathy and Antisocial Personality Disorder: a case of diagnostic confusion. *Psychiatric Times*, 8(2).

Harrington, A. (1972). *Psychopaths...* New York: Simon and Schuster.

Hilsenroth, M., Fowler, C., Padawer, J., and Handler, L. (1997). Narcissism in the Rorschach revisited: Some reflections on empirical data. *Psychological Assessment*, 9, 113-121.

Holt, S. (1996). The sadistic component of the criminal psychopath. *Dissertation Abstracts International : Section B: the Sciences & Engineering*, 56(11-B), 6442.

Holt, S., Meloy, J. and Strack, S. (1999). Sadism and psychopathy in violent and sexually violent offenders. *Journal of the American Academy of Psychiatry & the Law*, 27(1), 23-32.

Kalichman, S. (1988). Empirically derived MMPI profile subgroups of incarcerated homicide offenders. *Journal of Clinical Psychology*, 44(5), 733-738.

Karsvnie, B., Lazcano de Anta, A., Rigazzio, J., and Saade de Alonso, S. (2000). Homicidal behavior assessed by the Rorschach test. *Revista Iberoamericana de Diagnostico y Evaluacion Psicologica*, 10(2), 25-36.

Kayser-Boyd, N. (1993). Rorschachs of women who commit homicide. *Journal of Personality Assessment*. 60(3), 458-470.

Keltikangas-Jarvinen, L. (1982). Alexithymia in violent offenders. *Journal of Personality Assessment*, 46(5), 462-467.

Kernberg, O. (1982). An ego psychology and object relations approach to the narcissistic personality. In L. Grinspoon (Ed.), *Psychiatry 1982: Annual Review*. Washington, .D.C.: American Psychiatric Press (pp.510-523).

Kudryavstev, J. and Ratinova, N. (1999). The psychological typology of criminal homicidal aggression. *International Journal of Offender Therapy and Comparative Criminology*, 43(4), 459-472.

Lester, D. (1976). Homicidal and suicidal impulses in the Nazi leaders. *Perceptual and Motor Skills*. 43, 1316.

Lester, D. and Perdue, W. (1972). Suicide, homicide, and color-shading response on the Rorschach. *Perceptual and Motor Skills*. 35, 562.

Lester, D. and Perdue, W. (1974). Body image of murderers. *The Journal of General Psychology*. 90, 187-189.

Lester, D., Kendra, J., and Perdue, W. (1974). Distinguishing murderers from suicides with the Rorschach. *Perceptual and Motor Skills*. 39, 474.

Lester, D., Kendra, J., Thisted, R., and Perdue, W. (1975). Prediction of homicide with the Rorschach. *Journal of Clinical Psychology*. 31(4), 752.

Lewis, M. (1993). The development of anger and rage. In Glick, R. and Roose, S. (Eds.), *Rage, Power, and Aggression*. New Haven: Yale University Press (pp. 148-166).

McCarthy, J. (1978). Narcissism and the self in homicidal adolescents. *American Journal of Psychoanalysis*. 38(1), 19-29.

- McDonald, A. and Paitich, D. (1981). A study of homicide: the validity of predictive test factors. *Canadian Journal of Psychiatry*. 26(8), 549-54.
- McKee, G., Shea, S., Mogy, R., and Holden, C. (2001). MMPI-2 profiles of filicidal, mariticial, and homicidal women. *Journal of Clinical Psychology*, 57(3), 367-374.
- Meloy, J. (1988). *The Psychopathic Mind*. New Jersey: Jason Aronson Inc.
- Meloy, J. (1992). Revisiting the Rorschach of Sirhan Sirhan. *Journal of Personality Assessment*. 58(3), 548-570.
- Meloy, J. and Gacono, C. (1993). A Borderline psychopath. *Journal of Personality Assessment*. 61(2), 358-373.
- Michaels, J. (1955). *Disorders of Character*. Illinois: Charles C. Thomas.
- Miethe, T. and Drass, K. (1999). Exploring the social context of instrumental and expressive homicides: An application of qualitative comparative analysis. *Journal of Quantitative Criminology*, 15(1), 1-21.
- Millon, T. (1986). Personality prototypes and their diagnostic criteria. In T. Millon & G. Klerman (Eds.), *Contemporary directions in psychopathology: Toward DSM-IV*. New York: Guilford. (pp. 639-669).
- Millon, T. (1996). *Disorders of Personality: DSM-IV and Beyond*. Second edition. New York: John Wiley & Sons.
- Millon, T. (1997). *The Millon Clinical Multiaxial Inventory-III manual*. Minneapolis, MN: National Computer Systems.
- Millon, T. (1997). The Millon Clinical Multiaxial Inventory-III (MCMI-III). www.millon.net/instrumentation/mcmi-iii.htm.

Murphy, C. and Vess, J. (2003). Subtypes of psychopathy: Proposed differences between narcissistic, borderline, sadistic, and antisocial psychopaths. *Psychiatric Quarterly*, 74(1), 11-29.

Murrie, D. (2002). Psychopathy among incarcerated adolescents: Screening measures and violence prediction. *Dissertation Abstracts International : Section B: the Sciences & Engineering*, 63(3-B), 1569.

Myers, W. and Monaco, L. (2000.) Anger experience, styles of anger expression, sadistic personality disorder, and psychopathy in juvenile sexual homicide offenders. *Journal of Forensic Sciences*, 45(3), 698-701.

Nestor, P., Kimble, M., Berman, I, and Haycock, J. (2002). Psychosis, psychopathy, and homicide: a preliminary neuropsychological inquiry. *American Journal of Psychiatry*, 159(1), 138-140.

Palermo, G. (2002). Criminal profiling: the uniqueness of the killer. *International Journal of Offender Therapy and Comparative Criminology*, 46(4), 383-385.

Pearson, P. (1994). Murder on her mind. *Saturday Night*. 109, Jun.

Perdue, W. and Lester, D. (1973). Those who murder kin: a Rorschach study. *Perceptual and Motor Skills*. 36, 606.

Perdue, W. and Lester, D. (1974). Racial differences in the personality of murderers. *Perceptual and Motor Skills*. 38, 726.

Prentky, R., Burgess, A., Rokous, F., Lee, A., Hartman, C., Ressler, R., and Douglas, J. (1989). The presumptive role of fantasy in serial sexual homicide. *American Journal of Psychiatry*. 146(7), 887-891.

- Putkonen, H., Collander, J., Honkasalo, M-L., and Loennqvist, J. (2001). Personality disorders and psychoses form two distinct subgroups of homicide among female offenders. *Journal of Forensic Psychiatry*, 12(2), 300-312.
- Quinsey, V., Maguire, A., and Varney, G. (1983). Assertion and overcontrolled hostility among mentally disordered offenders. *Journal of Consulting and Clinical Psychology*, 51(4), 550-556.
- Retzlaff, P. (1996). MCMI-III diagnostic validity: Bad test or bad validity study. *Journal of Personality Assessment*, 66, 431-437.
- Retzlaff, P. (2000). Comment on the validity of the MCMI-III. *Law and Human Behavior*, 24(4), 499-500.
- Retzlaff, P., Stoner, J., and Kleinsasser, D. (2002). The use of the MCMI-III in the screening and triage of offenders. *International Journal of Offender Therapy and Comparative Criminology*, 46(3), 319-332.
- Rice, M. (1997). Violent offender research and implications for the criminal justice system. *American Psychologist*. Apr., 414-423.
- Schlesinger, L. (1998). Pathological narcissism and serial homicide: review and case study. *Current Psychology: Developmental, Learning, Personality, Social*, 17(2-3), 212-221.
- Shaw, J., Appleby, L., Amos, T., McDonnell, R., Harris, C., McCann, K., Kiernan, K., Davies, S., Bickley, H., and Parsons, R. (1999). Mental disorder and clinical care in people convicted of homicide: national clinical survey. *British Medical Journal*, 318, 1240-1244.

Siniscalco, R and Kernberg, O. (2001). Psychoanalysis in the US: Narcissism. The American contribution.: A conversation of Raffaele Siniscalco with Otto Kernberg.

Journal of European Psychoanalysis, 12-13, 33-40.

Spitzer, R., Gibbon, M., Skodol, A., Williams, J., and First, M. (Eds.) (1994).

Diagnostic and Statistical Manual of Mental Disorders Casebook. (4th ed.). Washington, DC: American Psychiatric Press, Inc.

Stone, M. (1989). Murder. *Psychiatric Clinics of North America*. 12(3), 643-651.

Stone, M. (1998). The personalities of murderers: The importance of psychopathy and sadism. In Skodol, A. (Ed.) *Psychopathology and violent crime. Review of psychiatry series*. Washington, DC, US. American Psychiatric Association (pp. 29-52).

The Holy Bible, (1986). New International Version. U.S.A.: Holman Bible Publishers.

Tittle, C. (1995). *Control Balance: Toward a General Theory of Deviance (Crime & Society)*. Boulder, CO: Westview Press.

Wang, X., Cai, W., and Liu, T. (2001). A case-controlled study on personality characteristics of suicidal and homicidal schizophrenics. *Chinese Journal of Clinical Psychology*, 9(1), 48-49.

Warf, B. and Waddell, C. (2002). Heinous spaces, perfidious places: the sinister landscape of serial killers. *Social and Cultural Geography*, 3(3), 323-345.

Wise, E. (2001). The comparative validity of MCM-II and MMPI-2 personality disorder scales with forensic examinees. *Journal of Personality Disorders*, 15(3), 275-279.

Woodworth, M. and Porter, S. (2002). In cold blood: characteristics of criminal homicides as a function of psychopathy. *Journal of Abnormal Psychology*, 111(3), 436-445.

Yochelson, S. and Samenow, S. (1976). *The Criminal Personality: Volume I*. New York: Jason Aronson.

APPENDIX

APPENDIX

Table Ia

Years of Education of Minorities and Whites

		Years of Ed.		
Ethnicity	N	Mean	Std. Dev.	p
Minority	264	11.0	1.9	.00
White	222	11.8	1.3	.00

Table Ib

Ages of Minorities and Whites

		Age		
Ethnicity	N	Mean	Std. Dev.	p
Minority	267	28.7	9.2	NS
White	223	31.1	9.6	NS

Table Ic

IQ Scores of Minorities and Whites

Ethnicity	N	IQ		
		Mean	Std. Dev.	p
Minority	242	103.2	11.4	.04
White	192	108.4	10.3	.04

Table IIa

Years of Education of Crime-groups

Crime-group	N	Years of Education	
		Mean	Std. Err.
Nonviolent	199	11.4	.11
Other Violent	77	11.8	.18
Murder	210	11.5	.11

Table IIa

Comparison of Years of Education of Crime-groups

			Years of Education
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	.05
		Murder	NS
Other Violent	77	Nonviolent	.05
		Murder	NS
Murder	210	Nonviolent	NS
		Other Violent	NS

Table IIb

Ages of Crime-groups

Crime-group	N	Age	
		Mean	Std, Err.
Nonviolent	199	30.1	.69
Other Violent	77	31.7	1.10
Murder	210	28.6	.67

Table Ibb

Comparison of Ages of Crime-groups

			Age
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	NS
Other Violent	77	Nonviolent	NS
		Murder	.017
Murder	210	Nonviolent	.NS
		Other Violent	.017

Table IIc

IQ Scores of Crime-groups

Crime-group	N	IQ	
		Mean	Std. Err.
Nonviolent	199	106.0	.80
Other Violent	77	106.3	1.3
Murder	210	105.3	.78

Table IIc

Comparison of IQ Scores of Crime-groups

			Desirability
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	NS
Other Violent	77	Nonviolent	NS
		Murder	NS
Murder	210	Nonviolent	NS
		Other Violent	NS

Table IIIa

Raw (BR) Desirability Scale Scores of Crime-groups

		Desirability	
Crime-group	N	Mean (BR)	Std. Err.
Nonviolent	199	16.0 (74)	.3
Other Violent	77	15.4 (70)	.4
Murder	210	14.9 (70)	.3

Table IIIb

Comparison of Raw (BR) Desirability Scale Scores of Crime-groups

			Desirability
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	.00 [NV vs Murder]
Other Violent	77	Nonviolent	NS
		Murder	NS
Murder	210	Nonviolent	.00 [NV vs Murder]
		Other Violent	NS

Table IVa

Raw (BR) Debasement Scale Scores of Crime-groups

		Debasement	
Crime-group	N	Mean (BR)	Std. Err.
Nonviolent	199	5.2 (49)	.4
Other Violent	77	5.4 (49)	.7
Murder	210	6.6 (52)	.4

Table IVb

Comparison of Raw (BR) Debasement Scale Scores of Crime-groups

			Debasement
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	.02 [NV vs Murder]
Other Violent	77	Nonviolent	NS
		Murder	NS
Murder	210	Nonviolent	.02 [NV vs Murder]
		Other Violent	NS

Table Va

Raw (BR) Disclosure Scale Scores of Crime-groups

		Disclosure	
Crime-group	N	Mean (BR)	Std. Err.
Nonviolent	199	88 (56)	1.6
Other Violent	77	89.2 (57)	2.6
Murder	210	90.7 (58)	1.6

Table Vb

Comparison of Raw (BR) Disclosure Scale Scores of Crime-groups

			Disclosure
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	NS
Other Violent	77	Nonviolent	NS
		Murder	NS
Murder	210	Nonviolent	NS
		Other Violent	NS

Table VIa

Raw (BR) Narcissitic Scale Scores of Crime-groups

Crime-group	N	Narcissistic	
		Mean (BR)	Std. Err.
Nonviolent	199	15.2 (59)	.3
Other Violent	77	14.1 (57)	.5
Murder	210	14.3 (57)	.3

Table VIb

Comparison of Raw (BR) Narcissistic Scale Scores of Crime-groups

			Narcissistic
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	.04 [Other Violent vs NV]
		Murder	.00 [NV vs Murder]
Other Violent	77	Nonviolent	.04 [Other Violent vs NV]
		Murder	.02 [Murder vs NV]
Murder	210	Nonviolent	.00 [NV vs Murder]
		Other Violent	.02 [Murder vs NV]

Table VIIa

Raw (BR) Antisocial Scale Scores of Crime-groups

	N	Antisocial	
Crime-group		Mean (BR)	Std. Err.
Nonviolent	199	10.1 (72)	.4
Other Violent	77	9.8 (72)	.6
Murder	210	9.3 (67)	.4

Table VIIIb

Comparison of Raw (BR) Antisocial Scale Scores of Crime-groups

			Narcissistic
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	NS
Other Violent	77	Nonviolent	NS
		Murder	NS
Murder	210	Nonviolent	NS
		Other Violent	NS

Table VIIIa

Raw (BR) Sadistic Scale Scores of Crime-groups

Crime-group	N	Sadistic	
		Mean (BR)	Std. Err.
Nonviolent	199	6.3 (51)	.3
Other Violent	77	6.1 (51)	.6
Murder	210	6.2 (51)	.3

Table VIIIb

Comparison of Raw (BR) Sadistic Scale Scores of Crime-groups

			Sadistic
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	NS
Other Violent	77	Nonviolent	NS
		Murder	NS
Murder	210	Nonviolent	NS
		Other Violent	NS

Table IXa

Raw (BR) Schizoid Scale Scores of Crime-groups

		Schizoid	
Crime-group	N	Mean (BR)	Std. Err.
Nonviolent	199	5.1 (60)	.3
Other Violent	77	5.7 (64)	.5
Murder	210	6.3 (64)	.3

Table IXb

Comparison of Raw (BR) Schizoid Scale Scores of Crime-groups

			Schizoid
Crime-group	N	Crime-group	p
Nonviolent	199	Other Violent	NS
		Murder	.01 [NV vs Murder]
Other Violent	77	Nonviolent	NS
		Murder	NS
Murder	210	Nonviolent	.01 [NV vs Murder]
		Other Violent	NS

Table Xa

Raw (BR) Avoidant, Depressive, Dependent, Histrionic, Compulsive, Negativistic and Self-Defeating Scale Scores of Crime-groups

Personality Type	Crime-group	Mean	Std. Error
Avoidant	Murder	1.1 (9)	.300
	Nonviolent	.9 (a)	.320
	Other Violent	1.2 (a)	.532
Depressive	Murder	.5 (7)	.191
	Nonviolent	.6 (a)	.203
	Other Violent	.5 (a)	.338
Dependent	Murder	1.4 (7)	.275
	Nonviolent	1.6 (39)	.293
	Other Violent	3.3 (20)	.487
Histrionic	Murder	16.1 (70)	.678
	Nonviolent	17.3 (a)	.722
	Other Violent	17.2 (a)	1.201
Compulsive	Murder	18.0 (69)	.815
	Nonviolent	17.4 (a)	.868
	Other Violent	18.1 (a)	1.443
Negativistic	Murder	1.3 (7)	.248
	Nonviolent	.9 (a)	.264
	Other Violent	.9 (a)	.439
Self-Defeating	Murder	.6 (12)	.202
	Nonviolent	.3 (a)	.215
	Other Violent	.7 (a)	.358

Table Xb

Comparison of Raw (BR) Avoidant, Depressive, Dependent, Histrionic, Compulsive, Negativistic and Self-Defeating Scale Scores of Crime-groups

Personality Type	(I) crime-group	(J) crime-group	Mean Difference (I-J)	Std. Error	p (a)
Avoidant	Murder	Nonviolent	.194	.440	.660
		Other Violent	-.039	.611	.950
	Nonviolent	Murder	-.194	.440	.660
		Other Violent	-.233	.626	.711
	Other Violent	Murder	.039	.611	.950
		Nonviolent	.233	.626	.711
Depressive	Murder	Nonviolent	-.116	.279	.679
		Other Violent	.039	.388	.921
	Nonviolent	Murder	.116	.279	.679
		Other Violent	.155	.398	.699
	Other Violent	Murder	-.039	.388	.921
		Nonviolent	-.155	.398	.699
Dependent	Murder	Nonviolent	-.211	.403	.604
		Other Violent	-1.865(*)	.560	.002
	Nonviolent	Murder	.211	.403	.604
		Other Violent	-1.654(*)	.574	.006
	Other Violent	Murder	1.865(*)	.560	.002
		Nonviolent	1.654(*)	.574	.006
Histrionic	Murder	Nonviolent	-1.221	.992	.225
		Other Violent	-1.051	1.380	.450
	Nonviolent	Murder	1.221	.992	.225
		Other Violent	.171	1.414	.904
	Other Violent	Murder	1.051	1.380	.450
		Nonviolent	-.171	1.414	.904
Compulsive	Murder	Nonviolent	.583	1.193	.627
		Other Violent	-.084	1.658	.960
	Nonviolent	Murder	-.583	1.193	.627
		Other Violent	-.667	1.699	.696

Table Xb
Continued

Personality Type	(I) crime-group	(J) crime-group	Mean Difference (I-J)	Std. Error	p (a)
	Other Violent	Murder	.084	1.658	.960
		Nonviolent	.667	1.699	.696
Negativistic	Murder	Nonviolent	.425	.363	.248
		Other Violent	.394	.505	.439
	Nonviolent	Murder	-.425	.363	.248
		Other Violent	-.031	.517	.953
	Other Violent	Murder	-.394	.505	.439
		Nonviolent	.031	.517	.953
Self-Defeating	Murder	Nonviolent	.265	.296	.374
		Other Violent	-.124	.411	.764
	Nonviolent	Murder	-.265	.296	.374
		Other Violent	-.389	.421	.360
	Other Violent	Murder	.124	.411	.764
		Nonviolent	.389	.421	.360

Based on estimated marginal means

* The mean difference is significant at the .05 level.

a Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Table XIa

Discriminant Function Analysis of Crime-groups by Personality

Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.
1 through 2	.979	11.661	6	.070
2	.995	2.765	2	.251

Table XIb

Discriminant Function Analysis Predictions of Crime-groups by Personality

		Predicted Group Membership				
		crime-group	Nonviol.	Other Violent	Murder	Total
Original	Count	Nonviolent	107	0	116	223
		Other	31	0	57	88
		Violent				
		Murder	87	0	153	240
	%	Nonviolent	48.0	.0	52.0	100.0
		Other	35.2	.0	64.8	100.0
		Violent				
		Murder	36.3	.0	63.8	100.0

a 47.2% of original grouped cases correctly classified.

VITA

Tedra Elise Jamison was born in Spartanburg, SC on March 8, 1974. She was raised in Spartanburg, SC and attended grade school at St. Paul Catholic School until 1984, at which time the family moved to Euless, TX. From 1984 to 1987, she attended elementary and middle school in Euless, TX until the family moved again to Nashville, TN. In Nashville, TN she attended McMurray Middle School and then enrolled at John Overton High School. She graduated from there in 1992. After high school, she went to Xavier University of Louisiana in New Orleans, LA and received a B.S. in Psychology in 1996. Tedra began graduate studies at the University of Tennessee, Knoxville in 1996 and received a M.A. in psychology in 2000. She completed a field placement as a Clinical Psychology Associate at Cherokee Health Systems in Morristown and Talbott, TN from the fall of 2000 to the spring of 2002. In 2002, she served as a Clinical Psychology Intern for the Colorado Department of Corrections and in 2003 became a Clinical Therapist for Fremont Correctional Facility's Sex Offender Program in Canon City, CO. Tedra graduated with a Ph.D in psychology in 2005.