

Type A, AB, B Murderers: Their Relationship to the Victims and to the Criminal Justice System

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Ultimately science must be able to state that if a person with certain personality elements in a certain configuration happens to be in a certain typical life situation, he will probably react in a certain manner, whether the law punishes this response as a crime or tolerates it as unimportant.

Thorsten Sellin
Culture, Conflict and Crime

Bad men do what good men dream, observed the sage, and psychiatrists are frequently called upon to explain why. Murder is the crime of crimes. The murderer particularly inspires the ultimate in feelings of repugnance, fear and fascination for violating man's most sacrosanct commandment — thou shalt not kill. While the immediate circumstances of the murder may be unspeakably horrible, the later examination of the murderer is another matter. No blood-dripping monster, the murderer is frequently a quiet, reasonably cooperative, decent-appearing human being, uncomfortably like us. Add to this that "good men's" consciences are regularly perturbed by murderous phantasies and dreams, and the objective study of the murderer, his victim and the interaction of the murderer with the criminal justice system becomes very difficult. Theodore Reik has put the matter squarely: "If wishes were horses, they would pull the hearses of our dearest friends and nearest relatives. All men are murderers at heart." Although the psychiatrist is not free from these perturbations, his professional training and access to individuals who commit murder present a unique opportunity for clinical study, with the eventual aim of treatment and prevention of this most destructive form of aggression.

As a psychiatrist with the Forensic Psychiatric Division of the Department of Human Resources, Washington, D.C., I have had the opportunity to perform psychiatric evaluations of 30 murderers from July 1, 1974 to December 1, 1976. It was not possible for me to examine all murderers referred to the Forensic Psychiatric Division because of the number of referrals and the occasional requests for forthwith examination. Therefore, the murderers in this study are not totally representative of the population served, and no statistical analysis is attempted. All murderers except one female examined were black and from low socioeconomic levels.

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I personally performed all examinations reported in this paper. Examinations were requested by the court for either pretrial or presentence evaluation, by probation officers, and by the Department of Corrections in connection with parole evaluations and for murderers undergoing psychiatric crises. Thirty murderers were examined: 10 Type A murderers, 7 men and 3 women; 7 Type AB murderers, all men; 4 Type B murderers, 1 man and 3 women; 7 murderers, all men, that I classify as felony murderers; and 2 psychotic murderers, a man and a woman.

The felony murderers themselves deserve further study. Unlike the other groups, in which all admitted in one way or another to the murder, the felony murderers denied any knowledge of the murders charged against them and claimed a "frame-up" or mistaken identity. All were extremely hostile, arrogant and manipulative. I call them felony murderers because they were all charged with murder in connection with robbery or a prison disturbance. Because of their extreme hostility to psychiatric interviews (slurs on their omnipotence) or gross dissimulation about their early development and current relationships, little could be learned about their personal lives. This group bore a resemblance to Guttmacher's¹ psychopathic murderers.

Both psychotic murderers suffered from paranoid schizophrenia and were to varying degrees reluctant to be interviewed. Reluctance to the psychiatric interview was not, however, a feature of Type A, AB or B murderers.

This study has evolved from the clinical data obtained in the course of psychiatric examination of the murderers referred. I have classified the murderers according to a natural grouping suggested by the clinical data into Type A, AB and B murderers, a classification that particularly emphasizes the murderer's relationship with the victim.

Type A murderers usually had a tangential or incidental relationship with their victim. Less commonly they formed a profoundly dependent relationship. The victim frequently represented, after some trivial frustration, a displaced target for murderous hatred emanating from the murderer's earliest years.

Type AB murderers displayed a greater ability to form sustained relationships, characterized by deep dependency with strong sadistic trends toward the victim. The threat of separation by the victim was usually the trigger for violence. Alcoholic intoxication and possession of guns were very common among both Type A and AB murderers. They shared certain early developmental features but to varying degrees.

Type B murderers maintained prolonged, long-suffering relationships with the victims before the murders. Usually the murderer was a woman who had been physically and psychologically abused for years by a husband or boyfriend. Profound early parental deprivation was not part of their history, nor did alcohol play a significant part at the time of the murder.

It is urgent to recognize that the murderer types will repeat, within the criminal justice system in general and with individuals who work with them in particular, their original special relationships with the victims. This special relationship is indicative of a specific personality organization. The persistence or possible change in this repetition is of critical importance in making the difficult recommendations involving the murderer's future. Pretrial incarceration or bond; length and type of sentencing; who may or

may not benefit from therapy, and what kind; criminal justice procedures that may mask future murderous behavior or precipitate it currently; and the meaningfulness of parole evaluations are all important issues related to the type of relationship formed by the murderer and, to a lesser extent, to certain other features discussed below for each personality type.

Is this just another classification of murderers in which typology serves as a self-deception, hiding our ignorance rather than extending our knowledge? Murderers have been classified to death. Yet the clinical data of this study clearly show, for instance, that *all* Type A murderers abuse alcohol, have previous assault records, have suffered extensive deprivation of parental care, and maintain superficial, self-centered, hostile relationships. Human behavior is predictable, or at least predictable to a degree. Individuals with a Type A profile are at greater risk to murder than others without these characteristics. So it is with Type AB and B murderers. They are all the precipitate from a supernatant group with specific characteristics whose members are at great risk to murder or be murdered. My thesis is that the clinical data from our population, particularly the quality of the personal relationship of the murderer to the victim, suggest broad personality profile types critical to our present and future ability to make recommendations of treatability, of dangerousness and for prevention of murder. This paper is a beginning attempt at clinical analysis of our murderer population with initial identification of Type A, AB, and B murderer groups suggested by the raw data collected from the psychiatric interview. If one does not forget individual differences, another value of the composite Type A, AB, B profile is in its ability to bring to bear on single cases the accumulated clinical experience of many psychiatric interviews.

Personality types are clearly descriptive categories without any specific reference to diagnosis. Diagnostic categories are referred to only in the broadest terms. Multiple or different diagnostic groups can overlap specific murderer types. For example, a Type A murderer could be diagnosed as suffering from a schizoid personality, depression and alcoholism. A Type B murderer could bear the diagnosis of a hysterical or obsessional personality.

TABLE I
MURDERER TYPE PROFILE

Profile	Type A	Type AB	Type B
Relationship to Victim	Incidental, Casual, Passive-Dependent, Tenderness Taboo	Sustained Passive-Dependent with Sadistic Trends	Sustained Masochistic
Duration of Relationship	Average 1.9 Years, 4 Cases less than 1 Day	Average 12.2 years	Average 13 Years
Parental Loss before Age 12	60%	40%	None
Severe Childhood Beatings	70%	57%	None
Chronic Deprivation of Parental Care	100%	100%	If Present, Significantly Less Severe than Type A
Remorse	Little or None	Strong but Rationalized or Denied	Very Strong, No Effort to Cover Up
Diagnosis	Borderline Psychotic (Unstable)	Borderline (Stable)	Character Disorder

Type A Murderers

The relationship between a Type A murderer and his victim is usually superficial or incidental, *e.g.*, random. When a relationship has been established for a time, it tends to be passive and dependent. A tenderness taboo is frequently discovered in this group. Tender feelings arouse terror from a fear of exploitation and vulnerability to attack. Reference to Table I shows the specific characteristics of the Type A murderer. The murder is often precipitated by what appears to be a trivial reason, *e.g.*, a petty argument, a misunderstanding or a retaliation for a minor slight. The murderer invariably has been drinking excessively and has *immediate* access to a lethal weapon, usually a handgun carried for some time, when experiencing an explosive rage toward the victim. One has the impression that if either the alcohol and/or immediate access to a weapon had been absent, the murder would not have happened. Alcohol and immediate weaponry are *essential elements* in Type A murder. The passive-dependent relationship that Type A murderers develop can end in murderous assaults when the victims attempt to leave the relationships.

The diagnoses most frequently made for Type A murderers are schizoid, inadequate, passive-aggressive, or explosive personality. These personality structures can be capriciously unstable, and underlying strong tendencies toward borderline psychotic personality may exist.

Another important but not surprising finding in the history of these individuals is previous violent behavior. In every case examined, previous arrests for assault were found. The most common previous assault charge was assault with a deadly weapon, with simple assault a close second. A very high proportion of Type A murderers who drove cars had previous arrests involving motor vehicles as well as numerous automobile accidents and suspended licenses. Drunken driving was a common offense.

As indicated earlier, Type A personalities tend to murder impulsively and explosively. The unleashing of explosive rage may be the outcome of temporary disintegration of the personality defenses exacerbated by alcohol in an already unstable individual. Dissociative reactions are not uncommon to this group. A dissociative reaction is defined as an altered state of consciousness prior to the murderous act. Amnesia refers to the inability to remember the murder, caused by any number of factors, dissociative reaction being only one possible cause of amnesia. Amnesia for the events surrounding the murder is frequent. However, the cause of the amnesia may be difficult to assess due to the presence of excessive alcohol intake, head trauma, seizure or profound conscious and/or unconscious denial. Amnesia caused by denial is not a dissociative reaction. Unlike the latter, it will occur after the murder takes place. In this group, one also finds a preponderance of primitive defenses to cope with the post-murder crisis, such as projection and denial, as well as regression in intellectual and emotional functioning.

Early parental loss and deprivation occurred in the vast majority of cases. Parental loss is defined as loss of parent by death or other means before the age of 12. Deprivation of parental care is defined by the judgment of the examiner when the nurturing parents and environment provided significantly less than an average expectable environment. Obvious neglect, sadistic

beatings (child abuse), malnutrition and chronic emotionally ill parents were frequently encountered examples of deprivation. The percentages for child beatings for Type A and AB murderers closely approximate the figures reported by Tanay² from his study of murderers.

Finally, the absence of any real remorse over the murder was an unvarying finding. The most frequent reason given for lack of remorse was that the murderer did not know what he was doing at the time of the murder. This one finding among Type A murderers is of enormous prognostic significance for the examining physician who is called on at some point to assess the dangerousness of the individual. The absence of remorse is an ominous sign for the future of the murderer and society.

The following case is presented as a typical example of the Type A murderer:

J, age 23, was examined for a presentence psychiatric evaluation. He was found guilty of manslaughter but was initially charged with second degree murder. J expressed some reluctance about discussing the murder again "because I have gone over it too many times to the point where it depresses me." He did, however, agree to have the interview, and we started talking about his childhood.

J was raised by his maternal grandparents in North Carolina. His mother, 18 at the time of his birth, lived in the District of Columbia. J regards his grandparents, who both died in 1971, as his parents, although he knew and occasionally visited his mother. He never met his father, whose name he bears. "All I know about him is that he was an alcoholic." J is the oldest of four children — a half-brother and two half-sisters were born to his mother and his step-father in the District of Columbia. The grandparents are described as having been strict but fair, "giving all that poor people could give." J helped with his grandfather's sharecropping. When he did not perform his chores, he would receive a "whipping," usually at the hands of his grandmother. My impression of this man's childhood is that he did not want greatly materially but grew up among older people who were still struggling to survive and had little time for the building of affectionate ties with their grandson. Disciplining had a top priority, while personal relationships were relatively empty. J graduated from high school about the time both grandparents died. He was classified 4F for "unknown reasons." J has had job training and worked intermittently, mainly in construction and welding.

As a junior in high school, he was charged with assault (knife). He has twice had his automobile license suspended for driving while drunk. He has also had one speeding violation, and an accident when his car swerved off the road "because of a soft shoulder." J had his first drink at eight years of age, when an uncle gave him a "swig." Most of his drinking has been on weekends, when he would frequently become inebriated. Currently when he drinks, he notices "I cannot remember what happened the next day." He does not use drugs.

J was getting into his car when he was "attacked" by individuals who were angry at a friend of his. He was beaten on the head, receiving a wound requiring seven stitches and a stab wound by the ribs. He had had "two beers" before the attack began. J does not remember anything further until

being treated at a local hospital about an hour later. He was told that he shot a woman who was a member of a family friendly with the group that attacked him.

After being beaten, he drove around the block twice before shooting this woman. His relationship with the woman was "like a person riding a bus who sees the same people out the window." He knew who she was but had never had any kind of contact with her. J ascribes his poor memory to being struck over the head and the "drinking." At one point he cannot remember anything and then states "maybe I can" but cannot elaborate. The mechanisms involved in the amnesia appear to be conscious and unconscious denial, alcohol intoxication and possibly head trauma. J had been in the habit of carrying a gun in his car for years.

Since the homicide, J has complained of tension headaches along the back of his head. He further states he has not "been the same" since the homicide, feeling depressed most of the time. He went to see a psychiatrist two or three times but stopped because it took "too much time from work." J denies any remorse. He feels he was protecting himself and that others were lucky they were not shot also. His tension and depression come from his concern about his future and his worry about "being locked up." J also relates that a brain scan and EEG done before his trial were negative, but he still feels "something is wrong." Currently, J is living with his mother and step-father. He has a girl friend he has known for over a year.

There is no clinical or historical evidence of severe mental disorder. He denies past or present evidence of hallucinations or delusions. He is oriented to time, place, person and situation. He has no history of psychiatric hospitalization or previous psychiatric care other than the few interviews mentioned above. Recent and past memory is intact except for the incident. No evidence of thought disorder is present. Proverbs are interpreted correctly.

My clinical impression of J is that he manifests an impulsive, immature personality structure with poor reality testing under stress. His personal relationships are characterized by infantile dependency and manipulation. His relationships are primarily with men with whom he drinks. Alcohol abuse with blackouts is given by history. His relationship with his mother and girl friend is hostile-dependent, demanding of supplies of love, care and attention. Early rejection was experienced from his mother and to some extent from his grandmother, who beat him frequently. He appears to be subconsciously demanding reparations. He killed a woman even though he was "attacked" by men.

Each of the ten Type A murderers obviously differed to some extent from the composite profile. J had the least deprivation of parental care, in spite of the infrequency of visits to his mother, who abandoned him to her parents, and the total absence of his father, of whom he heard degrading things.

Type B Murderers

In this group, the murders are truly victim-induced. The murderer, usually a woman, has had a long, sustained relationship with the victim. Often she is the long-suffering, submissive partner of a controlling, sadistic husband or boyfriend. Less frequently the woman is the sadistic partner. A breaking

point is reached and the worm turns. The submissive partner lashes out in a murderous rage toward the sadistic partner, or displaces the rage toward another individual who is related in some way to the victim. Type B murderers in this study seem related to Wolfgang's³ group of victim-precipitated homicides but differ by having neither violent past histories nor significant alcoholic intoxication.

In contrast to Type A situations, alcohol is usually not present, or present only in very small quantities. Type B murderers seek and find a handy weapon during the murderous rage rather than keeping one available. The personality organization appears to be more mature, with better reality testing, control of anxiety, ability to postpone gratification and capability for more sustained personal relationships than Type A murderers. This maturity probably accounts for the absence of dissociative reactions and amnesia. Arrests for previous violent behavior are rare. None in this group had any auto violations. None of the murderers in this group sustained early parental loss, and this difference may help account for more stable personality organization in Type B murderers.

One of the most striking findings in Type B murderers was the presence of unrelenting remorse. No effort was made to blame others or circumstances. The murderer acknowledged his deed with great personal pain.

The following case history is an example of the Type B murderer:

C, age 21, was seen for a psychiatric evaluation to determine her ability to stand trial. She was charged with first degree murder.

C talked openly and frankly about the murder and events leading to it. She had been riding around with her girl friends until 1:30 a.m. She did not want to stay home by herself. Tony, her common law husband of two years, was out, and she knew he would get home late, as was his habit. She called home many times until she reached him at 1:30 a.m. He told her not to come home but to go to her grandmother's. She decided to do this initially but changed her mind and went to their apartment to see "who was there and what was going on." She found her husband in the living room with another woman. She sat in the kitchen and cried. Finally she called to Tony and asked, "What's going on?" He said he would take the other woman home. C describes feelings of "great hurt" and confusion. She remembers "all of a sudden exploding," going to the pantry, picking up a kitchen knife and stabbing the other woman in the abdomen. Tony tried to keep her off, but she stabbed the other woman two more times. C states she felt anger only at the time of the stabbing. The victim was rushed to a hospital where she was pronounced dead on arrival. C turned herself in.

C had briefly seen this woman one week before when she was in bed and heard her husband opening the back door. Apparently he was trying to bring this same woman into the apartment. The woman left when C demanded an explanation. C yelled, "Don't you ever come back."

The day before the murder she again observed this woman, waiting outside a restaurant where C and her husband were having lunch to patch things up. Tony had told her, "I don't want to hurt your feelings."

C had known Tony since she was twelve. They went steady since she was 14 and lived together since she was 18. She is now 21 years old. She described the relationship as very difficult at times. He has "walked over me in a

cold-blooded way many times.” She describes frequent physical beatings every 2-3 weeks, after which she goes to her grandmother’s for a few days “to make him feel guilty.” Then “I come back and knock on the door.” C also describes how Tony has “put down every good thing I have done and walked all over me, but I have loved him, built him up and made a man of him.”

C has worked at a bank for the past 18 months, “counting money.” She has an 11th grade education, having left school to “run with my girl friends.” At 14, she was in a home for delinquents because of petit larceny and being out of control. She denies previous assault charges, automobile accidents or arrests. She states “I don’t drink.” There was no alcohol ingestion at the time of the offense.

C has one brother, age 19, and a step-sister. She was not raised by her mother but was cared for by her paternal grandparents from birth. Her father also lived with the grandparents after having separated from the mother some time after C’s birth. She would see her mother on weekends. She states, “My mother kept my step-sister.” The grandparents and father are seen as very loving but unable to say no to her. She regrets now that no limits were set on her behavior. “I always got my way.”

C is a very open, ingenuous person with adequate intelligence. Until her arrest she had never seen a psychiatrist or been hospitalized in a psychiatric hospital. She had group therapy, which she valued, while at the delinquent home. She spoke of her yearning for a beautiful life with Tony. She was much tormented by feelings of guilt and fear of retaliation. “God will punish me. It is wrong to take another’s life.” She burst into tears frequently at work. “It took me a month and a half to get strong.” It is clear that her murderous rage at Tony was displaced to the other woman because she could not act it out against him. She was grossly emotionally dependent upon him. There was no evidence of psychosis, mental deficiency or organic brain disease.

A continuum exists between Type A and B murderers. On closer scrutiny, however, the degree of parental deprivation in this characteristic example is significantly less and of a different kind – too much rather than too little. In addition, both parents and grandparents were present. The three other Type B murderers studied had no parental loss and no discernible history of extensive deprivation of care.

Type AB Murderers

This group shared many of the characteristics of Type A murderers, with a fundamental difference – the ability to sustain a relatively enduring, though sadistic relationship with the victim. Type AB murderers were on a continuum from Type A to B but closer to Type A. The triad of (1) Type A-like personality organization, (2) alcohol abuse and possession of a handgun or other weapon, and (3) sadistic trends in the relationship to the victim made Type AB encompass the most lethal qualities of each group. Thus, I would predict Type AB to be the most dangerous and at greatest risk to commit murder in the future.

The following case is an example of a Type AB murderer:

I saw T, age 31, at a general hospital. He was charged with the murder,

while armed, of his wife. I saw him to evaluate his competency for sentencing.

T had been in jail when he attempted suicide by an overdose of Elavil. He was brought to the hospital but again discharged to the jail, only to return again because of suicide threats. While at the hospital, he was found with a cellophane bag over his head.

Initially he was reluctant to speak with me but slowly became more trusting. He had no previous history of psychiatric treatment or hospitalization. About ten years ago, he received a one-year suspended sentence for carrying an unregistered gun. He denies any other charges. He has had a history of excessive alcohol intake which he "cut down" after his wife threatened to leave him during the second year of marriage. However, he continued to drink heavily on occasion. At these times, his wife would "leave me alone" out of fear. The eight and one-half year marriage was very stormy, particularly after his five-year-old daughter was born. There were mutual antagonism, baiting, and physical fights. Money was a common issue. Brief separations were frequent. On one occasion, his wife and daughter went to Texas. T went down to Texas to see his daughter. She did not recognize him, and the state of her physical care "took something out of me. I said to myself, she will never be taken from me again." T cried when he related these events.

Over the years, T has had a spotty work record. A few years ago, he took training in offset printing but worked in this field only a few months. Thereafter, he worked for the transit authority as a laborer for one year but quit on the day of the murder.

T is not sure if he killed his wife but stated, "I must have. There were witnesses and I read the reports." He had resigned from work that day and began drinking. He had at least one six-pack of beer and "two shots of vodka," then shared an unknown quantity of more vodka with friends. His memory is spotty for this day but he remembers buying "a bottle of Gilbey's gin." T had a gun in the house, and his wife, noting his condition, called the police. As the gun was hidden on top of an air conditioning unit, it was not found on his person. His wife stated she was going to leave him and take their daughter. Two weeks before, T had found his wife "coming out of a place that was of bad circumstances." He had felt that he would not let this bother him but, rather, would "play around myself to show her." Just before the murder, a fight ensued about his relations with women. All he can remember next was a loud explosion going off and his running away in fear. His next memory was in a phone booth at Union Station the following morning. He was making a phone call to his aunt to tell his wife that their daughter was still at the baby-sitter's. The aunt became hysterical, telling T that he had shot his wife in front of their home and killed her. T turned himself in to the police.

T was born in North Carolina to an intact family. The father was a very strict sharecropper. T feared him, and also received many whippings from the mother because "I would defy her." He was known to knock glasses off the table after he was told frequently not to do so. A bad fate was predicted for him by his parents. He received a 9th grade education but "couldn't learn." He views his life as a series of failures.

Secondly, if Type A and AB murderers could become abstinent from alcohol, another critical element would be removed that markedly facilitates these murders. I believe Alcoholics Anonymous is the best format available both while the subject is incarcerated and upon his discharge to the community.

Psychiatric interventions that are useful while the subject is incarcerated may no longer be feasible after he leaves the institution. A system of brief, regular contacts with a psychiatrist at a medication clinic has proven very effective. The contact itself appears to be important. The relationship with the psychiatrist is brief, non-threatening and acceptable in the context of accepting medication. Also, adequate follow-up can be made in this way.

Type B murders appear eminently preventable, at least theoretically. The murderer and victim usually come to the attention of relatives, various community agencies, police or courts many times before the actual murder takes place. Nevertheless, open disputes between partners continue without outside intervention. The partners continue to live with each other in spite of ever-escalating, violent conflicts. The murder itself appears to be the only way the tenacious grip of the sadomasochistic bond between partners can be broken. A very high suspicion of this outcome by individuals who come in contact with such violent relationships is imperative for prevention.

Further research into violent behavior is an important means to prevention. Can it be confirmed that Type A, AB, and B murderers are valid typologies in other population samples? If so, will the prediction that Type AB personalities are the most likely to kill hold up in the observations of other investigators? The study of treatment outcome for the various murderer types, with adequate follow-up, is crucial. I suspect that Type B murderers would be more commonly represented at higher socioeconomic levels. If this speculation is confirmed, the underlying causes should be investigated. Type B murderers evoke the most sympathy and their crimes appear "justifiable" because of the great provocation of the murderer by the victim. For this reason, Type B murderers may not be referred for psychiatric evaluation. This probability raises the issue of the level of sophistication of probation officers and judges and their resistance against making appropriate psychiatric referrals. In itself, this area is a valid topic for research. Finally, I would endorse MacDonald's recommendation¹⁰ for a ten- to thirty-day hospital evaluation of murderers whenever possible. This system is particularly apt for the psychotic and felony murderers in this study who presented special problems for the individual interviewer. Multiple avenues of communication and information provided by inpatient study would be a valuable aid to psychiatric investigation.

It seems fitting to conclude with a reversal of the sage's opening observation that bad men do what good men dream. "Good men" must do what "bad men dream." The manifest content of most of the dreams of the murderers interviewed barely disguised a yearning for union with the victim and a life free of violence toward the people whom they would love. To this end, "good men" in the administration of criminal justice should scrutinize each stage in order to question whether it enhances or discourages the maturational development of the individual who has murdered. "Good men" must help those murderers who can find other ways of coping

The mental status exam revealed that he was oriented to time, place, person and situation. He denied hallucinations or delusions in the present or past. He was very depressed and cried a great deal. Frequently, he would tremble all over when recounting the shooting episode. As noted earlier, he attempted suicide. No evidence of psychosis was found.

Murderer Type and Personality Structure

The personality structure of Type A murderers is basically infantile. These individuals tend to be very self-centered, intolerant of frustration, and inclined toward great sensitivity to slight. Impulse control is poor, and the need for immediate gratification is strong. Type A murderers have suffered extensive deprivation of parental care leading to defective personality development with significant, persistent deficits in their abilities to test reality and tolerate frustration. Of particular importance is the inability to have close, enduring relationships with other human beings. Tender feelings are viewed with fear and suspicion. Other people tend to be manipulated for whatever they can provide, because of underlying rage that demands reparations for past deprivations and early losses. Type A murderers lack perception of others as anything other than need-providing. Insufficient development of separate senses of self from the need-gratifying persons leads to dependent relationships. Whoever is need-gratifying is good and is yearned for, while whoever is need-depriving is bad and should be destroyed. Every frustration is a deprivation that lowers self-worth and brings on rage. A stable, independent sense of self and others is not present. The other person is not seen as an independent, self-willed individual with sometimes contrary needs. There can be no empathy or warmth towards another human being who is perceived as either a good or bad version of the parent or self. Empathy requires the ability to tolerate separateness. Thus, the inhibition of violence toward others is diminished, permitting chronic murderous rage to explode over seemingly minor irritations.

These difficulties are reflected in the way a Type A murder takes place. Usually the relationship with the victim has been of short duration, superficial or even incidental. Once a relationship develops, the dependency feelings can become so intense that the individual becomes easily overwhelmed at the threat of loss of the other person. Positive feelings are tenuous and can be withdrawn rapidly in an explosion of violence. Little remorse is felt later. The murder is usually rationalized as "self defense," or the other person "had it coming to them." Alcohol addiction is usually present and is an indication of dependency on a constant frustration-minimizing source. It also fills a chronic sense of emptiness caused by lack of meaningful personal relationships, present or past. Weapons are carried to protect oneself against a world perceived as chronically depriving and hence persecutory. Numerous previous violent encounters have characterized past relationships, particularly while intoxicated. The alcoholic intoxication liberates impulses of hate and destruction emanating from the chronic, early, intense deprivation of the basic needs for physical nurture, love and appreciation.

Type B murderers have achieved constancy and durability in their relationships with others. Their personality structure is more mature, with

better functioning in the testing of reality, in impulse control, and in tolerance of frustration and anxiety. There is a marked difference from Type A in the degree of early, chronic deprivation. The history reveals few or no previous outbreaks of violence. Development of conscience capable of producing guilt is an aspect of greater personality differentiation. However, the interpersonal relationships contain not only affectionate but also aggressive dimensions. This aggressive component is turned on the self and can best be described as the need to be hurt. The balance between affectionate and hostile components can shift markedly towards the latter. Although usually internalized, the direction of impulses can turn outward. In Type B murders, the long-suffering partner turns explosively murderous. The critical triggering situation is usually an unbearable mortification, usually involving the threat of loss of the partner in a humiliating fashion. The illustrative Type B case demonstrates this dramatically. The individual accepts responsibility for the murder amidst considerable guilt. Traumatic dreams of the murder are common.

The Type AB murderer is closer to Type A than to Type B in personality organization. He is still borderline, but not as close to psychotic functioning as Type A. Type AB murderers have more sustained dependent relationships with sadistic trends. Unlike Type B murderers, the sadistic Type AB partners in the relationships act out rather than internalize hostile impulses. Unlike Type A, the Type AB develops a conscience, but it, too, has a sadistic character. The personality structure is more stable with fewer regressive features than Type A when not intoxicated. However, alcohol tends to dissolve these differences. The determination of guilt feelings is most difficult to assess in the Type AB murderer because of the clinical difficulties in determining the presence or absence of latent or "unconscious guilt." Type AB murderers try to deny their guilt to protect themselves from a harsh, merciless conscience.

The Special Relationship of Murderer to Victim

Basically, five types of adult murderers are encountered in the population from which this data is drawn. I have included not only the three types discussed above, *i.e.*, Types A, AB, and B, but also the psychotic and felony murderers, because these five categories appear to fall into a developmental series.

The murderer types can be studied according to the special demand, usually unconscious, made upon the victim. Table II illustrates that the murderous act is usually triggered by the victim's wittingly or unwittingly frustrating a special demand that forms the basis of the relationship with the murderer-to-be.

Table II also illustrates the specific types of relationships with the victims. They generally follow a developmental line from relatively primitive to more mature, better differentiated relationships. This coincides with the observational data of Mahler⁴ in her study of individuation-separation. A gradient from symbiotic fusion to differentiation of self and victim is observed from the psychotic through the Type B murderer. The predominant anxiety suffered by psychotic, felony, Type A and AB murderers at the threat of loss of the special relationship with the victim is

severe separation anxiety. Type B murderers experience anxiety over the loss of love of the victim.

TABLE II
THE SPECIAL RELATIONSHIP OF MURDERER TO VICTIM

Murderer Type	Special Type of Relationship to Victim	Loss of Relationship to Victim Threatens
Psychotic	Fusion, Symbiosis	Loss of Identity and Disintegration of Personality
Felony	Self-Centered, Others Must Reflect Grandiose Self	Loss of Grandiose Self
Type A	Anaclitic, Dependent	Loss of Good Self and Good Parent Substitute
Type AB	Dependent, Sadistic	Loss of Good Parent Substitute, Loss of Love
Type B	Mixed Love-Hostility	Loss of Love, Disruption of Love-Hate Balance

As Halleck⁵ points out, human behavior has a multi-dimensional biological, psychological, environmental and sociological base. Table II reflects only a psychological hypothesis from the clinical psychiatric examinations of the five basic murderer types.

The psychotic murderer does not achieve an independent self; he is basically unable to separate self from others. The victim becomes an inseparable part of the psychotic individual's psychic life. Any real or phantasied threat of loss of the victim produces a profound threat to the psychotic individual's sense of self and world. The victim becomes a bad object — a persecutory individual. What is good is pleasurable and part of the self to be cherished; what is bad is not self, dangerous, and must be destroyed. Frequently the victim may not be the central person threatening to break up the symbiosis but can become, through incorporation into the murderer's delusional system, a displaced object for murderous impulses.

The felony murderer commits this offense while engaged in a robbery or similar act, without planning to kill. The felony murderer will try to deny or blame others for the offense. He will appear extremely hostile and threatening, causing acute unease in the examiner during the interview, and will generally appear quite self-centered, contemptuous and manipulative. The felony murderer committed murder when there was an element of resistance or non-compliance by the victim. This type of murderer's view of the world is filtered through the grandiose self.⁶ Other people are expected to comply immediately with all wishes. Any delay is deflating to the murderer's grandiose image of himself. If that grandiose image is threatened by the victim, the victim is snuffed out at once, showing the meaninglessness of this person and re-establishing the importance of the murderer in his own eyes.

Type A murderers tend to develop a profound dependency in their relationships, which are then subject to good-bad splitting.⁷ The dependency is upon a phantasied all-good, all-providing parent not even approximated in real life. If the other person becomes excessively frustrating or threatens to leave, he quickly becomes the bad parent with whom the murderer is all too

well acquainted. It is the loss of the phantasied good parent, with the subsequent feelings of emptiness, depression and low worth, that reawakens the murderous rage originally directed at the bad parent. The threat here, unlike that to the psychotic, who fears loss of personal identity, is the loss of the phantasied good parent and the dreaded feelings of despair. If the relationship is momentary, incidental or even briefly friendly, the victim can become the displacement object for murderous hate originating from the murderer's past. This is especially true if alcohol is present, and can occur over a trivial provocation.

Type B murderers have mixed love-hostile impulses toward the other person. Generally, they tend to be long-suffering and compliant as a defense against their hostility. They will suffer much abuse as long as the promise of love is maintained. Many of these murders occur when the long-suffering individual cannot bear an ultimate, grossly degrading humiliation that finally signals the end of the relationship. The aggression-inhibiting love ties as well as the overt compliant behavior disappear in an explosive murderous act. The murder act says, "You can hurt me only as long as you promise to love me."

Type AB murderers, depending upon the predominance of A or B characteristics, combine the dynamics discussed above for each separate group. The deep dependency on the victim reflects the need for the phantasied all-good parent, as with certain Type A murderers. As in Type B murderers, hostile impulses are mixed with positive feelings. However, the hostile impulses are turned outward and are acted out when the victim threatens to leave. Needless to say, marriages between Type AB and Type B personalities are not made in heaven.

Murderer Type and the Criminal Justice System

The potential for continued violence of Type A, B, and AB murderers can be directly related to specific phases of the judicial process as shown in Table III. Obviously, Table III is not intended for use in the manner of a cookbook but rather offers an approximation of potential violent behavior based on clinical experience and theoretical application.

TABLE III
CLINICAL ESTIMATION OF CONTINUED POTENTIAL* FOR VIOLENCE BY MURDERER TYPE ACCORDING TO THE PHASE OF CRIMINAL JUSTICE ADMINISTRATION

Murderer Type	A		AB		B	
	Other	Self	Other	Self	Other	Self
Direction of Violence						
Stage of Criminal Justice						
Pretrial						
Bond	+	-	+	+	-	+
Incarcerated	-	-	-	±	-	±
Presentence						
Bond	+	-	+	+	-	+
Incarcerated	-	-	-	±	-	±
Probation	+	-	+	+	-	+
Incarceration or Other Structured Residential Environment	-	-	-	-	-	-
Parole	+	-	+	+	-	+

*Potential: + Positive / ± Equivocal / - Negative

This table reflects the potential for future violence according to the manner in which aggression is bound or discharged for each type. Prognostication is based on the finding that Type A murderers' lack of basic controls over hostile impulses is further enhanced by alcohol abuse at the time of the murder. Type B murderers have much better defenses against their impulses but feel relatively defenseless against a severe, sadistic conscience. Table III is based on these basic personality vulnerabilities as they interact with the various phases of the judicial process. Simply put, the judicial phases can exacerbate or ameliorate the defects of personality related to the expression of violence. For instance, although suicide is relatively common among murderers, Type A murderers hardly seem to consider it. As noted earlier, Type A's assume little if any responsibility for their murders, with no expression of remorse. The potential for violence remains if the Type A murderer is out on bond and begins to drink. This individual is again in the dangerous state of poor impulse control, upon which are superimposed the anxieties and hostile feelings surrounding his current serious legal troubles — a situation rife with possibilities for more violence. The same holds true for the probationary and parole periods. I am not suggesting that imprisonment is the only option, but I do suggest some appropriate structured environment that provides some external controls. Incarceration provides controls that may be deficient in the personality. Personal relationships, which are so troublesome, can be kept minimal while in prison. Type A murderers can withdraw object cathexis without much discomfort, permitting a masking of interpersonal difficulties. This is one reason why laudatory reports about Type A's are received from correctional personnel during examination for parole, even though no appreciable internal change has taken place. These reports reflect an accurate description of overt behavior while in prison, but frequently Type A murderers again experience old difficulties when out of an institution. If no significant change has taken place in the specific personality defects of the Type A murderer, either through maturational experiences or successful psychiatric intervention, nothing is changed in the potential for renewed violence. Incarceration can allow the individual to avoid personal relationships and to meet deep dependency needs through nurture, shelter and structuring of daily living, and it can significantly gratify the deep yearning for a relationship with the illusory good parent. Under these circumstances, the murderer behaves as a "model prisoner."

The Type A or AB murderer who becomes a "model prisoner" should be viewed with suspicion. More often than not, his "model" behavior is an ominous sign of rehabilitative failure. Type A and AB murderers suffer from varying degrees of alcoholism. If they are incarcerated, an ideal opportunity exists for psychiatric treatment. Every effort should be made to treat alcoholism even though overt manifestations are obviated by imprisonment. While incarcerated, the "model" Type A and AB murderer does not carry or stash away a handgun. The need for gun rehabilitation programs that explore motivations for carrying a handgun are crucial in prison. Type A murderers frequently project their murderous hatred onto others from whom they seek to protect themselves. In addition, feelings of little significance and passive-feminine fears require the use of a gun in order to compensate for

these feelings.

Type A murderers show deficiencies in their relationships with others, such as deep passive-dependency, good-bad splitting, low esteem and hypersensitivity to rejection. Poor control of aggression, incident to frustration which is seen as unnecessary and persecutory, is another frequent problem. If denial of these problems in "ideal prisoners" is confronted by mental health and correctional professionals, much can be tried during the period of incarceration to positively effect personality maturation. Allowing the period of incarceration to work against the mental health of Type A murderers leaves them and the community no better off than before the murder.

Type B murderers are unlikely to commit murder again, but may be suicidal. Basically, this self-punitive personality type will suffer a tremendous increase in guilt over the murder, in addition to the original guilt burdens from the past. An ability to learn from past experience, and the considerable time over which humiliations build up, offer sufficient warning against future violence against others. The potential for violence in Type B murderers is more likely to be turned against the self. Some form of incarceration, pretrial or postsentence, tends to reduce the guilt feelings to manageable levels by virtue of its punitive value. This, however, cannot always be counted on to reduce guilt sufficiently, leaving the Type B murderer a significant suicide risk during pretrial and presentence periods. Both too brief and overly severe penalties have the effect of leaving the individual at the mercy of his punitive conscience. In the former situation, the guilt may not be satisfied, and in the latter, the heavy penalty may add weight to an already severe conscience. Here again, in the absence of maturational experiences or successful psychiatric intervention, nothing is changed for the better. Table III shows that Type AB murderers share the deficits of both Type A and B, thus making this group the most likely to display continued violence.

Table III reflects what may happen when legal process and the murderer of each personality type interact in the process of criminal justice. The different personality types will interact with the various stages of the criminal justice process to their emotional detriment, benefit or, at different times, both. Who benefits and who suffers is frequently a matter of chance. With every step of the judicial process, Type B murderers will repeat their external need for approval and a strong need to mollify their guilt by a ready acceptance of punishment.

A planned program of psychiatric intervention could help minimize haphazard, potentially dangerous combinations of personality type with specific stages of criminal justice. Type B murderers, because of the terrible pain of remorse, would be more likely actually to attend and potentially to benefit from psychotherapy during a probationary period. Conflicts over aggression tend to be internalized with the one exception of the singular murderous explosion. Remorse is another indicator of internal conflict. Unlike Type A murderers, who suffer anxiety over their immediate judicial fate, Type B murderers carry their suffering with them into the probationary period, the internalized conflicts and pain favoring their staying with an outpatient treatment program.

Murderer Type and Psychiatric Interventions

Table IV illustrates the type of psychiatric interventions by murderer type while incarcerated and out of prison. The psychiatric interventions recommended are based on theoretical formulations, personal clinical experience and the clinical experiences of other forensic psychiatrists working with the same murderer population. Numerical and statistical verification of these clinical opinions regarding treatment interventions is presently lacking. Obviously, this area is a very fruitful one for research.

TABLE IV
PSYCHIATRIC INTERVENTIONS BY MURDERER TYPE

Murderer Type	Incarcerated	Not Incarcerated
Type A	A, B, C, D, E, H	E, I, J
Type AB	A, B, C, D, E, G, H	E, I, J
Type B	A, B, F	A, B, F

- A. Supportive psychotherapy (strengthening of adaptive defenses)
- B. Direct psychotherapy (confrontation and clarification of problem areas)
- C. Task-oriented group therapy (jobs, education, maintenance of esteem)
- D. Weapon dependence rehabilitation
- E. Alcoholic rehabilitation
- F. Insight psychotherapy (interpretation and working through)
- G. Limited insight therapy
- H. Therapeutic community (milieu therapy)
- I. Brief, regular outpatient visits to a medication clinic
- J. Transitional psychiatrically oriented community center

All the therapeutic modalities listed for each type would rarely be utilized with one individual; rather, a selection would be tailored to individual treatment needs. Rappeport presents convincing data from the Patuxent Institution concerning the usefulness of enforced treatment while incarcerated.⁸ Because Type A and AB murderers have suffered extreme deprivational trauma in their preverbal years, violent impulses tend to be put into action rather than talked about. Psychiatric interventions such as supportive or directive psychotherapy have the potential for liberating violent impulses. It will be remembered that Type A and to some extent Type AB split relationships into good and bad. The therapist could become the target of a rapidly developing, profoundly negative or even psychotic transfer of feelings from early, depriving, "bad" relationships. The structure provided by incarceration can be utilized to prevent the acting out of such untoward reactions, particularly if a therapeutic community exists.

This raises the question of proper assessment of murderers for treatment. Type A murderers who killed their victims for apparently trivial reasons, who have never achieved constancy in their relationships and whose relationships with their victims were superficial or incidental should not be considered for individual psychotherapy. They cannot tolerate relationships in general and would find the relationship with the therapist too threatening. For this reason, milieu and group therapy as part of a therapeutic community would offer the most appropriate interventions.

Type A and AB murderers with a sustained, established relationship with the victim and recognizable precipitating events preceding the murder are better candidates for supportive or directive psychotherapy. Some Type AB

murderers may even be able to tolerate limited insight therapy. Those who undertake individual psychotherapy with Type A and AB murderers must understand that deep dependency needs will develop toward the therapist. As noted earlier, intense separation anxiety was experienced in the special relationship with the victim. Adequate resolution of the dependency needs – with the attendant hostile impulses where dependency is frustrated, and particularly separation anxiety – is essential to prevent acting out of these problems in the community, resulting in another criminal charge. If it is not possible adequately to resolve these issues once started, transition should be considered to the community through a psychiatrically oriented community center utilizing milieu therapy. Dependency feelings transferred from the original institution itself can also be gradually shifted toward the community through such a community center.

Type B murderers are usually sound candidates for supportive, directive and insight psychotherapy almost immediately after the murder. It is particularly at this time that the greatest suicidal potential exists. Merely to provide a helping professional is not enough and may only increase guilt. Referrals should be made only to therapists who recognize the importance of tackling directly the harsh, punitive pressures from the conscience that push toward self-destructive behavior. Sometimes, one sees murderers who have never had psychiatric treatment but have responded very well to an appropriate prison sentence that has satisfied their conscience. However, I do not believe that this response can be relied upon. The conscience-mollifying effect of a prison sentence is extremely variable and could lend encouragement to a punitive conscience as well as appeasing it. In any case, punishment is not an acceptable treatment method.

An accepting though not overly reassuring relationship between a Type AB murderer and a therapist can be lifesaving both immediately and in the long term. The original intense need to be loved expressed in the special relationship with the victim will to some extent be transferred to the therapist and will initially insure attendance. In the long run, it will require insight and working through.

The problem of prevention of future violent acts is crucial. Prevention for each category of murderer involves a mixture of attempting to change internal responses to potentially violent situations and/or attempting to avoid these situations. Here, the problem of the handgun is critical. Death by handgun is five times more frequent than by knife.⁹ Type A murderers usually carry guns while Type AB murderers stash them away, though keeping them readily available. Type B murderers find a weapon immediately handy at the time of the murder. I am convinced that the absence of a gun and a mere few minutes to cool off could avert the vast majority of these murders. Even though other weapons can be used, the means to defend against and evade them are greater than against a handgun. Gun rehabilitation programs aimed at weaning violence-prone individuals from handguns should be developed. A group format would probably work best. Instruction and competition in Judo, Karate, and boxing permit the controlled mastering of aggression, besides raising self-esteem. In my opinion, some means of restricting possession of handguns would have gone a long way toward prevention of some of these murders.

with loss, humiliation, and frustration of basic needs than violently destroying the very persons they yearn to live with in peace.

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