Destructive Hostility: The Jeffrey Dahmer Case: A Psychiatric and Forensic Study of a Serial Killer

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Destructive Hostility: The Jeffrey Dahmer Case
A Psychiatric and Forensic Study of a Serial Killer

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Abstract:

We were involved as forensic experts in the case of the serial killer Jeffrey Dahmer. We discuss the scene and victim autopsy findings, with a brief consideration of the basic emotion of hostility. These findings support the thesis that at the basis of this serial killer’s behavior were primary unconscious feelings of hate that he had channeled into a sadistic programmed destruction of 17 young men. The interview of the serial killer, the photographic scene documentation, and the autopsy findings stress the ambivalent homosexuality of the killer, his sexual sadism, his obsessive fetishism, and his possible cannibalism and necrophilia.

Keywords: Serial killers, Multiple homicides, Sadism, Homosexuality.
Psychiatric Reflection

Destructive Hostility

Hostility is the most common emotion behind any violent criminal act. It leads to aggressivity when hostile thoughts and feelings are acted upon. The shift is from an attitudinal type of thinking to a motor- or action-oriented behavior. "Violence" refers to the quality and intensity of the aggressive act. At the basis of hostility-aggressivity, one may find feelings of dependence, passivity, helplessness, a need to be loved frustrated in childhood, or a wish to control or dominate—a reaction formation against dependency and passivity. At times, because of fear of abandonment, such individuals tend to avoid a close relationship and occasionally exhibit sudden, explosive, inexplicable, threatening behavior toward the persons against whom they harbor ambivalent feelings. The destructive acting out may conceal deeply buried feelings of fear or frustration from which the hostile person tries to defend him/herself. Ego-dystonic basic hate is felt to be dangerous to the psychological homeostasis of the self.

Some hostile, aggressive people go through a life of neurotic, repetitive, negative behavior, trying to avoid fantasized or real injuries to the ego. At times, these people live in terror of being alone. Frieda Fromm-Reichmann believed that humans usually repress their basic hostility but that this repression is often unsuccessful and may manifest itself in physical illness or disruptive conduct (1). Psychoanalytic thought has repeatedly expressed the idea that repressed hostility causes depression; however, manifest hostility is also a part of a depressed mood.

It has been argued that there are two types of hostility: hostility-in and hostility-out. Apparently those who manifest hostility-out do not have a deep-core depression but appear to be sad, which is a part of their neurotic character or a reactive attitude. For them, hostility is a "feeling state" (2).

Tension originates in children at the time of breast-feeding, when an ambivalent attitude develops toward the mother's breast, their object source of both nourishment and frustration. Tension brings on irritability. The child develops early in life, strong love-emotional
feelings (3). The acting out of one's hostility is almost instinctual. However, “hostile aggressiveness, distinguished from biologically inherited aggressiveness, originates in the course of the infant's incorporation of the total maternal attitude, which often includes the mother's own hostility” (4).

The hostile, aggressive individual “part driven by [ambivalence], by guilt feelings, partly by a sense of loneliness, and partly by infantile striving towards fusion with the external world ... is likely to imitate once more the kind of identification and incorporation process which eventually will again threaten his ego strength” (5). Aggressive, violent individuals may feel engulfed by a world that they sense to be hostile. Therefore, their hostile conduct has a primary unconscious aim the end of any possible fusion with the people around them and the reaffirmation of a distinction between the self and others. Those people who are hostile and aggressive tend to detach themselves from the world and fall into a lonely state—a state that they hate to be in but that unconsciously they maneuver to call upon themselves. Their explosive or often programmed methodical, violent conduct could be seen as a recurrent, neurotic, repetitive behavior that channeled into what can be thought of as a primary instinct of aggression, and short of incorporating and fusing with the loved person, destroys it on the altar of ambivalence, driven by repressed hostility accumulated through years of injury to the ego.

Freud, in his book Civilization and Its Discontents, wrote that “men are not gentle creatures who want to be loved and how at the most can defend themselves if they are attacked. They are, on the contrary, creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness” (6). He thought that through civilization human destructive hostility would be controlled and channeled into acceptable constructive behavior. At times, however, humans are either unwilling to exercise control over the destabilizing force promoted by inner tensions, or inner conflicts are so powerful and so disrupting that these conflicts overcome any willful self-control. Then the T (tension) Force of Wilson takes over the C (control) Force and the individual's behavior becomes impulsive and destructive. The criminal fails to develop stress tolerance because “he habitually releases his tensions instead of learning to control them” (4). Aggressivity is so much a part of humans that Ardrey and Lorenz
argued that “man became man because of his aggression and that we should not be surprised by ... violent behaviors because they are part of our very essence” (4:48).

Contrary to the above theories, Erich Fromm and Richard Leakey believed that primitive people had lived at peace with the world and their neighbors (4:49). Freud argued that civilization creates a sort of frustration in people by holding down their hostile tension and aggressive instincts and usually makes them neurotic (4:49). Be that as it may, the fact remains that some individuals, under inner and outer stress, release their destructive impulses toward other humans and at times their aggressive violent behavior is mixed with sadistic sexuality. Fromm, in discussing human destructiveness, thought that a better term for it would be malignant aggression, alias sadism (4:65). Sadists want to exercise absolute control over another human being's life, at times not limiting themselves to inflicting pain or debasement, but actually bringing about the death of the other, whose dead body may then, in some instances, continue to be the object of sexual perversion.

Medical Examiner Investigation

The Scene

On July 23, 1991, personnel from the Milwaukee County Medical Examiner's Office responded to a call regarding 924 North 25th Street, apartment 213, in Milwaukee, where the partially skeletonized remains of numerous individuals had been detected. Law enforcement officers had initiated an investigation of the premises after responding to a naked black man, who while handcuffed, was running down the middle of a city street. The individual returned with police officers to the residence, whereupon they obtained entrance into the apartment and took the assailant, Jeffrey L. Dahmer, into custody. Dahmer freely discussed his role in the killings with investigators, against the advice of his legal counsel. He continued to be a valuable resource for corroboration and verification of information for the pathologists and law enforcement officials during the investigation of this case.

Medical examiner personnel initiated a scene investigation with recovery of numerous body parts, including seven human skulls, three of which were painted; four human heads, and one dissected
postcranial skeleton from a portable freezer; and three skeletonized bodies from a 55-gallon (209-L) plastic storage drum.

Dahmer lived in a small, cramped, sparsely furnished single-bedroom apartment consisting of a living room and combination dining and kitchen area, a small closet, a bathroom, and a single small bedroom (Fig. 1). On initial inspection, in the living room were four large cardboard containers of muriatic acid (HCl), numerous boxes of a Soilex type of cleaning agent, a bleach bottle, and newly purchased hardware implements (Fig. 2). Numerous Polaroid photographs of the victims in various stages of dissection and dismemberment were present about the house and most prominently contained within a drawer in the bedroom. These victims had also been photographed, both alive and in various poses after they had been killed. The refrigerator contained a cardboard box with the head of a victim in a state of early decomposition. The apartment itself was clean, well maintained, and relatively odorless. A new carpet that had been recently purchased, but not yet installed, was in the living room. Numerous locks secured the door. Surveillance equipment, although nonfunctioning, had been installed in a living-room wall. On the floor of the living room area were numerous newly purchased hardware implements, including electric wire, tape, saws, and a hammer (Fig. 3). Various graphic portraits and art depicting nude males in poses decorated the entire apartment. A large fish tank was located on a black art-deco style table upon which many of the victims had been photographed and dissected (Fig. 4). A small electric drill and a container of bleach were also present at the scene. A portable chest freezer contained multiple plastic bags concealing three decapitated heads and a disarticulated, dissected, partially skeletonized torso with attached extremities. Further examination revealed a plastic bag containing 31 sections of skin and soft tissue consisting of fatty tissue, skeletal muscle, and facial and fibrous tissue having a total weight of 3,480g. Skin pieces were irregular, but somewhat square, the largest measuring 15 X 7cm and the smallest measuring 2.5 X 1.5cm.

The kitchen area was void of food products. A can of Crisco grease was the only food item present. The freezer portion of the refrigerator contained a human heart sectioned in three pieces and a large muscle mass contained in a ziplock plastic bag.
Within the closet were containers of chloroform and formaldehyde, in addition to two cleaned human skulls (Fig. 5). A large stainless-steel cooking-style pot contained the desiccated hands and genitalia of one victim. In the bedroom was a bloodied mattress and a bloodstained Polaroid camera. A knife was concealed under the bed. A two-drawer file cabinet contained three skulls that had been spray painted with a gray “granite-like texture” paint (Fig. 6). In addition, a cleaned skeleton was in the lower drawer, along with intact scalp and hair and desiccated genitalia that had been painted a Caucasian flesh tone. In a small adjacent cardboard computer box were two additional skulls that had been cleaned and preserved. This box also contained a photo album “photographic diary,” with numerous photographs of the multiple victims neatly displayed and cataloged. The contents of the apartment, including the portable freezer, skulls, and skeleton material, were transported to the Medical Examiner's Office located 15 blocks from the scene.

**Autopsy Findings**

Of the seven recovered skulls, three were painted with the gray textured paint. Three of the recovered, non-painted, preserved skulls and one of the frozen skulls contained small 0.2- to 0.5-cm perforations. None of the painted skulls had these perforations, which were later recognized to decrease in number from four to one on the victims temporally related to the order of the victims' documented dates of death (Fig. 7).

The recovered skeletons were easily approximated due to the various levels of dissection; for instance, case 91-1501 was dissected at the C6-C7 level as well as at the L3-L4 level; case 91-1502 at the C5-C6 and L1-L2 levels; case 91-1503 at the C6-C7 and L2-L3 levels; and case 91-1512 at the C5-C6 and L2-L3 levels, with disarticulated hands. The skulls were also easily stripped of the gray spray-paint-like material by using commercial paint thinner. Additional autopsy findings indicated a sharp, clean dissection and dismemberment of the bodies through articular joint spaces with a minimum of unnecessary incision cuts. The sternum was intact in all cases.

In case 91-1503, a single wound track was present in the right frontal lobe of the brain (Fig. 8). Microscopic sections of this wound track revealed an acute and chronic inflammatory reaction as well as
accumulated fibrinoid material. There was a diffuse endothelial swelling and necrosis of cells and inflammation consistent with vasculitis (Fig. 9). This reaction was located distant to the wound tract, confirming the injection of the substances prior to death (Fig. 10). Examination of one of the victims revealed a suspected stab wound to the neck area. Since this was contiguous to level of dismemberment, Dahmer was consulted, and indicated that this victim had awoke from medication too early and became aggressive, and this resulted in an altercation and stabbing. Forensic pathologists used the Polaroid photographs of the victims to assist in determining the cause and manner of death. Two of the victims had ligature marks about the neck that were identifiable on these Polaroid photographs. These photographs were essential in investigation of the deaths.

**Identification of Remains**

Of the 11 victims recovered from the scene, all were identified on the basis of antemortem comparison with their dental records by a forensic odontologist (L.T.J.). Of the five partially or totally skeletonized remains, identification of four was confirmed by fingerprints (Table 1). The skeletons were generally easily approximated and identified due to the characteristic dissection levels of the torso and extremities (Fig. 11). The cleaned postcranial skeleton was correctly identified by duplicated superior articular surface of the atlas. Within the limits of this case, craniometric measurements suggested a similar craniofacial morphology of the victims (8). Dahmer, himself, greatly facilitated the rapid identification of his victims by providing names, and by his tedious method of processing the skeletal remains. An Asian skull (91-1504) was identified on the basis of shoveled central and lateral incisions. The skull also contained a completely opened sphenoccipital synchondrosis indicative of an estimated age of 12-17 years.

**Special Problems**

Over the course of the ensuing weeks, personnel from the Medical Examiner's Office responded to numerous complaints by local citizenry of recovery of small bone fragments, including large bags of bones obviously from local restaurants within the area as well as what appeared to be intentionally discarded bones left at the Dahmer apartment. A total of 42 additional case investigations were necessary
to accommodate these reports. The dissection of the victims as well as the paucity of tissue made toxicology testing demanding. The Milwaukee County Medical Examiner’s toxicology laboratory determined the presence of the sedative “hypnotic” Triazolam in two victims, as well as a cocaine metabolite in one victim. Dahmer had indicated to law enforcement officers on interrogation that he would typically grind up the medication and place it in a glass prior to leaving his apartment in search of potential victims (9).

**Dahmer the Man**

Sexual immaturity, perverse sexuality, frustration, passivity, loneliness, fear of non-acceptance by a hostile world, and a mixture of emotional detachment and aggressive hostile behavior are encountered in the psychopathology of the personality of a serial killer. Often, as in the case of Jeffrey Dahmer, his ambivalence about his own confused sexuality and his feelings of anticipated rejection by others bring about sadistic sexual behavior, compulsive and destructive of the object of his pseudosexual attention, the hateful source of his attraction and of his need for power and control. Jeffrey Dahmer is a young serial killer who, at the age of 31, made local and national news. He was a loner as a child, growing up in a “dysfunctional” family due to frequent quarrels between his mother and father leading to hostile feelings toward his parents. A neurotic, depressed mother and a frequently absent father, absorbed in his career, did not allow him a complete masculine identification. Since adolescence, he had medicated his anger and frustration with alcohol. He was greatly ambivalent about his homosexual tendency, felt frequently frustrated by it, and eventually channeled his hostility into sadistic behavior against people who accepted his homosexual advances. Attraction and rejection exploded in his first murder at age 18 while he was alone in his parents’ home. After strangling his first, young victim (someone met casually who was not a homosexual himself) in a fit of rage, he destroyed the body by cutting it into pieces that he buried in his backyard. After a hiatus of several years, during which he was briefly in college and then in the United States Army for 2 years, he returned to his parents’ home. Eventually he moved to Milwaukee, where, between 1988 and 1990, he actuated a methodical program of enticing to his home 15 young victims, mostly in their 20s, who were attracted by his promises of money for posing for photographs, and an
unspoken exchange of sexuality. He had sex with them, usually sodomizing them, and killed them afterward while they were under the effect of a soporific “potion.” Later he dismembered them. The survivor of his last encounter stated that Dahmer had been charming and calm in his behavior, like “the boy next door.” The opposite of the person who later dismembered his victims’ bodies; boiled the body parts to destroy the flesh and to keep the bones and skulls as fetishes; and photographed symbolic body parts and whole naked bodies in sexually suggestive positions because, he later said, he wanted to keep them as mementos-to keep him company (7).

His destructive behavior and his fetishistic memorabilia are an obvious expression of his deep ambivalence about his own homosexual behavior, and his profound mixed hostility and love toward the objects of his interest. Regardless of his expressed loving feelings for them, his victims were not treated as persons but as objects that he disposed of as a child does with his toys, taking them apart to see what makes them the way they are, taking them apart to show who was in power and in control, and possibly showing unconsciously that he was not always the passive, dependent individual he feared himself to be. An ultimate act of destructive assertion!

Collaborating Conclusions

On the basis of the autopsy and scene evidence, the following conclusions are confirmed:

1. That the defendant strangled the victims following "chemical restraint."
2. That acid or some caustic-like material had been injected into the victims' brains prior to death.
3. That the defendant most probably was experimenting on decreasing the number of holes drilled as an attempt to render the victims helpless and use them as involuntary "zombies," as was elicited and supported by psychiatric examination (9).
4. The method of dissection and disposing of the victims was determined on the basis of postmortem examination and observation of photographs.
5. Anthropological analysis suggested that the defendant was attracted to a certain body type and selected the victims by similarity of craniofacial features.
6. The material present at the scene was consistent with the “dismemberment and souvenir taking” that has been described as enhancing the sexual pleasure of a serial killer.

**Comments**

The destructive hostility of this serial killer needs no comment. It was a heinous repetitive behavior, programmed and methodically carried out by a person who was suffering from a deep disturbance of his inner persona, without the overt manifestations of a distorted psychotic mind: a man who was found to be legally sane. One explanation for his abhorrent conduct is that he was driven by a compulsive hostile aggressivity and that his violence was so profound as to cause him to kill, cut, dismember, and dissect in an obsessive, sadistic way, the body that attracted and repelled him at the same time—a body that he wanted to torture and destroy because he felt that by doing so he would be able to get rid of his inner emotional torture and unwanted attraction; a body that he really did not love contrary to what he wanted to believe, since he had ample opportunity to continue a living relationship with it; a body, parts of which he claimed to have eaten, probably as an expression of his biting hostility or his desire to incorporate and make his own its attractive qualities (part of the superstitious, atavistic belief at the basis of tribal anthropophagy). His hostility-out was the counterpart of his hostility-in. His actions may have, in some way, saved him from committing suicide. His sadism could be viewed as the exercising of power and violence upon another for self-assertion and self-preservation. He joins a long list of sexual murderers previously reported, with whom he shares not only a deep violent destructive hostility, but also boredom, loneliness, fear of rejection, and an ambivalent craving for human closeness.

He was diagnosed and reported to the court by one of us (G.P.) (7) as having a mixed personality disorder with sadistic, obsessive, fetishistic, antisocial, necrophilic features, typical of what has been called the organized, nonsocial, lust murderer (10). He entered a plea of not guilty by reason of insanity. The verdict of the jury found him legally sane on all 15 murder counts, and the court sentenced him to 15 consecutive terms of life in prison—one for each count of murder that he had been charged with—without the possibility of parole.
Acknowledgment: we acknowledge the contributions of Ms. Doreen Owens in the preparation of the manuscript.
Figures

FIG. 1. A schematic depiction of the floor plan of Jeffrey Dahmer's apartment emphasizes the closeness of the environment and the relationship of the body-storage containers.

Photo redacted: copyrighted material.

FIG. 2. View of the kitchen with the portable freezer in the foreground. Four large containers of muriatic acid are present on the floor.

Photo redacted: copyrighted material.

FIG. 3. A close-up view of the hardware implements located on the floor of the closet. The items appear to have been unused and recently purchased.
FIG. 4. The living-room contained the plastic art-deco style table with the filled fish tank. The photograph located above the fish tank depicts the individual pose similar to that of many of the victims when photographed following death.

FIG. 5. The closet contained the skulls of two victims. The formaldehyde (large container) and chloroform are visible on the shelves. The large cooking pot contained the desiccated hands and genitalia of a victim.

FIG. 6. Within the two-drawer file cabinet in the bedroom were three texture-painted skulls.


FIG. 8. Microscopic section of the trephine perforation of the frontal lobe. The defect contains fibrin material with an inflammatory response. The clear areas of tissue cleavage represent freezing artifact. X30.
FIG. 9. A large-caliber vessel demonstrating intraluminal fibrin material with intense inflammatory response and endothelial necrosis. X 75.

FIG. 10. A low-power view of brain tissue demonstrating the diffuse pattern of vascular involvement located well away from the initial area of injection. X 19.

FIG. 11. A schematic representation of the pattern of dismemberment of the four final victims recovered from the scene. The asterisks refer to the areas of attempted defleshing of the plantar aspects of the feet.
Table 1.

| Case No. | Age | Sex | Height | Weight | Race | Eyes | Hair | Hair and genitals | Location of skeletal remains | Forensic anthropology | Forensic anthropol. | Cause of death | Incineration | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method of identification | Location of incident | Method 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References


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