

**A PSYCHOCRIMINOLOGICAL INVESTIGATION INTO THE
ROLE OF NARCISSISTIC PERSONALITY DISORDER
IN RAGE-TYPE MURDER**

Compiled by

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DECLARATION

Hereby I,

Michelle Wharren,

declare that the dissertation submitted for the fulfilment of the degree Magister Artium in Criminology at the University of Pretoria is my own work, that it has not previously been submitted for a degree at another university, and that all the sources that have been used or quoted have been indicated and acknowledged as complete references.

MICHELLE WHARREN

APRIL 2010

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SUMMARY

TITLE: A psychocriminological investigation into the role of narcissistic personality disorder in rage-type murder.

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“The relationship between the criminal and victim is much more complicated than the law would care to acknowledge.
The criminal and his victim work on each other unconsciously.
We can say that as the criminal shapes the victim, the victim also shapes the criminal.
The law differentiates distinctly between the attacker and the victim.
But their relationship may be, and often is, quite close, so that their roles are reversed and the victim becomes the determining person, while the [victimiser] in the end becomes his own victim.”
(Abrahamsen, 1973:35).

This research was directed at establishing whether narcissistic individuals will go to extreme levels of violence, specifically murder, if their self-image is threatened. The aim was to determine the extent of pre-existing narcissistic personality disorder (NPD) in these individuals and how this contributed to the murderous action they committed. Emphasis was placed on the psychological motivation of the perpetrator, as well as the relationship that existed between the perpetrator and the victim prior to the event.

As the subject of the research was a relatively unknown phenomenon, a qualitative research approach was used. The research focused on analysing specific cases of murder, more particularly cases where rage-type murders were committed. It endeavoured to identify the underlying personality dynamics to determine whether an association between rage-type murder and NPD exists.

Case studies illustrating rage-type murderers who had been admitted to Weskoppies Psychiatric Hospital for a 30-day observation period were identified and analysed. These cases were selected through reviewing the case history of each individual to determine whether the murder fitted the outlined definition of a rage-type murder. The cases that met the outlined requirements were deemed suitable for the purpose of the research, where after

the Minnesota Multiphasic Personality Inventory (MMPI-2) results of the selected cases were examined to determine the personality organisation of the individuals. This information was then used to determine the possible association between NPD and rage-type murder.

The MMPI-2 was selected as the assessment tool as it is the most widely used personality assessment available. For the purposes of this research a two-point code type was used to indicate the presence of narcissistic personality traits. A two-point code type implies an elevation of two scales, for the purposes of this research specifically the Pd (Psychopathic deviance) scale and the Pa (Paranoia) scale, also referred to as the 4-6/6-4 code type. As interpretation based only on a two-scale elevation was considered to be overly simplistic, all the MMPI-2 clinical scales were interpreted independently, and a clinical interpretation provided in the context of each individual's background. The 4-6/6-4 code type individual was used to indicate whether the individuals did have narcissistic personality traits, and thus were classified as having NPD.

Nine cases were identified of individuals thought to be rage-type murderers, who were admitted for a 30-day period of psychiatric observation to Weskoppies Psychiatric Hospital in Pretoria. Only five cases were acknowledged as rage-type murders. All the cases selected were referred to Weskoppies Psychiatric Hospital by order of the court and involved males over the age of 20 years. The individuals involved were admitted to the Forensic Unit of the hospital and were subjected to standard psychiatric hospital observations, which included psychiatric interviews, psychological interviews, psychological testing, as well as general behavioural observations in the ward. All the information obtained during the standard psychiatric hospital observations is held in the clinical case files in the archives at the hospital. All the standard psychiatric hospital observation evaluations were completed prior to the initiation of the research, and the case records had been closed.

Although more research is necessary, this research has established an association between the selected cases of rage-type murder and NPD and there is historic documented evidence suggesting that individuals with NPD will most likely react in a similar manner in similar circumstances, as a result of their underlying personality disorder. This suggests that incarceration in a correctional facility is not the most appropriate place to rehabilitate individuals. It also serves as support to why a person with NPD who commits a rage-type

murder should be acquitted because of their personality disorder and subsequently be committed to a psychiatric facility as a patient of the state president.



KEYWORDS

Diagnostic and Statistical Manual of Mental Disorders (Text Revision) (DSM-IV-TR); grandiosity; Minnesota Multiphasic Personality Inventory (MMPI-2); narcissistic personality disorder (NPD); object; observation; Paranoia (Pa); Psychopathic Deviance (Pd); rage-type murder; self; self-esteem; self-image

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1. INTRODUCTION

“These individuals feel most secure when they are independent of other people...
The narcissist puts...distance between [themselves] and others - [they want]
to be independent of and superior to the ‘other one’. Dependence is
terrifying. [They are] driven to compete, to exhibit, to exploit.”
(Leary, 1957:332-334).

This chapter briefly describes the background to the research and offers the motivation for the importance of the study. In addition it includes the definitions of the key concepts, an orientation to the literature and an overview of the purpose and scope of the research.

2.1. BACKGROUND TO THE RESEARCH

Narcissism is a phenomenon dating back to the Greek myth of Narcissus. The myth portrays the fate of a man who was so in love with himself, he completely withdrew from the world (Ehrlich, 2000:248; Fine, 1986:1). In simple terms, narcissism can be described as "self-involvement", and occurs when the ego adopts itself as the love object, where the alternative of falling in love with another is completely rejected (Peterson & Seligman, 2004:467; Symington, 1993:29). Narcissism destroys any self-knowledge in the individual by projecting unwanted aspects of the character onto others (Symington, 1993:29). These individuals have learned to rely only on themselves for safety and their self-esteem (Millon, 1981:157).

There is a perception that individuals with narcissistic personalities retreat into themselves, as indifference is the best protection against disappointment (Fine, 1986:36; Ronningstam, 2005:7). The notion of others being untrustworthy, and reliance primarily on self-love, is a defence mechanism narcissistic individuals evoke to avoid the risk of rejection (Ronningstam, 2005:160). The main problem seems to be a disturbance in self-regard, as well as disturbances in object relations. These disturbances reflect intense, primitive and internalised object relations and the inability to depend on internalised ‘good’ objects (Kernberg, 1975:17-18).

Narcissistic individuals are by nature independent and not open to intimidation; their main interest is self-preservation. The ego has a substantial amount of aggressiveness, which is ready for activity whenever the self-image is perceived to be under threat (Freud 1961:218). Research on narcissism (Bauemeister, Smart & Boden, 1996; Bogart, Benotsch & Pavlovic,

2004; Bushman & Bauemeister, 1998; DiGiuseppe & Tafrate, 2007:156; Kernberg, 1975; Ronningstam, 1998; Ronningstam, 2005) indicates that hostile aggression is a reaction to threatening evaluations of the self-esteem. The Diagnostic and Statistical Manual of Mental Disorders (Text Revision) (DSM-IV-TR) (American Psychiatric Association, 2000:350) describes individuals with narcissistic personalities as those whose “self-esteem is invariably fragile; [these individuals] may be preoccupied with how well [they are] doing or how [they are] regarded by others. In response to criticism, [they] may react with rage...” The rage they experience is a direct expression of their aggression, and erupts when their superiority is questioned.

This research focuses on establishing whether narcissistic individuals will go to extreme levels of violence, specifically murder, if their self-image is threatened. It is aimed at determining the extent of pre-existing narcissistic personality disorder (NPD) in these individuals and how this contributed to the murder they committed. From consultation with experts, there is an indication that narcissism plays a role in the personalities of these types of murderers. Furthermore, emphasis is placed on the psychological motivation of the murderer, as well as the relationship that existed between the murderer and the victim prior to the event. According to Professor J. Scholtz, Head of Clinical Psychology at Weskoppies Psychiatric Hospital, (personal communication, March 7, 2008) and Doctor G. Del Fabbro, Senior Clinical Psychologist at Tara Hospital, (personal communication, March 7, 2008), individuals who commit rage-type murders are not psychopathic, nor can they be diagnosed with Axis I disorders, as stipulated in the DSM-IV-TR [the DSM-IV-TR has a multi-axial, criteria-based classification system. Axis I depicts the major clinical syndromes, and Axis II depicts developmental and personality disorders (Blackburn, 1993:72; Spitzer, First, Williams & Gibbon, 2006:xvii)], and are thus regarded as ‘normal’ (a term described by Cartwright (2001:12) as referring to individuals who do not have a history of violence or psychopathology).

The association between NPD and rage-type murder would assist in determining the risk associated with a narcissistic individual and the likelihood they would re-offend in similar circumstances, not necessarily to predict dangerousness. Professor Scholtz and Doctor Del Fabbro are of the opinion that these individuals are not criminally liable for their actions, since an underlying personality disorder as well as a specific build-up to the event, is required. They should therefore be allowed to contextualise a defence of non-pathological criminal

incapacity, and be committed to a psychiatric facility. The effects of the unconscious, a dysfunctional ego, or a weakness in the superego resulting in a personality disorder should not be valid justification for legal punishment (Bromberg, 1951:117; Levesque, 2006:685). The punishment for the crime must be based on the personality of the perpetrator, as well as the motivation underlying the act in order for a suitable treatment to aid in the perpetrator's adjustment in the future (Bromberg, 1951:117).

Should this research establish an association between rage-type murders and NPD, it may serve as motivation to conduct a further, more generalised study to identify a possible link between rage-type murders and NPD. This link may explain how these 'normal' individuals, with generally non-violent histories, are capable of committing such heinous, aggressive murders and, in addition, why they should be found not-guilty by reason of a personality disorder and subsequently committed to a psychiatric facility.

In order to understand narcissism and rage-type murder, it is necessary to include descriptive definitions of both concepts. A preliminary literature review was conducted primarily to familiarise the reader with the phenomenon of narcissistic rage-type murder. Attention is briefly drawn to the current body of knowledge available on NPD and the specific problem relating to the proposed research is identified and justified.

2.2. DEFINITION OF KEY CONCEPTS

Although definitions all have a common purpose, they often lack uniformity. For this reason the following definitions are provided in order to contribute to a common understanding of the key concepts.

2.2.1. Rage-type murder

Megargee (1966:2) identifies two types of personalities in assaultive populations, namely the under-controlled personality and the over-controlled personality. The under-controlled personality has low inhibitions against aggressive behaviour, engaging in violence when provoked, while the over-controlled personality has "extremely rigid" inhibitions against aggressive behaviour and rarely responds to provocation. This individual is aware of the consequences associated with violence (Bartol & Bartol, 2008:374). Hinton (1983:98), and more recently Brookman (2005:84), found that over-controlled, conforming individuals are

more likely to be linked to murder, but less likely to be associated with other types of crimes, and the probability of re-offending is low.

Individuals who commit rage-type murders can be classified as over-controlled individuals since they have strong inhibitors and violence only occurs when provocation is intense and, importantly, this has occurred over a period of time (Coid, 2005:592; Hollin & Howells, 1989:13). When frustration and provocation overwhelm the over-controlled individual they do tend to violently strike out at the source of the frustration. Bartol and Bartol (2008:374) suggest that the over-controlled individual often displays violence in excess of the under-controlled individual, explaining the brutality and unexpected nature of the murder. According to Megargee (1966:3) the degree of violence is proportional to the degree of the perceived instigation. Thus, over-controlled individuals are likely to commit acts of extreme violence, but not likely to have a history of frequent minor offences. Violence is the result of instigation to violence, mediated by anger, which exceeds the level of control of the aggressive feelings (Coid, 2005:592; Hollin & Howells, 1989:11). The violence represents the last resort when all attempts to resolve the situation fail.

Pollock (2006:224) describes rage-type murder as an “explosive, reactive form of violence, triggered by a catalysing interaction with the victim, [carried out] in an over-kill fashion”. Cartwright (2002a:202) describes rage-type murder as a “specific form of violence carried out by an over-controlled and encapsulated personality”. Cartwright (2002a:202) further explains that the individuals who commit rage-type murders often have no prior criminal history. The nature of the offence is described as uncharacteristic of the perpetrator, and there is no indication of premeditation. Moreover, “the lack of motive and the sudden, unexpected, explosive nature of the offence make it especially difficult to understand” (Cartwright, 2002a:202). These descriptions are similar to Weiss, Lamberti and Blackburn’s (1960:669) description of a sudden murderer. These authors define a sudden murderer as an individual whom “without having been involved in any previous serious aggressive antisocial acts, suddenly, unlawfully, and intentionally kills ... another human being.” Furthermore, the act is described as “‘sudden’ in the sense that it appears to be a single, isolated, unexpected episode of violent, impulsive, acting-out behaviour – behaviour which is never well thought out, behaviour which has no obvious purpose or hope of personal advantage or profit foreseeable as a result” (Weiss et. al., 1960:669).

A comprehensive definition is important in order to recognise actions that can be considered as rage-type murder, as there is a need to distinguish rage-type murder from psychopathic, perverse and psychotic murder, as well as murder committed to fulfil a criminal motive (Cartwright, 2001:12). However, no specific definition explaining the exact nature of rage-type murder could be identified. For this reason the operational definition of rage-type murder is based on the descriptions of what the action entails. Generally, murder is the deliberate, unlawful taking of another individual's life, where there is intent to harm that individual (Bergman & Berman, 2009:271; Bowden, 1990:508). In the case of rage-type murder, the victim and perpetrator are known to each other, with evidence suggesting a pre-existing relationship. The perpetrator is said to have an over-controlled personality, with no history of psychological pathology, violent or aggressive behaviour. There is no evidence of premeditation or motive, allowing the act to take place without prior warning. Post-event analysis indicates a situational build-up, with a relatively trivial catalysing interaction (mostly an argument, a threat or an insult) between the perpetrator and the victim directly prior to the murder. Often dissociation occurs, leaving the perpetrator unable and unsure regarding the details of the murder.

As a description does not provide a clear definition and, in view of the above, rage-type murder, in the context of this research, can be defined as the deliberate, unlawful killing of an individual by another, with these individuals having a pre-existing relationship. The perpetrator has an over-controlled personality and no history of violent or aggressive behaviour or of psychological pathology. The attack appears to be sudden and motiveless, although a situation build-up can be identified. The attack is carried out with excessive violence, generally triggered by a catalysing interaction between the victim and perpetrator, and often dissociation is present.

2.2.2. Narcissistic personality disorder

Blackburn (1990:452) defines a personality as “behavioural consistencies that contribute to individual distinctiveness and differentiation”, in other words, differences in cognitive, emotional, and behavioural tendencies of individuals (Emmelkamp & Kamphuis, 2007:1; Sadock & Kaplan, 2007:304). Personality disorder is defined by Emmelkamp and Kamphuis (2007:1) as “a chronic psychiatric disorder with onset in adolescence continuing into adulthood, [characterised] by pathological personality traits that lead to a disruption in the

development and maintenance of mutual interpersonal relationships, to an extent that this in turn leads to prolonged subjective distress of self and/or others”. This pattern of perceiving, relating to and thinking about the situation only constitutes a personality disorder when it is inflexible and maladaptive, and results in impaired social functioning (Blackburn, 1990:453; First & Tasman, 2009:493; Peterson & Seligman, 2004:295).

The clinical features for NPD are set out in the DSM-IV-TR (American Psychiatric Association, 2000:717), as a classification system to ensure common diagnostic criteria of mental disorders exists. Narcissistic personality is classified as a Cluster B disorder, namely the dramatic, emotional or erratic cluster. The DSM-IV-TR diagnostic criteria for NPD can be sub-divided into four broad categories, namely, interpersonal (criteria 4,5,6,7 and 8), self-image (criteria 1 and 3), cognitive (criteria 2), and behavioural (criteria 9).

In the DSM-IV-TR, the diagnostic criterion for NPD is outlined as follows:

Narcissistic personality is “a pervasive pattern (in fantasy or behaviour), need for admiration and lack of empathy, beginning by early adulthood and persistent in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance.
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he or she is “special” and unique and can only be understood by, or should only associate with, other special or high status people.
4. Requests excessive admiration.
5. Has a sense of entitlement, i.e., unreasonable expectations of especially favourable 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 recognise 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 behaviours or attitudes.”

As the DSM-IV-TR is the standard manual for diagnosing mental disorders in South Africa, the diagnostic criteria serve as a comprehensive definition of NPD. However, NPD is the rarest personality disorder to be diagnosed in individuals (Emmelkamp & Kamphuis, 2007:49). Only extreme manifestations of the criteria listed in the DSM-IV-TR reflect pathological narcissism (i.e. NPD), the less extreme manifestations of the criteria reflect narcissism as a personality trait (Emmons, 1987:12; Peterson & Seligman, 2004:467). For this reason, a diagnosis of NPD as set out in the DSM-IV-TR is not required, as the significant aspect of NPD is the inconsistency between the descriptors. Grandiosity is the

core trait of NPD, and self-esteem regulation is the core deficit (Emmelkamp & Kamphuis, 2007:150).

The criteria, as set forth in the DSM-IV-TR, are used to define NPD in context of this research. Operationally, a narcissistic individual can be defined as an individual who is behaviourally arrogant, cognitively omnipotent, personally grandiose, interpersonally exploitative, envious and callous with a sense of entitlement who lacks empathy.

2.3. PROBLEM FORMULATION

Several authors' (Ellis, 1898; Freud, 1914/1957; Horney, 1939; Reich, 1933/1949) early descriptions of narcissism still have an influence on the conception of the disorder, such as Freud's psychoanalytic theory. Freud described narcissism as libidinal investment (Sadock & Kaplan, 2007:199), which is the closest depiction to the DSM-IV-TR classification of NPD (Millon, 1981:161; Sadock & Kaplan, 2007:199). The focus of the disorder, however, remains on the central characteristics of accomplishment, ambition and pretentiousness.

In the 1960s, Kernberg (1967) and Kohut (1968) introduced the terms "narcissistic personality structure" and "narcissistic personality disorder" respectively, to describe the long-term organised functioning used to define narcissism as a personality disorder (Ronningstam, 2005:11). Two theoretical perspectives on narcissism exist, namely the ego psychology-object relations perspective and the self-psychology perspective. The ego psychology-object relations perspective proposed by Kernberg (1967) states that the self is a sub-structure within the ego system, reflecting components developed through experiences (Kernberg, 1998:29), and the self-psychology perspective proposed by Kohut (1968) states that the development of the self is based on an integration of the internalised self and object representations. These perspectives depict narcissism as a unique behavioural pattern of the late 20th century (Millon, 1998:89).

Narcissistic individuals blindly base their self-esteem on the naïve assumption of personal worth and superiority, which is directed to recognise and cater to their high self-esteem (Fish, Casey & Kelly, 2007:117; Millon, 1981:158). Narcissistic individuals have immense self-reference, described as a preoccupation with themselves, "...it is what they think of themselves...that serves as the touchstone for their security and contentment..." (Millon,

1981:157). There is, however, a contradiction between an inflated self-image and a constant need for admiration (Kernberg, 1975:17), which is seen by some as a form of dependence. Kernberg (1975) and Kohut (1971) agree that the narcissistic individual remains emotionally invested in the grandiose self-image, despite having a less favourable self-appraisal. The views of the self are unrelated; however, the grandiosity and omnipotence co-exist with feelings of inferiority. Thus, the exaggerated self-esteem has an emotional rather than a cognitive character expressing self-love without cognitions of superiority, consequently involving an unstable high self-esteem (Bushman & Bauemeister, 1998:220; DiGiuseppe & Tafrate, 2007:156). The presence of these extreme contradictions in their self-image is evidence of pathology, although well hidden under a surface of proficient social functioning (Kernberg, 1975:229; Sadock & Kaplan, 2007:194).

Indicators of the presence of a narcissistic personality include extreme sensitivity to perceived failure, a sense of entitlement and a need to be considered unique. They fail to develop and maintain long-term satisfying relationships (Brown, 1998:15-16; Campbell, Brunell, & Finkel, 2006:77) due to a lack of emotional depth, and consequently an inability to understand the emotions of others. Their feelings lack differentiation and they often have outbursts of emotion followed by quick diffusion. They display excellent anxiety tolerance; however, this is obtained through increasing narcissistic fantasies and a withdrawal into the self (Kernberg, 1975:229-230). They are extremely envious of others, emotionally shallow (Brown, 1998:19; Dobbert, 2007:97) and they expect one-sided, unconditional love and admiration by everyone in all situations (Boldt, 2007:155), and an overwhelming sense of grandiosity and omnipotence (Brown, 1998:29-32; Ronningstam, 2005:103). Narcissistic individuals are highly arrogant, exploitative and at times ruthless, holding an indifference to social standards (Dobbert, 2007:101; Millon, 1981:158), while at the same time feeling chronically uncertain, with deep-rooted dissatisfaction in themselves (Kernberg, 1975:264). These individuals have a desire for superiority, and therefore their behaviour is less in line with the demands of society, and more an "exhibitionistic demand for admiration" (Boldt, 2007:48). They cause considerable damage to many of the social structures to which they belong (Symington, 1993:10), as their social behaviour is directed to maximising their self-esteem, ultimately validating their self-image (Bushman & Bauemeister, 1998:220; Campbell et. al., 2006:65). By definition, they require excessive admiration and approval and will go to great lengths to obtain what they feel is their due (Brown, 1998:49; Dobbert, 2007:97).

Narcissism is classified on a continuum, from normal to pathological, based on the characteristics with which the individual presents. Kernberg (1998) classifies narcissism according to the severity of the characteristics, ranging from normal to pathological. Firstly, normal adult narcissism, which is the least severe and is characterised by normal self-esteem regulation (Kernberg, 1998:33) and a positive investment in the normal functioning of the self-system (Ronningstam, 2005:31). Secondly, normal infantile narcissism, in which the self-esteem is regulated by age appropriate gratifications (Kernberg, 1998:34). Lastly, pathological narcissism, which exhibits numerous characteristics as described in the DSM-IV-TR.

Pathological narcissism is identified by the degree of severity, the dominance of aggression and shame, as well as the overt and covert manifestations, with a deregulated self-esteem, serving to protect the grandiose, fragile self (Ronningstam, 2005:69). The need for external objects and the dread of these objects brings about a conflict which the narcissistic individual, in general, avoids by refusing the self and object images, resulting in blurred ego boundaries. This leads to either a loss of reality testing, “psychotic regression”, or regression fusion between the ego ideal and the self (Kernberg, 1975:231). Three levels of pathological narcissism are identified by Kernberg (1975:322-327), including regression to infantile self-esteem regulation in which an individual regresses from normal adult to normal infant narcissism, narcissistic object-choice in which an object representing the self has aspects of which the self identifies with, and narcissistic personality disorder, which is the most severe form of narcissism where there is no longer a distinction between the self and the object, rather a temporary projection of the grandiose self onto the object.

Regression to infantile self-esteem regulation is the mildest type of character pathology and involves a fixation or regression to normal infantile narcissism. The ego ideal is controlled by infantile ambitions, principles and ideals (Kernberg, 1975:323; Kernberg, 1998:34). Narcissistic object-choice is more severe, but less frequent, in which the self is identified with an external object and the self is projected onto that object, which is loved as it is a representation of the self (Kernberg, 1975:324; Kernberg, 1998:35). Narcissistic personality disorder involves pathological self-love, with excessive self-reference and self-centredness, pathological object-love, with excessive envy and defences against envy, and pathological superego, with an inability to experience normal affect, and the self-esteem is regulated by shame and not guilt (Kernberg, 1998:36-37). There is no longer a distinction between the self

and the object, the grandiose self is projected onto the object making the relation between self and self (Kernberg, 1975:325).

A widely held view is that low self-esteem is a contributing factor to violence and aggression (Anderson, 1994; Barnett, Miller-Perrin & Perrin, 2005:14; O'Moore & Kirkham, 2001; Papps & O'Carroll, 1998; Toch, 1993). However, research carried out by Bauemeister et. al. (1996) contradicts this assumption. In their opinion, violence is a result of any real or perceived threat to an individual's positive views of the self. Their research concludes that hostile aggression is a reaction to threatening evaluations of the self-esteem. Narcissistic individuals have a high opinion of themselves, efficient social functioning and impulse control, as well as the potential to fulfil ambitions [termed "pseudosublimatory potential" (Kernberg, 1975:229)]. In situations in which narcissistic individuals find their ability or sense of entitlement is questioned, when they perceive threat to their self-image, or when they are hurt, they are likely to display primitive defence mechanisms, such as a cold demeanour, deep depression, and in some instances intense aggression and extreme hostility (Bogart et. al., 2004:43; Kernberg, 1975:229; Ronningstam, 2005:8). Any threat toward their "superior self-esteem" is a predictor of aggressive and violent behaviour (Ronningstam, 2005:109).

Research (Bushman & Bauemeister, 1998; Lachkar, 1992:82; Snyder, Schrepferman, Brooker, & Stoolmiller, 2007:189) indicates that all individuals who receive ego threats are inclined to respond with aggression to the source of the criticism. However, Bushman and Bauemeister (1998) found that the reaction is strongest among narcissistic individuals. This research furthermore illustrates that narcissistic individuals develop aggressive responses to positive reactions, revealing that these individuals react with aggression and hostility to any form of evaluation. Other authors' research has yielded similar results (Bogart et al., 2004; Campbell et. al., 2006:73; Larsen & Buss, 2006:189; Nestor, 2002). Narcissism does not, however, indicate overall elevation of aggression. The aggression is specifically directed towards the source of the criticism and is determined by the degree of the perceived threat (Bushman & Bauemeister, 1998:228), suggesting the aggression is interpersonally meaningful. Individuals who consider themselves superior to others are not more dangerous, rather it can be said that the individuals who have a desire to be superior are more dangerous (Bushman & Bauemeister, 1998:228).

A review of the literature (Bauemeister et al., 1996; Bogart et al.; Bushman & Bauemeister, 1998; Campbell et. al., 2006:73; Kernberg, 1975; Larsen & Buss, 2006:189; Ronningstam, 1998; Ronningstam, 2005;) has yielded that there is an association between narcissism and an increased level of aggressiveness when the individual is criticised. However, the possibility of a direct relationship between narcissism and rage-type murder has not yet been investigated. The motive why an individual would murder someone who is known to the perpetrator, with no prior history of violent behaviour, is enigmatic. In view of the literature, it seems likely that narcissistic individuals will go to extreme levels of violence if their self-image is threatened to a substantial degree. Thus the question to be explored in this research is whether this threat to their self-image is what causes the individual to go into an extreme, often uncontrollable rage, which results in the murder of the individual who is deemed responsible for the attack on the self-image.

2.4. GOAL AND OBJECTIVES OF THE RESEARCH STUDY

The goal and objectives of the research will be discussed in context of the available literature.

2.4.1. Goal of the research

According to Fouché and Delport (2005:104) the goal of research can be defined as “the broader more abstract conception of the end toward which effort...is directed”, also termed the “dream”. The goal of this research is to explore the possible association between rage-type murder and NPD.

Since there is a dearth of information available on the association between NPD and rage-type murder, an exploratory research strategy will be used. According to Fouché (2005:106), exploratory research is carried out to gain insight into a phenomenon in a relatively new area of research, where little information is available. No single personality type is responsible for, or can be used to explain all types of murder (Waller, 2002:64). However, certain factors are related to different types of murder (Cartwright, 2001:7). Thus, the role of NPD as a factor contributing to rage-type murder is being explored. The goal of the research is to investigate personality variables and how they predispose an individual to react with extreme anger to external evaluations, in other words, to explore rage-type murder in terms of the pathology of the individual. The specific purpose of this research is to gather information pertaining to NPD

and rage-type murder, and subsequently to determine whether an association between the two could exist.

2.4.2. Objectives of the research

Fouché and Delpont (2005:104-105) define the objective of research as “the more concrete, measurable and more speedily attainable conception of such end toward which effort...is directed”, in other words, the steps to achieve the goal of the research. This research aims to explore an informal unstructured association between rage-type murder and NPD (Fouché & Delpont, 2005:75) using non-statistical methods and a small sample (Fouché & Delpont, 2005:74). The intention is to gain an in-depth understanding of the possible association between rage-type murder and NPD, and whether NPD contributed to the murder episode.

The objectives of this research are:

- To describe the nature of rage-type murder.
- To explore the possibility that NPD contributed to the rage-type murder.
- To determine the possible association between rage-type murder and NPD.
- To use the possible association between rage-type murder and NPD to conduct a further study to offer an explanation as to why rage-type murders are committed.

2.5. RESEARCH QUESTION

Since the research study is exploratory in nature, and there is relatively little information available, a research question is most appropriate for this study (Merriam, 2009:42).

Rage is a direct expression of narcissistic individuals' aggression, and erupts when their superiority is questioned. Their self-esteem is highly unstable, which is the cause of the rage experienced when there is any perceived threat (Bogart, et al., 2004:36). Narcissistic rage is a chronic grudge and can be related to a form of absolute control (Kohut, 1972:360). The high, unstable self-esteem produces an increase in sensitivity to threats. Since these individuals believe they have too much to lose, and are highly vulnerable to decline in self-esteem, the threats and associated sensitivity may lead to maximum levels of hostility (Bushman & Bauemeister, 1998:219; Larsen & Buss, 2006:189; Campbell et. al., 2006:73).

In this research the use of personality traits defines the nature of the crime. Several combined sets of traits within these individuals leads to a similar result. “What happens is ... that one trait becomes more potent in the presence of other traits and circumstances” (Wertham, 1966:33). Narcissistic individuals are extremely rejection sensitive and display inappropriate emotional reactions to evaluations offered by others. This research thus aims to answer the following question: Will narcissistic individuals, if continuously disparaged (if their ability or sense of entitlement is questioned, if they perceive threat to their self-image, or if they are hurt) over a period of time, commit a murder (i.e. kill the source of the threat)? This question serves to determine whether rage-type murder and NPD are associated.

2.6. CONTENTS OF THE RESEARCH REPORT

Chapter 1 – Introduction: This chapter briefly describes the background to the research, as well as offers the motivation of the importance of the study. Also included in this chapter are the definitions of the key concepts, an orientation to the literature and an overview of the purpose and scope of the research.

Chapter 2 – Literature review and theoretical orientation: This chapter provides an in-depth analysis of the available literature on both NPD and rage-type murders, as well as a theoretical orientation to place the research in context.

Chapter 3 – Research methodology: This chapter describes the research procedures, methods and sampling employed in the research. In addition it describes data collection methods and data analysis procedures.

Chapter 4 – Discussion of findings: This chapter highlights the research findings as well as focuses on the analysis of the data collected and the implications of the research.

Chapter 5 – Interpretation of findings, limitations, recommendations, and conclusion: This chapter draws attention to the research outcomes by interpreting the findings, and relate these outcomes to the goal and objectives set out prior to the research. The limitations of the research and the recommendations for future research are also included in this chapter.

2. LITERATURE AND THEORETICAL OVERVIEW

“... [T]here is more to [murder] than the murderer’s own violent act.”
(Abrahamsen, 1973:2-3).

This chapter provides an in-depth analysis of the available literature on both NPD and rage-type murders, as well as a theoretical orientation to place the research in context.

2.1. LITERATURE REVIEW WITH REGARD TO NARCISSISTIC PERSONALITY DISORDER

The Diagnostic and Statistical Manual of Mental Disorders (Text Revision) (DSM-IV-TR) (American Psychiatric Association, 2000:686) defines a personality disorder as an “enduring pattern of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts”. Furthermore, personality disorders are “inflexible and maladaptive, and cause significant functional impairment or subjective distress” (American Psychiatric Association, 2000:686). These disorders are chronic, originate in childhood, continue throughout adulthood, and affect every aspect of an individual’s daily functioning (Barlow & Durand, 2008:430).

In general all individuals internalise successes and externalise failures; however, this trait is more pronounced among narcissistic individuals. Narcissistic individuals are inclined to create self-serving attributions to protect and enhance their self-esteem (Campbell et. al., 2006:65; Rhodewalt & Morf, 1998:673). Self-esteem is the perception individuals have of their own self-worth (Papps & O’Carroll, 1998:422; Statt, 2003:139). Freud (1914/1957:75) describes narcissism as a withdrawn libido from the external world which is directed in toward the ego (i.e. a libidinal investment in the self), it is “the attitude of a person who treats his own body in the same way in which the body of a sexual object is ordinarily treated” (Freud, 1914/1957:73). Narcissism develops from difficulties in the progression of normal development, due to either a failure to advance from libidinal self-love (normal infant narcissism) to object-love (normal adult narcissism), or individuals take the self on as a love object in early development instead of their maternal object (Leary & Tangney, 2005:520; Millon, 1996:395).

Narcissistic individuals are unable to recognise others as “whole and separate” from the self, their worlds are characterised by the absence of others, and a lack of awareness of the need

for closeness (Akhtar, 2009:69; Manfield, 1992:251). They choose to be isolated from others, and wall themselves off from emotional interactions, using self-sufficiency and grandiosity as a means to protect the self (Akhtar, 2009:69; Manfield, 1992:251). Self-sufficiency and grandiosity mask feelings of emptiness, worthlessness, and incompetence. Narcissistic individuals struggle to maintain their grandiose self-image, as their self-esteem is fragile (Leary & Tangney, 2005:534; Rhodewalt & Morf, 1998:672). This vulnerability in their self-esteem makes them susceptible to “injury” from any form of criticism (DiGiuseppe & Tafrate, 2007:156; Papps & O’Carroll, 1998:425). Narcissistic individuals are likely to withdraw from others and devalue them as a means to protect themselves from being emotionally wounded (Manfield, 1992:251). Narcissism is thus a form of defensive self-esteem regulation (Leary & Tangney, 2005:522; Raskin, Novacek & Hogan, 1991:911; Ronningstam, 2005:6).

2.1.1. NARCISSISTIC PERSONALITY DISORDER AND THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (TEXT REVISION) DIAGNOSTIC CRITERIA THEREOF

The DSM-IV-TR diagnostic criteria for NPD (American Psychiatric Association, 2000:717) can be sub-divided into four broad categories, namely, interpersonal, self-image, cognitive, and behavioural. In the DSM-IV-TR, the diagnostic criterion for NPD is outlined in Chapter 1 (section 1.2.2.).

Interpersonal aspects of a narcissistic individual include a sense of entitlement (Criterion 5), a need for constant attention or admiration (Criterion 4), interpersonal exploitativeness (Criterion 6), a lack of empathy (Criterion 7), and enviousness (Criterion 8). The narcissistic individual’s interpersonal coping style in terms of entitlement are: they feel entitled to have what they want when they want it – although mostly undeserved – and see no reason to discontinue their arrogant and exploitative behaviour (Millon, 1981:169; Sadock & Kaplan, 2007:803). Their self-image is that of a calming superiority. They are oblivious to the fact that their behaviour is irrational, as they regard themselves as extraordinary individuals entitled to unusual privileges. Anyone who questions their self-worth is viewed with contempt and scorn (Malmquist, 2006:178; Millon, 1981:167). The sense of entitlement is also a defence mechanism to protect the self from the dependency needs experienced (Siomopoulos, 1988:243; Vaknin, 2003:32).

The need for constant attention and admiration is attributed to fixation, a defence mechanism to supply the self-esteem (Dobbert, 2007:97; Siomopoulos, 1988:242). Interpersonal exploitativeness is a manifestation of either direct, primitive aggression, or it is a defence mechanism to maintain control over the external environment by permeating projective identification (Malmquist, 2006:127; Siomopoulos, 1988:243). There is a lack of empathy despite eagerness to obtain unlimited external empathy, admiration and approval (Kernberg, 1975:228; Siomopoulos, 1988:242). They regard others as sources of gratification. Attempts to be emotionally involved with others activate defence mechanisms that distort their perceptions (Leary & Tangney, 2005:521; Siomopoulos, 1988:241). To protect themselves from disappointment, they distance themselves from others and are only empathetic to the self (Siomopoulos, 1988:242). Their envy is a consequence of defeats experienced in pursuit of their grandiose and exhibitionistic aims, which is also related to rage, against potential sources of dependence and gratification (Almaas, 2000:328; Siomopoulos, 1988:243). Envy is incompatible with grandiosity, and therefore narcissistic individuals defend against envy by devaluing others, and exhibiting omnipotent control and narcissistic withdrawal (Siomopoulos, 1988:243).

Aspects relating to the self-image of a narcissistic individual include a grandiose sense of self-importance (Criterion 1) and the belief that they are unique and can only associate with others who are unique (Criterion 3). Grandiosity is a product of fixation caused by a lack of confirming responses in early development (Siomopoulos, 1988:241). The grandiose self is a defence mechanism aimed at preventing renewed traumatic rejections, is not integrated into the rest of the personality, and consequently remains unaltered by the influences of reality (Siomopoulos, 1988:241). Narcissism represents a fixation and defence mechanism that allows the narcissistic individual to deny any form of dependence, and creates an illusion of self-sufficiency (Siomopoulos, 1988:241).

Cognitive aspects of a narcissistic individual include their grandiose fantasies of “unlimited success, power, brilliance, beauty, or ideal love” (Criterion 2) (American Psychiatric Association, 2000:717). Their cognitive functioning is supplied with high expectations and encouragement from their past, as they were directed to believe they are perfect, although this ideal existence is not shared by all (Millon, 1981:167). When faced with failure, narcissistic individuals turn to themselves for comfort by allowing their fantasies to take over. This, in turn, enables them to reassert their pride and status, and they merely repress that

which cannot be clarified (Millon, 1981:167-168). Narcissistic individuals substitute these fantasies for reality and transform it into goals, which they feel driven to achieve with “relentless determination” (Siomopoulos, 1988:242).

The behavioural aspects of a narcissistic individual include “arrogant, haughty behaviours or attitudes” (Criterion 9) (American Psychiatric Association, 2000:717). The behaviours or attitudes are the source of shame and rage reactions. These originate from a failure to regulate self-esteem, as the maintenance of the self-esteem depends on a sense of absolute control over their external environment (Malmquist, 2006:182; Siomopoulos, 1988:242). The narcissistic individual’s external environment only contains objects that exist as part of their personality in order to fulfil a specified function (Siomopoulos, 1988:242). Shame and guilt only arise when the external objects fail to fulfil their expectations (Siomopoulos, 1988:242). Superiority, without justification, marks their behavioural features. They exploit, take for granted and expect others to serve them without offering anything in return (Leary & Tangney, 2005:521; Millon, 1981:166-167).

2.1.2. MILLON’S NARCISSISTIC PERSONALITY TYPOLOGY

Millon’s typology made the most significant contribution to demonstrate the progression of narcissism, as it highlights the diversity and continuity of the formation of pathological narcissism (Ronningstam, 2005:14). For this reason, Millon’s typology is discussed to illustrate the continuity of narcissism. Millon (1998:89-99) identified six different narcissistic personality subtypes (including the four original subtypes) which are organised according to the severity of the symptoms and the variation in the manifestation of the characteristics.

- **Normal narcissist**

The first narcissistic personality subtype is the normal narcissist (Millon, 1998:89-90; Ronningstam, 2005:15). This individual is characterised by interpersonal boldness, which stems from the belief in the self and the associated talents. The normal narcissist is generally competitive, ambitious, self-assured, and persuasive. Their decisive and unwavering manner, together with their self-confidence and intelligence make them ideal in leadership positions. The normal narcissist expects others to acknowledge their unique qualities, despite the fact that they lack social reciprocity and have a sense of entitlement. They do, however, show

slight concern and empathy towards others, making this subtype the least severe of the narcissistic subtypes, although these individuals are not in the 'normal' range.

- **Unprincipled narcissist**

The second narcissistic personality subtype is the unprincipled narcissist (Millon, 1996:409-410; Millon, 1998:90-92; Ronningstam, 2005:15). These individuals are successful in society, yet arrogant, indifferent, fraudulent, and intimidating. Their desire is to exploit others and gain recognition. They are socially defiant, disregarding the rights of others with markedly irresponsible behaviour. Punishment serves to reinforce their exploitative and unprincipled conduct. They are unscrupulous, amoral, deceptive, disloyal, exploitative, and fearless. Furthermore, they are willing to risk personal harm, projecting their malicious tendencies outward. Their primary motivation is to outwit, gain power, and exploit before others have the opportunity to do this to them.

- **Amorous narcissist**

The third narcissistic personality subtype is the amorous narcissist (Millon, 1996:410-411; Millon, 1998:92-94; Ronningstam, 2005:15). These individuals are intelligent, confident, and skilled at deceiving. They have an erotic and seductive orientation, are indifferent and aloof, and avoid any social responsibility. They avoid genuine intimacy, but feel the need to constantly demonstrate their sexual prowess. They have a disregard for the truth, and exploitation is often not hostile or malicious, but derives from their omnipotent and grandiose attitudes. Any personal criticism and punishment are dismissed as the product of jealous inferiors.

- **Compensatory narcissist**

The fourth narcissistic personality subtype is the compensatory narcissist (Millon, 1996:411-412; Millon, 1998:94-95; Ronningstam, 2005:15). This narcissistic personality subtype differs from the other personality categories as the narcissistic behaviours originate from underlying insecurities and weaknesses rather than from self-confidence and self-esteem. These individuals fill a sense of emptiness by creating an illusion of superiority and an inflated self-image. Others are required to develop this illusion, and these feelings obtained from public glory and small successes are stored within the individual and recounted for self-

enhancement. Due to the insecurities underlying this narcissistic personality, these individuals are extremely sensitive to reactions from others. They are not shy or hesitant even though they are aware of their fraudulent character. They hide their inadequacies and deficiencies through superficial arrogance and grandiosity.

- **Elitist narcissist**

The fifth narcissistic personality subtype is the elitist narcissist (Millon, 1996:412-413; Millon, 1998:96-97; Ronningstam, 2005:15). This individual is charming, self assured, arrogant, energetic, and more occupied with their self-image than the actual self. They are completely convinced of, and have an absolute belief in their own superiority, although this is grounded in very few actual achievements. The majority of their time is devoted to persuading others of their unique abilities, rather than acquiring genuine qualifications. This individual can be described as a social climber, who only associates with individuals who possess the qualities they aspire to have. They do not follow the advice of others, and react with anger and irritability when their superiority is questioned.

- **Fanatic narcissist**

The sixth narcissistic personality subtype is the fanatic narcissist (Millon, 1998:97-99; Ronningstam, 2005:15). This individual is usually paranoid and holds onto an omnipotent illusion of the self. They are generally insignificant, or they have lost their social value, whilst attempting to maintain their self-esteem through grandiose fantasies and self-reinforcement. They take on roles of heroic individuals with grandiose missions, and are likely to be sect leaders, psychiatric patients, or inmates in prison, all due to their missions that counteract those of society.

2.2. LITERATURE REVIEW WITH REGARD TO RAGE-TYPE MURDER

Violence is defined as a physical act that is destructive in intention, whether this intention is conscious or unconscious (Cartwright, 2002a:3). Violence is contained within the individual, and requires a specific trigger to be activated (Bateman, 1999:122). In acts of violence, individuals seem to have some sort of “magical” thinking that is “supremely arrogant” (Wertham, 1966:35). They are prone to enhancing themselves through some quick action rather than through effort (Wertham, 1966:35). Individuals who turn to violence feel inferior,

incompetent, and are passive, so they use violence to free themselves from what they consider “disabling features” of their personality (Wertham, 1966:35). The most extreme form of violence is to take another individual’s life.

There is no single profile of an individual who murders another, but similarities in the crimes distinguish one type of murder from another (Wertham, 1966:32). Murder is not the result of a mere impulse, rather it is caused by intense inner conflict within the individual, that has its roots in a traumatic experience in childhood (Abrahamsen, 1973:10) [usually before the age of two (Meloy, 1992:9)]. The “normal and well-adjusted” individual is driven to murder by a psyche that is charged with repressed emotions brought to the surface by provocation or frustration (Abrahamsen, 1973:4). Individuals who murder generally have difficulty dealing with anger, and emotional conflict within them is the cause of the over-reaction in certain situations, in which they are predisposed to feelings of fear and anxiety, causing frustration, which may lead to murder (Abrahamsen, 1973:10; Barnett et. al., 2005:40). The victim in most cases is not an innocent bystander; they play an unconscious role in their own death, by either provoking or stimulating the perpetrator (Abrahamsen, 1973:3-4; Pollock, 2006:222). The dynamics between the victim and the perpetrator provoke intense emotional frustration, which releases the impulse to murder (Abrahamsen, 1973:31; Barnett et. al., 2005:40).

In this study rage-type murder is the focus. Rage-type murder is defined as the deliberate, unlawful killing of an individual by another, with these individuals having a pre-existing relationship. The perpetrator has an over-controlled personality, and no history of violent or aggressive behaviour or of psychological pathology. The attack appears to be sudden and motiveless, although a situation build-up can be identified. Excessive violence characterises the attack, which is generally triggered by a catalysing interaction between the victim and perpetrator, and often dissociation is present.

2.2.1. NATURE OF RAGE-TYPE MURDER

Rage-type murder can be described as an expressive hostile violent crime, as it is a “murderous act triggered by a sudden explosive affective state” (Cartwright, 2002b:1), motivated primarily by an uncontrollable rage (Cartwright, 2001:12, Cartwright, 2002b:4). The act is impulsive, isolated, and uncharacteristic of the individual’s general behaviour (Cartwright, 2002b:2), suggesting a dissociated, split-off in part of the personality organisation

of the perpetrator (Cartwright, 2000:35; Cartwright, 2001:15). The split in the personality organisation is a defensive psychological structure, which separates the ego into the 'good' and 'bad' self. The bad self-images remain split off and dormant in the personality. The defensive psychological structure allows rage and destructiveness to remain unconscious as long as the split in the personality is maintained (De Zulueta, 1993:127). When the split can no longer be maintained, displacement is used to preserve the self.

One of the defining features of this type of murder is that the personality profile does not fit that of the psychopath or anti-social personality disorder (ASPD), which are the personality profiles usually associated with violent offenders (Cartwright, 2000:34; Hyatt-Williams, 1998:15). What sets rage-type murder apart from other types of murder is not why it happened, but rather how the act is justified within the individual (Wertham, 1966:41). This motivation is often seen as insignificant, however, it is a compelling factor, without which the murder might not have occurred (Wertham, 1966:42). In the case of rage-type murder, the act itself is often oversimplified and the dynamics involved overlooked. To understand this specific type of murder, it is not only necessary to establish the motive, but also to identify and describe the unconscious facets of the personality revealed by the interaction between the perpetrator and the victim (Barnett et. al., 2005:40).

2.2.2. THE PERPETRATOR

Rage-type murders are carried out by individuals who can be described as mentally stable with no prior history of violence (Cartwright, 2002a:4; Pollock, 2006:222), nor are they impulsive in their general approach (Cartwright, 2000:34). They are emotionally immature individuals, who seem to be preoccupied with their victims (Abrahamsen, 1973:13). They seldom have any criminal history, there is no psychopathology present, and few signs of a sadistic or psychopathic motive for the murder exist (Cartwright, 2000:34). This type of murderer is described as "rational, coherent and controlled, and yet whose homicidal acts have a bizarre, apparently senseless quality" (Satten, Menninger, Rosen, & Maymann, 1960:48).

The perpetrator has an over-controlled personality and is usually non-aggressive and very defensive, with a high degree of impulse control, as well as low hostility. However, there are indications of depression and inwardly directed hostility (Cartwright, 2000:37) which is evident

in their accident-proneness, self-destructive behaviour, and often suicidal tendencies (Cartwright, 2000:35; Cartwright, 2001:15; Cartwright, 2002a:88). Although rage-type murderers do not display visible signs of abnormality, there are indications of hidden signs of narcissism. This hidden narcissism, when uncovered, allows individuals to reduce the world to objects, dehumanising their surroundings (Hyatt-Williams, 1998:137, Meloy, 1992:382), offering an explanation as to how they are capable of murdering someone close to them.

Rage-type murderers have defensive personality organisations, that is, a “system of defences and object relations that work...together to prevent adaptive change in the psyche” (Cartwright, 2002b:3). Since these individuals are extremely controlled, they do not display affect as they do not want to be overwhelmed by it, thus they have difficulty communicating with others, and as a result their relationships are superficial and cold (Cartwright, 2001:15; Cartwright, 2002a:87). They do not usually express affect on a conscious level, and they appear to use controlling strategies to avoid dealing with their emotions (Cartwright, 2000:35; Cartwright, 2002b:88). They are not overtly violent and are usually highly conforming (Cartwright, 2000:35). Their strategies to avoid affect are evident of the over-controlled nature of their personalities.

These individuals lack the ability to empathise, and maintain relationships with external objects through sadistic means (Cartwright, 2001:15). They are preoccupied with a sense of isolation, they feel inadequate, dependant and passive (Cartwright, 2002a:88). There is a clear display of insecure attachments to external objects, which results in feeling bound and controlled by the external object, as well as a fear of abandonment. These features predispose these individuals to a situation aimed at ending distress (Cartwright, 2002b:6). The display of violence is the final defence against the “disorganisation and destruction” of the personality (Cartwright, 2002b:4). The violence, apparently uncontrollable, performs a function of self-preservation (Cartwright, 2000:112; Cartwright, 2002b:6). The lines of defence prior to the murder include the neurotic defences, which increase but do not control the anxiety, paranoid experiences, and the murder, which is the last defence aimed at preserving the self (Menninger, Mayman & Pruyser, 1963:86).

Although there is a healthy component to the personality (Hyatt-Williams, 1998:143), the process of the splitting of the personality is evident, but is more stable in the separating of bad internal experience from the rest of the personality (Sadock & Kaplan, 2007:219). This

indicates that these individuals have specific areas of vulnerability (those linking to bad internal experience), and unless these vulnerable areas are penetrated, there will be no escalation to violence (Hyatt-Williams, 1996:35; Hyatt-Williams, 1998:157). Only in a situation where too much happens in rapid succession, and the individual feels threatened, will escalation to murder occur (Hyatt-Williams 1998:157). Therefore, a “split-off encapsulated intra-psychic constellation” within the perpetrator needs to be triggered in order for the situation to escalate to violence (Hyatt-Williams 1998:22). It is a “kind of time bomb...that could be detonated into death-dealing actions under certain circumstances” (Hyatt-Williams 1998:42), in which “killing is regarded as a legitimate last resort” (Hyatt-Williams 1998:157).

2.2.3. THE MURDER EVENT

Wertham (in Cartwright, 2002b:67) describes rage-type murder as a process with its foundation in an injurious precipitating event, resulting in a catathymic crisis for which the victim is blamed. An emotional outburst, which consists of essentially unprovoked extreme rage, manifested by an explosion of aggression, was termed a “catathymic crisis” by Wertham in 1937 (in Revitch & Schlesinger, 1981:127). The catathymic crisis is defined as “a reaction activated by a strong and tenacious affect” (Revitch & Schlesinger, 1981:127), in other words, it is the eruption of the self to violence in which all energy is used in an attempt to control the situation, but when this fails, individuals devote all their energy into eliminating the threat. The release of energy during the violent act represents a failure of the perpetrator to contain, manage, and control the inner conflict and turmoil within the relationship (Pollock, 2006:225). Once the threat is removed, intrapsychic equilibrium is re-established, and there is a return to a sense of normality (Hyatt-Williams, 1996:33, Wertham, 1966:38).

The catathymic crisis occurs within an ego-threatening relationship (Revitch & Schlesinger, 1981:128), and is triggered by a build-up of tension and frustration. This build-up can last anywhere from a few days to a year before the act is carried out, and a feeling of relief usually follows the act (Revitch & Schlesinger, 1981:129). In rage-type murder, violence becomes more of a solution as the tension and frustration build up, until it becomes uncontrollable and violence ensues, where after there is a superficial return to normality. In the case of other types of murder the perpetrator realises that extreme violence is unnecessary; in the case of rage-type murder the perpetrator feels that violence is the only solution to the situation.

The murder appears to be motiveless, with a degree of dissociation present in the perpetrator (Cartwright, 2002a:4). The act itself is defensive in nature, and the destruction of the object (the source of the distress) is the motivating factor within the perpetrator (Cartwright, 2000:134). The impulse to murder originates from an “internally threatened part of the personality” (Cartwright, 2000:112) that the individual attempts to destroy by removing the perceived source of the threat (Bateman, 1995; Cartwright, 2000; Hyatt-Williams, 1996). To the perpetrator the murder may feel as if it is a necessary function for self-preservation, since their internal reality is controlled by fear (Cartwright, 2000:112; Cartwright, 2002b:6; Hyatt-Williams, 1998:21), thus, the act appears unprovoked to outsiders, but to the perpetrator it is necessary to preserve the self. The violence is committed, followed by a superficial return to normality with no insight into the murder (Cartwright, 2002b:3). Dissociation occurs with a sudden surge of rage at the time of the murder, and passes immediately after the act (Cartwright, 2002a:66). The dissociative reaction is a consequence of the splitting of the ego (into good and bad objects) and superego from the rest of the personality; the result is that individuals are unable to control their feelings of anger and hostility (Abrahamsen, 1973:11; Sadock & Kaplan, 2007:219). The loss of control results in the clear overkill typical in this type of murder (Pollock, 2006:222).

The complete personality and the entirety of the situation of the individual, together with negative emotion (i.e. frustration, fear and depression) and the catalysing event, bring about the factors that may result in the murder taking place (Abrahamsen, 1973:10; Wertham, 1966:40). The reason murder takes place is based on negative emotions, which are only risk factors when they are isolated and exaggerated. In the case of rage-type murder, the negative emotion is fear, stimulated by the circumstances surrounding the event (Wertham, 1966:37). Fear is an overwhelming negative emotion, and is usually the root of violence (Wertham, 1966:37). A seemingly irresolvable personal dilemma, with the idea of an easy solution to the dilemma through violence may lead to a violent response (Wertham, 1966:38). This is not the sole explanation as to why murder is committed, however, it is a factor in the dynamics of murder (Wertham, 1966:39): where the perpetrator feels inferior and incompetent, extreme violence frees them from these negative emotions.

The central elements to the murder event are:

- A. The affective nature of the act (Wertham, 1950:68-69). The act is a defensive display of explosive affect, with the aim of eliminating the threat. It is unnecessarily violent, but

brings the required relief to the perpetrator. The affective reactions (Wertham, 1950:69-70) can be explained in three stages:

- i. The incubation period, in which the perpetrator is preoccupied with the victim and the fantasies of murder. Growing tension prior to the murder is evident in post-event analysis, and is not always conscious to the perpetrator (Pollock, 2006:225). During the build-up phase, the perpetrator is usually “obsessively preoccupied” with the victim (Revitch & Schlesinger, 1981:136). In most instances the perpetrator is described as being depressed and sometimes suicidal (Revitch & Schlesinger, 1981:136). Fantasies of murdering the ego-threatening object usually accompany suicidal thoughts, which eventually become the dominant preoccupation (Revitch & Schlesinger, 1981:136).
 - ii. The act itself, which is the result of an accumulation of the build-up of tension, and is generally triggered by an insignificant event. The murderous act is dependent upon several factors coming together to cause the particular reaction (Cartwright, 2002a:6). The accumulation of events allows a low intensity stimulus to trigger the rage, which results in an excessive reaction to a seemingly trivial event (Cartwright, 2002a:22).
 - iii. The relief experienced when the build-up of tension and energy is released. After the murder, the perpetrator loses the suicidal thoughts, as the bad self has been eliminated. “Every [murder] ... is unconsciously a suicide, and every suicide in a sense is a psychological [murder, both] acts are caused by the perpetrator’s sudden and acute loss of self-esteem” (Abrahamsen, 1973:16).
- B. The dissociation the perpetrator experiences (Wertham, 1950:70-72). The act is committed in an altered state of consciousness (Revitch & Schlesinger, 1981:47), where there is impaired contact with reality, although complete amnesia is highly unlikely. The perpetrator is not consciously aware of the motive for the violence. The perpetrator can often not discuss the events surrounding the murder, as they have difficulties in recollecting the offence, which is a display of the dissociated, split-off or amnesic attitude the perpetrator has (Pollock, 2006:224). Their self-reflection and mentalisation are limited, leaving the offence unintegrated into the consciousness of the perpetrator, also explaining the inability of the perpetrator to verbalise the event (Pollock, 2006:225).

C. The lack of motive for the excessive violence carried out (Wertham, 1950:72-74). A seemingly insignificant event triggers the explosive expression of aggression; there is no premeditation to the act. In the time preceding the murder, although not planned, every move made by the perpetrator and every countermove made by the victim determine the outcome of the situation. If the perpetrator and the victim do not “feed off” each others actions, the escalation to violence will most likely be prevented (Barnett, et. al, 2005:40; Hyatt-Williams 1998:22). The actual murder only takes place when “too much pressure is experienced by the individual at risk before [they] had the time, opportunity or capacity to digest it and detoxicate it psychically” (Hyatt-Williams 1998:157).

Revitch and Schlesinger (1981:134-135) draw four conclusions concerning rage-type murder that contextualise the above. Firstly, an injury to the pride of the perpetrator is a key determining factor in the murder event. Secondly, the murder occurs in a close interpersonal relationship, where unresolved conflict and helplessness result in attachment difficulties on the part of the perpetrator. Thirdly, trauma or a traumatic experience in the history of the perpetrator is not a significant contributing factor to the murder. Lastly, the motivating factor appears to be displacement of emotion onto the victim, who carries a symbolic significance to the perpetrator. Several authors (Bromberg, 1951; Lehrman, 1939; Zilborg, 1935) support these conclusions and suggest that in the majority of murder cases, the victim is likely to represent some aspects of the perpetrator unconsciously in the mind of the perpetrator.

In summary, the situational characteristics are attributed to the individual's psychological make-up (Wertham, 1950:74-76). An external event generally provokes the act; the perpetrator and victim are usually involved in an intimate relationship; there is an escalation of the situation, which over time becomes overwhelming, as both the perpetrator and the victim are unable to escape. The overkill signifies the need to remove the internalised object relationship; and the perpetrator is usually the one who notifies the authorities, suggesting they are aware of the wrongfulness of the act, but this is not a sign of remorse for their actions.

2.3. LITERATURE REVIEW WITH REGARD TO THE ASSOCIATION BETWEEN RAGE-TYPE MURDER AND NARCISSISTIC PERSONALITY DISORDER

Narcissistic individuals require constant external admiration to maintain their self-esteem (the “narcissistic supply”). When they do not receive this, they perceive the experience as a personal rejection (the “narcissistic injury”), which will possibly result in an irrational reaction (Schulte, Hall & Crosby, 1994:611). Narcissistic individuals place themselves in situations where they intend to receive or create situations to receive attention from others. Invariably, they experience intense emotion from the feedback (Rhodewalt & Morf, 1998:672); be it positive or negative (Emmons, 1987:16). Discrepancies between external feedback and internal self-image result in an arousal state that promotes aggression, and possibly violence, under certain conditions (Papps & O’Carroll, 1998:422).

Narcissistic individuals displace or block appropriate affect in situations, which they consider overwhelming (Blugrass, 1990:594), yet they are able to display appropriate affect in other situations (Schulte et. al., 1994:619). These individuals are unable to express or acknowledge rage, aggression, or disappointment, which results in behaviour that is suggestive of potential harm to themselves or others (Schulte et. al., 1994:619). They react with intense anger to any situation in which they are criticised, humiliated, or rejected (i.e. any situation which threatens their self-image) (Emmelkamp & Kamphuis, 2007:149). Single instances of perceived threats to the grandiose self-image are not sufficient to produce expressions of aggression. However, if constant criticism is directed at the narcissistic individual, it is likely to be perceived as a threat. It thus plays an instigating role, and when instigation is present, eruption of violence is almost always inevitable (Malmquist, 2006:182; Papps & O’Carroll, 1998:422-423). The isolation of appropriate affect is evident after the murder event, where the perpetrator seems to be unaffected by the situation. The notion exists that inappropriate affect, in this instance, relates to the narcissistic injury and subsequent rage (Lachkar, 1992:82; Schulte et. al., 1994:619).

Narcissistic individuals display a pattern of emotional responses organised around their grandiose self-image, to maintain their fragile self-esteem. Grandiosity, dominance, narcissism, and hostility are positively correlated (Raskin et. al., 1991) suggesting grandiosity and dominance mediate the relationship between narcissism, hostility and subsequently anger and rage (Rhodewalt & Morf, 1998:683). Anger is an “intense emotional experience, interpersonal in nature” (Papps & O’Carroll, 1998:421). Anger is a consequence of frustration,

and is thus goal directed, in other words, it is used to overcome obstacles (Lewis, 1993:148). Rage is an expression of “a primitive explosive affective state” (Cartwright, 2002a:22) that involves the self-system, and is a consequence of shame; in other words, it is a failure to maintain the self-system (Lewis, 1993:162) and it requires a personal insult (Almaas, 2000:324; Cartwright, 2002a:25).

Rage is anger caused by shame, and manifests with a dissociated behaviour (Lewis, 1993:162). The anger is so intense that the goal is blocked and the self-organisation is disrupted (Lewis, 1993:161). Rage is a “powerful motivator of behaviour” (Parens, 1993:130), it impairs the ability to go beyond the immediate situation, it “focuses consciousness completely on the here-and-now situation with unparalleled intensity” (Katz, 1988:31), and may be expressed directly or indirectly (through displacement). Rage is not spontaneous; it has a threshold of activation, facilitation, and reactivity (Parens, 1993:126). Rage is experience-dependant, and is generated by a build-up of discontentment. The degree of the discontent determines the affect and behaviour that are activated (Parens, 1993:127). The intensity, duration, and frequency of the discontent determine the intensity of the subsequent rage reaction (Cartwright, 2002a:23), which is triggered by mounting discontent, and an inability of the ego defence mechanisms to mediate the experience (Parens, 1993:127). In narcissistic rage, threats to the self may lead to violent attacks, since the individual has a need to ‘remove’ the perceived threat (Akhtar, 2009:182; De Zulueta, 1993:124; Lachkar, 1992:32). Narcissistic rage is a “desperate defensive action” aimed at preventing shame, humiliation, and any threat to the wellbeing of the self that are produced by sudden loss of self-esteem (Akhtar, 2009:182; Cartwright, 2002a:25). A rage reaction emerges whenever there is a real or perceived lack of control within the narcissistic individual (Cartwright, 2002a:26). Unlike anger, rage is not related to overcoming an obstacle, it is a response to an injury to the self, which makes this reaction more intense, unfocused, and of a longer duration (Cartwright, 2002a:159). “The greater the threat to our sense of who we feel we are, the more powerful the [defence] processes we use” (De Zulueta, 1993:124). In rage-type murders, the rage is evident by the brutality of the crime, as well as by the appearance of multiple wounds inflicted by an individual who has an intimate relationship with the victim.

Grandiosity and dominance in the narcissistic individual are defensive behaviours that allow the expression of hostility, anger, and rage. Anger, hostility, and rage are central to the emotional life of the narcissistic individual, as these responses are expressed to protect the

self-image (Raskin et. al., 1991:917). Anger and rage are a response to perceived threats to the grandiose self (Malmquist, 2006:182; Raskin et. al., 1991:915; Rhodewalt & Morf, 1998:683). Exploitation and projection are psychological defence mechanisms the narcissistic individual employs to protect their self-esteem (Raskin et. al., 1991:911; Sadock & Kaplan, 2007:206). A psychological defence mechanism is a configuration that deals with rage on an unconscious level by splitting the ego into 'good' and 'bad' objects (De Zulueta, 1993:116; Sadock & Kaplan, 2007:219). Individuals identify with good objects and project destructive bad feelings onto others (De Zulueta, 1993:116). All individuals depend on psychological defence mechanisms to protect them from feelings that are threatening or painful (De Zulueta, 1993:115). Narcissistic individuals maintain defensive psychological structures that promote feelings of safety, as this is essential to the survival of the idealised self (Bateman, 1999:112). "Certain [individuals] with narcissistic pathology, who are facing narcissistically overwhelming situations ... may ... be at risk for impulsively committing acts of violence towards themselves and others" (Schulte et. al., 1994:620). When perceived threats do arise, individuals with a grandiose self-image do generally react in irrational ways (Almaas, 2000:328; Malmquist, 2006:182; Papps & O'Carroll, 1998:424).

When the defensive psychological structure is breached (the split of the ego into 'good' and 'bad' object is united), and the bad self is revealed, the levels of anxiety within the individual cannot be tolerated, and this compels the individual to remove the threat (i.e. commit the murder) (Cartwright, 2002b:14). This is seen as a form of self-preservative violence, in which the threatening object must be removed or destroyed (Bateman, 1999:111). The dissociation experienced is due to the individual's need to remain in contact with the other, while repressing the destructive feelings of rage brought out by the projective identification (De Zulueta, 1993:126). The idealised self is not a stable part of the internalised objects, as the goodness relies on projective identification with good external objects (Cartwright, 2002b:11). Projective identification is a process where unwanted aspects of the self are isolated and transferred into another individual, and the modified version of what is projected onto the other is returned (De Zulueta, 1993:118; Sadock & Kaplan, 2007:206). Projective identification is characterised by the 'oneness' of the self and the other, whereas pure projection is characterised by the 'otherness' of the self and other (De Zulueta, 1993:118; Sadock & Kaplan, 2007:206). Narcissistic individuals seek conformation of goodness from external objects to maintain their defensive psychological structures; they use projective identification to find external conformations to encourage their perception of being the

idealised self (Cartwright, 2002b:12; Sadock & Kaplan, 2007:196). The external objects are part of a system that has a narcissistic quality, where there is no clear distinction between the self and the external object (Cartwright, 2002b:11). The idealised self supports and contains an internal bad object system. While supporting and containing the bad object system, the idealised self also protects the self from external threats (Cartwright, 2002b:12).

The splitting of the personality shows the refusal of the narcissistic individual to associate the self with any badness (Cartwright, 2002b:12; Sadock & Kaplan, 2007:219). The bad self-images remain split off and dormant in the personality; the bad self remains concealed behind the idealised self (Cartwright, 2002b:12-13). "Bad experience simply accumulates and remains unmodified and unarticulated" (Cartwright, 2002b:12), as acknowledging the bad experience could alter the idealised self, so the narcissistic individual does not deal with the experience, they merely remove it. The ego is maintained as long as the destructive personality remains split (Cartwright, 2002b:13). This defensive personality organisation best explains the arrogant, grandiose personality (good object/idealised self-image) and the underlying inadequacy, incompetence, and passivity (bad object/fragile self-esteem), all which remain hidden because of the anxiety they create (Cartwright, 2002b:13). The defensive psychological structure allows rage and destructiveness to remain unconscious as long as the split in the personality is maintained (De Zulueta, 1993:127). When the split can no longer be maintained, displacement is used to preserve the self.

It is important to determine whether the threatening object is internal or external. In rage-type murder the object that is removed or destroyed is an external object that is identified with a bad internal object. Through projective identification, the other is perceived as the source of everything bad; it therefore becomes necessary to remove the other to protect the self (Cartwright, 2002b:14; De Zulueta, 1993:126). Due to projective identification, the boundary between the self and the other is not clearly distinguishable, thus the act of murder is seen as one to protect the self, as the other is not viewed as a distinct entity. The murder is a result of ego dysfunction and failure of repression (Cartwright, 2000:36), "when excessive [criticism] persists, occurs frequently enough, and are sufficiently intense, they stabilise into hate, a more enduring feeling of self-object attached hostile destructiveness" (Parens, 1993:127). Hostile destructiveness creates a disruption in the formation of the structure of the psyche and object relations (Parens, 1993:124). Rage is an effect of hostile destructiveness, and takes into account that discontent is not only due to frustration, not always directed outward,

and does not manifest immediately (Almaas, 2000:324; Parens, 1993:131). Frustration generates aggression whenever negative affect is aroused, and negative affect produces primitive anger experiences (i.e. rage) (Almaas, 2000:327; Papps & O'Carroll, 1998:425). Any negative affect immediately gives rise to some form of a reaction, be it avoidance or attack (Papps & O'Carroll, 1998:424). This is particularly evident when narcissistic individuals are involved, as they refuse to accept negative feedback and generally react with irrational responses (Papps & O'Carroll, 1998:425).

Object relations determine the level of rage generated in situations (Parens, 1993:131). The intensity, duration, and frequency of the discontent in the object relations produce the degree and form of hostile destructiveness in the relationship (Parens, 1993:131). Rage that is released in a specific situation is facilitated by increased levels of accumulated and stabilised hostile destructiveness (Parens, 1993:128). This means that when the ego is overloaded with experiences of discontent, any minor, trivial event can trigger an intense rage reaction. This rage reaction is linked to past experiences, which explains why the trigger need not be extremely intense (Parens, 1993:127; Sadock & Kaplan, 2007:206).

The narcissistic individual will only direct the rage toward the source of the threat (Papps & O'Carroll, 1998:422; Sadock & Kaplan, 2007:206). Thus, it is necessary to have a build-up of self-image threats directed at the narcissistic individual before an irrational aggressive reaction is likely to occur, and this reaction will be directed to the source of the criticism. Research (Bursten, 1981; Feldman, Johnson, & Bell, 1990; Horowitz, 1981; Malmquist, 2006:182) suggests that this reaction is due to a grandiose self-image, with a fragile self-esteem, which results in limited coping skills. The aggressive reactions are actions to re-establish the self-esteem (Schulte et. al., 1994:611). Violence is a specific manifestation of aggression (Cartwright, 2002a:22). The aggressive reaction is therefore a consequence of continued threat to the self-image. Violence may result if the threat is directed at the narcissistic ego. The showing of general violence is a rare event, and is likely only to manifest in an intimate relationship (Schulte et. al., 1994:611).

In conclusion, it appears from the above review of the literature that there is an association between narcissism and an increased level of anger, aggressiveness, and hostility when the individual is criticised by a significant other in an intimate relationship. It seems likely that narcissistic individuals will go to extreme levels of violence if their self-image is threatened to

a substantial degree. Furthermore, it is likely that these individuals will go into an extreme, uncontrollable rage when their self-image is criticised, resulting in the murder of the individual who they deem responsible for the attack on the self-image.

2.4. THEORETICAL OVERVIEW

The following theories have been identified as they relate to narcissism and the escalation to violence. These theories support the purpose of the research that is to explore the role of NPD as a contributing factor to rage-type murder. The personality variables and the way in which they predispose an individual to react with extreme anger to external evaluations, is the focus of all the theories. Furthermore, the theories suggest how personality variables may have contributed to the murder event.

2.4.1. HEINZ KOHUT – SELF-PSYCHOLOGY PERSPECTIVE SELF-OBJECT THEORY

Kohut (1968) proposed the self-psychology perspective, which states that the development of the self is based on an integration of the internalised self and object representations. Kohut (1968) introduced the term "narcissistic personality disorder" to describe the long-term organised functioning used to define narcissism as a personality disorder. Kohut (1971) acknowledges that the personality structure of narcissistic individuals is split and based on archaic narcissistic configurations, and describes narcissism as an arrest in a healthy growth process (Leary & Tangney, 2005:520; Manfield, 1992:159).

Kohut (1971:xv) conceptualised the self as "a content of the mental apparatus. While it is thus not an agency of the mind, it is a structure within the mind... There may ... exist contradictory conscious and preconscious self representations - e.g. of grandiosity and inferiority – side by side...". The contradictory representations of the self account for the narcissistic personality traits, accompanied by feelings of dependence and inferiority. Kohut (1971:xiv) relates narcissistic experiences to objectification, meaning that objects are used in the service of the self, or are experienced as part of the self. Through defence mechanisms such as projective identification, the other is perceived as the source of everything bad. The narcissistic individual projects all the unwanted aspects of the self onto the other. As the other is not viewed as a distinct entity, the narcissistic individual, when committing the murder, regards it as the removal of the 'bad self' and not as the murder of another individual. Kohut (1971:3) explains that narcissistic individuals are "suffering from specific disturbances in the realm of

the self and of those archaic objects cathected with the narcissistic libido (self-objects) which are still in intimate connection with the archaic self (i.e. objects which are not experienced as separate and independent from the self)".

Individuals with narcissistic personality disorder regress to fixation points that can be located in early psychic development (Kohut, 1971:3). They remain fixated on "archaic grandiose self-configurations" or on "narcissistically cathected objects" (Kohut, 1971:3). Archaic configurations are not integrated into the rest of the personality, implying, firstly, that the adult personality is deprived of energy in the ancient structures, and, secondly, that the adult activities are hampered by the ancient structures breaking through into the personality (Kohut, 1971:5). The breaking through of the ancient structures into the personality results in the individuals relying on early developmental processes to protect the self. When these individuals are in situations where they feel threatened or when there is a rapid succession of events that they are not able to process, they react in irrational ways, similar to the way a child would react to a situation in which they feel threatened.

Furthermore, individuals with narcissistic personality disorder suffer from a fear of losing the narcissistically cathected object (i.e. the other), and this object's love (Kohut, 1971:20). The narcissistic individual invests substantial energy into the other, as this individual services the self, and is not considered distinct. Whenever the other threatens punishment, withdraws love, or temporarily disappears, the result is a narcissistic imbalance, which serves to lower the self-esteem of the narcissistic individual (Kohut, 1971:21). With the lowering of the self-esteem comes self-regulation failure. Self-regulation can be described as any attempt by individuals to mediate their responses (Bauemeister, Heatherton, & Tice, 1994:7). Self-regulation failure begins with the loss of control of attention. Emotional states are out of control when individuals fixate their attention on a distressing event (Bauemeister et. al., 1994:244). In situations where the narcissistic individuals feel threatened to a substantial degree, they are unable to consider the consequences of their actions as they are fixated only in the immediate situation and blame the other for the frustration. When attention is focused narrowly onto the immediate situation, the ability to ignore impulses and unwanted feelings is reduced (Bauemeister et. al., 1994:244), thus allowing the narcissistic individual to react out of impulse.

At any stage of psychic development an arrest may occur, which is the archaic grandiose self-configuration to which individuals return (the fixation point). When external frustrations overwhelm individuals' capacity to manage the situation, they lose their internal organisation cohesion and experience self-regulation failure, as well as regress to archaic grandiose self-configurations (Manfield, 1992:159). When narcissistic individuals are overwhelmed by the immediate situation and they are unable to maintain control; they act out the impulse to remove the source of distress. If the necessary external organisation sources are available, these external frustrations can be adequately managed. Intense emotional states tend to focus attention on the immediate situation, which causes self-regulation failure and this is mediated by transcendence failure (Bauemeister et. al., 1994:245). With transcendence failure, the individual ceases to go beyond what is occurring in the immediate situation, and regresses to the archaic grandiose self-configurations, where objects are not experienced as separate and independent from the self. Under the control of "the powerful emotional state", individuals are unable to consider the consequences of their actions and act out the impulse (Bauemeister et. al., 1994:244). Threats directed toward the self and any associated feelings of shame have the ability to elicit this type of rage (Kohut, 1972:385). The subconscious mentality is "defeat the enemy before it defeats you, before it destroys your delusion of the perfection and limitlessness of the power and knowledge of a grandiose self" (Kohut, 1972:385). The narcissistic individual is driven by the impulse to remove the source of distress and this results in the murder of the other who they consider the source of everything bad.

2.4.2. OTTO F. KERNBERG – EGO PSYCHOLOGY-OBJECT RELATIONS PERSPECTIVE PERSONALITY ORGANISATION THEORY

Kernberg (1967) proposed the ego psychology-object relations perspective, which states that the self is a substructure within the ego system, reflecting components developed through experiences (Kernberg, 1998:29). The term "narcissistic personality structure" was introduced by Kernberg (1967) to describe the long-term organised functioning used to define narcissism as a personality disorder. Kernberg (1975:264) places emphasis on the pathological nature of the internal object relations.

Kernberg (1975:315) used structural analysis of narcissism (i.e. the intrapsychic structure), and identified normal narcissism as libidinal investment of the self. Kernberg (1975:315) goes on to explain that the self is an intrapsychic structure consisting of many representations of

the self and their related affect dispositions. The self is part of the ego, which contains object representations and ideal self and ideal object images (Kernberg, 1975:316). The actual self shows an integration of good and bad object representations, the narcissistic personality structure has an integration of all good and all bad object images, which are libidinally invested aggressive components, and the self splits (rather than integrates) components of self representations (Kernberg, 1975:316). In essence, Kernberg depicts narcissism in adults as a fixation - a failure to progress successfully through developmental stages - that results in an inability to master more mature developmental tasks. The adult narcissist “maintains the infantile fantasy of being merged with the object” (Manfield, 1992:160).

Kernberg (1975:264) described individuals with a narcissistic personality structure as excessively self-absorbed and superficial, while at the same time they have effective social adaptation. However, although they have difficulties relating to them, they depend on the external admiration they receive from others (Leary & Tangney, 2005:521). Individuals with a narcissistic personality structure often feel empty and bored, and continuously search for external gratification. They are deficient in the capacity to love and feel empathy for others (Kernberg, 1975:264). These individuals are chronically uncertain and dissatisfied with themselves, exploitative and ruthless to others (Kernberg, 1975:264), reflecting contradictory representations of the self.

Individuals with a narcissistic personality structure have a predominance of “primitive defensive mechanisms”, in other words their personalities consist mostly of splitting, denial, projective identification, omnipotence, and primitive idealisation (Kernberg, 1975:229; Sadock & Kaplan, 2007:219). Fusion of the ideal self, the ideal object, and the actual self is a primitive defence mechanism against the reality of the individual’s external situation (Kernberg, 1975:231). These individuals identify with the ideal self as a way to deny dependency on external objects, whilst at the same time they devalue and destroy the internal representations of these external objects (Kernberg, 1975:231). When exaggeration of the self-concept eliminates tension between the ideal self, the ideal object, and the actual self, the distinction between ideal self, the ideal object, and the actual self becomes unclear (Kernberg, 1975:231). Any unwanted aspects of the self are repressed and projected (through projective identification) onto external objects. The fusion of the ideal self, the ideal object, and the actual self, and lack of distinction between them, results in the devaluation and destruction of external objects, as well as the internalised representations of these

external objects (Kernberg, 1975:233). These individuals believe they are omnipotent; they isolate and project any bad aspects of the self onto the other as a way to deny their own limitations.

Individuals with a narcissistic personality structure have a background that is characterised by a maternal object who is callous, indifferent, overprotective, and spitefully aggressive, but who appears to be organised and loving (Kernberg, 1975:235). Frustration, resentment, and aggression in the individual result in a need to defend against envy and hatred directed at the maternal object (Kernberg, 1975:235). It is highly likely that these individuals possess a quality that results in envy and admiration from others (e.g. unusual physical attractiveness, a special talent, etc.), which becomes a retreat against feelings of rejection from others (Kernberg, 1975:235). "Sometimes it was ... the cold hostile mother's narcissistic use of the child which made [them] 'special', set [them] off on the road in search for compensatory admiration and greatness, and fostered the characterological defence of spiteful devaluation of others" (Kernberg, 1975:235).

The defensive personality organisation is reflected in the splitting of the personality, which reveals the pathological personality structure (Kernberg, 1975:265). The ideal self, the ideal object, and the actual self co-exist without affecting each other, which reflects the integration of a pathological grandiose self (Kernberg, 1975:264). Projective identification, control, withdrawal, and devaluation of external objects maintain the split between the all-good and all-bad aspects of the personality (Kernberg, 1975:265). Rage is linked to the demanding, yet depreciating attacks on the other (Kernberg, 1975:267). Narcissistic rage has a relentless nature, and the insistence on devaluing and destroying the other "contaminates" the relationship by removing all the good aspects from the other (Kernberg, 1975:267).

In other words, the narcissistic individuals' lack of distinction between ideal self, the ideal object, and the actual self allows them to deny any badness within the self. Instead the self consists of all good aspects, that is, all the good aspects of the self as well as all the good aspects of the other, leaving all the bad aspects to be projected onto the other, making the other the source of everything bad. Thus when a threatening interaction arises, the individual uses projective identification to blame the other for any failures, and views them as the source of distress. In order to protect the self, the other needs to be destroyed. The

perpetrator murders the victim, as the victim represents their own personal failures and the source of all criticism, so the murder is a form of preservation of the self.

2.4.3. LORNA S. BENJAMIN – STRUCTURAL ANALYSIS OF SOCIAL BEHAVIOUR INTERPERSONAL ORIENTATION THEORY

Benjamin (1993) defines personality disorders by adding aspects of psychoanalysis, interpersonal psychology, child psychology, and learning theory to the descriptions laid out in the Diagnostic and Statistical Manual of Mental Disorders (DSM), to develop the approach of Structural Analysis of Social Behaviour (SASB) (L.S. Benjamin, personal e-mail communication, October 19, 2009). The theory offers an understanding, on a symptom basis, of how personality disorders are affected by individuals' learning experiences as well as their current social context (Benjamin, 1993:8).

Benjamin (1993:155) describes normal self-love as a balanced process based in reality. The concept of perfection is not involved in normal self-love, and individuals have the ability to acknowledge their own abilities and limitations (Benjamin, 1993:155). With narcissistic self-love, there is an embedded need to devalue and destroy the needs of others (Benjamin, 1993:155). The narcissistic individual elevates the self by diminishing others. The foundation of narcissistic self-love lies in unconditional love of the self and absolute control of others (Benjamin, 1993:147).

Benjamin's (1993:143-147) theory linking an individual's interpersonal history to interpersonal life patterns focuses on three propositions. Firstly, selfless, unconditional self-love and adoration is an intense sexual worship of the self that exceeds normal limits (Benjamin, 1993:143). These exaggerated distortions become internalised attitudes in individuals who carry the belief over time. Individuals' tendency to overestimate their abilities is a result of parental admiration and unconditional love. This type of adoring admiration is normal in infancy, however, if carried into later life it becomes destructive, and results in a clash with reality (Benjamin, 1993:143). Individuals with narcissistic personality disorders never learned about their own vulnerabilities and imperfections, or that good performance is the result of dedicated practice, causing them to remain fixated on false, exaggerated distortions instilled by their parents (Benjamin, 1993:144).

Secondly, the adoring parental object is consistently respectful and nurturing (Benjamin, 1993:144). The admiration, unconditional love, and respect from the parental object results in an arrogant expectation by the individual that others should continue the worshipping (Benjamin, 1993:144). If their expectations are not met, it results in anger, and often rage, when coupled with criticism (Benjamin, 1993:144). Patterns of behaviour are enabled by admiration from others. Although these individuals often have talents worthy of some form of admiration, it does not justify the type of excessive admiration they feel is due to them (Benjamin, 1993:145).

Thirdly, there is an ever present threat of a “fall from grace” (Benjamin, 1993:145). The parental admiration and unconditional love that results in individuals’ tendency to overestimate their abilities, also places pressure on the individual to outperform others. These individuals are denied ‘normal fallibility’ by the parental object, since normality creates a sense of disappointment (Benjamin, 1993:145). Any hint of imperfection is devastating to the individual and the parental object. The parental object thrives on the individual’s successes, and the idea of failure brings degradation and loss (Benjamin, 1993:145). These individuals thus have a need to out-perform others and when they fail they are unable to deal effectively with the disappointment.

Benjamin’s (1993) theory elaborates on how personality disorders are affected by individuals’ learning experiences and their current social context. Benjamin (1993) states that individuals with narcissistic personality traits were not properly informed that they have vulnerabilities and imperfections, and they go through life believing they are superior. They base this belief on the false, exaggerated distortion instilled by their parents. This omnipotence brings with it pressure to outperform others due to the belief that they are superior. Should their expectations not be met, they may react with rage if their failure is coupled with criticism from others. Any hint of imperfection is devastating to the individual. Within an interpersonal relationship, narcissistic individuals expect to be admired by their partners. When the narcissistic individual is constantly criticised within the relationship, an eruption of rage is likely. Although there is no specific reference to a violent outburst, there is a reference to failure and criticism leading to a rage reaction.

2.4.4. J. REID MELOY – ATTACHMENT AND OBJECT RELATIONS THEORY

Meloy (1992:xiv) states that most violence that takes place, occurs in situations where there is already attachment present. Meloy (1992) used the attachment theory and the object relations theory to develop a psychodynamic understanding of violence. Meloy (1992:39) refers to catathymia as a “psychological process in which an intense affect-idea complex temporarily overwhelmed internal equilibrium and disrupted secondary process-thought”. His explanation of catathymic violence relates to the outlined definition of rage-type murder.

The basis of the attachment theory is that every individual has a biologically rooted “attachment-behavioural system” that allows an infant to establish a close relationship with the maternal object (i.e. the caretaker) (Meloy, 1992:3-4). Variations in attachment behaviour do exist; however, they generally start with primitive biological approach behaviours and follow a predictable course (Meloy, 1992:4). How individuals relate to external objects, forms the basis of the object relations theory. The self-object differentiation appears within the first several months after birth (Meloy, 1992:9). During the first 18 months the infant does not exist without the maternal object, and all interactive exchanges between them are co-ordinated. Only after the first 18 months does the separation from the maternal object become a reality, in which the defence mechanism of splitting becomes prominent (Meloy, 1992:9). As a result, the infant alternatively seeks approval and asserts a will against the maternal object. These attachment encounters mould the behaviour that the individual will display in adulthood (Meloy, 1992:9; Sadock & Kaplan, 2007:219).

Meloy (1992:12) describes three psychosocial states that explain how attachment relates to violence. He attributes this mainly to a disruption of early childhood attachments to the maternal object. During the protest state acute distress is experienced due to the sudden loss of the maternal object. This is characterised by vocalisation, agitation, and searching (Meloy, 1992:12). The despair state is characterised by a marked preoccupation and helplessness on the part of the child, who then withdraws and becomes idle (Meloy, 1992:12). Finally, prolonged separation leads to detachment, allowing the child to become apathetic (Meloy, 1992:12). Although there is a return to despair, there is an absence of normal attachment behaviour. After several such experiences, the child stops bonding with others, does not show emotion, and becomes more self-absorbed and preoccupied with non-human objects (Meloy, 1992:12). This superficial socialising and detachment may be the early stages of the development of a personality disorder.

Meloy (1992:58) states that the individual who commits catathymic violence has a symbolic attachment to the victim, which is a form of psychological bondage rather than that of secure bonding to the object. In other words, these individuals display insecure attachments to significant others thus creating a feeling of being controlled by them, while at the same time they fear abandonment. This dilemma predisposes these individuals to situations that are aimed at ending the distress, and shows the primitive nature of their psychological defence structures (Meloy, 1992:60), as their internal world is split into only 'good' and 'bad' objects. The origin of the distress is either projected onto the object (through projective identification), or introjected at the self (suicidal ideation), "if he dies, I destroy the pain; if I die, I destroy the pain" (Meloy, 1992:59). At this point a distinction between the self and the object is still present. However, when a psychotic level of personality organisation is regressively reached, the distinction is no longer present (Meloy, 1992:59), indicative of transcendence failure, where the alternative more rational choices to alleviate the situation are never consciously considered (Meloy, 1992:60). Therefore, in situations where they feel threatened, these individuals do not rationally consider the consequences of their behaviour. They react out of impulse to preserve the self, which results in the murder of the individual they hold responsible for the attack on the self.

Meloy (1992:62) offers the following explanation as to why these individuals murder. Individuals who commit catathymic violence use projective identification as a defence mechanism. The bad parts of the self are attributed to the object, followed by an attempt to control the object. Increased tension leaves the perpetrator feeling vulnerable; to eliminate the helplessness the internal object is invaded in an attempt to control it. The perpetrator experiences rage toward the self, but directs it at the object, as the self and the object are not considered distinct entities. A complete breakdown between the self and the object does not occur, and due to projective identification, the object is seen as the source of the threat. The perpetrator perceives the object as bad and threatening to the good self, and destruction of the source of the threat as necessary. Meloy (1992:123) elucidates that "absolute control of the object as the source of the persecutory distress is acted out through violence".

The object is destroyed to preserve the self, in other words the perpetrator murders the victim as they feel it is necessary to remove the bad object so it does not contaminate the good object. As these objects are not considered distinct, the murder of the other is viewed as a necessary action to rid the self of any bad associated with it. This could explain the lack of

remorse the perpetrator feels for their actions, as they deem the murder to be a necessary act for self-preservation.

2.4.5. JAMES M.A. WEISS, JOSEPH W. LAMBERTI AND NATHAN BLACKBURN – MATERNAL IDENTIFICATION THEORY

Weiss et. al. (1960) examined the life pattern of sudden murderers and found that there are some common and consistent patterns among them. These authors define a sudden murderer as an individual “who, without having been involved in any previous serious aggressive antisocial acts, suddenly, unlawfully, and intentionally kills ... another human being.” Furthermore, the act is described as “‘sudden’ in the sense that it appears to be a single, isolated, unexpected episode of violent, impulsive, acting-out behaviour – behaviour which is never well thought out, behaviour which has no obvious purpose or hope of personal advantage or profit foreseeable as a result” (Weiss, et.al., 1960:669). Their definition of a sudden murderer relates to the outlined definition of rage-type murder.

Weiss et. al. (1960:674) found the family background of sudden murderers characterised by poor relationships between their parents, although the majority of the family units remained cohesive. The paternal object was consistently negative, hostile, strict, rejecting, and indifferent to the perpetrator, where the maternal object was strong, domineering, conforming, and highly overprotective. The perpetrator, in most cases, was unable to identify with either parental object, and strongly attached to the maternal object’s dependency needs and her need for conformity. Although very attached to the maternal object, the perpetrator repressed underlying feelings of hostility, in order to receive attention from the maternal object (Weiss et.al., 1960:673).

Individuals who commit sudden murders develop deep insecurities and a sense of inadequacy, and do not know how to express their feelings of anger (Weiss et.al., 1960:673). This is the result of the inability to identify with the paternal object (due to mutual feelings of hostility to gain acceptance from the maternal object), and they are unable to identify with the maternal object out of fear of breaking with conformity and losing the maternal object’s love (Weiss et.al., 1960:673). A stronger maternal identification leads to sexual identity problems, out of fear of losing the maternal object’s love. These individuals are highly conforming, offering an explanation as to why there is no history of violence or a criminal record prior to

the murder. They suppress their feelings of anger and rage until they reach a point where they can no longer maintain control, and they have an extreme expression of violent rage.

These individuals constantly seek greater opportunities, and are thus likely to drift from place to place (Weiss et.al., 1960:673). There is a strong need to conform and to succeed, but due to insecurities and confusion regarding their identity, as well as the underlying hostility, they are prone to failure (Weiss et.al., 1960:673). As they cannot deal with failure, they blame the world. Continued failure and criticism increases the feelings of inadequacy and insecurity, which results in feelings of anger and rage (Weiss et.al., 1960:669). Since these individuals do not express their feelings of anger and rage, out of fear of losing the object's love, they display a calm exterior and seldom express any form of anger toward the other. Eventually an extreme expression of emotion is inevitable, as they cannot control the build-up of anger and rage any longer. They then direct expression of the anger and rage at the perceived source of the threat.

Sudden murderers do have periods of adequate adjustment prior to the murder (Weiss et.al., 1960:674). These individuals are predisposed to a need to perform well and do better than others. During the period of adequate adjustment, they are confident that they are doing well and things are going their way. However, the significant others in their lives, who do not believe they are performing adequately, thus apply more pressure, which inevitably increases the social and interpersonal anticipation to conform to the expectation (Weiss, et.al., 1960:674). At this point, these individuals become most aware of the shortcomings in their ability and they can no longer blame others, as they had no perceived inadequacy, and therefore they have no ability to condemn others for their shortcomings (Weiss, et.al., 1960:674). Intrapsychic tension increases to levels the individual can no longer cope with, which intensifies the tension in the situation, and a slight provocation (perceived threat to the self) precedes a violent surge of rage (Weiss, et.al., 1960:674). The 'final insult' serves to confirm individuals' sense of inadequacy during a time in which they believed they had the ability to succeed. They thus perceive the murder as a necessary action to rid the self of the bad object, the object that threatens the self.



2.5. CONCLUSION

To place the research in context, this chapter provided an in-depth analysis of the available literature on both NPD and rage-type murders. Personality traits were used to define the nature of this type of crime. It is suggested that several combined sets of traits within these individuals lead to similar violent results. From a review of the literature and a theoretical overview, it can be deduced that narcissistic personality disorder is a contributing factor to a violent attack on a significant other, and their subsequent murder.

3. RESEARCH METHODOLOGY

“... [To] say that a man is insane, and therefore he has committed certain acts, is to explain nothing at all.”
(Wertham, 1950:20).

This chapter describes the research approach, procedures, methods and sampling to be employed in the research. In addition, it describes the data collection methods and data analysis procedures.

5.1. RESEARCH APPROACH

There are two approaches to research, namely the qualitative and the quantitative approaches (Fouché & Delpont, 2005:74). Qualitative research is largely based on an interpretive, holistic approach aimed at understanding reality and meaning (Fouché & Delpont, 2005:74; Jupp, 2006:249; Merriam, 2009:42; Neuman & Wiegand, 2000:14). The product of qualitative research is descriptive data, as understanding is the researcher’s main concern (Fouché & Delpont, 2005:74). On the other hand, quantitative research is a scientific explanation that aims “to measure the social world objectively, to test hypotheses and to predict and control human behaviour” (Fouché & Delpont, 2005:74; Jupp, 2006:238).

As the subject of the research is a relatively unknown phenomenon, a qualitative research approach will be used for the purposes of this research (Fouché & Delpont, 2005:74). The research will focus on analysing specific cases of murder, more particularly cases where rage-type murders were committed. It will endeavour to identify the underlying personality dynamics to determine whether an association between rage-type murder and narcissistic personality disorder (NPD) exists.

The aim of the research is to understand a social issue, by gaining insight through discovering meaning (Merriam, 2009:42), and obtaining an in-depth knowledge to guide further research (Fouché & Delpont, 2005:74). If the current research establishes a connection between rage-type murders and NPD, it will lay the foundation for a further study to generalise the results and identify a link between rage-type murders and NPD. This, in turn, could offer an explanation as to why these seemingly ‘normal’ individuals, with generally non-violent histories, are able to commit such brutal, aggressive murders. Furthermore, an association between NPD and rage-type murder would help to identify any risks associated

with narcissistic individuals and the likelihood of re-offending in similar circumstances. Thus, if such an association is found in the current research, and a further quantitative research study conducted to generalise the results, the risks associated with narcissistic individuals could be identified and this may provide a motivation as to why individuals should be acquitted because of a personality disorder, and subsequently committed to a psychiatric facility.

5.2. TYPE OF RESEARCH

The type of research depends on the purpose as well as the practical application of the research (Fouché & De Vos, 2005:105). The objective of this research is to explore the possible association between rage-type murder and NPD. The motivation for the research will determine whether it is applied research or basic research.

Applied research is defined as the “scientific planning of induced change in a troublesome situation” (Fouché & De Vos, 2005:105) with the focus on a problem in practice (Jupp, 2006:8; Neuman & Wiegand, 2000:22). Basic research is defined as research that is concerned with “extending the knowledge base” (Fouché & De Vos, 2005:105), which focuses on disproving or supporting theories that clarify how the social world functions (Jupp, 2006:9; Neuman & Wiegand, 2000:21). The primary motivation for the current research is to contribute to knowledge and to provide an understanding of the phenomenon of rage-type murder (Bless & Higson-Smith, 2000:38).

The proposed study is basic research, as the main concern is not to solve a problem within the discipline, but to explore the possible association between rage-type murder and NPD (Fouché & De Vos, 2005:105). The application of this knowledge is not the primary concern at this stage, but the basic research findings could be applied to a particular setting at a later stage (Bless & Higson-Smith, 2000:38). The research will explore the existence of an association between rage-type murder and NPD in the selected cases of the current study. The findings could then encourage further studies into the phenomenon of rage-type murder.

5.3. RESEARCH DESIGN AND METHODOLOGY

Fouché (2005:268) defines a research design as the decisions researchers must make when planning their research, in other words “the approach a researcher selects to study a particular phenomenon”.

Exploratory research is conducted to gain insight into a phenomenon where there is generally relatively little information available (Jupp, 2006:110; Singleton, Straits & Straits, 1993:91). In this research, an exploratory design will be used, as the aim of the research is to explore the possible association between rage-type murderers and NPD. An association between narcissism and an increased level of aggression could be identified based on a review of the literature (Bauemeister et al., 1996; Bogart et al.; Bushman & Bauemeister, 1998; Kernberg, 1975; Larsen & Buss, 2006:189; Nestor, 2002; Ronningstam, 2005; Campbell et. al., 2006:73). In view of the literature, it seems probable that narcissistic individuals may be capable of extreme violence if they believe that their self-image is threatened. Thus, this research will explore whether this threat to their self-image is a possible cause why individuals experience extreme rage, which results in the murder of the individual deemed responsible for the threat to the self-image.

5.3.1. Research methodology

Research methodology is defined by Fouché (2005:268) as the “strategy of enquiry or tools that can be used” in research. Creswell (1998) identified five traditions that can be used in qualitative research, namely, biographies, phenomenology, grounded theory, ethnography and case studies. As the qualitative research approach is applied, one of the traditions Creswell (1998) identified, namely the case study, is used. A case study is described as an in-depth analysis of either a single or multiple case studies over a period of time (Creswell, 1998:61; Jupp, 2006:201). As multiple cases will be the focus in this research, it is referred to as a collective case study (Fouché, 2005:275). Multiple sources will be consulted to gather information in order to provide an in-depth exploration and description of the cases selected (Fouché, 2005:275).

As a collective case study type research, the focus will be on exploring and describing a social issue, facilitated through the gaining of knowledge (Fouché, 2005:272). A collective case study examines “groups of cases, comparing cases and concepts” (Fouché, 2005:272).

The aim of this research is to explore the possible association between rage-type murder and NPD – in other words, the role of NPD as a factor contributing to rage-type murder – and to describe the association, if established. Personality variables will be investigated to determine whether it may predispose an individual to react with extreme anger to external evaluations. In essence, the research aims to explore rage-type murder in terms of the pathology of the individual. The specific purpose is to gather information pertaining to NPD and rage-type murder, by examining multiple cases illustrating rage-type murderers who have been admitted to Weskoppies Psychiatric Hospital, and subsequently to determine whether an association between the two may exist.

Case studies illustrating rage-type murderers who have been admitted to Weskoppies Psychiatric Hospital for a 30-day observation period will be identified and analysed. These cases will be selected through reviewing the case history of each individual to determine whether the murder fits the outlined definition of a rage-type murder. If the case meets the requirements outlined, it will be deemed suitable for the purpose of the research, where after the Minnesota Multiphasic Personality Inventory (MMPI-2) results of the selected cases will be examined to determine whether the individuals display narcissistic personality traits. This information will then be used to determine the possible association between NPD and rage-type murder.

The MMPI-2 has been selected as the assessment tool as it is the most widely used personality assessment available (Butcher & Williams, 2000:1, Siegel, 2008:574). The background and use of the MMPI-2 is discussed in detail in Chapter 4. To orientate the reader: the MMPI-2 is a standardised questionnaire used as a quantitative measure of an individual's emotional adjustment. Based on 567 True/False questions, the individual's responses are recorded on a profile form, consisting of ten clinical scales and six validity scales. This profile is then compared to the scores derived from normative samples, to obtain clinical information (Groth-Marnat, 2009:212; Siegel, 2008:574). The content of the majority of the MMPI-2 questions deal with psychiatric, psychological, neuropsychological and physical symptoms that can be associated with psychopathology (Groth-Marnat, 2009:207).

The MMPI-2 consists of ten clinical scales (Sadock & Kaplan, 2007:179), namely Hypochondriasis (Hs), Depression (D), Hysteria (Hy), Psychopathic deviance (Pd), Masculinity-Femininity (Mf), Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc),

Hypomania (Ma), and Social introversion (Si) (Butcher & Williams, 2000:60-94). Additional scales to determine the validity of the profile are also included, namely, the Variable Response Inconsistency Scale (VRIN), the True Response Inconsistency Scale (TRIN), the Lie scale (L), the Correction scale (K), and the Superlative Self-Preservation scale (S) (Groth-Marnat, 2009:232-239). The L, K, and S validity scales are used to increase the chances of detecting under-reporting, while the VRIN and TRIN validity scales increase the chances of detecting inconsistency between pairs of selected questions (Groth-Marnat, 2009:232-239).

All raw scores obtained on the MMPI-2 are converted to T-scores. The normal range for a T-score on the MMPI-2 is between 50 and 65. Code types are assigned based on elevations on certain scales, and are clinical summary indexes showing the most prominent elevations of the MMPI-2 scales (Butcher & Williams, 2000:99; Groth-Marnat, 2009:225). For the purposes of this research a two-point code type indicates the presence of narcissistic personality traits, which implies an elevation of two scales, namely the psychopathic deviance (Pd) scale and the paranoia (Pa) scale, also referred to as the 4-6/6-4 code type. Thus, only scale four (Pd) and scale six (Pa) are significant. The psychopathic deviance scale is a measure of anti-social tendencies and psychopathic behaviour, and the paranoia scale “assesses suspiciousness, mistrust, delusional beliefs, excessive interpersonal sensitivity, rigid thinking, [and] externalisation of blame” (Butcher & Williams, 2000:80).

An expert in forensic psychology (Professor J. Scholtz, the Head of Clinical Psychology at Weskoppies Psychiatric Hospital) will interpret the MMPI-2 profiles of all the cases selected for this research, as an interpretation based only on a two-scale elevation will be overly simplistic. Thus, all scales will be interpreted independently, and a clinical interpretation will be provided in the context of each individual’s background.

Butcher and Williams (2000:120) summarise the 4-6/6-4 code type as individuals with immature, narcissistic, and self-indulgent tendencies. The 4-6/6-4 code type individuals place excessive and unrealistic demands on their relationships. They are attention and sympathy seekers, who are highly suspicious and resentful of demands placed on them. The 4-6/6-4 code type individuals mistrust the motivations of others, and avoid deep emotional involvement, which generally leads to problems in their relationships. These individuals are further described as irritable, morose, argumentative, obnoxious, resentful, and hostile, which results in personality adjustment problems. They have unrealistic, grandiose self-appraisals,

and deny psychological problems through rationalisation and transfer of blame to others. The 4-6/6-4 type does not accept any responsibility for their behaviour.

Professor Scholtz, who has consulted with several 4-6/6-4 type individuals, insists that in order to uphold their elevated view of themselves, they constantly seek reassurance, adoration, and “psychological stroking” from others. This is viewed as a narcissistic need that has to be satisfied by a constant narcissistic supply. When narcissistic supply is absent, or when feedback from others is contrary to the view of the self, it usually has a devastating effect on the ego. This results in a narcissistic injury, which is accompanied by humiliation and rage. In certain situations the individual may act on this, and the results are catastrophic (Professor J. Scholtz, personal communication, May 18, 2009).

The above characteristics are prevalent in individuals who, according to the DSM-IV-TR criteria suffer from NPD. The 4-6/6-4 code type individual will thus be used to indicate whether they have NPD. Cases involving rage-type murder from Weskoppies Psychiatric Hospital will be identified, and the MMPI-2 results will be examined to determine whether the individuals have the 4-6/6-4 code type. The ultimate objective of this research will be to determine whether an association exists between rage-type murder and NPD and, if so, to gain insight into this association and then determine the extent to which NPD contributed to the murder.

5.3.2. Data collection and analysis

In most qualitative research, data collection and data analysis take place simultaneously (De Vos, 2005:333). Therefore, as the data is collected, it will also be analysed. De Vos (2005:334) describes this simultaneous collection and analysis of the data as a two-fold approach.

Firstly, the data needs to be collected; in the current research secondary analysis will be used. Secondary analysis involves the analysis of data that has already been collected, in which the researcher was not involved (Strydom & Delpont, 2005:319).

Permission was granted by Professor Jonathan Scholtz, Head of Clinical Psychology at Weskoppies Psychiatric Hospital, for the clinical case files to be analysed. For the analysis to

be appropriate to the research, the case files will be identified based on whether their cases can be classified as being rage-type murders.

A basic checklist will be prepared, based on the criteria set forth in the definition of rage-type murder, to ensure the adequate illustration of the key features of this type of murder in these cases. This will happen prior to the selection of patient case files to ensure that all information relevant to the research is covered, and to elicit information significant to the research. To place each case in its individual context, the personal history will be evaluated and briefly discussed in the research. This is to establish similarities in the backgrounds of the murderers, as similarities in the backgrounds are necessary to highlight the foundation of the murders.

Content analysis (Jupp, 2006:41; Mouton, 2001:108) and categorical aggregation (Creswell, 1998:154) will be carried out on this data, allowing the data to be organised into categories based on similarity in the features of the murders. By evaluating the personal history and the dynamics of the events prior to, during and after the murder, it is expected that issue-relevant meaning from the data will emerge. This implies the identification of main themes from the case files, and the conception of data relevant to the research.

Before themes can be identified, the data must be collected and managed. The clinical case files will be read several times in their entirety to gain a full understanding of the content in context, before splitting it into parts relevant to the research (De Vos, 2005:337). After familiarising herself with the content, the researcher will select the appropriate cases. Once these cases have been selected, they will be analysed to extract meaningful information. Furthermore, this enables the categorisation of the information based on similarities emerging from each case. This will allow the researcher to utilise the selected cases to compare the information and identify themes relevant to the research.

The data must also be analysed. This will involve the process of structuring and bringing meaning to the collected data, as well as finding information pertaining to relationships in the data (De Vos, 2005:333). Once the clinical case files have been read and the data collected and managed, the issue-relevant information will emerge during the analysis and interpretation of the gathered information.

During the data interpretation, attention will be focused on the collected data and the connotation between the relationships can be identified (De Vos, 2005:333). This will be carried out through identification of salient meanings in the data and classifying it into themes to ascertain whether patterns of categories can be established between the different cases (Creswell, 1998:148). Classifying involves “taking the qualitative information apart and looking for categories, themes or dimensions of information” (Creswell, 1998:144). If patterns can be established, the relationships between the data are usually revealed. The selected cases will specifically be cases of rage-type murders, and the dynamics of the events prior to, during and after the murder will reveal whether the cases are in fact similar in nature. The MMPI-2 results will be evaluated to determine the personality organisation of the individuals who perpetrate these types of murders.

5.4. RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD

This section includes a description of the population, sample as well as sampling methods to be used in the proposed research.

5.4.1. Research population

A population or universe is defined as “the sum total of all the units of analysis” (Bailey, 1994:83). The population represents a collection of cases that possess certain characteristics in which the researcher is interested (Jupp, 2006:148). The population, in this instance, is all individuals in South Africa who are over the age of 20 years, who have entered a defence of non-pathological criminal incapacity for committing a rage-type murder, and who have been referred by the court to a psychiatric institution for a 30-day period of psychiatric observation. In the majority of murder cases the offence is committed by a male perpetrator, thus in this research it is likely that female perpetrators of rage-type murders will be under-represented in the population, and therefore in the sample.

As the focus of this research will be on rage-type murders in interpersonal relationships, Erikson’s (1963) developmental theory will be used to explain at what stage in life interpersonal relationships occur. According to Erikson’s (1963) developmental theory, the life-span can be divided into eight stages. Each of these life-stages is characterised by a crisis, which is resolved through a synthesis. In early adulthood (encompassing individuals

approximately between the ages of 20 years and 39 years of age) the developmental task is to acquire intimacy (a close personal relationship) while avoiding isolation (Erikson, 1963:263-266). The synthesis of this life-stage is love attained in an interpersonal relationship.

In other words, based on Erikson's (1963) developmental theory, the developmental task for early adulthood is to find love within an intimate relationship. For this reason, the perpetrators will be over 20 years of age, as Erikson (1963) characterised this as the life-stage intimate relationships are entered into. These intimate relationships will therefore comprise of the situational build-up required to be termed a rage-type murder. However, not all rage-type murders are committed within interpersonal relationships – this merely forms the focus of the research.

5.4.2. Sample and sampling method

As it is not possible to study every single case of rage-type murder, a sample from the population will be used (Neuman & Wiegand, 2000:194). A sample is comprised of all the necessary aspects from the population under consideration in the research, and is used to understand the population (Strydom, 2005b:194). In this research, individuals over the age of 20 years, who have entered a defence of non-pathological criminal incapacity in cases involving rage-type murder, who were in an intimate relationship with the victim at the time of the murder and referred by the courts to Weskoppies Psychiatric Hospital for observation since 2001, will represent the sample of the study.

Purposive sampling entails the selection of cases that possess the characteristics identified by the researcher (Jupp, 2006:245; Struwig & Stead, 2001:122). For a case to be included in this research, it must be classified as a rage-type murder according to the definition provided. Cases involving rage-type murder from Weskoppies Psychiatric Hospital will be identified to determine their suitability to the research project. The sample is not drawn in advance, neither is the sample size finalised prior to the research (Jupp, 2006:245; Struwig & Stead, 2001:122). Case upon case will be analysed to obtain relevant information for the current research. This process will continue on a case-by-case basis until a saturation point is reached, at which time sufficient information will have been gathered to draw conclusions concerning the association between rage-type murder and NPD.

Based on the definition provided, the researcher has identified the following characteristics that are required in order to classify the encounter between the victim and the perpetrator as a rage-type murder:

- There is a pre-existing relationship between the victim and the perpetrator.
- The perpetrator has an over-controlled personality (i.e. they generally do not respond to provocation and are against the use of violence).
- There is a catalysing interaction with the victim directly prior to the murder.
- Post-event analysis indicates a situational build-up to the murder.
- In many cases dissociation is present.

The specific criteria for selection of cases are as follows:

- The murder has to be classified as a rage-type murder.
- The individuals in the selected case studies will be over 20 years of age.
- The individuals will have entered a defence of non-pathological criminal incapacity in cases involving rage-type murders, and been referred to Weskoppies Psychiatric Hospital for observation by a court of law.
- Only cases from 2001 onward will be included in the research.

Nine cases were identified of individuals thought to be rage-type murderers, who were admitted for a 30-day period of psychiatric observation to Weskoppies Psychiatric Hospital from 2001 onward. Only five were accepted as rage-type murders according to the definition outlined and the criteria above. All the cases selected were referred to Weskoppies Psychiatric Hospital by order of the court and involved males over the age of 20 years. The individuals involved were admitted to the Forensic Unit and were subjected to standard psychiatric hospital observations, which included psychiatric interviews, psychological interviews, psychological testing, as well as general behavioural observations in the ward. All the information obtained during the standard psychiatric hospital observations is held in the clinical case files in the archives at Weskoppies Psychiatric Hospital. All the standard psychiatric hospital observation evaluations were completed prior to the initiation of the research, and the case records had been closed.

5.5. ETHICAL CONSIDERATIONS

Ethics are described as a “set of moral principles that...offer rules and behavioural expectations about the most correct conduct...” (Strydom, 2005a:57). Ethics provide a researcher with a guideline to moral conduct, to prevent scientific misconduct (Jupp, 2006:97; Struwig & Stead, 2001:66). The ethical considerations and guidelines as proposed by Strydom (2005a:56-70) will direct this research.

Permission to access the clinical case files at Weskoppies Psychiatric Hospital has been granted by the Ethics Committee of the Faculty of Health Sciences of the University of Pretoria. The Head of Weskoppies Psychiatric Hospital, as well as Head of Clinical Psychology at Weskoppies Psychiatric Hospital have also granted their permission. Professor Jonathan Scholtz, the Head of the Clinical Psychology Department at Weskoppies Psychiatric Hospital, will oversee the analysis of the case files and the interpretation process.

Individual consent from the patients is not required, as no personal identifying information will be utilised in the final report. Furthermore, Professor Scholtz, with the approval of the Ethics Committee of the Faculty of Health Sciences, has the authority to grant permission to access the clinical case files without patient consent. All case files will be analysed at Weskoppies Psychiatric Hospital, under the supervision of Professor Scholtz.

The research will be undertaken using only the clinical case files. No direct contact is required with the individuals. Possible harm to the individuals is thus minimised or completely eliminated (Strydom, 2005a:56). However, as the research is of a sensitive nature, due consideration will be given to prevent violation of privacy and confidentiality (Strydom, 2005a:61). Limited access will be allowed to clinical case files, patient information and their personal history. No patient will be identified or referred to by name, and every attempt will be made to respect their rights and dignity. Only information deemed necessary to the research will be discussed in the final report, no private information concerning patient particulars will be included.

All information included in the research will be submitted to the Head of Clinical Psychology at Weskoppies Psychiatric Hospital to ensure that no violation of confidentiality occurred. In addition this will ensure that the clinical data has been interpreted correctly.

Researchers are obligated to ensure they have the necessary skills to conduct research in an ethically acceptable manner (Strydom, 2005a:63). The researcher is considered to be qualified and competent, having a postgraduate knowledgebase in both Psychology and Criminology. The researcher is therefore familiar with the concepts and theories in both disciplines. Recognition of the limits of the researcher's experience is acknowledged, and the researcher will thus not venture further than these qualifications allow. Furthermore, the supervisor of the current research has broad research expertise to ensure that the researcher conducts an ethically sound study.

The results of the research will be presented in the form of a research report and a peer reviewed research article (Strydom, 2005a:65). Attention will be paid to the collaboration and assistance of all relevant parties that contributed to the research (Strydom, 2005a:64). Acknowledgement of the individual contributions will be made in the final research report. The report will be clear, objective and unambiguous. The results will be reported honestly, respectfully and fairly, upholding the standards and policy of the University of Pretoria. Plagiarism and bias will be avoided at all costs during this study.

The data and documents pertaining to this research will be stored on a compact disk in the Department of Social Work and Criminology for a minimum of 15 years from the commencement of the study. The data and documents will be stored for archival purposes only.

5.6. CONCLUSION

In this chapter, an overview of the research approach, procedures, methods and sampling employed in the research was provided. Furthermore, data collection methods and data analysis procedures were discussed, followed by an overview of the relevant ethical considerations applicable to the current research.

4. DISCUSSION OF FINDINGS

“A madman’s logic may not be ours ... [he] has his reasons for doing what he does; and when a man who ... is sane, commits an act for which we can find no reasonable explanation, then we may be sure that ... in the hidden recess of his past ... are wellsprings from which he has risen.”
(Wertham, 1950:21).

This chapter highlights the research findings, focuses on the analysis of the collected data and the implications of the research.

4.1. MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI-2)

The MMPI was originally developed to assist in routine assessment and diagnosis of patients with mental disorders (Butcher & Williams, 2000:1). The MMPI is described as “a psychometric instrument designed ultimately to provide, in a single test, scores on all the clinically important phases of personality” (Hathaway & Monachesi, 1953:13). In designing the MMPI, the aim was to allow clinicians to group common traits that are characteristics indicative of psychological pathology and to use this information to diagnose individuals with psychological abnormalities (Hathaway & Monachesi, 1953:13). The settings in which the MMPI was applied expanded beyond its original purpose, which prompted research into revising the instrument. The revision of the MMPI was necessary as it was considered out of date (Sadock & Kaplan, 2007:179). The MMPI was broadened to include themes that are more contemporary and exclude obsolete items (Butcher & Williams, 2000:3; Sadock & Kaplan, 2007:181). The research on the revision resulted in two separate, but overlapping, forms of the original instrument, namely the MMPI-2 for adults, and the MMPI-A for adolescents (Butcher & Williams, 2000:11). Despite the initial aim of its development, the revised versions of the MMPI are still the most widely used and researched personality inventories available (Butcher & Williams, 2000:1, Siegel, 2008:574).

The MMPI-2 maintained the original validity and clinical scales. New content was added to the existing scales, as well as new scales to expand the use of the instrument (Butcher & Williams, 2000:11). The MMPI-2 is a standardised questionnaire used as a quantitative measure of an individual’s emotional adjustment. Based on 567 True/False questions, the individual’s responses are recorded on a profile form consisting of ten clinical scales and six validity scales. This profile is then compared with the scores derived from normative samples, to obtain the clinical information (Groth-Marnat, 2009:212; Siegel, 2008:574). The content of

some of the questions on the MMPI-2 is psychologically indirect, as the psychological process the question assesses is not obvious, whereas the content of other questions is direct (Groth-Marnat, 2009:207).

The MMPI-2 contains all the original ten clinical scales from the MMPI (Sadock & Kaplan, 2007:179). Hypochondriasis (Hs), Depression (D), Hysteria (Hy), Psychopathic deviance (Pd), Masculinity-Femininity (Mf), Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc), Hypomania (Ma), and Social introversion (Si) (Butcher & Williams, 2000:60-94).

Hypochondriasis (Hs), also referred to as Scale 1, was developed to measure neurotic personality characteristics related to hypochondriasis (Dahlstrom, Welsh & Dahlstrom, 1972:178; Groth-Marnat, 2009:237; Pope, Butcher, & Seelen, 2006:432). Individuals diagnosed with this disorder display an abnormal concern for their bodily functions, which dominates their life. They display a preoccupation with poor health conditions, despite no evidence to support their claims (Dahlstrom et. al., 1972:178). In the original MMPI, 33 items were included in this scale. In the MMPI-2, 32 of the original items remained and one was deleted because of its objectionable content (Butcher & Williams, 2000:63; Pope et. al., 2006:432,437). The items of the Hs scale overlap with other neurotic scales, namely D, Hy, and Pt. The items included in this scale are obvious, and relate to general somatic complaints, thus, Hs is a measure of somatisation (Butcher & Williams, 2000:64; Groth-Marnat, 2009:237; Pope et. al., 2006:437).

Depression (D), also referred to as Scale 2, was developed to measure the degree of depression within an individual (Dahlstrom et. al., 1972:184; Groth-Marnat, 2009:239). Depression is characterised by a general pessimistic outlook on life, feelings of worthlessness and helplessness, slowing of thought, and often a preoccupation with death and suicide (Dahlstrom et. al., 1972:184; Groth-Marnat, 2009:239). The original MMPI contained 60 items for this scale. In the MMPI-2 a total of 82 items relating to depression are present, the additional items were included to minimise the elevations of individuals who suffered from a disorder, but were not necessarily diagnosed as being depressed (Butcher & Williams, 2000:65; Pope et. al., 2006:137). The majority of the content of the items is obvious, and relates to low mood, self-esteem, lack of interest, and feelings of apathy (Butcher & Williams, 2000:66; Groth-Marnat, 2009:239).

Hysteria (Hy), also referred to as Scale 3, was developed to help identify individuals using “neurotic defences of the conversion form of hysteria” (Dahlstrom, et. al., 1972:191), currently referred to as conversion disorder (Butcher & Williams, 2000:68). Individuals suffering from this disorder tend to use physical symptoms as a way to solve problems and avoid responsibilities. The symptoms only appear when the individual experiences stress, while in ordinary circumstances they are healthy (Dahlstrom et. al., 1972:191; Groth-Marnat, 2009:286). The content of this scale is highly complex, as many of the items seem to be mutually contradictory (Butcher & Williams, 2000:69; Dahlstrom et. al., 1972:191; Pope et. al., 2006:136). The contradictory, inconsistent content of the items reflects the incongruities within the disorder itself (Butcher & Williams, 2000:70). All 60 items from the original MMPI were incorporated into the MMPI-2 (Butcher & Williams, 2000:69; Pope et. al., 2006:437). The content of the items relates to somatic complaints, denial of psychological problems, and social extroversion (Butcher & Williams, 2000:69; Groth-Marnat, 2009:286).

Psychopathic deviance (Pd), also referred to as Scale 4, was developed to measure psychopathic personality disorder in individuals whose personalities are characterised by amoral and asocial behaviour (Dahlstrom et. al., 1972:195; Groth-Marnat, 2009:215). These individuals are relatively anxiety free until serious difficulties arise, which is why Psychopathic deviance generally goes undetected by those who know the individual (Dahlstrom et. al., 1972:195). All 66 original items from the MMPI were retained in the MMPI-2, with only minor alteration to some of the wording (Butcher & Williams, 2000:72; Pope et. al., 2006:437). The items correlate with external behaviours, including aggressive behaviour, manipulation, and impulsivity (Butcher & Williams, 2000:75-76; Groth-Marnat, 2009:215; Pope et. al., 2006:437).

Masculinity-Femininity (Mf), also referred to as Scale 5, was designed to identify individuals with features of male sexual inversion (homosexual men with feminine interests) (Butcher & Williams, 2000:76; Dahlstrom, et. at., 1972:201; Groth-Marnat, 2009:228; Pope et. al., 2006:437). Individuals with this personality pattern display a more feminine genetic makeup (Dahlstrom, et. at., 1972:201). The original MMPI consisted of 60 items relating to this scale. In the MMPI-2, four items were deleted as they contained questionable or irrelevant content (Butcher & Williams, 2000:76; Pope et. al., 2006:437). Since homosexuality is no longer considered a mental disorder, this scale is no longer a clinical scale, but it is included as it

provides useful information when considered in conjunction with other scales, as it relates to masculine or feminine interest patterns (Butcher & Williams, 2000:76-77).

Paranoia (Pa), also referred to as Scale 6, was developed to evaluate paranoia, a disorder usually involving a set of delusional beliefs (Dahlstrom, et. at., 1972:206-207). These individuals may appear to be oriented to reality; however, the delusional beliefs are integrated into their belief structure (Dahlstrom, et. at., 1972:207; Groth-Marnat, 2009:247), making them suspicious and distrustful (Butcher & Williams, 2000:80; Groth-Marnat, 2009:247). All 40 original items from the MMPI are included in the MMPI-2, and the purpose of these items is to try to identify individuals who are highly suspicious, anxious, have unusual thoughts, and are emotionally withdrawn (Butcher & Williams, 2000:80-83; Pope et. al., 2006:437).

Psychasthenia (Pt), also referred to as Scale 7, was developed to measure neurotic personality characteristics related to psychasthenia, also known as obsessive-compulsive disorder (Dahlstrom et. al., 1972:211; Groth-Marnat, 2009:249). These individuals' personality features include obsessive thoughts, compulsive behaviour, abnormal fears, difficulty concentrating, and excessive worrying (Dahlstrom et. al., 1972:211; Groth-Marnat, 2009:249). The term "psychasthenia" is no longer used, but is referred to as "anxiety disorder with obsessive-compulsive features" (Butcher & Williams, 2000:83). The scale composition in the MMPI-2 is the same as that in the original MMPI, containing all 48 items that assess anxiety and general maladjustment (Butcher & Williams, 2000:83; Groth-Marnat, 2009:249; Pope et. al., 2006:437).

Schizophrenia (Sc), also referred to as Scale 8, was developed to identify the clinical disorder of schizophrenia, which contains many contradictory behavioural features (Dahlstrom et. al., 1972:215; Groth-Marnat, 2009:251). The different subtypes of schizophrenia could not be separated into different scales, and they were thus combined to form a single scale that is more comprehensive and complex than the other scales (Butcher & Williams, 2000:85). All 78 original items from the MMPI were retained in the MMPI-2, as the disorder has not changed or been modified (Butcher & Williams, 2000:85; Groth-Marnat, 2009:251; Pope et. al., 2006:437). The content of the items of the scale relate to extreme personality characteristics and symptomatic behaviours associated with a diagnosis of schizophrenia (Butcher & Williams, 2000:87; Groth-Marnat, 2009:251).

Hypomania (Ma), also referred to as Scale 9, was developed to identify and assess the degree of the affective disorder of hypomania (Dahlstrom et. al., 1972:220; Groth-Marnat, 2009:253). The characteristic features of this disorder are over-activity, emotional excitement, and flight of ideas (Dahlstrom et. al., 1972:220). The original MMPI consisted of 46 items, all of which were retained in the MMPI-2 (Butcher & Williams, 2000:88; Pope et. al., 2006:437). The content of the items relates specifically to the tendency to act in euphoric, aggressive, and hyperactive ways (Butcher & Williams, 2000:88; Groth-Marnat, 2009:253).

Social introversion (Si), also referred to as Scale 0, was developed to measure the general personality characteristics of introversion-extroversion (Dahlstrom et. al., 1972:224; Groth-Marnat, 2009:256). The focus of the scale is on the features of thinking, social participation and emotional expression (Dahlstrom et. al., 1972:220). The original scale in the MMPI contained 70 items. In the MMPI-2, one of the original items was deleted because of objectionable content, leaving 69 items (Butcher & Williams, 2000:93; Pope et. al., 2006:437). The content of the items deals with a variety of issues, such as social discomfort, interpersonal sensitivity, low affiliation, and a lack of trust (Butcher & Williams, 2000:93; Groth-Marnat, 2009:256).

Since the MMPI-2 is a self-report personality assessment, the validity and utility of the results depend on the cooperativeness, openness, and honesty of the individual (Butcher & Williams, 2000:42). For this reason scales to determine the validity of the profile are also included. The response invalidity measures that have been developed and included in the MMPI-2 are used as indicators to determine whether individuals have distorted their responses, and whether the distorted responses are sufficient to invalidate the results (Butcher & Williams, 2000:42). The Variable Response Inconsistency Scale (VRIN), and the True Response Inconsistency Scale (TRIN) are response inconsistency scales, the Lie Scale (L) is a measure of defensiveness, while the Correction Scale (K) and the Superlative Self-Preservation Scale (S) are considered to be infrequency scales (Groth-Marnat, 2009:232-239). The L, K, and S validity scales are used to increase the detection of underreporting, while the VRIN and TRIN validity scales increase the detection of inconsistency between pairs of selected questions (Groth-Marnat, 2009:232-239). Only these validity scales have been included when interpreting the profiles, as they are sufficient to determine whether the results are valid.

The MMPI-2 can be interpreted by looking at the elevations of the different scales. The elevations define the code type of the individual (Pope et. al., 2006:28). In this study the specific code type being assessed is the 4-6/6-4 code type. Individuals with this code type can be described as narcissistic, immature, self-indulgent, impaired in their empathic ability, and have unrealistic and grandiose self-appraisals. They have an innate poor self-concept and deep feelings of insecurity. Although constantly seeking attention and sympathy, they are also highly suspicious and mistrustful of others, and avoid deep emotional involvement. They are irritable, sullen, hostile and resentful of authority. Others are blamed for their mistakes, as they do not accept responsibility for their actions. They tend to act out their problems rather than reflect on them, and might strike out in anger if they feel their superiority is being questioned. These individuals are likely to make excessive and unrealistic demands in their relationships, and are usually afraid to perform sexually. They deny any serious psychological problem.

To accurately interpret an individual's profile, it is necessary to explain the overall configuration of the results within the context of the demographic characteristics of the individual (Groth-Marnat, 2009:223). This chapter focuses on the background of each case study with a brief overview of the MMPI-2 profile. The profiles of each case will be discussed in detail and interpreted in Chapter 5.

4.2. RAGE-TYPE MURDER: CASE STUDIES

When examining rage-type murders, the context of the individual's personality and background needs to be considered, as it provides the foundation for understanding the dynamics of their actions. Hence the background history of each case study will be briefly discussed, followed by an account of the events prior to, for the duration of, and subsequent to the murder event. The account of the events is that of the perpetrator, and was taken from the interviews conducted with the perpetrators during their 30-day observation period at Weskoppies Psychiatric Hospital. The account is followed by a discussion, based on the literature presented in Chapter 2, which highlights the defining features indicating why each of these case studies is specifically considered a rage-type murder. After each discussion, the MMPI-2 profile for each individual will be presented.

4.2.1. CASE STUDY ONE: Mr. A.

Mr. A was referred to Weskoppies Psychiatric Hospital for a 30-day observation period in 2006 following the murder of his wife (Miss A) earlier the same year. Mr. A shot Miss A in the chest with a hunting rifle and he was subsequently charged with her murder. His background history will briefly be discussed followed by an account of the events surrounding the murder.

Mr. A was raised in a relatively underprivileged white family. In transcripts of interviews he described his upbringing as humiliating as he was expected to sell baked goods on the streets from an unspecified age. Mr. A was the third of four children and grew up with his mother and alcoholic stepfather. His biological father left the family while Mr. A was young (the exact age was not specified). Although his stepfather was never physically abusive toward him, he was also not overly interested in him. Despite this, Mr. A expressed a need to impress his stepfather. Mr. A described his mother as overprotective and stated that she was inclined to emphasise his physical appearance, which made him feel special.

Mr. A was an average pupil with an average academic school record. He was not popular with his peers. He entered into his first relationship with a girl during his final year at school, when a girl asked him to their Matric (Grade 12) farewell. According to Mr A, he then realised for the first time that through his physical appearance, he could get the attention and admiration he craved. After completing school, Mr. A worked on a mine for approximately eight months. Thereafter he accepted a job offer that would increase his financial income and he relocated with a friend. Mr. A explained that he always felt that working on the mine did not suit his image, that it was below him, and this contributed to his relocation. He and his friend started a business. The nature of the business afforded Mr. A the opportunity to use his physical appearance and charm in the general activities of the business. He stated that his role reinforced his belief that his physical appearance could earn him admiration and attention. Mr. A admitted he readily used his physical appearance to manipulate others.

Approximately one year after he relocated, Mr. A met Miss A and from their initial contact he was attracted to her. From the onset of the relationship, he felt anxious, as he was of the opinion that she could leave him at any stage. However, Miss A's father was a wealthy businessman, who presented Mr A with an opportunity to involve himself in their family business. Not long after this Mr. A married Miss A. After the wedding Mr A expressed a

desire to launch his own business and become more independent. With start-up capital borrowed from his father-in-law, he started two businesses on his own, both of which were very successful. This enabled Mr. A to become affluent with a substantial asset base, and became a prominent member of the community. He also enrolled his children into a private school.

Mr. A stated that shortly after he opened the businesses, his relationship with Miss A became stormy. He ascribed the trouble in the relationship to Miss A's feeling that Mr. A had betrayed her father by leaving the family business to start his own. Mr. A also explained that he started working later, as the businesses demanded much more of his time, and he spent time with others at the pub after work in order to relax, which made Miss A believe that he was unfaithful to her. As a prominent member of the community, Mr. A also joined the local shooting club to enjoy target practise as a hobby and started spending less time at home. Mr. A described this as the time when Miss A relentlessly started accusing him of having sex with "black whores". Mr. A claimed that Miss A often became physically violent, although Mr. A never physically retaliated. On one occasion Miss A shot Mr. A in the foot, which he never reported to the authorities, he told family and friends that he accidentally shot himself.

Mr. A explained that his relationship with Miss A was under strain, and compounding this, his businesses became insolvent. Miss A and their children ridiculed Mr. A and called him a failure. He felt that all the women in his life (his wife and daughters), were turning on him, which reinforced his image of him being a failure. This forced him to ask his father-in-law for a job, which his father-in-law granted. Mr. A became increasingly paranoid about this and thought others were speaking about him and considered himself a failure. The arguments between Mr. A and Miss A escalated as she continually accused him of being unfaithful, resulting in him withdrawing even more from their relationship, which in turn made her even more suspicious.

On the morning of the murder, Mr. A left home to take part in a shooting competition. Although Miss A was invited to attend, she indicated that she was not pleased with his plans to take part in the competition. Miss A made numerous telephone calls to Mr. A throughout the day at the shooting range and accused him of having sex with other women. Due to intermittent rain showers during the day, the shooting competition took longer than normal. When Mr. A did not arrive home at the expected normal time, Miss A again phoned Mr. A.

After the phone call he took his targets from the shooting competition and returned home, to prove to her where he had been the whole day. On the way home Mr. A passed an accident scene which he could describe in detail (establishing his state of mind prior to murder) during his observation.

Mr. A arrived home approximately half an hour after he had received the last phone call from Miss A. He went to the bedroom to greet Miss A, who immediately started yelling at him. Mr. A then left the bedroom and went to lock the hunting rifle away. He took the targets back to the bedroom with him to show Miss A. Miss A was not interested in what he had to say, and continued to yell. Mr. A then collected the hunting rifle, went back into the bedroom and pointed it at Miss A, who then pleaded with him while reaching for the phone. This was the last thing Mr. A remembered. He proceeded to fire two shots, one into the headboard and the other into the chest of the deceased. At this time the youngest daughter came into the room and shouted at Mr. A, asking him what he had done. Mr. A calmly replied that he had shot Miss A. Mr. A then called his father-in-law and told him what had happened and asked him to call the police. Mr. A proceeded to the garden where he waited for the police. He did not resist arrest. At the funeral Mr. A attempted to show remorse, but commented to his daughter, you reap what you sow.

4.2.1.1. Discussion of Mr. A's case

In rage-type murders, the act itself is often oversimplified and the dynamics involved overlooked. To understand this specific type of murder, it is not only necessary to establish the motive, but also important to identify and describe the unconscious facets of the personality that were revealed by the interaction between the perpetrator and the victim (Barnett et. al., 2005:40). What sets rage-type murders apart from other types of murder is not why it happened, but rather how the act is justified within the individual (Wertham, 1966:41).

Mr. A does not fit the personality profile of a psychopath or anti-social personality disorder (ASPD). He can be described as mentally stable with no prior history of violence and he is not impulsive in his general behaviour. Mr. A did not have any criminal history prior to the murder, and there is no indication of premeditation. He acted impulsively; the violent reaction was an isolated event that is uncharacteristic of his general behaviour.

There are indications that Mr. A had low-grade depression prior to the murder. It is likely that the depression is the result of his businesses becoming insolvent and his belief that everyone viewed him as a failure. He did not appear depressed, but this may be due to his apparent lack of emotional responses as a defence mechanism, which he probably not usually expressed on a conscious level, but used to avoid dealing with his emotions. Furthermore, there are indications that Mr. A was preoccupied with a sense of isolation and feelings of inadequacy due to the failure of his businesses and the strain on his relationships with his family members.

The murder event can be explained according to the central elements outlined by Wertham (1950:68-74). The first element central to the murder event is that the act is a defensive display of explosive affect, with the aim of eliminating the threat. An injury to the pride of Mr. A, which could be attributed to his failed businesses, as well as Miss A's constant reminders to him of his failure precipitated the murder. The second element central to the murder event is the dissociation Mr. A experienced. He committed the act in an altered state of consciousness, where there was impaired contact with reality, evident in his apparent inability to recall the events during the murder. The third element central to the murder event is the lack of motive for the excessive violence carried out. The explosive expression of aggression is triggered by a seemingly insignificant event, in this case it was the argument with Miss A concerning his activities during the day. The motivating factor in rage-type murder appears to be displacement of emotion onto the victim. It is likely that Mr. A was of the opinion that the only way to escape the situation of his perceived failure was to remove what he believed to be the source of the threat, in other words to murder Miss A, who constantly reminded him of his failures by criticising him.

There is no apparent motive for the murder, and it seems likely that the argument prior to the event provoked the murder. The escalation of the situation over time is displayed by Miss A's constant criticisms levelled at Mr. A, as well as their strained relationship, which left both Mr. A and Miss A feeling insecure and unable to escape the situation. Mr. A did experience a degree of dissociation as he claimed not to remember any events from the time that he pointed the hunting rifle at Miss A, until the time that he phoned his father-in-law to inform him of what had happened. After Mr. A shot Miss A, there was a superficial return to normality, but with no insight into the murder. He was aware that his wife had been shot, but he did not report specifics of the murder. Furthermore, he calmly phoned his father-in-law to inform him

about what had happened, and asked him to notify the police, where after he went outside to wait for them to arrive. Mr. A was the one who requested the police to be notified; indicating he was aware of the wrongfulness of the act, but this is not an indication of remorse for his actions.

The MMPI-2 was administered to Mr. A during his observation period in 2006, and his profile coded according to the MMPI-2 norms. It yielded the following results:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pd, Pa, Hs, Ma, Pt, Si, Mf, Sc, Hy, D.
- Elevations: Pd, Pa, Hs, Ma.
- Highest elevations: Pd, Pa.
- Code type: 4-6/6-4.

4.2.2. CASE STUDY TWO: Mr. B.

Following the murder of his wife (Miss B) in 2000, Mr. B was referred to Weskoppies Psychiatric Hospital for a 30-day observation period in 2003. Mr. B slashed Miss B's throat with a carving knife, and he was subsequently charged with her murder. His background history will briefly be discussed followed by an account of the events surrounding the murder.

Mr. B grew up in a functionally intact family in a rural black community. He was the third child of an unspecified number of siblings and suffered from diabetes. None of the family members had any mental illness or substance abuse problems of any kind. However, Mr. B's father physically abused his mother. Mr. B described his father as a very violent man. Mr. B had an average academic school record, no reported problems during his schooling years and generally good relationships with peers and staff.

Mr. B and Miss B met 16 years prior to the murder. Although at this stage they were not in a relationship, they maintained contact with each other. Only ten years after Mr. B met Miss B they entered into a romantic relationship. By this time, Mr. B had completed his BSc degree in Electronic Engineering and Miss B was studying towards a MBChB medical degree. They decided to move in together at the beginning of their romantic relationship. They got married three years later as they felt they had known each other for long enough to make this

commitment. Mr. B was a respectable community member and the murder was seen as out of character and without motive.

Mr. B had a child from a previous relationship who stayed with his parents. Initially the child was not a problem for Miss B, but as time passed, Miss B began to dislike the child and said that it was embarrassing for her when the child phoned or visited them. Three years prior to the murder, Mr. B received a promotion and this enabled him to purchase a new vehicle for Miss B, as well as a new home for the family. Miss B found a house that she liked; Mr. B purchased it, as well as land in an upmarket suburb with the intention of developing it. After these new financial changes to their lifestyle, Miss B again seemed to be more accepting of Mr. B's child.

Approximately a year and a half prior to the murder Mr. B and Miss B started experiencing marital problems, which included sexual problems. Miss B also insisted on Mr. B registering for further studies in order for him to earn a higher income. In the same time period as the murder, Mr. B proposed that his child move into the house with him and Miss B. Miss B then informed Mr. B and his family that the child was a problem for her and that she would prefer it if the child stayed with Mr. B's parents and not move in with them.

Approximately a year prior to the murder, Miss B approached Mr. B and informed him that she had fallen in love with another medical doctor who she had met during her period of study. Mr. B was angry and upset about this. Miss B claimed she had fallen in love with the doctor prior to her marriage to Mr. B. Despite Miss B's admission of her love for the other man, she and Mr. B were able to work through the situation and they chose to remain married. Approximately six months prior to the murder, Mr. B informed Miss B of his decision to have his child move in with them by the end of that year. Miss B agreed to this on condition that they could buy a bigger house and employ a fulltime domestic worker. Mr. B agreed to Miss B's conditions and she was pleased with the arrangement. Approximately two and a half months prior to the murder, Mr. B and Miss B moved into their new home.

A month and a half prior to the murder, Mr. B's mother fell ill, so he decided to bring her into their new home to stay with them. This placed a financial strain on the family. During the visit of Mr. B's mother, Miss B again refused to allow his child to stay with them. The child was supposed to have moved in with them at the end of that particular month. During the time that

Mr. B's mother was hospitalised, Miss B's parents decided to visit Miss B. Mr. B and his father-in-law attempted to resolve the issue of his "unwanted" child, but found no solution. At that stage Mr. B's father-in-law again told Mr. B that Miss B was in love with another man. When Mr. B confronted Miss B with this news, she denied what her father had said and claimed that the child was her only problem in their marriage.

Approximately one month prior to the murder, Mr. B and Miss B again discussed the issue of his child. As with previous discussions on the matter, they did not find any resolution. This prompted Miss B to ask Mr. B to choose between her or his child. Over the week that followed, their conversations progressed to a discussion on divorce. Miss B apparently had no problem with a divorce, on condition that she could get all their possessions in the settlement. Mr. B refused to settle for this. Miss B then decided to move in with her family. For three days after she left, Mr. B had no contact with Miss B, where after he decided to contact her to discuss the divorce further. Miss B still refused to divorce Mr. B unless she could get all their possessions in the settlement. She also indicated that she would stand by her demand. Her refusal to negotiate angered Mr. B and he ended the telephone discussion.

After not speaking to Miss B for five days following the aforementioned incident, Mr. B returned to work to discuss the matter with colleagues and friends. Four days passed before he again contacted Miss B to negotiate the divorce settlement. Miss B still refused to negotiate and still insisted on all their possessions as settlement before she would agree to a divorce. Mr. B waited another week to speak to Miss B, but she still refused to negotiate. The day before the murder, Mr. B contacted Miss B and suggested a meeting to discuss the matter. They met and also spoke to Mr. B's mother over the telephone in an attempt to resolve the matter. Miss B cried when she spoke to Mr. B's mother. During the conversation she handed Mr. B the telephone and then left without saying anything to him. Mr. B was angry, confused and distressed about this, then contacted a psychologist and made an appointment for later that day. Mr. B's vehicle ran out of petrol on the way to the psychologist so he did not keep his appointment.

On the day of the murder, Mr. B arrived home at 17:00. Shortly thereafter at 18:00 Miss B arrived at their home. They had a brief conversation and Mr. B described the encounter as tense. They went to the bedroom and argued once again. Mr. B then left their home to gather his thoughts. After about an hour, when he had calmed down, he returned home. When Mr. B

arrived home, Miss B again started arguing with him and thereafter informed him that she was planning to get married to another man in six months' time. At this point Mr. B claimed to have lost control. He approached Miss B and slapped her in the face. She retaliated with a slap. At this point, according to Mr. B, a physical altercation broke out between the two of them. The last thing he claimed to remember is Miss B biting him. He stated that he "saw red" after this.

Other than "seeing red", Mr. B claimed to remember nothing and said he awoke the next morning from a deep sleep inside his vehicle, which was parked at a garage. He had no idea why he was not in bed. He then noticed that he was covered in blood, but claimed ignorance about how the blood got onto his clothes. When Mr. B noticed a cut on his hand, he then recalled the argument that took place the previous night. He drove home to find the house unlocked, which made him wonder why it was open. According to Mr. B, he rushed to the bedroom where they had the fight, which is when he realised that the bed was still made.

Mr. B started searching through the house for Miss B and eventually found her in the main bathroom, in a bath filled with water. Miss B's head was facing downward inside the bath and her legs were hanging on the outside. Mr. B said that he did not see any blood so he tried to pick her up. When he realised she was not moving, he put her back into the bath. Mr. B maintained that he did not know what had happened to Miss B. Mr. B found a carving knife in the centre of the bathroom floor, where he noticed a pool of blood for the first time. He claimed that when he realised that he was the one responsible for Miss B's murder, he got worried and started cleaning up the crime scene. After Mr. B had cleaned up the scene, he tried to contact his lawyer, which, according to him, was just a spontaneous reaction. There was no reply. He also tried to get hold of several family members, who also did not answer. After making the calls, he changed his clothes, locked up the house and went to work in order to get some form of help. Mr. B stated that he had mixed feelings about the situation. On his way to work, Mr. B made a call to his girlfriend, who he had been having an affair with for a substantial period of time. He wanted to inform his girlfriend that he was on his way to the office, as he was supposed to be at gym with her, as he was every other morning. When she asked him why he was not going to gym, he told her that he had had a fight with Miss B and that she had landed up in intensive care. Mr. B stated that he had lied to his girlfriend because he did not think that she would be able to handle the truth.

At work, Mr. B confided to a friend about what had happened. Acting on his friend's advice, Mr. B then went to report the matter to the police, where after they handcuffed and arrested him. During the interrogation at the police station, Mr. B was fully aware of his surroundings. He could afterwards describe in detail everything about the room, what he saw, as well as who he had been talking to, but did not show any sign of remorse.

4.2.2.1. Discussion of Mr. B's case

In rage-type murders, the act itself is often oversimplified and the dynamics involved overlooked. To understand this specific type of murder, it is not only necessary to establish the motive, but also to identify and describe the unconscious facets of the personality revealed by the interaction between the perpetrator and the victim (Barnett et. al., 2005:40). What sets rage-type murder apart from other types of murder is not why it happened, but rather how the individual justifies the act (Wertham, 1966:41).

Mr. B does not fit the personality profile of a psychopath or ASPD. Mr. B can be described as mentally stable; he has no prior history of violence, nor is he impulsive in his general behaviour. He did not have any criminal history prior to the murder and there is no indication of premeditation. Mr. B acted impulsively; the violent reaction was an isolated event uncharacteristic of his general behaviour. According to Mr. B there had been no physical altercations between himself and Miss B until the one they had on the day of the murder. The only physical violence that Mr. B had been exposed to prior to that day, was when his father was violent towards his mother. After experiencing how violent his father was, Mr. B had vowed never to hit his wife. Furthermore, Mr B stated that his family treated him like "a king" and he became accustomed to praise.

The build-up of tension and frustration was evident from approximately a year and a half before the murder, when Mr. B and Miss B started experiencing marital problems. Miss B attributed their problems to Mr. B's child being the source of tension throughout the time preceding the murder. When Miss B informed Mr. B that she had been having a relationship with another man for a year prior to the murder, it was an additional source of tension. This tension between them over these issues escalated to the point where a month prior to the murder they discussed divorce. Miss B was unreasonable in her demands, and since Mr. B did not agree, she refused to divorce him. On the night of the murder, Miss B informed Mr. B that she was planning to marry another man later that year. It is evident that when Mr. B

heard of Miss B's plans, violence became a solution for the mounting tension in the relationship, as he claimed a physical fight broke out after he became aware of her plan. The violence was not controlled and the murder was committed.

The murder event can be explained according to the central elements outlined by Wertham (1950:68-74). The first element central to the murder event is that the act is a defensive display of explosive affect, aimed at eliminating the threat. In this instance, the murder occurred after an argument ensued between Mr. B and Miss B. There had been an escalation of tension immediately prior to the event. An injury to the pride of Mr. B precipitated the murder. In the weeks preceding the murder, Miss B was inflexible in her demands for a divorce settlement, but on the night of the murder she informed Mr. B that she was planning to marry another man. Miss B's unreasonable behaviour and her refusal to reveal her plans prior to that point, triggered the eruption of violence. The murder was a defensive display of explosive affect, aimed at eliminating the threat. The second element central to the murder event is the dissociation Mr. B experienced. He reported that he had gone into a "trance-like" state. He committed the act in an apparent altered state of consciousness, where he experienced impaired contact with reality. Mr. B claimed to have neither recollection of the events nor specifics of events immediately prior to the murder. He claimed to remember only the physical fight between him and Miss B, but could not recall any of the action. Mr. B stated all he could remember was "seeing red". When Mr. B was asked who slashed Miss B's throat, he replied, "Don't know". Upon being asked whether he had cut Miss B's throat, he calmly stated, "Could be". Mr. B claimed to be confused and puzzled that he was unable to remember anything about the event. The third element central to the murder event is the lack of motive for the excessive violence carried out. An explosive expression of aggression is triggered by a seemingly insignificant event, in this case Miss B's apparent lack of concern for Mr. B. The motivating factor appears to be a displacement of emotion onto the victim. It is likely that Mr. B was overcome with anger when he heard Miss B was planning to marry another man. At first Mr. B only slapped Miss B, who then retaliated and slapped him back. The situation escalated to the point where Mr. B felt the compulsion to murder Miss B.

There is no apparent motive for the murder, but it seems probable that the argument prior to the event provoked the murder. The escalation of the untenable situation over time was displayed by Miss B's refusal to accept Mr. B's child, followed by her relationship with another man, and finally her refusal to divorce Mr. B whilst at the same time planning to marry

another man. Mr. B experienced complete dissociation as he apparently could not remember anything from the time that Miss B bit him during their physical fight, until he woke up the next morning, inside his vehicle at a garage. After Mr. B woke up, he returned home where he discovered the body of his wife. After efforts to clean up the crime scene and failed attempts to contact his lawyer, Mr. B proceeded to get ready for work as he did every other morning.

Mr. B was advised to notify the police and he turned himself in to the police later that day. He did not expect the police to arrest him after reporting the murder. During the course of his interview with the police, Mr. B stated that he did not know why he was arrested. He thought the police would first investigate the murder and only then make an arrest, if it was necessary. Mr. B indicated that he was willing to assist in clarifying the circumstances surrounding Miss B's death, and said that he answered the questions posed to him, although he was under no obligation to do so. At the time, he was aware of his surroundings and that Miss B had been murdered. Furthermore, Mr. B realised that he was probably the one who had murdered Miss B, but did not think his arrest was necessary. He did not show any remorse for his actions during his interrogation.

The MMPI-2 was administered to Mr. B during his observation period in 2003, and his profile coded according to the MMPI-2 norms. It yielded the following results:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pd, Pa, Hs, D, Sc, Pt, Tf, Si, Hy, Ma.
- Elevations: Pd, Pa, Hs.
- Highest elevations: Pd, Pa.
- Code type: 4-6/6-4.

4.2.3. CASE STUDY THREE: Mr. C.

Mr. C was referred to Weskoppies Psychiatric Hospital in 2005 for a 30-day observation period following the murder of his ex-girlfriend (Miss C) earlier the same year. Mr. C kidnapped and shot Miss C several times, and he was subsequently charged with her murder. His background history will briefly be discussed, followed by an account of the events surrounding the murder.

Mr. C had a strict upbringing in a very religious setting, in a rural black community. He was raised in a functionally intact family. None of the family members suffered from any mental illness or substance abuse, nor was he exposed to any form of physical abuse within the family unit. It should also be noted that Mr. C had no reported problems during his schooling years; he had good relationships with peers and staff. He did, however, report that he lacked confidence during his childhood.

After he completed school, Mr. C obtained a degree in Public Management and a diploma in Project Management. On a personal level, as he was very shy around girls, waiting for girls to approach him rather than approaching them, he was not involved in any relationships during his school years. Mr. C entered into his first serious relationship with Miss C during his student days. Their relationship promptly moved onto a sexual level. The relationship lasted for approximately three years, when Miss C ended the relationship. Shortly after the break-up, they rekindled their relationship.

However, once Miss C had completed her studies she terminated their relationship again. She moved from Cape Town to Pretoria to complete her internship, whilst Mr. C remained in Cape Town. At the termination of the relationship, they mutually decided that Mr. C would complete his internship in Cape Town and then also relocate to Pretoria, where he would seek employment. They also decided that they would get married as soon as they were reunited a year later. When Miss C returned to Cape Town for her graduation, she confirmed their previous arrangements. However, they never discussed this again during their telephone conversations subsequent to this visit. Miss C then made it clear that she would prefer Mr. C to stay in Cape Town and visit her in Pretoria as a friend only. She also implied that they were no longer in a relationship.

Approximately one month after Miss C terminated the relationship with Mr. C, he travelled to Pretoria unannounced to discuss the matter with her. She was furious and did not allow Mr. C to stay over at her flat. He was adamant that they had to discuss their relationship. Whilst trying to convince her, he overheard a telephonic conversation between Miss C and someone else. As she acted suspiciously, he confronted her about the telephone call. She admitted that she was in a relationship with another man. She then asked Mr. C to leave, and when he refused, she had him escorted off the premises by security personnel. Mr. C said that after

the incident he felt devastated and confused and he went to stay with another friend in Pretoria before returning to Cape Town.

Within a two-week period, Miss C again initiated contact with Mr. C and asked to see him. He agreed and they met in Pretoria. They decided that Mr. C should relocate to Pretoria immediately, leaving his internship incomplete, to stay with Miss C (approximately two months after the initial termination of the relationship). One month after Mr. C moved in with Miss C she asked him to move out temporarily, as she was expecting a visit from her sister and their place of residence was not big enough to accommodate them all. After Mr. C agreed to Miss C's request to vacate their residence, he did not have contact with Miss C for several weeks and when he tried to contact her, she ignored him. When he eventually got hold of her, Miss C declared that she wanted nothing more to do with him. Nevertheless, after some time Miss C again admitted to having a relationship with the other man. Miss C again terminated their relationship; only two months after Mr. C had relocated at her request. The relationship ended and Mr. C returned to Cape Town to continue with his life.

Mr. C claimed to have fallen into a state of depression and he obtained an illegal firearm to end his life. Before doing this, he wanted to spend time with his family to gain perspective. While he was with his family, he decided to return to Pretoria to stay with a friend. Approximately one month after Miss C had terminated the relationship the final time (approximately five months from the initial termination), Mr. C contacted Miss C, without informing her that he was in Pretoria. He claimed that she seemed pleased to hear from him so he contacted her again later that day, by which time her attitude had changed. Miss C then threatened him and told him she would have him arrested if he tried to contact her again. Mr. C stated that this contact with her left him confused and he needed clarity on the situation so he decided to wait outside Miss C's residence so they could finally resolve the matter. As Miss C did not return for several hours, Mr. C illegally entered her room to determine whether she was still residing there. He went through the belongings in the room, realising she still stayed there. He decided to wait for her to return home. After several hours of waiting, Mr. C fell asleep on a chair in Miss C's room. He woke up from her screaming when she saw him in her apartment. After seeing him in her room, Miss C turned around and ran. Mr. C followed her, but slipped and fell, thereby exposing the firearm he had tucked in the waistband of his pants. He picked up the firearm and pursued Miss C.

A woman came out of her apartment to investigate what was happening and Miss C sought cover behind her. In an attempt to control the situation, the woman suggested that they go into her apartment to discuss the matter. Mr. C recalled that when he was trying to speak to Miss C she acted childlike and put her hands over her ears. After her refusal to communicate with him, Mr. C became enraged, he did not recall all the events surrounding the murder, but he recalled that he accidentally discharged the firearm and shot her several times. One of the residents had alerted the police to the situation. After the shooting, a standoff ensued with the police, after which Mr. C surrendered, allowing the police to arrest him. Mr. C did not show any remorse for what had happened.

4.2.3.1. Discussion of Mr. C's case

In rage-type murders, the act itself is often oversimplified and the dynamics involved overlooked. To understand this specific type of murder, it is not only necessary to establish the motive, but also to identify and describe the unconscious facets of the personality revealed by the interaction between the perpetrator and the victim (Barnett et. al., 2005:40). What sets rage-type murder apart from other types of murder is not why it happened, but rather how the act is justified within the individual (Wertham, 1966:41).

Mr. C does not fit the personality profile of a psychopath or ASPD. Mr. C can be described as mentally stable, with no prior history of violence and he is not impulsive in his general behaviour. He did not have any criminal history prior to the murder and there is insufficient evidence to suggest premeditation. Mr. C acted on impulse and the violent reaction was an isolated event, which is uncharacteristic of his general behaviour.

Mr. C can be described as an emotionally immature individual, who was seemingly preoccupied with Miss C. He was usually not aggressive, had a high degree of impulse control and low levels of hostility, which is evident from his patience with Miss C and continued efforts to preserve the relationship despite the constant rejection from her. There were, however, indications of depression, by Mr. C's own admission, as well as inwardly directed hostility, which was evident from his suicidal ideation.

The build-up of tension and frustration in this situation was evident for the five months preceding the murder. Miss C terminated the relationship several times, but immediately after the termination pursued Mr. C again. After successfully rekindling the relationship, she

immediately terminated it again. Violence became more of a solution as the tension and frustration in this situation kept increasing. Mr. C had purchased an illegal firearm and kept it with him, which he claimed was to end his own life.

The murder event can be explained according to the central elements outlined by Wertham (1950:68-74). The first element central to the murder event is that the act is a defensive display of explosive affect, aimed at eliminating the threat. In this instance Mr. C had suicidal ideations that manifested as a homicidal act. Mr. C was “obsessively preoccupied” with Miss C to the extent that he was described as being depressed and suicidal when she ended their relationship. The murder was precipitated by an injury to the pride of Mr. C, as Miss C’s childish display of behaviour and refusal to communicate triggered the eruption to violence. After Mr. C had shot Miss C several times, he experienced relief from the tension of the situation. The suicidal thoughts evaporated as soon as the murder was committed. The second element central to the murder event is the dissociation Mr. C experienced. He committed the act in an apparent altered state of consciousness, where he experienced impaired contact with reality. He described the event as an accident, although he could not provide details thereof. The third element central to the murder event is the lack of motive for the excessive violence carried out. An explosive expression of aggression is triggered by a seemingly insignificant event, in this case it was the refusal of Miss C to communicate with Mr. C. The motivating factor in rage-type murder appears to be displacement of emotion onto the victim. It is likely that Mr. C believed that the only way to escape the situation was either to commit suicide or to murder Miss C. Initially he contemplated suicide, but later displaced the emotion onto Miss C and thus murdered her to escape the tension in the situation.

There is no apparent motive for the murder and it seems likely that her continued rejection prior to the event precipitated the murder. Miss C’s constant pursuance and rejection of Mr. C aggravated the situation over time, which led to Mr. C feeling insecure, confused, devastated and unable to escape the situation. Mr. C experienced a degree of dissociation as he claimed not to remember any of the events during the time he shot Miss C. After Mr. C shot Miss C, he claimed it was an accident and that the firearm had accidentally discharged when he tripped. After the event Mr. C was immediately aware of what had happened and that there would be consequences and he therefore did not immediately surrender to the police. In his case, however, the police were called to the scene prior to the murder by individuals who

were aware that he had a firearm and was in a room with two women. After a standoff, Mr. C did surrender to the police, but did not show any remorse for his actions.

The MMPI-2 was administered to Mr. C during his observation period in 2005, and his profile coded according to the MMPI-2 norms. It yielded the following results:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pa, Pd, Pt, Ma, Si, Mf, D, Hy, Ma, Hs.
- Elevations: Pd, Pa.
- Highest elevations: Pa, Pd.
- Code type: 4-6/6-4.

4.2.4. CASE STUDY FOUR: Mr. D.

Mr. D was referred to Weskoppies Psychiatric Hospital for a 30-day observation period in 2007 following the murder of his girlfriend (Miss D) in 2005. Mr. D shot Miss D multiple times and he was subsequently charged with her murder. His background history will briefly be discussed followed by an account of the events surrounding the murder.

Mr. D is a middle class white male. At the time of the murder he was cohabiting with Miss D. Although they were not married, they had a daughter born out of wedlock. It should be noted that their daughter was born during a difficult period in the relationship, which added to the tension already evident. Miss D's parents lived close to where Mr. D and Miss D were residing. Mr. D's in-laws were very meddlesome and regularly interfered in his relationship with Miss D. His in-laws both abused alcohol and were unemployed. They were financially dependent on Miss D. This, together with their constant interference, placed an enormous strain on the relationship between Mr. D and Miss D.

Mr. D and Miss D apparently had an argument regarding Miss D's flirtation with other men a few days before the murder. Mr. D had seen text messages between Miss D and another man on her mobile phone. This caused Mr. D to spend the night in the spare bedroom, two nights prior to the murder. Mr. D stated that whenever he had a serious argument with Miss D, he would sleep in the spare room so he could have time to consider the matter and discuss it with her in the morning. Mr. D stated that although they often argued, their quarrels never resulted in a physical altercation. The usual outcome of an argument was that he would

go and sleep in the spare bedroom. During his observation period, Mr. D stated that by the morning of the murder the issue of the flirting incident had been resolved and that they were back to their normal routine.

As Mr D entered a defence that he was acting involuntarily under sane automatism induced by hypoglycaemia, Mr. D's food consumption is relevant. Mr. D generally did not eat breakfast in the morning before work, as he would open his business at 07:00 in the morning. Mr. D prepared sandwiches at work, which he ate mid-morning and during lunchtime. He normally worked until approximately 16:30. After closing his business, he would collect his daughter from an after-school care facility and then drive to their home. Most afternoons Miss D arrived home about an hour after Mr. D. On the afternoon of the murder, upon arriving home, Miss D once again apologised for the text messages Mr. D had seen on her cell phone.

On the evening of the murder, Mr. D had invited a friend over. Mr. D's friend needed help to service a vehicle that he wanted to sell the following day. Mr. D's friend brought his girlfriend along, and Mr. D's daughter had a friend over for a visit. While the men were in the garage, busy servicing the vehicle, the women were inside preparing the food and keeping an eye on the children. During the visit, which lasted about four hours, Mr. D consumed six beers without eating any food. Mr. D's daughter's friend's father arrived late in the evening to collect his daughter. He stayed for a beer and during the conversation he took out his cell phone and showed everyone a photo that he had received, which depicted a naked woman. Approximately four and a half hours after the friends had arrived, the work on the vehicle was complete and everyone had gone home. This meant that Mr. D, Miss D and their daughter were alone again.

Once everyone had left, Miss D put their daughter to bed. She then went to take a bath, leaving Mr. D in their room. After Miss D had finished her bath and getting ready for bed, she started an argument with Mr. D about the photo of the naked woman. From this point on Mr. D is unclear about the events that followed. He cannot recall how he got the pistol, nor can he recall shooting Miss D or the sound of the shots. From a later interview with Mr. D (Steen 003/LG/1 Interview with Mr. D on 27 July 2007) all he claimed to recall about the event is that they argued over the photo. He stated that he asked Miss D to stop overreacting as the photo was not even on his phone, nor did he have any knowledge of it prior to being shown, but

Miss D did not listen to what he was saying and continued arguing with him. Mr. D claimed that Miss D kept on asking him what he was going to do to stop her in a sarcastic manner. Mr. D recalled that he replied that if she again asked what he was going to do, he would show her. From this point on, Mr. D could not recall anything that followed, until he saw Miss D lying on the floor. Once he realised what he had done, Mr. D apparently tried to fire two or three shots into his own head, but the magazine was empty. It was submitted that Mr. D fired 13 shots at Miss D, three of which penetrated her body.

Mr. D claimed that he was not completely aware of what was going on at that time. He did, however, recall his daughter crying in her room. Mr. D ran to his daughter's room to prevent her from seeing Miss D lying on their bedroom floor. Mr. D took his daughter to his in-laws house, where he explained to them what had just happened. Mr. D said that he only then realised he did not check to determine whether Miss D was dead. He requested his father-in-law to contact the police so he could go back home to determine her status. Mr. D then went back home to see whether Miss D was dead or alive and found that she was deceased. He folded her arms over her chest and waited for the police to arrive. The police arrived approximately one hour after the friends had left their home, indicating that the eruption to the violent attack transpired shortly after the departure of their friends. Mr. D did not resist arrest, nor did he show any signs of remorse.

4.2.4.1. Discussion of Mr. D's case

In rage-type murders, the act itself is often oversimplified and the dynamics involved overlooked. To understand this specific type of murder, it is not only necessary to establish the motive, but also important to identify and describe the unconscious facets of the personality that were revealed by the interaction between the perpetrator and the victim (Barnett et. al., 2005:40). What sets rage-type murder apart from other types of murder is not why it happened, but rather how the act is justified within the individual (Wertham, 1966:41).

Mr. D does not fit the personality profile of a psychopath or ASPD. Personality assessments were carried out and it was determined there were no psychopathic traits, but cognitive limitations were determined (in the report it is stated as follows: "waarskynlik kognitief ingekort") the night of the murder. Mr. D can be described as mentally stable with no prior history of violence and he is not impulsive in his general behaviour. There are no reports of physical abuse in the relationship and although Miss D's father claims that there were many,

none could be traced. Both psychologists and psychiatrists agreed and stated that Mr. D had no history of violence and the shooting was out of character. During the observation of Mr. D it was noted that he had no problems, slept well, behaved well and socialised well with others. Mr. D did not have any criminal history prior to the murder and there is no indication of premeditation. Mr. D acted on impulse and the violent reaction was an isolated event that is uncharacteristic of his general behaviour.

The murder event can be explained according to the central elements outlined by Wertham (1950:68-74). The first element central to the murder event is that the act is a defensive display of explosive affect, aimed at eliminating the threat. Mr. D had repeatedly asked Miss D to stop arguing with him, but she continued to taunt him. He asked her to stop for a final time, but she again just mocked him. In return, he “showed” her how he was going to make her stop – by shooting her. This illustrates the explosive affect Mr. D experienced prior to the murder, which led him to react by removing what he thought was the source of the problem. The second element central to the murder event is the dissociation Mr. D experienced. Mr. D claimed to have dissociated himself from the event, and despite repeated questioning, he had no recollection of the events. Although a neuro-analytical analysis was performed to assist in Mr. D’s recollection of the events, he did not have any apparent memory of what had happened. The conclusion was that Mr. D had no conscious intention to murder Miss D. The third element central to the murder event is the lack of motive for the excessive violence carried out. An explosive expression of aggression is triggered by a seemingly insignificant event, in this case the refusal of Miss D to stop the argument with Mr. D over a picture of a naked woman on someone else’s cell phone, which he had nothing to do with. Miss D was shot repeatedly and was struck three times. Thirteen shots were fired by Mr. D, which illustrates his expressive level of determination to get rid of the source of frustration. Although there was an excessive use of violence, there was no indication of premeditation.

There is no apparent motive for the murder and it seems likely the argument prior to the event precipitated the murder. In fact, Mr. D seemed to experience a degree of dissociation as he claimed not be able to remember any of the events from when he told Miss D he was going to show her what he would do to her, until the time he heard his daughter crying. Although complete amnesia is unlikely (Bear, Connors, & Paradiso, 2007:729) Mr. D could not give any specific details of the event. He probably suffered from limited amnesia, which is usually caused by three factors: extreme emotional arousal, alcohol abuse and physical

trauma to the head (Rogers, 2008:230). Mr. D consumed six beers prior to the incident and was extremely emotionally aroused because of the argument and sardonic actions on the part of Miss D. After Mr. D shot Miss D, there was a superficial return to normality with no insight into the murder. Mr. D was aware that Miss D had been shot, but he did not report specifics of the murder. The state tendered evidence that Mr. D was completely rational after the incident since he drove to his in-laws with his vehicle to report the incident and drop off his daughter. He then returned to the scene of the murder. Furthermore, Miss D was shot repeatedly and accurately, the pistol was found at the scene, and there was no evidence of involuntary actions or remorse on the part of Mr. D.

The MMPI-2 was administered to Mr. D during his observation period in 2007, and his profile coded according to the MMPI-2 norms. It yielded the following results:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Ma, Pa, Pd, Mf, D, Si, Hy, Hs, Pt, Sc.
- Elevations: Ma.
- Highest elevations: Ma.
- Code type: 9.

4.2.5. CASE STUDY FIVE: Mr. E.

Mr. E was referred to Weskoppies Psychiatric Hospital for a period of 30-days for observation in 2006 following the murder of his wife (Miss E) in 2005. Mr. E struck Miss E with a blunt object, stabbed her, and slashed her throat with a knife, and subsequently he was charged with her murder, as well as the attempted murder of their son. His background history will be discussed briefly followed by an account of the events surrounding the murder.

Mr. E had a strict upbringing in a traditional white family setting. He was raised as part of a functionally intact family. Mr. E was the third of six siblings and the only one with a limited cognitive ability. It should also be noted that Mr. E had no reported problems during his schooling years, but due to his limited cognitive ability he was placed in a special needs school from Grade 5. Mr. E completed his N1 qualification before dropping out of school (the equivalent of a Grade 10). He had relatively good relationships with peers and staff. However, he did report a lack of confidence in childhood because of his limited cognitive

functioning. After his schooling he had a stable work history and started his own company at the age of 29 years. During his observation at Weskoppies Psychiatric Hospital the Wechsler Adult Intelligence Scale – Third Edition (WAIS-III) was administered to Mr. E to determine his intellectual functioning. His evaluation placed him in the low borderline category of cognitive functioning.

Mr. E met Miss E at his first workplace and married her soon afterwards. They were married for 19 years. He stated that Miss E became distant two years prior to the murder. Mr. E blamed his father-in-law and sister-in-law for the marital problems. Mr. E stated that Miss E abused pain medication and ephedrine, while he received morphine injections for back pain resulting from an injury he sustained after an attempted hijacking five years before the murder. Mr. E experienced posttraumatic stress after the attempted hijacking, as well as sustaining a back and shoulder injury from the incident. Mr. E had undergone several operations in an attempt to manage the chronic pain he suffered because of his injuries. He claimed that after two of operations he underwent he experienced brief psychotic episodes. However, these episodes did not persist.

Miss E and her father worked for Mr. E at his business. Miss E was the general secretary and answered phone calls for the company. Mr. E's father-in-law would often tell Mr. E that Miss E was cheating on him and that the other men contacted her at work so he would not find out. Although Mr. E did not believe his father-in-law's claims, he stated that the idea of Miss E cheating on him did bother him. Mr. E's father-in-law advised him to visit a traditional healer to find out if Miss E was cheating on him. Mr. E visited a traditional healer who assured him there was nothing to worry about. This put him at ease even though his father-in-law continued to insist that Miss E was cheating on him. Miss E requested Mr. E to get a penis enlargement approximately two months prior to the murder, as her father and sister had encouraged her to do this. Mr. E stated that Miss E often teased him about his speech and the way he communicated. According to Mr. E, Miss E belittled him in front of their children to such an extent that the children no longer communicated with him.

On the evening of the murder, while watching television with his family, Mr. E informed his family that he was going to visit a friend. Mr. E was with his friend until late that evening. He left because of his severe back pain. After arriving home, he remained in the lounge, as he did not want to bother Miss E and the children. Mr. E claimed that he heard three shots and

went to investigate. He stated that after he heard the shots and realised it was nothing, he smelt burning plastic and he thought his wife had left the stove on. He went to inspect the kitchen, but the stove was off. He then claimed to have fallen asleep and later woke up in the lounge in his favourite chair. After Mr. E woke up, he sensed that there were intruders in his house. However, upon inspection of the house, he found nothing and then went to the bedroom to Miss E. He stated that while getting into bed he again felt uneasy as he could again smelt burning plastic and blood. Mr. E maintained that he saw someone in bed with Miss E. When he entered their bedroom, Mr. E had an adjustable wrench with him, which he brought with him from the lounge to inspect whether the noise that he was hearing, could be caused by intruders in the house. Mr. E proceeded to hit the individual he thought was in bed with Miss E. Mr. E said he accidentally hit Miss E with the adjustable wrench, at which time she started crying. Mr. E said that he then repeatedly started hitting Miss E with the adjustable wrench. Mr. E could only hear faint breathing once he stopped hitting her. At this stage he took a knife and stabbed her in the back before taking another knife and cutting her throat, he indicated that he did this because it was too late to save her, she must have been brain-dead from the blows to her head. Mr. E could not recall how the knives came to be in his possession, but he assumed he took the knives with him from the kitchen.

Mr. E put on the bedroom lights to observe what he had done to Miss E before returning to the lounge. Mr. E went to wake his eldest son and asked him to make coffee. His son made the coffee Mr. E had asked for and went back to bed and fell asleep again. After his coffee, Mr. E went back to his son to get a pen and wrote a note for his father in his receipt book explaining what had happened. In the note he left for his father, Mr. E stated that he could no longer take the fact that Miss E and their children thought he was stupid. By the time Mr. E had finished his note, his eldest son was awake. Mr. E did not want his son to see Miss E, so he took the adjustable wrench and hit his son once in the eye and twice on the back of the head. In the son's statement he said he was hit in the eye first then Mr. E told him there were intruders in the house, but that he must stay in bed to control the bleeding. After waiting for approximately four hours, Mr. E decided to go to the hospital. His son had fallen asleep and was woken by another two hard blows to the back of his head. Mr. E told his son there were intruders in the house and they had been in his room. Mr. E's son did not realise it was his father who had assaulted him.

Mr. E claimed the only reason he hit his son was to stop him from seeing Miss E, and his intention was never to murder his son. After he had hit his son, he told him that he heard intruders in the house, so his son took a cricket bat and waited with his father. For the duration of the incident, Mr. E was aware that there were no intruders in the house. After a short while, Mr. E woke all his children to take the eldest son to hospital, as he did not want them finding out what he did to their mother. Before leaving for the hospital, Mr. E went to Miss E in their bedroom to remove the knife from her back and the one from her neck. Mr. E's eldest son followed him into the bedroom and saw Miss E dead. According to the son's statement, Miss E's morning alarm sounded and Mr. E moved to her side of the bed to turn it off. He indicated to the children that he did not want to wake Miss E and get her worried about the intruders in the house. Even after Mr. E's son had seen Miss E dead in their bedroom, Mr. E maintained that Miss E was asleep. When all the children were awake, Mr. E said he was going to wake Miss E and none of the children was allowed to go with him. They were instructed to wait in the lounge. The eldest son waited outside the bedroom, when Mr. E came out he told his son that Miss E had been murdered and that they must go to the hospital immediately. Another two hours had passed since Mr. E had woken all the children, and approximately six hours since he first assaulted his son, before they actually left for the hospital.

In the car on the way to the hospital, Mr. E tried to phone his sister-in-law to arrange to drop off the two younger children at her house so she could look after them while he took his eldest son to the hospital. Mr. E claimed that his sister-in-law did not answer. However, his eldest son in his statement said that Mr. E did speak to his sister-in-law, but that she was unable to look after the two younger children as she was on her way to work. Mr. E then phoned his father-in-law and told him that they could not pick him up for work that morning, as they were busy. Mr. E dropped the children off at the hospital entrance and drove off. Mr. E phoned his father approximately four hours after dropping the children off at the hospital to tell him Miss E was dead. Mr. E's father then went to Mr. E's residence where he found Miss E's dead body, after which he contacted the police. Mr. E phoned his children twice during the day and said he was on his way to pick them up. After the children had waited for Mr. E for eight hours, they contacted their grandfather to pick them up.

Mr. E was arrested at the scene, after handing himself over to the police for the murder of his wife and the attempted murder of his son. In his initial statement, Mr. E claimed that he had no recollection of any of the events prior to, during, or after the event.

4.2.5.1. Discussion of Mr. E's case

In rage-type murders, the act itself is often oversimplified and the dynamics involved overlooked. To understand this specific type of murder, it is not only necessary to establish the motive, but also to identify and describe the unconscious facets of the personality revealed by the interaction between the perpetrator and the victim (Barnett et. al., 2005:40). What sets rage-type murder apart from other types of murder is not why it happened, but rather how the act is justified within the individual (Wertham, 1966:41).

Mr. E does not fit the personality profile of a psychopath or ASPD. Mr. E can be described as mentally stable, and although he has limited cognitive ability, he has no prior history of violence, nor is he impulsive in his general behaviour. Mr. E did not have a criminal history prior to the murder and there is no indication of premeditation. Mr. E acted on impulse, the violent reaction was an isolated event that is uncharacteristic of his general behaviour.

Mr. E can be described as emotionally immature, partly due to his limited cognitive ability. Mr. E experienced a strong sense of isolation as his wife and children communicated with him only minimally, and he felt inadequate due to his limited cognitive ability. The demonstration of violence illustrated what Mr. E perceived to be the final defence against the disorganisation and destruction of the personality. This is evident in the note he wrote for his father where he said that he could no longer handle the fact that Miss E and their children thought he was stupid. The uncontrollable violence acted as a form of self-preservation. He brutally attacked his wife and in an attempt to protect himself from criticism from his children, he attacked his eldest son so his son would not see what had happened.

The build-up of tension and frustration was evident from two years prior to the murder, but it intensified in the months prior to the actual murder incident. Mr. E claimed that his wife had become emotionally cold and distant two years prior to the murder. Furthermore, Mr. E's father-in-law was constantly telling him Miss E was cheating on him. Compounding this, two months prior to the murder Miss E asked Mr. E to obtain a penis enlargement. The murder incident was Mr. E's solution to a build-up of frustration, where after he experienced a

superficial return to normality; illustrated by the fact that he asked his son for coffee, completely unaffected by what had just taken place.

The murder event can be explained according to the central elements outlined by Wertham (1950:68-74). The first element central to the murder event is that the act, in itself, is a defensive display of explosive affect, with the intention of eliminating the threat. The murder carried out by Mr. E was unnecessarily violent, but it brought a sense of relief. Mr. E was able to look at what he did, then calmly ask his son for coffee, then go and sit in the lounge and drink it. The second element central to the murder event is the dissociation Mr. E experienced. Although it was not a complete dissociative reaction, the act was committed in an altered state of consciousness. He had no apparent breakdown with reality; however, he did experience patchy amnesia and subjective accounts of the events. Mr. E could not discuss the events surrounding the murder. His self-reflection and mentalisation were limited, and the murder was not integrated into his consciousness. Mr. E was aware of what he had done and he knew that it was wrong. However, the gravity of the situation did not immediately penetrate his mind. He continued for several hours in the altered state, attacking his son twice, and then taking him to the hospital to receive treatment. The third element central to the murder event is the lack of motive for the excessive violence used. The explosive expression of aggression is triggered by a seemingly insignificant event. Mr. E explained that he thought that there was someone in the bed with his wife and that was why he attacked her. In this case, there was no report of an argument directly prior to the murder. However, Miss E was in the habit of criticising Mr. E and on most occasions he did not confront her. After beating his wife, he found it necessary to stab her in the back and cut her throat, and then he proceeded to attack his son in a violent manner on two occasions during the hours following the murder incident.

There is no apparent motive for the murder and it seems likely that Miss E's continued belittling and the children's ignoring of Mr. E precipitated the murder. That the situation had escalated over time was displayed by Miss E's constant criticising of Mr. E, which left Mr. E feeling insecure, inadequate on all levels, and unable to escape the situation. Mr. E experienced a degree of dissociation as he recalled sketchy memories of the event. In his first statement he claimed to recall nothing, however, in a later statement he provided some details of the event, albeit not everything. In the case of Mr. E, there was awareness after the event of the wrongfulness, but it was not integrated consciousness, as he did not immediately

react to the situation. After Mr. E informed his father about the murder of Miss E, he willingly handed himself over to the police, but did not show any remorse for his actions. Mr. E did not inform anyone that the children were at the hospital and needed to be picked up, nor did he accompany his son to receive treatment.

The MMPI-2 was administered to Mr. E during his observation period in 2005, and his profile coded according to the MMPI-2 norms. It yielded the following results:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pa, Pd, D, Hs, Pt, Si, Hy, Mf, Sc, Ma.
- Elevations: D, Pd, Pa, Ma.
- Highest elevations: Pa, Pd.
- Code type: 4-6/6-4.

4.3. CONCLUSION

In this chapter, the focus was on the research findings as well as the analysis of the data collected. No history of violent behaviour, substance abuse, or any previous criminal record is present in any of the case studies discussed. From the psychological reports obtained during the observation period at Weskoppies Psychiatric Hospital, all the individuals in the cases discussed appeared haughty, arrogant and somewhat selfish. They described the events in a cold and aloof manner, whilst showing no genuine remorse. None of the individuals had any perceptual disturbances and their thought processes were clear and intact. However, their affect was notably restricted and they did not show genuine remorse for their actions. All were found competent to stand trial, with the ability to distinguish right from wrong and act in accordance to this and all were subsequently charged with murder.

5. INTERPRETATION OF FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUDING THOUGHTS

“How can a person, as sane as this man seems to be, commit an act as crazy as the one he is convicted of?”
(Satten et. al., 1960:40).

This chapter draws attention to the research outcomes by interpreting the findings and relate these outcomes to the goal and objectives that were set out for this research. The limitations of the current study and the recommendations for future research are also included in this chapter.

5.1. INTERPRETATION OF FINDINGS

The interpretation of the MMPI-2 is based on the elevated scores in the different scale types. The elevated scores define the code type of the individual. To interpret an individual's profile accurately, one needs to explain the overall configuration of the results within the context of the demographic characteristics of the different individual cases outlined in Chapter 4 (Groth-Marnat, 2009:223).

An expert, Professor Scholtz, Head of Clinical Psychology at Weskoppies Psychiatric Hospital, interpreted the MMPI-2 profiles of the selected cases in this study. The MMPI-2 results, together with a case history, collateral information and psychometric assessment information, were utilised to develop a character image/profile of each individual. The information from all the sources was synthesised with the assistance of Professor Scholtz to arrive at a clinical interpretation of each individual.

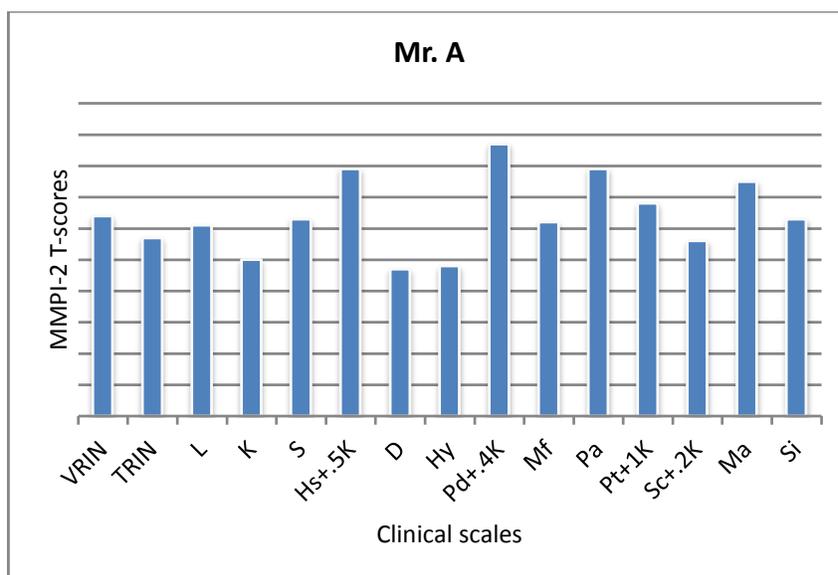
The following terms were used to provide clarity in the interpretations of the MMPI-2. Elevations above a T-score of 65 are strongly indicative of core features of the individual's specific personality functioning (Groth-Marnat, 2009:226) and are referred to as being 'significantly high'. T-scores between 50 and 65 are considered to be within the 'normal range' of functioning. T-scores below 50 are also indicative of specific personality functioning and are referred to as 'significantly low'. The validity of the profile is listed, followed by the clinical scales in order of descending elevations, with the highest elevations and the appropriate code-type. The results obtained from the profiles will be discussed for each scale, as well as within the context of each case.

5.1.1. CASE STUDY ONE: Mr. A.

When Mr. A was assessed, he was 34 years of age. He is a white male with a Grade 12 education. Mr. A was referred to Weskoppies Psychiatric Hospital for a period of 30 days for observation in 2006 following the murder of his wife earlier the same year. Mr. A's profile was coded according to the MMPI-2 norms and the results of the MMPI-2 are as follows:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pd, Pa, Hs, Ma, Pt, Si, Mf, Sc, Hy, D.
- Elevations: Pd, Pa, Hs, Ma.
- Highest elevations: Pd, Pa.
- Code type: 4-6/6-4.

Graph 1: Graphical representation of Mr. A's MMPI-2 T-scores



- **Variable Response Inconsistency Scale (VRIN)**

The VRIN is an indication of responding patterns, based on paired questions that are expected to be answered in a consistent manner (Butcher & Williams, 2000:50-51; Groth-Marnat, 2009:232; Pope et. al., 2006:141).

- Mr. A scored within the normal range, indicating that he responded in a consistent manner to the paired questions, in other words, both items in the pair were answered with a true response, or both items were answered with a false response.

- **True Response Inconsistency Scale (TRIN)**

The TRIN is similar to the VRIN, but the pairs included have the opposite content, meaning that the response to the pairs should be opposite (Butcher & Williams, 2000:50; Groth-Marnat, 2009:232; Pope et. al., 2006:148).

- Mr. A scored within the normal range, indicating that he responded discriminately, in other words,, he responded true to one item in the pair and false to the corresponding item with the opposite content.

- **Lie scale (L)**

The L scale is designed to give an indication of an individual's tendency to portray themselves in an unrealistically favourable manner (Butcher & Williams, 2000:43; Groth-Marnat, 2009:211; Pope et. al., 2006:134). Individuals from lower socio-economic groups are likely to score lower than individuals from higher socio-economic groups. Moderate scores for lower socio-economic groups range between 51 and 56, but for individuals who are highly educated this score is likely to be higher (Groth-Marnat, 2009:211).

- Mr. A scored higher than expected for his background. He grew up in a lower socio-economic group and did not further his education after high school. His score is thus elevated above the moderate range for his background, but not in the significantly high range. It is, however, elevated enough to warrant an explanation.
- Mr. A's score is indicative of the fact that he described himself in overly favourable terms, due to deliberate deception or an unrealistic self-view.
- Mr. A can be described as inflexible, unoriginal and unaware of the impression he makes on others. He perceives the world in a rigid and self-centred manner.
- Mr. A is likely to deny any flaws in him and can thus be described as having poor insight.

- **Correction scale (K)**

The K scale was designed to identify individuals who describe themselves in overly positive terms (Butcher & Williams, 2000:48; Groth-Marnat, 2009:235; Pope et. al., 2006:136). Lower scores are more common among lower socio-economic groups (Groth-Marnat, 2009:235).

- Mr. A scored in the significantly low range indicating a "fake bad profile" which suggests he is exaggerating his pathology.

- Mr. A has an otherwise valid profile, so the low score suggests he is disoriented and confused. He is likely to be described as being cynical, sceptical, dissatisfied, with inadequate defences, low self image and low insight.

- **Superlative Self-Preservation scale (S)**

The S scale merely increases the chances of detecting underreporting when viewed in conjunction with the L and K scales (Groth-Marnat, 2009:640; Pope et. al., 2006:138).

- Mr. A scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 1 - Hypochondriasis (Hs)**

The Hs scale was designed to indicate a variety of characteristics prominent in hypochondriasis, although a diagnosis is not necessary (Butcher & Williams, 2000:63-65; Groth-Marnat, 2009:237).

- Mr. A scored in the significantly high range suggesting he is stubborn, pessimistic, narcissistic and egocentric.
- Mr. A is likely to be perceived by others as dull, unenthusiastic, ineffective and unmotivated.
- It is likely that his symptoms are of long standing duration.

- **Scale 2 - Depression (D)**

The D scale was designed to predict an individual's overall level of satisfaction, sense of security and comfort (Butcher & Williams, 2000:65-68; Groth-Marnat, 2009:239).

- Mr. A scored in the significantly low range, indicating an absence of depression, which suggests he is cheerful, optimistic, alert, active and spontaneous.
- Mr. A is likely to have few difficulties in sleeping, he is not likely to be concerned with his health and he is probably described as under-controlled, self-seeking and prone to self-display. Furthermore, he is likely to be confident, curious, he should easily make decisions and is not likely to be concerned about others' perceptions.

- **Scale 3 - Hysteria (Hy)**

The Hy scale was designed to identify conditions where individuals have developed a psycho-genetically based sensory or motor disorder (Butcher & Williams, 2000:68-71; Groth-Marnat, 2009:286).

- Mr. A scored in the significantly low range, suggesting he tends to be narrow-minded, cynical, socially isolated, conventional, restricted, shy and controlled.
- Mr. A is not likely to trust others and is probably difficult to get to know.
- Mr. A is likely to report being drained and lethargic.

- **Scale 4 - Psychopathic deviance (Pd)**

The Pd scale was designed to assess individuals' level of general social adjustment; specifically to identify individuals with normal intelligence who are not concerned about the social consequences of their behaviour (Butcher & Williams, 2000:71-75; Groth-Marnat, 2009:215).

- Mr. A scored in the significantly high range. He has an extreme elevation (T-score above 80) suggesting instability, irresponsibility and self-centredness.
- Mr. A has an elevation on both Scale 4 and Scale 9, which suggests an underlying sense of anger and impulsiveness.
- Mr. A is likely to have problems with individuals in authority, as well as frequent relationship and occupational problems.
- Mr. A probably has a poor tolerance for boredom, he is not likely to learn from past mistakes and although he is able to experience genuine remorse, it is only temporary.
- Mr. A is unlikely to form long-term loyalties; if he does, they are likely to be shallow and self-serving.
- Mr. A is likely to be perceived as angry, alienated, often impulsive, rebellious, outgoing, extroverted, talkative, active and self-centred.
- Initially Mr. A is likely to make a good impression, but will probably display irresponsible, untrustworthy and anti-social behaviour.

- **Scale 5 - Masculinity-Femininity (Mf)**

The Mf scale was designed to assess the degree to which an individual supports the traditional masculine and feminine gender roles. This scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:76-80; Groth-Marnat, 2009:228). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:228).

- Mr. A scored within the normal range. Further explanation is thus not required, as the result is not considered clinically significant.

- **Scale 6 - Paranoia (Pa)**

The Pa scale was designed to measure interpersonal sensitivity, self-righteousness and suspiciousness, as well as whether the individual presents with any paranoid conditions (Butcher & Williams, 2000:80-83; Groth-Marnat, 2009:247).

- Mr. A scored in the significantly high range, suggesting he is likely to be suspicious, argumentative and hostile.
- Mr. A probably takes compassionate statements and interprets them as personal criticisms. These perceived personal criticisms are then enlarged and forms the basis of invented criticisms, which are likely to instigate underlying feelings of anger and hostility, although these are denied, they are projected and expressed through indirect means.
- Mr. A is likely to use intellectualisation to defend himself from anxiety.
- Mr. A possibly harbours particular resentment towards family members and might feel he got an unfair deal in life.

- **Scale 7 - Psychasthenia (Pt)**

The Pt scale was designed to measure psychasthenia, which is similar to an anxiety disorder with obsessive-compulsive features (Butcher & Williams, 2000:83-85; Groth-Marnat, 2009:249). This scale clearly measures anxiety and ruminative doubt (Groth-Marnat, 2009:249).

- Mr. A scored in the significantly high range, which suggests he is apprehensive, worrisome, a perfectionist, tense, uncertain, indecisive and superstitious, while at the same time orderly, conscientious, reliable, persistent and organised.

- Mr. A is likely to make minor problems a source of major concern, perhaps by over-reacting and exaggerating events.
- Mr. A is likely to be described as rigid and moralistic, with high standards.
- Mr. A probably uses expressed rituals to defend himself against anxiety.
- Mr. A is in all probability highly introspective, self-critical and self-conscious.

- **Scale 8 - Schizophrenia (Sc)**

The Sc scale was designed to identify individuals who are suffering from schizophrenia, or conditions similar to schizophrenia (Butcher & Williams, 2000:85-88; Groth-Marnat, 2009:251).

- Mr. A scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 9 - Hypomania (Ma)**

The Ma scale was designed to identify individuals who experience hypomanic episodes (Butcher & Williams, 2000:88-91; Groth-Marnat, 2009:253).

- Mr. A scored within the significantly high range, suggesting he is maladaptively hyperactive, experiences flight of ideas, is poorly focused, self-centred with an inflated sense of self importance and impulsive.
- Mr. A in all probability initially makes a good impression due to his enthusiasm and pleasant demeanour, but he is likely to be deceptive, manipulative and unrealistic.
- Mr. A's judgment of what he can accomplish is probably unrealistic.
- Mr. A is likely to become irritable when he is interrupted or when he experiences unforeseen delays.
- Mr. A is likely to allow relationships to develop quickly, but these are almost certainly all superficial.

- **Scale 0 - Social introversion (Si)**

The Si scale was designed as a measure of the extroversion-introversion continuum. As with Mf, the Si scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:91-94; Groth-Marnat, 2009:256). However, it can be

used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:256).

- Mr. A scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

5.1.1.1. Clinical interpretation for Mr. A's case

Mr. A has a poor self-concept and is highly insecure. The insecurity and low self-esteem are illustrated by the theme in the relationship between Mr. A and Miss A that “she would leave him at any time”, as Miss A was a pretty woman from a wealthy family. Mr. A indicated that he was surprised initially that someone of her standing would be interested in him. Poverty while growing up added to Mr. A's insecurities. For Mr. A, it was important to “make it in life”, have all the material things that would convey a certain status and illustrate his material success to others. Having a wife and a family were part of his idea of this success. It was important to Mr. A that his wife and children believe in and adore him. Mr. A was very “needy” emotionally, but not able to engage emotionally on a deep level himself. This basic stance towards intimacy came from Mr. A's background history. Mr. A had a father, who was violent and strict and a mother, who was overwhelmed by her troubled marriage, the expectations of her husband, trying to make a living in order to provide for the family, which made her emotionally unavailable to Mr. A.

Appearance and personal grooming were very important to Mr. A. He regarded himself as attractive and explained that he received a great deal of attention from the opposite sex, which later made Miss A jealous. His image as one of the most successful businessmen in the town was very important to him. Mr. A dressed well, splashed out on material things, such as an expensive house, cars and horses and sent his children to a private school. Mr. A had a “narcissistic need” to feel special, adored and admired, as well as the need to receive attention and loyalty from others. Those close to Mr. A had to provide this, his “narcissistic supply”, especially Miss A, who was his primary “narcissistic supplier”. Miss A's mistrust and loss of confidence in Mr. A as a businessman, as well as her later consistent confrontation, meant that she withdrew her “narcissistic supply” from him. Mr. A lost the adoration, attention and loyalty he needed from Miss A to keep his defensive psychological structures in a state of equilibrium and his idealised self intact.

It is important to remember that during the build-up phase, the perpetrator's defences are placed under severe strain and is slowly eroded over time. For Mr. A, the many arguments before the murder, the many instances where Miss A accused him of having sex with other women, his failed businesses and the change in his financial position all contributed to the strain. When the final trigger, the intense argument where Miss A accused Mr. A of "sleeping with black whores" while he was attending a shooting competition, takes place (also referred to as the "narcissistic injury"), Mr. A became overwhelmed. His defensive capability is seriously compromised, he experiences deep hurt and humiliation and he acts out with primitive rage, destroying the source of his humiliation and pain in order for his internal equilibrium to be restored. After the murder there was a return to calmness. Mr. A experienced no genuine remorse, given the psychopathic elements of his personality, even commenting to others that Miss A deserved what happened to her. The temporary episodes of remorse can be attributed to his narcissistic entitlement, psychologically saying "how dare you leave me, nobody leaves me, I am too special".

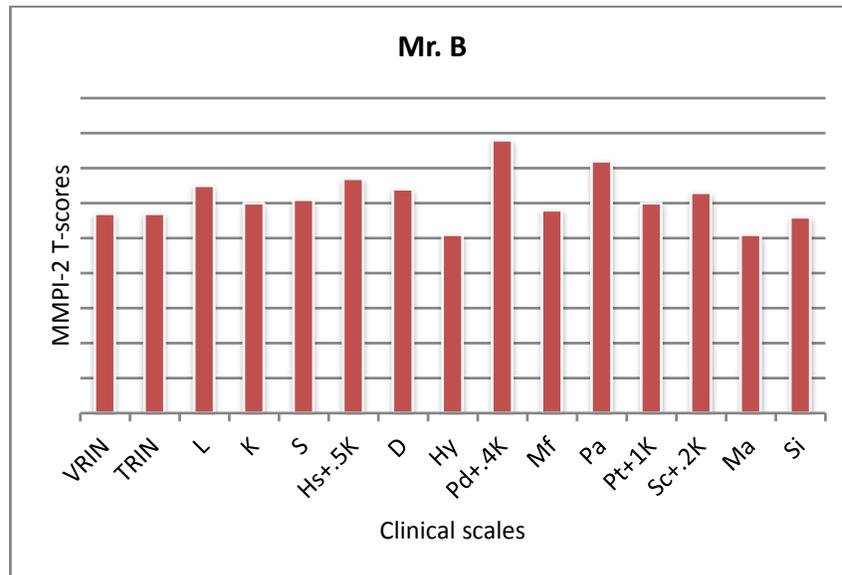
It is also important to note that Mr. A's other elevated scores on his MMPI-2 profile were the Hs and Ma scales, indicating the focus he has on his physical aptitude and his appearance. The Hs scale corroborates Mr. A's strong tendency to be overly concerned or involved with his appearance, which was identified in his history. The Ma scale further confirms his narcissistic tendencies, such as his grandiose aspirations, his exaggerated sense of self-worth and self-importance and his superficial relationships.

5.1.2. CASE STUDY TWO: Mr. B.

Mr. B was assessed at the age of 37 years. He is a black male, who obtained a degree in Electronic Engineering. Mr. B was referred to Weskoppies Psychiatric Hospital for a period of 30 days for observation in 2003 following the murder of his wife in 2000. Mr. B's profile was coded according to the MMPI-2 norms and the information obtained from the results of the MMPI-2 is as follows:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pd, Pa, Hs, D, Sc, Pt, Tf, Si, Hy, Ma.
- Elevations: Pd, Pa, Hs.
- Highest elevations: Pd, Pa.
- Code type: 4-6/6-4.

Graph 2: Graphical representation of Mr. B's MMPI-2 T-scores



- **Variable Response Inconsistency Scale (VRIN)**

The VRIN is an indication of responding patterns, based on paired questions that are expected to be answered in a consistent manner (Butcher & Williams, 2000:50-51; Groth-Marnat, 2009:232; Pope et. al., 2006:141).

- Mr. B scored within the normal range, indicating that he responded in a consistent manner to the paired questions, in other words,, both items in the pair were answered with a true response, or both items were answered with a false response.

- **True Response Inconsistency Scale (TRIN)**

The TRIN is similar to the VRIN, however, the pairs included have the opposite content, meaning that the response to the pairs should be opposite (Butcher & Williams, 2000:50; Groth-Marnat, 2009:232; Pope et. al., 2006:148).

- Mr. B scored within the normal range, indicating that he responded discriminately, in other words, he responded true to one item in the pair and false to the corresponding item with the opposite content.

- **Lie scale (L)**

The L scale is designed to give an indication of an individual's tendency to portray themselves in an unrealistically favourable manner (Butcher & Williams, 2000:43; Groth-Marnat, 2009:211; Pope et. al., 2006:134).

- Mr. B scored in the significantly high range, indicating that he is describing himself in overly favourable terms, due to deliberate deception or an unrealistic self-view.
- Mr. B can be described as inflexible, ruminative, rigid, unoriginal and unaware of the impression he makes on others. He probably perceives the world in a rigid and self-centred manner.
- Mr. B is likely to deny any flaws in him. He can thus be described as having poor insight and probably has trouble in relationships.

- **Correction scale (K)**

The K scale was designed to identify individuals who describe themselves in overly positive terms (Butcher & Williams, 2000:48; Groth-Marnat, 2009:235; Pope et. al., 2006:136).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Superlative Self-Preservation scale (S)**

The S scale merely increases the chances of detecting underreporting when viewed in conjunction with the L and K scales (Groth-Marnat, 2009:640; Pope et. al., 2006:138).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 1 - Hypochondriasis (Hs)**

The Hs scale was designed to indicate a variety of characteristics prominent in hypochondriasis, although a diagnosis is not necessary (Butcher & Williams, 2000:63-65; Groth-Marnat, 2009:237).

- Mr. B scored in the significantly high range suggesting he is stubborn, pessimistic, narcissistic and egocentric.

- Mr. B is likely to be perceived by others as dull, unenthusiastic, ineffective and unmotivated.
- It is likely that his symptoms are of long-standing duration.

- **Scale 2 - Depression (D)**

The D scale was designed to predict an individual's overall level of satisfaction, sense of security and comfort (Butcher & Williams, 2000:65-68; Groth-Marnat, 2009:239).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 3 - Hysteria (Hy)**

The Hy scale was designed to identify conditions where individuals have developed a psycho-genetically based sensory or motor disorder (Butcher & Williams, 2000:68-71; Groth-Marnat, 2009:286).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 4 - Psychopathic deviance (Pd)**

The Pd scale was designed to assess individuals' level of general social adjustment; specifically to identify individuals with normal intelligence who are not concerned about the social consequences of their behaviour (Butcher & Williams, 2000:71-75; Groth-Marnat, 2009:215).

- Mr. B scored in the significantly high range, suggesting that he is likely to make good impressions, but will probably display irresponsible, untrustworthy and anti-social behaviour.
- Mr. B is likely to have problems with individuals in authority, as well as frequent relationship and occupational problems.
- Mr. B probably has a poor tolerance for boredom, he is not likely to learn from past mistakes and although he is able to experience genuine remorse, it is only temporary.
- Mr. B is unlikely to form long-term loyalties; if he does, they are likely to be shallow and self-serving.

- Mr. B is likely to be perceived as angry, alienated, often impulsive, rebellious, outgoing, extroverted, talkative, active and self-centred.

- **Scale 5 - Masculinity-Femininity (Mf)**

The Mf scale was designed to assess the degree to which an individual supports the traditional masculine and feminine gender roles. This scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:76-80; Groth-Marnat, 2009:228). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:228).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 6 - Paranoia (Pa)**

The Pa scale was designed to measure interpersonal sensitivity, self-righteousness and suspiciousness, as well as whether the individual presents with any paranoid conditions (Butcher & Williams, 2000:80-83; Groth-Marnat, 2009:247).

- Mr. B scored in the significantly high range, suggesting he is likely to be suspicious, argumentative and hostile.
- Mr. B probably takes compassionate statements and interprets them as personal criticisms. These perceived personal criticisms are then enlarged and forms the basis of invented criticisms, which are likely to instigate underlying feelings of anger and hostility; although these are denied, they are projected and expressed through indirect means.
- Mr. B is likely to use intellectualisation to defend himself from anxiety.
- Mr. B possibly harbours particular resentment towards family members and might feel he does not have the opportunities available to others.

- **Scale 7 - Psychasthenia (Pt)**

The Pt scale was designed to measure psychasthenia, which is similar to an anxiety disorder with obsessive-compulsive features (Butcher & Williams, 2000:83-85; Groth-Marnat,

2009:249). This scale clearly measures anxiety and ruminative doubt (Groth-Marnat, 2009:249).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 8 - Schizophrenia (Sc)**

The Sc scale was designed to identify individuals who are suffering from schizophrenia, or conditions similar to schizophrenia (Butcher & Williams, 2000:85-88; Groth-Marnat, 2009:251).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 9 - Hypomania (Ma)**

The Ma scale was designed to identify individuals who experience hypomanic episodes (Butcher & Williams, 2000:88-91; Groth-Marnat, 2009:253).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 0 - Social Introversion (Si)**

The Si scale was designed as a measure of the extroversion-introversion continuum. As with Mf, the Si scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:91-94; Groth-Marnat, 2009:256). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:256).

- Mr. B scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

5.1.2.1. Clinical interpretation for Mr. B's case

As in the case of Mr. A, Mr. B also suffered from low self-esteem. Mr. B grew up in rural area, in a large extended family among many other relatives. Mr. B always felt less important than his siblings and thought that by having a good lifestyle he would be able to prove his worth to others. Mr. B resided with relatives for long periods during his childhood, thus having limited

contact with his core family. Mr. B's father was a violent man and physically abused Mr. B's mother. From a young age, Mr. B received most of his attention from woman in the village where he stayed, which made him feel good about himself.

Mr. B wanted to get out of the village and become successful in life, as status was important to him. After leaving school, Mr. B attended a so-called traditionally black university to study for his degree. As he felt this was not compatible with his image, he repeated the degree at a so-called traditionally "white" university. Mr. B married a medical professional whose family had strong political connections. Mr. B was promoted to a senior position in his work, which afforded him respect and admiration from his subordinates. Respect and admiration were always important to him. Mr. B was steadfast on his appearance and spent a great deal of time in the gym to ensure his physique would receive attention. Mr. B enjoyed receiving attention from other women and although he was very jealous and possessive towards Miss B, he was having an affair with another woman.

As in the case of Mr. A, it is important to remember that during the build-up phase the perpetrator's defences are placed under severe strain and are slowly eroded. For Mr. B, his strained marriage, mainly due to several arguments about his child, led to marital problems. Miss B's parents were more involved than usually in their marriage and the illness of Mr. B's mother all contributed substantially to the pressure he experienced. From the moment that the narcissistic injury occurred, the process that followed is similar to that of Mr. A. When the final trigger (the "narcissistic injury"), the heated argument where Miss B told Mr. B she was planning to marry another man, takes place, Mr. B is overwhelmed, his defensive capability seriously compromised, experiences deep hurt and humiliation and retaliates with primitive rage, destroying the source of his humiliation and pain in order to restore his internal equilibrium. After the murder there was a superficial return to normality. Mr. B experienced no genuine remorse given the psychopathic elements of his personality. The temporary episodes of remorse can be attributed to his sense of narcissistic entitlement.

In Mr. B's case, the other elevated score on his MMPI-2 profile was the Hs scale, with the next highest score being the D scale. The elevated score on the Hs scale reinforces how important Mr. B's appearance was for his self-esteem. The D scale seems to verify the underlying low self-worth and feelings of inadequacy that Mr. B had worked so hard to overcome. The combination of elevated scores suggests that Mr. B's personality type falls

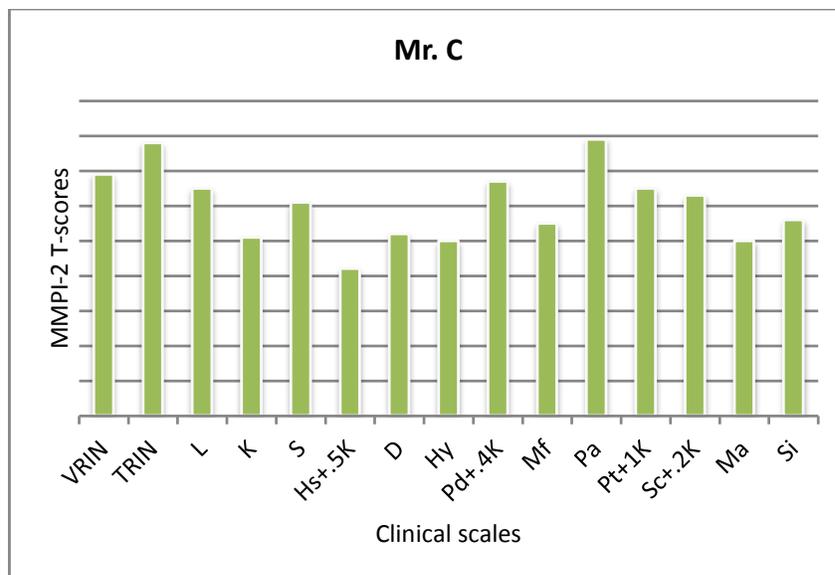
into the category where the individual cannot bear rejection, criticism, or not being good enough in the eyes of others, especially those who acted as the main suppliers of his “narcissistic needs”.

5.1.3. CASE STUDY THREE: Mr. C.

Mr. C was assessed at the age of 26 years. He is a black male, who obtained a degree in Public Management and a diploma in Project Management. Mr. C was referred to Weskoppies Psychiatric Hospital for a period of 30 days for observation in 2005 following the murder of his ex-girlfriend earlier the same year. Mr. C’s profile was coded according to the MMPI-2 norms and the information obtained from the results of the MMPI-2 is as follows:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pa, Pd, Pt, Ma, Si, Mf, D, Hy, Ma, Hs.
- Elevations: Pd, Pa.
- Highest elevations: Pa, Pd.
- Code type: 4-6/6-4.

Graph 3: Graphical representation of Mr. C’s MMPI-2 T-scores



- **Variable Response Inconsistency Scale (VRIN)**

The VRIN is an indication of responding patterns, based on paired questions that are expected to be answered in a consistent manner (Butcher & Williams, 2000:50-51; Groth-Marnat, 2009:232; Pope et. al., 2006:141).

- Mr. C scored within the significantly high range. The slight elevation indicates inconsistent responding due to random answering or confusion, however, the elevation is not sufficient to render the profile invalid (Groth-Marnat, 2009:232). A possible explanation is that Mr. C was not co-operative during observation and was resistant to the assessment procedures.

- **True Response Inconsistency Scale (TRIN)**

The TRIN is similar to the VRIN, however, the pairs included have the opposite content, meaning that the response to the pairs should be opposite (Butcher & Williams, 2000:50; Groth-Marnat, 2009:232; Pope et. al., 2006:148).

- Mr. C scored within the significantly high range, indicating indiscriminate responding in the false direction. This elevation is, however, not sufficient to render the profile invalid (Groth-Marnat, 2009:232).

- **Lie scale (L)**

The L scale is designed to give an indication of an individual's tendency to portray themselves in an unrealistically favourable manner (Butcher & Williams, 2000:43; Groth-Marnat, 2009:211; Pope et. al., 2006:134).

- Mr. C scored in the significantly high range, indicating that he is describing himself in overly favourable terms, due to deliberate deception or an unrealistic self-view.
- Mr. C can be described as inflexible, ruminative, rigid, unoriginal and unaware of the impression he makes on others. He probably perceives the world in a rigid and self-centred manner.
- Mr. C is likely to deny any flaws in him and thus can be described as having poor insight and probably having trouble in relationships.

- **Correction scale (K)**

The K scale was designed to identify individuals who describe themselves in overly positive terms (Butcher & Williams, 2000:48; Groth-Marnat, 2009:235; Pope et. al., 2006:136).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Superlative Self-Preservation scale (S)**

The S scale merely increases the chances of detecting underreporting when viewed in conjunction with the L and K scales (Groth-Marnat, 2009:640; Pope et. al., 2006:138).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 1 - Hypochondriasis (Hs)**

The Hs scale was designed to indicate a variety of characteristics prominent in hypochondriasis, although a diagnosis is not necessary (Butcher & Williams, 2000:63-65; Groth-Marnat, 2009:237).

- Mr. C scored in the significantly low range suggesting he is alert, capable, responsible and conscientious.
- Mr. C is unlikely to complain of physical difficulties.

- **Scale 2 - Depression (D)**

The D scale was designed to predict an individual's overall level of satisfaction, sense of security and comfort (Butcher & Williams, 2000:65-68; Groth-Marnat, 2009:239).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 3 - Hysteria (Hy)**

The Hy scale was designed to identify conditions where individuals have developed a psycho-genetically based sensory or motor disorder (Butcher & Williams, 2000:68-71; Groth-Marnat, 2009:286).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 4 - Psychopathic deviance (Pd)**

The Pd scale was designed to assess individuals' level of general social adjustment; specifically to identify individuals with normal intelligence who are not concerned about the

social consequences of their behaviour (Butcher & Williams, 2000:71-75; Groth-Marnat, 2009:215).

- Mr. C scored in the significantly high range, suggesting he is likely to make a good impression, but will probably display irresponsible, untrustworthy and anti-social behaviour.
- Mr. C is likely to have problems with individuals in authority, as well as frequent relationship and occupational problems.
- Mr. C probably has a poor tolerance for boredom, he is not likely to learn from past mistakes and although he is able to experience genuine remorse, it is only temporary.
- Mr. C is unlikely to form long-term loyalties; if he does, they are likely to be shallow and self-serving.
- Mr. C is likely to be perceived as angry, alienated, often impulsive, rebellious, outgoing, extroverted, talkative, active and self-centred.

- **Scale 5 - Masculinity-Femininity (Mf)**

The Mf scale was designed to assess the degree to which an individual supports the traditional masculine and feminine gender roles. This scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:76-80; Groth-Marnat, 2009:228). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:228).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 6 - Paranoia (Pa)**

The Pa scale was designed to measure interpersonal sensitivity, self-righteousness and suspiciousness, as well as whether the individual presents with any paranoid conditions (Butcher & Williams, 2000:80-83; Groth-Marnat, 2009:247).

- Mr. C scored in the significantly high range, suggesting he is likely to be suspicious, argumentative and hostile.
- Mr. C probably takes compassionate statements and interprets them as personal criticisms. These perceived personal criticisms are then enlarged and forms the basis

of invented criticisms, which are likely to initiate underlying feelings of anger and hostility; although these are denied, they are indirectly projected and expressed.

- Mr. C is likely to use intellectualisation to defend himself from anxiety.
- Mr. C possibly harbours particular resentment towards family members and may feel he has an unfair deal in life.

- **Scale 7 - Psychasthenia (Pt)**

The Pt scale was designed to measure psychasthenia, which is similar to an anxiety disorder with obsessive-compulsive features (Butcher & Williams, 2000:83-85; Groth-Marnat, 2009:249). This scale clearly measures anxiety and ruminative doubt (Groth-Marnat, 2009:249).

- Mr. C scored in the significantly high range, which suggests he is apprehensive, worrying, a perfectionist, usually tense, uncertain, indecisive and superstitious, while at the same time also orderly, conscientious, reliable, persistent and organised.
- Mr. C is likely to make minor problems a source of major concern, perhaps by over-reacting or exaggerating events.
- Mr. C is likely to be described as rigid and moralistic, with high standards.
- Mr. C probably uses expressed rituals to defend himself against anxiety.
- Mr. C is in all probability highly introspective, self-critical and self-conscious.

- **Scale 8 - Schizophrenia (Sc)**

The Sc scale was designed to identify individuals who are suffering from schizophrenia, or conditions similar to schizophrenia (Butcher & Williams, 2000:85-88; Groth-Marnat, 2009:251).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 9 - Hypomania (Ma)**

The Ma scale was designed to identify individuals who experience hypomanic episodes (Butcher & Williams, 2000:88-91; Groth-Marnat, 2009:253).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 0 - Social introversion (Si)**

The Si scale was designed as a measure of the extroversion-introversion continuum. As with Mf, the Si scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:91-94; Groth-Marnat, 2009:256). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:256).

- Mr. C scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

5.1.3.1. Clinical interpretation for Mr. C's case

Although not as apparent as the previous cases, Mr. C also suffered from low self-esteem. As a child, he was uncertain and reserved, especially when it came to girls and lacked confidence. Miss C was Mr. C's first serious relationship and it is clear that he was out of his depth in a close intimate relationship. During his interviews, Mr. C often repeated that he was totally smitten with Miss C.

Mr. C, as with Mr. A and Mr. B, was focused on his physical appearance, to the extent that he founded a body-building club at the tertiary institution where he studied and spent many hours every week training to enhance his physique. Mr. C performed well at his work but was willing to end his promising career in the Cape to follow Miss C to Pretoria to be with her. As with Mr. A and Mr. B, it is important to remember that during the build-up phase the perpetrator's defences are placed under severe strain and is slowly eroded over time. For Mr. C, his on-and-off relationship with Miss C put him in a state of uncertainty, where he experienced anxiety and, after several terminations of the relationship, he became depressed. Compounding this, Mr. C was aware that Miss C was unfaithful to him on at least two occasions in their relationship. Mr. C was unable to process the circumstances of his relationship with Miss C and deal with the erratic nature of the relationship. The infidelity and the loss of admiration and love from Miss C were incompatible with the self-image Mr. C had constructed of himself, which caused him humiliation and shame (the "narcissistic injury"). In Mr. C's case the precipitant event was drawn out over a period of time, but in the final

moments Miss C's refusal to answer him and covering her ears when he asked her about their relationship, destroyed his defensive capability, which made him say, "die, you dog", and shoot her several times. These words and the cold-blooded manner in which he killed her, illustrates the intense, primitive rage he experienced. After the stand-off with the police, Mr. C had a superficial return to normality, when his internal equilibrium was restored. Mr. C experienced no genuine remorse, given the psychopathic elements of his personality. The temporary episodes of remorse can be attributed to his narcissistic feelings of entitlement.

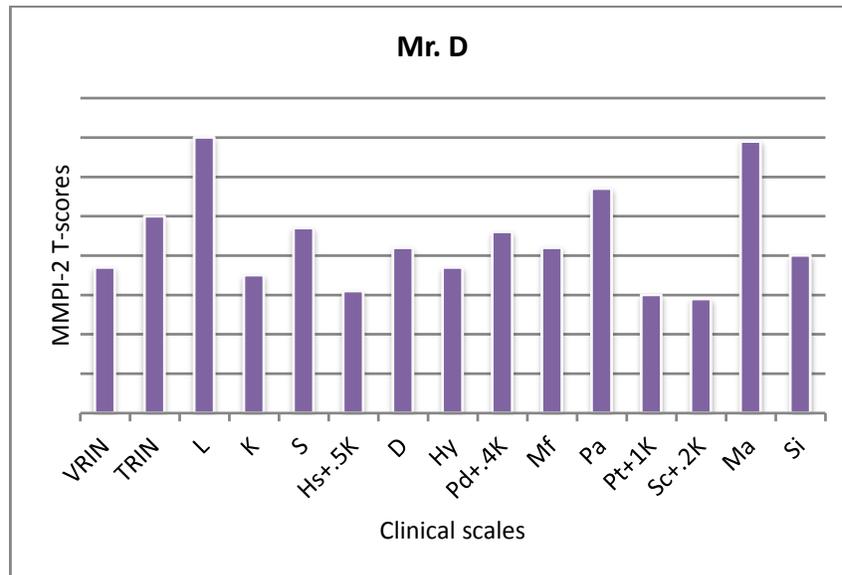
It is important to note that Mr. C's next two highest scores on his MMPI-2 profile were the Pt and Ma scales. The elevated score on the Pt scale indicates underlying feelings of insecurity, inferiority and a tendency to ruminate and be overly worried and tense at times. These tendencies were strongly evident during the build-up phase. The Ma scale, as with Mr. A, confirms his narcissistic tendencies, such as his grandiose aspirations, his exaggerated sense of self-worth and self-importance, as well as his superficial relationships. This case clearly illustrates the role of the unfortunate fit in terms of the relationship, in other words, that the personality type of the victim sadly exacerbates the underlying pathology of the perpetrator.

5.1.4. CASE STUDY FOUR: Mr. D.

Mr. D was assessed at the age of 32 years. He is a white male, who obtained a Grade 12 education. Mr. D was referred to Weskoppies Psychiatric Hospital for a period of 30 days for observation in 2007 following the murder of his girlfriend in 2005. Mr. D's profile was coded according to the MMPI-2 norms and the information obtained from the results of the MMPI-2 is as follows:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Ma, Pa, Pd, Mf, D, Si, Hy, Hs, Pt, Sc.
- Elevations: Ma.
- Highest elevations: Ma.
- Code type: 9.

Graph 4: Graphical representation of Mr. D's MMPI-2 T-scores



- **Variable Response Inconsistency Scale (VRIN)**

The VRIN is an indication of responding patterns, based on paired questions that are expected to be answered in a consistent manner (Butcher & Williams, 2000:50-51; Groth-Marnat, 2009:232; Pope et. al., 2006:141).

- Mr. D scored within the significantly low range. Although the result is low, the profile is still valid since the infrequency score is within the normal range. The F Scale (Infrequency Scale) has not been used in all cases as it was not necessary since the profiles were valid. In the case of Mr. D it was necessary as the VRIN score was below the lower cut-off score for a valid profile, indicating that he did not respond consistently. However, the responses were not atypical or deviant, because the F score was within the normal range (Groth-Marnat, 2009:232) and therefore the profile remains valid.

- **True Response Inconsistency Scale (TRIN)**

The TRIN is similar to the VRIN, however, the pairs included have the opposite content, meaning that the response to the pairs should be opposite (Butcher & Williams, 2000:50; Groth-Marnat, 2009:232; Pope et. al., 2006:148).

- Mr. D scored within the normal range, indicating that he responded discriminately, in other words, he responded true to one item in the pair and false to the corresponding item with the opposite content.

- **Lie scale (L)**

The L scale is designed to give an indication of an individual's tendency to portray themselves in an unrealistically favourable manner (Butcher & Williams, 2000:43; Groth-Marnat, 2009:211; Pope et. al., 2006:134).

- Mr. D scored in the significantly high range, indicating that he is describing himself in overly favourable terms due to either a deliberate deception or an unrealistic self-view.
- Mr. D can be described as inflexible, ruminative, rigid, unoriginal and unaware of the impression he makes on others. He probably perceives the world in a rigid and self-centred manner.
- Mr. D is likely to deny any flaws in him and thus can be described as having poor insight and likely to experience difficulties in relationships.

- **Correction scale (K)**

The K scale was designed to identify individuals who describe themselves in overly positive terms (Butcher & Williams, 2000:48; Groth-Marnat, 2009:235; Pope et. al., 2006:136).

- Mr. D scored in the significantly low range indicating a "fake bad profile", which suggests he is exaggerating his pathology.
- Mr. D has an otherwise valid profile, so the low score suggests he is disoriented and confused. He is likely to be described as being cynical, sceptical, dissatisfied, with inadequate defences, low self-image and low insight.

- **Superlative Self-Preservation scale (S)**

The S scale merely increases the chances of detecting underreporting when viewed in conjunction with the L and K scales (Groth-Marnat, 2009:640; Pope et. al., 2006:138).

- Mr. D scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 1 - Hypochondriasis (Hs)**

The Hs scale was designed to indicate a variety of characteristics prominent in hypochondriasis, although a diagnosis is not necessary (Butcher & Williams, 2000:63-65; Groth-Marnat, 2009:237).

- Mr. D scored in the significantly low range suggesting he is alert, capable, responsible and conscientious.
- Mr. D is unlikely to complain of physical difficulties.

- **Scale 2 - Depression (D)**

The D scale was designed to predict an individual's overall level of satisfaction, sense of security and comfort (Butcher & Williams, 2000:65-68; Groth-Marnat, 2009:239).

- Mr. D scored in the significantly low range, indicating an absence of depression, which suggests he is cheerful, optimistic, alert, active and spontaneous.
- Mr. D is likely to have few difficulties in sleeping, he is not likely to be concerned with his health and he is probably described as under-controlled, self-seeking and prone to self-display. Furthermore, he is likely to be confident and curious, can probably make decisions easily, but he is not likely to be concerned about other's perceptions.

- **Scale 3 - Hysteria (Hy)**

The Hy scale was designed to identify conditions where individuals have developed a psycho-genetically based sensory or motor disorder (Butcher & Williams, 2000:68-71; Groth-Marnat, 2009:286).

- Mr. D scored in the significantly low range, suggesting he tends to be narrow-minded, cynical, socially isolated, conventional, restricted, shy and controlled.
- Mr. D is not likely to trust others and is probably difficult to get to know.
- Mr. D is likely to report being drained and lethargic.

- **Scale 4 - Psychopathic deviance (Pd)**

The Pd scale was designed to assess individuals' level of general social adjustment; specifically to identify individuals with normal intelligence who are not concerned about the

social consequences of their behaviour (Butcher & Williams, 2000:71-75; Groth-Marnat, 2009:215).

- Mr. D scored in the significantly low range, suggesting he is over-controlled, self-centred, rigid, conventional and he over-identified with his social status.
- Generally, it is unlikely that Mr. D will become annoyed. He also is unlikely to resent being told what to do and he is not moody.
- Mr. D will rarely be in trouble and is likely to be passive, balanced, cheerful and modest.

- **Scale 5 - Masculinity-Femininity (Mf)**

The Mf scale was designed to assess the degree to which an individual supports the traditional masculine and feminine gender roles. This scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:76-80; Groth-Marnat, 2009:228). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:228).

- Mr. D scored within the significantly low range, suggesting he is likely to act in a traditional masculine manner, such as being domineering and impersonal.
- Mr. D is likely to be uncomfortable with his feelings and probably places emphasis on athletic ability and physical strength.
- Mr. D will probably be self-indulgent, independent and narcissistic.
- Mr. D most likely has interests that are narrow and lack originality and he probably shows little interest in understanding the motivations of his behaviour.

- **Scale 6 - Paranoia (Pa)**

The Pa scale was designed to measure interpersonal sensitivity, self-righteousness and suspiciousness, as well as whether the individual presents with any paranoid conditions (Butcher & Williams, 2000:80-83; Groth-Marnat, 2009:247).

- Mr. D scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 7 - Psychasthenia (Pt)**

The Pt scale was designed to measure psychasthenia, which is similar to an anxiety disorder with obsessive-compulsive features (Butcher & Williams, 2000:83-85; Groth-Marnat, 2009:249). This scale clearly measures anxiety and ruminative doubt (Groth-Marnat, 2009:249).

- Mr. D scored within the significantly low range, suggesting he is relaxed, warm, self-confident, cheerful, friendly, alert, efficient, independent, placid and secure.
- Mr. D is not likely to worry about his wellbeing.

- **Scale 8 - Schizophrenia (Sc)**

The Sc scale was designed to identify individuals who are suffering from schizophrenia, or conditions similar to schizophrenia (Butcher & Williams, 2000:85-88; Groth-Marnat, 2009:251).

- Mr. D scored within the significantly low range, suggesting he is cheerful, good-natured, friendly, trustful, adaptable, restrained, unimaginative, at the same time he probably avoids meaningful relationships.

- **Scale 9 - Hypomania (Ma)**

The Ma scale was designed to identify individuals who experience hypomanic episodes (Butcher & Williams, 2000:88-91; Groth-Marnat, 2009:253).

- Mr. D scored within the significantly high range, suggesting he is maladaptively hyperactive, experiences flight of ideas, is poorly focused, self-centred with an inflated sense of self importance and he is probably impulsive by nature.
- Mr. D has elevated scores on Scale 9, with low scores on Scale 2 and Scale 7, suggesting he has a compulsive need to seek power and place himself in narcissistically competitive situations.
- Mr. D in all probability initially makes a good impression, due to his enthusiasm and pleasant demeanour, but he is likely to be deceptive, manipulative and unrealistic.
- Mr. D's judgment of what he can accomplish is probably unrealistic.
- Mr. D is likely to become irritable when he is interrupted or when he experiences unforeseen delays.

- Mr. D is likely to develop relationships quickly, but these are almost certainly all superficial.

- **Scale 0 - Social introversion (Si)**

The Si scale was designed as a measure of the extroversion-introversion continuum. As with Mf, the Si scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:91-94; Groth-Marnat, 2009:256). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:256).

- Mr. D scored within the significantly low range, suggesting he is warm, outgoing, self-confident and verbally fluent.
- Mr. D is most probably concerned with power, status and recognition. He is likely to have a need to be around others to gain social approval.
- Mr. D is likely to be immature, exhibitionistic, manipulative, self-indulgent and superficial.
- Mr. D probably has feelings of insecurity behind his confident external image.

5.1.4.1. Clinical interpretation for Mr. D's case

As in the previous cases, Mr. D suffered from low self-esteem. Mr. D also overcompensated for his feelings of low self-esteem in a similar manner to the other perpetrators (i.e. by focusing on his appearance and personal grooming). Mr. D was a successful business owner and had a beautiful girlfriend - Miss D, who accompanied him everywhere.

As in the previous cases, it is important to remember that during the build-up phase the perpetrator's defences are placed under severe strain and are slowly eroded over time. In this case, in the build-up to the murder, there is a clear and unfortunate mismatch of the personality types of Mr. D and Miss D. Their relationship was characterised by themes of suspicion, jealousy and anger and the pathological patterns of interaction brought the worst out in both of them. The slow erosion of his defences over time is illustrated by the many arguments prior to the murder and the separate sleeping arrangements. Mr. D stated on several occasions that they argued often and this resulted in them sleeping in separate rooms. The meddling of his in-laws made Mr. D feel subordinate, or at least not "the man in charge" – a prominent recurring theme in all the above mentioned cases. On the night of the

murder, Mr. D and Miss D had a seemingly direct, sarcastic argument about Mr. D as well Miss D's behaviour. Miss D challenged Mr. D and in doing so, hurt and humiliated him. After this final precipitant/trigger, the extreme primitive rage that destroyed his defences is illustrated by the fact that he discharged the weapon 13 times. After the murder Mr. D had a superficial return to normality. Mr. D experienced no genuine remorse. The temporary episodes of remorse can be attributed to his sense of narcissistic entitlement.

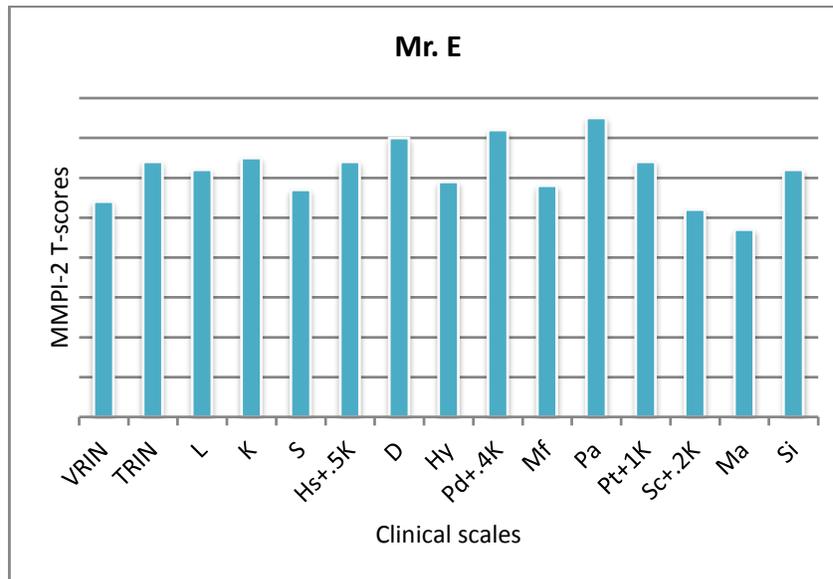
Mr. D did not obtain the same code type as the other cases on his MMPI-2 profile. Mr. D had an elevation only on the Hypomania scale (Scale 9), thus his code type is 9. Code 9 individuals can be described as unrealistic, are likely to be irritable and hostile, and have grandiose aspirations and aggressive outbursts. These individuals have an exaggerated sense of self-worth and self-importance, superficial relationships, are manipulative, deceitful, impulsive and an inability to regulate their moods. The MMPI-2 results corroborated the observed behaviour during his observation period. Mr. D was manipulative, immature and stubborn with a tendency to be impulsive. His self-importance and sense of entitlement were also confirmed by his MMPI-2 results. Mr. D's next two highest scores on his MMPI-2 profile were the scales suggesting narcissism, the Pa and Pd scales. These were primary elevations in the other cases and are as such confirming the basic narcissistic constellation of his personality.

5.1.5. CASE STUDY FIVE: Mr. E.

At the time of Mr. E's assessment, he was 40 years of age. He is a white male, who attended a 'special school' from Grade 5 (Standard 3). He went on to obtain a N1 qualification (equal to a Grade 10/Standard 8). In 2006, Mr. E was referred to Weskoppies Psychiatric Hospital for a 30-day observation period, following the murder of his wife in 2005. Mr. E's profile was coded according to the MMPI-2 norms and the information obtained from the results of the MMPI-2 is as follows:

- Validity scales: VRIN, TRIN, L, K, S (reflect a valid profile).
- Clinical scales: Pa, Pd, D, Hs, Pt, Si, Hy, Mf, Sc, Ma.
- Elevations: D, Pd, Pa, Hs.
- Highest elevations: Pa, Pd.
- Code type: 4-6/6-4.

Graph 5: Graphical representation of Mr. E's MMPI-2 T-scores



- **Variable Response Inconsistency Scale (VRIN)**

The VRIN is an indication of responding patterns, based on paired questions that are expected to be answered in a consistent manner (Butcher & Williams, 2000:50-51; Groth-Marnat, 2009:232; Pope et. al., 2006:141).

- Mr. E scored within the significantly low range. Although the result is low, the profile is still valid since the infrequency score is within the normal range. As the profiles were valid, it was not necessary to use the F Scale (Infrequency Scale) in any of the aforementioned cases. However, in the case of Mr. E as the VRIN score was below the lower cut-off score for a valid profile, which is indicative of an inconsistent response, albeit not atypical or deviant and the F score therefore within the normal range (Groth-Marnat, 2009:232), the profile remains valid.

- **True Response Inconsistency Scale (TRIN)**

The TRIN is similar to the VRIN, however, the pairs included have the opposite content, meaning that the response to the pairs should be opposite (Butcher & Williams, 2000:50; Groth-Marnat, 2009:232; Pope et. al., 2006:148).

- Mr. E scored within the normal range, indicating that he responded discriminately, in other words, he responded true to one item in the pair and false to the corresponding item with the opposite content.

- **Lie scale (L)**

The L scale is designed to give an indication of an individual's tendency to portray themselves in an unrealistically favourable manner (Butcher & Williams, 2000:43; Groth-Marnat, 2009:211; Pope et. al., 2006:134).

- Mr. E scored in the significantly high range, indicating he is describing himself in overly favourable terms, due to either a deliberate deception or an unrealistic self-view.
- Mr. E can be described as inflexible, unoriginal and unaware of the impression he makes on others. He probably perceives the world in a rigid and self-centred manner.
- Mr. E is likely to deny any flaws in him and can thus be described as having poor insight and experiencing difficulties in relationships.

- **Correction scale (K)**

The K scale was designed to identify individuals who describe themselves in overly positive terms (Butcher & Williams, 2000:48; Groth-Marnat, 2009:235; Pope et. al., 2006:136).

- Mr. E scored within the significantly high range, indicating that he describes himself in an overly positive light, denying any difficulties he experiences.
- Mr. E is likely to portray an image of effective functioning and always being in control.
- Mr. E probably overlooks any faults within himself and he is likely to be intolerant of non-conformity, viewing it as a sign of weakness.
- Mr. E is likely to use denial as a defence. He is also probably shy, inhibited and often does not interact socially.

- **Superlative Self-Preservation scale (S)**

The S scale merely increases the chances of detecting underreporting when viewed in conjunction with the L and K scales (Groth-Marnat, 2009:640; Pope et. al., 2006:138).

- Mr. E scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 1 - Hypochondriasis (Hs)**

The Hs scale was designed to indicate a variety of characteristics prominent in hypochondriasis, although a diagnosis is not necessary (Butcher & Williams, 2000:63-65; Groth-Marnat, 2009:237).

- Mr. E scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 2 - Depression (D)**

The D scale was designed to predict an individual's overall level of satisfaction, sense of security and comfort (Butcher & Williams, 2000:65-68; Groth-Marnat, 2009:239).

- Mr. E scored in the significantly high range, suggesting an exaggeration of trends, with excessive worry and an inability to effectively deal with personal problems.
- Mr. E is likely to be sluggish and tense. He will probably have low energy levels and a level of psychomotor retardation.
- Mr. E probably has a form of reactive depression, which is likely to result in him confronting his difficulties with a sense of pessimism, helplessness, hopelessness and withdrawal.
- Mr. E may suffer from feelings of inadequacy, low morale and have difficulty concentrating.
- Mr. E is likely to come across as retiring, shy, aloof, timid, inhibited, irritable, high-strung and impatient. He is also likely to be sensitive to criticism, avoid confrontations and avoid long-term relationships.

- **Scale 3 - Hysteria (Hy)**

The Hy scale was designed to identify conditions where individuals have developed a psycho-genetically based sensory or motor disorder (Butcher & Williams, 2000:68-71; Groth-Marnat, 2009:286).

- Mr. E scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 4 - Psychopathic deviance (Pd)**

The Pd scale was designed to assess individuals' level of general social adjustment; specifically to identify individuals with normal intelligence who are not concerned about the social consequences of their behaviour (Butcher & Williams, 2000:71-75; Groth-Marnat, 2009:215).

- Mr. E scored in the significantly high range. He has elevations on Scale 2 and Scale 4 suggesting that he is experiencing temporary guilt and remorse because he made himself guilty of anti-social behaviour.
- Mr. E is likely to have problems with individuals in authority, as well as frequent relationship and occupational problems.
- Mr. E probably has a poor tolerance for boredom, he is not likely to learn from past mistakes and although he is able to experience genuine remorse, it is only temporary.
- Mr. E is unlikely to form long-term loyalties; if he does they are likely to be shallow and self-serving.
- Mr. E is likely to be perceived as angry, alienated, often impulsive, rebellious, outgoing, extroverted, talkative, active and self-centred.
- Initially Mr. E is likely to make good impressions, but probably displays irresponsible, untrustworthy and anti-social behaviour.

- **Scale 5 - Masculinity-Femininity (Mf)**

The Mf scale was designed to assess the degree to which an individual supports the traditional masculine and feminine gender roles. This scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:76-80; Groth-Marnat, 2009:228). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:228).

- Mr. E scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 6 - Paranoia (Pa)**

The Pa scale was designed to measure interpersonal sensitivity, self-righteousness and suspiciousness, as well as whether the individual presents with any paranoid conditions (Butcher & Williams, 2000:80-83; Groth-Marnat, 2009:247).

- Mr. E scored in the significantly high range, suggesting he is likely to be suspicious, argumentative and hostile.
- Mr. E probably takes compassionate statements and interprets them as personal criticisms. These perceived personal criticisms are then enlarged and forms the basis of invented criticisms, which are likely to instigate underlying feelings of anger and hostility, although these are denied, they are projected and expressed through indirect means.
- Mr. E is likely to use intellectualisation to defend himself from anxiety.
- Mr. E possibly harbours particular resentment towards family members and might feel he got an unfair deal in life.

- **Scale 7 - Psychasthenia (Pt)**

The Pt scale was designed to measure psychasthenia, which is similar to an anxiety disorder with obsessive-compulsive features (Butcher & Williams, 2000:83-85; Groth-Marnat, 2009:249). This scale clearly measures anxiety and ruminative doubt (Groth-Marnat, 2009:249).

- Mr. E scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 8 - Schizophrenia (Sc)**

The Sc scale was designed to identify individuals who are suffering from schizophrenia, or conditions similar to schizophrenia (Butcher & Williams, 2000:85-88; Groth-Marnat, 2009:251).

- Mr. E scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

- **Scale 9 - Hypomania (Ma)**

The Ma scale was designed to identify individuals who experience hypomanic episodes (Butcher & Williams, 2000:88-91; Groth-Marnat, 2009:253).

- Mr. E scored within the significantly low range, suggesting he is dependable, responsible, conventional, practical, reliable, withdrawn, quiet, modest, over-controlled and humble and probably lacks self-confidence.
- Mr. E is likely to have low energy levels and low activity preferences.

- **Scale 0 - Social introversion (Si)**

The Si scale was designed as a measure of the extroversion-introversion continuum. As with Mf, the Si scale does not assess pathology, therefore it does not contribute to clinical information (Butcher & Williams, 2000:91-94; Groth-Marnat, 2009:256). However, it can be used to corroborate information provided by the other clinical scales (Groth-Marnat, 2009:256).

- Mr. E scored within the normal range. Therefore, no further explanation is required, as the result is not considered clinically significant.

5.1.5.1. Clinical interpretation for Mr. E's case

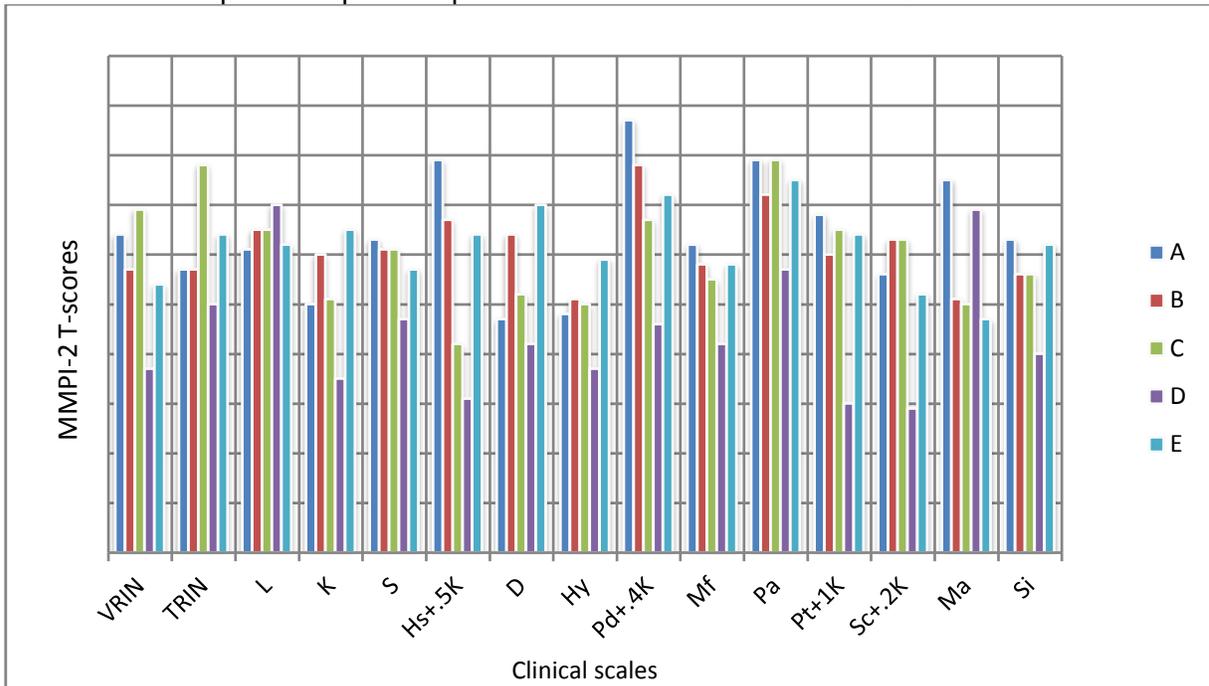
Similar to the previous cases, Mr. E had a low self-esteem, which was brought about mainly by his limited cognitive abilities. Mr. E was always very sensitive about references to or comments about his cognitive (in)abilities while he was growing up. Working hard to start his own company was Mr. E's way to compensate for this "inadequacy". His first serious relationship was with Miss E and they got married when they were still both young.

As in the previous cases, it is important to remember that during the build-up phase the perpetrator's defences are placed under severe strain and are slowly eroded over time. Unfortunately, the same pattern of pathological interaction is seen between Mr. E and Miss E in the build-up phase. There were several instances where Miss E humiliated and shamed Mr. E, often in front of others and his children. Apart from teasing Mr. E about his speech, Miss E requested him to have a penis enlargement. Although this was apparently at the insistence of his father-in-law and sister-in-law, it reflected on one of the core elements of his male identity, his sense of male potency and virility. The role of his in-laws is quite clear in the build-up phase, adding to his feelings of humiliation and of "not being the man in control". In the case of Mr. E a trigger was difficult to ascertain, but it seems that the suspicion his father-in-law had placed in his mind about his wife's infidelity played a role as he explained that he thought someone was in bed with her before he murdered her. The primitive rage, which is

illustrated by the way he murdered her and which even extended to his son, is testimony to the intensity of emotions that had built up over time and eroded his defences. Similarly, once he had annihilated the cause of his narcissistic injury he acted in a calm, rational and devious way. Mr. E experienced no genuine remorse given the psychopathic elements of his personality. The temporary episodes of remorse can be attributed to his sense of narcissistic entitlement.

Although the narcissistic tendencies in Mr. E's personality were less obvious – probably due to his inability to verbalise as eloquently as those in the other case studies, owing to his cognitive impairments – he did obtain the 4-6/6-4 code type on his MMPI-2 profile. Mr. E's other elevated scores on his MMPI-2 profile were the D and Hs scales. The elevated score on the D scale indicates underlying feelings of inadequacy and low self-esteem he had battled with all his life. The Hs scale was consistent with his history of various physical complaints and chronic back pain. It seems from his life history that he often “used” illness to gain sympathy and attention. The combination of elevated scores, similar to the case of Mr. B, suggests that Mr. E's personality type falls into the category in which he cannot bear rejection, criticism, or not being good enough in the eyes of others, especially the main suppliers of his “narcissistic needs”.

Graph 6: Graphical representation of the different MMPI-2 T-scores



5.2. LIMITATIONS OF THE STUDY

As in all qualitative research, certain problems were encountered and certain variables could not be controlled or directly measured. The goal of the research, however, was to investigate personality variables and how they predispose an individual to react with extreme anger to external evaluations, in other words, to explore rage-type murder in terms of the pathology of the individual and the possible correlation it had with the murderous action.

Another limitation was the sample size of the population that was used for the research. Only the patients from Weskoppies Psychiatric Hospital were considered for inclusion in the research, thus making the sample size very limited. However, since no direct association between rage-type murder and NPD could be identified in the literature, the small sample served the purpose of establishing whether NPD could be a contributing factor to rage-type murder. The intention of the research was not to generalise the findings, but rather to explore the possibility that NPD could have contributed to the murder.

As only case files were dealt with, it should be considered a further limitation as the research results are based on the information contained in the files and the researcher was not involved in the initial interpretation of the relevant cases. However, as this was established to be a point of criticism, the case files that were selected were based on the time period in which Professor Jonathan Scholtz, as Head of Clinical Psychology at Weskoppies Psychiatric Hospital, did the observations. The positive aspect of this is that all the information contained in this research could be submitted to him to be verified after secondary interpretation took place for the purposes of the research.

5.3. FUTURE RECOMMENDATIONS

As the sample size in the current research was relatively small, it is recommended that the research serve as a foundation to conduct further studies in all the Psychiatric Institutions that undertake the 30-day observation instruction from courts, to establish whether similar results can be obtained. This will ensure more reliability to the research results and enable generalisation.

As this research used a secondary analysis, it is recommended that future studies make use of personal interviews with the perpetrators, as it would further the understanding of the

phenomenon, which will contribute to the explanation as to why rage-type murders are committed.

From the psychological interviews, case history, collateral and psychometric assessment information obtained by the psychologists involved in the cases, there is an indication that the victims all had underlying borderline personalities (Professor J. Scholtz, Head of Clinical Psychology at Weskoppies Psychiatric Hospital, personal communication, March 7, 2008). It will thus be useful to do further research into the personality variables of the victims in order to more comprehensively explain the dynamics involved in the relationship between the victim and the perpetrator and how this might have contributed to the murder.

At some stage it would be useful to compare the results obtained in a South African sample to international samples to determine whether NPD does in fact contribute to rage-type murder in a variety of contexts.

5.4. CONCLUDING THOUGHTS

This chapter drew attention to the research outcomes by interpreting the findings. The limitations of the research and the recommendations for future research were also included in this chapter. This research was undertaken to explore a possible association between rage-type murder and NPD. To achieve this, rage-type murder as a phenomenon was described. Cases involving rage-type murder were identified from Weskoppies Psychiatric Hospital and the perpetrators personality variables were analysed to determine whether they displayed narcissistic personality traits. All the cases selected were referred to Weskoppies Psychiatric Hospital by order of the court and involved males over the age of 20 years. In all the cases selected, the individuals displayed traits associated with NPD. While the objectives set out prior to the research were achieved (described below), the research should be used as a foundation for future studies to find more comprehensible arguments as to why rage-type murders are committed.

The objectives set out prior to the research were to:

- Describe the nature of rage-type murder.
- Explore the possibility that NPD contributed to the rage-type murder.
- Determine the possible association between rage-type murder and NPD.

- Use the possible association between rage-type murder and NPD to conduct a further study to offer an explanation as to why rage-type murders are committed.

5.4.1. The nature of rage-type murder

In Chapter 1 (section 1.2.2.) a definition of rage-type murder was provided. In Chapter 2 (section 2.2.1.) a comprehensive overview of the nature of rage-type was offered. To review the nature of rage-type murder the following outline is put forward: Rage-type murder can be described as an expressive hostile violent crime. One of the defining features of this type of murder is that the personality profile does not fit that of the psychopath or anti-social personality disorder (ASPD). The act is impulsive, isolated and uncharacteristic of the individual's general behaviour, suggesting a dissociated, split-off in part of the personality organisation of the perpetrator. The defensive psychological structure allows rage and destructiveness to remain unconscious as long as the split in the personality is maintained. When the split can no longer be maintained, displacement is used to preserve the self. The central elements to the murder event are the affective nature of the act, the dissociation the perpetrator experiences and the lack of motive for the excessive violence carried out.

The following situational characteristics are attributed to the individuals' psychological make-up: The act is generally provoked by an external event; the perpetrator and victim are usually involved in an intimate relationship; there is an escalation of the situation over time, which becomes overwhelming as both the perpetrator and the victim are unable to escape the situation; the overkill signifies the need to remove the internalised object relationship; and the perpetrator is usually the one who notifies the authorities, suggesting they are aware of the wrongfulness of the act, albeit not a sign of remorse for their actions.

5.4.2. Narcissistic personality disorder as a contributing factor to rage-type murder

It needs to be taken into account that for purposes of this research study narcissistic traits were identified in the personalities of the perpetrators in the broad sense. They, therefore, might not fulfil all the criteria for NPD as set forth in the DSM-IV-TR required by the DSM.

According to the literature review (Chapter 2) there is an association between narcissism and an increased level of aggressiveness when the individual is criticised. Narcissistic individuals require constant external admiration ("narcissistic supply") to maintain their self-esteem. When they do not receive this, they perceive the experience as a personal rejection, which

will probably result in an irrational reaction. They react with intense anger to any situation in which they are criticised, humiliated, or rejected (i.e. any situation which threatens their self-image). It is important to determine whether the threatening object is internal or external, as the case in rage-type murder, the object being removed or destroyed, is an external object that is identified with a bad internal object. Through projective identification, the “other” is seen as the source of everything bad and therefore it becomes necessary to remove the “other” to protect the self.

Object relations determine the level of rage generated in situations. The intensity, duration and frequency of the discontent in the object relations produce the degree and form of hostile destructiveness in the relationship. Rage released in a specific situation is facilitated by increased levels of accumulated and stabilised hostile destructiveness, implying that when the ego is overloaded with discontent experiences, any minor, trivial event can trigger an intense rage reaction. As this rage reaction is linked to past experiences, it explains why the trigger need not be extremely intense. The narcissistic individual will only direct the rage toward the source of the threat. It is therefore necessary to have a build-up of self-image threats directed at the narcissistic individual before an irrational aggressive reaction is likely to occur and this reaction will be directed to the source of the criticism. The aggressive reactions are actions to re-establish the self-esteem and violence is a specific manifestation of this aggression. The aggressive reaction is a consequence of continued threat to the self-image.

From the literature review in Chapter 2, it is evident that there is an association between narcissism and an increased level of anger, aggressiveness and hostility when the individual is criticised. Based on the literature review (Chapter 2) and the review of the case studies (Chapter 4 and Chapter 5), it seems likely that narcissistic individuals will go to extreme levels of violence if their self-image is threatened to a substantial degree (supported by Almaas, 2000; Bursten, 1981; Cartwright, 2000; Cartwright, 2002a; Cartwright, 2002b; Emmons, 1987; Feldman et. al., 1990; Horowitz, 1981; Larsen & Buss, 2006; Nestor, 2002; Papps & O’Carroll, 1998; Campbell et. al., 2006:73). Furthermore, it is likely that these individuals will go into an extreme, uncontrollable rage, when their self-image is criticised, resulting in the murder of the individual who is deemed responsible for the attack on the self-image. It is thus likely that NPD did contribute to the rage-type murders explored in this research as highlighted in the literature in Chapter 2 (sections 2.1, 2.2 and 2.3) and

corroborated by the findings of the research (i.e. in all the cases, narcissistic traits were identified in the personalities of the perpetrators).

5.4.3. Association between rage-type murder and narcissistic personality disorder

If the code type of each of the individuals in the case studies is referred to as the principal indication of the basic structure of their personalities, in four of the five cases (Mr. D excluded) the structure is described as narcissistic (i.e. 4-6/6-4 code type). In the case of Mr. D, the code type also indicates a strong tendency towards characteristics of a narcissistic personality, although his code type was not the 4-6/6-4 code type. Mr. D had an elevation only on the Hypomania scale (Scale 9). Individuals with code type 9 can be described as unrealistic, with grandiose aspirations. Furthermore, they are likely to be irritable, hostile and have aggressive outbursts. Individuals with code type 9 have an exaggerated sense of self-worth and self-importance, they have superficial relationships, they are manipulative, deceitful, impulsive and experience problems regulating their moods. The MMPI-2 results corroborated the information obtained during his observation period regarding the basic structure of his personality and the absence of serious psychopathology (Professor J. Scholtz, Head of Clinical Psychology at Weskoppies Psychiatric Hospital, personal communication, August 13, 2009).

When the DSM-IV-TR diagnostic criterion for NPD is considered, it is clear that all the individuals in the case studies had indications of NPD. If the overall configuration of the MMPI-2 results are examined within the context of the demographic characteristics of the individual, it can be seen that all the perpetrators had a pervasive pattern of grandiosity (in fantasy and/or behaviour), an excessive need for admiration, a lack of empathy, a grandiose sense of self-importance, a preoccupation with their fantasies of unlimited success, power and beauty and a belief that they are special and unique. Furthermore, all the individuals had a sense of entitlement, were interpersonally manipulative or exploitative and all displayed arrogant behaviours. This in some measure confirms the association between rage-type murder and NPD in the case studies explored in the current study.

5.4.4. The association between rage-type murder and narcissistic personality disorder as a basis to conduct a further study to offer an explanation as to why rage-type murders are committed

Based on the current research, there is an association between rage-type murder and NPD and it seems likely that NPD did contribute to the murder. For this reason, it would be useful to conduct a further study into rage-type murder to explain why these murders take place.

5.5 SIGNIFICANCE OF THE CURRENT STUDY

This research was directed at establishing whether narcissistic individuals will go to extreme levels of violence, specifically murder, if their self-image is threatened. The aim was to determine the extent of pre-existing NPD in these individuals and how this contributed to the murderous action they committed. Emphasis was placed on the psychological motivation of the perpetrator, as well as the relationship that existed between the perpetrator and the victim prior to the event.

According to Professor J. Scholtz, Head of Clinical Psychology at Weskoppies Psychiatric Hospital, (personal communication, March 7, 2008) and Doctor G. Del Fabbro, Senior Clinical Psychologist at Tara Hospital, (personal communication, March 7, 2008), individuals who commit rage-type murders are not psychopathic, nor can they be diagnosed with Axis I disorders. Professor Scholtz and Doctor Del Fabbro are of the opinion that these individuals are not criminally liable for their actions, because an underlying personality disorder, as well as a specific build-up to the event is required in order for these individuals to escalate to violence. They should therefore be allowed to contextualise a defence of non-pathological criminal incapacity and be committed to a psychiatric facility. According to Bromberg (1951:117), the effects of the unconscious, a dysfunctional ego, or a weakness in the superego resulting in a personality disorder should not be valid justification for legal punishment. The punishment for the crime must be based on the personality of the perpetrator, as well as the motivation underlying the act in order for a suitable treatment to aid in the perpetrator's adjustment in the future. Since the personality of these perpetrators is likely to be a key factor in the motivation for the murder, rehabilitation in a correctional facility will prove ineffective (Levesque, 2006:685). Based on the research, it seems highly likely that if these individuals find themselves in a similar situation, even after their incarceration for the first crime, they are likely to react in a similar manner. If they return into a situation, where the

corroding of their self-esteem takes place over time, an unpredictable rage incident will most probably occur to balance out their internal locus of control.

To support this Wertham (1966:33-35) refers to a case a man who murdered two women. He explains it as follows: As a young man, the client was a gifted violist and became a talented musician in later life. As a young boy, he was hardly ever involved in fights and on the occasions that he was, they were minor incidents. He was described as a quiet and soft-spoken individual. He married at a young age. The marriage was characterised by jealousy and many disagreements. One day, after many arguments, he shot and killed his wife, after which he picked up her body and put her on the couch, while saying a prayer over her body. Immediately after the incident, he went to his mother and told her what had happened. His mother advised him to report what had happened to the police, which he did. The man received a prison sentence of 20 years to life for his crime. He had an excellent prison record and was only involved in one fight, which was in self-defence. He continued his musical education while incarcerated and gained recognition for some of his work outside of prison. As a result, he was paroled after 19 years in prison. The judge stated there was “every evidence of rehabilitation and that there is every probability that upon release he shall never again commit any serious breach of the criminal law” (quoted in Wertham, 1966:34). After his release he was very successful as a professional musician. He was so successful that he became a celebrity in the music world at the age of 38 years. A few months after his release from prison, the client stabbed and killed the woman with whom he was having a relationship. A friend of the client described the victim and her relationship to him as being “more than only a girl for him, she was a symbol, a symbol of the world” (Wertham, 1966:34). In Wertham’s (1966:33) opinion, it is not usually the case where several traits come together to cause a certain result, but more likely, he explains, that one trait becomes more prominent in the perpetrator and this prominent trait, in combination with several other factors and circumstances, causes a violent result. He further states that “the cycle of murder and release may be repeated” (Wertham, 1966:33). In this research, NPD and more specifically a sense of worth, has been identified as a prominent trait within the perpetrators. In addition, in all the cases the perpetrators were constantly criticised by the victims causing a build-up of tension prior to the murder, which was most likely the instigating factor that gradually corroded their sense of self-worth, which resulted in the sudden surge in violence.

Although more research is necessary, this research has established an association between rage-type murders and NPD and there is historic documented evidence suggesting these individuals will most likely react in a similar manner in similar circumstances, as a result of an underlying personality disorder. This suggests that incarceration in a correctional facility is not the most appropriate place to rehabilitate these individuals and why they should be acquitted because of their personality disorder and subsequently be committed to a psychiatric facility as a patient of the state president.

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