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A QUALITATIVE EXPLORATION INTO THE SUBJECTIVE EXPERIENCES OF HEALTHCARE SERIAL KILLERS

By

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THESIS

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Abstract

The prototypical serial killer is widely perceived as extremely violent offender who murders out of sexual gratification (Hodgkinson et al., 2017). The perception of serial killers primarily being sexual sadists may be greatly affected by an overfocus of research on sexually violent serial killers and a lack of attention on their non-sexually motivated counterparts such as healthcare serial killers (HCSK) (Lubaszka et al., 2014). In addition, a lack of qualitative inquiry into the experiences of serial homicide may be an impediment to understanding the deeper psychological reasons of why serial killers commit homicide (Kerr & Beech, 2016; Skrapec, 2001a). The current qualitative study addressed the literature gaps above and used Grounded Theory (GT) to explore how three HCSKs subjectively experience and justify their criminal actions through techniques of neutralization (Bryant et al., 2018) Results suggest that HCSKs in the current study experience serial homicide similarly and use similar neutralization techniques to mitigate their feelings of guilt and responsibility. A notable finding identified in the accounts of HCSKs in the current study are that they experienced a moral conflict in their murders but justified that death liberated their victims from suffering to reduce feelings of guilt. HCSKs in the current study and violent and/or sexually motivated serial killers in the literature also shared similarities in their experiences and justifications of their crimes, most notably feeling victimized by the system and blaming the authorities (e.g., healthcare administrators, law enforcement) for failing to prevent the crimes from occurring. However, HCSKs did not express living a fantasy which is inconsistent with what has been identified in studies on serial sex killers (SSK) (e.g., Ressler et al., 1988). Qualitative inquiry of HCSKs may help provide a holistic understanding of healthcare serial homicide and shed light on the psychological processes experienced by serial killers. Future directions to improve the knowledge of healthcare serial homicide were discussed.

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Chapter 1: Introduction and Present Study

Serial homicide claims a significant number of lives annually (Hickey, 2009). In the aftermath of these crimes, devastation ensues for the families of these victims. Yet, the effects of serial homicide extend beyond the victims and their families, leaving the wider community devastated from the brutality of these crimes. According to the Federal Bureau of Investigation (FBI), serial homicide is the "unlawful killing of two or more people in separate events" (Federal Bureau of Investigation [FBI], 2008, p. 9). It is a unique phenomenon due to the often-brutal nature of the crimes, how it is orchestrated, and the atypical motivations of a serial killer (Skrapec, 1997). Many researchers agree that serial killers are (1) primarily motivated by psychological gratification (Adjorlolo & Chan, 2014; Reid, 2017) (2) may engage in brutal acts of violence (e.g., torture) to prolong the murders of their victims and (3) select specific victims in the community that meet their "ideal victim type" (Ressler et al., 1988).

Research suggests that vulnerable groups in society (e.g., sex workers) are likely to be targeted by serial killers (Egger, 1985; Lee & Reid, 2018). According to Egger, serial homicide victims are typically "vagrants, prostitutes, migrant workers, homosexuals, missing children, and single and often elderly women" or other socially powerless groups who belong to a lower socioeconomic class (Egger, 1985, p. 9). In addition to Egger's list, many missing and murdered Indigenous women, who receive little police attention, continue to be victims of serial homicide (O'Reilly & Fleming, 2016). Serial killers may wear a veneer of normalcy and can easily blend in with a regular crowd of people, which makes them even more dangerous (Skrapec, 1997). Psychopathic serial killers are social chameleons and know how to garner trust in potential victims prior to murdering them (Hare, 1993; LaBrode, 2007). It can be reasonably argued that

serial homicide should receive more academic attention due to a serial killer's ability to appear unsuspecting and the unsettling trend of marginalized groups being their primary targets.

Further academic research on serial homicide could contribute to a better scientific understanding of this crime and its perpetrators. Research on serial homicide has focused on seeking patterns in characteristics of the offenders and their victims (e.g., social and psychological factors) (e.g., Ressler et al., 1988), police investigative failures (O'Reilly-Fleming, 1992; LePard et al., 2015; O'Reilly & Fleming, 2016) and crime scene analysis (e.g., Keppel & Walter, 1999). Extant research has revealed potentially significant factors that may contribute to the development of serial killers and the continuation of serial murder for extended periods of time. However, qualitative inquiry of serial homicide is an area that remains largely unexplored (Beasley, 2004; Henson & Olson, 2010). Yet, studying serial homicide through a qualitative lens can provide richer details about serial killers in their motivation and how they murder repeatedly.

This study aims to explore the perspectives of an underexplored subtype of serial homicide termed healthcare serial killers (HCSK) using qualitative methods to broaden the knowledge of serial homicide in its totality. The present study also aims to examine the subjective experiences of HCSKs within the theoretical framework of neutralization theory (or techniques of neutralization), which posits that individuals use verbal justifications called *neutralizations* to mitigate the severity and their guilt in committing their deviant actions (Sykes & Matza, 1957). The purpose is to shed light on neutralization techniques that HCSKs may use justify their motivations for committing serial homicide. Insights from such research has the potential to be employed by law enforcement and academia to identify potential perpetrators and to prevent and halt these crimes in the future. The methodology to be utilized in the current study

will be described in detail following the literature review and the section on current theories of serial homicide.

Chapter 2: Literature Review

The Significance of Serial Homicide Research

There are several points that demonstrate the importance of studying serial homicide academically. Firstly, it has been noted that serial homicide is currently lacking research attention (Culhane et al., 2011; Reid, 2017). Reid has suggested that serial homicide has received little academic attention since the 21st century. According to Reid, it has primarily been a law enforcement area of study with the FBI being the greatest contributor of research within this field (e.g., Ressler et al., 1988). Law enforcement agencies have created typologies of serial killers and their crime scenes as guides for law enforcement personnel working in homicide cases (Douglas et al., 1992; Hazelwood & Douglas, 1980; Keppel & Walter, 1999). One notable example is the FBI's dichotic *Organized/Disorganized* typology of serial sexual homicide, which categorizes serial killers as either being *Organized* (methodical/planned) or *Disorganized* (frenzied/unplanned) killers based on evidence from their crime scenes and methods used to assault victims (Douglas et al., 1992; Hazelwood & Douglas, 1980).

Law enforcement research has also provided an understanding of how serial sex killers (SSK) develop by investigating the psychosocial stressors that are common among them (Burgess et al., 1986). Burgess et al., a team of academics and FBI agents, developed the *motivational model,* which posits that an SSK develops through a trajectory of five interacting stages. They proposed that people who commit sexual homicide are likely to experience childhood trauma followed by increased isolation, violent fantasies, and antisocial behaviours, which lead up to the commission of sexual homicide.

Despite the contributions of the FBI and law enforcement agencies, research has shown there may be some empirical issues with law enforcement models of serial homicide (Bennell et al., 2019; Canter et al., 2004; Kerr & Beech, 2016). Canter et al. (2004) evaluated 100 crime scenes and found that few crimes matched the *Disorganized* subtype, suggesting that this model may lack the ability to classify all cases of serial homicide. Similarly, Kerr and Beech (2016) discovered that not all sexual homicide offenders in their study had gone through the same developmental trajectory as proposed in Burgess et al.'s (1986) *motivational model.* The empirical drawbacks of these models render it necessary that serial homicide receives further academic attention. This will allow researchers to test and improve the empirical validity of existing serial homicide models and to uncover new findings that could elucidate this phenomenon.

Secondly, academics have argued that serial homicide is a rare phenomenon and that its prevalence rates are low (Skrapec, 2001b; Schlesinger, 2001). This notion of serial homicide being a rare crime may strengthen the argument that it may not require as much research attention. Despite this notion, further research of this crime should not be dismissed since cases do continue to occur with the recent discovery of serial killers Bruce McArthur and Elizabeth Wettlaufer who both murdered in Ontario (Lancaster, 2018; McQuigge, 2019). Further research of this crime may even help prevent and halt future occurrences of serial homicide as shown in the following example.

University of Toronto researcher Sasha Reid, reported her suspicions of a potential serial killer in Toronto’s Church and Wellesley gay community to local police (Vendeville, 2018). She reviewed information from her databases and discovered a pattern of similar men going missing from this area (Vendeville, 2018). Ultimately, the disappearance of Andrew Kinsman, a

prominent member of the gay community, led to the arrest of Bruce McArthur (Flanagan, 2018). In addition to Reid, members of the general public had long suspected there was a serial killer lurking in the Church and Wellesley area (Lagerquist, 2018). Although Reid's work correctly identified some characteristics of McArthur (Lagerquist, 2018), ongoing academic research in serial homicide may have the potential to track down serial homicide offenders and prevent further occurrences

Although serial homicide may be a relatively rare phenomenon (Keatley et al., 2018; Schlesinger, 2001; Skrapec, 2001b), a disproportionate number of serial killer victims belong to powerless groups in society (Egger, 1985; Lee & Reid, 2018). Bruce McArthur targeted gay men who came from cultures where homosexuality is heavily stigmatized, and people struggling with substance abuse and poverty (McQuigge, 2019). Similarly, Elizabeth Wettlaufer targeted elderly residents in a nursing home setting who were vulnerable and unable to fight back (Lancaster, 2018). Egger (2003) posits that marginalized individuals are primarily targeted as serial homicide victims because society perceives them to be "less dead", meaning they are impure, flawed, and offer no value to society (Egger, 2003; Vronsky, 2004). According to this theory, groups such as prostitutes, Indigenous people, the homeless, and gay people are considered as social pariahs, and their removal from society via serial homicide cleanses the community as a whole. Further academic research in serial homicide could help elucidate the motives and actions of serial killers, which could help prevent vulnerable populations from being victimized and pushed into the margins further.

Thirdly, there are conceptualization issues in serial homicide due to media influence and definitional inconsistencies, which academic research can resolve (Hodgkinson et al., 2017, Reid, 2017; Skrapec, 2001b). Hodgkinson et al. (2017) has stated that the media has

overwhelmingly focused on sexually motivated murders perpetrated by white males. They argue that this has perpetuated the myth that serial killers can only be the sexually deranged lunatic who preys on young women for sexual gratification. This perpetuation narrows the conceptualization of serial homicide by dismissing cases where the serial killer may be female (e.g., Keeney & Heide, 1994) , not white (e.g., Maury Troy Travis) (Hickey, 2009), and not kill out of sexual motivation (e.g., serial killers who murder in healthcare settings) (Ramsland, 2007).

In addition, several academics have differed in their definitions of serial homicide in terms of motivation, the relationship between victim and perpetrator, and the number of victims per case (e.g., Egger, 1985; Fox & Levin, 1998; Holmes & Holmes, 1998). This opens the potential of different serial homicide definitions being used in different studies, which makes it difficult for scientists to confidently compare results and draw conclusions. Further academic research can both clarify the common myths concerning serial killers and resolve definitional inconsistences in the literature to provide a more accurate and whole understanding of serial homicide.

Overall, the aforementioned points suggest that the study of serial homicide warrants more research attention. Due to empirical drawbacks with current models, the impact of serial homicide on marginalized groups and conceptualization issues caused by the media and definitional inconsistencies, it is necessary that academics continue to study serial homicide to resolve these issues within the literature. It is also important to continue developing new research studies in serial homicide to resolve the following literature gaps.

Literature Gaps

Quantitative over Qualitative Inquiry

Serial homicide literature has primarily consisted of studies investigating the descriptive characteristics of serial killers, relying on quantitative methods to assess which characteristics are common (Henson & Olson, 2010; Skrapec, 2001a). For instance, the *Organized/Disorganized* typology, based on interviews with investigators and crime scene reports, was developed to understand the social, psychological and behavioural characteristics of lust murderers (Hazelwood & Douglas, 1980). Furthermore, serial homicide research has relied on traditional methods, such as clinical tools and pathological models (e.g., psychopathy) to explain the psychology and behaviours of serial killers (LaBrode, 2007; Skrapec, 2001a). This information may be useful for law enforcement personnel aiming to apprehend these killers or clinicians treating serial killers with mental illnesses. However, Skrapec (1997, 2001a) has argued that focusing too intently on descriptions and clinical diagnoses of serial killers prevents researchers from gaining a deeper understanding about motivations.

Currently, there is a paucity of research that has investigated the perspective of serial killers and how they make sense of their own crimes (Henson & Olson, 2010; James & Gossett, 2018; Skrapec, 2001a). Henson and Olson have stated that qualitative inquiry in the study of serial homicide is advantageous because understanding how serial killers ascribe meaning to their crimes can provide a deeper understanding of why they murder. Albeit scarce, existing research investigating the subjective experiences of serial killers has revealed deeper insight into the minds of these killers and sexual homicide offenders (James & Gossett, 2018, Kerr & Beech, 2016; Skrapec, 1997; Skrapec, 2001a).

An early study by Skrapec (1997) investigated the act of serial homicide as a subjective experience. Specifically, Skrapec interviewed five serial killers and analyzed their accounts using empirical phenomenology, a qualitative method that “takes and describes the human

experience of lived phenomena, and through collaboration and intersubjective validation, seeks to reveal their fundamental structure in terms of meaning" (Sixsmith & Sixsmith, 1987, p. 315). In Skrapec's (1997) research, she found that these serial killers felt (1) a high sense of entitlement and blamed others for their actions (e.g., the victims) (2) empowerment and control in killing others, and (3) vitality followed by a sense of release after murdering (albeit short-lived), all of which pertained to their motivation of killing repeatedly. Her research showed that these killers knew the wrongness of their actions, but the moral repercussions of their crimes had no significant meaning to them. The results of this study shed light on the feelings that serial killers experienced as they killed, how they perceived their victims, and provided a deeper understanding of the subjective experience of multiple murder.

Since then, other research using qualitative methods have expanded on how serial killers makes sense of their crimes through their own narratives. Firstly, when recounting their crimes, serial killers manage their identities by (1) portraying themselves as normal (2) acknowledging barriers that impact their normalcy (e.g., biological and psychological barriers such as "demonic possession"), and (3) representing themselves as "vigilantes" to justify their murders (Henson & Olson, 2010). Serial killers have also mitigate their crimes primarily by (1) denying their victim by blaming them for their own demise and (2) denying the responsibility of their actions by claiming memory loss, portraying their partner-in-crime as the mastermind, or blatantly denying they were ever involved (James & Gossett, 2018).

Qualitative research on the accounts of sexual homicide offenders (including SSKs) by Kerr and Beech (2016) showed that their motivations of sexual homicide stem from (1) seeking revenge from experiencing sexual abuse (2) homicidal impulses (3) significant events causing an emotional reaction and (4) feelings of loneliness. This study demonstrated that there was no

single pathway within the lives of these sex killers that led them to their circumstances, and that the motivations of killing varied between killers to some extent.

Consistent with what was found in Skrapec's (1997) research, subsequent qualitative studies (e.g., Henson & Olson, 2010; James & Gossett, 2018) have shown a consistent trend of serial killers deflecting blame from themselves by blaming their victims, people in their lives, or other external circumstances of which they feel they have no control. James and Gossett's work, on the self-serving accounts of serial killers, theorizes that deflection helps prolong the serial killer's crimes, because undermining the severity of their actions helps them justify their murders and continue them. Skrapec's work showed that killers deflected blame so strongly that they viewed themselves as the greatest victims and sought to gain control, which motivated them to murder. Kerr and Beech (2016) found that experience of murder as an impulsive act was a theme most common in serial sexual murderers. These varied implications demonstrate the high complexity of the developmental and motivational trajectories that lead one to commit serial homicide and sexual homicide.

Overall, qualitative research on the subjective accounts of serial killers have provided insights in understanding the experience of serial murder from their point of view. Skrapec (1997) claims that traditional clinical tools (e.g., diagnostic tests) cannot provide such insights, which are important for understanding the underlying emotional experiences of serial killers and what drives them to choose specific victims and murder them repetitively. Ultimately, more work needs to be done to clarify the rationale of victim selection and why these murderers continue to kill until their apprehension or death. Implications from such research would be useful in piecing together the etiological roots of serial homicide by clarifying (1) how it happens and (2) why it happens to prevent future occurrences. Furthermore, understanding how serial

killers reflect on their crimes can lead to insights on whether they felt their crimes were justified by creating rationalizations to reduce personal responsibility. A theoretical framework titled *Techniques of Neutralization* notably explores how individuals who commit socially deviant acts verbally justify their criminal actions to reduce personal feelings of responsibility and guilt (Bryant et al., 2018; Minor, 1981; Sykes & Matza, 1957). Qualitative research has explored how serial killers reduce personal feelings of guilt using justifications that align with techniques of neutralization (i.e., James & Gossett, 2018). The following section will explore the application of *Techniques of Neutralization* to the deviant accounts of serial homicide and how this may reveal insights into how serial killers articulate and reflect on their emotions, role and responsibilities in their crimes.

Techniques of Neutralization

As stated in the previous section, existing studies which have qualitatively explored the deviant accounts of serial killers has shed light on how they perceive their crimes and how they reason with their crimes. However, as they reflect on their actions and verbalize their experiences, serial killers may try to justify their actions and neutralize the extremity of their actions (Henson & Olson, 2010; James & Gossett 2018).

The use of neutralization techniques by serial killers to mitigate their acts of committing serial homicide has been investigated by James and Gossett (2018). James and Gossett framed the accounts of violent and sexually motivated serial killers, using Sykes and Matza's (1957) theoretical framework, techniques of neutralization. Sykes and Matza proposed there are five different neutralization techniques that criminals may use to lessen the severity of their actions which are (1) *the denial of responsibility* (i.e., denying personal accountability of actions), (2) *the denial of injury* (i.e., denying anyone was harmed from actions), (3) *the denial of the victim*

(i.e., claiming victim was at fault for own criminal actions), (4) *the condemnation of the condemners* (i.e., claiming that detractors are unjust) and (5) *the appeal to higher loyalties* (i.e., claiming actions were committed out of personal loyalty to another individual or entity) (Sykes & Matza, 1957). Through techniques of neutralization, individuals neutralize the seriousness of their crimes and the harm they may have inflicted on others because of their deviant acts (Bryant et al., 2018).

James and Gossett (2018) evaluated what violent serial killers say to reduce their culpability in their murders and protect their self-identity. Their study suggested that serial killers did in fact rationalize their crimes in ways that fit within Sykes and Matza's techniques of neutralizations. Techniques that were most used by serial killers were (1) *the denial of victim* (i.e., blaming victims for their own demise) followed by (2) *the denial of responsibility* (i.e., claiming memory loss, blaming co-perpetrators, or not admitting to the crime), and (3) *condemnation of the condemners* (i.e., criticizing law enforcement for their incompetence). The techniques that were used least frequently by their sample of offenders were (1) *the appeal to higher loyalties* (by three offenders) and (2) *denial of injury* (by one offender).

Since Sykes and Matza (1957), techniques of neutralizations have been revised with the addition of newly added neutralization techniques (Bryant et al., 2018; Minor, 1981). Minor argued that certain techniques may have been overlooked in Sykes and Matza's original set of neutralization techniques. As a result, Minor discussed the inclusion of the *defense of necessity* (i.e., rationalizing that certain actions are necessary to pursue despite its moral repercussions) and *metaphor of the ledger* (i.e., counterbalancing inherently bad actions by claiming to have also engaged in good acts in life). Similarly, Bryant et al. (2018) proposed that two neutralization techniques outside of Sykes and Matza's (1957) initial set accounted for their sample of genocide

offenders which were *victimization* (i.e., claiming to have suffered or been persecuted to some degree) and *appeals to good character* (i.e., highlighting own good deeds and admirable character traits) (Bryant et al., 2018, p. 593). The application of neutralization techniques to the accounts of deviant offenders may help shed light on how individuals mentally prepare themselves as they engage in deviant actions, which have helped in reducing personal feelings of guilt, neutralize the harmful effects of their actions, and aid in their continual engagement in criminal behaviour (Kaptein & van Helvoort, 2019).

Overall, an exploration of the subjective psychological experiences of serial killers is necessary for a nuanced and detailed understanding of (1) what motivates serial killers to murder repeatedly and (2) the specific meanings that victims hold for the perpetrators of serial homicide (Skrapec, 1997). However, framing the subjective experiences of serial killers within the theoretical framework of the techniques of neutralization may provide a clearer understanding of how serial killers contemplate on these experiences in terms of their own perceived culpability and whether they try to redeem themselves and their actions through verbal justifications. As such, the theoretical application of techniques of neutralization to the accounts of non-sexually motivated healthcare serial murderers is worth exploring to clarify the experiences of this subtype of serial homicide.

Healthcare Serial Murder

To date, serial killer typologies and developmental models have primarily been based on sexually-motivated serial killers, which has limited the current knowledge of the non-sexually motivated subtypes (e.g., Burgess et al., 1986; Douglas et al., 1992; Keppel & Walter, 1999; Warren et al., 1996). An understudied subtype of serial homicide is healthcare serial homicide, also known as “clinicide” or “carer-assisted serial killing” (Lubaszka & Shon, 2013, p. 65).

Ramsland (2007) states that health care serial killers (HCSK) "may be any type of employees in the healthcare system who use their position to murder at least two patients in two separate incidents" but are psychologically capable of claiming more lives than two (p. xii).

Despite the limited research, Lubaszka et al. (2014) conducted research on the pre- and post-offence behaviours of health care serial killers (HCSK) and discovered that their process of selecting and murdering victims was comparable to the criminal steps of confidence 'con' men (e.g., fraudsters). Their research suggested that a working typology of HCSKs may be necessary as these types of killers may be easier to prevent than the 'traditional' serial killer who murders for sexual gratification. They also suggested it would be beneficial to conduct in-depth interviews with HCSKs in the future research of these murderers, which could provide more information about these killers and their crimes. Such data would also be useful to understand their perceptions on what led them to commit such acts in the first place, which can provide a better understanding of serial murder etiology.

Overall, the subjective experiences of serial killers have not been explored greatly within academia. Yet, studies that have investigated the perspective of the killers have revealed that there is more to their crimes than just madness (e.g., Skrapec, 1997). Existing research on the accounts of SSKs has demonstrated that it is difficult to deduce their developmental and motivational trajectories into a single model. Therefore, the process of how a serial killer chooses to murder repeatedly is complex and still unclear.

As discussed earlier, serial sexual homicide has been the primary focus of research attention within serial homicide research. Yet, HCSKs who are non-sexually motivated may be worth investigating since they have received considerably less attention, but their crimes may be the most preventable form of serial homicide (e.g., Lubaszka et al., 2014). Furthermore,

Lubaszka and Shon (2013) have suggested that the profession that produces the most serial killers are healthcare professionals (p. 66), which necessitates further investigation into healthcare serial homicide. There continues to be a lack of insight in the motivations of HCSKs and how they experience their crimes. Therefore, an in-depth examination of the personal accounts of HCSKs it may be worth exploring to better understand the crimes perpetrated by this subtype.

Based on existing research, this study proposes that it is worth examining what HCSKs perceive as their motivation of killing repeatedly, their perceptions on what drove them to start killing, what their victims mean to them, and their lives before they were murderers as Skrapec (1997) had previously explored within serial sex killers (SSK). An in-depth analysis of the personal accounts of HCSKs can provide richer details about their subjective experience of committing serial murder in a healthcare setting. This study aims to enrich and inform about the psychological processes of HCSKs in the following questions: (1) How do healthcare serial killers experience murdering repeatedly? (2) What are their perceptions of their victims and of themselves? (3) What emotions do they experience upon committing serial homicide and (4) How do healthcare serial killers describe their motivations to commit serial homicide?

Any implications can shed light bring further knowledge about HCSK, an area of serial homicide that has been neglected in all disciplines. Such implications can then be compared to what has been discovered about SSKs that touch upon the criteria above can help draw out similarities of all serial killers well as differences between subtypes, which may help pinpoint the motivational and developmental similarities across all serial killers. Skrapec (1997) discussed the idea that many people have been angry enough to fantasize harming someone who has angered them, but only very few cross over into the path of becoming serial killers. It would be

interesting to analyze how serial killers describe emotions to understand how they perceive and feel emotions (e.g., “rage”, “sadness”, “love”) in comparison to the non-serial killing population.

Analyzing the inner most feelings of rage in a serial killer can bring academics and law enforcement closer to understanding when “rage” becomes deadly. A novel research area would be to investigate under-explored subtypes of serial homicide (e.g., HCSK) to provide a richer picture on who serial killers are, what are their motivations in murdering others and what feelings they experience, which should gauge a richer understanding of serial murder etiology.

Chapter 3: Current Theories of Serial Homicide

Theories of serial homicide have been developed, explored and challenged by multiple disciplines such as (but not limited to) law enforcement (e.g., Douglas et al., 1992; Hazelwood & Douglas, 1980; Keppel & Walter, 1999; Ressler et al., 1988), psychology (Carlisle, 1993; Culhane et al., 2011; Hickey, 1997, 2009; LaBrode, 2007; Schlesinger, 2000), sociology (DeFronzo et al., 2007; Hodgkinson et al., 2017; Williams, 2017); anthropology (Leyton, 1986), history (Jenkins, 1996; O’Reilly-Fleming, 1996), and biology (Blair, 2003; Gao et al., 2009; Mills & Raine, 1995; Raine, 2013). Although each discipline differs in its approach to elucidate serial homicide, they all have a common goal of providing a strong comprehensive theory explaining why serial homicide occurs and ways to prevent it. Given the qualitative psychological approach of the current study, the primary theories that will be presented in this section will revolve around the prominent psychological, psychosocial and social identity theories proposed by researchers and investigators.

Psychological Theories of Serial Murder: Positivism and the Clinical Approach

Arguably, psychological theories of serial homicide, proposed by investigators and psychologists, have traditionally been positivistic by exploring which specific characteristics

define the psychological makeup of a serial killer (e.g., LaBrode, 2007). These theories have primarily explored psychopathology to shed light on the psychological profile and triggers of serial killers. Such research has been reliant on clinical and typological approaches by providing diagnoses or developing classification systems to clarify the behaviours of serial killers (e.g., Douglas et al., 1992; LaBrode, 2007). Law enforcement and academics have investigated personality characteristics of serial killers, by theorizing that serial killers could be profiled and their personalities and behaviours can be elucidated from evidence found at their crime scenes (Burgess et al., 1986; Douglas et al., 1992; Keppel & Walter, 1999; Ressler et al., 1988). This has resulted in several typological frameworks, which have primarily been used as guides for law enforcement personnel (e.g., Douglas et al., 1992).

Hazelwood and Douglas (1980), of the FBI, first presented their classification system of lust murderers, which they argued as being either (1) *Organized* methodical murderers who plan each of their sexual homicides thoroughly and attempt to conceal their actions and (2) *Disorganized* murderers who murder sporadically with little-to-no planning before and after the murders. Their typology was based on investigative reports of the crimes, interviews with law enforcement personnel and a literature review of violent crimes. However, research has suggested that the behaviours and psychology of serial killers is not so clear-cut and that all cases of serial sexual homicide cannot be categorized into a single dichotomy (Canter et al., 2004; Skrapec, 1997). Yet, this typology was primitive in its attempt to describe the motives, personality, and methods of serial sexual murderers and has been referenced in future guides to aid investigative units dealing with potential serial homicide cases (e.g., Douglas et al., 1992).

Examples of typological frameworks following Hazelwood and Douglas's (1980) lust murderer typology include motivational typologies developed by Holmes et al. (1988), Dietz

(1986), Fox and Levin (1998) and Keppel and Walter (1999). All the mentioned typologies discuss factors such as (1) serial killer motivation (2) crime scene behaviour of serial killers, (3) methods of murder and/or (4) modus operandi (MO). The general theory based on the findings of these typologies in terms of the motivation and psychology of serial killers appears to be the following:

1. Serial killers may either be externally (e.g., financial gain) or internally motivated (e.g., psychological gratification)
2. External motivators of committing serial homicide may include: (1) financial profit or (2) being commanded to kill by a higher power due to a psychotic break
3. Psychological motivations leading to the commission of serial homicide may include: (1) a need for power to control victims (predicated by sadistic fantasies), (2) experiencing thrill/excitement from murders, (3) feelings of anger or revenge (e.g., towards victim, from childhood abuse), (4) murdering out of duty or personal mission, or (5) sexual gratification
4. Psychological gratification may either be derived from the killing process (e.g., humiliation or torture) or the act of killing itself
5. Each murder committed by a serial killer may involve a ritualistic act or the killer may leave a signature (i.e., a unique characteristic) that is not consequential to the murder
6. Some subtypes experience violent and/or sexual fantasies, which the killers try to fulfill by committing sexual assaultive acts leading up to homicide.

   (Dietz, 1986; Fox & Levin, 1998; Holmes et al., 1988; Keppel & Walter, 1999)

Evidently, the literature has covered a vast amount of motives of serial killers which may include both intrinsic (psychological) or extrinsic (e.g., monetary/material) reasons. However, it should be noted that some researchers believe that serial homicide is committed primarily due to psychological motivation (Egger, 1985; Reid, 2017). Some typologies have even recognized that healthcare serial murderers belong to a distinct subtype in their typology, indicating that it should be studied distinctly from other types (e.g., Dietz, 1986). The vast number of motives that have been posited by typological research highlights the complex nature of serial homicide. Overall, typologies may offer some utility for (1) law enforcement personnel who may be examining crime scenes of severely violent crimes and (2) adding descriptive knowledge of serial homicide in the literature through providing a compilation of motives and descriptive characteristics of the criminal. However, it may not bring us closer to a deeper etiological understanding of the experiences of the killer, which is vital to truly understanding their motivations (Skrapec, 1997).

Through a positivistic paradigm, psychological research of serial homicide has also been reliant on defining the psychology of serial killers through using clinical terminology (e.g., Hare, 1993). The most widely recognized diagnoses that have been applied to the behaviour and psychology of serial killers are psychopathy and antisocial personality disorder (ASPD) (FBI, 2008; Fox & Levin, 1998; LaBrode, 2007). Psychopathy is a personality disorder that is characterized by severely dysfunctional interpersonal, emotional, antisocial and lifestyle characteristics that include (but are not limited to): (1) lack of remorse, (2) lack of empathy, (2) impulsivity, (3) manipulative or conning behaviour, (4) aggression, (5) irresponsibility and (6) poor behavioural controls (Hare, 1993, 1996, 2008). It is strongly associated with criminality and its prevalence is 15 to 25 percent higher in incarcerated populations than the general population (Hare, 1996).

ASPD and psychopathy have been used interchangeably with each other, which is incorrect (Labrode, 2007). Instead, ASPD has been considered the clinical extension of psychopathy (Hare & Neumann, 2008). According to Hare and Neumann, ASPD was later developed and listed as a clinical disorder in the Diagnostic and Statistics Manual (DSM) since formerly, there lacked a valid and accepted measurement of psychopathy (Hare & Neumann, 2008). Although there is some overlap between ASPD and psychopathy, they are widely recognized as separate diagnoses, with ASPD representing more of criminal behaviour and socially deviant factors associated with psychopathy (e.g., irresponsibility, defying social norms) instead of emotional dysfunction (e.g., shallow affect, lack of empathy) (Hare & Neumann, 2008; Wall et al., 2015). Furthermore, psychopathy has been widely studied in forensic populations, while ASPD is described as less severe in its behavioural and affective traits (Paris, 2015).

The DSM-V briefly describes ASPD as a "pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into childhood" (DSM, 2015, p. 659). The diagnostic criteria of ASPD includes (but are not limited to): (1) Blatant disregard for social norms and engaging in unlawful behaviour, (2) deceitfulness through repeated lying and conning, (3) impulsivity or lack of planning ahead, (4) aggressiveness through repeatedly engaging in fights or assaults, (5) lack of regard for the safety of self or others, (6) irresponsibility and (7) lack of remorse.

Serial killers have often been used as case studies to illustrate the psychopathic personality (Hare, 1993). Furthermore, serial homicide researchers have described serial killers as suffering from antisocial personality disorders such as psychopathy (Fox & Levin, 1998; Sears, 1991). Potential causes and significant factors contributing psychopathic behaviour and

violent crime has been studied extensively by neurobiologists, who have investigated the association of specific patterns of brain activity to antisocial behaviour or emotional deficits in violent offenders (e.g., Mills & Raine, 1995; Gao et al., 2009). The associations that have been identified between violent and/or psychopathic behaviour and brain anatomy has been the following: (1) poor decision making, low impulse control and high aggression with structural deficits in the prefrontal cortex and (2) dysfunctional emotional and interpersonal traits (e.g., lack of empathy, poor moral reasoning, manipulativeness, emotion recognition) and poor fear conditioning with deficits in the amygdala-hippocampal region of the brain (Blair, 2003; Gao et al., 2009; Yang et al., 2010)

Evidently, psychopathy has served as a conceptual framework used to explain the psychology and behaviours of serial killers. Recent research has theorized that serial homicide may be a separate pathological disorder known as Homicidal Pattern Disorder, which requires that an individual must (1) victimize strangers with full knowledge of the legal consequences (2).murder out of internal (e.g., psychological gratification) instead of external (e.g., monetary) motivation (3) experience high tension (prior to the murder) that needs to be released and (4) suffer from a cluster B personality disorder from the DSM (e.g., antisocial, histrionic, borderline, narcissism) (Vronsky, 2004).

Overall, some psychological theories approach serial homicide through pathologizing the crime. The indication is that certain psychological theories maintain that the etiology serial homicide may be best explained by considering it a clinical disorder. Potentially, these theories may also maintain that serial homicide can be prevented through treatment if it is regarded as a psychological disorder. Some serial killers have described themselves and their crimes in the context of mental health (e.g., Henson & Olson, 2010). It would be beneficial to examine

whether specific serial killer subtypes (e.g., HCSK) perceive their crimes and behaviours through a clinical lens and diagnose their own misdeeds.

Psychosocial Development: Attachment, Fantasy, and Compulsions

Another theoretical approach that researchers have taken is focusing on the motivations of serial killers through a psychosocial developmental lens. A prominent theory of how one develops into a serial killer is the theory that adverse childhood experiences during development is critical and often leads to the development of negative thoughts and specialized fantasies (Arrigo & Purcell, 2001; Burgess et al., 1986; Hickey, 1997, 2009; Keppel & Walter, 1999). Specifically, several psychosocial models of serial homicide theorize that there are specific critical experiences that affect childhood development and socialization. Such experiences may include (1) poor attachment to a parental figure from a lack of guidance and nurture, (2) experiencing (or witnessing) sexual, psychological and/or physical abuse, (3) rejection and (4) negative familial events (e.g., divorce, death in the family) (Burgess et al., 1986; Hickey, 2009).

It is argued by several models that traumatic and maladaptive experiences in the developing child can either (1) instill a low sense of self-esteem in the child, (2) begin to shape a child's thinking patterns in a specific maladaptive way or (3) push the child into a dissociative state where they suppress their trauma (Arrigo & Purcell, 2001; Burgess et al., 1986; Hickey, 1997, 2009). According to these models, traumatic experiences eventually lead the child or adolescent to develop and live within violent and/or sexual fantasies that he or she has created. These models (i.e., Arrigo & Purcell, 2001; Burgess et al., 1986; Hickey, 1997; Ressler et al. 1988) tend to emphasize more of the environmental triggers that affect the psychological state of serial homicide offenders rather than genetic predispositions.

Fantasy is an important concept in serial homicide (Carlisle, 1993). Several theories have discussed what budding serial killers gain from their internalized fantasy worlds. According to several theories, fantasies may serve as (1) a protective psychological barrier from negative feelings and experiences (e.g., social isolation, childhood rejection, trauma, abuse, etc.), (2) a transitional stage that allows them to prepare and try out some of their deviant behaviours (e.g., stalking) and (3) an alternate world for budding offenders, to live vicariously in a position of power to dominate others, compensating their lack of control over their real life. (Carlisle, 1993; Hickey, 1997; MacCulloch et al., 1983).

Important considerations regarding fantasies and motivation are that they highlight motivators such as comfort and control. Fantasies may be used as a safety blanket and provide an escapism for the severely abused and troubled child or adolescent, thus providing them comfort (e.g., Hickey, 1997). Secondly, fantasy may serve as a coping mechanism for abused and budding serial killers to reclaim control of their lives. Serial killers in childhood may fantasies to protect themselves from their painful reality by vicariously living in a world where they are the domineer rather than the dominated (e.g., Hickey, 1997). In their fantasies, serial killers are in control of their own lives and the lives of others (Carlisle, 1993).

Control is an important psychological theme and has been cited as a motivational factor of serial killers in several typologies (e.g., Keppel & Walter, 1999; Hickey, 2009). According to Ressler et al. (1988), control extends beyond physically restraining the victim and involves verbal tactics. SSKs in their study wanted to control their victims' behaviours through guiding them on how to react during the sexual assault. Evidently, serial killers wanting to be in control is an important psychological mechanism. Understanding how control is experienced and processed in the mind of a serial killer can be clarified further through (1) qualitative inquiry into

serial killers' experiences of control and (2) also investigating non-sexually motivated subtypes of serial killers who may cite control as a motivational reward.

Fantasies are recognized as being catalytic towards pushing a troubled individual into being a full-blown serial homicide offender. Yetanother debilitating factor that is often discussed is the precipitating event which causes an individual to finally break and commit homicide (Ressler et al., 1988). Precipitating events are particularly stressful and primarily revolve around interpersonal (i.e., marital conflicts, divorce, parental conflict, death of significant person), financial (i.e., employment issues, money problems), legal and familial events (i.e., birth of child) (Arrigo & Purcell, 2001; Ressler et al., 1988). Ressler et al. also cited substance use as a factor that contributes to or precedes the murder. These additional factors demonstrate the intricacies of the psychosocial trajectories leading to serial homicide. Further investigation into the role of fantasy, control and many other factors should be explored through the perspective of the killers to clarify what these factors mean to them.

Lastly, another psychological component that has been investigated thoroughly in the literature is the compulsive nature of serial homicide. It is widely understood in the literature that serial killers distinctly possess uncontrollable urges to murder repeatedly (e.g., Hickey, 2009). The compulsive need to murder can be found in several definitions, which state that serial killers resume their regular life but eventually give in to their compulsions to murder again (e.g., Egger, 1985). As an effort to highlight the compulsive nature of serial homicide, some scholars have argued for definitional revisions, arguing that the term 'serial' does not accurately depict the psychological mechanisms of a serial killer (e.g. Reid, 2017; Schlesinger, 2008). Schlesinger has argued that focusing on the 'serial' aspect of serial homicide through assessing victim count obscures the more important elements that are integral to serial homicide, such as compulsivity.

The argument is that serial killers who have been apprehended early are fundamentally the same as serial killers who may have murdered many more victims (Schlesinger, 2008). Overall, from a psychological point of view, focusing less on the victim count of serial killers may allow researchers to concentrate on more important elements of serial homicide such as homicidal compulsions.

Clearly, compulsions in serial homicide are important since it is a crucial element in the psychology of serial killers. However, Schlesinger (2008) has argued that knowledge of the compulsions of serial killers is oblique and far more difficult to understand and explain. Neurobiological research states that characteristics of poor impulse control and hyper aggression, all of which are common in serial killers, are linked to lower gray matter volume in the prefrontal cortex (Gao et al., 2009). This provides a biological basis of compulsions in serial homicide but does not help elucidate the process of how one is compelled to murder again and again. A vicarious understanding of how serial killers experience compulsions to kill through qualitative inquiry may provide richer details and nuances of their compulsions. It may even help researchers understand how serial killers feel about or react to their compulsions (i.e., whether they have ever felt frustrated by their compulsions or done things to try to stop the compulsions).

Overall, psychological theorists taking on a positivistic approach have argued that (1) the behaviours and psychology of serial killers can be understood from their crime scenes and through a clinical lens and (2) there is a specific psychosocial developmental trajectory that children and adolescents go through which predicts future serial homicide offending. However, it could be argued that framing the etiology of serial homicide through clinical or typological frameworks may be too deterministic and inflexible. The positivistic approach may in fact

impede on the ability to further delve into the deeper and more complex psychological processes experienced by serial killers (Kerr & Beech, 2016; Skrapec, 1997, 2001a).

Skrapec (1997) has argued that simply using descriptors may result in an explanation of serial homicide that is oversimplified and may prevent researchers from understanding the complex psychological processes involved in serial homicide. It may not be enough to simply label someone as having a lack of remorse or empathy. An in-depth qualitative examination of a serial killer discussing their lack of remorse or empathy may provide the literature a comprehensive understanding of what it truly feels like (for a serial killer) to experience a lack of remorse or guilt. Such accounts may bring researchers closer to understand their motivations, emotions, and cognitive processes more fully.

Socio-Cultural Theories of Serial Homicide: Social Class and Self-Identity

Researchers have advocated for the study of the socio-cultural factors of serial homicide, an area that has not been widely studied (Hodgkinson et al., 2017). Hodgkinson et al. has argued that the study of serial homicide has been too individualistic in its approach by using labels and diagnoses to describe the behaviours of a subset of offenders (e.g., the diagnosis of a psychopathic personality disorder). The argument is that investigating serial homicide through a clinical and pathological lens (1) provides only a limited understanding and is limited to only a few cases and (2) has created myths that serial killers can only be white, male, and sexually-motivated. Hodgkinson et al. called for a socio-cultural approach that also tries to factor in how cultural and social aspects contribute to acts of serial killing. Hodgkinson et al. (2017) stated the following: “Within capitalist cultures, which maintain high social incentive for status and power […] serial killing may perhaps be viewed as one way to ‘cheat the system’ and reap rewards that

social conformity to conventional standards of morality and normality often do not yield." (p. 288).

The effects of specific social and cultural aspects that may facilitate the commission of serial homicide may provide a more rounded and holistic understanding of serial homicide. Furthermore, investigating how certain socio-cultural aspects influence serial killers and their crimes by examining how they see themselves in the world may bring researchers closer to the etiology of serial homicide. Although limited, some researchers have attempted to understand serial killers in how they see themselves in a wider social context through social class and self-identity theories (Henson & Olson, 2010; Leyton, 1986).

Hunting Humans, written by Leyton (1986), proposes an interesting theory between class conflict and serial homicide based on Ted Bundy, a notorious SSK. Leyton framed serial killers as social outcasts who are frustrated by their own social class to the point of homicidal rage. It should be noted that the perspective of crime as being a by-product of social inequality (i.e. conflict theory of crime) is rooted in the writings of Karl Marx (Brown et al., 2010). As Brown et al. explains, Marx proposed that social inequality is prevalent in all societies grounded in a division between the rich elites (i.e. the bourgeosie) and the working class who are forced to work for them (i.e. the proletariats). As a result, the conflict perspective of crime arose, proposing that (1) there are groups in society who are in conflict with one another due to opposing values and power differentials and (2) society and its laws support the interests of those who have the most power (Brown et al., 2010).

Leyton's (1986) theory of serial homicide reflects the fundamentals of conflict theory. Leyton theorized that Bundy's crimes may have been a by-product of two factors: (1) his illegitimacy from being born out of wedlock and (2) the deterioration of his relationship with a

high-status woman. According to Leyton, the discovery of Bundy's illegitimacy from being born out of wedlock left him feeling like he was on lower end of the 'social class' totem pole. Furthermore, his relationship ended with his rich elitist girlfriend which the closest thing he had to being affiliated with the higher status. Leyton stated Bundy's breakup left him feeling dejected further from the higher class he wished to join. Inevitably, Leyton theorized that these experiences led Bundy to release his frustration and murder other (presumably) rich, white females who resembled the ex-girlfriend who made him feel like a social outcast.

Feelings of inferiority in a capitalist world is an intriguing approach on why an individual may act out in perverse and aggressive ways. If class conflict and social pressures are influential to serial homicide as Leyton suggested, the effects of class conflict on serial homicide could potentially be clarified further by asking how serial killers feel about their position in society. Leyton's theory also demonstrates that self-perception of serial killers and examining their reflections of themselves in the eyes of others is significant in understanding their motives and triggers. Current studies by Henson and Olson (2010) and James and Gossett (2018) have theorized in their respective studies that serial killers may find it psychologically easier to continue their crimes by making rationalizations for their actions.

James and Gossett (2018) theorized that serial killers mitigate their feelings of guilt, self-blame and protect their own self-image by deflecting the responsibility of their crimes to others such as (1) the authorities (e.g., law enforcement), (2) co-perpetrators or (3) their murdered victims but not themselves. Henson and Olson (2010) theorized that serial killers manage and fight back against their stigmatized serial killer identities either by (1) emphasizing that genetic and psychological barriers and past traumas have prevented them from being "normal" and (2) distancing themselves from their identities by trying to portray themselves as normal. These

killers also tried to reason that instead of being cold heartless killers, they were vigilantes of justice (Henson & Olson, 2010). These theories (i.e., Henson & Olson, 2010; James & Gossett, 2018) suggest that serial killers understand the social drawback or stigmas that are associated with being serial killers. Therefore, they may try to protect their image, their feelings, and their crimes through reconstructing their identity.

Current studies on self-reflections of serial killers may provide a glimpse into (1) how they view themselves in relation to the world and other social groups and (2) how these self-perceptions relate to their murderous behaviours. Investigating socio-cultural aspects that facilitate serial homicide can help researchers focus on the problematic aspects of social structures in respective societies. However, understanding the impact that social structures (i.e., class inequality, social identities) have on serial homicide occurrences may be best understood through exploring how serial killers view their position in society.

Overall, psychological and socio-cultural theories of serial homicide each provide micro and macro explanations by positing that (1) serial killers can be categorized into subtypes based on individual characteristics (e.g., personality characteristics, crime scene behaviours, clinical diagnoses) and (2) the motives of serial killers can be understood by their culture and the social position they hold in their world, respectively. However, many of these theories base their theoretical findings on cases of serial sexual homicide. A subtype which lacks an understanding are non-sexually motivated serial killers such as HCSKs who murder in healthcare facilities. Exploring the subjective experiences and self-reflections of HCSKs will not only provide more of an experiential and nuanced understanding of the psychological processes of serial killers. It will also provide more knowledge of HCSKs in the literature which is currently in its primitive stage (Lubaszka et al., 2014)

Considering what theories have been proposed in the literature, there are several inquiries to consider when analyzing the deviant accounts of HCSKs. Within the psychological paradigm, it is understood that serial killers seek control and possess uncontrollable compulsions to murder repeatedly. But how do serial killers perceive the concepts of 'control' and 'compulsions' with respect to their crimes and themselves? How would serial killers make sense of their compulsions as they are experiencing them? Have these killers ever experienced feelings of wishing that the compulsions would stop?

Furthermore, the literature has suggested that serial killers may try to mitigate the social impact of being a serial killer by (1) blaming others for their crimes or (2) hiding their true selves by projecting a positive, normal law abiding image to the world (Henson & Olson, 2010; James & Gossett, 2018). Considering what has been identified in the current literature, how do HCSKs perceive and deal with being labelled as convicted serial killers by the world? Will HCSKs justify their actions by claiming that psychological, biological or social characteristics are to blame for their own crimes? Will they reason that their lack of proper parental guidance has contributed to what they have become now? These are just several inquiries to consider. The following section will address the research questions of the current study that may hopefully shed light on the inquiries above.

Chapter 4: Methodology

Methodology

As previously discussed, the purpose of this study is to delve into the psychological processes of healthcare serial killers through examining their personal accounts detailing their lives and murders within the theoretical framework of techniques of neutralization (Bryant et al.,

2018; Minor, 1981; Sykes & Matza, 1957). This study hopes to shed light on the following research questions:

(1) How do serial killers create justifications (if applicable) and reflect on the following?
    a. The experience of murdering repeatedly?
    b. Their perceptions of their victims and of themselves?
    c. Their motivational reasons of committing serial homicide
    d. Emotional experiences upon committing serial homicide
(2) How do the experiences and justifications of murder compare between healthcare serial killers and their sexually motivated counterparts?

The research questions for this study are concerned with the subjective experiences of HCSKs and potential neutralizing statements verbalized by them based on their thoughts, perceptions, and emotions. Exploring the types of neutralization techniques that HCSKs may use can clarify (1) how they mentally justify their crimes and (2) whether neutralizations may psychologically help them continue their murders. As such, the overall objective is to develop a psychological understanding of HCSKs, which has traditionally been reliant on quantitative inquiry (Henwood & Pidgeon, 1992). However, the research questions posed in this study deem it appropriate that qualitative methods be used.

Historically, psychology has adopted a “natural science” approach to researching phenomena (Charmaz & Henwood, 2010). Charmaz and Henwood describe this approach as positivistic, objective and discovering causal relationships between variables through controlled experimental studies (Charmaz & Henwood, 2010; Henwood & Pidgeon, 1992). Kubrin et al., (2009) describe positivism as a philosophical position that human behaviour is determined, meaning one’s actions are out of their own control. In addition, Charmaz and Henwood (2010)

explain that the natural science paradigm takes on a quantitative approach in research, which traditionally involves statistical analysis to measure human behaviour. Henwood and Pidgeon (1992) explain that quantification, "the standardization, measurement, and number", is significant within the natural science paradigm (p. 98). Under this paradigm, concepts under study are tangible, meaning they can be observed, manipulated, and tested to generate results that are generalizable and replicable (Henwood & Pidgeon, 1992, p. 98).

However, over focus and over-reliance on patterns has been argued to be rigid and may not provide a fuller, holistic understanding of the psychological processes that people experience (Charmaz & Henwood, 2010). For instance, researchers have long discussed the adverse impact of childhood trauma that is commonly experienced among serial killers (e.g., Hickey, 2009; Ressler et al., 1988). This common finding demonstrates that this experience may hold some sort of significance as a child develops into a serial killer in adulthood.

However, simply knowing that this pattern exists among serial killers does not fully reveal what childhood trauma means to the serial killers who have experienced these hardships. A way to fully understand may be through a rich examination of the accounts of serial killers and analyzing their explanations of how traumatic events may have led to their murderous crimes. This latter approach is called the naturalistic (or interpretative) paradigm, an approach that has directly critiqued the position that only the natural scientific approach can extrapolate root causes of human behaviour (Henwood & Pidgeon, 1992).

According to Henwood and Pidgeon (1992), the naturalistic or interpretative paradigm studies perspectives of reality from the participants' point of view and focuses on description rather than causal explanations. It focuses on the *how* rather than *why.* The goal of this current research project is not to conduct an experimental study and test hypotheses to make

generalizations about serial killers. Instead, this thesis project is interested in deriving rich details about psychological processes and homicidal experiences of HCSKs to better understand how they reflect on their crimes and justify them. Therefore, the use of qualitative methods to understand the psychology of serial killers is dependent upon the research questions posed in this study.

Grounded Theory

Grounded theory (GT) is a method used to study empirical processes, and it has been advocated for studying psychological processes (Rennie et al., 1988). This method is flexible and involves (1) gathering and comparing data, (2) developing interpretations about the data through codes and (3) considering all potential theories of the data (Charmaz & Henwood, 2010). This method is comparative, meaning that researchers remain interacted with their data and ideas about the data (Charmaz, 2015). There are several key characteristics in grounded theory. Firstly, data collection and analysis occur simultaneously, and secondly, the analytic codes that researchers develop are strictly from the data and not from preconceptions and apriori hypotheses (Charmaz, 2015). This method involves theory construction by evaluating the concepts that emerge from the data, meaning it fits within a naturalistic paradigm (Henwood & Pidgeon, 1992).

The concept of theory construction is important since this current study aims to build a theory of how HCSKs in the current study reflect on their crimes, and justify their actions based on emergent patterns found within their criminal accounts. Charmaz (2015) has noted that one of the highlights of GT qualitative studies is its ability to makes sense of human behaviour. By using the GT method on the self-serving accounts of HCSKs, this study can investigate patterns

in the feelings, thoughts, and perceptions of HCSKs to build a theory of their psychological processes that may pre-empt their murderous behaviours.

General guidelines for grounded theory involve two coding methods of the data. At the early stages of grounded theory, researchers start with more flexibility in developing codes from the data, but later these codes are grouped further or linked together to build a richer theoretical understanding of the data (Henwood & Pidgeon, 1992). The first coding method is *initial coding*, where the researcher collects and codes the data by explaining "what is happening in the data" (Charmaz & Henwood, 2010, p. 244). Initial coding is done with a line-by-line coding style, where the researcher develops a code for each line in their data (Charmaz, 2015). Charmaz describes the second coding method as *focused* coding, which is more conceptual and makes sense of initial codes that were created from observations of the data. According to Charmaz and Henwood (2010), focused coding entails gathering, examining, and comparing the most prominent or common initial codes and data integration.

A GT approach to serial homicide has been conducted by Hickey (1997) who collected data from 399 solved cases of serial homicide between 1800 to 1995 using the GT method. Most recently, Sharma's (2018) thesis work examined detailed accounts of serial killers throughout their life to develop theories about the life events that may have led them to serial murder. These accounts came from secondary sources such as interviews with the offenders, biographical novels of killers, trial transcripts, and accounts from the offenders' friends and family. Sharma's study used GT draw out similarities and differences in the significant life events of three serial killers.

Firstly, Sharma (2018) conducted initial coding, which allowed the researcher to compare the developmental patterns of each of the offenders and make sense of the offender's

perspective. During the initial coding stage, Sharma also used *In Vivo* codes to represent significant phrases spoken by the offender. Secondly, Sharma conducted focused coding by (1) grouping together the most significant or frequently occurring codes reflecting the data and (2) finding potential links between categories to further develop theoretical understandings about the development of SSKs. Although this study contained limitations such as the inability to follow up and probe with the offenders, several factors emerged from the data and deeper theoretical insights were made based on the factors presented. For instance, this study discovered that many of the factors (e.g., loneliness, stress/trauma, power/control, low self-esteem) were interrelated with each other, demonstrating the complexity of the developmental patterns of serial homicide. These results reflect what was found in Reid et al.'s (2019) study on SSKs, who concluded that serial homicide cannot fit within a single developmental model.

Qualitative inquiry into serial homicide may provide more richer details into the lives of serial killers. It may help direct researchers towards asking the right questions to serial killers to clarify the psychological processes that transcend these offenders from fantasizers to murderers (Skrapec, 1997). The flexibility of GT and the support of its use in understanding psychological phenomena (e.g., Rennie et al., 1988) renders it a useful method for my own proposed research questions. Rennie et al. have stated that the objective of a grounded theory approach is to generate a new theory that is linked to real experiences of people. Charmaz (2015) has also suggested that grounded theory can be applied to psychological studies and may be used to study individual processes such as "motivation, personal experience, emotions, identity, attraction, prejudice and interpersonal cooperation and conflict" (p. 59). The objective of this current thesis project is to conduct a theoretical analysis on the accounts of HCSKs to understand how they may justify their crimes using techniques of neutralization when discussing (1) their motivation

to kill and (2) their emotional experiences upon committing serial murder (e.g., Bryant et al., 2018). Grounded theory may be a viable method for looking into the cognitive and emotional processes of this serial killer subtype.

Serial killers are unique because of their compulsion to murder repeatedly. Therefore, approaching a population through a naturalistic paradigm can account for any unique experiences and reflections they may have about the world, their victims and themselves, different from those who are non-serial murderers. Similarly, such an approach can show similarities that they may share with the general population, to further understand their explanations of what they believe led them astray into a murderous rampage.

A critique of using qualitative methods is that one cannot guarantee the validity of the account (Sixsmith & Sixsmith, 1987). This can be perceived as problematic when considering how serial killers may describe their roles in the murder event, by trying to give off a better impression of themselves through embellishing their accounts with false events or omitting details altogether. However, Skrapec (1997) argues that upon gathering data for qualitative analysis, a researcher should not concern itself with the facts of the case. The primary goal of studying the subjective experiences is not to study the facts of the crimes committed by serial killers. Instead, the goal of an in-depth examination of the accounts of serial killers is to bring attention to the thoughts, emotions, and perspectives of the killers, which can provide an understanding of how they make sense of and rationalize their actions.

Chapter 5: Procedure

Procedure

This study utilized GT to explore the subjective experiences of five HCSKs. To retain a homogeneous sample, it is important that both healthcare serial murder and serial murder in

general are established. There are several definitions of serial homicide that are present in the literature (e.g., FBI, 2008; Fox & Levin, 1998; Holmes & Holmes, 1998; Skrapec, 2001b). Definitional inconsistencies and the broad criteria of the most current definitions has been viewed as a gap in the literature and has remained an area of debate (Lubaszka & Shon, 2013; Reid, 2017; Skrapec, 2001b). Specific criteria of serial homicide under debate include the minimum threshold and motivation (e.g., Dietz, 1986). Definitions of specific serial homicide subtypes have been provided by researchers, such as the sexually motivated serial killers have within studies conducted by the FBI (Ressler et al., 1988). HCSKs have not been studied as widely as SSKs, but Ramsland (2007) is one researcher who has presented a definition of healthcare serial homicide, which she defined as belonging to the following criteria

(1) Must be an employee in the healthcare system (not only limited to doctors)

(2) Must use their position to commit murder

(3) Must murder at least two patients in two separate incidents

(4) Has the psychological capacity to kill more than two people (Ramsland, 2007, p. xii).

Previous literature has operationalized HCSKs with Ramsland's definition (e.g., Lubaszka & Shon, 2013). Therefore, any HCSKs who meet these criteria were included within this study. Furthermore, this research explored North American HCSKs who operated within the past two decades since first, this increases the likelihood that these offenders had killed in environments with similar norms and mores. Secondly, it also ensures homogeneity within the studied sample.

Sampled Offenders

The five cases that meet the criteria of Ramsland's HCSK definition are the following individuals along a brief description of each of their crimes. Each of these HCSKs were identified in a preliminary search:

Elizabeth Wettlaufer. A female registered nurse in Woodstock, Ontario who was 49 at the time of her arrest in October 2016 (Miller & Westoll, 2016). She pled guilty to first-degree murder of eight patients, seven of whom were her patients at Caressant Care, a long-term care home (Contenta & Siekierska, 2016). Her method of murder was injecting insulin in her victims, whose ages ranged between 75 to 96 years of age (Goffin & Dolski, 2016).

Charles Cullen. A 43-year-old male registered nurse who, in 2003, had confessed to murdering between 30 to 40 patients in ten different hospitals between 1987 to 2003 (Ramsland, 2007; Yorker et al., 2006). Charles Cullen's method of murder was administering lethal doses of digoxin, a heart medication, to his patients (Ramsland, 2007). He was charged in December 2003 and given to 11 life sentences for murder (Yorker et al., 2006).

Donald Harvey. A 35-year old male who was employed as a nurse's aide in a healthcare institution called Drake Memorial Hospital (Ramsland, 2007). In 1987, he murdered at least 23 patients by injecting them with various deadly substances such as cyanide, arsenic and insulin and "petroleum-based cleaners" (Ramsland, 2007, p. 82; Yorker et al., 2006). He was arrested that same year and pled guilty to 24 counts of murder, although claimed to have murdered over 70 people (Yorker et al., 2006). According to sources (e.g., Yorker et al., 2006), he was given three life sentences.

Orville Lynn Majors. A male practical nurse, who began murdering patients in the Intensive Care Unit (ICU) in 1993 when he was 32 (Yorker et al., 2006). While employed at Vermillion County in 1993, the death toll at Vermillion County Hospital had nearly quadrupled

within a year (Ramsland, 2007). According to Ramsland, his method of murder was injecting patients with lethal doses of potassium chloride and epinephrine. He was subsequently charged in 1997 with six counts of first-degree murder, convicted in 1999, and sentenced to life in prison (Ramsland, 2007; Yorker et al., 2006).

Efren Saldivar. A male respiratory therapist who worked night shifts at the Glendale Adventist Medical Center located in southern California (Ramsland, 2007). He murdered patients by injecting them with lethal doses of either Pavulon or morphine in 1989 and 1998 when he was 19 and 28 years old, respectively (Yorker et al., 2006). According to Ramsland (2007) he provided various accounts to law enforcement, first stating that he murdered between 40 and 50 patients, but later claiming that he had lost count after the 60th victim. He pled guilty to six murders and was subsequently sentenced to six life sentences plus 15 years (Yorker et al., 2006).

Data Collection and Analysis

Similar to previous research (e.g., Reid et al., 2019; Sharma, 2018), interview data was gathered from secondary sources in which the killer discussed his or her thoughts, feelings, motivations, and general experiences upon committing serial homicide. Personal accounts were evaluated in the form of diaries, interviews (with the media, law enforcement), quotes from various articles. Since this project is strictly interested in investigating the ways that HCSKs defend their actions through exploring their subjective experiences of serial homicide, second-hand accounts from family, friends, or acquaintances of the offender were not included for analysis. A minimum of one interview per offender were analyzed.

There were challenges in finding more than one interview source for each HCSK as this is an understudied population who are not interviewed as frequently as their sexually deviant

counterparts. However, in a preliminary search, the five sampled offenders were discovered and selected using the following two procedural steps, similar to Field and Pearson's (2010) data collection stage.

Firstly, a list of HCSKs was compiled from (1) googling the search term "North American healthcare serial killers", (2) Yorker et al.'s (2006) article containing the names of North America HCSKs and (3) books containing information on HCSKs (e.g., Ramsland, 2007). Secondly, the names of HCSKs from North America were entered in the Google search and the LexisNexis academic database to locate any first-hand accounts (i.e., interview data), which were saved in individual folders created for each killer. Such search entries included [name of killer] + *transcript* OR *interview* OR *interview transcript* OR *quotes* OR *interrogation* OR *confession* OR *diaries/journals*. Links with video- or audio-recorded interviews were bookmarked and viewed for analysis (see Appendix A). Because this is a qualitative study, up to five North American HCSKs with available first-hand accounts were initially included in the sample. The rationale of choosing five offenders was due to the flexibility of the GT method, where a minimum sample size has not been specified (see Charmaz, 2015).

Interview transcripts of Charles Cullen, Donald Harvey, Efren Saldivar, Orville Lynn Majors were retrieved from *LexisNexis Academia*, which were news transcripts. Elizabeth Wettlaufer's interview was conducted by the Ontario Provincial Police (OPP) but the data was retrieved from YouTube via CBC News' YouTube account (CBC News, 2017). A separate transcript of Elizabeth Wettlaufer's interrogation by the OPP was retrieved from a Google search of "Elizabeth Wettlaufer interview". Interviews with Charles Cullen and Donald Harvey were conducted by CBS News' 60 Minutes segment and interviews of Efren Saldivar and Orville Lynn Majors were conducted by ABC's segment *20/20.* A video-recorded copy of Cullen's

interview was also found and retrieved from YouTube. Across all killers, the time span of when these interviews occurred was between 1988 to 2013 (see Appendix A). Although both Orville Lynn Majors and Efren Saldivar provided interviews to the media, they did not confess or admit to killing their patients. They provided little details about their murders by denying them altogether which made their sources unviable for analysis. As a result, both Majors and Saldivar were excluded from the final sample in this study. All killers murdered in the United States except for Elizabeth Wettlaufer, who murdered patients in Woodstock, Ontario, Canada.

The accounts of HCSKs were pasted in a separate word document by killer. The transcripts of each killer were coded according to the guidelines of grounded theory. Firstly, *initial* coding was conducted using line-by-line coding to denote what was happening in the data in terms of (1) emotions, thoughts, and motivations of HCSKs, and (2) their perceptions of their victims. Charmaz (2008) states that initial coding (also known as open coding) allows researchers to closely interrogate and read the data. This phase is extremely important since it helped with familiarization of the accounts of HCSKs to fully understand what the data was suggesting. *In Vivo* codes were also applied to quotes made by the HCSK offenders. According to King (2008), *In Vivo* coding is applied to short phrases or words in the data, specifically terms used by participants in the study. Charmaz (2008) states that *In Vivo* codes allow researchers to gain insight into the participants' meanings from their words and their actions. Sharma (2018) used *In Vivo* codes on "special terms" stated by the offenders, which were significantly meaningful (p. 28). Since this thesis project is concerned with the subjective experiences of HCSKs, *In Vivo* codes allowed for a better understanding the perceptions and experiences of HCSKs from their point of view.

After the initial coding stage, focused coding was conducted. As stated earlier, *focused* coding allows researchers to "sort and synthesize large amounts of data" (Charmaz, 2008, p. 164). In this study, the initial codes generated from the accounts of each killer were colour coordinated into broad themes of who or what they were discussing at the time (e.g., the crime, their victims, their emotions, their relationships etc.). Further synthesis of the broader and the most frequent codes were conducted to highlight a common theme and trend that was occurring in the data. Furthermore, these common themes were later compared to other sections of the data to generate specific and prominent themes and to develop a theory on the subjective experiences of HCSKs within this sample.

Charmaz (2008) also explains that grounding theorists closely inspect their focused codes to examine which of these codes are best at clarifying or interpreting a phenomenon. Sharma (2018) used focused coding by grouping the line-by-line (initial) codes that were most frequent from the data to compare and explain larger sections of the data. Similarly, this study is interested in looking for common themes in the subjective experiences of HCSKs to elucidate how they reflect on their experiences and rationalize committing serial homicide. Focused coding was used to group together theoretical codes on differences and similarities between the motivations, emotions, and perceptions of HCSKs to theorize what drives them to kill repeatedly and in excess.

Throughout the GT coding process, memo writing took place at both the initial and focused coding stage to interact with the data as it was being collected to gain a better understanding about what was occurring in the data. Memo writing also helped with the development of larger themes, concepts, comparisons between the data and theories about the

subjective experiences of HCSKs. These memos were later reviewed, compared with one another, and contributed to the analysis of the subjective experiences of HCSKs.

As common themes emerged from the data of each HCSK offender, they were analyzed within the theoretical lens of neutralization theory (Sykes & Matza, 1957). Direct quotes from each offender was included as examples to highlight prominent themes relating to their subjective experiences and perceptions of their crimes, victims, and themselves. These quotes were then examined and compared with neutralization techniques that have been identified in the works of Bryant et al. (2018), Minor (1981) and Sykes and Matza (1957). The application of neutralization theory to the subjective experiences of HCSKs in the current study was to investigate whether they use specific verbalizations to justify their crimes and reconcile their own feelings of guilt and responsibility in committing murder.

Chapter 6: Results

This study investigated the subjective experiences of HCSKs using qualitative psychological methods. Specifically, GT was used to evaluate how three HCSKs experience committing serial homicide. Specifically, their emotional experiences, motivations of murder, and their perceptions of their victims and own identities as killers were analyzed from their personal accounts using GT. The subjective experiences of HCSKs were also examined within the theoretical framework of neutralization theory to better clarify how they understand and justify their own actions and whether their verbalizations aided in their prolonged murders (Bryant et al., 2018; Minor, 1981; Sykes & Matza, 1957). Comparisons between the experiences of HCSKs and those of violent and/or sexually-motivated serial killers (from other studies) will be examined in the next section. As stated by Charmaz (2015), grounded theory is distinct in its use to study meaning, thoughts and perceptions, and its approach of both collecting data and

performing analyses simultaneously. The process of data collection and analyses began by first reviewing the media and interrogation transcripts of the three sampled killers in this study: Elizabeth Wettlaufer, Donald Harvey, and Charles Cullen.

The data was studied closely to become more familiarized with the meaning within the killers' words. Video-recorded data that aligned with the transcripts were also studied to further understand the killers' experiences of their murders. Audio- or video-recorded copies of the transcripts were limited and found for two killers, Elizabeth Wettlaufer and Charles Cullen. As the data was being collected and studied, it was also being analyzed closely by first using line-by-line initial coding to describe what was occurring in the data. After the initial coding stage, focused coding was conducted, which was a two-stage process. First, initial codes for each killer were grouped into larger broader categories. As an example, the initial codes of Donald Harvey were coded into the following larger categories: "crime", "victims", "emotions", "motivation", "self", "mental health", "life events", "investigators". Second, after these codes were broadly categorized, similar initial codes from these broader themes were grouped together and developed into a single focused code/theme. The codes and themes of each killer were compared to evaluate both similar and different trends happening in this study's sample of killers. In the categories of "self", "victims", "crime", "motivations", and "emotions", several prominent themes and sub-themes were drawn from the three HCSKs listed in Appendix B.

Direct quotes from the accounts of the three HCSKs that highlighted specific themes and subthemes were examined further in the context of neutralization theory (e.g. Sykes & Matza, 1957). The accounts of HCSK offenders in the current study were compared with the techniques of neutralization identified in the literature (e.g., Bryant et al., 2018) to examine whether HCSKs

use specific neutralization techniques to defend their actions and to reduce their own accountability and guilt in their crimes.

Results identified in the current study will be separated into two sections. Common themes related to subjective experiences of the HCSK population will be discussed in the first section and separated into five major categories: self-identity, victims, motivations, crime, and emotions. Firstly, themes under self-identity will revolve around how HCSKs perceive and explain themselves, their social identities and how fit in with the world in which they reside. Secondly, victim-related themes (i.e., how HCSK offenders perceive and feel about their victims), will be elaborated. Thirdly, motivational themes will follow, which will shed light on what the offenders perceived were the motivational factors to their crimes. Fourthly, crime-related themes will be discussed, which will go in-depth into major findings relating to how HCSKs perceive and reflect on their crimes. And lastly, themes relating to emotional experiences will be presented, specifically how HCSKs describe their emotional experiences of their crimes and of themselves pre- and post-murder.

The second section will compare findings in the current study to themes that have been identified in (1) other qualitative studies of serial killers and (2) anecdotal accounts of violent and/or sexually motivated serial killers. These comparisons will be sectioned into two parts. The first part will present the commonalities between common experiences and justifications in the current study and those in the literature and accounts of violent serial killers or SSKs. Conversely, the second part of this section will present dissimilarities between the current study's findings and what has been identified in the qualitative literature on violent and/or sexually motivated serial homicide.

Themes Relating to Self-Identity

The current study aimed to clarify how HCSKs perceived and reflected on their self-identities. As a result, this study explored themes relating to how HCSKs described their experiences of living in their own respective worlds. This study discovered that each HCSK shared common experiences and perceptions of how they viewed themselves. Firstly, the most common theme identified in the self-reflections of HCSKs was internal conflict from their actions. They either perceived their actions as both immoral yet moralistic and/or dealt with religious conflict. The second theme identified relating to self-identity was HCSKs perceiving themselves as being misunderstood and victimized by others. Thirdly, HCSKs perceived themselves in dual identities and experienced conflict by viewing themselves as both a saviour and a serial killer. HCSKs also reflected on how their own identities fit within the world they reside. Therefore, a fourth self-identity theme was identified, in which HCSKs wanted to be viewed not by their dark predatory crimes, but as normal citizens like everybody else. An analysis of these themes in the context of techniques of neutralization will be further detailed below.

Feeling Internally Conflicted

All killers in this study experienced internal conflict when reflecting on their behaviours and their crimes. However, the types of conflicts varied between offenders and related to morality and religious experiences. As a result, two subthemes, *dealing with moral conflicts* and *dealing with religious conflicts* were identified and will be elaborated in-depth in the following sub-sections.

Dealing with Moral Conflicts. Donald Harvey, Elizabeth Wettlaufer and Charles Cullen all felt morally conflicted about their actions and their own role of their crimes. All killers

acknowledged that there was a wrongness in what they had done but also perceived their crimes as something that had to be done for the greater good. Donald Harvey expressed no guilt for what he had done, by stating "I once never had any guilt" (CBS News, 1991, p. 1). However, he verbally acknowledged that killing his victims was wrong on some moral level by expressing "Well, I didn't have the right to take any of their lives away…" (Roth, 1993b, p. 4). Yet, Harvey also described his killings as an act of setting his victims free by claiming he was "…releasing them from that bondage that would hold them down." (Roth, 1993b, p. 3). Evidently, he perceived his crimes in two ways which conflict with one another. First, he recognized that he is a killer and a criminal and that what he did was wrong. Yet, he perceived a sense of morality in what he did since he expressed needing to set his victims free from a long life of suffering.

Charles Cullen acknowledged being sorry for killing his patients, replying "yes," when asked if he was sorry (Kroft & Simon, 2013, p. 17). In an interview by CBS correspondents Kroft and Simon (2013), Cullen expressed knowing that "Yes, [he] did" understand his actions were entirely wrong while he was killing and afterwards while reflecting on what he did (Kroft & Simon, 2013, p. 17). However, in the same interview, he also framed his killings as something that had to be done by describing that "… it felt like I needed to do something. And I did." (Kroft & Simon, p. 7). He framed these killings as a mandatory task, as if only he had to be the one to carry out his crimes. Furthermore, Cullen stated "…I thought I was helping" by putting his patients out of their suffering (Kroft & Simon, 2013, p. 6).

By Cullen's admissions, it could be argued that there are two polarizing moral perceptions in how Cullen viewed his own killings. First, he may have viewed his crimes as morally reprehensible by verbally expressing his guilt and regret of how wrong it was for him to kill these victims by his own accord. Yet, he may have also tried to justify that his crimes were

moral duty that only he could carry out. He had to end the suffering and viewed ending his patients' lives as the only way they could be free from their suffering. Overall, it is arguable that Cullen felt a sense of responsibility in caring for his victims. However, he perceived his duties not as nursing these victims back to health. Instead, his role in bettering his victims' situation was to terminate their lives to cease their suffering.

Elizabeth Wettlaufer also perceived her crimes in two different ways. In her interview with the OPP (2016), she perceived her crimes as an act of betrayal. She betrayed her victims and their families through her killings. She expressed feeling extremely horrible when speaking to her victims' families, acknowledging that she had betrayed their trust by killing their loved ones. However, she also rationalized that on some level, she carried out her crimes because some of her victims either begged for death by claiming a victim told her "I wanna die, I wanna die…" (Ontario Provincial Police [OPP] 2016, p. 51) or might have deserved it to some degree because they were allegedly unkind (OPP, 2016, p. 38). From a moralistic viewpoint, Wettlaufer may have rationalized that killing her patients was right on the part of her victims, who she claimed were verbal about their suffering. In addition, Wettlaufer went into detail about the sexual abuse that was inflicted upon her by some of her victims, claiming that one victim "would say inappropriate things and he did touch [her] inappropriately once" and "he would grab the nurses uh breasts and buttocks" (OPP, 2016, p. 29). Although she reasoned that her victims' behaviour was not why she selected them, she did reflect and wonder whether her victims' unkind behaviour was a reason she targeted them (OPP, 2016, p. 37).

By these separate perceptions, Wettlaufer may have experienced a moral conflict in her actions. On one end, her actions were wrong, and she committed the ultimate betrayal as a nurse by murdering her patients and ruining the lives of her victims' families. On the other end, she

was moral in her actions by (1) doing her victims a favour by giving them what (she claimed) they wanted: death or (2) fighting back against them for (her claims of) their sexual abuse. The subjective experiences and perceptions above among these killers demonstrate that these HCSKs have all experienced a moral dilemma from their actions. They have both transgressed morally by taking the lives of others. Yet, they also perceived their actions as being done with good (moral) intentions by either ending the suffering of their patients or getting retribution against abuse.

These findings are comparable to two neutralization techniques in the literature, *denial of victim* (Sykes & Matza, 1957) and *defense of necessity* (Bryant et al., 2018). Firstly, HCSKs in the current study who have reflected on their actions appear to minimize the harm their actions have caused their victims. They do so either through justifying that their patients were suffering by claiming that "the people weren't suffering anymore" after they were killed (Kroft & Simon, 2013, p. 6). They also neutralized their crimes by alleging the patients provoked them with their disrespectful behaviour, stating "I wondered if that's a portion of how I chose him" (OPP, 2016, p. 37). Through these justifications, HCSKs denied their patients were victims in their deaths. This finding can be aligned with the theory that serial killers manage their self-image as the 'bad men' and minimize the impact of their crimes by using tactics such as (1) denying the people they murdered as being victims and (2) perceiving themselves as vigilantes (James & Gossett, 2018).

Secondly, as stated earlier, Charles Cullen expressed "… it felt like I needed to do something…" in explaining why he killed his patients (Kroft & Simon, 2013, p. 7). Donald Harvey rationalized that his actions were necessary to "release [the victims] from that bondage…" (Roth, 1993b, p. 3). In her statements above, Elizabeth Wettlaufer disputed whether

her crimes were truly wrong by suggesting she might have been justified in murdering her patients because they were allegedly unkind and vulgar (e.g., OPP, 2016, p. 29; OPP, 2016, p. 37). These statements from both offenders are examples of the neutralization technique *defense of necessity* (Bryant et al., 2018). Each offender defended their crimes by suggesting they were obligatory and challenging the notion that their crimes were truly inhumane and deviant. Using this neutralization technique may have helped HCSKs protect themselves from feelings of disgrace and guilt by framing their murders as necessary. However, it should be noted that HCSKs in the study also made statements that support they perceived their crimes on the other end of the moral spectrum, recognizing the immorality and unlawfulness of what they have done. This finding falls outside of the social theories proposed by some of the literature (e.g., James & Gossett, 2018). These findings may demonstrate that HCSKs may find it more difficult to rationalize their crimes as necessary and experience extreme internal conflict when doing so.

Dealing with Religious Conflict. Religious conflict was not a common theme, but was a major conflict experienced by Elizabeth Wettlaufer. She perceived and framed religion and God's role in her life in two polarizing ways. First, Wettlaufer implicated God as the motivation to her killings. She expressed that God had summoned her to kill for His own purpose, claiming that "… this might be the person that God wants" (OPP, 2016, p. 31). She explained further that God was the one who (1) perceived the victims as suffering (i.e., "I thought now this must be God because this man is not enjoying his life at all") and (2) ignited the red "surging" feelings and urges in her to lethally inject her victims (OPP, 2016, p. 88). She framed herself as God's pawn, expressing that she was being used by God to kill because she claimed He communicated to her "…this is how you work for me" (OPP, 2016, p. 61). Yet, she also perceived God as a reason to stop the killings. She claimed to reach out to the church, read her bible, and prayed to

God to help her stop her urges of wanting to kill any more patients (OPP, 2016, p. 64). She also acknowledged that religious intervention helped attenuate her murderous urges (OPP, 2016, p. 65). By reaching out to the church, she expressed feeling that her strong faith and involvement with God was helping her stop the killings. These admissions appear to be contradictory and demonstrates the extreme conflict she experienced from God's influence on her killings.

Other religious conflicts within Wettlaufer was when she questioned whether her actions came from God. She did this by bringing up the possibility that the devil was summoning her and blaming the devil for her actions (OPP, 2016, p. 31). Elizabeth Wettlaufer also expressed denial, confusion and doubt that her murderous urges could even come from God (OPP, 2016, p. 93). Elizabeth Wettlaufer's conflict towards religion and God also extended to her personal feelings and relationship to God. On one hand, she perceived God as her saviour and a solution to end her murders. If she sought out God, everything would be okay, and her killings would cease. Yet when she continued with the killings, she expressed resentment towards God by stating that He had failed her (OPP, 2016, p. 69).

Elizabeth Wettlaufer's justification of God controlling her and commanding her to murder her patients is closely related to two of Sykes and Matza's (1957) neutralization technique (1) *the appeal to higher loyalties* and (2) *the denial of responsibility.* Elizabeth Wettlaufer portrayed herself as a devout follower of God. She claimed her crimes were committed to fulfill His cause by stating "I honestly believed at the time that God wanted me to do it (e.g., commit murder)" and "… part of me thought it might be God that purpose through my life" (OPP, 2016, p. 20). According to techniques of neutralization, Wettlaufer may be conflicted between her social obligations of not committing homicide and her loyalty to her religion. Firstly, by claiming that her actions were committed out of loyalty to God, Wettlaufer appealed

to higher loyalties and reduced personal culpability. Secondly, she neutralized the severity of her actions by denying responsibility when claimed that God had complete control over her actions. By verbalizing that "there was always the red surging that I identified as God telling me this is the one" (OPP, 2016, p. 61), she neutralized her negative feelings from committing her crimes by refusing to take accountability for her own actions.

Yet, the current study demonstrated that Wettlaufer's perception of being a follower of God appears to be more complicated and contradictory. On one hand, Wettlaufer portrayed herself as a devout follower of God who did as what He commanded by killing his chosen victims. Yet she also portrays her religiosity positively, advocating that her deep association with her religion had helped her stop the crimes and to become a better person overall. Yet again, she shunned God and perceived Him as responsible for her crimes when religion and God were not able to stop her urges. Evidently, the perception of religious intervention appears to be more complex in the current study. However, Wettlaufer's experiences match those of the serial killers examined in the literature (i.e., Henson & Olson). However, Elizabeth Wettlaufer also mitigated personal responsibility by pointing out what God made her do, and what God could not do for her (i.e., stopping her urges).

Feeling Misunderstood and Victimized

Feeling misunderstood or victimized was a common theme identified in the accounts of Donald Harvey and Elizabeth Wettlaufer. Each of these two killers experienced feeling victimized and misunderstood from either being (1) betrayed by their confidantes, (2) abused by others and/or (3) exploited by professional experts. Donald Harvey experienced feeling victimized by several people in his life. Firstly, he described being abused by both a family neighbour and a neighbour in his childhood. Donald Harvey did not go into detail about the type

of abuse he endured although the interviewer confirmed Harvey was sexually abused (Roth, 1993a). However, in his accounts, he felt the deterioration of his psychological state and eventual path to murder were partially linked to his traumatic childhood experiences. In addition, Harvey gave off the impression that he does not respect the "so-called experts", who he believes profits from him and other serial killers. This is evident in the way he criticized and downgraded the expertise of psychologists. He did this by stating how easy it is to be an expert of serial killers and that reaching expert-level knowledge of the subject has been dumbed down to writing books about the topic (Roth, 1993a).

Donald Harvey arguably gives off the impression of being resentful, misunderstood and betrayed by psychologists. He may have experienced resentment from feeling how it is unethical that psychologists use serial murder for their own personal gain. By his criticisms of the experts, he may have felt they do not truly understand him. Instead, to him, they are opportunists who make a big spectacle of the serial homicide phenomenon rather than try to understand the crime and its perpetrators.

Elizabeth Wettlaufer described being a betrayer to her victims and their families by taking their lives. Yet, she also expressed feelings of betrayal from support groups and friends when they divulged her secrets to the authorities. There is a sense of resentment in the way she framed her words. She stated she confessed to someone who she *thought* was a friend instead of calling this individual her friend (OPP, 2016, p. 93). Furthermore, she previously viewed the individual (to whom she confessed her crimes) as being a support and resource for her mental health issues. However, she later perceived this individual as not a friend, but someone who went behind her back by going to the authorities and revealing her trusted secrets (OPP, 2016, p. 96). Although these admissions could be interpreted as Wettlaufer feeling betrayed against friends,

she stated that she understood that this friend was trying to do the right thing by turning her in (OPP, 2016, p. 96). Wettlaufer also made several admissions about her lonely life and how she lives an isolated life but does not cope well in isolation (OPP, 2016, p. 107). Overall, Wettlaufer expressed feelings of betrayal and loneliness from having no one around her. Although she felt betrayed by those close to her, she also expressed that her apprehension was necessary.

Elizabeth Wettlaufer and Donald Harvey's justification of feeling misunderstood and being the victim closely aligns with the *victimization* neutralization technique identified in Bryant et al.'s (2018) study. Elizabeth Wettlaufer stated, "I told um someone who I thought was a friend … who turned around and called the police to make sure that it had really been dealt with" (OPP, 2016, p. 96). It is arguable she felt betrayed because she stated she thought her support advocate was her friend, yet he was not because he had divulged her secrets to the authorities.

Donald Harvey expressed feeling misunderstood by indicating, "You know, everyone that ever sees someone that kills a lot of people, they all become experts. If one psychologist sees a serial killer, then suddenly he can write a book and he's got all the answers. And he may never see another one again", critiquing whether psychologists really understood him or others like him (Roth, 1993a, p. 2). Donald Harvey also discussed his victimization through the abuse he endured in childhood by stating that he was "abused by the uncle and the neighbour", claiming this experience partially contributed to his development into a serial killer (Roth, 1993a, p. 1). According to Bryant et al., (2018), individuals using neutralization techniques of *victimization* will justify their actions by claiming that they are victims who have been persecuted. This may help them neutralize their feelings of guilt, ease their conscience and provide them excuses to commit serial homicide, because they too have suffered in their lives. The statements above by

Elizabeth Wettlaufer and Donald Harvey suggest they may be trying to neutralize the brutality of their actions by portraying themselves as victims through being (1) betrayed by close confidantes, (2) abused by others in childhood and (3) misunderstood by so-called experts who only care about profiting off of their lives to write books.

Furthermore, self-victimization in the current study is comparable to minimization tactics that serial killers have used to protect their self-image and destigmatize their crimes (James and Gossett, 2018). The literature has suggested that serial killers protect their emotions from guilt using neutralizations tactics such as (1) portraying themselves as the true victims and (2) attributing their actions to their past (traumatic) experiences (James & Gossett, 2018). As the current literature suggests, several HCSKs in the current study (1) framed their identities and crimes as a product of their traumatic experiences and (2) claiming to be treated as fodder for books.

Being a Serial Killer Versus Being a Saviour

A common theme in all accounts was each killer struggling between two identities: being a serial killer versus being a saviour. Donald Harvey perceived himself as both a hardened convicted criminal and a destroyer of lives but also a liberator. Donald Harvey did not hesitate to discuss his criminal history in his statement "I committed 37 aggravated murders, seven attempted aggravated murders and one felonious assault." (Roth, 1993b, p. 1). Furthermore, he described his crimes as destruction of everything in his path (CBS News, 1991). However, despite his acceptance of his criminal status, Harvey rationalized that his killings were an act of liberation. He described his victims as being tied down until they were dead, potentially viewing them as living without freedom and dignity (Roth, 1993b). Instead of leaving them alive and confined to a life of what he perceived as undignified suffering, he justified that he liberated his

victims by setting them free into death. By these admissions, he is a criminal for what he did and destroyed many lives. Yet, he is also someone who was releasing them from that bondage" that limited his victims to a life of prolonged solitude, pain and eventual death (Roth, 1993b, p. 3).

Charles Cullen's accounts also demonstrated that he too struggled with dual identities between being a saviour and serial killer. During his interview with 60 minutes, when asked if he was a serial killer, Cullen evaded the question by first stating that his identity of a serial killer "depends upon a person's definition" (Kroft & Simon, 2013, p. 1). He followed up with this comment and admitted that he was a serial killer if the definition is "more than one and it's a pattern…" (Kroft & Simon, p. 1). However, Cullen also expressed that he thought he was helping his victims by what he was doing. By these explanations, Cullen seemed to express two separate perspectives from what he has done. He admitted to being a serial killer, although it was a challenge for him to accept it immediately. Yet, he also perceived his actions as an 'act of help' and thought he was alleviating their suffering through death.

Elizabeth Wettlaufer also discussed her identities in two polarizing ways. On one hand, she stated that (1) she will be perceived as a monster when her crimes are exposed and that (2) she was someone who did a terrible thing by taking innocent lives (OPP, 2016, p. 108). Yet, she perceived her identity as one where she saved and cared for her victims and their families. She perceived her role as carrying the burden of her victims' families, so they did not have to suffer while their loved ones were dying (OPP, 2016, p. 12). She perceived herself as an alleviator of other people's stress by taking on the demanding task of caring for their terminally ill loved ones. And finally, she perceived herself as saving the victims who pleaded for death.

By these accounts, HCSKs framed themselves and their actions through vigilantism by claiming they want to put an end to injustice on their own terms. The statements made by

HCSKs in the current study may be examples of the neutralization technique *appeals to good character* (Bryant et al., 2018). Elizabeth Wettlaufer highlighted her favourable character attribute as a selfless caregiver, claiming that caring for palliative patients was "… just an opportunity to give the family a rest" (OPP, 2016, p. 12). Furthermore, Donald Harvey and Charles Cullen suggested the killings were committed for morally good reasons, making assertions such as "I was releasing them from that bondage that would hold them down till they died" (Roth, 1993b, p. 2) and "… I thought I was helping them" (Kroft & Simon, 2013, p. 6). By verbalizing there were redeemable aspects of their crimes and themselves, HCSKs in the current study may be trying to justify that their killings were not as reprehensible as they seemed to deal with their actions

Being Us Instead of Being Them

Another common theme within this sample of HCSKs also related to how the killer perceived their own social identities and how they wanted others to perceive them. All HCSKs attempted to retain a sense of normalcy, either by (1) not immediately accepting their identity as a serial killer, (2) emphasizing they are just like everybody else, (3) trying to live a 'normal' life and/or (4) rejecting the label of mental illness. Through these experiences, it is arguable that they perceive their identities as socially unacceptable and are experiencing stigma. As a result, they rejected these identities by portraying themselves as belonging with the rest of "us" instead of being one of "them".

Charles Cullen was hesitant in admitting he was a serial killer. When asked whether he considered himself to be a serial killer, he replied that it depended on the definition, evading the interviewer's yes-or-no question. After some line of questioning, he eventually conceded and accepted that what he had done falls under the definition of serial homicide (Kroft & Simon,

2013). It could be argued Cullen's hesitation and evasion of being asked if he is a serial killer may be due to shame or the stigma of adopting the 'serial killer' identity. The acceptance of this serial killer identity has placed him out of the "us" category with the non-killer and non-criminalized population and into the "them" category, the undesired, inhumane individuals who committed deviant acts.

While Charles Cullen expressed hesitation in admitting his serial killer identity, Donald Harvey did not reject his identity as a criminal and fully accepted that what he had done was murder. Yet, he arguably experienced some conflict in his perceptions of his self-image and social identity and tried to claim normalcy. The following observations were made to support the claim above. Firstly, he stated that because of the abuse he endured in his childhood, "it messed [him] up mentally" (Roth, 1993a, p. 1). In addition, he also claimed that he was a defective person by expressing "I think I was like a bad car" (Roth, 1993b, p. 3). By these admissions, he may have perceived himself to be a killer and different from others, primarily due to the adversities he experienced in the past. Despite his claims of being defective and mentally disturbed he also attempted to reject the identity of a mentally-ill individual, refusing to accept that he is "sick" and expressing adamance that he is like everybody else (CBS News, 1991).

Harvey further tried to push the narrative that he is like everyone else by portraying himself through other social familial roles. He described himself to be the same person he has always been despite his murders. He did so by describing himself as a brother, a son, and a member of a family just like most others (CBS News, 1991). Through these perceptions, he is further emphasizing the need to be recognized as being like the rest of *us*. Harvey may have experienced conflict when associating himself with mental illness. On one hand, he admitted that there is something wrong with him inside and maintained that his messed-up nature caused him

to kill. Yet he rejected the mentally-ill label entirely, which may indicate that he perceived mental illness labels as undesirable, stigmatizing and wanted to avoid being associated with it. Overall, he recognized that in part, he may not relate to many others because he is a criminal, feels psychologically disturbed, and ended up killing multiple people. Yet he tried to compensate and retain his normalcy by rejecting mental illness and arguing that he has a family just like everyone else. Overall, Harvey contradicted himself in terms of whether he is a "normal" person yet tried to portray to others that is like everyone else. In this sense, he may not be like *us,* but he wants to be recognized as one of *us.*

Unlike Donald Harvey and Charles Cullen, who both arguably tried to retain their normalcy and social status as being one of "us", Elizabeth Wettlaufer perceived herself to be psychologically troubled. Elizabeth Wettlaufer was transparent about her mental health struggles by revealing her diagnoses with Borderline Personality Disorder (BPD) and substance abuse issues (OPP, 2016, p. 15; OPP, 2016, p. 19). She was explicit in stating that she "wasn't in [her] right mind" (OPP, 2016, p. 93), reasoning that she committed her crimes because there was something psychologically wrong with her. By these admissions, it appears that Wettlaufer accepted the social label of mental illness and did not reject the idea that she may be different from others. She embraced the idea of receiving professional mental help and had the opinion that mental help would have benefitted her sooner and could have prevented her from killing her patients (OPP, 2016, p. 54). Furthermore, as stated earlier, Wettlaufer acknowledged and understood that as soon as her crimes would be made public, the world would perceive her as a monster. However, Wettlaufer did discuss the troubles of dealing with what she had done and expressed wanting to live a life that did not involve murder (OPP, 2016, p. 53). This may indicate her desire of wanting stability and to lead a normal life like everybody else.

HCSKs in the current study who tried to project an image of normalcy may be using the neutralization technique *appeal to good character* (Bryant et al., 2018). They expressed dismay and denial at being labelled as a serial killer or pathologically sick individuals, perceiving these labels as socially reprehensible. They dissociated themselves from these deviant identities to avoid being social pariahs and emphasized their socially acceptable identities (e.g., familial status). For instance, when Donald Harvey was asked whether he regarded himself as a "sick person", he provided the following statement "No-- I'm the same person I was on the street except for the killing part. I'm still—I'm still someone's brother, someone's son, I'm still the same…" (CBS News, 1991, p. 2). Elizabeth Wettlaufer expressed that she "didn't wanna do it anymore" when she referred to the killings, trying to justify that she was someone with good intentions (OPP, 2016, p. 52). These statements suggest that HCSKs in the current study may be using the *appeals to good character* neutralization technique to further distance themselves from their criminal actions and reduce their guilt , which was done by highlighting their (1) socially favourable identities or (2) desire to act out in socially acceptable ways.

Victims

Recurrent themes relating to HCSKs' perceptions of their self-identity were presented in the previous section. Along with self-identities, this study also investigated how HCSKs justified their actions by exploring how they felt about their victims in terms of (1) their relationships to the victims, (2) why the victims were selected (3) and how they perceived the impact of their crimes to their victims. Several victim-related themes were identified. The first theme identified and presented below is HCSKs justified their victims' deaths as being quick and painless. The second victim-related theme was HCSKs perceiving their victims as suffering more in life than in death. And thirdly, the final victim-related theme that was identified was HCSKs reflecting on

how personal the victim selection process was during the murders. The process of choosing who to kill varied across offenders which may have depended on (1) their interactions with their victims/patients (2) and how they perceived the health of their victims. Each of these themes will be discussed in-depth below and will be examined by comparing the offenders' direct accounts to techniques of neutralization (Bryant et al., 2018; Minor, 1981; Sykes & Matza 1957).

Perceiving Victims' Deaths as Quick and Painless

All three killers in this sample perceived their victims' deaths as quick and painless, stating their victims did not suffer for long. Donald Harvey described the deaths of his victims as being incredibly quick, stating that "it was only for maybe two seconds and then it was over with," for one of his victims (Roth, 1993b, p. 2). By this account, it could be argued that Harvey was trying to mitigate his killings by justifying that his victim's death was quick and painless. In his interview with Roth (1993b), Harvey's justifications extended beyond the victims by discussing how he was looking out for the best interests of his victim's wife. He justified his actions by stating "I waited until she come [sic] back before I killed him becausee I didn't want to mess up her vacation by having her husband die" (Roth, 1993b, p. 2). By these admissions, the following could be argued: (1) Donald Harvey perceived himself as considerate for murdering at an appropriate time that would not ruin the plans of the victim's family and (2) he justified his killings by trying to find a kernel of positivity within the murder event.

Elizabeth Wettlaufer displayed some conflicting reports about the nature of her victims' deaths. Firstly, Wettlaufer described her victims as dying peacefully as if there was no suffering when they did pass (OPP, 2016, p. 54). Although Wettlaufer expressed the imagery of her victims dying peacefully, she also used vivid terms to describe her victims' death, stating they would get "diaphoretic red" and "… they'd lose consciousness they'd shake" after being injected

(OPP, 2016, p. 48). These two admissions are contradictory and demonstrates that Wettlaufer may have perceived her victims' death as both peaceful yet unpleasant.

The statements above made by Donald Harvey and Elizabeth Wettlaufer can fit within the neutralization technique, *denial of injury* (Sykes & Matza, 1957). As discussed earlier, previous literature (e.g., James & Gossett, 2018) has shown that serial killers will (1) explicitly deny the victim status of those they have murdered and (2) claim they are the true victims. However, serial killers in previous studies generally do not deny the injury they have inflicted upon their victims (James & Gossett, 2018). The current study on HCSKs corroborates with some of the theoretical insights found in the previous literature. Specifically, HCSKs denied the victim status of their patients' by undermining the severity of their deaths. However, HCSKs refuted that their victims were harmed, which is an inconsistent perceptual theme from what has been identified in the literature (James & Gossett, 2018). Another observation that can be made from Donald Harvey's accounts above, which is that he may have been *appealing to good character* by justifying that the timing of his victim's murder was convenient for his immediate family (Bryant et al., 2018). Ultimately, making such a statement may helped Donald Harvey downplay the brutality of his actions and accept them.

Perceiving Victims as Suffering Alive

All three killers in this sample perceived their victims as suffering alive. Elizabeth Wettlaufer stated that her victims begged her and the staff for death (OPP, 2016, p. 51; OPP, 2016, p. 66). She also stated that some of her victims would reject help from her and the other nurses. At some point, Wettlaufer even displaced her perception of victims' suffering onto God, stating that God perceived one of her victims as not "not enjoying life at all" (OPP, 2016, p. 88). Overall, Wettlaufer stated that she perceived her victims as suffering in life. Her admissions

could also be interpreted as Wettlaufer rationalizing what she did by displacing the responsibility of her actions to her victims or God. Despite these rationalizations, Wettlaufer described that some of her patients tried to defend themselves by struggling or trying to scratch her (OPP, 2016, p. 61).

Donald Harvey was also argued that his victims were suffering in life, implying that they were being deprived of their freedom by stating that they were in "bondage" (Roth, 1993b, p. 3). Like Elizabeth Wettlaufer, Donald Harvey also rationalized that he killed his victims because he perceived them to be suffering in life. He transitioned them over into death to free them from a life of confinement. While Charles Cullen did not explicitly state feeling like his victims were suffering alive, he stated that he felt like he was helping his victims by killing them. It could be argued that Cullen also rationalized and perceived that his victims' lives as unpleasant, so he helped them by killing them (Kroft & Simon, 2013).

As covered in the previous section, HCSKs denied inflicting pain and harm to their victims, and rationalized their victims were suffering while being alive. Donald Harvey claimed "… I was releasing them from that bondage that would hold them down till they died" suggesting their victims lacked freedom and dignity while they were alive (Roth, 1993b, p. 2). Additionally, Charles Cullen rationalized that he thought that "people weren't suffering anymore" (Kroft & Simon, 2013, p. 6). And lastly, Elizabeth Wettlaufer attributed blame to her victims by claiming her victim "seemed to be waiting to die" (OPP, 2016, p. 44). By these direct accounts, HCSKs in the current study may be using the neutralization technique *denial of victim* by claiming that their victims either (1) desired death or (2) regained their freedom when they were put to death. By denying their patients as being victims, HCSKs were able to reconcile that

killing their patients was necessary, rendering it easier for the offenders to come to terms with their murders and continue them.

Reflecting on Whether Victim Selection Was Personal

The current study identified a gradation between how personal victim selection was to the killer within this sample of HCSKs. Killers in this sample either regarded the victims as nothing more than a number count and objects or described their victims through their names and personality. Donald Harvey was not emotionally charged when discussing his victims. He did not mention their appearances, their personalities, or even their names. Instead, Harvey emphasized the number of victims he claimed. He made a comparison of his victim count to a stamp collection in his statement "Well, if you have a stamp collection, you know approximately how many stamps you have, right?" (Roth, 1993b, p. 1). Several inferences can be made from Harvey's perception of his victims. Firstly, Harvey may have made this comparison between his victims to a collection as an expression of pride. Donald Harvey may have been proudly bragging about how many victims he killed down to the very number, just as an individual would brag about how many stamps he or she has collected. Secondly, he may be objectifying his victims, perceiving them not as humans with feelings, but inanimate objects who cannot fight back. He went into lucid details about looking his victims in the eyes and watching them die yet reduced his victims down to numbers and objects (Roth, 1993b).

Charles Cullen did not compare his victims to objects or numbers as Donald Harvey did. However, he did not go into detail about who his victims were and expressed uncertainty of how many he had killed in his nursing career by only providing estimates of his victim count (Kroft & Simon, 2013). Furthermore, Cullen denied that his selection of victims was personal, meaning that his decisions of who to kill was not based on his own feelings towards this victim (Kroft &

Simon, 2013). However, he framed the act of killing his victims as a being personal because it "felt like [he] needed to do something" (Kroft & Simon, 2013, p. 7). It was personal because he expressed "I thought I was helping…" and that the killings were something that he personally had to do (Kroft & Simon, 2013, p. 6). Overall, it appears that Cullen felt no personal emotional attachment to his victims but felt strongly towards the act of killing his victims.

Unlike Donald Harvey and Charles Cullen, Elizabeth Wettlaufer was very descriptive about her victims and went into detail about their personalities, likes, dislikes, even recalling the things her victims mentioned to her and the way she used to nurse them (e.g., OPP, 2016, p. 57). She expressed knowing her victims on a personal level from nursing them, unlike her male HCSK counterparts who also nursed their own victims. She described her victims using both positive and negative characteristics and mainly spoke disparagingly of her male victims. She perceived her male victims as aggressors and sexual abusers yet perceived her female victims as suffering and burdened from life (OPP, 2016, p. 29; OPP, 2016, p. 44).

There appears to be a conflict between whether victim selection was based off personal emotional reasons. Elizabeth Wettlaufer placed a stronger emphasis on religious intervention being the reason why she continuously murdered victims (e.g, OPP, 2016, p. 61). Despite this explanation, Wettlaufer doubted and questioned herself as to whether her victims were selected because she claimed they were abusive or pleaded for death (e.g., OPP, 2016, p. 37). If the personalities of her victims were a factor in their demise, it could be argued that her murder streak may have been affected by her emotions and perceptions of her victims. Another indication of her strong personal investment in her victims is her perception of her victims being the "chosen ones: (OPP, 2016, p. 38). She described this as a strong motivating factor of why they were selected.

Evidently, there are clear differences in how each killer regarded their victims personally. Based on the data, Donald Harvey perceived his victims as nothing more than an inanimate object such as a collection of stamps. Each of his victims represented one stamp within his personal collection of stamps. However, Charles Cullen did not express feeling emotionally influenced by his decision of who to kill. Although he claimed not to feel any sort of personal vendetta against his victims, the act of murdering these victims was personal for him. He felt that it needed to be done, and that he was the one that had to do it. Elizabeth Wettlaufer placed a higher emphasis on religion and God being the main reasons of why she killed. However, she expressed wonder and doubt as to whether she would have murdered her victims if they were (allegedly) not abusive or crude towards her and the staff.

Charles Cullen replied with "No, no" when asked whether killing his victims was personal (Kroft & Simon, 2013, p. 6). However, he expressed feeling that the act of killing was a personal duty that he had to carry out by stating "… I needed to do something. And I—I did." (Kroft & Simon, 2013), suggestive of the neutralization technique *the defense of necessity* (Minor, 1981). Charles Cullen legitimized his crimes by clarifying that it was a necessary act that had to be done, which may have helped him mentally justify that his repeated murders were acceptable. Elizabeth Wettlaufer's affirmation of God perceiving specific victims as the chosen ones aligns with the neutralizing technique, *denial of responsibility* (Sykes & Matza, 1957). She expressed that specific victims were chosen by God, not her, distancing herself from being the main culprit that chose who lived or died. In addition, although she claimed that victims were not killed out of feelings of resentment towards them, she claimed a victim was unkind and reflected, "I wondered if that's a portion of how I chose him" (OPP, 2016, p. 37). Elizabeth Wettlaufer's statement suggests that she used the neutralizing technique *denial of victim* (Sykes & Matza,

1957). By denying the victim by claiming her victim was unkind, she neutralized feelings of guilt from committing murder.

Motivational Themes: Psychological, Situational Factors and Personal Motivation

This study was interested in elucidating whether HCSKs use neutralization techniques (e.g., Bryant et al., 2018) to justify their crimes when describing their motivations of committing serial murder. Theoretical research in psychology and law enforcement investigating the motivations of serial homicide has overwhelmingly discussed how serial killers use violent (and often sexual) fantasies to cope with negative emotions from experiencing poor attachment and traumatic events (Hickey, 2009; Ressler et al., 1988). As described earlier, fantasy may be a way to for traumatized children and adolescents to reclaim control, where they can envision themselves as dominating others in antisocial ways (Burgess et al., 1986).

Most studies agree that violent fantasies are catalytic and compels the offender to engage in deviant behaviours that lead up to homicide (e.g., Hickey, 1997; MacCulloch et al., 1983). As discussed in previous sections, psychosocial studies have also investigated significant factors such as (1) precipitating events as triggers that also propels a budding offender to engage in serial homicide and the (2) compulsive and addictive element in serial killing (Schlesinger, 2008). Considering these widely-studied topics of serial homicide, the current study also identified motivational factors from the killer's accounts, which will be separated into three broad themes: (1) psychological motivation, (2) situational factors, and (3) personal motivation. Subthemes in each of the aforementioned themes will be addressed in the order previously listed.

Psychological Motivation: Being in Control Versus Losing Control and Experiencing Psychological Disturbances

Two major themes relating to psychological motivational factors were identified in the current study. Firstly, a recurrent theme of HCSKs in this study is that they experienced control, but in two polarizing ways. While all killers in this study experienced an overwhelming compulsion to murder repeatedly during the crimes, HCSKs either (1) expressed disdain and experienced loss of autonomy from losing control or (2) derived psychological pleasure from being in control. A second recurrent theme related to psychological motivation is that HCSKs justified their crimes by stating they experienced psychological disturbances during the murders. This was primarily in the form of (1) stress or (2) the experience of deep psychological problems. These will be discussed in depth in the following section.

Being in Control Versus Losing Control. All HCSKs in this study expressed the fact that they lost control with respect to murdering their victims. Once the killings started, each killer expressed that they had difficulties stopping their murder streak. However, there are some differences in how each killer perceived the concept of 'control' and their own self-control.

Both Elizabeth Wettlaufer and Charles Cullen felt that their actions were beyond their control. Charles Cullen stated, "I don't know if I would've stopped", not knowing whether he would have been able to stop the murders despite claiming to feel bad about the killings (Kroft & Simon, 2013, p. 17). Elizabeth Wettlaufer expressed feeling extremely ashamed about not being able to halt her urges of killing patients by stating "I felt horrible I felt angry at myself, I felt like I had failed myself…" (OPP, 2016, p. 69). Both Elizabeth Wettlaufer and Charles Cullen expressed feeling like they had no autonomy in their choices. In their minds, they could not control their urges and lacked self-control.

Donald Harvey's concept of self-control somewhat differed from the other two HCSK's. Donald Harvey expressed 'control' as being one of the motivations of murdering his victims

(CBS News, 1991). He enjoyed being in control by having the option of choosing who lives and dies. He perceived 'control' as a psychological reward from committing the murders in his statement "I'm a control freak. I just like to—the control. That is your reward" (CBS News, 1991, p. 1). Elizabeth Wettlaufer and Charles Cullen did not express enjoyment in having control over their patients' lives. Similar to the other two HCSKs, Donald stated that once he started killing people, he could not stop (CBS News, 1991). Yet, unlike the other two HCSKs, he also perceived himself as being in control. His level of control extended beyond his victims' families to his own fate. He stated the following in response to his murder case:

> "If they come up with one piece of evidence, then John Powell - before they had anything on me at Drake or not - then John Powell would have become a death penalty case anyway. So it was like the Price Is Right, you've got door number one, door number two, door number three and I chose door number one." (Roth, 1993b, p. 3).

When he selected door number one, he was referencing that he chose "life" instead of the death sentence. By this admission, he made the conscious choice of pleading guilty so that he could have a chance at life, therefore felt he had control over his own fate.

HCSKs in the current study claimed to experience homicidal compulsions that were uncontrollable. They each claimed they lacked the ability to control their urges to murder, which can be paralleled with the neutralization technique *denial of responsibility* (Sykes & Matza, 1957). As stated previously, Charles Cullen claimed to be apologetic for his actions but admitted, "…But like I said, I don't know if I would've stopped." (Kroft & Simon, 2013, p. 17). Donald Harvey also indicated that he lacked the ability to control himself by stating "Once I killed the first one, and the second one, I don't think I --- there was any stopping" (CBS News, 1991, p. 1). And lastly, Elizabeth Wettlaufer continuously pointed out that her urges to kill arose

from a red surging feeling, claiming "I started to get the feeling that surge again" that could not be controlled because of God's power (OPP, 2016, p. 73). These statements made by HCSKs in the current study is suggestive of them neutralizing their culpability by reframing their level of responsibility. By convincing themselves and others that God or their unrelenting psychological urges were to blame for their crimes, HCSKs were able to reduce personal feelings of guilt and perceive themselves as unaccountable for their actions.

Experiencing Psychological Disturbances. All three killers in this sample indicated that they experienced psychological disturbances around the time of their murders. They had perceived their psychological state as playing a major role in their murders in two ways: (1) feeling overwhelmed/stress and (2) feeling psychologically damaged inside. These psychological experiences will be elaborated below.

Feeling Overwhelmed/Stressed. Experiencing overwhelming stress was a common theme, occurring in both Charles Cullen and Elizabeth Wettlaufer's accounts. Charles Cullen expressed extreme stress in his accounts by stating, "I felt overwhelmed at the time…" during the commission of the murders. Elizabeth Wettlaufer described multiple stressors in her life while her murders were occurring, which came from personal, interpersonal, and environmental circumstances. Firstly, Wettlaufer described feeling stressed from overworking herself to be the 'perfect nurse' and 'perfect person' in her statement, "I was always putting this pressure on myself to be a really good nurse and to do everything perfectly" (OPP, 2016, p. 16). This stressor also ties in with her environmental stressor of working at an overwhelmingly stressful work environment which required her to do many things at the same time and having to do them perfectly (OPP, 2016, p. 90). Elizabeth Wettlaufer also described feeling that her job stress was influential to her addiction problems (OPP, 2016, p. 16).

In addition, Elizabeth Wettlaufer expressed several stressors in her interpersonal relationships such as her divorce from her ex-husband (OPP, 2016, p. 31). She discussed how her divorce was catalytic to her crimes and her mental health struggles by stating "When my ex and I broke up in 2007 I was already taking the medication for my borderline personality disorder… and I was so angry and it was like a voice said inside me I'll use you don't worry about it" (OPP, 2016, p. 19). The statements above can be argued as HCSKs using *victimization* as a neutralization technique to justify their actions (Bryant et al., 2017). HCSKs in the current study may have been trying to shift blame of their crimes to the different stressors in their lives to feel less guilty and more as individuals who have also suffered.

Feeling Psychologically Damaged Inside. All three killers in this sample expressed feeling that there was something internally wrong with them. Donald Harvey was conflicted in his perception of his own mental state. He was very adamant about being like everyone else. He perceived himself (and expressed to others) as being normal and the same person he has always been (CBS News, 1991). Despite his protests of being in the majority, Harvey also expressed feeling that there was something "messed up in [him] mentally" and partially attributed his "messed up" state to the abuse he endured in his childhood (Roth, 1993a, p. 2). However, unlike Wettlaufer, he never explicitly blamed his mental state as being the reason why he began killing his patients. Instead, he blamed those that abused him for the unravelling of his actions. Donald Harvey may have not wanted to admit that there was something fundamentally wrong with him that made him kill. Instead, he may have wanted to place some responsibility of his actions onto those who hurt him in the past.

Elizabeth Wettlaufer also attributed the motivation of her crimes to her psychological state. Elizabeth Wettlaufer went into detail about how a red surge feeling would arise and

influence her to inject her patients (OPP, 2016, p. 66). She claimed that this continuous red surging feeling within her was summoned by God (OPP, 2016, p. 57). She also described feeling laughter in her gut before and during the killings which was influential in her decision to kill (OPP, 2016, p. 45). She reflected on this feeling from God and perceived it to be psychological. This religious motivational factor was later clarified by Wettlaufer as untrue and manifested due to mental health issues (OPP, 2016, p. 93).

Donald Harvey was vague in his description of his perceived psychological issues. Yet, the other two HCSKs in this sample clarified their mental health problems by labelling it with a specific psychological or psychiatric disorder. Charles Cullen was clear in stating that he had been suicidal his entire life by disclosing "I tried to kill myself throughout my life..." (Kroft & Simon, 2013, p. 7). As cited earlier, Wettlaufer described her substance abuse issues and "taking medication for Borderline Personality Disorder" (OPP, 2016, p. 19).

These findings demonstrate that HCSKs have tried to make sense their actions and themselves using diagnostic criteria (i.e., suicidal ideation, personality disorders, substance abuse, perceived break with reality, inner psychological turmoil). Similarly, past qualitative studies of serial homicide have revealed that serial killers blame genetic predispositions and psychological issues for their deviant behaviours, similar to what HCSKs have done in the current study (Henson & Olson, 2010).

These parallels confirm that HCSKs may attribute their motivations to committing serial homicide to characteristics that are beyond their own control. These verbal justifications can be related to two neutralization techniques, *victimization* and *denial of responsibility* (Bryant et al., 2017; Sykes & Matza, 1957). The use of both neutralization techniques is evident in (1) Donald Harvey's claims of childhood abuse influencing him to becoming a serial killer, (2) Charles

Cullen's disclosure of his suicide attempts and (3) Elizabeth Wettlaufer's discussing the impact that her mental health issues (i.e., BPD) played on her crimes by claiming that she felt "so angry and it was like a voice inside me I'll use you don't worry about it" (OPP, 2016, p. 19). Their justifications may have helped them (1) perceive themselves as the true victims due to their traumatic past and psychological distress and (2) feel less accountable and more vindicated in their actions.

Situational Facilitators: Coping Poorly at Place of Employment

HCSK offenders in the current study framed their motivations around situations that had been occurring in their life during the murders. The primary theme that was identified in terms of situational motivation was dealing with issues at the workplace. Two killers in this sample, Elizabeth Wettlaufer and Charles Cullen, expressed poor coping skills at their place of employment. The theme of job stress is frequent in Wettlaufer's interrogation. Elizabeth Wettlaufer perceived her job as difficult, extremely stressful and taxing to her mental health in her statement "… it's a hard job any nurse will tell ya… then they would add different things like oh you have to do this and that… (OPP, 2016, p. 16). She also discussed feeling very frustrated whenever she went to work (OPP, 2016, p. 90). She felt like her job was a burden and expressed the overwhelming task of having to take on many patients at once (OPP, 2016, p. 16). Elizabeth Wettlaufer also expressed extreme pressure to do her job perfectly in her statement "just always feeling like I had to be the best possible person an very very stressful job giving medications to thirty-two people…" (OPP, 2016, p. 16). Therefore, she may have perceived the 'perfect nurse' identity as stressful and damaging to her own imperfect identity. Although Cullen did not go into detail about his reflections of his workplace, he briefly stated that he found it extremely

challenging to work in a burn unit and expressed "… there was a lot of pain, a lot of suffering. And I didn't cope with that as well as I thought I would." (Kroft & Simon, 2013, p. 4).

Elizabeth Wettlaufer and Charles Cullen both revealed they coped poorly at their places of employment. Elizabeth Wettlaufer specifically detailed how her workplace affected her own self-perceptions and emotions negatively by (1) experiencing immense pressure in perfecting her nursing role and (2) perceiving her workplace as burdensome and overwhelming. Furthermore, she stated "I definitely think that stress played into it maybe made me made my mind more susceptible" to committing the killings (OPP, 2016, p. 62). Statements by Elizabeth Wettlaufer and Charles Cullen are examples of them neutralizing their guilt through *victimization* and *denial of responsibility* (Bryant et al., 2017; Sykes & Matza, 1957). Both offenders asserted that their workplace was detrimental to their mental health which ultimately helped them justify that they were killed because they were vulnerable.

Personal Motivation: Perceiving Crime as a Duty

The current study also identified motivational themes that were personal to the offenders. HCSK offenders in this study perceived their crime as a personal obligation. All killers in this sample perceived their crimes as a duty that had to be done, but each killer differed in the type of duty they felt they had to serve. Elizabeth Wettlaufer's duty was a mix of both religious and moral. The subtheme of moral duty was present in Wettlaufer's account when described her female victims as suffering and injected them so their suffering would end. For example, this is evident in her statements "he would just say it sometime that he just wanted to go" (OPP, 2016, p. 87). Elizabeth Wettlaufer typically described her male victims as sexual aggressors through her statement "… he was another one who liked to grab asses" (OPP, 2016, p. 40). As stated previously, shepondered on whether she had killed another victim for his crude personality traits

(e.g., OPP, 2016, p. 40). However, Wettlaufer explicitly claimed that she did not choose her victims because of any altercations between her and them (OPP, 2016, p. 94). Elizabeth Wettlaufer perceived that her crimes revolved around a religious duty by claiming that her actions reflected what God wanted, and that she was His pawn in the killings (OPP, 2016, p. 31).

Donald Harvey and Charles Cullen did not describe any religious intervention in their crimes. Instead, they described their killings as serving only a moral duty. Donald Harvey described his victims as being in ”bondage”, meaning they were restricted of their freedom and determined that his killings were an act of breaking his victims free from a prolonged life of slowly dying (Roth, 1993b). Charles Cullen stated that he thought he was helping his victims by killing them with the powerful drug, Digoxin (Kroft & Simon, 2013). Although he stated it was difficult to “think about things that were going through [his] mind at the time”, he felt obligated to act as he did by injecting his victims (Kroft & Simon, p. 6).

HCSKs in the current study consistently perceived their crimes as an imperative task they had to carry out. Their claims of terminating ailing patients out of a religious or personal moral code are examples of them using the neutralization technique *defense of necessity* (Minor, 1981). Donald Harvey expressed, “The freedom that I felt and I looked at it that I was releasing them from that bondage…” (Roth, 1993b, p. 2). Furthermore, Charles Cullen justified his actions were necessary by stating “… I thought I was helping” (Kroft & Simon, 2013, p. 6). And lastly, Elizabeth Wettlaufer pointed out the crude things that some of her patients did by stating “[the victim] did touch me inappropriately once” (OPP, 2016, p. 29) or was adamant that victims pleaded to her “…. Why can’t you help me die?” (OPP, 2016, p. 66). These statements accusing victims of either being sexual aggressors or sufferers pleading for death can also be viewed as examples of *denying the victim* (Sykes & Matza, 1957). However, overall, the

statements by HCSKs in the current study provided them a way to view their killings as obligatory. Their justifications of committing their crimes to fulfill a religious or ethical obligation may have helped them defend the necessity of their actions and feel less culpable from committing them.

Experiences and Perceptions of Crime

This study was concerned with how HCSKs perceived their crimes both pre- and post-murder. With respect to criminal behaviour of serial killers, much of the literature has focused on the crime scene characteristics of serial killers to build a typology of their methods and motives (e.g., Douglas et al., 1992; Warren et al., 1996). Such information has served as guides for law enforcement personnel working on violent crimes. However, these typologies have been useful references to understand how serial killers physically commit their crimes and the skills they employ to catch victims, murder them, and conceal the evidence after the murders. However, the current study aims to delve deeper into criminal actions of serial killers by (1) delving into the processes of how HCSKs experience committing serial homicide repeatedly and (2) exploring how they justify their actions.

As discussed earlier, this study investigated not only if HCSK offenders experience uncontrollable urges to murder repeatedly, but any other outstanding thoughts or reflections they may have such as whether they have attempted to justify or redeem themselves by verbally repenting or expressing the desire to stop the crimes. Two themes have been identified that relate to how HCSKs reflect on their crimes. The first theme that will be discussed is HCSKs reflecting on whether they wanted to be apprehended or not, which varied between offenders. The second following crime-related theme is HCSKs perceiving external factors as partially to blame for their crimes. This second theme contains several subthemes that indicate specific external factors

that HCSKs assigned blame to, which are (1) the authorities, (2) lack of security/surveillance and (3) (experiencing) trauma/abuse. These two themes will be presented below in the sequential order listed above and framed within techniques of neutralization (Bryant et al., 2018; Minor, 1981; Sykes & Matza, 1957).

Wanting to be Apprehended Versus Carrying on Crimes

All killers within this sample were apprehended and eventually convicted. However, each killer reflected on their apprehension differently in terms of whether they wanted to be caught. Donald Harvey spoke with regret when discussing his mistakes that led him to being discovered and arrested. He discussed how he selected the wrong method to kill his patient. In his recollection of events, he stated "I should have went the other way instead of—I should have injected it into an I.V. instead of giving it to him in his gastric tube, and that was my downfall", expressing regret in how he administered the poison through his victim's gastric tube instead of injecting it (Roth, 1993b, p. 3). Overall, Harvey's subjective experiences are regret and fully understanding that he was sloppy in his final murder. Donald Harvey's regret of making a blatant error leading to his arrest could be interpreted as Harvey wanting to continue his killings. Because he made mistakes in his crimes, he was eventually convicted of murder and is no longer free to kill.

Charles Cullen expressed actions and feelings that both indicated wanting to be apprehended but also wanting to avoid detection (Kroft & Simon, 2013). Charles Cullen recognized that he took steps in avoiding apprehension by stating "… I mean, I continued. But I was also—I was also careful. I was also—deny it any time anybody would have asked me" (Kroft & Simon, 2013, p, 10). Charles Cullen's meticulosity can be perceived as him not wanting to be caught for his crimes. Yet, he expressed feeling some resentment towards authorities who

he claimed knew what he had done but did not approach his situation more seriously. In his statements "… I was caught at Saint Barnabas, and I was caught at St. Luke's… There's no reason that I should've been able a practicing nurse after that." (Kroft & Simon, 2013, p. 9), he expressed disbelief that he was ever able to resume nursing despite his actions being revealed in two different hospitals. By these admissions, Cullen potentially experienced resentment which may suggest that he did want to be caught. Charles Cullen may have also made these statements to deflect the responsibility of his crimes to other people. Overall, Cullen may have dealt with confusion and conflicting feelings on whether he wanted to be apprehended for his crimes.

Elizabeth Wettlaufer also made admissions that could either be perceived as her wanting to be apprehended or to avoid apprehension during the commission of her crimes. She stated, "I would just try to stay away from it", indicating that she avoided the crime scene as much as possible after killing a patient (OPP, 2016, p. 47). She also admitted that she would have falsified reports of her deceased (murdered) victims if given the chance in her statement "I wouldn't have click that one if I had given him an insulin…", which is another indicated that she consciously tried toavoid detection (OPP, 2016, p. 39). By these actions, she may have tried to draw less attention to herself, which would suggest that she did not want to be caught. However, Elizabeth Wettlaufer made admissions which may support the idea that she wanted to be apprehended. She claimed to have confessed to multiple people such as a pastor, close friends and a support worker at the Centre of Addiction and Mental Health (CAMH) (e.g., OPP, 2016, p. 26). Furthermore, unlike the other HCSKs in the sample, she explicitly discussed how much she wanted to not harm any more victims in her statement "… I didn't want to nurse anymore I didn't want to hurt anybody anymore…" (OPP, 2016, p. 20). Although she expressed feeling betrayed when her

close confidante at CAMH alerted her to the police, Wettlaufer expressed feeling relieved after being discovered and confessing (OPP, 2016, p. 92).

According to Charles Cullen's statement above, he claimed that he should have been apprehended sooner which may indicate he desired being apprehended sooner. He also argued that his actions were not taken seriously because of his ability to continue nursing despite being a suspect at two different institutions. However, his statement may be both examples of two neutralization techniques, *condemnation of the condemners* and *denial of responsibility.* He condemned healthcare staff for his continued killing career by their lack of punitive measures when he was a suspect by his statement "They said if you resign, we'll give you references. And I decided to go with that" (Kroft & Simon, 2013, p. 9). Overall, Charles Cullen may have expressed his concerns to neutralize his own feelings of guilt and accountability by blaming healthcare administrators who failed to (1) escalate his case to the authorities and (2) revoke his license to practice.

Elizabeth Wettlaufer's statement above indicated her claims of wanting to stop committing homicide. She also confirmed with investigators, "yes, that's right", when asked whether the potential of working with children influenced her choice to cease her serial killing (OPP, 2016, p. 94). Overall, her statements may be suggestive of her trying to weaken her emotional guilt and tarnished image as a serial killer through the neutralization technique *appealing to good character* (Bryant et al., 2018). In her statements above, she may be trying to neutralize her own guilt of being a murderer by highlighting her redemption of wanting to change for the better. Therefore, she may have been trying to justify that (1) she is inherently a good person with morals and (2) she is not a brutal and ruthless killer as one may assume because she has the desire to cease the killings.

Blaming the External Factors for Continual Crimes

All three killers stated that some external factor facilitated the commission of their crimes. They did so by either claiming (1) to not being apprehended sooner by the authorities (2) to have easy accessibility of drugs, and/or (3) past trauma influenced their killing behaviours. These subthemes will be addressed below.

The Authorities. In his interview with Kroft and Simon (2013), Charles Cullen described the hospital administrators as being completely aware of his crimes. He expressed feeling that he should have been stopped sooner after claiming to be caught twice for his role in his patients' deaths. When he was discovered, he suggested that the investigation was flawed, feeling that his license should have been revoked. He makes further suggestions about how the hospital forced him to quietly resign to avoid any legal ramifications against their institution for allowing him to work. He also expressed feeling perplexed that he could work while he was under suspicion. In describing his experience of being caught, he frames his continual crimes as not his responsibility. Charles Cullen did not state anything to the effect of "*I should have stopped this sooner*", but instead blamed the administrators for not stopping him by his statements "At Saint Barnabas, they could've had my license investigated and probably revoked at that point in time" (Kroft & Simon, 2013, p. 4), and "I think they had a strong suspicion" (about his murders) (Kroft & Simon, 2013, p. 8). These statements suggest that Cullen insisted external sources were to blame for his continual killings. Yet, he also expressed not feeling that he was under suspicion until after he was dismissed from work, contradicting his other suggestion of the hospital knowing what he was doing all along (Kroft & Simon, 2013).

Charles Cullen deflecting blame of his crimes from himself to the authorities can be paralleled with the neutralization technique *condemnation of the condemners* (Sykes & Matza,

1957). His justifications can also be compared with the themes that were identified in James and Gossett's (2018) study. James and Gossett's sample of serial killers condemned the condemners by blaming law enforcement for not catching them sooner, just as Cullen also implicitly blamed authority figures for their shoddy investigation of his crimes by stating "I think they had a strong suspicion" followed by "There's no reason that I should've been a practicing nurse after that" (Kroft & Simon, 2013, p. 9). Furthermore, similar to the subjects in James and Gossett's study, Cullen also delved into the ulterior motives of the authority figures to further deflect blame from himself. Charles Cullen expressed feeling that the healthcare administrators were aware of his crimes but cared more about protecting themselves from community backlash and potential legal ramifications. Overall, James and Gossett (2018) and Sykes and Matza (1957) would have argued that Cullen placed blame on the administrators to protect his image and his feelings from culpability in the crimes.

Lack of Security/Surveillance. Charles Cullen and Elizabeth Wettlaufer's accounts contained a theme of how healthcare institutions lacked security and regulations, which made it easier for them to carry out their crimes. They described how there was either (1) an easy accessibility of drugs/medications and/or (2) the lack of technological surveillance during their crimes. Charles Cullen extended his feelings of external blame from authorities to how healthcare institutions made it easy for him to murder by discussing drug accessibility.

Charles Cullen and Elizabeth Wettlaufer both share the theme of feeling that drug accessibility was easy and taking advantage of the hospital's lack of surveillance. Charles Cullen makes comments such as not being traced when he obtained the drug "dig", a slang term for the heart medication, Digoxin (Kroft & Simon, 2013, p. 5). Charles Cullen described how it was easy to obtain dig by stating "I wouldn't go for Dig. I would go under Tylenol or another

medication that would be in the same drawer" (Kroft & Simon, 2013, p. 6). (Kroft & Simon, 2013). Despite claiming not to purposefully seek out dig, Cullen experienced enjoyment of using dig by stating how he chose it because of its powerful effect on the heart. Elizabeth Wettlaufer also described how insulin, her drug choice, was not tracked at one of the homes where she worked (OPP, 2016, p. 84). Furthermore, Wettlaufer perceived the ease of obtaining medication from the medication room by stating "um yeah it was fairly easy to take meds from there" (OPP, 2016, p. 59). She also described the lack of security in her work by confirming that there were no cameras in the medication room in one of her workplaces (OPP, 2016, p. 58). Elizabeth Wettlaufer also expressed some knowledge of how powerful insulin is lethally in combining two types of insulin (i.e., short and long acting drugs) by stating "I didn't know for sure but I figured it would be much stronger than just short acting" (OPP, 2016, p. 51).

Both Elizabeth Wettlaufer and Charles Cullen claimed to not purposefully seek out finding lethal drugs to murder patients. Therefore, they framed drug accessibility as something that was made easy based on the placement of the drugs, made possible by the healthcare institutions where they worked. By these admissions, it could be argued that their denial of seeking out the drugs is a way to suggest that their killings were not premeditated. Yet, both expressed knowing how powerful their drugs of choice were, therefore having pre-emptive knowledge of the lethality of injecting these medications into patients.

Charles Cullen and Elizabeth Wettlaufer's justifications about (1) not intentionally seeking out drugs and (2) lack of security/surveillance in the hospitals and (3) the lack of regulation in distribution and obtainment of medical equipment (i.e., drugs) is consistent with the neutralizationtechnique *denial of responsibility.* The statements above by Elizabeth Wettlaufer and Charles Cullen suggests they placed the onus of their crimes on those in upper level

management (i.e., healthcare administrators) who failed at maintaining safety precautions for their patients. Their justifications allowed HCSKs them to deflect the responsibility of their victims' deaths from themselves and onto the poor safety regulations that made their crimes possible. Ultimately, the use of *denial of responsibility* as a neutralization technique may have provided Elizabeth Wettlaufer and Charles Cullen an excuse to continue their crimes because it is easy and not their fault.

Trauma/Abuse. Two offenders, Elizabeth Wettlaufer and Donald Harvey, discussed experiencing abuse and described how their abuse affected them. Donald Harvey discussed experiencing abuse in the past. He also felt that to some degree, others were to blame for the path that led him to commit healthcare serial homicide. He did so by attributing his psychological trauma to his abusers who harmed him in his childhood. Furthermore, he claimed to have been abused by people close to him such as an unrevealed family member and a neighbour (Roth, 1993a). He may not only perceive himself to be the victim of his family's abuse but may also perceive his murdered patients as victims of his family's abuse.

Elizabeth Wettlaufer described having a very close and tight-knit relationship with her parents and family (OPP, 2016, p. 106). However, the theme of sexual and physical abuse was prevalent in her accounts of her crime. She described experiencing physical and sexual abuse by some of her victims. She claimed that some of her male victims would make lewd remarks towards her, grab her breasts and buttocks, and would do the same to the rest of the nursing staff (OPP, 2016, p. 29). Elizabeth Wettlaufer also described that many of her patients and victims were unkind to her (OPP, 2016, p. 38). She was contradictory to how these negative interactions with her victims and abuse affected her subsequent acts of killing. She claimed that these experiences were not the reason she chose to murder her patients. Yet she also commented on

wondering whether she chose to kill her victims because of their alleged cruelty towards her (OPP, 2016, p. 38). Another glaring observation in Wettlaufer's accounts is her perception that being assaulted by patients is integral to her profession. In addition, she recalled being told by her supervisor that if a patient assaults the nurse, the onus is on the nurse (OPP, 2016, p. 94). These admissions could be interpreted as Wettlaufer feeling that physical abuse is normal and being hit is her fault instead of the attacker. Donald Harvey directed some blame of his crimes to his former experiences of being abused as a child.

Donald Harvey and Elizabeth Wettlaufer's accounts of experiencing abuse can also fit within the neutralization technique of *victimization* (Bryant et al., 2018). Donald Harvey directed some blame of his crimes to his former experiences of being abused as a child stating "I think [the abuse] contributed 20 percent to me being a serial killer. I think there was something probably messed up in me mentally, or it messed me up mentally. (Roth, 1993a, p. 1). , Elizabeth Wettlaufer's recollection of experiences of abuse during adulthood by claiming to be sexually and physically abused by many of her patients-turned-victims (primarily male) (OPP, 2016, p. 37; OPP, 2016, p. 40). . Charles Cullen and Elizabeth Wettlaufer may be expressing these claims to lessen their personal feelings of guilt by reiterating that they are the victims because their murders were retribution for the abuse they endured in childhood or adulthood.

Overall, HCSKs in the current study shared similar experiences and perceptions of crime by expressing (1) both the desire and fear of being caught for their crimes and (2) displacing blame of their continual crimes onto shoddy investigations, ineffective healthcare regulations, and/or past traumatic experiences. Within these themes, HCSKs experienced their crimes through a sense of preparedness through discussing their MO. They demonstrated a clear understanding of how to manipulate the regulations of their workplaces and used this knowledge

to murder their patients repeatedly without detection. However, HCSKs reflected on their crime by expressing disdain and resentment against authority figures such as healthcare administrators and investigators (i.e., Charles Cullen), who they felt should have stopped the problems sooner. HCSKs reflected on the causes of their crime and claimed that ineffective investigations, loose hospital regulations, and/or experiencing childhood abuse provided them the foundation to murder without being detected.

Emotional Experiences

Themes in this final section of the first part of the current study relate to how HCSKs articulated their emotional experiences upon committing serial homicide. Common theories and explanations as to why serial killers can murder many victims without appearing to experience emotional inhibitions (i.e., guilt, fear) has been covered extensively by neurobiological, psychological, and law enforcement research (Culhane et al., 2011; Hare, 1993; Keppel & Walter, 1999; Raine, 2013). The current study takes these theories into consideration but aims to delve deeper in its exploration of HCSKs' emotional experience and how they rationalize their feelings.

This study aims to not only seek whether HCSKs experience specific emotions, but what these emotional experience means to the killer and whether they use emotional expressions to defend themselves and justify their murders. In other words, how would an HCSK perceive or reflect on their feelings of guilt if they were to express this emotional experience. This study identified several themes relating to HCSKs' emotional experiences. The experience of remorse, or lack thereof, was the first theme identified and explored in the accounts of HCSKs. The acceptance of guilt was the second theme identified, which reveals how HCSKs perceive the concept of guilt and how they apply it to themselves. The third emotion-related theme is HCSKs'

experience of two polarizing feelings pre- and post- murder. HCSKs experienced polarizing feelings, which were (1) anger to elation and/or (2) stress to relief, both of which are subthemes of the third theme. And lastly, negative self-feelings was the final emotion-related theme identified. The aforementioned themes will be elaborated in-depth below in the sequence listed above.

Feeling Remorse

There was a common theme in each killer describing how remorseful they felt about committing murder, which differed between each killer. Donald Harvey's accounts support the idea that he was remorseless about killing his patients. However, both Elizabeth Wettlaufer and Charles Cullen described feeling more remorse than Donald Harvey, with Wettlaufer expressing more intensity in her remorse.

Donald Harvey expressed feeling absolutely no remorse for his actions in his statement "I never once had any guilt; never once shed any tears" (CBS News, 1991, p. 1). Donald Harvey's lack of remorse could be interpreted as him not feeling emotionally affected or regretful from killing his patients. However, when discussing his own adversities in his life, Harvey immediately portrayed himself as a victim. For instance, he suggested that he was a product of his own environment and that he in part became a killer and was "messed up" due to his sexually abusive childhood (Roth, 1993a, p. 1). Donald Harvey was clearly more emotionally affected by what happened to him than what he did to his patients. He perceived himself to be the victim and expressed only feeling sorry for himself in his accounts. By Harvey's accounts, remorse was not a feeling he could experience or perceive within himself towards his victims.

Charles Cullen conceded with "Yes, I did" when asked if he understood what he did was wrong and that he knew it was wrong during and after the killings (Kroft & Simon, 2013, p. 17).

However, Cullen was somewhat evasive since he avoided going into detail about his feelings and emotional state during the murders. When he was asked about how he felt during the killings, he could not describe how he felt and stated the difficulty in "going back in time and thinking about what things were going through [his] mind…" (Kroft & Simon, 2013, p. 6) . Charles Cullen replied affirmatively when asked if he was sorry, and followed up by stating that he did not know if he could stop despite feeling sorry (Kroft & Simon, 2013). His avoidance and lack of detail in his accounts could be interpreted as an attempt to detach emotionally from the crimes or to avoid facing his feelings about what it did.

On multiple occasions, Wettlaufer was very expressive about feeling guilty and remorseful for what she did. She stated that speaking to her victims' families made her feel "crappy" and "horrible" (OPP, 2016, p. 35). Her feelings extended beyond guilt, and she described feeling "guilt", "shame" and "anger" in what she did to her victims (OPP, 2016, p. 71). She also expressed that apologizing to her victims and their families will never make things right again in her statement, "I'm sorry isn't enough" (OPP, 2016, p. 54). Unlike other killers, Wettlaufer expressed wanting to rectify the situation by dedicating herself for study for (1) medical interventions for budding serial killers and (2) clearer answers that will contribute to the prevention of healthcare serial homicide (OPP, 2016, p. 99). Elizabeth Wettlaufer was the only killer to verbally express wanting to make things right and create something positive out of the terrible things she did. Arguably, her expression of remorse was redemption; to try to right the wrongs that she did from killing patients.

The findings above demonstrate that feelings of remorse differed across offenders. Harvey did not only admit that he lacked empathy and guilt for his victims, but also was adamant about being the victim which can be argued as him neutralizing his guilt through *victimization*

(Bryant et al., 2018). Charles Cullen claimed to feel sorry for what he had done. Elizabeth Wettlaufer claimed to experience the most remorse of all the HCSKs in the current study, expressing the desire that "maybe somebody can study [her] and come up with answers and new medications so this doesn't happen again" (OPP, 2016, p. 99). Charles Cullen and Elizabeth Wettlaufer's expressions of contrition may be examples of them *appealing to good character* to neutralize their own sadistic and inhumane qualities as murderers (Bryant et al., 2018). By expressing remorse, they may have been trying to justify that they are not ruthless murderers because they do experience guilt and empathy for those who have suffered from their actions.

Accepting Guilt

All three killers in this sample accepted they were guilty people, irrespective of whether they felt remorse for their actions. As stated earlier, Donald Harvey did not emotionally feel bad or remorseful for what he had done. Although he stated he did not feel guilt, Harvey made admissions that he was a guilty man by stating "I didn't have a right to take any of their lives away but I did…" (Roth, 1993b, p. 4). There may be two different dimensions of guilt that Harvey experienced. Firstly, Harvey did not harbour any emotional guilt for what he did. Yet, he admitted to killing 37 patients and conceded that from a logical standpoint, what he did was morally wrong (Roth, 1993b).

In Charles Cullen's accounts, accepting guilt appears to be very difficult for Cullen. Charles Cullen verbally acknowledged being sorry for what he did to his victims, even only when he was questioned about his feelings. However, he did not immediately accept his own guilt and described his feelings about 'guilt': "I think that I had a lot of trouble accepting that word for a long time". (Kroft & Simon, 2013, p. 3). He spoke in the same evasive manner when he was confronted about whether he was a serial killer by avoiding the question and replying

with "I—I mean, I—I guess it depends on the definition." (Kroft & Simon, 2013, p. 3). Overall, although he did admit he was guilty, his feelings towards admitting he is guilty of murder was complicated and difficult for him.

Elizabeth Wettlaufer was very descriptive in her admission of guilt. She claimed to have confessed to multiple people about her crimes such as a pastor and close confidantes. She also admitted knowing that God summoning her to kill was not real, which could be perceived as her admitting that her actions came from her, not God. Furthermore, Wettlaufer revealed her guilt further by acknowledging that "absolutely" innocent victims were affected by her actions and that she was ready to face the repercussions of her crimes (OPP, 2016, p. 108).

All three HCSKs verbally accepted being guilty of their crimes. However, each HCSK perceived and processed the outcomes of their crimes differently. Charles Cullen blatantly stated that what he did was wrong yet found it difficult to implicate himself as a guilty man, which may be indicative of him using *appeals to good character* as a neutralizing technique (Bryant et al., 2017). Charles Cullen did eventually concede verbally that he was a guilty man. However, he may have been trying to preserve any decency left in his self-identity that had been tarnished from being a convicted murderer by not being transparent about his guilt.

Experiencing Polarizing Feelings During and After the Murders

Although all killers in this sample experienced negative emotions during the time of the murders, only Donald Harvey and Elizabeth Wettlaufer experienced polarizing emotions about their murders. Charles Cullen's own descriptions of his emotional state were not discussed in detail. However, Cullen briefly described having suicidal feelings rather than experiencing anger (Kroft & Simon, 20

From Anger to Elation. Feelings of anger were commonly experienced within this HCSK sample. Both Elizabeth Wettlaufer and Donald Harvey stated that emotionally, they were either angry or unhappy during the time of the murders. Elizabeth Wettlaufer stated that she experienced anger at the time of the murders, although she mentioned that she did not feel anger towards her victims (OPP, 2016, p. 71; OPP, 2016, p. 81). Donald Harvey described his murders as destructive in his statement "I was like Sherman going through Atlanta – destroy everything in my path" (CBS News, 1991, p. 1). To CBS News, Harvey also stated "When I was unhappy, I killed people…", linking his murderous acts to his feelings of unhappiness (CBS News, 1991, p. 1). Yet, Harvey described feeling a rush and elation from his killings (Roth, 1993b). He also stated that he experienced pleasure in controlling his victims (CBS News, 1991). One could argue that based on this description, he experienced an uplift from killing others. These two separate accounts demonstrate that Harvey experienced polarizing emotional states in relation to the murders.

From Stress to Relief. Two out of three killers, Elizabeth Wettlaufer and Charles Cullen expressed feeling stressed during the murders. Although Donald Harvey did not explicitly mention he was stressed during the murders, he and Elizabeth Wettlaufer both described feelings of relief and elation from committing the murders in their statements "The pleasure I got was control" (CBS News, 1991, p. 2) and experiencing "a release of pressure" post murder (OPP, 2016, p. 37). Elizabeth Wettlaufer and Charles Cullen reported feeling extremely overwhelmed at the time of the killings. Their primary stressor came from their place of employment. Elizabeth Wettlaufer experienced extreme frustration from her place of employment in her statement "yep I was frustrated with my job I was I had a huge um, huge workload" (OPP, 2016, p. 90). Wettlaufer stated that killing provided her a release of pressure and relief (OPP, 2016, p.

37). Charles Cullen did not go into detail about how he felt right after committing the murders. However, Cullen also stated feeling overwhelmed during the time of the murders and coped poorly when he worked at the burn unit, which may have contributed to eventually killing his victims (Kroft & Simon, 2013).

Donald Harvey did not describe feeling stressed prior to his crimes but vaguely stated that he was unhappy prior to the murders. However, along with Wettlaufer, committing serial homicide shifted his mood and helped relieve his feelings of unhappiness. The findings within this theme may suggest HCSKs in the current study used *victimization* as a neutralization technique (Bryant et al., 2018). They may have been justifying their murders by claiming to experience emotional turmoil prior to the murders. This is evident in statements such as "afterwards I did feel a release and relief… like a release of pressure" (OPP, 2016, p. 37), "I was unhappy" (CBS News, 1991, p. 1) and "I felt overwhelmed at the time" (Kroft & Simon, 2013, p. 7). HCSKs in the current study may have used these statements to victimize themselves as experience extreme stress and unhappiness to reduce feelings of guilt and accountability in their actions.

Feeling Negatively about Self

All three HCSKs expressed negative feelings about themselves. Although Donald Harvey tried to express that he was a normal family man like most other men, he perceived himself as a defective person. Donald Harvey compared himself to a "bad car" and being the "lemon" (Roth, 1993b, p. 4). He evaluated himself on a scale of 'good' and 'bad' and associated himself with the latter. These comments can be interpreted as Harvey having a negative self-image.

Charles Cullen was direct about feeling negatively about himself. He discussed disliking himself, having feelings of unworthiness and suicidal feelings throughout his life (Kroft &

Simon, 2013). Charles Cullen may have a very low opinion of himself based on these accounts, which supports the theme of negative self-imagery. Elizabeth Wettlaufer also made comments that suggest she viewed herself negatively. She expressed feeling incompetent by making comments about always trying to be the 'perfect nurse' (OPP, 2016, p. 16). She experienced stress and perceived herself as a failure from not being able to be perfect. Her negative self-image extends beyond feelings of inadequacy. Further Cullen and Harvey, she also experienced feelings of unworthiness and feeling bad. However, unlike other murderers, her negative self-reflections included shame, embarrassment, and feeling stupid (e.g., OPP, 2016, p. 22).

The current study on HCSKs revealed that low self-esteem, through negative self-talk, was a common in the accounts of each HCSK. Serial killers did not explicitly link their homicidal urges to their feelings of low self-esteem. However, their accounts indicated that their negative self-affect had caused a great deal of stress and unhappiness for some HCSKs, which are emotional triggers that were identified pre-crime for these offenders. Statements such as "I never really liked being who I was. Because I didn't think I was worthy of anything" (Kroft & Simon, 2013, p. 7) and "I think I was like a bad car" (Roth, 1993b, p. 4) made by Charles Cullen and Donald Harvey, respectively, may be examples of them using *victimization* as a neutralization technique to justify their actions (Bryant et al., 2018). To reduce personal feelings of culpability, they may have tried to express they are also victims from struggling with negative self-concepts.

Overview of Shared Similarities Within HCSKs

This current study investigated how HCSKs subjectively experience living as murderers based on their account of their crimes using GT. The results of this study suggest that HCSKs in the current study share some similarities in their thoughts, perceptions of and emotional

experiences from their crimes and justified their actions using neutralization techniques (Bryant et al., 2018; Minor, 1981; Sykes & Matza, 1957). Firstly, the killers in the current study experienced similar feelings and perceptions of their own identity and how they think society perceives their identity. Each killer experienced internal conflict from their crimes and struggled with whether their actions were justifiable from a moralistic or religious standpoint. They ultimately neutralized the severity of their actions by (1) *denying the victim* (i.e., claiming they did not suffer or were disrespectful) and (2) *defending the necessity* (i.e., stating they put their patients out of their misery), (3) *appealing to higher loyalities* (i.e., committing crime due to loyal obligation to God) and (4) *denying responsibility* (i.e., expressing less accountability due to being controlled by God's powerful force).

Similarly, they struggled with their dual identities as both ruthless serial killers and saviours of their ailing patients. Each of these killers used *victimization* as a neutralization technique to reduce personal feelings of guilt and responsibility in their killings (Bryant et al., 2018). This is evident when they expressed feeling victimized, misunderstood, or betrayed either by family, friends, or psychologists who they felt tried to profit from their crimes instead of understanding who they really are. Lastly, these killers expressed wanting to be like the rest of *us* and less like *them* by not fully embracing the serial killer status or aligning their lifestyles and values with societal expectations. By these expressions, they were using the neutralization technique *appeal to good character* to portray themselves in a favourable light despite their crimes (Bryant et al., 2018).

Secondly, this sample of HCSKs perceived their victims as suffering while they were alive, rationalizing that keeping them alive would have only subjected them to a long and insufferable life. This justification of killing their patients out of mercy aligns with the

neutralization technique *denial of injury* (Sykes & Matza, 1957). These killers also mitigated the severity of their crimes by rationalizing that their victims' deaths were as quick, painless, and convenient as possible for all people involved, which are examples of the neutralization technique *denial of victim* (Sykes & Matza, 1957). The degree to how personal the murders were to the killers varied between impersonal (i.e., objectifying the victim) to very personal (i.e., retribution for being abused by patients). Claims of male patients behaving inappropriately towards the perpetrator and the nursing staff were examples of *denying the victim*, to justify the killings were committed on individuals who were not entirely innocent (Sykes & Matza, 1957).

Thirdly, three themes relating to motivation were identified: psychological, situational, and personal. HCSKs in the current study stated they experienced high levels of stress and psychological disturbances in the form of personality disorders, childhood trauma, or suicidal ideation, which may have been to neutralize their accountability through using *denial of responsibility* as a neutralization technique (Sykes & Matza, 1957).. Situational precipitating events such as work-related stress and issues with interpersonal relationships (i.e., divorce) were also identified as motivational reasons by HCSKs in the current study. These were examples of HCSKs using neutralizations by claiming that their extenuating circumstances contributed to their killings to feel less accountable for their actions. And finally, each of these killers asserted that their crimes were committed out of personal morals (i.e., duty, religion, to end suffering), therefore using *the defense of necessity* as a neutralization technique to portray their killings as justifiable and well-intentioned rather than cruel and unjust, (Minor, 1981).

Fourthly, crime-related themes revealed that two killers in the current study reflected on whether they wanted to be apprehended for their murders HCSKs either expressed frustration at not being apprehended sooner and blamed the authorities for their lack of punitive measures

against their actions, which may be justifications that fall under both *denial of responsibility* and *condemnation of the condemners* (Sykes & Matza, 1957). Furthermore, HCSKs who expressed the desire to cease the killings may have been expressing these sentiments to neutralize their own guilt as murderers through *appeals to good character* (Bryant et al., 2018).

The majority of HCSKs in this study experienced conflict between wanting to be caught and wanting to avoid apprehension. Donald Harvey was the only killer in the study to express regret from making sloppy mistakes during his final murder which led to his apprehension. Furthermore, each killer reflected on their crimes by blaming them on several factors. They perceived the authorities and healthcare personnel as being culpable for the murders due to lack of intervention. Their assertions of the authorities being the true culprits of the crimes due to their lack of intervention and implementation of safety measures, they mitigated their own guilt and involvement through *condemnation of the condemners* (Sykes & Matza, 1957). Two killers in this sample discussed experiencing abuse as a contributing factor to their crimes, therefore using the neutralization technique *denial of responsibility* by claiming their abusers were the ones who influenced their dissent into serial killers (Sykes & Matza, 1957).

Lastly, the subjects in the current study experienced a myriad of emotions which were often polarizing. HCSKs in the current study stated that they experienced emotional turmoil prior to the crimes, specifically stress and general unhappiness. They also perceived their own lives in a negative light and spoke poorly of themselves by expressing shame, suicidal ideation, or perceiving themselves as bad and defective. Their verbalizations of experiencing unhappiness, stress, and negative self-affect may be a form of *victimization* to cancel out their feelings of guilt from killing patients (Bryant et al., 2018)..

HCSKs in this sample also reflected on how remorseful they felt about their killings, which varied between killers. Donald Harvey expressed feeling no remorse for killing his victims and justified that he was the victim, corresponds with Bryant et al.'s (2018) neutralization technique *victimization.* The other two HCSK offenders stated they were remorseful for what they had done. Their claims of repenting may be a pattern of *appealing to good character* to justify they were not inhumane because they were capable of contrition. And lastly, although all killers in the current study acknowledged they were guilty of perpetrating their crimes, Charles Cullen admitted he was hesitant in accepting his guilt and association with being a serial killer. His initial resistance of accepting his guilt of being a serial killer may have been an attempt in restoring his tarnished image by using Bryant et al.'s (2018) neutralization technique *appealing to good character*.

Overall, this study identified common subjective experiences and justifications of murder in the accounts of HCSKs, which has provided a vicarious understanding of their (1) perceptions of their victims and of themselves, (2) experiences as a serial killer, (3) motivational reasons of their killings and (4) emotional experiences from their crimes. Such insights are useful for healthcare serial homicide literature. However, comparisons into how the experiences of HCSKs compare to those of their violent and/or sexually motivated counterparts may provide a more rounded understanding of serial homicide. Comparisons between the subjective experiences of HCSKs and SSKs will be detailed in the next section.

Chapter 7: Results II

Comparative Differences and Similarities Between HCSKs and Violent Serial Killers

Qualitative research into serial homicide has rarely explored how the non-violent and non-sexually motivated killers experience serial killing. The purpose of this study was to address

this gap by (1) identifying common themes in the psychological experiences of HCSKs and (2) examining how they justify their actions using neutralization techniques. Another purpose of this study is to identify similarities and differences between the subjective experiences of HCSKs and violent serial killers who may be sexually motivated. The importance of comparing these two subtypes of serial homicide is that firstly, it may help support any universal similarities in the experiences of sexually violent and non-sexually motivated killers. Such information could provide a better understanding of serial homicide in its totality.

Secondly, identifying differences in the experiences of HCSKs and violent and/or sexually motivated serial killers (i.e., SSKs) is equally important since it will allow for a better understanding of which experiences are unique to each serial killer subtype. For the purposes of this analysis, killers are considered SSKs if they have murdered two or more victims in separate events, which is the standard definition presented by the FBI (2008). Secondly, they are considered sexual homicide offenders if their crimes fit within the criteria of Ressler et al.'s (1988) definition of sexual homicide. Ressler et al. states that a homicide is considered sexual if it meets any of the following criteria:

1) victim attire or lack of attire

2) exposure of the sexual parts of the victim's body

3) sexual positioning of the victim's body

4) insertion of foreign objects into the victim's body cavities

5) evidence of sexual intercourse (oral, anal, vaginal) and

5) evidence of substitute sexual activity, interest, or sadistic fantasy (p. xiii).

Based on the definitions above, the accounts of two violent serial killers, Richard Ramirez and Aileen Wuornos, will be examined in the following sections. Given the small

sample of three HCSKs in the current study, two violent serial killers were selected. Richard Ramirez was an SSK who was convicted of thirteen murders that took place between 1984 and 1985 in the suburbs of Los Angeles and San Francisco, California (Carlo, 2006). Ramirez was known for breaking into his victims' houses at night, where he brutally raped and murdered his victims and mutilated their bodies (Carlo, 2006).

Richard Ramirez has statements that reveal his subjective experiences of his crimes which is why his statements were included for study (Carlo, 2006; Hye Nuv, 2018). Aileen Wuornos was not an SSK but lured in seven male victims by prostituting herself to her victims and then murdering them violently by firearm (Arrigo & Griffin, 2004). An analysis of her account will be included to demonstrate that "feeling misunderstood" is a theme that is commonly experienced across different types of serial killers.

Shared Similarities Between HCSKs and Violent and/or Sexually Motivated Serial Killers

There were several similarities and differences in the perceptions and subjective experiences between HCSKs and SSKs when they reflected on how they justified their crimes, victims and own identities. There were five thematic similarities identified in the psychological experiences of HCSKs in this study and violent and/or sexually motivated serial killers from the current literature and their own statements. The following six themes will be discussed in the following order: (1) feelings of being misunderstood, (2) blaming the authorities, (3) denying the victim, (4) seeking control versus losing control, and (5) precipitating events.

Feelings of Being Misunderstood. Feeling misunderstood and betrayed by others was a common theme within HCSKs in the current study. However, this theme is also present when reviewing the accounts of two violent serial killers: Aileen Wuornos and Richard Ramirez. Donald Harvey experienced feelings of betrayal and being misunderstood by others through

expressing his disgust at psychologists who he felt were not there to help him or understand him, but instead were profiting from his crimes (Roth, 1993a, 1993b). Similarly, Richard Ramirez expressed similar sentiments when he spoke out at court after being convicted of thirteen counts of first-degree murder. In court, Ramirez stated the following:

> "I don't even know why I'm wasting my breath, but what the hell. You maggots make me sick. You don't understand me, you are not expected to. You are uncapable of it. I am beyond your experience. I am beyond good and evil. Legions of the night (unintelligible)… Repeat not the errors of the night prowler and show no mercy. I will be avenged. Lucifer dwells within us all." (Hye Nuv, 2018, 0:06).

Based on this account, Ramirez expressed his disgust at the public and the courts, who he felt were not worthy of his time. He emphasized that not only do they not understand him, but also that they are incapable of understanding him. Richard Ramirez's speech to the court can be paralleled to Donald Harvey's disgust towards psychologists and justice system, who he discredited as non-experts. Instead, he viewed them as opportunists who did not understand him or treat him humanely.

Similarly, Aileen Wuornos also expressed similar sentiments to Donald Harvey in her final interview before her execution (Broomfield & Churchill, 2003). During her interview with Nick Broomfield, Wuornos expressed feeling used and wronged by the justice system and the entertainment world. Her feelings about the cruelty of the criminal justice system and the entertainment industry is evident in the following quote: "You sabotaged my ass society. And the cops and the system, a raped woman got executed. It was used for books and movies and shit" (Broomfield & Churchill, 2003; 1:20:45). She displayed distrust and reluctance to the interviewer when she told him, "I'm not giving you book and movie info, I'm giving info for

investigations and stuff and that's it" (Broomfield & Churchill, 2003, 1:21:37). By these comments, it is evident that Wuornos experienced pain and resentment and felt she had been objectified by a world who failed to recognize her humanity. Wuornos was particularly vocal about being wronged and used for fodder for entertainment purposes, instead of being helped, heard, and saved. Wuornos's experience is comparable to Donald Harvey's perception of psychologists, who he felt only cared about profit. Overall, Donald Harvey, Richard Ramirez and Aileen Wuornos claimed they either felt misunderstood and or used for profit by others. In the context of neutralization techniques, one could argue that HCSKs in the current study and violent serial killers Aileen Wuornos and Richard Ramirez may both be using *victimization* to neutralize their actions.

Blaming the Authorities. HCSKs in this study had perceived that the authorities (i.e., investigators, healthcare administration) had also been responsible for the murders due to their negligence (e.g., lack of surveillance) and lack of thoroughly investigating their cases. Charles Cullen blamed the hospital staff, who he claimed knew about the killings but did not escalate his activities further to avoid legal ramifications (Kroft & Simon, 2013). Elizabeth Wettlaufer perceived that it was very easy to obtain the insulin to kill her patients. She did so by pointing out the structural flaws of the hospitals where she worked such as a lack of surveillance and lack of tracing on insulin supplies (OPP, 2016, p. 58).

There is a parallel between the theme of blaming the authorities in this current study to themes identified in James and Gossett's (2018) study on the neutralization techniques most frequently used by serial killers based on the theoretical underpinnings of Sykes and Matza (1957). James and Gossett's (2018) sample of killers also blamed the authorities for the

prolongation of their own crimes through “condemnation the condemners”. This was a common technique used by serial killers who blamed law enforcement in James and Gossett’s study.

Blaming law enforcement or higher authorities has also been identified in the accounts of Aileen Wuornos, who was adamant that law enforcement knew she was a budding serial killer. According to Wuornos, law enforcement had set her up to be a serial killer by stating the following: “Let them know that I know the cops knew who I was before Richard Mallory died. I left prints everywhere and they covered it up. They let me kill the rest of those guys to turn me into a serial killer” (Broomfield & Churchill, 2003, 1:14:18). Wuornos expressed her adamance and outrage when being questioned by the interviewer, pleading to him, “And I’m telling you because the cops let me keep killing them Nick! Don’t you get it?” (Broomfield & Churchill, 2003, 1:19:45). Overall, findings from both James and Gossett’s (2018) qualitative study on violent serial killers and Aileen Wuornos’ verbal accounts are comparable to how HCSKs in the current study blamed the legal authorities and hospital administrators for the facilitation and prolongation of their killings.

Denying the Victim. One HCSK in the current study, Elizabeth Wettlaufer, expressed feeling that some of her victims made her profession difficult and reasoned that these victims died because they were asking for it. Elizabeth Wettlaufer described several of her victims negatively, particularly her male victims whom she claimed were sexually abusive. She also pondered on whether her victims’ rudeness was critical in selecting them to die (OPP, 2016, p. 38). However, Wettlaufer also contradicted herself at times by confessing that her victims were innocent people (OPP, 2016, p. 88; OPP, 2016, p. 108).

The theme of blaming the victim is one that is common in James and Gossett’s (2018) study on neutralization techniques used by violent SSKs. James and Gossett discovered that *the*

denial of victim was the most frequently used neutralization technique in their sample of killers. In other words, their subjects were most likely to rationalize that (1) their victims were no good or (2) argue that if their victims had not fought back and complied, they would still be alive. James and Gossett posited that by denying the victim, the serial killers were able to view themselves as the true victims. Arguably, Wettlaufer may have used a similar technique to the subjects in James and Gossett's study. She may have tried to rationalize that she was the true victim by denigrating her male victims as mean, abusive and perverted.

Differences Between HCSKs and Violent and/or Sexually Motivated Serial Killers

Conversely, there were differences in how SSKs and HCSKs experienced serial homicide and justified their crimes. There were two crucial differences identified in this study between HSCKs and SSKs. These two differences were (1) denying victims were suffering, (2) experiencing fantasies, which will be elaborated below.

Denial of Injury. First, both HCSKs and SSKs differed in how they perceived the pain and suffering they had caused their victims in their deaths. In the current study, HCSKs tended to deny that their victims were suffering in any way when they were killed by them. Contrarily, James and Gossett (2018) found that their sample of violent killers were less likely to deny their victims were injured. As stated earlier, James and Gossett used Sykes and Matza's (1957) techniques of neutralization to frame how serial killers neutralize the severity of their crimes. Overall, James and Gossett's results showed that serial killers in their study were less likely to denial of injury in their victims. In their study, there was only one instance in which a killer denied the victim was in pain when they were killed. The sole case in their study was Dennis Nielsen, an SSK who told his dead victim that he was not hurting at all. James and Gossett's

study demonstrated that more likely than not, these killers did not deny the injury they inflicted on their victims.

Contrarily, in this study, denial of injury was commonly used by HCSKs, who denied that their victims suffered greatly by their actions. HCSKs often described how their victims died a quick and painless death from their injections. Donald Harvey emphasized how it took *only* two seconds for his victims to die, implying that it was a quick death that did not involve much suffering (Roth, 1993b). He also described himself as freeing his victims. Elizabeth Wettlaufer perceived her victims as dying peacefully (OPP, 2016, p. 54). However, although there was an instance where she contradicted herself by describing her victims having convulsions and turning red after injecting them. Charles Cullen stated that he thought he was helping his victims by killing them and putting them out of their misery.

Overall, these comparisons suggest violent and/or sexually motivated serial killers may not share the same perceptions of their victim's demise as HCSKs. HCSKs in the current study perceived their victims' death as painless and freedom from a life of undignified suffering. However, violent and sexually motivated serial killers do not deny the pain they have caused their victims. As James and Gossett (2018) explain, it would be difficult for a sexually sadistic serial killer who has tortured and sexually assaulted their victims to deny they have caused them harm. HCSKs in this sample did not use brutally violent means to murder their victims, instead using medical instruments (i.e., injection by needle) to kill their victims, just as a doctor or nurse would do to a patient in need of their medication. Different methods used between HCSKs and violent sexual killers may help explain why perception of injury to the victim differs between each subgroup.

Experiencing Fantasies. No HCSKs in the current study claimed to have violent or sexual fantasies prior to or around the times of their killings. Yet, the development and experience of violent and sexual fantasies has been identified in several theories and models of serial homicide (Arrigo & Purcell, 2001; Burgess et al., 1986; Hickey, 1997, 2009; Ressler et al., 1988). MacCulloch et al. (1983) studied the association between sadistic sexual fantasies and subsequent criminal behaviour in psychiatric patients diagnosed with psychopathy. In their study, psychopaths practiced their violent sexual fantasies by trying out parts of their fantasies such as stalking, terrorizing their victims using threats or violence, and ultimately, murdering their victims. The concept of a personal fantasy world is an important one that is rooted in childhood development and is considered a crucial experience that leads one to commit serial homicide (Burgess et al., 1986; Carlisle, 1993; Hickey, 2009).

Carlisle (1993) suggested that deep-seated feelings of emptiness and sadness will lead to excessive daydreaming and fantasies in a child. Carlisle stated all that exists within these sexually violent fantasies (fueled by anger and emptiness) begin to take control over an individual's reality, leading them to crave acting out their fantasies in real-life. Hickey's (1997) trauma-control model of serial homicide suggests that environmental factors such as traumatizations (e.g., especially rejection) are influential in indicating whether an individual will become a serial killer, more than predispositional factors (e.g., biological factors). These traumatizations instill low self-esteem, social rejection, and feelings of worthlessness in a developing child or adolescent.

In Hickey's (1997) model, children create fantasies which serve as an escapism for these abused children and help them take control of their lives and cope with trauma that was not properly addressed (i.e., therapy). Hickey also adds that fantasies progressively become more

violent with substance use, pornography, and being situations that reinforce trauma (e.g., rejection), and these fantasies fuel the impulse to commit homicide. Burgess et al.'s (1986) motivational model compliments the trauma-control model in terms of its take on the relationship between early childhood and adolescent trauma and the subsequent formation of violent and sexual fantasies. In Burgess et al.'s model, a child's exposure to trauma (e.g., witnessing or being a victim of sexual or physical abuse), improper socialization and development due to failing to properly attach to a parent or guardian leads to the development of patterned behaviours and thoughts that are negative and antisocial. Ultimately, their thoughts develop into specialized fantasies that are used to compensate feelings of isolation.

Keppel and Walter's (1999) typological model on signature killers categorizes SSKs into four types of murderers, two types of whom experience fantasies: the power-reassurance (PR) and anger-excitation (AE) killers. They describe the PR killer as one who seeks reassurance from his victims of his sexual prowess. The PR rape murderer is acting out a fantasy where he achieves feelings of adequacy in a sexual conquest. However, when rejected, this killer is driven by homicidal rage and seeks control over the victim, leading to overkill. The AE killer is sadistic receives gratification through hurting, dominating, and humiliating his victim. Inflicting pain and using torture revitalizes specific fantasies that are generated by the AE killer and the cycle repeats.

The models and theories of SSKs above demonstrate that fantasies function as following: (1) a maladaptive process that begins in childhood as a result of poor attachment and traumatic events (i.e., abuse) and feelings of worthlessness, (2) a coping mechanism to preserve one's self-esteem and sense of control, (3) to live out another identity and engage in acts in an imaginary

world that could not done in reality and (4) an experience that is catalytic in the commission of serial homicide and is protected upon committing sexual murder.

In the current study, no HCSKs discussed experiencing an internal fantasy world, contrary to what has been identified in the literature on SSKs. HCSKs in the current study spoke of their crimes in a pragmatic manner by rationalizing that they killed to save their victims from a life of agony. Elizabeth Wettlaufer spoke of dealing with severe mental health issues at the time of her killings, stating that at the time she thought she was being summoned by God to kill her patients (OPP, 2016, p. 85). The experience of fantasy appears to be ritualistic step that is experienced more than once according to several models of serial homicide (e.g., Burgess et al., 1986; Hickey, 2009). Elizabeth Wettlaufer described her God-intervening experiences as reality rather than a fantasy. However, Wettlaufer's recurrent experiences of divine intervention and the victims being the chosen ones were ritualistic and occurred almost every time she injected an overdose of insulin into her victims. However, HCSKs did not explicitly state they experienced fantasies or tried out behaviours from an internalized fantasy world.

Chapter 8: Discussion

The purpose of this present study was to (1) explore the serial homicide phenomenon through qualitative psychology, and (2) expand the knowledge of healthcare serial homicide. To date, a qualitative exploration of serial homicide through the perspective of the offenders has rarely been investigated (Henson & Olson, 2010). Additionally, there is an overwhelming focus on violent serial killers who murder out of sexual motivation, and such killers have now become the only widely recognized representation of serial homicide (Hodgkinson et al., 2017). An overwhelming focus on serial sexual homicide diverts research attention away from the non-

sexually motivated killers such as HCSKs, which is detrimental to understanding serial homicide in its totality.

While HCSKs may not use brutal and sexually sadistic methods to murder their victims, they may incur even greater societal harm given their ability to evade detection and, as a result, accumulate more victims than their violent and sexually motivated counterparts (Lubaszka et al., 2014). For example, Harold Shipman was suspected to have claimed over 200 victims before finally being apprehended and convicted (Yorker et al., 2006). Lubaska et al. (2014) have suggested that serial killers are produced more in the healthcare industry than in any other profession. The prolificity of serial homicide in healthcare settings renders it necessary to clarify healthcare serial homicide in terms of the crime, the victims, and the perpetrators.

Prior to this study, qualitative inquiry into the subjective psychological experiences of healthcare serial murder had rarely been explored. This study has revealed some insights into how three HCSKs psychologically experience and justify their crimes which could help with (1) addressing the current literature gaps and (2) exploring potential research directions to further elucidate healthcare serial homicide. This study primarily investigated subjective experiences of HCSKs using qualitative psychological methods (i.e., GT).

The results of this study identified similar trends in how three HCSKs perceive themselves, their victims and experience serial homicide. This study also discovered that HCSKs in the current study frequently justified their actions using several techniques of neutralization (Bryant et al., 2018), which help them reduce feelings of guilt, responsibility and accept their own criminal actions. Similar experiences and justifications of criminal behaviour were also discovered in studies conducted on violent serial killers. The most consistently identified psychological mechanism that HCSKs in the current study experienced was inner conflict in how

they perceived their own identities and actions. HCSKs in this study tried to retain a positive and socially acceptable image by, which indicates they used the neutralization technique *appealing to good character* (Bryant et al., 2018). This was evident when HCSKs either (1) talked about being a family member (2) rejected being associated with mental illness, (3) avoided admitting they were serial killers or (3) tried to lead as normal a life as possible during the killings.

However, HCSKs also recognized and acknowledged that indeed, there was something deeply wrong with themselves internally. HCSKs may be experiencing conflict and may be trying to rationalize and preserve positive self-affect by claiming to be normal. HCSKs also struggled with internal conflict between perceiving themselves as being ruthless serial killers and saviours who ended the suffering of their ailing patients. Their identity conflict could be interpreted as them trying to rationalize their killings as acts of liberation and justice for their dying patients, therefore denying them as victims.

Previous literature on serial homicide have suggested that serial killers try to minimize their own guilt and self-blame by deflecting responsibility of their crimes from themselves and blaming others (James & Gossett, 2018). James and Gossett theorized that minimizing personal responsibility allows serial killers to preserve a positive self-image and reduce negative feelings (i.e., guilt) which helps them continue their crimes. This current study identified that HCSKs similarly experience conflict and attempted to reconcile their negative feelings using specific justifications (i.e., techniques of neutralization) to condone their killing behaviours. However, future research with a larger sample size could replicate the current study to follow up on how HCSKs justify committing serial homicide. It would be informative to investigate whether a larger sample of HCSKs use specific rationalizations even or novel neutralization techniques as a crutch to mentally support their urges and prolongate their crimes.

This study also identified differences within the HCSKs that are worth exploring in future studies. For instance, there were differences between the subjective experiences of male and female HCSKs in the current study. This study identified that the male HCSKs (Charles Cullen and Donald Harvey) and female HCSK (Elizabeth Wettlaufer) differed in their level of transparency when they discussed their psychological disturbances or emotional experiences. Males in the current study were either (1) less transparent in discussing their feelings and state of mind or (2) hesitated or refused to admit that they were different from others. Specifically, they perceived the label of "serial killer" or "mentally ill" as undesirable. Elizabeth Wettlaufer, the single female HCSK in this study, was descriptive about how she felt emotionally about herself and the crimes she committed. She openly discussed her substance abuse issues and psychiatric diagnosis of BPD.

However, these findings are minimal, relying on a relatively small sample size. Furthermore, only one female HCSK was analyzed in the current study so it would be faulty to conclude that there are definitive gender differences between male and female HCSKs. Therefore, future research studies focusing on the differences between male and female HCSKs would be beneficial to clarify gender differences in serial homicide. Female serial killers are not as widely studied as male serial killers (Keeney & Heide, 1994). Additionally, it should be noted that the number of male and female HCSKs are almost equal, yet males are dominant in serial homicide outside of the healthcare industry (Hickey, 2009; Lubaszka & Shon, 2013). Investigating gender differences between male and female HCSKs in the future may shed light on the experiences and motivational trajectories of female serial killers since they are more prevalent in the healthcare industry. Future gendered studies on HCSKs may also provide more insight to why female serial killers are so much more prevalent in healthcare settings.

Similar and different experiences have been identified within HCSKs and between HCSKs and violent and/or sexually motivated serial killers. However, there continues to be missing gaps and gray areas in how HCSKs experience serial homicide. As an example, serial homicide literature has consistently identified fantasy as a catalytic driver that pushes an offender from their imaginary world to committing real atrocities (i.e., rape, murder) (e.g., Ressler et al., 1988). Fantasy was not identified as a theme in the accounts of HCSKs in the current study. Although HCSKs did not discuss fantasy, it may be faulty to infer that HCSKs do not experience fantasy and are therefore dissimilar to other serial killers who have an internalized fantasy world (i.e., SSKs). The reason this may be a flawed interpretation is that the current study's data is limited in terms of quantity and that this study utilized secondary data rather than first-hand accounts through interviews. There may not be enough data to exclude fantasy as an experience not found in the HCSK population. However, this issue can be addressed in future studies through adjusting methodological gaps.

As stated earlier, this study relied on archival interview data to explore how serial killers in the healthcare industry experience serial homicide. For feasibility purposes, secondary data analysis had to be conducted to explore the research questions of the current study. However, the use of secondary analysis may have impeded on the ability to fully capture and analyze the subjective experiences of HCSKs. With secondary data analysis, there is a lack of control in terms of direction. Specifically, a researcher cannot ask questions, probe or follow up on comments made by HCSKs in their respective interviews. Future studies would be able to obtain richer and more detailed accounts from offenders through an interview setting.

Lubaszka et al. (2014) also recommended that in-depth interviews would enhance the knowledge of healthcare serial homicide. Kerr and Beech (2016) conducted interviews with

sexual homicide offenders and analyzed common themes in their interviews to understand their motivations in committing sexual homicide. They noted that scholars have called for a phenomenological-descriptive approach in studying sexual homicide. They also stated that quantitative studies may hinder understanding the motivations of sexual homicide. Similarly, Skrapec (2001a) also advocated for a phenomenological approach to serial homicide. Skrapec stated that literature on serial homicide has focused too intently on (1) studying the pathology of the offender using traditional psychological tools (e.g., psychometric tests) and (2) using broad descriptions of the offenders, victims, and crime scenes to clarify the serial homicide phenomenon.

According to Skrapec (2001a), neither of these approaches provide deeper insight into the lived experiences of serial killers. She proposed the need to move away from conventional methods and to use phenomenology by examining the way killers describe their crimes, their lives, and the world around them. Future studies that aim for a clearer understanding of how HCSKs process, experience, and rationalize the act of serial homicide should consider conducting in-depth interviews with HCSKs and using a phenomenological approach. These methodological steps can allow researchers to (1) take control of the interview to attain all the necessary details and (2) thoroughly conduct a structured analysis that is precise, reliable, rich, and informative.

Studying the internal experiences of serial killers is essential to understand the serial homicide phenomenon. However, the study of subjective experiences is only one aspect of serial homicide. The exploration of a serial killer's internal world should be studied along with other factors of serial homicide. Firstly, exploring the developmental trajectories of HCSKs in future studies would be informative and add to the healthcare serial homicide literature. Exploring the

development of HCSKs can be achieved by investigating sources outside of the offender's account and looking into validated data sources from books, articles and the accounts of the friends or family members of HCSKs. Reid et al. (2019) investigated the developmental pathways of SSKs and concluded that a unified developmental model of serial sexual homicide may never be possible given developmental complexity and unique experiences of each individual SSK. They also concluded that engaging in serial homicide may just be a way for SSKs to cope with the instability in their psychopathology rooted in childhood. Applying a life-course theory of crime to HCSKs to study their (1) development, (2) influential life events and (3) risk and protective factors from conception to death would help clarify the psychopathology and development of HCSKs (Farrington, 2010).

Secondly, looking into the structural factors that may facilitate the commission of healthcare serial homicide (e.g., flaws in the system and regulations of healthcare institutions) would help build a better understanding of how these crimes occur for a lengthy period without detection. HCSKs in the current study perceived a lack of security measures in their place of employment by lack of surveillance and easy access to medications. Investigating the structural factors of healthcare institutions in terms of its regulations and security are worth investigating since knowledge of these factors are just as important to help prevent future serial homicide occurrences.

Chapter 9: Limitations

Several themes were identified in the accounts of Elizabeth Wettlaufer, Charles Cullen and Donald Cullen, which suggest that they may share experiences that are unique to HCSKs. However, the killers within the current study also shared similar perceptions of their own identities, emotions, and psychological experiences to their sexually motivated counterparts.

These similarities suggest that there may be some universal similarities between HCSKs and SSKs.

Despite the findings above, several limitations within this study should be addressed. Firstly, this study relied on a small sample size. GT does not specify a minimum number of cases for analyses (Charmaz, 2015). Instead, GT emphasizes on attaining *theoretical saturation*¸ which refers to gathering enough data to the point where further data collection would no longer be productive to the already observed themes or theoretical categories (Bloor & Wood, 2006; Charmaz, 2008). It should be noted that theoretical sampling (i.e., collecting specific data to build emerging theories from the data) is limitless in GT (Bloor & Wood, 2006; Charmaz & Henwood, 2010). Although sampling is limitless, the current study investigated the subjective experiences and accounts of only three HCSK offenders. The lack of available data means that the results and analyses in the current study are limited to the three offenders.

Issues that affected the current's study sample size was that HCSKs do not willingly confess their murders as often as violent sexually motivated serial killers, as reflected in this study. For instance, convicted HCSKs such as Efren Saldivar and Orville Lynn Majors provided interviews to major news outlets. However, their accounts were limited because both denied being involved in their convicted crimes (Jarriel et al., 1997; Vargas et al., 1998). It should be noted that Saldivar initially confessed to murdering his patients but recanted his confession and professed his innocence on an ABC News report covering his case (Vargas et al., 1998). Overall, a small sample size and dataset for analyses means that one should be cautioned to generalize about HCSKs based on findings in the current study. Instead, results from this study could serve as a guide to devise a set of questions for follow up research to explore any missing gaps of the psychological experiences and developmental trajectories of HCSKs.

A second limitation in this study is the disproportionate amount of data between each killer. Elizabeth Wettlaufer's account was comparably larger and more detailed than the accounts of Charles Cullen and Donald Harvey. Elizabeth Wettlaufer's police statement was over 111 pages long on a .pdf file. Charles Cullen's interview totaled 14 pages on a .doc file. And lastly, Donald Harvey's accounts came from three interviews, totalling 9 pages on .doc file. The disproportionate amount of data between killers would mean that Wettlaufer's accounts has more substance and can be more deeply analyzed. Irrespective of the large discrepancies of data between offenders, this study was able to properly conduct a qualitative analysis and comparison of each offender's experiences and perceptions.

A third limitation found in this study is that the venue of where the interviews took place differed between killers. Charles Cullen and Donald Harvey both spoke to media personnel from CBS News and/or ABC. However, Elizabeth Wettlaufer's interview was an interrogation, where she confessed all her crimes willingly to a law enforcement officer who had the authority to arrest her. The power dynamic between interviewer and killer may differ between a media context and a law enforcement context.

The argument is that killers being interviewed by the media may feel less pressured in an interview with a news reporter than with law enforcement personnel who have authority to arrest them. News broadcasters are seeking out these killers for ratings, so killers may have the upper hand and power to decline commentary. Additionally, there is the possibility that killers being interviewed by the media may attempt to respond in socially desirable ways. Maxfield and Babbie (2014) discussed the problematic influence of 'social desirability' on self-report questionnaires (SRQ) or face-to-face interviews. They stated that people will filter their responses when being interviewed to make themselves look good. Furthermore, the interviewer

who is interviewing the participant can greatly affect the types of responses being elicited. For instance, Ted Bundy who was interviewed by a Christian pastor spoke in socially desirably ways that fit into the pastor's Christian narrative by pointing out the dangers of pornography on his crimes (KingdomWorks Studios, 2018). Based on Ted Bundy's example,people who are being interviewed by a national broadcaster will try to present a more socially acceptable image for a specific audience. With regards to the current study, HCSKs may try to present themselves more favourably by glossing over certain details about their crimes or may try to garner sympathy by also portraying themselves as victims.

Overall, (1) the venue where the interview took place and (2) the interviewer may affect how the killers discuss the crimes, which may affect the analyses of their accounts. It should also be noted that Elizabeth Wettlaufer showed no such resistance when she was interrogated by law enforcement. She was willing to talk about her involvement in her crimes despite the power differential between herself and the police officer who interviewed her. Regardless, these limitations (i.e., interview venue and interviewer) should be considered when evaluating the experiences of HCSKs in the current study.

A fourth limitation to consider is timing, in terms of when the interview took place after Charles Cullen and Donald Harvey were arrested and discovered to be healthcare serial killers. Charles Cullen was interviewed in 2013 by CBS News, eleven years after he was apprehended (Kroft & Simon, 2013). Donald Harvey was interviewed in 1991 and 1993, four to six years after he was arrested and convicted of murder (CBS News, 1991; Roth 1993a, 1993b). However, Wettlaufer confessed to the killings before she was apprehended and willingly provided a police statement detailing the crimes. The differences between each offender in terms of the time gap from their conviction date to their interview date may affect (1) the homogeneity of the data and

(2) how each offender perceived or remembered their offenses. As time goes on, serial homicide offenders who have had time to reflect on their crimes may have different perceptions from when they were first discovered as perpetrators.

Personal motivation depending on when the interview took place can affect how an offender explains their motivation and experience of murder. As an example, Ted Bundy's accounts differed between interviews. Long after his apprehension, Bundy's accounts were published in a book titled *Conversations with a Killer* (Michaud & Aynesworth, 2000) and Bundy spoke in-depth about the details of his methods and fantasies to a couple of journalists. Yet, as discussed earlier, in Bundy's interview with a Christian pastor a day before his execution, Bundy focused on pornography as a factor in his murders (KingdomWorks Studios, 2018). Furthermore, Bundy was also willing to be interviewed to provide information on the whereabouts of some of his victims to delay his execution (Blanton & Crawford, 1989).

The study of subjective experiences (e.g., phenomenological-descriptive research) does not focus on the truthfulness of the facts about the crime (Skrapec, 2001a). Yet, it could be argued that Bundy differing responses were largely based on his personal motivation (i.e., delaying his execution). Therefore, the veracity of the accounts of each offender in the current study should be considered. It is uncertain whether the time gap between each offender's arrest and date of the interview skewed or changed how they perceived their crimes or serial killer identity. None of the killers in the sample denied their crimes and fully admitted they were the culprit in their series of murders. Out of the three offenders, Charles Cullen was the most evasive when asked questions about his feelings and mindset during his killings.

A fifth limitation is that this study used secondary data, which gives the researcher little control over what information to extract. The information is limited only to the data being

presented, with no ability to follow-up with questions. Arguably, the interviews conducted by ABC and CBS with Donald Harvey and Charles Cullen, were not meant to be studied for academic purposes. These media interviews conducted by investigative journalists were meant to capture the interest of viewers for ratings by providing them a glimpse into the motivations of HCSKs. The end goal of investigative journalists differs greatly from qualitative researchers. The former aims capture a story that will garner more attention from the public whereas qualitative researchers in academia are interested in the gaining rich insight into the experiences of their subjects. Overall, a lack of follow-up and delving further into experiences cannot be achieved through secondary analysis of archival data. These are limitations of archival data, whereas interviews provide more control and flexibility since a researcher would be able to probe for detailed responses.

Lastly, there may be a gender bias within this sample. Elizabeth Wettlaufer was the only female analyzed in the current study, therefore the current sample lacked homogeneity in this aspect. The lack of homogeneity in gender across all killers suggest that the sample may lack some uniformity. This study found that male HCSKs in the currentstudy were either reluctant to admit being defined as a serial killer or emphatically rejected any label associated with mental illness. Yet, Wettlaufer, the sole female HCSK in the current study differed from the other two males and was open about her mental health struggles and emotional turbulence through her killing career. Based on this anecdotal observation, the literature would suggest that male HCSKs may not want to appear as weak and helpless, instead opting to preserve an ideal masculine figure who is strong, silent, and independent (Wendt & Shafer, 2016). However, it should be noted that the current study had a very small sample containing only one female HCSK and two male HCSKs therefore gender differences cannot be established.

Chapter 10: Conclusion

Overall, this study has provided some clarity into the inner worlds of three HCSKs, who within themselves struggled with (1) the moral repercussions of their actions, (2) their own sense of belonging in the world they live and (3) battled between being a serial killer and a saviour of their patients. HCSKs in the current study also expressed being psychologically, situationally and personally motivated to murder through (1) desiring control or being controlled (2) feeling psychologically disturbed or stressed, (3) coping poorly from their workplace and (4) perceiving their crimes as a personal duty. In addition, HCSKs in the current study rationalized that their crimes were prolongated due to the negligence of their employers and battled between the desire of being caught or being apprehended. And lastly, HCSKs in the current study claimed to experience stress and claimed that killing their patients provided them a sense of relief and/or elation from their work-related stress and psychological disturbances.

HCSKs in the current study justified their actions and their crimes in ways that parallel the techniques of neutralization (Sykes & Matza, 1957). Specific neutralization techniques used by HCSKs in the current study were the following

(1) the defense of necessity (i.e., legitimization of crimes by claiming they were to end the suffering of others)

(2) the denial of responsibility (i.e., killing due to uncontrollable circumstances such as being controlled by God, homicidal compulsions and/or stress)

(3) the denial of victim (i.e., claiming patients were sexual aggressors or needed to be put out of their misery)

(4) condemnation of the condemners (i.e., blaming healthcare administrators were for failing to prevent the crimes from occurring)

(5) the denial of injury (i.e., claiming the killings were quick, painless and ended the victims' suffering)

(6) the appeal to good character (i.e., emphasizing socially desirable characteristics and rejecting being labeled as mentally disturbed or a serial killer)

(7) victimization (i.e., claiming to feel betrayed and misunderstood by others; feeling overworked and stressed; alleging they were abuse victims in their childhood or as nurses)

(8) the appeal to higher loyalty (i.e., claiming to murder victims out of loyalty to God)

Comparisons between HCSKs in this study and violent serial killers in the literature also demonstrate that each have used similar neutralization techniques to justify their crimes (Bryant et al., 2018). Specifically, each justified their crimes through(1) victimization (i.e., feeling misunderstood and victimized by the system), (2) blaming the authorities (i.e.,) and (3) denial of victim (i.e., blaming victims' deaths on their behaviours). HCSKs in the current study also showed dissimilarities in how they experience, perceive and justify their crimes. Most notably, HCSKs denied their victims were suffering while violent sexually motivated killers could not excuse the pain they inflicted on their victims. Furthermore, fantasy, which is often cited as an experience in models and theories of SSKs, was not discussed as experience from HCSKs in the current study. Future studies would benefit from investigating whether fantasy is present in the experiences of HCSKs. It would be interesting to discover whether another study would replicate the findings in the current study or provide evidence that fantasy is present in the HCSK population.

By using a GT approach, this project aimed to expand on unfolding the subjective experiences of three HCSKs. There are very few studies that have investigated HCSKs, therefore

knowledge about this serial killer subtype remains limited. Regardless of this limitation, the implications from this project are significant and impactful in several different ways. Firstly, revelations about the motivations, emotions and perspectives of HCSKs will add to the literature of serial homicide. The current knowledge of healthcare serial killing is limited. However, an in-depth analysis into the accounts of HCSKs may help expanded the knowledge of their psychological processes.

Additionally, this study has provided some theoretical insight into what may drives these types of murderers to kill repeatedly. Therefore, qualitative inquiry into serial killers who murder in the healthcare industry may help clarify serial murder etiology in terms of how each subtype (non-sexually motivated versus sexually motivated) experiences serial murder similarly and differently. In addition, findings from this study have helped open new lines of inquiry for future studies. Studying the development of HCSKs and factors that help facilitate and prolongate the commission of healthcare serial murder are areas that should be investigated. As previously mentioned, healthcare serial killing may be the most preventable form of serial murder (Lubaszka & Shon, 2013). Lubaszka et al. (2014) also explained that HCSKs do not have to hunt for victims since they are patients who are already easily accessible to them. Studying the healthcare system and development of HCSKs may help clarify the etiology of healthcare serial homicide and help with building preventative measures in medical institutions against healthcare serial murder.

Insights into how HCSKs perceive their dual roles as doctors and serial killers may be informative for researchers, hospital administrators and other healthcare workers to understand warning signs of HCSKs operating in their respective hospitals. Recognizing the issues in the system that help facilitate the prolongation of healthcare serial killing can help with policy

reform. Understanding structural and organization issues in hospitals can help create new regulations that could stop killers from manipulating the system. This study hopes that future research will continue to study the subjective experiences of HCSKs to provide a holistic understanding of serial homicide in its totality by (1) studying an understudied subtype and (2) developing insights that could help with detecting and preventing future HCSK occurrences.

Appendices

APPENDIX A

Data Collection: Date, Source, and Length of Interview and Confession

Case	Date of Interview	Interview release date	Source of Interview	Length of interview (Min.)	Length of interview (WC)	Confessed to crimes?
Charles Cullen	---	28-04-13	CBS News – 60 minutes	---	6892	Yes
Elizabeth Wettlaufer	05-10-16	---	Conducted by Ontario Provincial Police (released by CBC news)	154 min	----	Yes
Donald Harvey	---	05-02-03	CBS News – 60 minutes	---	2268	Yes
Efren Saldivar	---	10-04-98	ABC News – 20/20	---	3039	No (later yes)
Orville Lynn Majors	---	28-03-97	ABC News – 20/20	---	2947	No

Note. Date of interview provided for interrogations only (i.e., Elizabeth Wettlaufer, Dorothea Puente)

APPENDIX B

Categories and Themes Relating to Subjective Experiences of HCSKs

Categories	Themes

THEMES RELATING TO SELF-IDENTITY	• Feeling internally conflicted
	  ○ Moral Conflict
	  ○ Religious Conflict
	• Feeling misunderstood and victimized
	• Being a serial killer versus being a saviour
	• Being us versus being them

VICTIMS	• Perceiving victims' deaths as quick and painless • Perceiving victims as suffering alive • Reflecting on whether victim selection was personal

MOTIVATION	• Psychological
	  ○ Being in control versus losing control
	  ○ Experiencing psychological disturbances
	  ▪ Feeling overwhelmed and stressed

	▪ Feeling psychologically damaged inside • Situational o Work Stress/Coping poorly at work environment • Personal o Perceiving crime as a duty
EXPERIENCES AND PERCEPTIONS OF CRIME	• Wanting to be apprehended versus carrying on crimes • Blaming external factors for continual homicide o The authorities o Lack of Security/Surveillance o Trauma/abuse
EMOTIONAL EXPERIENCES	• Feeling remorse • Accepting guilt • Experiencing polarizing feelings during and after the murders o From anger to elation o From stress to relief • Feeling negatively about self

References

Adjorlolo, S., & Chan, H. C. (2014). The controversy of defining serial murder: Revisited. *Aggression and Violent Behavior, 19*(5), 486-491.

Arrigo, B. A., & Griffin, A. (2004). Serial murder and the case of Aileen Wuornos: Attachment theory, psychopathy, and predatory aggression. *Behavioral sciences & the law*, *22*(3), 375-393.

Arrigo, B., & Purcell, C. (2001). Explaining paraphilias and lust murder: Toward an integrated model. *International Journal of Offender Therapy and Comparative Criminology*, *45*(1), 6-31.

Beasley, J. O. (2004). Serial murder in America: Case studies of seven offenders. *Behavioral Sciences & the Law*, *22*(3), 395-414.

Bennell, C., Bloomfield, S., Emeno, K., & Musolino, E. (2013). Classifying serial sexual Murder/Murderers: An attempt to validate Keppel and Walter's (1999) model. *Criminal Justice and Behavior, 40*(1), 5-25.

Blair, R. J. R. (2003). Neurobiological basis of psychopathy. *The British Journal of Psychiatry*, *182*(1), 5-7.

Blanton, D. & Crawford, J. C. (1989, January 9). BUNDY OFFERED TO TALK TO DELAY EXECUTION – STATE SAID NO. *Orlando Sentinel.* https://www.orlandosentinel.com/news/os-xpm-1989-01-19-8901200301-story.html

Bloor, M. & Wood, F. (2006). *Keywords in qualitative methods: A vocabulary of research concepts.* Sage.

Broomfield, N., & Churchill, J. (2003). *Aileen: Life and death of a serial killer* [Film]. DEJ Productions.

Brown, S. E., Esbensen, F. A., & Geis, G. (2010). *Criminology: Explaining crime and its context* (7th ed.). Routledge.

Bryant, E., Schimke, E. B., Nyseth Brehm, H., & Uggen, C. (2018). Techniques of neutralization and identity work among accused genocide perpetrators. *Social problems*, *65*(4), 584-602.

Burgess, A. W., Hartman, C. R., Ressler, R. K., Douglas, J. E., & McCormack, A. (1986). Sexual homicide: A motivational model. *Journal of Interpersonal Violence*, *1*(3), 251-272.

Canter, D. V., Alison, L. J., Alison, E., Wentink, N. (2004). THE ORGANIZED/DISORGANIZED TYPOLOGY OF SERIAL MURDER: Myth or model? *Psychology, Public Policy, and Law*, *10*(3), 293-320.

Carlisle, A. L. (1993). The divided self: Toward and understanding of the dark side of the serial killer. *American Journal of Criminal Justice. 17*(2), 23-35

Carlo, P. (2006). *The Night Stalker*. Pinnacle Books.

CBC News. (2017, June 2). *Elizabeth Wettlaufer's full confession to police.* [Video]. https://www.youtube.com/watch?v=n3QxsNCg6uQ

CBS News. (1991, August 22). THE MIND OF THE SERIAL KILLER. *CBS News Transcripts.* https://advance-lexis-com.libproxy.wlu.ca/api/document?collection=news&id=urn:contentItem:3X87-7S60-009C-B326-00000-00&context=1516831

Charmaz, K. (2008) Grounded Theory as an Emergent Method. In S. N. Hesse-Biber & P. Leavy (Eds), *Handbook of Emergent Methods* (pp. 155-172). New York: The Guilford Press.

Charmaz, K. (2015). Grounded Theory. In J. A. Smith (Ed). *Qualitative Psychology: A Practical Guide to Methods 3rd edition* (pp. 53-84). London: Sage.

Charmaz, K., & Henwood, K. (2010). Grounded Theory. In C. Willig & W. Stainton-Rogers (Eds.) *The SAGE Handbook of Qualitative Research in Psychology* (pp. 240-260). London: SAGE Publications Ltd.

Contenta, S. & Siekierska, A. (2016, December 29). Inside the troubled life of Elizabeth Wettlaufer, the nurse on the night shift. *Toronto Star*. https://www.thestar.com/news/canada/2016/12/29/inside-the-troubled-life-of-elizabeth-wettlaufer-the-nurse-on-the-night-shift.html

Culhane, S. E., Hilstad, S. M., Freng, A., & Gray, M, J. (2011). Self-Reported Psychopathology in a Convicted Serial Killer. *Journal of Investigative Psychology and Offender Profiling, 8,* 1-21.

DeFronzo, J, Ditta, A., Hannon, L. (2007). Male serial homicide: The influence of cultural and structural variables. *Homicide Studies, 11*(1), 3-14.

Dietz, P. E. (1986). Mass, serial and sensational homicides. *Bulletin of the New York Academy of Medicine*, *62*(5), 477–491.

Douglas, J. E., Burgess, A. W., Burgess, A. G., & Ressler, R. K. (1992). *Crime Classification Manual: A standard system for investigating and classifying violent crime*. New York: Simon and Schuster.

Egger, S. A. (1985). *An Analysis Of The Serial Murder Phenomenon And The Law Enforcement Response (homicide)* (Order No. 8605112). [Doctoral dissertation, Sam Houston State University]. ProQuest Dissertations & Theses Global.

Egger, S. A. (2003). The less-dead. In E. Hickey (Ed.), *Encyclopedia of murder and violent crime* (pp. 278-278). SAGE Publications, Inc.

Farrington, D. P. (2010). Life-course and developmental theories in criminology. In E. McLaughlin & T. Newburn (Eds.). *The SAGE Handbook of Criminological Theory* (pp. 249-270). SAGE Publications.

Federal Bureau of Investigation (2008). *Serial Murder: Multi-disciplinary perspectives for investigators.* Washington, DC: Behavioral Analysis Unit, National Centre for the Analysis of Violent Crime, U.S. Department of Justice.

Flanagan, R. (2018). Court hears how police caught serial killer Bruce McArthur. *CTV News.* https://www.ctvnews.ca/canada/court-hears-how-police-caught-serial-killer-bruce-mcarthur-1.4281304

Fox, J., & Levin, J. (1998). Multiple Homicide: Patterns of Serial and Mass Murder. *Crime and Justice, 23,* 407-455.

Gao, Y., Glenn, A. L., Schug, R. A., Yang, Y., & Raine, A. (2009). The neurobiology of psychopathy: A neurodevelopmental perspective. *Canadian Journal of Psychiatry, 54*(12), 813-23.

Goffin, P., & Dolski, M. (2016). The eight people Wettlaufer allegedly killed. *Toronto Star.* https://www.thestar.com/news/canada/2016/10/25/the-eight-people-wettlaufer-allegedly-killed.html

Hare, R. (1993). *Without Conscience: The disturbing world of the psychopaths among us.* The Guilford Press.

Hare, R. D. (1996). Psychopathy: A clinical construct whose time has come. *Criminal Justice and Behavior*, *23*, 25–54.

Hare, R., D. (2008). Hare Psychopathy Checklist-Revised (2nd Edition). In Cutler, B. L. (Ed.), *Encyclopedia of Psychology and Law* (pp. 349-351). SAGE Publications, Inc.

Hazelwood, R. R., Douglas, J. E. (1980). The Lust Murderer. *FBI Law Enforcement Bulletin, 49*(4), 18-22.

Henson, J. R., & Olson, L. N. (2010). The monster within: How male serial killers discursively manage their stigmatized identities. *Communication Quarterly, 58*(3), 341-364.

Henwood, K. L., & Pidgeon, N. F. (1992). Qualitative research and psychological theorizing. *British Journal of Psychology, 83,* 97-111.

Hickey, E. W. (1997). *Serial Murderers and Their Victims* (2nd ed.). Wadsworth.

Hickey, E. W., (2009). *Serial Murderers and Their Victims* (5th ed.). Wadsworth, Cengage Learning.

Hodgkinson, S., Prins, H., & Stuart-Bennett, J. (2017). Monsters, madmen… and myths: A critical review of the serial killing literature. *Aggression and Violent Behavior, 34*(Complete), 282-289.

Holmes, R.M. & Holmes, S.T. (1998) *Serial Murder* (2nd ed.). Sage.

Holmes, R. M., De Burger, J., & Holmes, S. T. (1988). Inside the mind of the serial murder. *American Journal of Criminal Justice, 13*(1), 1-9.

Hye Nuv. (2018, December 21). *Richard Ramirez last words before 4 years trial ends.* [Video]. YouTube. https://www.youtube.com/watch?v=wgfRA-NTBKw

James, V., & Gossett, J. (2018). Of monsters and men: Exploring serial murderers' discourses of neutralization. *Deviant Behavior, 39*(9), 1120-1139.

Jarriel, T., Downs, H., & Walters, B. (1997, March 28). AN ANGEL OF DEATH?. *ABC NEWS.* Retrieved from https://advance-lexis-

com.libproxy.wlu.ca/api/document?collection=news&id=urn:contentItem:3RYB-Y5P0-007D-Y3SK-00000-00&context=1516831.

Jenkins, P. (1996). Serial Murder in England, Germany, and the U.S.A.: 1900-1940 in T. O'Reilly Fleming (Ed.), *Serial and Mass Murder: Theory, Research and Policy.* (pp. 77-91). Canadian Scholars' Press Inc.

Kaptein, M., & van Helvoort, M. (2019). A Model of Neutralization Techniques. *Deviant Behavior*, *40*(10), 1260–1285.

Keatley, A., Golightly, H., Shephard, R., Yaksic, E., Reid, S. (2018). Using Behavior Sequence Analysis to Map Serial Killers' Life Histories. *Journal of Interpersonal Violence, 00*(0), 1-23.

Keeney B. T., Heide, (1994). Gender differences in serial murderers: A preliminary analysis. *Journal of Interpersonal Violence, 9*(3), 383-398.

Keppel, R. D., & Walter, R. (1999). Profiling killers: A revised classification model for understanding sexual murder. *International Journal of Offender Therapy and Comparative Criminology, 43*, 417-437.

Kerr, K. J., & Beech, A. R. (2016). A thematic analysis of the motivation behind sexual homicide from the perspective of the killer. *Journal of Interpersonal Violence, 31*(20), 3464-3489.

King, A. (2008). In vivo coding. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 473-473). Thousand Oaks, CA: SAGE

KingdomWorks Studios. (2018, October 30). *Serial Killer Ted Bundy Describes the Dangers of Pornography the Night Before His Death.* [Video]. YouTube. https://www.youtube.com/watch?v=tfwJeHtrWNI

Kroft, S., & Simon, B. (2013, April 28). For April 28, CBS. *CBS News Transcripts.* https://advance-lexis-com.libproxy.wlu.ca/api/document?collection=news&id=urn:contentItem:589F-1DP1-JB20-G352-00000-00&context=1516831.

Kubrin, C. E., Stucky, T. D., & Krohn, M. D. (2009). *Researching theories of crime and deviance*. Oxford University Press, USA.

LaBrode, R. T. (2007). Etiology of the psychopathic serial killer: An analysis of antisocial personality disorder, psychopathy, and serial killer personality and crime scene characteristics. *Brief Treatment and Crisis Intervention, 7*(2), 151-160.

Lancaster, J. (2018). Did nurse Elizabeth Wettlaufer kill a 9th person? Court order raises questions. *CBC Toronto.* https://www.cbc.ca/news/canada/toronto/did-nurse-elizabeth-wettlaufer-kill-a-9th-person-court-order-raises-questions-1.4939583

Lagerquist, J. (2018). Researcher says she tried to warn Toronto police about a serial killer. *CTV News.* https://www.ctvnews.ca/canada/researcher-says-she-tried-to-warn-toronto-police-about-a-serial-killer-1.3819658

Lee, J., Reid, S. (2018). Serial Killers and Their Easy Prey. *Contexts, 17*(2), 46-51.

LePard, D., Demers, S., Langan, C., & Kim Rossmo, D. (2015). Challenges in serial murder investigations involving missing persons. *Police Practice and Research, 16*(4), 328-340.

Leyton, E. (1986) *Hunting Humans: The Rise of the Modern Multiple Murderer.* McClelland & Stewart Inc.

Lubaszka, C. K., & Shon, P. C. (2013). Reconceptualizing the notion of victim selection, risk, and offender behavior in healthcare serial murders. *Journal of Criminal Psychology*, *3*(1), 65-78.

Lubaszka, C. K., Shon, P. C., & Hinch, R. (2014). Healthcare serial killers as confidence men. *Journal of Investigative Psychology and Offender Profiling, 11*(1), 1-28.

MacCulloch, M. J., Snowden, P. R., Wood, P. J., & Mills, H. E. (1983). Sadistic fantasy, sadistic behaviour and offending. *The British Journal of Psychiatry, 143,* 20-29.

Maxfield, M. G., & Babbie, E. R. (2014). *Research methods for criminal justice and criminology*. Cengage Learning.

Michaud, S. G., & Aynesworth, H. (2000). *Ted Bundy: Conversations with a killer*. Authorlink.

Miller, A. & Westoll, N. (2016). What we know about the Woodstock nurse charged with killing 8 nursing home residents. *Global News.* https://globalnews.ca/news/3024870/what-we-know-about-the-woodstock-nurse-charged-with-killing-8-nursing-home-residents/

Mills, S., & Raine, A. (1995). Neuroimaging and Aggression. *Journal of Offender Rehabilitation, 21*(3-4), 145-158.

Minor, W. (1981). Techniques of Neutralization: a Reconceptualization and Empirical Examination. *Journal of Research in Crime and Delinquency*, *18*(2), 295–318.

McQuigge, M. (2019). Serial Killer Bruce McArthur Plucked his Victims from Margins of Society. *CTV News.* https://www.ctvnews.ca/canada/serial-killer-bruce-mcarthur-plucked-his-victims-from-margins-of-society-1.4283846

O'Reilly-Fleming, T. (1992). Serial Murder Investigation: Prospects for Police Networking. *Journal of Contemporary Criminal Justice*, *8*(3), 227–234.

O'Reilly-Fleming, T. (Ed.). (1996). *Serial and mass murder: theory, research and policy*. Canadian Scholars' Press.

O'Reilly, P., & Fleming, T. (2016). "Only the Silence Remains": Aboriginal Women as Victims in the Case of the Lower Eastside (Pickton) Murders, Investigative Flaws, and the

Aftermath of Violence in Vancouver. In Lavell-Harvard D. & Brant J. (Eds.), *Forever Loved: Exposing the Hidden Crisis of Missing and Murdered Indigenous Women and Girls in Canada* (pp. 47-78). Demeter Press.

Ontario Provincial Police. (2016, October 5). *Appendix C to the Agreed Statement of Fact Transcript of Elizabeth Wettlaufer's Police Statement*. http://longtermcareinquiry.ca/wp-content/uploads/Appendix-C-to-the-Agreed-Statement-of-Fact-Transcript-of-Elizabeth-Wettlaufers-Police-Statement.pdf

Paris, J. (2015). *A concise guide to personality disorders.* American Psychological Association.

Raine, A. (2013). *The Anatomy of Violence: The Biological Roots of Crime.* Pantheon Books.

Ramsland, K. M. (2007). *Inside the minds of healthcare serial killers: Why they kill*. Greenwood Publishing Group.

Reid, S. (2017). Compulsive criminal homicide: A new nosology for serial murder. *Aggression and Violent Behavior*, *34*(Complete), 290-301.

Reid, S., Katan, A., Ellithy, A., Della Stua, R., & Denisov, E. V. (2019). The Perfect Storm: Mapping the Life Course Trajectories of Serial Killers. *International Journal of Offender Therapy and Comparative Criminology*, 1-42

Rennie, D. L., Phillips, J. R., & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology?. *Canadian Psychology/Psychologie canadienne*, *29*(2), 139.

Ressler, R. K., Burgess, A. W., & Douglas, J. E. (1988). *Sexual homicide: Patterns and motives*. Lexington Books.

Roth, R. (1993a, January, 03). Murder by Number – Why Do They Kill? *CNN.* https://advance-lexis-com.libproxy.wlu.ca/api/document?collection=news&id=urn:contentItem:3TD9-BTC0-0066-J1MM-00000-00&context=1516831.

Roth, R. (1993b, January 10). Murder by Number - Tracking the Serial Killer. *CNN*. https://advance-lexis-com.libproxy.wlu.ca/api/document?collection=news&id=urn:contentItem:3TD9-BTC0-0066-J1MM-00000-00&context=1516831.

Schlesinger, L. B. (2000). Serial Homicide: Sadism, Fantasy, and a Compulsion To Kill In L. B. Schlesinger (Ed.), *Serial offenders: Current thoughts, recent findings* (pp. 3-22). CRC Press.

Schlesinger, L. B. (2001). Is Serial Homicide Really Increasing? *Journal of the American Academy of Psychiatry and the Law*, *29*(3), 294-297.

Schlesinger, L. B. (2008). Compulsive-Repetitive Offenders. In *Serial murder and the psychology of violent crimes* (pp. 15-33). Humana Press.

Sears, D. J. (1991). *To kill again: The motivation and development of serial murder.* Scholarly Resources Institute.

Sharma, M. (2018). *The Development of Serial Killers: A Grounded Theory Study* [Unpublished master's thesis]. Eastern Illinois University. https://thekeep.eiu.edu/theses/3720/

Sixsmith, J. A., Sixsmith, A. J. (1987). Empirical phenomenology: principles and method. *Quality and Quantity, 21*(3), 313-333.

Skrapec, C. A. (1997). *Serial murder: Motive and meaning* (Order No. 9808004) [Doctoral Dissertation, The City University of New York (CUNY)]. ProQuest Dissertations & Theses Global.

Skrapec, C. (2001a). Phenomenology and serial murder: Asking different questions. *Homicide Studies*, *5*(1), 46-63.

Skrapec, C. (2001b). Defining serial murder: A call for a return to the original Lustmörd. *Journal of Police and Criminal Psychology, 16*(2), 10-24.

Sykes, G. M., & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review, 22,* 664-670.

The Mob Reporter. (2001, June 1). *Elizabeth Wettlaufer 1 — Police interrogation and confession of nurse in 8 patient deaths.* [Video]. YouTube. https://www.youtube.com/watch?v=R69ZMvIqvGo&t=359s

Vargas, E., Downs, H., & Walters, B. (1998, April, 10). THE ANGEL OF DEATH. *ABC NEWS.* https://advance-lexis-com.libproxy.wlu.ca/api/document?collection=news&id=urn:contentItem:3SF4-S8S0-007D-Y3RJ-00000-00&context=1516831.

Vendeville, G. (2018). Sketching serial killers: PhD student creates database to help understand why people kill. *University of Toronto.* https://www.utoronto.ca/news/sketching-serial-killers-phd-student-creates-database-help-understand-why-people-kill

Vronsky, P. (2004) *Serial Killers: The Method and Madness of Monsters.* The Penguin Group (USA) Inc.

Wall, T. D., Wygant, D. B., & Sellbom, M. (2015). Boldness explains a key difference between psychopathy and antisocial personality disorder. *Psychiatry, Psychology and Law*, *22*(1), 94-105.

Warren, J., Hazelwood, R. R., Dietz, P. (1996). The Sexually Sadistic Serial Killer in T. Oreilly Fleming (Ed.) *Serial and Mass Murder: Theory, Research and Policy.* (pp. 77-91). Canadian Scholars' Press Inc.

Wendt, D., & Shafer, K. (2016). Gender and attitudes about mental health help seeking: results from national data. *Health & Social Work*, *41*(1), e20-e28.

Williams, D. J. (2017). Mephitic projects: A forensic leisure science analysis of the BTK serial murders. *The Journal of Forensic Psychiatry & Psychology*, *28*(1), 24-37.

Yang, Y., Raine, A., Colletti, P., Toga, A.. W., Narr, K. L. (2010). Morphological alterations in the prefrontal cortex and amygdala in unsuccessful psychopaths. *Journal of Abnormal Psychology*, 119, 546–554.

Yorker, B. C., Kizer, K. W., Lampe, P., Forrest, A. R. W., Lannan, J. M., & Russell, D. A. (2006). Serial murder by healthcare professionals. *Journal of forensic sciences*, *51*(6), 1362-1371.