

Jeffrey Dahmer: His Complicated, Comorbid Psychopathologies and Treatment Implications

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Abstract ~ The American serial killer Jeffrey Dahmer was afflicted with a unique constellation of psychological and personality disorders, as well as severe social skill deficits. The study of such a case can illuminate possible links between seemingly distinct disorders, such as pedophilia and substance abuse, and attempted treatment of such a person could prove a useful research means into developing treatment protocols for clients with similar disorders. The author examines a journalist's account of Dahmer's behavior as the primary source of information about his disorders, incorporating scholarly sources as a secondary means of gaining insight into this unique case.

"Fantasies, behaviors, or objects are paraphilic only when they lead to clinically significant distress or impairment (e.g., are obligatory, result in sexual dysfunction, require participation of non-consenting individuals, lead to legal complications, interfere with social relationships)" (American Psychiatric Association

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[APA], 2000, p. 568). It is difficult to think of a person who better meets these criteria than Jeffrey Dahmer, who may have suffered from a combination of paraphilias, depression, substance dependence, Asperger's Disorder, disordered personality, and social skills deficits. This "perfect storm" of pathology led him to become one of the worst serial murderers of the 20th century and posed unique treatment implications.

The sad, strange case of Jeffrey Dahmer highlights a number of issues concerning personality, identity, impulse control, paraphilia, and impaired social interaction and functioning. Practitioners are quite unlikely to encounter another such client. However, interconnections and similarities among Dahmer's numerous pathologies - especially substance dependence, paraphilias, and possibly Asperger's Disorder - suggest etiological factors and sequelae these disorders may share, and provide us with insight into how these conditions might emerge, interact, and respond to treatment.

The following is a critical examination of Dahmer and his psychopathological behavior in the context of psychiatric diagnoses as listed in the *DSM-IV-TR*. Due to the unavailability of Dahmer himself (deceased), trial transcripts, and transcripts of interviews conducted by mental health professionals, this examination is in part based on the detailed account of his life and actions as outlined in the book *The Man Who Could Not Kill Enough: The Secret Murders of Milwaukee's Jeffrey Dahmer*, by Anne Schwartz (1992). Schwartz was the first reporter called to the scene after the police made gruesome discoveries in Dahmer's apartment. Her book provides a brief biography of Dahmer; detailed descriptions of how he stalked, sedated, killed, dismembered, and utilized his victims; and interviews with forensic experts who examined Dahmer. Scholarly journal articles and other source material were also used for this examination of Dahmer's psychopathologies.

It is important to state that, in my opinion, Dahmer was never floridly psychotic. His actions at all times clearly indicated that he knew what he was doing was wrong and was trying to conceal evidence of it. For example, a neighbor recalled how Dahmer "always 'sneaked' into his apartment by opening the door just enough to squeeze his body through and then immediately shutting the door" (Schwartz, 1992, p. 15). When neighbors complained about a foul stench, Dahmer claimed it was due to rotten meat.

**Possible Axis I Comorbid Disorders: Paraphilias,
Depression, Substance Dependence,
and Asperger's Disorder**

Necrophilia. Necrophilia refers to a sexual interest in dead people or body parts (APA, 2000). Dahmer's father noticed four-year-old Jeffrey's fascination with animal bones collected from a crawl space underneath their house (Silva, Ferrari, & Leong, 2002). As a child, Dahmer collected dead animals from the roadside, curing their pelts with a chemistry set or burying them in a backyard cemetery where he would ultimately return to bury the remains of his first murder victim (Schwartz, 1992). However, Dahmer did not enjoy torturing animals to death, as did many serial killers in their youth (Nichols, 2006); he was merely obsessed by their viscera. During high school, Dahmer played clarinet and tennis, wrote for the school paper, and got decent grades, but he was unpopular and still fascinated with dead animals (Schwartz, 1992). Silva et al. (2002) believe this fascination became eroticized at adolescence, when Dahmer began another lifelong obsession: compulsive masturbation, which at times coincided with dissections of dead animals.

Dahmer found the heat radiating from a body he had cut into sexually arousing (Schwartz, 1992). However, Dahmer was not a sexual sadist; he derived no pleasure from others' terror or pain.

Dahmer had wanted to train as a medic during his army service but was unable to inject others with a needle and draw blood. He preferred to drug his victims and strangle them while they were unconscious. According to forensic psychologist James Fox, an expert in serial murder, most serial killers enjoy torturing their victims before finally killing them, relishing their victims' cries of agony and pleas for mercy, feeling powerful and dominant, and in contrast, Dahmer usually sedated and killed his victims quickly, not wishing them to suffer (as reported by Schwartz, 1992).

In Dahmer's apartment, police found skulls, body parts preserved in formaldehyde or in the refrigerator, and a fastidiously organized scrapbook of dead victims, posed in varying stages of dismemberment. Dahmer masturbated in front of the skulls and photos, and kept the head of one of his victims in his locker at Ambrosia Chocolate. He also planned to build a shrine of skulls and skeletons, which he claimed would channel supernatural power to him (Schwartz, 1992). However, the "shrine" seems more erotic than supernatural. According to Nichols (2006), it might have helped Dahmer maintain a connection to his victims, remembering the time they had shared. Nevertheless, Dahmer did dabble in occult beliefs and culture, favoring heavy metal music and horror movies (Nichols, 2006) and identifying with the evil, omnipotent Emperor of the Star Wars movie series (Schwartz, 1992). Perhaps Dahmer was seeking a belief system or identity - possible evidence of borderline personality disorder (see below). Silva et al. (2002) connect Dahmer's "fetishistic necrophilia," a combination of fetishism, the sexual fixation on an inanimate object or body part, with necrophilia (APA, 2000), to his "defective integration of appreciation of human objects" (p.1350). In other words, Dahmer could not relate emotionally to other people, the root of any paraphilia.

Cannibalism. Paraphilic cannibalism refers to the sexual pleasure

the paraphile derives from consuming human flesh (APA, 2000). Dahmer initially only admitted eating one victim's bicep, saying "it was big and he wanted to try it" (Schwartz, 1992, p. 33) - as though the size would obviate the impulse. However, on July 12, 1991, Dahmer put another victim's head and heart in the refrigerator (found by arresting officers on July 22) "to eat later" (Schwartz, p. 108). Coworkers said Dahmer brought meat for lunch topped with "my special gravy" (Schwartz, p. 27) but refused to give them a taste. Dahmer also kept chopped human flesh, shaped into patties, in his freezer. Dahmer later said he ate his victims to keep them with him forever, just as he kept and masturbated before their skulls.

Pedophilia. Dahmer was arrested several times for exposing himself to children or molesting them, and eluded capture after many similar incidents. His adult victims were all young and boyish. It is unclear whether Dahmer was molested by a teenage neighbor as a child, as many pedophiles seem to have been. His father claimed he was, but Dahmer denied it and no charges were ever filed (Schwartz, 1992; Nichols, 2006). However, denial of molestation that actually took place is not unusual, especially among men.

Some pedophiles seek children as sex partners because their social skills are weak; they are better able to manage an encounter with children than an interaction with other adults (Masters, Johnson, & Kolodny, 1995). In 1988, Dahmer lured a 13-year-old boy into his apartment with an offer of \$50 to take some photos. He served the boy liquor laced with a tranquilizer, the boy posed nude, and Dahmer fondled him. After the boy told his parents, the police were called and Dahmer was arrested.

Dahmer claimed he did not know the boy was a minor, denied fondling him, and said the drugging was an accident - he used that cup to take his own tranquilizers and hadn't washed it out

because he was usually the only one who drank from it. He also wondered how an allegedly drugged victim could provide such a coherent statement (Schwartz, 1992). Pedophiles are commonly quite defensive and often externalize blame for their actions onto their victims or their use of alcohol (Masters et al., 1995). Dahmer ultimately pled guilty, however, to second-degree sexual assault and enticing a child for immoral purposes. At his sentencing hearing, the prosecutor said the drugging could not have been inadvertent; the boy remembered Dahmer pouring powder in the mug and urging him to drink (Schwartz, 1992). Dahmer routinely crushed sedatives before bringing home a victim; he could then discreetly add the powder to the victim's drink (Nichols, 2006). Dahmer had malingered sleeping troubles in order to obtain a prescription for the sedative Halcion from his physician (Schwartz, 1992).

Exhibitionism. Dahmer's exhibitionism could be seen as an outgrowth of his pedophilia (APA, 2000), evidence of his extremely poor social skills and impaired social judgment, or containing elements of both. In August 1982, Dahmer was charged with drunk and disorderly conduct for exposing himself to a crowd of people, including children. About four years later, he was arrested for lewd and lascivious behavior after masturbating in front of two 12-year-old boys, and he confessed to about five previous incidents of public masturbation. Charges were reduced to disorderly conduct; Dahmer was sentenced to one year of probation and ordered to seek therapy, which he failed to do (Schwartz, 1992).

Depression. Paraphilias are frequently comorbid with depressive symptoms, which may coincide with increasingly frequent and intense incidents of paraphilic behavior (APA, 2000). Right before his arrest, Dahmer sought and killed victims with alacrity while reporting depressive symptoms to his probation officer. Two weeks before his arrest, he said losing his job would be a

good reason to kill himself (Schwartz, 1992).

Substance dependence. Dahmer had a long history of the instrumental use of alcohol; a high school classmate recalled Dahmer drinking from a cup of scotch on his desk. When Dahmer entered college, he drank during classes, often passing out on his way back to the dorm. Dahmer dropped out after one year and enlisted in the army, carrying with him a portable bar that included a martini kit. On weekends, Dahmer listened to Black Sabbath on headphones and drank until he passed out. He was dishonorably discharged for alcohol abuse (Schwartz, 1992).

Paraphilias are frequently comorbid with alcohol or substance abuse, and serve a similar purpose; engaging in either activity is often compulsive, providing a way for the user to block or avoid painful emotions. However, alcohol or substance abuse is sometimes secondary to a paraphilia-disinhibiting the paraphile and enabling him to engage in actions he might wish to commit but feel unable to when sober (Masters et al., 1995). According to defense expert Carl M. Wahlstrom, M.D., Dahmer had to drink in order to murder his victims, since he did not enjoy killing (Schwartz, 1992), although as a necrophile he enjoyed dismembering the corpses and creating photographs of meticulously arranged body parts.

Asperger's Disorder. According to his father, as a young child Dahmer did not hold eye contact, showed wooden facial expressions, held his body stiffly, had trouble interacting with other children, and was emotionally distant (Silva et al., 2002). In Dahmer's own words,

The subtleties of social life were beyond my grasp. When children liked me, I did not know why. Nor could I formulate a plan for winning their affection. I simply didn't know how things worked with other people.... And try as I might,

I couldn't make other people seem less strange and unknowable. (Silva et al., p. 1349).

Dahmer had no friends in elementary or high school, college, or the army. As an adult, his homosexual encounters never led to relationships; he had no friends and avoided contact with his coworkers or neighbors. He usually had to offer men or boys money to lure them into his apartment. In bars he drank alone, ignoring people who tried to pick him up, until he spotted an attractive victim. He was not close with his parents. His loving relationship with his grandmother seemed to be the only one such in his life (Schwartz, 1992).

Silva et al. (2002) believe Dahmer's autistic fixation on dead bodies and body parts allowed him to reimagine them as love or sex objects devoid of independent thought and emotion, and hence to develop his many comorbid paraphilias-themselves disorders characterized by a high degree of compulsiveness, as are substance abuse and Asperger's. Moreover, Dahmer's meticulous fascination with body parts from a young age is itself indicative of Asperger's, as much as his social impairments, physical awkwardness, and lack of impairments in language, self-care, or cognitive functioning. Silva et al. further note that people with Asperger's have trouble recognizing faces they do not know and may view strangers as threatening-as young Jeffrey viewed his peers. All of Dahmer's victims were recent acquaintances (Silva et al., 2002, p. 1351).

Dahmer's isolation from other adolescents, and the resultant lack of normalizing peer contact, may also have led him to form and maintain unusual (i.e., paraphilic) fantasies. Silva et al. (2002) believe that Dahmer's impaired neurology thus led not only to social isolation but also to his bizarre sexual development and loss of those social controls that might have kept him from committing his crimes. Autistic deficits in social awareness might

also be implicated in Dahmer's pedophilia and exhibitionism, two activities that are legally prohibited and extremely stigmatized in the U.S. Psychological assessment, the Minnesota Multiphasic Personality Inventory, conducted on Dahmer indicated that he did not mind meeting strangers, could initiate a conversation, and enjoyed making friends (Nichols, 2006). This does not cohere with a diagnosis of Asperger's Disorder.

Fitzgerald (2005) notes that borderline personality disorder (BPD) and Asperger's can be difficult to differentiate in adulthood, since both impair interpersonal functioning and share several features: problems with identity, impulsivity, suicidal behavior, mood lability, feelings of emptiness, uncontrollable rage, and "transient, stress-related paranoid ideation" (p. 452). Virtually all of these factors characterized Dahmer. Fitzgerald (2005) states that evidence of Asperger's symptoms in childhood should incline the clinician to diagnose that disorder. However, several facts and events in Dahmer's life seem to argue against a diagnosis of Asperger's. In one notorious incident, police caught Dahmer chasing a naked, bleeding, 14-year-old and went back with both to Dahmer's apartment. Dahmer had a decomposing corpse in his bedroom but was able to convince the police nothing illegal was happening. "Such was his ability to remain controlled and convincing under pressure" (Nichols, 2006, p. 245).

Dahmer's early years were marked by significant emotional neglect and a high degree of parental conflict. A child who is not held, soothed, and attended to might not develop proper object relations, feeling lonely and isolated from everyone else. A diagnosis of Asperger's might not be necessary to account for Dahmer's poor social skills as a child and comorbid paraphilias as an adult; his emotionally depleted childhood could suffice (Nichols, 2006).

Possible Personality Pathology: Borderline or Not Otherwise Specified

Borderline Personality Disorder (BPD). Paraphilias are frequently comorbid with personality problems and/or "emotional immaturity" (Masters et al., 1995, p. 450; APA, 2000). Three psychologists who examined Dahmer after his arrest for molesting the 13-year-old found him uncooperative, angry, resistant to change, evasive, manipulative, emotionally unstable, and lacking insight (Schwartz, 1992). These traits, taken together, suggest BPD. Pleading for clemency, Dahmer said, "'What I've done has cut both ways. It's hurt the victim, and it's hurt me.... I don't know what I was thinking when I did it. I know I was under the influence....'" (Schwartz, 1992, pp. 68-69). Perceiving oneself as the victim of one's own crimes and externalizing blame onto others or onto substance abuse are typical borderline defenses (Millon, Blaney, & Davis, 1999).

Dahmer told his probation officer his life lacked purpose—a possible sign of the chronic emptiness experienced by someone with BPD. Moreover, Dahmer had a strong reason to hate and fear abandonment. During his parents' bitter divorce, they fought over custody of Dahmer's younger brother. At 18, the emotionally immature Dahmer did not require legal custody. His mother took his brother and left Dahmer alone in the house with no food or money. After this experience, Dahmer committed his first murder. He picked up a hitchhiker, got drunk with him, and had sex with him. But when the victim wanted to leave, Dahmer crushed his skull with a barbell (Schwartz, 1992).

In his confession, Dahmer said he killed his victims to prevent them from leaving him (Schwartz, 1992). Dahmer's violent behavior—which he had to drink himself almost into a stupor to commit—was not instrumental aggression, as an antisocial type would employ to intimidate or control others, but a desperate

attempt to prevent abandonment. Dahmer left dead, naked victims lying around his apartment so he could sodomize them at will, using condoms to protect himself. He kept dead bodies in the bathtub when he had no time to dismember them, and often took showers with them. In an attempt to turn some victims into helpless obedient zombies that would never leave, Dahmer drilled holes in their skulls and injected muriatic acid into their brains. Most died immediately, although one allegedly walked around for almost two days after this treatment. Dahmer's social skills did not enable him to develop and maintain friendships, so he resorted to relying on corpses for companionship. He initially considered stealing an 18-year-old male corpse from a funeral parlor or robbing graves (Schwartz, 1992).

Dahmer's identity disturbance, a possible aspect of BPD, included denial of and inability to accept his homosexuality. Sex with silent corpses (or with viscera rather than masculine genitals and orifices) was possibly another way Dahmer denied he was having sex with men. And just as Dahmer externalized blame onto his underage victims, he projected hatred onto his adult victims instead of hating himself, a typical borderline defense. According to James Fox, Dahmer chose victims who were more flamboyantly homosexual than he was (as reported by Schwartz, 1992). Jentzen, Palermo, Johnson, Ho, Stormo, and Teggatz (1994), the forensic team that examined Dahmer's apartment and possessions and autopsied his victims, concluded that the murders, rooted in unconscious hate of his victims, were the result of his "ambivalent homosexuality" (p. 283).

Personality Disorder Not Otherwise Specified (PD-NOS). Silva et al. (2002) retrospectively examined Dahmer via records, including videotaped interviews, and rated him a 22 on the Psychopathy Checklist-below the cutoff score of 30, but still above average. They assigned him a diagnosis of "Personality Disorder Not Otherwise Specified, With Schizoid, Antisocial,

and Schizotypal Traits" (Silva et al., 2002, p. 1355). Noting that psychopathy and Asperger's share affective features, such as lack of empathy and shallow affect, Silva et al. hypothesize that these disorders also might share underlying neurobiological deficits.

However, other evidence does not support a diagnosis of psychopathy. According to James Fox, many people have difficult childhoods but few grow up to be serial killers; victims of child abuse are more likely to become nonviolent psychopaths, such as used-car salesmen, dishonest businessmen, or con men who delight in fleecing unsuspecting consumers, taking pleasure in others' pain (as reported by Schwartz, 1992). Moreover, Dahmer lacked the "inflated self-appraisal and superficial charm" (APA, 2000, p. 703) of the most severely antisocial types, among whom most serial killers are found. Since Dahmer does not fit any of the current DSM personality disorder classifications, yet clearly suffered from significant personality deficits, perhaps PD-NOS is the best diagnosis for him.

Psychosocial Issues. The hallmark of a maladaptive paraphilia is disruption of the sufferer's functioning in several realms - social, occupational, and "other important areas" (APA, 2000, p. 566), such as personal hygiene. Dahmer's apartment was tidy, but when the carpet was pulled up, the wood floor beneath was extensively stained with blood. A terrible stench emanated from the apartment, and his neighbors often complained. Dahmer also had poor money management skills, possibly due to the frequent purchase of chemicals to sedate his victims and destroy their corpses, and he was in danger of being evicted for nonpayment of rent (Schwartz, 1992).

Close to his arrest, Dahmer's personal grooming declined markedly. This could possibly have resulted from his frenzied killing activities, which might have left him little time for personal care or laundry; his comorbid depression; or both. On July

14, 1991, Dahmer was fired from his job for chronic lateness and absences. He told his probation officer that he went home, drank steadily, and was ashamed to see her because he had not bathed or shaved for three days; his clothes were filthy, possibly due to his necrophilic activities. Overall, however, Dahmer concealed his crimes to a remarkable extent and kept his job for a surprising length of time despite deteriorating performance. Had one of his intended victims not escaped and led police to his apartment, it is unclear how long Dahmer might have continued (Schwartz, 1992).

Treatment Implications

Personality disorders and paraphilias are notoriously resistant to treatment (Masters et al., 1995; Millon et al., 1999). Comorbidity renders successful treatment even more difficult. However, Dahmer's arrest and sentence to life in prison created a potential opportunity for several layers of intervention, assuming that sufficient resources would have been granted toward his treatment. Within the confines of a prison, where treatment adherence could be monitored, perhaps a combination of psychotherapy, psychopharmacology, and hormone therapy could have addressed Dahmer's paraphilias, depression, substance abuse, and social skill deficits.

Paraphilia treatment often involves behavior therapy intended to decondition the paraphile from maintaining maladaptive sexual fantasies and behaviors (Masters et al., 1995). Some methods include masturbatory satiation, a form of aversion therapy. The paraphile masturbates to orgasm using sexual fantasies that are not maladaptive, then continues masturbating-since post-orgasm masturbation is uncomfortable or unpleasant - to paraphilic material and fantasies (Masters et al., 1995). This therapy could have been employed with Dahmer. He enjoyed ordinary homosexual pornography, routinely viewing it before he went in search of a

victim (Nichols, 2006). It seems unlikely, however, that a correctional system would sanction deliberate provision of pornography to an inmate. Other aversion modalities involve pairing paraphilic fantasies with simultaneous concerns about being arrested or unpleasant odors. However, a man accustomed to dwelling with the stench of decay would probably not respond strongly to any aversive odors, such as ammonia, the therapist could employ.

Social skills training, a form of cognitive-behavioral therapy, could have been used to teach Dahmer better ways of interacting with his peers, and his enforced presence among thousands of other men could have provided a uniquely convenient source of potential friendships, even romantic relationships, which he might have been encouraged to develop. Insight-oriented therapy might not be effective with a personality-disordered individual (Millon et al., 1999). However, Dahmer was intelligent and might have responded to object relations therapy aimed at helping him overcome the deficits in his upbringing and develop a better sense of object permanence and constancy, leading to better, more mature relationships with other people (St. Clair, 2000).

Selective serotonin reuptake inhibitors (SSRIs) have been shown to decrease sexual drive and help paraphiles reduce their offending behaviors (Bradford, 1999). Serotonin and norepinephrine reuptake inhibitors (SNRIs), especially bupropion, have been shown to be effective at treating many forms of compulsive or impulsive behavior, such as pathological gambling (Dannon, Lowengrub, Musin, Gonopolski, & Kotler, 2005) obsessive-compulsive disorder (Bradford, 1999), and nicotine addiction (O'Brien, 2005). In other words, SNRIs decrease behaviors similar to the behaviors associated with paraphilias, which are considered quite compulsive (Millon et al., 1999). Dahmer might have benefited from treatment with a medication cocktail containing an SSRI and an SNRI, for example. This might simulta-

neously have ameliorated his depression, although it would have been necessary to monitor him closely for signs of mania or hypomania, which antidepressants can sometimes induce.

Hormone therapy has been shown to reduce paraphilic behavior and fantasies (Thibaut, Cordier, & Kuhn 1996; Briken, Nika, & Berner, 2001). However, this therapy is only effective while the agent is in the client's bloodstream; clients who discontinue hormone therapy have been shown to relapse within 8 to 10 weeks (Thibaut et al., 1996). The restrictive prison environment could have compelled Dahmer to receive regular hormone therapy injections, thus ensuring adherence. Similarly, Dahmer could have been strongly encouraged to participate in substance abuse rehabilitation programs offered by the prison to treat his alcoholism, although since his alcohol use was primarily instrumental (Schwartz, 1992), he may not have required treatment when the situations and settings in which he abused alcohol were no longer possible.

Summary

In prison, Dahmer was baptized a born-again Christian - perhaps as a way to deny his homosexuality and paraphilias, perhaps in yet another attempt to forge an identity or connect with other people, or perhaps out of sincere atonement for his crimes. He never obtained any psychiatric treatment or psychotherapy aside from his minister's pastoral counseling. After being stabbed in one non-lethal attack, he was beaten to death by another inmate less than three years after beginning his life sentence. Dahmer's mother wished to submit his brain to scientific study, but his father was opposed. Eventually, all of Dahmer-first his body and then his brain-was cremated (Nichols, 2006).

A case examination of one individual can often be limited in its generalizability to others, especially if the individual is quite

unique. Since the subject of this study is deceased, and consequently was unavailable for interview, and because trial transcripts and transcripts of Dahmer's interviews with psychologists and psychiatrists also were unavailable, no definite conclusions can be drawn. That is a definite weakness of this case examination. However, Dahmer presented with such an unusual and severe admixture of pathologies and committed such extreme acts that a close study of him could possibly illuminate etiological links and useful treatment approaches between seemingly distinct yet comorbid disorders, such as pedophilia and substance abuse.

Moreover, the attempted treatment of such an individual could have served as an experiment in the development of treatment protocols for clients with some of the same or similar disorders. As more and more pedophiles who complete their prison terms are deemed dangerous to others and civilly committed to "treatment facilities" that offer further confinement but little in the way of actual therapy (Davey & Goodnough, 2007; Rizzo & Vendel, 2003), it behooves forensic practitioners and criminal justice officials to consider how best to cope with this increasing population, protect their civil rights against unlawful imprisonment, and develop means to protect children from their depredations. These treatment facilities could serve as laboratories for cutting-edge research into pedophilia and its treatment or cure, or, at the very least, serve as sources for participants of research on the best ways to enable pedophiles to live in an open society without endangering children.

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