

A PSYCHOLOGICAL PROFILE OF A SERIAL KILLER: A CASE REPORT

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ABSTRACT

Serial killers have always fascinated society. A serial killer is typically defined as a perpetrator who murders three or more people over a period of time. Most reported cases of serial killers come from the United States and Canada. In India, there are few reported cases. We present, to the best of our knowledge, the first Indian case in the literature. The present case is of a 28-year-old man, Surinder Koli. The Department of Forensic Medicine & Toxicology, All India Institute of Medical Sciences, New Delhi handled the forensic study. We present a most unique psychological investigation into the mind of a serial killer.

Serial killers have always fascinated and deeply terrified society. Despite the increased media and Hollywood coverage on serial killers, only recently has there been empirical study. This is regrettable, mainly because sensational and gory discussion, often of myths, is common. It is our intention here to present a detailed idiographic case. We hope to look beyond the killing act into a better understanding of the passion of a serial killer. What drives a person to kill and kill again, never stopping until he or she (there are few female serial killers) is caught? What are the motives? To at least begin to answer the question, it is simply a myth to reduce serial killer motive(s) to insanity (Lester, 1995).

“What is homicide?” is an age old question (Allen, 1980; Henry & Short, 1954; Stevenson & Cox, 2008; Unnithan, Huff-Corzine, Corzine, & Whitt, 1994; World Health Organization [WHO], 2002). Death is superordinate to homicide. Homicide is one category of the four universally recognized modes of death—what Edwin Shneidman (1985) called the NASH categories of death: natural, accident, suicide, and homicide. Homicide is violence. It is other directed violence. There are different types of homicides, and homicide can be unintentional, such as accidental homicide. Homicide, defined by intention, is murder. Murder is the intentional use of physical force or power, threatened or actual, against another person, or community that results in death (WHO, 2002). Intentionality is central. This type of homicide is chosen on purpose. Although there is a problem in clear definition, Leenaars (2010) defines homicide as follows:

Currently, at least in the Western world, homicide is a conscious act of other-induced annihilation, best understood as a multi-dimensional event in a needful individual who defines an issue for which homicide is perceived as the best solution. (p. 58)

Of course, the definition has complexities. Like in discussions on suicide, a question that can be asked: when is homicide a conscious intentional act of other-directed cessation? These issues are beyond the scope here, and we advise the reader to look at WHO (2002) discussion on the topic.

To understand the serial killer, it is first necessary to know some information about numbers of homicide in general. It is estimated that about 530,000 homicides occur each year around the world (WHO, 2002). In the United States in 2005, there were 17,887 homicides, with a rate of 6.03 per 100,000 per year, and in Canada in 2004 there were 514 homicides, with a rate of 1.61.¹ Like Canada, India's incidence and rate of murder is low. The total number for a select group of years is: 1955, 9700; 1970, 15708; 1980, 22149; 1990, 35045; 2000, 40373; 2002, 35290; 2006, 32481; and 2008, 32766. The 2006 deaths would translate into a rate of 2.9 per 100,000. The 32766 in 2008 would translate into a rate of 2.8 per 100,000. There are no clear estimates of serial killers, partly because

¹ Data for the latest year available from www.who.int, accessed October 15, 2010. India does not report mortality statistics to the World Health Organization.

no accurate records are kept and partly because many serial killers go unrecognized and, when recognized, many remain at large and unidentified. Lester (1995) reviewed several estimates of the incidence of serial murderers in the United States, and these ranged in recent years from about 50 to 100 per decade (5 to 10 per year).

No single factor or motive explains why so many people kill. Violence is multi-determined. Intentional homicide is the result of an interplay of individual, relational, social, cultural, and environmental factors. This is sometimes called the ecological model (Leenaars, 2010; WHO, 2002). The model simply suggests that there are different levels, that is, individual, relationship, community, and societal, that influence homicide, and thus, by implication, one must attempt to understand the behavior at various levels.

There are two main theories of serial killers at the individual level (Lester, 1995): learning and psychodynamic. Learning theory would focus on classical conditioning and, for that, one would need to know the serial killer's earliest memories of arousal, especially sexual, as well as incidents involving killing. For example, one rapist recalled an early memory of jumping in a barn with a female cousin at the age of 4 or 5 and seeing her underpants as they jumped and also bumping into her as they jumped and fell—so the memory involved sexual arousal and mild violence. His father had also brutalized him. As another example of early memories of a serial killer, as a child and adolescent, Jeffrey Dahmer dissected dead animals that he found. How did these violent acts condition Dahmer to murder? Psychodynamics would focus on the first 6 years of his life; one would examine the serial killer's experiences with his parents, siblings, and peers, especially about anger and hostility back then. What do the victims represent for him? Why do they have to be dead? But, of course, many people do not remember early events—those events important for either approach. Regrettably, forensic investigations rarely have a learning or psychodynamic focus in mind. Two possible reasons for the omissions are time constraints, and a lack of theoretical skills.

Several typologies of serial murderers have been proposed. For example, Holmes and De Burger (1985) proposed:

1. the visionary type responding to delusional voices to kill certain types of people;
2. mission-oriented type in which the murderer targets certain groups of “evil” individuals, such as prostitutes or a particular ethnic group;
3. hedonistic type in which the murderer seeks pleasure or thrills in the killing;
4. the control type who wants to have power over the victims; and
5. the predator type who resembles the hunter of animals and engages in killing as a recreational activity.

White, Lester, Gentile, and Jespersen (2010) proposed a more detailed typology: sexual, paraphilic, sadistic, delusional, hate-oriented, thrill, attention-seekers,

cult-oriented, and instrumental. The motives and the behavior of the serial killer differ in these nine types, and often the crime scene provides clues to which type of serial killer is operating. For example, White and his co-authors noted that the paraphilic serial killer kills with sexual motives and engages in deviant sexual behavior; there is typically no sadistic treatment of the victims; there is no evidence that the killer is psychotic; the killer does not leave any writing or symbols at the crime scene; the victim is usually a stranger to the killer; the method of killing is usually strangulation; and the killer sometimes, but not always, takes a souvenir or trophy from the victim. Of course, all typologies have limitations; one could develop a array of different groupings.

Despite problems in definition, a serial killer is typically defined as a perpetrator who murders three or more people over a period of time (Holmes & Holmes, 1998; Lester, 1995; Reavill, 2007); but, the term has been applied to cases with two victims, such as Canada's infamous Paul Bernardo (Lester, 1995). Most reported cases of serial killers have come from the United States and Canada, with a few countries from Europe. In India, there are very few reported cases.² We present, to the best of our knowledge, the first Indian case in the literature. The present case is a 28-year-old man, Surinder Koli, from a Nithari village, adjacent to National Capital of India, Delhi, who committed serial murder.

THE CASE

In December 2006 in Nithari village (Noida), a missing report of a female was filed with the police. Nithari is a village within New Okhla Industrial Development Authority township in the state of Utar Pradesh adjoining Delhi. Her father suspected that a house owner in Noida was responsible for her disappearance, as she used to visit this residence quite often. During the search of the suspected residence, a few skull/skull portions were recovered from the backyard. After a detailed search by a team of forensic experts from the Department of Forensic Medicine & Toxicology, All India Institute of Medical Sciences, New Delhi, 627 (small and long) bones including 19 skulls/skull portions and 51 tissue samples were recovered and brought to the department. All the recovered exhibits were highly contaminated and degraded. This case turned out to be not only a forensic challenge, but also a sensitive medical case (Raina, Dogra, Leenaars, Yadav, Bhera, Lalwani, et al., 2010).

As the news spread in the media, people, whose relatives were missing, wanted to know if their loved ones were victims of this case. To understand murder in

² At the All India Institute of Medical Sciences, there are nine known cases. The best-known historical case is Thug Behram; he is alleged to have killed 900 people, and was executed in 1840. Some murderers, like Raman Raghav, killed people to rob them of money and food, which would fit White et al.'s instrumental type. There are other sexual perpetrators, like Auto Shankar; he murdered nine teenage girls in Chennai in 1988, and was executed in 1995.

India from an ecological view, one must place the horrific deaths within the context of Indian society and Hindu religion. The major responsibility of the forensic experts was to establish the identity of the victims from these exhibits, so that the body parts could be handed over to their relatives to perform the last religious rites. Hindu is the predominant religion in the region, and the religion dictates that specific rites and rituals must be performed, such as reciting the sacred scripture (*Bhagavad Gita*). The rituals are extremely important in the life and death of a Hindu (the law of *karma*). It concerns the immutability of the soul. Thus, not only for forensic reasons, but also for community and societal ones, understanding and respectful interventions were needed.

There were two suspects, the owner of the house, Norrinder Singh Pandher, and a servant, Surinder Koli. Forensically, we are of the opinion that Mr. Pandher was not involved in the crime. It was Mr. Koli who committed the killings. Yet, the court stated that both were guilty and both were given death sentences. We will here present our findings on Mr. Koli. All information presented is in the public domain, and proper waiver was received to present the case publicly.

The police investigation was handled by India's Central Bureau of Investigation (similar to America's FBI). The forensic team at the All India Institute of Medical Sciences handled the forensic study of the case. The Department of Forensic Medicine & Toxicology, AIIMS, is engaged in carrying out medico-legal work, including post-mortem examinations of the South zone of the Delhi area.

Surinder Koli was born in 1975 in a distant village in the Indian hill state of Uttarakhand, with no history of any birth complications. He spent his early years of life in his village and had about 6-7 years of education. He migrated to the city of Delhi at the age of 18 years in search of a job. He was accused of murdering a number of children and women and having sex with the dead bodies during the years 2005-2007.

We next present some demographics, interview records, and forensic psychiatric and psychological assessments' findings that were presented in court.

Forensic Psychiatric Assessment

Name: Surinder Koli

Sex: Male

Age: 32 years (Date of Birth 4/4/1975)

Marital Status: Married

Occupation: Unskilled worker (Domestic Servant)

Education: Primary

Monthly income: Rs 2500 (US\$55.50) per month

Religion: Hinduism

Informants: Self

Adequacy and Reliability: Questions of credibility, see psychological assessment

Present History

According to the subject, he has been working in the present job since July 2004. Whenever his employer used to go out, he would be asked to sleep in the drawing room of the house. On other days, he used to sleep in the servant room located above the garage in the house. While sleeping in the drawing room, he would hear sounds of some dogs barking and sometimes would see a figure in a white suit with long hair standing near him and laughing. He could see only her back and never saw her from the front. According to him this experience was very distressing. Once or twice he saw such a figure near a tap at the back of home. According to him, he had informed his employer about seeing the figure sometimes after many months. He could not tell about exactly when, and his employer had assured him that there was nothing like that.

One day (sometime in January or February of 2005), he called a young girl of 13-14 years of age from outside to the drawing room when his employer was not in the house and he was alone. (According to him, he used to be alone in the house after morning, after the maid servant and the gardener had left after finishing their daily chores. The employer used to leave the house at about 10:00-10:30 AM would return for lunch and then go away and come back in evening at 7:30-8:00 PM). He was not able to tell the exact time initially but later said that it could be about 10 or 11 AM. He was not able to recall events afterwards until about 4 PM, saying that he does not remember what happened. At about 4 PM, he saw her lying dead with a chunni (a long scarf) tied around her neck. He then realized that he might have killed her by strangulation and might also have had sex with the body. He then became anxious. He found her chappals in the bathroom. According to him, he cut the body into pieces and also ate her flesh. He placed the body parts in small polythene bags (of which he said were in plenty in the house) and threw them in a drain outside the house during the night.

In the same way, he killed many girls and two boys whom he had mistaken as girls. He said that he did not know most of them except two, Rachana (a 8-10-year-old girl whose relatives stayed at a nearby house) and Jyoti (a 10-12-year-old girl, daughter of the washer-man, who used to come to deliver the clothes). On being asked if he had sex with them, he said that he might have had sex with their bodies. On further clarification he reported having no thoughts about his wife and children while committing these acts. According to him, when he had killed Jyoti, his employer had come home during lunchtime while her body was in the bathroom on the first floor, but his employer was not aware of this. He had also cooked and eaten flesh from the breasts and arms of bodies twice.

He gave the names of two boys whom he had killed, as Harsh (4-5 years old) and Max (7-8 years old). The police had told the names to him during interrogation. According to him, he probably did not have sex with them. He had also killed two women by strangulation, whose names he gave as Payal and Pinky. He thought that he might have had sex with them.

Once he called a lady (“Simi”) who also used to visit his employer. He was not able to tell the date, but the time could have been about 3:30 PM. He had taken her phone number on one of her previous visits to his employer when she had come to the kitchen for something. He offered her tea and food, but he did not do anything with her as by that time he calmed down.

He did not have any remorse after the events, but he was not able to sleep for 2 or 3 days after each event because of excitement. He was calm (Shaant) afterwards. Sometimes he would get anxious about what would happen if somebody saw him getting rid of the body parts. He complained of difficulty in sleeping for the last 3 years. There is no history of pervasive low mood, anxiety, depressive ideations, suspiciousness, psychotic symptoms, or hallucinations. There was no history of seizures, unconsciousness, head injury, or substance abuse.

Medical History

No history of any chronic physical illness.

Past Psychiatric History

Not known.

Family History

- Raised in a lower socio-economic status nuclear family.
- Father died of a respiratory ailment about 3-4 years ago in the village. He was about 65-70 at that time, illiterate, occupation not known.
- Mother, about 60, illiterate, housewife, with poor health. The subject has cordial relations with her.
- Subject is third amongst five siblings; he has one elder sister, one elder brother, and two younger brothers. The youngest brother lives in the village, whereas the other two are living in Delhi.
- He claims to have cordial relations with the two younger brothers. He says that he had been taking care of his parents as well as the younger brothers while he was working in Delhi. According to him the eldest brother had not maintained much contact with the family in the village. He does not have much contact with his elder brother.
- Family functioning reportedly unremarkable.
- No reported family history of psychiatric illness.

Personal History

- *Birth and early Childhood:* Born at home in his native village Mangrookhal, Tehsil Mauliakhil, Distt Almora (Uttarakhand).
- *Academic History:* Studied at a nearby village, Chitrakoot. Left school in 7th Standard in 1993.

- *Occupational History:* Migrated to Delhi in 1993 at age of 18.
 - 1993-1998—worked as a domestic servant in NOIDA; lost job as he had returned late from village after leave.
 - 1998—unemployed for 4-5 months
 - 1998-2004—worked as domestic servant and casual laborer in different dhabas/eating stalls for different periods in between. He visited his native village for periods varying from few weeks to few months.
 - July 2004—till his arrest—working as a servant and caretaker with the present employer at D1 Sector-31, NOIDA. Initial salary was Rs 2000 (US\$44.50), which was later increased to Rs 2500 (US\$55.50). He stayed in the servant quarters above garage in the same house. Mr. Koli used to go to his native village once every 5-6 months on leave of 10-12 days but would return after 5-6 days, as he did not like to stay there.

Sexual History

- Masturbation since age of 14-15 years; almost daily while in the past employment; had fantasies of killing the girls and having sex with the dead bodies and cutting them. Continued to masturbate even after marriage despite having sex with his wife. He masturbated once a day, while he was in custody with similar fantasies as in the past.
- He had thoughts about cutting and eating someone since adolescence. He described these thoughts in his words as “kissi ko kaat loon, kissi ko kha loo” (“*should eat someone or bite someone and eat*”).
- He had been sexually abused once at age of 10-11 by a person in his 20s in a village on pretext of some favor which was not given.
- Claims to have had some problems regarding erection in last few years. Said that whenever he went to the village for 8-10 days, he could perform sex well only once or twice. He suffered both erectile dysfunction as well as premature ejaculation.
- No reported history of having sex with children in the past or with animals.

Marital History

- Married in 2000. His wife stayed with him in Delhi for 4-5 months. Afterwards, she had stayed with him in 2002-2003 for some period and later in 2004 for a few months when he was with his present employer. However, she stayed mostly in his native village to look after his elderly mother. He claimed to have cordial relations with his wife.
- He had three children. The first one died at the age of 9-10 months due to pneumonia. She was not able to get adequate medical care due to financial reasons. He has another 3-year-old daughter and baby son. The children live with his wife in village.

Forensic History

- No history of legal involvement.

Religious History

- Had once slaughtered a goat at a religious family function in his native place a few years ago. Not very religious.

Drug History

- Used to take alcohol (rum) occasionally in small amounts (would finish one bottle in 2-3 months).
- Denied other drug use.

Pre-Morbid Personality

- Loner, had no close friends since childhood, watches TV only occasionally, claims to be a responsible member of his family, having taken care of his younger brothers and parents.

Physical Examination

- General physical examination: No pallor, cyanosis, icterus, oedema. Pulse-76/minute, BP: 138/80 mm Hg
- Chest: NAD
- CVS- NAD
- Abdomen: NAD
- Nervous System: NAD

Mental Status Examination

- *General appearance:* Dressed in pants, shirt, and sweater; sat comfortably on the chair, no signs of anxiety or distress, no oddities of behavior observed, made eye-to-eye contact, rapport established, reaction time to questions was within normal limits
- *PMA:* Within normal limits
- *Speech:* Relevant and coherent, normal in tone and volume
- *Affect:* Did not show any emotional display while describing various events related to his family or the crimes
- *Thought:* No disturbance of form, flow, or content
- *Perception:* No perceptual dysfunction
- *Attention & Concentration:* Attention aroused and well sustained
- *Orientation:* Appeared oriented to time, place, and person, although was not able to tell the exact date and day of the events and the exact name of place
- *Memory:* Intact

- *Intelligence*: Average
- *Abstraction*: Intact
- *Judgment*: Intact

Forensic Examination

- *Awareness about the crimes he has been accused of*: Aware of the criminal charges he is being investigated for.
- *State of mind at the time of commission of crime*: Difficult to comment on as the subject says that he is not able to remember his state of mind at the time he had allegedly committed the criminal acts of murder and sexual intercourse with the bodies. It appears that he was emotionally charged at that time. He was anxious while he was disposing the body parts of the children and women he had allegedly killed. He was afraid that somebody might see him while disposing of the body parts since then he would be charged with murder. He never bothered about the consequences of his actions. Thus an impression can be drawn that he was fully conscious at the time of the alleged commission of crime and also aware of the consequences of the act.
- *Possible consequences if proved guilty*: Expressed ignorance, but aware that he has committed a serious crime.
- *Understanding about legal proceedings and ability to defend himself*: Said that he does not know.
- *Investigations*:
 - MRI-WNL
 - EEG-NAD

Psychological Assessment

Surinder Koli outwardly appeared to be cooperative; however, during testing he was guarded and took a very long time to respond to some tests. In some situations, he said “I do not know” or “I cannot think.” He, however, comprehended all the instructions. His speech was coherent. He showed no emotional changes on his face during 4 hours of testing.

He has average intellectual functioning. At times, he was uncooperative. On the Standard Progressive Matrices and the Pass Along Test, he took a long time to respond and pretended that he did not comprehend the instructions. On Koh’s Block Design Test, he refused to continue. He was told that his lack of cooperation would be seen as non-compliance and that legally that would work against him. He then completed the Koh’s Block Design Test. His ability to synthesize, organize, and detect the mistakes was very good and he could make the designs until card number VIII, after which the test was not continued. Mr. Koli complained that he was feeling tired, and refused to continue the test.

On the Bender Visual Motor Gestalt Test, his drawings were adequate; no distortions were noted. His recall of figures was average, indicating good memory. On the Thematic Apperception Test (TAT), when asked to provide stories to the pictures, he offered descriptions of the characters with no content, or emotional response. On the 8GFth card (a young woman sits with her chin in her hand wearing a saree), he did not notice a female figure in saree in the background. This is of interest because there appears to be no preoccupation of “saya” in his thinking, despite the fact that he had mentioned an obsession in his history. Overall, not only because of his responses on the TAT, caution was deemed to be in order. Based on test results, Mr. Koli was deemed to be uncooperative. After the warning, he briefly complied, but this was short lived. Overall, the psychological assessment showed that there are significant credibility issues, not only on the tests, but also in his verbal reports. He avoided, was vague, and inconsistent. There was intentional production of false facts. There were omissions. He kept his feelings inside. Thus, we have protocols of a very guarded nature.

On the Draw A Person (DAP) Test, he drew an 18-year-old man. Then he was asked to draw a female, and he drew a figure of an 8-10-year-old girl. In his responses, his obsession with young girls was clearly indicated. The drawing of the young girl was suggestive of sexual cravings and disorderliness, possible sexual immaturity and clear hostility toward females. Figures 1 and 2 present the drawings.

In his responses to the inkblots in the Rorschach, his organizational skills and abilities were above average. He rejected cards number IV and VI. Of forensic importance, Mr. Koli offered only popular responses, using only the structure or form, suggesting that he was veiled, and guarded. Individuals who respond like Mr. Koli, are known to live secret lives and do not communicate their true intentions. On the Rorschach, for example, he scored very high on Lambda (Exner, 1986). People who provide high Lambda profiles do not process and/or mediate the stimuli in the usual way, having a defensive intent to avoid the situation. Often this reflects a basic coping style, *dissembling*. To dissemble means to conceal one’s motives. It is to disguise or conceal one’s feelings, intentions, and even serial homicide intent.

Mr. Koli had difficulties in dealing with emotional situations and tended to use denial, avoidance, and escape into fantasy (i.e., escaping from the real situation), mainly lethal ones. These people wear “masks.” There is deception. In 1941, Henry Cleckley (1988) published a seminal work on the psychopath, *The Mask of Sanity*. The title itself includes the word “mask.” Masking or deception is an enduring characteristic. Outwards, the psychopath may appear to be human—but there is a howling beast inside. (Imagine—if you can—behaving like Mr. Koli). Most clinicians encounter such people, not only among killers. Based on the psychological testing, there is no question that masking or dissembling was a pervasive trait of Mr. Koli, to the level warranting a personality disorder diagnosis. No psychotic or organic features were seen.

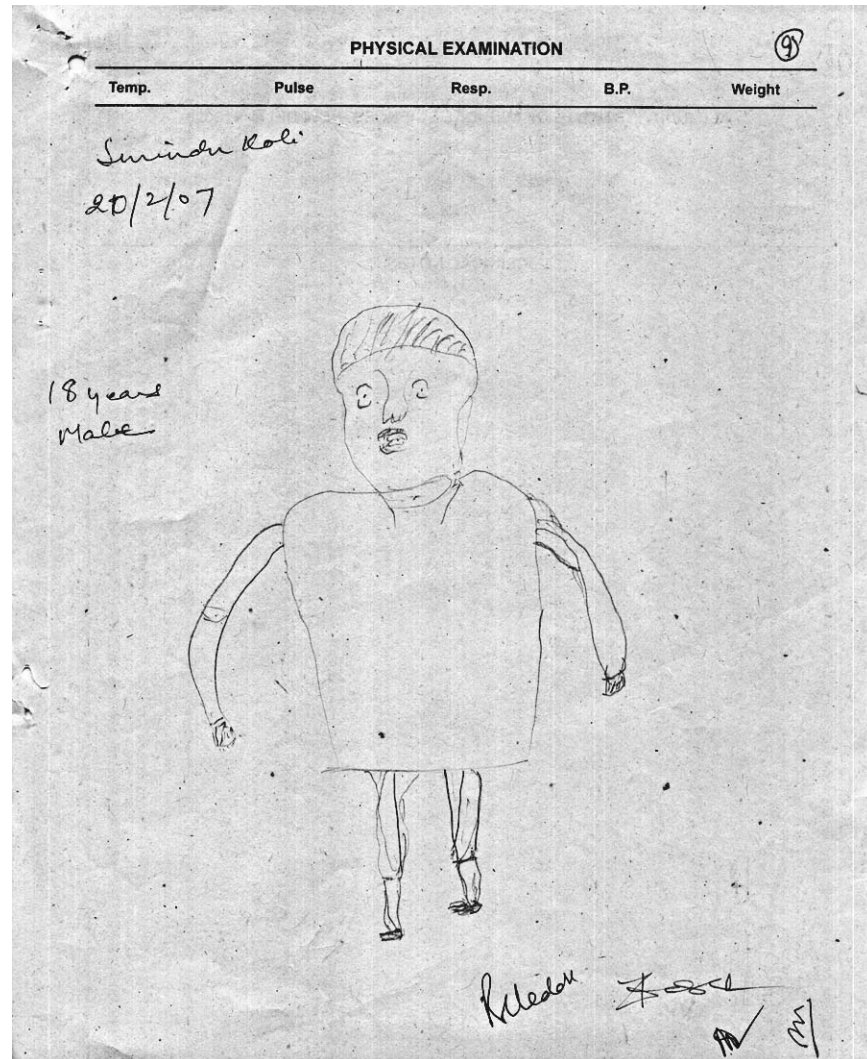


Figure 1. On the Draw a Person Test, the male drawing.

CONCLUSION

Surinder Koli has an enduring pattern of inner experience and behavior that deviates markedly from his cultural/societal norm. He has aggressive tendencies, and presents a risk for homicide. There is an enduring characteristic of avoidance, dissembling, deception, and defensiveness. He presents deep sexual dysfunctions

(10)

एम. आर.-3 जनरल हिस्टरी
M.R.-3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	पी.आर.नं. C.R. No.
प्रोफेसर इंचार्ज Professor I/C.				

Notes written by

CLINICAL NOTES

8-10
years
girl



ms.

MS

MS

Figure 2. On the Draw a Person Test, the female drawing.

and hostility toward females, and we would predict an ongoing risk for serial murder. There is no evidence of organic disturbance. Overall, Mr. Koli appears to have a personality disorder, most consistent with Antisocial Personality Disorder. His overall level of functioning would be with some impairments in reality testing and communication, with persistent danger of hurting others.

DISCUSSION

The analysis of the present case is hindered by the murderer's inability or unwillingness to describe the commission of his acts. Furthermore, there were no crime scenes since the murders took place a long time before the murderer was identified. Therefore, it is not easy to classify this serial killer in a typology. However, from the information available, Mr. Koli would fit best into the *paraphilic* type described by White and his team (2010) since the necrophilia with young females (an obvious sexual deviation) is the primary feature of this case. This is supported by the emotional immaturity of the murderer, and the fixation on under-age females fits with his level of immaturity. The fact that he masturbated to these deviant fantasies means that treatment to develop a normal pattern of sexual behavior would be very difficult, if not impossible.

Holmes and De Burger (1985) have hypothesized that the most common psychiatric problems among serial killers is an anti-social personality disorder. This disorder has had a series of labels; "psychopath" and "sociopath" are the most common.

This is a case of serial killings by a psychopath. The salient features were lack of remorse, no known emotional disturbance during or after the act of murder, sexual intercourse with the dead bodies (necrophilia), and the cooking of flesh and eating it (necrophagia). He dissected the dead bodies in the bathroom, and put the parts in polythene bags to dispose of them in the drain outside the house or to dump in the backyard of the house. He attended guests normally, using the same knife which he used to dissect the dead bodies. After the guest had gone, he would again go back for the remaining dissection of the dead bodies lying in the bathroom. His actions were well planned. His memory was intact and excellent as he identified many skeleton remains by identifying very small objects like style of hair, hair clip, bangle, red thread in the arm, etc. During identification, he showed no remorse or guilt. Considering these parameters, in our opinion, a diagnosis of an anti-social personality disorder can be made. Of note on the societal level, a diagnosis of psychopathic personality is of no consequence in Indian Law; the CBI (the investigating agency) never requested an examination from this angle. To conclude, we believe that Mr. Koli's pervasive pattern of disregard for and violation of the rights of others fits the definition of Antisocial Personality Disorder.

Mr. Koli claimed that he was not able to remember his state of mind at the time he had allegedly committed the criminal acts of murder and sexual intercourse with the bodies. It appears that he was emotionally charged at that time. He was anxious while he was disposing of the body parts of the children and women that he had allegedly killed. However, he never bothered about the consequences of his actions. Thus, an impression could be drawn that he was fully conscious at the time of the alleged commission of the crime and also aware of the consequences of the act. This was intentional homicide.

Mr. Koli was guarded during the psychological assessment, frequently stating, "I don't know," or "I can't think." Mr. Koli dissembled and was not a credible informant. He did not show any emotional responses during the 4 hours of psychological assessment or during the prolonged interviews for the psychiatric assessment. He was guarded during assessment on Rorschach and Thematic Apperception Test (TAT). Testing, such as on the Rorschach, was also indicative of having difficulties in dealing with emotional situations. He appeared preoccupied with young girls as indicated by his drawing of an 8-10-year-old girl. The drawings and his interview protocols were also suggestive sexual perversions. Overall, Mr. Koli appeared to have good interpersonal skills, albeit manipulative, but tended to distance himself from very close/intimate relationships. He lacked remorse, and empathy.

Serial killers are complex. No single theory can explain the factors and motives. One must take an ecological perspective, we believe. At the individual level of analysis, there are, as noted earlier, two main theories—learning and psychodynamic. Mr. Koli was subjected to detailed clinical and forensic psychiatric assessment and psychodiagnostic assessment for various legal requirements. The interviews did not have a psychodynamic focus. A psychodynamic analysis would focus on the first 6 years of his life, his experiences with his parents, siblings, peers, etc. There was no evidence of his having any disturbed relations with his parents and siblings, except that he did not have much contact with one elder brother for the last few years. Mr. Koli had been supporting his parents and family financially, who were staying in the native village.

From a learning perspective, Mr. Koli used to have fantasies of killing girls and having sex with dead bodies and cutting them during masturbation, a practice which he continued even while in prison. But there were no memories of erotic experiences of childhood or adolescence of having sex with children or adults. There was the traumatic incident of being sexual abused by an older male at age 10. He was angry toward the perpetrator. Did he think that he was going to be killed? What did he think about the sexual aggression? Was he excited? Was there masturbation? Was there oral sex, and did he think that he was being eaten? There are many unanswered questions.

Aside from the family, there was a pervasive pattern of disregard for and violation of the rights of others as indicated by the following: failure to conform to social norms (he killed), deceitfulness, aggressiveness (he killed), and an absolute lack of remorse. It was, in our opinion, an enduring pattern of inner experience and behavior that deviates markedly from the expectations of Indian culture. There is one further interesting feature of the case—the self-reported amnesia, which suggests the presence of extreme emotions (such as anger and sexual desire), seizures, or multiple personality. The physical and psychiatric examinations provided no evidence for either seizures or multiple personality. The inability to remember the exact event of having sex and eating body flesh could be due to his being extremely emotionally aroused, or he could

have lied. There were multiple features in his personality suggestive of an antisocial personality disorder. Yet, Mr. Koli was quite responsible to his family and had generally been recommended by his previous employers to the prospective ones. His latest employer was appreciative of his general work performance.

On the basis of history, sequential examinations, psychological testing, EEG, and MRI, we conclude that Mr. Koli is suffering from an Antisocial Personality Disorder, and from Necrophilia and Necrophagia. He did not suffer from any psychotic disorder or organic deficit. He was fully conscious at the time of alleged commission of the crimes and aware of the consequences of his actions. There was nothing to suggest from the assessment that he was not fit to stand trial. He was found guilty.

Of course, the ecological model calls for analysis beyond the individual and relationship levels. There is growing evidence that the community level, notably environmental, is relevant. Lundrigan and Canter (2001a, 2001b) have, for example, shown that the location in which the serial killer commits murder is guided by implicit, if limited rationality: rational choice and routine activity explain the spatial (community) choices. Mr. Koli's victims were recovered from a nearby sewer drain, sump, and the backyard of the house in which he resided. The environment is significant in homicide (WHO, 2006).

In a recent study of suicide (also a lethal violence, self-directed) in India, Leenaars, Girdhar, Dogra, Wenckstern, and Leenaars (2010) unexpectedly found in suicide notes from India a cultural-specific risk factor in the intrapsychic (within the mind or psyche) domain of *indirect expressions*. The fact that Indian notes expressed more indirectness was unexpected from the previous cross-cultural research to date, but maybe not from a broader cultural view of India (Ward, 1997), namely, the more collective and religious nature of the Indian culture (Rao & Mahendran, 1989). The *Dharmashastras* (book on the codes of living in ancient India) is explicit in condemning homicide, and violence. Rao and Mahendran have shown how critical the interpersonal and social factors are in understanding violence in India, and maybe this can be observed in the indirectness, avoidance, and the like—what we observed in Mr. Koli. People in India, in fact, take pride in their passive, introverted, collective style that the Hindu religion fosters. Yet, the indirectness adds to the lethal mix. The serial killer's mind is no different. It may be veiled, clouded, or guarded. This is called dissembling or masking and is a significant risk factor in violence (Leenaars, 2004; WHO, 2002). At the interpersonal, community, and societal level, the collective nature in India fosters dissembling and deception. The ecological model is a dynamic feedback-loop model. Further, we (Leenaars et al., 2010) have speculated that the indirect processes might be associated with murderous impulses. Yet, in Indian culture and Hindu religion, aggression toward other people is unacceptable and may well foster the dissembling. However, there is a high rate of hidden violence in Indians, domestic and sexual (Ward,

1997). We believe that these cultural factors are as relevant as the individual traits in order to understand Mr. Koli's motives.

Lester (1995) and, more recently, Whitman and Akutagawa (2004) have offered some synthesis of the known facts on serial killers, but have called for more research. There are deep taboos to do so in India. There is, in fact, a pervasive lack of study on violence (e.g., suicide, homicide) in India (Leenaars et al., 2010). The WHO (2006) has clearly documented the *strong* environmental and community factors in disease, (including violence, such as homicide and suicide), and its prevention. We need, in India and around the world, to understand serial killers better, to better predict and control the needless deaths.

REFERENCES

- Allen, N. (1980). *Homicide*. New York: Human Sciences Press.
- Cleckley, H. (1988). *The mask of insanity* (5th ed.). Newburyport: Mosby Medical Library.
- Exner, J. (1986). *The Rorschach: A comprehensive system* (Vol. 1, 2nd ed.). New York: John Wiley & Sons.
- Henry, A., & Short, J. (1954). *Suicide and homicide*. New York: Free Press.
- Holmes, R., & De Burger, J. (1985). Profiles in terror. *Federal Probation*, 49, 29-34.
- Holmes, R., & Holmes, S. (Eds.). (1998). *Contemporary perspectives on serial murder*. Beverly Hills, CA: Sage.
- Leenaars, A. (2004). *Psychotherapy with suicidal people*. Chichester, UK: John Wiley & Sons.
- Leenaars, A. (2010). *Suicide and homicide-suicide among police*. Amityville, NY: Baywood.
- Leenaars, A., Girdhar, S., Dogra, T., Wenckstern, S., & Leenaars, L. (2010). Suicide notes from India and the United States: A thematic comparison. *Death Studies*, 34, 426-440.
- Lester, D. (1995). *Serial killers*. Philadelphia, PA: Charles Press.
- Lundrigan, S., & Canter, D. (2001a). A multivariate analysis of serial murders' disposal site location choice. *Journal of Environmental Psychology*, 21, 423-432.
- Lundrigan, S., & Canter, D. (2001b). Spatial patterns of serial murder: An analysis of disposal sit location choice. *Behavioral Science and the Law*, 19, 595-610.
- Raina, A., Dogra, T. D., Leenaars, A., Yadav, B., Bhera, C., Lalwani, S., et al. (2010). Identity of victims from fragmented and decomposed remnants by DNA profiling in a case of serial killings. *Medicine, Science, & the Law*, 50, 220-223.
- Reavill, G. (2007). *Aftermath inc: Cleaning up after CSI home*. New York: Gotham.
- Rao, V., & Mahendran, N. (1989). One hundred female burn cases—A study in suicidology. *Indian Journal of Psychiatry*, 31, 43-50.
- Shneidman, E. (1985). *Definition of suicide*. New York: John Wiley & Sons.
- Stevenson, R., & Cox, G. (Eds.). (2008). *Perspectives on violence and violent death*. Amityville, NY: Baywood.
- Unnithan, N., Huff-Corzine, L., Corzine, J., & Whitt, H. (1994). *The currents of lethal violence*. Albany, NY: State University of New York Press.
- Ward, G. (1997). India: Turning fifty. *National Geographic*, 191(5), 2-57.
- White, J., Lester, D., Gentile, M., & Jespersen, S. (2010). Serial murder: Definition and typology. *American Journal of Forensic Psychiatry*, 31(3), 17-37.

- Whitman, T., & Akutagawa, D. (2004). Riddles in serial murder. *Aggression & Violent Behavior, 9*, 693-703.
- World Health Organization (WHO). (2002). *World report on violence and health*. Geneva: Author.
- World Health Organization (WHO). (2006). *Preventing disease through healthy environments*. Geneva: Author.

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