A PCL-R, PAI, and Rorschach Study of Women Who Murder

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Abstract

Murder is antithetical to any traditional conceptualization of femininity or the nurturer role. Women do, however, commit murder, as well as a plethora of other heinous offenses. Understanding the personality of women who murder is of both clinical and scientific interest. In this study, we present the PCL-R, PAI, and Rorschach data of 24 incarcerated women who have murdered. We explored the interpersonal, affective, cognitive, and self-concept vulnerabilities that contributed to this behavior within the female offender model. The results were placed within societal contexts (i.e., media) as well as providing recommendations for assessment and treatment of this population.

Introduction

Women commit violent and murderous crimes. They poison their victims (The Angel Makers of Nagyrév poisoned around 300 victims in Hungary in the early 1900s), kill their patients (*angels of death* like Kristen Gilbert), and torture and murder (see Marie Delphine Macarty, the 1800s New Orleans socialite). Mothers such as Krystle Villanueva (who received a life sentence for stabbing and beheading her 5-year-old daughter) murder their children. As evidenced by Lisa Montgomery, who fatally strangled a pregnant woman, cut open her body, and kidnapped her baby, they are capable of the most heinous crimes. Consequently, like their male counterparts, women are placed on death row and executed (Smith & Gacono, 2021). Carr (1997) raised the issue of a current bias in his fictional account of female psychopathy:

> *You're talking about a real sacred cow ... no matter how many women knock off kids in baby farms, no matter how many crones make fortunes running abortion parlors, no matter how many mothers kill their offspring, people don't like to get near cases that deal with women's relationship toward children being anything other than healthy and nurturing ... the majority opinion ... if women are doing something bad concerning birth and kids, either they're crazy or men and the society that men have created are behind it (p. 174).*

We believe that their murderous behavior does not occur in isolation from the personality characteristics that create the template for their actions. Once understood, personality and situational factors create a context for understanding behavior. Few studies have elucidated the personality characteristics of these women; consequently, their motivations are poorly understood. In this study, we used the PCL-R, PAI, and Rorschach to provide insights into the behaviors of 24 female murderers (Smith, Gacono, & Cunliffe, 2021).

Psychopathy

Psychopathy is essential for understanding an offender's past behaviors or constructing a blueprint for future ones (Gacono, 2016; Hare, 2003; Smith et al., 2021). The construct of psychopathy includes affective (lack of remorse, guilt, and empathy), interpersonal (conning/manipulation, lying), as well as impulsive and antisocial behaviors. It is only measured in a reliable or valid manner when the Psychopathy Checklist-Revised (PCL-R; Hare, 2003) or Psychopathy Checklist: Youth Version (PCL: YV; Forth et al., 2003) are utilized for determining and comparing psychopathic versus non-psychopathic groups (Gacono, 2016; Hare, 2003; Neumann et al., 2016; Smith et al., 2021).

The PCL-R is a 20-item measure that has been found to contain a two-factor, four-facet structure (Hare, 2003; scored by a 0, 1, or 2 per item): Factor 1 (Interpersonal/affective); Factor 2 (Lifestyle/antisocial); facet 1 (Interpersonal); facet 2 (Affective); facet 3 (Lifestyle); and facet 4 (Antisocial). Self-report measures (i.e., Psychopathic Personality Inventory-Revised [PPI-R; Lilienfeld & Widows, 2005]) or the Psychopathy Checklist: Screening Version (PCL:SV; Hart et al., 1995) are not appropriate for creating psychopathic or non-psychopathic groups (Cunliffe et al., 2012; Hare, 2003; Smith et al., 2014, 2018, 2021). A total PCL-R score of 30 or higher has been suggested for an appropriate categorical psychopathic group for both males and females (Cunliffe et al., 2016; Gacono, 2016; Hare, 2003; Nørbech et al., 2018; Smith et al., 2021).

Many of the PCL-R items contain a certain amount of face validity. Item 14 Impulsivity provides clues as to what is contributing to an individual offense. In combination, item clusters or facets (Gacono, 2016; Hare, 2003) add to our understanding of an individual infraction (Gacono, 2016; Hare, 2003). For example, in the case of an opportunistic rape, scores of 2 on Item 2 (Grandiose sense of self-worth), Item 8 (Callous/lack of empathy), and Item 6 (Lack of remorse or guilt) provide an understanding of the offending behavior, post offense rationalizations, and the ease with which the victim is blamed for "initiating" the behavior. Numerous studies with men and women have demonstrated the predictive power of the PCL-R total score related to both violent and non-violent crimes and infractions (Gray & Snowden, 2016; Smith et al., 2021).

While male and female antisocial personality disordered and psychopathic individuals share a common borderline or psychotic personality organization (Gacono & Meloy, 1994; Smith et al., 2021), studies have found important gender differences (Forouzan & Cooke, 2005; Gacono, 2016; Gacono & Meloy, 1994; Hare, 2003; Kreis & Cooke, 2011, 2012; Smith et al., 2021). Pathological narcissism characterizes the male psychopath (narcissistic self-focus; grandiosity) as they tend to be cold, detached, and non-emotional (Gacono & Meloy, 1994). Female psychopaths present with a malignant hysterical style (borderline/histrionic traits). They tend to want interpersonal contact for admiration/manipulation, present with more emotional lability, and with a pathological self-focus characterized by self-criticism (Cunliffe & Gacono, 2005, 2008; Cunliffe et al., 2016; Forouzan & Cooke, 2005; Gacono & Meloy, 1994; Kreis & Cooke, 2011, 2012; Smith et al., 2021).

Female psychopaths have been found to be more prone to engage in affective (a lack of emotional control) rather than predatory violence, as evidenced by their higher base rates of violence toward intimates (Cunliffe & Gacono, 2005, 2008; Cunliffe et al., 2016; Hicks et al., 2010; Smith et al., 2021). Women with higher PCL-R scores displayed more verbal relational/affective violence (a form of indirect violence) driven by revenge/jealousy (Smith et al., 2021). Additionally, women who have committed murder tend to have high scores on PCL-R Factor 1 and facet 2 (Carabellese et al., 2020). Psychopathy is an important construct related to violent behavior in women.

PAI

While the PAI cannot determine psychopathy level, several of its scales add to our understanding of the offender's personality functioning and aggressive behavior (Conn et al., 2010; Edens & Ruiz, 2005; Morey & Quigley, 2002; Smith et al., 2020b).

Higher total PCL-R scores in females correlate with elevated ANT, AGG, and DOM (dominance; self-assured, confident, forceful) scales (Conn et al., 2010; Kimonis et al., 2010; Smith et al., 2019, 2020b, 2021) and female inmates scoring higher on the AGG, VPI, and ANT scales had more violent and non-violent incident reports (Davidson et al., 2016). Psychopathic females (PCL-R ≥ 30) expressed more problems with aggression (AGG and its subscales), acknowledged more antisocial behaviors (ANT & ANT-A), and exhibited a dominant interpersonal style (DOM) with an increased potential for violence (VPI; Smith et al., 2020b).

The PAI provides evidence of the dimensional aspects of personality beyond what is measured by the PCL-R's global assessment of attitudes and behaviors.

Rorschach

Like the PAI, the Rorschach provides information concerning the dimensional aspects of one's personality. It measures traits and processes (Gacono & Smith, 2021b). The Rorschach Comprehensive System (CS; Exner, 2003; currently the CS-R; Exner, Fontan, & Andronikof, 2022) findings have been particularly useful in depicting significant issues within forensic participants, including antisocial and psychopathic ones (Cunliffe & Gacono, 2005, 2008; Gacono & Evans, 2008; Gacono & Meloy, 1994; Gacono & Smith, 2021a; Smith et al., 2021). CS forensic research has resulted in the analysis and presentation of over 2000 administered protocols available as group data (Gacono & Evans, 2008; Gacono & Smith, 2021a; Smith et al., 2021).

Content coding and certain Rorschach imagery have been extremely helpful in mapping the vicissitudes and role of aggression in borderline, narcissistic, antisocial, and psychopathic personalities (Gacono & Meloy, 1994; Nørbech et al., 2018; Smith et al., 2020a). While not exclusively, in general, response patterns suggest an ego-dystonic (unacceptable to the person, causing internal stress) relationship to aggression for neurotic and borderline personality disordered individuals, and an ego-syntonic (acceptable to the person, does not cause internal stress) one for antisocial and psychopathic individuals (Gacono & Meloy, 1994; Smith et al., 2020a). Borderline individuals tend to be distressed by their aggression, while antisocial ones, particularly those suffering from primary psychopathy, gain relief by acting on their aggression and experience distress when they are forced to contain it (Gacono & Meloy, 1994).

In the Comprehensive System (CS, Exner, 2003; Exner et al., 2022), the aggressive movement response (AG) is scored solely for aggressive movement occurring in the present. In forensic populations where behavioral aggression is ubiquitous, AG does not occur frequently enough to be useful (Gacono, 1988). In fact, it is produced more often in nonpatient samples (Exner, 2003, 2007; Gacono et al., 2008; Gacono & Meloy, 1994).

Largely in response to the failure of AG to capture the aggressive imagery produced by antisocial and psychopathic offenders and based on the research observations of Gacono (1988) and Heaven (1989), four additional Rorschach aggressive scores were developed. They have been found to be scored reliably (Extended Aggression Scores; Baity et al., 2000; Gacono, 1988, 1990; Gacono & Meloy, 1994; Gacono et al., 2008; Smith et al., 2020a; Gacono & Smith, 2022). These scores are 1) Aggressive Content (AgC), 2) Aggressive Potential (AgPot), 3) Aggressive Past (AgPast), and 4) Sado-Masochism (SM).

Female psychopaths (PCL-R ≥ 30) produced greater frequencies of AgC, AgPast, and AgPot responses than non-psychopathic females (Smith et al., 2020a). Rorschach aggression indices suggested that the violence and potential violence (AgPot) in psychopathic women stem from their identification with aggression (AgC) and pervasive feelings of entitlement (AgPast). Elevations in these variables suggest ego-syntonic aggression (Smith et al., 2020a), a finding consistent with their behavioral histories. Additionally, AgC, AgPast, AgPot, and SM were all significantly correlated to PCL-R total score (Smith et al., 2020a). Though not significant, there was a higher frequency of AG scores in the non-psychopathic women (46%) than in the psychopathic women (35%) but less than in a nonpatient sample (56%; Exner, 2007).

Current Study

Using the PCL-R, PAI, and Rorschach, an incarcerated sample of women with convictions of murder will be presented ($N = 24$). No specific hypotheses will be presented, but descriptive data will be utilized to better understand the motivations and personality vulnerabilities that contribute to these violent acts.

Method

Sample

Participants were selected from a sample of 337 women who were incarcerated within USA correctional facilities. A subset of these women ($N = 24$) had committed murder (4 had committed a sexual murder). The mean age was 38.75 ($SD = 10.46$; range = 25-59), while 21% were white, 63% black, 4% Hispanic, 4% Asian, and 8% Native American. Mean IQ was low average ($M = 86.90$, $SD = 15.33$, range = 40[1]-110) and consistent with their educational levels ($M = 11.05$, $SD = 3.14$, range = 7-19). Half of the sample was psychopathic (PCL-R total score ≥ 30; $N = 12$; PCL-R for total sample; $M = 29.02$, $SD = 6.97$, range = 10.5-38.90). All participants signed informed consent to participate in the study, and the research was approved by the local University, IRB boards, and the correctional institution.

Examining the victims of the crime, six had killed a family member (i.e., child, mother; 25%), nine killed a stranger (38%), two killed a friend or acquaintance (8%), and seven killed a partner or significant other (27%). Five had claimed self-defense for their murder (22%; all murders of their partner; 3 had a PCL-R score ≥ 30). All crimes were described as impulsive rather than premeditated.

Their histories indicated that 54% ($N = 13$) reported some form of traumatic experience, with 12 (50%) reporting some form of physical abuse, 12 (50%) reporting some form of sexual abuse, and 11 (46%) reporting emotional abuse at any point in their lives. All reports were verified by external records.

Measures

PCL-R. The PCL-R (Hare, 2003) was used to determine the psychopathy level. This measure contains 20 items and is administered via a file review and a semi-structured interview. Prior to the interview, all medical, legal, psychiatric, and pertinent institutional files were reviewed. During the interview, the personality characteristics and antisocial behaviors were evaluated on a three-point ordinal scale (0, 1, 2, or omit) with a total score range of 0 to 40.

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[1] Note IQ < 80 was an excluding factor for a Rorschach protocol (n = 1).

Gacono's (2005) *Clinical and Forensic Interview Schedule* (CFIS) was used to administer the PCL-R (conducting the interview, organizing all records, & interview information). Doctoral-level psychologists scored all PCL-R protocols. The inter-rater (Spearman Rho) for PCL-R ratings was .98 for the total PCL-R score, .93 for Factor 1, .92 for Factor 2, and ≥ .87 for facets and PCL-R items.

PAI. The Personality Assessment Inventory (PAI; Morey, 1991) is a 344-item self-report measure of personality and psychopathology. It contains 22 non-overlapping full scales, including four validity, 11 clinical, five treatment considerations, and two interpersonal scales, as well as 30 subscales. The PAI was standardized on adult samples from the community (N = 1,000) and in mental health treatment (N = 1,265).

Rorschach. All Rorschach protocols were administered and scored per the Exner Comprehensive System (CS) guidelines (Exner, 2003) by doctoral-level (Ph.D. or Psy.D.) clinicians. In addition to the Exner CS, the Trauma Content Index (TCI; Armstrong & Loewenstein, 1990), the Rorschach Oral Dependency scale (ROD; Masling et al., 1967), the Gacono and Meloy (1994) Extended Aggression scores (AgC, AgPast, AgPot, SM, AgV; also IMP score; Gacono, 1988; Gacono et al., 2008; Gacono & Smith, 2022), the Kwawer (1980) Primitive Modes of Relating, and Rorschach Defense scales (Cooper et al., 1988; Lerner & Lerner, 1980) were coded. All these scales have adequate reliability and validity (Smith & Gacono, 2022; Smith et al., 2021; Smith, Weinberger-Katzav, & Fontan, 2022) and provide more of an in-depth understanding of a Rorschach protocol in addition to the Exner CS (Gacono, 1988; Gacono & Meloy, 1994). Protocols were scored by two raters, and inter-rater reliability was calculated from these protocols. Kappa coefficients ranged from .75 to 1.00 (all in the excellent range).

Procedure

Archival records were examined for women that were charged and convicted of murder (N = 24). Exclusion criteria for the women in this study were PAI scores of INF > 74, ICN > 73, and/or NIM > 76 (Morey, 1991) or on the Rorschach, low IQ (< 80) and/or less than 14 responses (Exner, 2003; Smith, Gacono, Fontan, et al., 2018, 2020). This led to excluding one Rorschach protocol and no PAI protocols.

Data Analyses

The Statistical Package for Social Sciences (SPSS) version 27 was used for all calculations. For the PAI[2] (T scores), Rorschach[3], and PCL-R, the data were analyzed for means, standard deviations, minimums, maximums, mode, median, skewness, and kurtosis. Additionally, for the Rorschach data, frequencies were provided.

Results

Twelve women fell within the psychopathic range (PCL-R ≥ 30; see Table 1), nine fell into the non-psychopathic range (PCL-R ≤ 24), and five were in a moderate range (PCL-R > 24 but < 30).

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[2] All PAI descriptive data for the sample can be found at
https://mfr.osf.io/render?url=https%3A%2F%2Fosf.io%2Fs25ma%2Fdownload

[3] All Rorschach variable descriptive data, including frequencies and ranges, can be found at
https://mfr.osf.io/render?url=https%3A%2F%2Fosf.io%2Ffqxp5%2Fdownload

Test-taking approach. PAI suggested that they were open but presented a negative impression (attributing more pathology; NIM; *M* = 70.00), consistent with certain Rorschach variables that indicate a damaged sense of self (MOR, SumV). The Rorschach also suggested that they were open to the task (R; *M* = 22.95; *SD* = 8.10, range 15-49), despite a mean Lambda which was indicative of characterological constriction (*M* = 1.23; *SD* = 1.26, range = 0.09-7.00; see Gacono & Gacono, 2008).

Table 1
PCL-R Data for Female Murders (N = 24)

	M	*SD*	Min	Max
Total Score	29.03	6.97	10.50	38.90
Factor 1 Interpersonal/Affective	12.39	2.99	6.00	16.00
Factor 2 Social Deviance	13.72	4.40	3.30	20.00
Facet 1 Interpersonal	6.00	1.85	2.00	8.00
Facet 2 Affective	6.17	1.38	3.00	8.00
Facet 3 Lifestyle	6.84	2.22	2.00	10.00
Facet 4 Antisocial	6.10	2.85	1.20	10.00

Core Characteristics. In terms of the Rorschach EB style, 23% were extratensive, 41% were ambient, and 36% were introversive. For the majority, their problem-solving style vacillated between trial and error and thinking before acting, resulting in a proclivity to become overwhelmed when experiencing internal or external stress. Resources were within an average range (*M* = 8.18). However, given the multitude of personality deficits and their reliance on primitive defenses, it is unlikely that these women can tap into their available psychological resources when needed. Rather, their poor stress tolerance indicated that they are in a chronic state of overload (D, *M* = -0.59; AdjD, *M* = -0.23). The lack of a significant difference between the D and AdjD also indicated that this state is long-term, chronic, and characterological in nature.

The PAI and Rorschach data provided an understanding of the affective, self-concept, cognitive, and interpersonal deficits that contributed to their behavior.

Affective. These women had difficulty modulating affect (FC: CF+C = 0.41: 2.18 [1:5]; PAI BOR; *M* = 77.05). Not able to contain affect, they vacillated between discharging emotions impulsively (Pure C; *M* = 0.95; *SD* = 1.29; IMP =) or avoiding them (Afr; *M* = 0.46). As one stated, "I don't care about feelings or emotions." While avoidance offers a temporary coping strategy, it ultimately robs the individual of exposure to the successive approximations needed to develop actual mature skills for tolerating and coping. One woman stated, "I get bored easily … ripping and running, I miss it." Additionally, their affectivity translated to behavioral impulsivity (PCL-R Item 14 Impulsivity; *M* = 1.61; PCL-R facet 3; *M* = 6.84).

Higher-level defenses such as intellectualization (CS Intellectualization Index; *M* = 3.82; INT; *M* = 3.05) are ineffective in managing emotions due to a reliance on borderline-level defenses. Rather, as indicated by the production of Hx, AB, and impressionistic Rorschach responses (Hx; *M* = 1.14, 41%; AB; *M* = 1.14, 41%; IMP; *M* = 1.36, 59%), primitive hysterical defenses are implored rapidly discharging emotions. These latter responses point to the

overwhelming impact of affect on cognition and suggest the propensity for dissociation rather than repression. Dissociation would be consistent with a history of trauma. However, repression, which is present in the sample, is not effective as a coping strategy (REP; M = 6.14).

Painful, dysphoric affect (SumC'; M = 1.95; PAI DEP; M = 70.47), anger and hostility (S responses; M = 2.91), rumination and self-recrimination, (SumV; M = 1.36; SumV > 0 = 59%; not guilt or remorse, but shame), and feelings of diffuse anxiety and helplessness (SumY; M = 1.09; SumY > 0 = 68%; m; M = 1.77) predominate the inner world of these women. While they produced a low number of Blends/R (M = 0.21, Nonpatient M = 0.24 [Exner, 2007]), 59% produced at least one color-shading blend (M = 1.32). This adds to a certain sensitivity that can tap into underlying paranoia that, when combined with their abundant aggression, creates a template for attacking rather than being attacked.

Anger and oppositionality were the defining quality of these women (S responses; M = 2.91; AgC; M = 5.05; AgPast; M = 2.05; AgPast > 0 = 73%; AgPot; M = 0.55; AgPot > 0; 36%). When combined with their elevated psychopathy scores and specific items (such as PCL-R Item 10 Poor Behavioral Controls; M = 1.67; PCL-R facet 4; M = 6.10), it confirms that the anger displayed directly during the interviews and frequently displayed in their victims is integral to their personality functioning (Gacono & Meloy, 1994). One woman was described by the prosecuting attorney as "she has no regard for any life but her own … a menace to anyone who catches her attention."

Self-perception. While their EGOI (M = 0.37) fell within an average range, given their plethora of affective and interpersonal issues, one would not interpret this as meaning adequate self-worth. Lack of reflections (M = 0.36; Fr + rF = 0 = 68%) coupled with elevations of pairs (2) (M = 7.00; SD = 3.83; pairs > 0 = 100%), and Morbid responses speak to the tenuous nature of their self-esteem; and a felt sense of being damaged or broken (MOR; M = 3.14; see also Cunliffe & Gacono, 2005, 2008; Smith et al., 2018, 2021). One stated, "people see me as strong, but I am not." It defines a self-worth characterized by self-criticism and obsessional features (note the PCL-R correlations with Obsessive-Compulsive Disorder [OCD] in women; Smith et al., 2020b, 2021). One woman stated, "my lawyer said I was beautiful and smart … I am attractive and intelligent." Highlighting the self-focus, but perhaps the description was a way to hide the felt feelings of being damaged.

Their excessive use of pairs (M = 7.00; Kwawer Narcissistic Mirroring; M = 0.55; Nar Mir > 0 = 41%) may relate to a twinship orientation (as experienced behaviorally during interviews to befriend the female examiner; Gacono & Smith, 2021c). Their need to be accepted by others is both conscious and unconscious (Gacono et al., 1990; Kohut, 1971; Smith et al., 2019, 2021). Consciously, they understand that they need others around to deflect from their issues. On a deeper level, they use others to mirror an image of being okay and intact. Unlike the male psychopaths who can bask in their own reflections, the female murderer, when left on her own, faces only a Picasso-like image reflecting from her inner mirror (SumV; M = 1.36, > 0 = 59%; MOR; M = 3.14, > 0 = 86%). Elevated numbers of pairs also support the presence of OCD in female psychopaths (Hare, 2003; Smith et al., 2021).

Given all their personality deficits (i.e., poor emotional tolerance, failure to regulate and maintain adequate self-esteem) and interpersonal trauma, defensiveness sensitivity (PER; M = 2.59), somatic concerns (An + Xy; M = 1.73; Internal Malignant Processes; M = 1.36), and traumatic stress/dissociation (TCI; M = 0.28; PAI ARD-T; M = 84.63; PAI PAR-H; M = 76.21; Isolation; M = 1.32) it is understandable why they experience themselves as damaged.

Despite the presence of FD (FD; M = 0.59; FD > 0 = 36%), they lack psychological mindedness. Eighteen percent of these responses were spoiled, suggesting that their characterological issues exclude mature reflection, being replaced with what Cleckley (1941) referred to as a "specific loss of insight." When they look inward, it is unproductive, ruminative, and ultimately disruptive. Their low levels of popular responses (M = 5.55; nonpatient M = 6.28 [Exner, 2007]) speak to their unconventionality and difficulties in providing an appearance of "normality." One woman, when answering interview questions, stated, "that makes me sound horrible."

Cognitive. These women evidenced idiosyncratic ideation and peculiar thoughts (WSum6; M = 34.45; PAI PAR; M = 77.00; PAI SCZ; M = 73.95). Their cognitive impairment was consistent with characterological issues rather than psychosis (Xu% Lvl 2 > 0 = 32%). Their thinking was influenced by self-reference, defensiveness, and derailment (DR + PER; M = 9.50). Anger was particularly disruptive to their thinking (S-; M = 0.86). Reality testing issues abound (X-%; M = 0.21; X+% M = 0.49; WDA% M = 0.76; XA% M = 0.75; PAI BOR-I; M = 71.18). The way they assimilate information is inefficient (Zd; M = -2.86). They tend to get stuck on details (W:D: Dd; 9.36:10.00: 3.59; another OCD characteristic).

Interpersonal & Attachment. The above affective, self-worth, and cognitive deficits coalesce in poor interpersonal relationships. Ineffective strategies for navigating oneself and the world around you create bad situations, which then further exacerbate one's issues and developing personality. It is nearly impossible to have mature relationships with these deficits. One woman stated, "All people are stupid, dull, or boring." While another blamed their husband for the murder, "it was all his fault … I was co-dependent." As indicated by their spoiled COPs (COP; M = 0.86; COP = 0; 36%; 45% COP spoiled), they have little expectation that relationships can be anything other than disappointing and exploitative.

All the Rorschach and PAI data highlight the interpersonal difficulties of the women in this study (PAI BOR-N; M = 75.68). The females do not accurately interpret interpersonal situations (reality testing; X-%; M = 0.21). Unstable self-worth does not allow for the energy to engage interpersonally in a conflict-free space. They make bad choices that further validate their self-worth and create additional problems.

The above deficits supported by real-world behaviors, the Rorschach and the PAI data, support a borderline level of functioning. These women demonstrate a poor understanding of others (GHR: PHR: M = 2.82: 4.68), have difficulty maintaining a consistent view of others, and tend to view others in black-and-white terms (H:Hd+(H)+(Hd) = M = 1.45:4.86 [1:3]; SPL; M = 2.32; > 0 = 77%).

Borderline Personality Organization. The high levels of borderline object relations responses (Kwawer, 1980; M = 9.55) speak to their poor interpersonal boundaries (Boundary Disturbance; M = 2.32; also DQv; M = 4.64) and tumultuous relationships. Further, their inclination to become attached to those who are violent was supported by several of Kwawer's borderline object relations scores (Symbiotic Merging; M = 1.82; Violent Symbiosis, Separation, and Reunion; M = 1.91; BOR-N; M = 75.68).

As a group, the female murderers used more borderline ($M = 21.09$[4]) defenses than neurotic ($M = 14.55$[5]) and psychotic ones ($M = 2.09$; Cooper et al., 1988; Lerner & Lerner, 1980). While their protocols contained higher levels of defenses (neurotic), the presence of splitting (taking a single entity and putting it into two opposing realities, i.e., good and bad) and other borderline/psychotic defenses suggested that more mature neurotic defenses are not functioning adequately and supported a borderline personality organization (Gacono, 1997). Specifically, the most abundant borderline defenses were devaluation (attributing exaggeratedly negative qualities to the self or others; $M = 8.45$; highest overall defense), projection (individual attributes unwanted thoughts, feelings, and motives onto another person; $M = 3.68$), projective identification (projecting a good or bad self-representation into the other to safeguard the self or control the other; $M = 4.45$) and splitting ($M = 2.32$). They also used primitive idealization (the individual describes unrealistic, all-good, and powerful objects; $M = 1.45$). These defenses were utilized ineffectively to modulate affect and ward off threats to an already fragile self-concept.

The greatest number of neurotic defenses were repression (unconsciously motivated to deny awareness of unacceptable impulses; $M = 6.14$), intellectualization (use of logic or objective knowledge to avoid emotions; $M = 3.05$), and isolation (separates an emotion from an idea; $M = 1.32$). The failure of these higher-level defenses to regulate in a mature manner is most evident in the Rorschach sequence (Gacono, 1997; Gacono & Meloy, 1994; Schafer, 1954; Smith et al., 2021). Psychotic defenses were also present ($M = 2.09$). A female child murderer who stated, "I don't have any victims," revealed the presence of massive denial.

Consistent with their high rates of ASPD and psychopathy (also PAI ANT; $M = 69.63$), they identified with aggressive percepts (AgC; $M = 5.05$; AgPot; $M = 0.55$; AgPot > 0; 36%), saw themselves as victims (AgPast = $M = 2.05$; AgPast > 0 = 73%), and felt entitled in blaming others for their behaviors (PAI VPI; $M = 92.95$, note 64% produced at least one rationalization response). One woman stated, "I have suffered more" than the person she killed. Another at least acknowledged the person she killed suffered but stated, "we have both suffered." While another wanted the person she killed to "apologize to me." Forty-one percent of these offenders produced at least one sadomasochistic response speaking to the dysfunctional complexity of their object and real-world relations (SM; $M = 0.68$). During the interview, one woman, when asked if her victim got what they had coming, stated "no" but laughed at the question.

They produced few food responses (interpersonal neediness; $M = 0.32$; Fd > 0 = 23%). Rather than mature attachment, their pseudo-dependency (maladaptive neediness; ROD, $M = 0.27$) relates to an excessive need for attention and admiration and a hysterical pattern of incorporating others into their self-esteem regulation (Cunliffe & Gacono, 2005, 2008; Gacono & Meloy, 1994; Millon & Davis, 1996; Smith et al., 2014, 2018, 2021). It is characterized by pathological and maladaptive neediness and contains impulsive help-seeking behavior. In this fashion, they do need to engage with others (SumT; $M = 0.86$; T > 0 = 55%; 51% of their T responses were spoiled [poor form, Special score, morbid response, etc.]), if for no other reason than to be mirrored (Pairs = $M = 7.00$; Kwawer Nar Mir; $M = 0.55$, > 0 = 41%).

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[4] Though we provide the total mean number of Kwawer scores and Rorschach defenses (neurotic, psychotic, borderline), these may not be as useful as the percentages of each type utilized. Total numbers may be more useful in understanding an individual protocol than mean scores for the group data.

[5] There can be multiple Rorschach defenses per response. Consequently, there can be more defenses scored than the total R in each protocol. For example, 'an ugly scorpion about to sting me' would be scored DEV and PJI.

Supplemental Descriptions

Though our 24-women sample is too small to allow for statistical analyses between subgroups, some mention of differences can be helpful.

Psychopaths (PCL-R ≥ 30; *N* = 12) vs. Non-psychopaths (PCL-R < 30; *N* = 11). First, the psychopathic women had a much lower Lambda (Means = 0.80 vs. 2.03) with a slightly higher mean for Rorschach responses (24 vs. 21). As expected, the psychopathic females presented with more stimulus-seeking behavior and affective instability (PAI ANT-S, BOR-A, Rorschach CF + C, S, AgC, AgPast, AgPot, SM; also, they were the only ones to produce AgV). The psychopathic females also displayed more dissociation (Rorschach TCI) and self-focus (Rorschach EGOI; Fr + rF, narcissistic mirroring) but with a damaged sense of self (MOR) while the non-psychopathic females had more anxiety (PAI ANX) suggesting a main theoretical and clinical difference between those with and without psychopathy. The psychopathic women had more DQv suggesting poorer boundaries (also Kwawer Boundary Disturbance) and a poor view of others (PHR) which is coupled with their inability to view things appropriately (WSum6 = 47). Additionally, psychopathic women would give more borderline defenses. Therefore, it appears the psychopathic murders displayed poor deficits in the affect, cognitive, interpersonal, and self-perception domains, suggesting more severity of problems, while the non-psychopathic ones can be considered anxious.

Trauma (*N* =12) vs. No-trauma (*N* = 11). As expected, those that had experienced some form of traumatic experience had a higher score on the PAI ARD-T (traumatic stress) scale and TCI (Rorschach) than those that had not experienced traumatic events. Those that did not have trauma tended to engage in stimulus-seeking behavior (ANT-S) and had explosive emotionality (Rorschach Pure C), which was expected given the mean PCL-R scores (trauma = 26 and no trauma = 32). Further, those with trauma had more constriction (Lambda).

Psychopaths with self-defense (PCL-R ≥ 30; *N* = 3) vs. Non-psychopaths (PCL-R < 30; *N* = 2). Non-psychopathic women evidenced more anxiety (PAI ANX, Rorschach SumY), affective instability (PAI BOR), hypervigilance (PAI PAR-H), and a sense of having been victimized (AgPast). Psychopathic women had more substance use (PAI ALC & DRG) and more somatization (PAI SOM), egocentricity (PAI ANT-E; Rorschach EGOI and Fr + rF), ego-syntonic aggression and aggressive potential (Rorschach AgC & AgPot; S) with cognitive slippage (WSum6, DR). These differences were very similar to the larger groups of psychopaths and non-psychopaths.

Different types of victims. Six had killed a family member (FAM; i.e., child, mother; 25%; PCL-R ≥ 30 = 0), nine killed a stranger (STR; 38%; PCL-R ≥ 30 = 7, 78%), two killed a friend or acquaintance (ACQ; 8%; PCL-R ≥ 30 = 1, 50%), and six killed a partner or significant other (PART; 27%; PCL-R ≥ 30 = 4; 57%). In terms of the PCL-R total score, FAM had a mean of 21, STR = 34, ACQ = 31, and PART = 27). On the Rorschach, the ACQ group had a low amount of Rorschach responses (mean = 16), while the PART had a mean of 26. The other groups had a mean of 22. However, the family group had the most constriction (Lambda = 2.64, all others had Lambda < 1.00).

Comparing these groups to each other, the family murders (FAM) had more anxiety (PAI ANX), and substance use (PAI DRG & ALC) with less use of borderline defenses, the stranger murders (STR) had more affectivity (PAI BOR, Pure C), dependency (ROD), poor view of self (MOR; SumV; EGOI > 0.40) with more intellectualization (also Afr < .40; IMP) and trauma (PAI ARD-T; AgPast). The friend/acquaintance murderer had more thought disorder symptoms (PAI SCZ; WSum6) and more violence potential (PAI VPI). Those with a partner as a victim had low levels of dissociation (TCI) but more paranoia (Eye content) compared to the stranger or

acquaintance murderer. Both STR and PART had poor views of others (Rorschach PHR). Though each group appeared to have differences, no overall patterns emerged from such small samples.

Sexual homicide perpetrators (see Smith & Gacono, 2021). As a group, the female sexual homicide offenders ($N = 4$) presented with borderline personality traits, including self-directed violence or suicide attempts. They were not remorseful for their crimes, blamed their lawyers for being convicted, and denied their crimes even when confronted with compelling records and other documentation (consistent with several PCL-R Items 4, 6, and 16). On the Rorschach, they produced a sub-average number of responses ($M = 18.50$; nonpatient sample $M = 23.36$ [Exner, 2007]). Two of the women were extratensive, one was introversive, and one was ambient. Their Lambdas were lower (Lambda; $M = 0.58$) when compared to the overall sample of murderers (Lambda; $M = 1.26$), suggesting a tendency to be drawn toward provocative external stimuli. Perhaps a marker for increased amounts of stimulus-seeking behavior.

These women displayed high levels of non-form dominated color (CF+C; $M = 3.25$) and achromatic color responses (SumC'; $M = 3.25$), speaking to painful and explosive emotionality. Boundary disturbances were also present (DQv; $M = 4.50$; Kwawer Bound Dis; $M = 3.50$). They also had high levels of EGOI ($M = 0.50$) without reflection responses (elevated by pairs; $M = 6.75$; Fr + rF = 0 = 50%; Kwawer Nar Mir; $M = 1.25$). They tended to produce other than whole object human responses (H < Hd + (H) + (Hd): 1.25: 3) consistent with their poor understanding of others (GHR < PHR = 2.50:2.75).

They also had an affective-laden pseudo-dependency that was pathological (neediness; ROD; $M = 0.28$; Food; $M = 1.00$) and aggressive (AG; $M = 1.00$; AgC; $M = 2.75$; AgPot; $M = 0.50$; AgPast; $M = 2.00$; SM; $M = 0.75$; Kwawer Viol Sym; $M = 2.00$). Their thinking was affectively driven, impressionistic, and lacking in detail (IMP; $M = 0.75$). While their reality testing was within a normal range (X-%; $M = 0.12$), anger had a particularly disruptive impact on their thinking and judgment (S = 2.50; X+%; $M = 0.52$). Their bizarre and unusual thinking was severe (Wsum6; $M = 37$), consistent with the disorganized nature of their crimes. Paranoia was also present for these women (Dd; $M = 2.50$; eyes [content]; $M = 2.00$; S; $M = 1.75$) along with many borderline defenses (PJI; $M = 2.25$; DEV; $M = 4.25$; PRO; $M = 2.00$; SPL; $M = 1.75$; OMP; $M = 1.00$).

Discussion

The topic of murder peaks researchers, scholars, and laypersons, and it appears that female murder increases this interest. Although some investigators have suggested that female offenders are misunderstood and mistreated by an unsympathetic and unfair criminal justice system, this is not consistent with empirical studies of newspaper stories and multi-media presentations about female offenders (Estrada et al., 2019). Quarmby (2016) suggested that the increased frequency of stories in the media about female criminals and particularly female murderers is related to their shock value. She asserted that societal constructions of women as nurturing and fulfilling childcare roles have resulted in increased interest and airplay for stories about women who kill.

Weare (2013) identified a pattern whereby female offenders were labeled either "mad, bad, or as a victim." He suggested that female offenders were denied their agency and were viewed as though they did not have the capacity for autonomous decision-making. Brennan and Vandenberg (2009) found that in the case of Caucasian female offenders, news stories contained an overall "favorable tone," and the authors of the reports often searched for "excuses for their alleged or actual offenses." This is consistent with our own observations such as when TBC heard a senior prison official in a maximum-security female facility in Florida say that "you have to think of these

girls as your kid sister or your daughter; they aren't responsible for the things they do." In their detailed analysis of news stories in the Swedish media over the past 100 years, Estrada et al. (2019) identified a noteworthy trend. They indicated that although stories from the early to mid-20th century tended to characterize female offenders in very negative terms, they found that over the past 20 years, the stories appeared to be attempting to find sympathetic reasons for the offenses of women (see the movie *Monster* and its attempt to portray Aileen Wuornos as a victim). Interestingly, they did not find a disparity in terms of the number of news stories across gender (the number of articles and programs about men and women were very similar). Zack et al. (2018) found a large difference between the public's perception of male and female sex offenders and reported that adolescent male victims were perceived as "lucky" compared to a sense of disgust when the genders were reversed. Overall, media depictions of female offenders have been found to be positive, and most of the documentaries and news stories were aimed at engendering sympathy for the offender (Cunliffe et al., 2021).

Although women have been found to engage in violence less often than men, it is incorrect to conclude that they are not violent or to suggest that they do not pose a danger to the public (slippery slope or absurd generalization fallacy; Cunliffe et al., 2021; Smith et al., 2021). Although Harer and Langan (2001) found that men committed violent acts more often compared to women, and the violence observed tended to be more serious (involving physical injury), this does not equate to a lack of violence. Additionally, the lower base rates for severe violence in women were affected by less physical strength rather than a lack of will to commit violent acts.

Male offenders (particularly psychopaths) are more likely to commit their offenses alone compared to juveniles and women, but female offenders have been found to be much more likely to enlist the assistance of a more physically dominant male or female in the commission of their offenses (Cunliffe et al., 2021; Smith et al., 2021). Some investigators have assumed that the presence of a male co-defendant meant that the woman was being controlled and dominated by their 'partner in crime.' However, it is incorrect to assume that this is always the case (false analogy fallacy). Consider the case of the female psychopath and serial killer Karla Homolka. Although some women (psychopaths and non-psychopaths) have histories of being victims of violent assaults, it is also true that female psychopaths engage in more aggression than their non-psychopathic counterparts (Smith et al., 2020a). We have also found that female psychopaths were more likely to see themselves as victims (Smith et al., 2021; Yochelson & Samenow, 1976).

Female Murderer Model

Developmentally, the female murderer resides in a paranoid position (Klein, 1946) and manifests a malignant hysterical style with a borderline/psychotic personality organization (Gacono & Meloy, 1994; see Figure 1). She can best be described through an analysis of several psychodynamic domains: affect, cognitive, self-perception, and interpersonal.

Affect. Pseudo-emotionality is the hallmark of the female murderer. Her emotional displays give the impression she is play-acting (PCL-R Item 7, Shallow Affect). Her pseudo-emotionality is further defined as shallow, labile, reactive, and short-lived. Rather than a true depressive episode, she displays dysphoric affect related to her current situation and inner feelings of emptiness (what Wishnie [1977] identified as an inner state of anxiety).
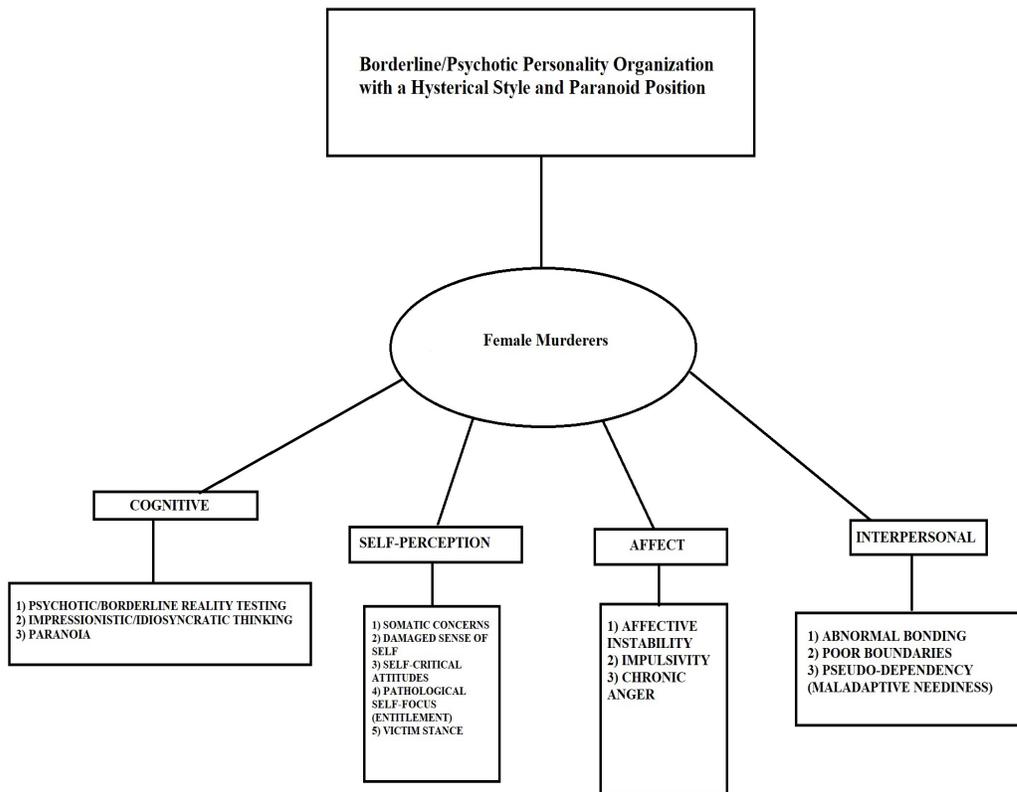
Figure 1. Model of Female Murderers

Using primitive defenses, evaluators and treaters will be invited into regulating her dysphoric affect and bolstering her self-esteem. When her attempts to engage the other in a projective cycle fail, she may act impulsivity and with hostility (Gacono & Meloy, 1994). The mix of emotionality, chronic frustration, and inner emptiness makes her inner world difficult to distance from, contain, and avoid. Higher-level defenses such as intellectualization fail to aid in increasing emotional tolerance. Rather, she relies on primitive defenses such as splitting and dissociation that represent desperate and ineffective strategies for coping with affect. It goes without saying that her difficulties managing affect contribute to her behavioral impulsivity.

Cognitive. As with their shallow emotionality, these women also display impressionistic thinking (vague and superficial thoughts). This hysterical style (Shapiro, 1965) functions to avoid internal (painful affect) and external (taking responsibility for their behaviors) threats to self-worth. She evidences an inability to appreciate the consequences of her behaviors and makes decisions based on partial information (a trait Cleckley [1941] referred to as "a specific loss of insight"). Anger and intense undifferentiated affect influence her thinking and result in pervasive misperceptions. In a paranoid and obsessive-compulsive manner, she tends to manage overwhelming affect by cognitively focusing on details (narrow the stimulus field). These women are unconventional in their thinking, evidence-impaired reality testing, and are prone to several types of cognitive slippage (strained logic, derailment, and deviant verbalizations). These distortions impact their self (self-concept) and other (interpersonal interactions) appraisal skills.

Their cognitive mechanisms are consistent with the criminal thinking errors outlined by Yochelson and Samenow (1976) and others (Gacono & Meloy, 1994).

Self-Perception. The female murderer does not present with the grandiosity, omnipotence, and contempt that characterizes male offenders. Instead, they are highly self-critical and are unable to maintain a positive self-image. When she gazes into the mirror, she sees a devalued and damaged self (pathological self-focus [entitlement]; somatic concerns). Her self-regulatory processes require others to reflect a less-than-Picasso-like image back to her. The "hysterical mask" of the female murderer provides cover for a conflicted, inconsistent, broken caricature of feminine identity. Her tendency to accept a victim role becomes engrained and results in the deflection of responsibility for her behavior (victim stance; "If I had better parents, then things would have been better"; "he made me kill him"). Her inability to regulate her own esteem relates to both identity problems and her pseudo-dependency on others.

Interpersonal. Though it may appear that a female murderer displays dependency or even has an interest in interpersonal attachments, it is actually an immature pseudo-dependency (maladaptive neediness). She uses (needs) others for self-regulatory functions related to her emotionality and self-worth. She needs others to mirror back to her that she is an okay, even a good person. Poor boundaries and reliance on primitive defenses provide the venue for this unhealthy interpersonal dynamic.

Her difficulties with affect, cognition, and self-worth influence her relationship choices, influence their active dynamics, and ultimately create a self-fulling prophecy between her self-esteem and failed relationships. Relationship failures, as well as other environmental feedback, reinforce her view of being damaged and unworthy. Understanding the personality functioning of these women provides a basis for addressing their management and treatment needs.

Assessment Considerations

Examining the personality characteristics provide additional understanding of their murderous behaviors. The mixture of poor affective control, inability to see things appropriately (i.e., poor reality testing), and a poor self-concept (self-focus but with a damaged sense of self) lead to poor relationships with others (seeing them poorly and engaging in poor relationships). In these relationships, the combination of affective, cognitive, and self-perception and the proclivity for antisocial behaviors all coalesce with impulsivity driven by affect. As noted, all the murders were reported as impulsive rather than planned. Some of the women experienced trauma, while others did not. Trauma shapes the personality, which provides fertile grounds for behavior. It does not cause it. Higher rates of trauma can lead to higher dissociation or paranoid symptoms (Smith et al., 2021); however, these symptoms in themselves do not lead to murder. It is the mixture of all aspects discussed (affect, self-perception, cognitive, interpersonal) that leads to real-world behavior. An underlying paranoid position does lend itself to a personality ready to attack rather than be attacked.

All three measures (PCL-R, PAI, Rorschach) incrementally add to assessing the inner lives of these women, which provide the fuel and container only awaiting a spark to ignite the behavior. It is in the clinician's best interest to use these instruments to get a better understanding of their client to not only help with treatment (Smith et al., 2021) but also predict those high-risk situations that await their acting out.

Treatment Considerations

Assuming that all female offenders need or will benefit from treatment would be misguided. It is imperative that clinicians' decisions concerning the provision of treatment are guided by objective assessment data as well as real-world historical information when determining

treatability and treatment needs. Screening for psychopathy is a necessity, especially within this subset of criminal activity (Gacono, 2016). Additionally, treatment should only begin in those cases where the safety of the offender and clinician is ensured (Smith et al., 2021). This includes an evaluation of whether the inmate's psychopathology can be safely contained within the structure of the existing program. Therefore, assessment and a review of the therapeutic milieu should be what answers the question of when to treat. We are not suggesting denying treatment to individuals based on a single test score. Even when forced to treat potentially untreatable female inmates (unstable, assaultive, psychopathic), assessment can guide the development of management strategies that reduce the risk of violence and disrupt the treatment of other inmates.

With antisocial and psychopathic women that have committed murder, treatment planning should consider an interpersonal style that elicits the clinician to aid in regulating their emotionality and their self-worth. Based on their response to the clinician's queries, the optimal level of directive, non-directive, self-directed, and paradoxical interventions can be determined (Gacono, 2016). Dialectal Behavioral Therapy (DBT; Linehan, 1993), a form of cognitive-behavioral therapy that focuses on treating individuals with Borderline Personality Disorder and other impulse control disorders, may also be beneficial for this population (Smith et al., 2021).

Conclusion

The sample of incarcerated women that had murdered allows us to begin to identify the different cognitive, interpersonal, self-perception, and interpersonal dynamics that lead to this extreme violence. We hope this research stimulates more of its kind with this population and comparisons with their male counterparts.

It is highly recommended a thorough assessment with the measures identified be completed to help identify any factors that can help with the management and treatment of these women. We leave you with the following quote by Carr (1997) to better conceptualize these women: "All are to be commended for their refusal to sociologically rationalize the acts of their subjects, and for their insistence … on treating them as violent individuals first and women second."

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