Assaultive Eye Injury and Enucleation

Alexander O. Bukhanovsky, MD, PhD, DSc (Med.), Anthony Hempel, DO, MA, Waseem Ahmed, MD, J. Reid Meloy, PhD, Alan C. Brantley, MA, Daniel Cuneo, PhD, Roman Gleyzer, MD, and Alan R. Felthous, MD

An especially dangerous behavior observed in some forensic and security hospital populations is assaultive eye gouging. Although a number of case reports in the literature concern auto-enucleation, gouging out the eyes of another is virtually unmentioned. We present a case series of eye gougers (*n* = 10) gathered through clinical contributions from several forensic populations in the United States and Russia. Four subjects were psychotic during the eye-gouging episode, one was only mentally retarded, and five, who were neither psychotic nor retarded, deliberately injured victims' eyes during acts of extreme sexual violence.

> Lest it see more, prevent it. Out, vile jelly! [said Cornwall as he plucked out Gloucester's other eye.] Where is thy luster now?—Shakespeare, King Lear (Act 3, Scene 7)

Assaultive ocular injury and enucleation, the deliberate injury or complete gouging of another person's eyeball(s), is a serious and dangerous behavior, a form of mayhem resulting in mutilation, permanent deprivation of vision, and/or causing disfigurement and pain and grief for the victim if he or she survives. We include in this concept the mutilation of a murdered victim's eyeball(s) when perpetrated by the murderer himself. Curiously, this alarming behavior has received virtually no attention in the professional research. Why would someone want to enucleate the eyes of another person? In what psychopathological conditions can such behavior occur? These are some of the issues addressed by our case examples derived from several forensic populations and representing various psychopathologies and other possible predisposing conditions.

In contrast to the assaultive enucleation of other people, *self*-enucleation has been

Dr. Bukhanovsky is Professor and Head, Department of Psychiatry, Rostov State University, Rostov-on-Don, Russia. Dr. Hempel is Chief Forensic Psychiatrist, Vernon State Hospital, Vernon, TX. Dr. Ahmed is affiliated with Vernon State Hospital, Vernon, TX. Dr. Meloy is Associate Clinical Professor, Department of Psychiatry, University of California, San Diego, CA. A. C. Brantley is a Special Agent, National Center for the Analysis of Violent Crime, Federal Bureau of Investigation Academy, Quantico, VA. Dr. Cuneo is Clinical Director, Chester Mental Health Center, Chester, IL. Dr. Gleyzer is a Forensic Psychiatrist, Western Washington State Hospital, Tacoma, WA. Dr. Felthous is Professor of Clinical Psychiatry and Director of the Forensic Psychiatry Service, Department of Psychiatry, Southern Illinois University School of Medicine, and Medical Director, Chester Mental Health Center. This paper was presented, in part, at the 29th Annual Meeting of the American Academy of Psychiatry and the Law, New Orleans, LA, October 1998. Address correspondence to: Alan R. Felthous, MD, Chester Mental Health Center, P. O. Box 31, Chester, IL 62233-0031.

presented and discussed in the literature,[1] at least through individual and series case reports. Subjects reported in the psychiatric literature were typically psychotically disturbed at the time of the self-enucleation. In some cases, a mind-altering substance was involved. In several cases, the self-enucleator felt driven to obey the familiar Biblical injunction (Matthew 5:29: "And if thy right eye offend thee, pluck it out. . . ") within the context of a very concrete and personalized interpretation. In some cases, self-enucleation involved guilt over sexual issues, reminiscent of the myth of Oedipus.

Felthous[2] and Meloy[3] contributed several unusual case reports of men accused of violent offenses, including murder. Before the violent act, each had experienced bizarre perceptions and/or delusions involving cats or dogs. In a few of these cases, psychotic thinking regarding the animal involved the perception that the animal was staring at the individual and the animal's eyes were visibly changing in some manner. In a few cases, the subject was thought to have killed the animal before allegedly committing murder, but eye gouging of animals or homicide victims was not involved. Meloy[3] discussed this phenomenon in the context of scopophilia, oral sadism, and the Cyclopean glaring eye.

Assaultive enucleation is referenced in myth, legend, and history. According to Egyptian mythology, the sky god Horus, representing Lower Egypt, took the incarnate form of a falcon, whose right eye was the sun and left eye, the moon. Seth, a god representing Upper Egypt, was defeated by Horus whose eye was damaged in the battle.[4] According to another version, Horus either wounded Seth's testicles[5] or Horus lost his testicles in the struggle for the throne of Egypt,[6] and Seth damaged one or both of Horus' eyes.[5] In a third version of this myth, Seth, incarnate as a black boar, either shredded the moon eye of Horus or ingested it.[5] According to a fourth version, Seth gouged out the eyes of Horus, but his eyesight was restored by rubbing with the milk of a gazelle.[6] Salient in the Horus and Seth myths is the close association between sexual aggression and eye gouging.

A recurrent belief among peoples of various cultures and ages is in the mysterious, puissant ability of the eyes to express evil and cause harm. For a thorough treatise on this topic the reader is referred to the classic contribution of Elworthy, *The Evil Eye*.[7]

From ancient times in Russia, cutting off part of the body (hand, finger, foot, ear, nose, tongue) was a fairly common form of punishment,[8] and eye gouging played a historical role in several struggles for political power. Vasily II Vasilevich, Tiomny (1425–1462), the Grand Duke of Moscow and Vladimir and grandfather of Ivan the Terrible, was a central figure in one such struggle.[9] His uncle Yury and Yury's sons, Vasily Kosoy and Dmitry Shemiaka, did not want 10-year-old Vasily to become the Grand Duke. In the ensuing conflict, lasting years and into his adulthood and dukedom, Vasily II's minions abducted and blinded Vasily Kosoy, his cousin. Vasily II in turn was captured by Dmitry Shemiaka and blinded (hence, his sobri-

quet Tiomny which means "dark").[9] With the help of other intelligent and energetic supporters, Grand Duke Vasily II, although blind, continued to rule and was known for his capacity for cruelty.[10]

Russian Orthodox Bishop Feodorets in the city of Vladimir was known for various cruelties including burning out the eyes of his victims.[8] The ruling metropolitan punished Bishop Feodorets for his atrocities by sentencing him to have his tongue cut out, his right hand cut off, and his eyes removed.

Ivan Vasilyevich, Ivan IV, known in the West as Ivan the Terrible and in Russia as Ioann Grozny (1530–1584), was the first official Tsar of Russia and undoubtedly the most notorious. Ivan's young mother was poisoned when he was only eight years old. As a child he had been cruel to animals. By age 15 he proclaimed himself ruler of Russia and began persecuting the boyars (aristocrats ranked below princes in early Russia). He threw one into a cage with guard dogs and killed many himself. Also at 15 years, together with peers, he amused himself by riding through the city and injuring children and elderly women.[11] As Tsar of Russia, his alleged cruelties were many and diverse. An especially sadistic method of torturing and killing his victims was termed "sitting on a stick"; death came only after hours of agony from impalation.[8] After discovering that his first wife, Vasilisa Melentievna, had been unfaithful, Ivan had her bound, gagged, placed in a coffin and buried alive.[8]

Ivan ordered the construction of the Cathedral of St. Basil the Blessed (1555–1560), today the oldest building in Moscow's Red Square. According to legend,[12] he intended for this commemoration of the Russian conquest of a Tatar city, Kazan, to be the most unique and beautiful cathedral in the world. To ensure the edifice would never be replicated nor its magnificence surpassed, he had the architects who designed it enucleated and blinded.

Historically, eye gouging has been used as a method of terrorism and as a punishment to enforce social norms. In 19th century America, Irish gangsters used eye gouging against Englishmen, especially in large cities. Settlers on the American frontier mutilated Native Americans in this manner.[13] In the 1870s, gangster Dandy Johnny Dolen invented a copper instrument specifically for eye gouging. In Africa, members of several tribes (Pokot, Turkana, and Karamojong) wear a wrist knife (abaret) specifically for assaultive enucleation, typically in protection of their cattle.[14]

Eye Gougers Reported in the News Media

We first turned to popular news media for secondary reports of eye gougers because this phenomenon has not been previously addressed in the professional literature. Because we had not examined these individuals directly, for both ethical and clinical reasons we cannot establish or rule out specific diagnoses. We handle these cases separately from those subjects who had been interviewed and evaluated by one of us directly, and we acknowledge that there undoubtedly are others reported in the popular media that have not come to our attention.

A case reported by several newspapers

in 1994 involved three sisters who consulted a "hoodoo man" in Louisiana to help solve a family conflict,[15–18] hoodoo representing a mixture of religious practices from Africa, Haiti, and Christianity. Two of the sisters later reported that the third underwent mysterious changes. They believed that she had been overcome by an evil spirit. They beat their sister, pressed garlic cloves into her eyes, and then one of the sisters proceeded to gouge out her eyes while quoting Matthew 5:29. From the popular news accounts, the motivation for this eye gouging was fear within the context of religious beliefs.

Another newspaper account reported that a 36-year-old man had been accused of attacking a woman on a jogging trail.[19] He allegedly dragged her from the trail, attempted to sexually assault her, and forced his thumbs into her eyes, which resulted in permanent blindness of one eye.[20]

A third account was reported in a book about Charles F. Albright,[21] a known serial killer who had a long-standing fascination with eyes. Skilled in taxidermy, he stuffed a number of animals that remained eyeless, even though he reportedly had a jar filled with artificial animal eyes. He was eventually sentenced to life for killing at least three women, all of whom had been mutilated and had had both eyes skillfully excised.

Other examples could be listed, but popular news accounts have limited clinical information, and the authenticity of second- and third-hand reports is questionable. We now turn to our series of case reports (n = 10), whose subjects are grouped as psychotic, mentally retarded, and psychopathic, respectively.

Psychotic Eye Gougers

Case A Mr. A., a 23-year-old single Caucasian male, employed as an electrician, was found not guilty by reason of insanity (NGRI) of aggravated assault and kidnapping, the assault involving the enucleation of his girlfriend's right eye.

At the age of 22, while working as an electrician, Mr. A. called his girlfriend of six months and asked her to give him a ride home. While in her car he reported, "I saw angels in her eyes." At her apartment, after drinking one or two glasses of wine and having sexual intercourse with her, he was overtaken by the paranoid delusion that his girlfriend was the devil. He exclaimed, "I could see the devil coming from her eyes." He began choking her. He punched her, and then he totally enucleated his girlfriend's right eye and blinded her left eye with his thumbs. While gouging her eyes, Mr. A. chanted, and he seemed to believe that he was expelling evil from her. Once the police arrived, Mr. A.'s statements reflected his belief that they had come to reward him for his good deed.

Following the NGRI verdict for the instant offense, Mr. A. was hospitalized for evaluation and treatment. The final diagnoses were schizoaffective disorder, bipolar type, and polysubstance abuse. His paranoid delusions responded promptly to olanzapine, 15 mg every evening. Further benefit was achieved with depakote, 1,250 mg per day in divided doses. He presented no behavioral management problems on the unit. He demonstrated

great remorse for his act of assaultive enucleation. After successful treatment, Mr. A. no longer experienced psychotic symptoms and was released to a less restrictive hospital. Although he was completely free of psychotic symptoms, the court returned Mr. A. to the security hospital because of concern for public safety.

Case B Mr. B. was a 32-year-old married African American male, who was remanded to a maximum security hospital after having been found incompetent to stand trial. He had a history of assaultive enucleation.

When Mr. B. was 17 years of age, while on furlough from the hospital, he enucleated an eye of a female with a sharp object. He was both angry and acting in response to his perception that evil was in her eyes. The act occurred in a bar while others were present, but Mr. B. acted completely alone. At the time of the enucleation, Mr. B. had consumed some alcohol, and his mental condition was considered to be both psychotic and mentally retarded.

As a psychiatric inpatient, Mr. B.'s eye-gouging behavior was persistent and recurrent. Although his motivation was difficult to discern clearly, he stated, "I attack devil eyes." He frequently threatened others with his fingers or scissors. Despite his poor concentration, Mr. B. was able to answer questions about why he attacked people's eyes. He explained that when he becomes upset, he goes for the eyes. "I attack the devil eyes," he said, laughing repeatedly. "I want to kill the evil." Prior to the diagnostic interview, the evaluator was warned that Mr. B. could become labile, and he typically focused on the interviewer's eyes.

When evaluated in the security hospital, Mr. B. was very difficult to interview because of his stuttering and disorganized thought processes. Psychiatric disorders diagnosed were organic delusional disorder, polysubstance abuse, mild mental retardation, and antisocial personality disorder. Despite intensive inpatient treatment, including pharmacotherapy with various mood stabilizers and antipsychotic medicines, and current management with fluphenazine decanoate, Mr. B. remains psychotically disturbed, and his aggressive behaviors, including eye-gouging gestures, persist.

Case C Ms. C., a single, unemployed, 36-year-old Vietnamese-American female was remanded to a security hospital after she was determined to be manifestly dangerous.

At a non-forensic, non-security hospital, a patient informed staff that Ms. C., then 34, was having sex with another patient. When the incident was investigated, it was discovered that Ms. C. had gouged out a female patient's eyes with her fingers immediately after performing oral sex on this other patient. The third patient witnessed the event but did not participate in either the sexual or mutilative behavior. Ms. C. was thought to have ingested both eyeballs.

Ms. C. was psychotic. When queried, she admitted having committed the enucleations. She said, "Oh, that was my daughter. She wants to die, so I was helping her," adding that her daughter "requested I kill her." She further believed that her daughter was thousands of years old. Ms.

C. was thought to have been experiencing auditory hallucinations at the time. The victim was blinded but not killed. Other eye-gouging attempts in the hospital did not result in serious injury.

Ms. C. experienced her initial psychotic break at 27 years of age, resulting in the first of approximately eight psychiatric hospitalizations prior to her present admission to the forensic security hospital. During these hospitalizations her behavior was erratic and often bizarre. She was preoccupied with sexual themes, and manifested psychotic symptoms, including delusions and both auditory and visual hallucinations. She commonly exhibited public nudity, extreme bisexual promiscuity, and open masturbation. She frequently ate fecal matter, cigarette butts, and sanitary napkins and drank urine.

Assessment in the security hospital yielded the following diagnoses: schizophrenia, undifferentiated type; polysubstance abuse (alcohol, marijuana, cocaine, and amphetamines); and a history of conduct disorder in childhood. An abnormal electroencephalogram showed multifocal epileptiform activity. Spike and wave complexes were noted in the frontal areas, and polyspikes in the right temporal region. During her hospitalization she was extremely assaultive. Ms. C. was resistant to various combinations of typical and atypical antipsychotic medications together with anticonvulsants and different mood stabilizers. At times she believed that others practiced "voodoo" on her. To this day she remains delusional, violent, and sexually inappropriate.

Case D Mr. D. was a 37-year-old Caucasian male who was 23 years old when admitted to the security hospital after having been found to be manifestly dangerous at another state hospital where he had enucleated both eyes of another patient.

Mr. D. expressed, and the referring hospital records documented, his belief that the other patient *was* the devil at the time of the enucleation. On the day of his assaultive enucleations, he reported having seen "things like the devil, snakes, and pills." Around this same time he believed he was Jesus. With little planning, he used only his fingers to pluck out both eyeballs of the victim.

Diagnoses in the security hospital included bipolar disorder with psychotic features, polysubstance abuse in institutional remission, and antisocial personality disorder. Sometimes he believed he was Jesus Christ and contemplated concepts of good and evil. On several occasions he planned assaults on much weaker patients. His moods fluctuated rapidly from suicidal states to manic states to euphoria. Multiple medications were used in the course of his present hospitalization. His affective and psychotic symptoms abated, and his assaultiveness decreased substantially. Nonetheless, Mr. D. remains mildly to moderately paranoid.

These four cases (Table 1) illustrate subjects whose mental illness can be classified as psychotic. They were psychotic at the time of the eye assault, and the enucleations appear to have resulted from psychotic exacerbation. All but one were youthful (under 25 years of age) males. In all but one exception, the act was unplanned and accomplished with only the

assailant's fingers. A sexual component to the assault was present in two cases. Other body parts were not mutilated, and none of the victims were killed.

Mentally Retarded Eye Gouger

Case E Mr. E. was a 39-year-old, never married, African-American male with no formal education. He had been continuously hospitalized since age six, except for a five-month period in 1994 when he lived in a group home. At 23 he was transferred to a maximum security hospital as he had become "unmanageable (injuring both staff and patients' eyes) at that facility." The event that precipitated the transfer was his gouging out the eyes of another patient with his fingernail and causing blindness. A letter accompanying Mr. E. noted his "ability to skillfully injure the eyesight of other recipients despite being on heavy medication." His admitting diagnoses at that time were moderate mental retardation (IQ 43), organic personality disorder, and seizures.

It was then hypothesized that Mr. E.'s aggression may be linked to his not having a vocabulary to express his feelings; thus, he resorted to physically acting out that which he could not verbally express. A methodology of individual, twice a day teaching sessions employing shaping, fading, modeling, role playing, and positive and negative reinforcement was utilized. A baseline of previous acting-out behaviors was taken. After an initial increase in aggressive acting-out behaviors along with attempts at eye scratching, within two months these behaviors began to subside. After six months his aggressive acting out dropped to one to two incidents a month. After a year he was incident-free. Eight months later he was transferred to an open hospital. He has had no aggressive behavior or eye-gouging behavior since. He was continued on carbamazepine, lorazepam, and thioridazine HCl.

Although but a single example, this mentally retarded individual shared several commonalities with most psychotic subjects: a young male whose acts were unplanned and accomplished with his own fingers (Table 1). Other body parts were not targeted, and the victim was never killed. Unlike the psychotic subjects, Mr. E. was not psychotically motivated. His acts appear to have resulted from frustration at his poor ability to communicate, and an effective treatment plan was formulated accordingly.

Psychopathic Eye Gougers

Case F Mr. F. was a 13-year-old Hispanic male who lived alone with his divorced mother at the time of the incident. The victim of his assaultive enucleation was a 14-year-old female who was a family friend and known to the perpetrator for at least 10 years. There was no evidence of sexual or romantic involvement before the incident.

The eye gouging occurred during the course of a homicide and was not planned by Mr. F. He used a knife, which he obtained from the kitchen in the course of dragging the victim into the back yard of her home; they were in the home of the victim's parents who were out having a drink with Mr. F.'s mother.

Mr. F. attempted to fondle the victim's

Table 1
Data on a Series (N = 10) of Eye Gougers Grouped as Psychotic, Mentally Retarded, and Psychopathic

Subjects	Sex	Age (years) at Time of First Assaultive Eye Injury	Planned (P) or Unplanned (U) Assault	Instrument Used in Assault	Sexual Component to Event	Mutilation of Other Body Parts	Victim Killed in Assault	Affective Motive	Apparent Desired Result
Psychotic									
A	M	22	U	Finger	Yes	No	No	Fear	Self-protection
B	M	17	U	Sharp object	No	No	No	Fear	Self-protection
C	F	34	U	Finger	Yes	No	No	Compassion	Help victim
D	M	23	U	Finger	No	No	No	Fear	Self-protection
Mentally retarded									
E	M	23	U	Fingernail	No	No	No	Frustration	Communication
Psychopathic									
F	M	13	U	Knife	Yes	Yes	Yes	Anger	Kill victim
G	M	14	U	Sharp instruments	Yes	Yes	Yes	Anger	Kill victim
H	M	40	P	Sharp instruments	Yes	Yes	Yes	Anger	Avert victim's gaze
I	M	34	P	Knife	Yes	No	No	Anger	Revenge
J	M	25	P	Knife	Yes	Yes	Yes	Anger	Avert victim's gaze

breasts while she was asleep in her bed. When she awoke, he attacked her, choking her and dragging her into the kitchen and then into the back yard. Afterward, Mr. F. went to his own house and burned in his back yard various *Playboy* magazines, a spiral notebook, and a brown paper bag.

The victim was stabbed in the face and head 37 times, and both eyes were completely destroyed. The kitchen knife had an approximately 6-inch blade, of which the distal end was broken off and recovered from the victim's left eye during autopsy. The eye stabbing was judged to be ego syntonic in the sense that it served Mr. F.'s goal of attempting to murder the victim by penetrating her brain.

Diagnoses included on Axis I: conduct disorder, childhood onset, mild; obsessive-compulsive disorder, with poor insight (OCD); dysthymic disorder, early onset; Axis II: developing psychopathic and sadistic personality traits; Axis III: history of asthma and enuresis; Axis IV: loss of father and brother (father had died six months before the homicide); and Axis V: global assessment of functioning (GAF) 50. His intelligence was measured at over 130 full-scale IQ (very superior range). With no neuropsychological impairments, no further neurological testing was indicated.

Mr. F. was sentenced to the state youth authority until age 25. He was involved in ongoing individual and group treatment at that facility.

One interesting finding is that an hour before the homicide, Mr. F. watched the movie *Demolition Man*, which has two eye-gouging death scenes in it that are

quite explicit. He denied that this movie (which he had seen twice) shaped his behavior in any way. Psychological testing confirmed the diagnostic findings, especially the OCD and developing psychopathy. As an adult, he is expected to meet the criteria for sexual sadism, and he hinted at such fantasies when evaluated. He also stated to the evaluator, "It has always been clear to me that one day I would kill somebody... I've had the thought since I was 7. Never told anyone. I'd tell my friend I'm dangerous, I'm insane, crazy, but not one they can find, not one a psychiatrist can find." He was not sure if he would kill again.

Case G Mr. G. was a 14-year-old Caucasian male who acted alone at the time of the eye gouging and concurrent homicide. Earlier on the day of the attack, he met a 13-year-old female for the first time and lured her to an isolated area in close proximity to where they met.

Although the girl appeared to have been a victim of opportunity and the occurrence unplanned for the specific time and date, rehearsal in the form of fantasy was evident. Printed materials were recovered from Mr. G.'s residence that revealed a history of fantasies consistent with the violent behavior displayed at the crime scene.

Once isolated from public view, Mr. G. forced the victim to remove her clothing and attempted to rape her. According to his self-report, which was later corroborated forensically, he was unable to have sexual intercourse with the victim. Frustrated by his sexual failure, he became angered and struck the victim repeatedly with a blunt object. Two separate slender saw blades (for drywall construction) penetrated the length of the brain and both were left protruding from the eye sockets. In addition, her body had been posed, and she had received numerous postmortem lacerations to her breasts, torso, vagina, rectum, arms, and legs. There was no evidence the victim was tortured prior to death; however, the eye gouging was done *ante mortem* and, in all likelihood, after she became unconscious.

Approximately one week before the homicide, Mr. G., reportedly after watching the movie *Natural Born Killers*, shaved his head and purchased sunglasses in an effort to mimic the appearance of the movie's protagonist. He also reported that his favorite movie was *Hellraiser*, which depicts graphic scenes of mutilation and eroticism.

Diagnoses included on Axis I: attention deficit hyperactivity disorder; polysubstance abuse: amphetamines, hallucinogens, cannabis; Axis II: conduct disorder; reading disorder; and Axis III: asthma, migraine headaches. Notwithstanding previous diagnoses, Mr. G. currently clearly meets all the criteria for the diagnosis of antisocial personality disorder and had manifested the most salient traits and features of this disorder far in advance of age 18. All treatment efforts were unsuccessful.

Case H Mr. H., a 54-year-old white male teacher, was accused of 52 murders. Of these, 12 victims were subjected to severe eye injuries. Mr. H. began killing at the age of 40 and was not stopped until his arrest at the age of 54.

His 12 separate eye injury victims, who were also killed after torture, included

prepubertal and adolescent boys and girls, as well as adult women. Body parts subject to torture included the face, upper body, and abdomen, but not the eyes. Other injuries and mutilations inflicted on the victims were multiple, up to 54 on a single victim, with heavy disfigurement of the face. Specific mutilations included cutting off the tip of the tongue, cutting off the end of the nose, simultaneous excision of the sternum and ribs, and excision of internal genitalia (including uterus and adnexa), rectum, and external genitalia, including the vaginal wall. Victims died from lethal trauma to vital organs, exsanguination, and shock.

After torturing the victims and attempting but failing at sexual intercourse, Mr. H. typically stabbed the victim's heart, cutting into the heart and then quickly pumping the knife in and out, but without completely removing the knife, a rapid repetitive movement very similar to the *fortissimo* of coitus and the paraphilia of piquerism. Once the victim was deceased, the apparent "stare" of the corpse was sufficiently disturbing to Mr. H., that he would then pierce the victim's eyes and rapidly thrust the knife back and forth as he had just done to the victim's heart.

Diagnoses made prior to his criminal trial included obsessive-compulsive necrosadism, obsessive-compulsive vampirism, necrophilia, organic personality disorder, and schizoid personality disorder. He was not provided psychiatric treatment. Following his conviction, he was sentenced to death and executed.

Case I Mr. I. was a 34-year-old married Caucasian man with one child. He was employed as a plumber at the time of his arrest. He injured the eyes of 7 of 13 young women and girls whom he attacked sexually. During a rape attempt, Mr. I. would press his fingers against the victim's eyes to gain compliance by inflicting pain. However, the more serious ocular injuries were inflicted immediately after his rape attempt was interrupted or ended in his failure to complete the sexual act. Motivated by a desire for revenge and to punish his victim for his own humiliating sexual failure, he would use a knife to cut the victim's superciliary region above the eye, down across the eye and the face below, bilaterally (six cases); one victim was instead cut horizontally through neighboring facial tissues and the eye. Ocular injuries did not blind the victim, but facial trauma resulted in unattractive scarring.

None of the victims were tortured or killed; however, resulting injuries, beyond the above described ocular and facial traumata, included hematoma, cerebral concussion, and unattractive scars resulting from the facial lacerations.

When evaluated forensically, the diagnoses were dissocial personality disorder (ICD 9) and organic personality disorder. Mr. I. underwent no psychiatric treatment.

Case J Mr. J., a 25-year-old single male cattle rancher, was accused of two separate sexual homicides, during which he gouged out the eyes of both of his victims.

He raped two older women, 73 and 81 years of age. After each rape, he killed the victim by chopping the victim's head with a spade. With a knife, Mr. J. then inflicted multiple stab wounds on the breasts and body. The ultimate cause of death in each case was damage to vital

organs and exsanguination. He gouged both eyes of one victim, and one eye of the other. Eyes, eyelids, and superciliary arches were traumatized but without complete ocular enucleation. In each case, Mr. J. injured the victim's eye(s) *after* killing her. All of these offenses were committed in a state of intoxication after consuming home-distilled vodka.

Mr. J. had no history of prior psychiatric hospitalizations. At the age of 21, he was convicted of rape and subsequently served four years of imprisonment. He recidivated within three months of his release from prison. Mr. J. had a history of animal cruelty, with a pattern, begun in childhood, of torturing animals.

Diagnoses established from the forensic examination included organic personality disorder (likely caused by maternal drinking during pregnancy), gerontophilia, dissocial personality disorder, alcohol dependence, and behavioral disorder secondary to alcohol abuse. He received no psychiatric treatment, and he displayed no compassion for his victims or their relatives.

The rubric "psychopathic" does not mean that a diagnosis of antisocial personality disorder was made; rather, it captures the observation that eye assaults invariably occurred in the context of another criminal act by an individual who had neither a psychotic disorder nor mental retardation but who showed signs of beginning psychopathy or fully developed character pathology.

All five psychopathic subjects inflicted eye injury as only one component of a violent sexual act (Table 1). All appeared to have been angry but not psychotic at the time of the act, and all five inflicted eye injuries with a sharp instrument. In all but one case the victims were killed during the assault. In two of these cases, the assailants were youthful, they apparently did not plan the eye injuries in advance, and the eye injuries were secondary to an attempt to kill the victim by piercing the brain. The other three, representing an older age span, were serial sexual offenders who planned their ghoulish acts in advance.

Discussion

Assaultive enucleation is an important, dangerous, and rare behavior that warrants further study. From this multicenter review of cases in the United States and Russia, two initial typologies are suggested. First, the psychotically disturbed subject impulsively uses his or her fingers to gouge another person's eye(s) because he is terrified and believes he is acting in self-defense. Although assaultive enucleation is dangerous and mutilative, these psychotic subjects did not appear homicidal, and their eye-gouging behavior subsided when acute symptoms of psychosis were brought under control with effective treatment. Where psychotic symptoms persist, however, eye-gouging behaviors can continue unabated.

Five of the eye gougers were treated in a security hospital; four with mental illness and one with mental retardation. Four of the five were men. Ages of these five mentally disturbed assailants ranged from 17 to 34 years at the time of the assault. All four with mental illness were psychotically disturbed at the time of the enucleation and typically perceived the victim to represent the devil or evil, es-

pecially through the victim's eyes. The eye gougings were impulsive and unplanned. In two cases assaultive enucleation was associated with a sexual act, and in one case the perpetrator inflicted additional mutilation. Most of the psychotic eye gougers were motivated out of fear. None of these individuals committed homicide. Only one attacked the eyes of more than one person. In contrast to the psychopathic eye-gouging behavior, enucleations committed by psychotic individuals were discovered immediately after the act.

Although one psychotic eye gouger (Mr. B.) was also mentally retarded, another patient (Mr. E.) was predominantly retarded and did not have a psychotic disorder. In Mr. E.'s case, a behavioral therapeutic program tailored to his specific needs was remarkably effective in curbing eye-gouging behaviors and permitting his eventual discharge from the security hospital. It was postulated that his eye-gouging behaviors resulted in large part from the frustration he experienced because of poor communicative and socializing abilities.

Five other eye-gouging subjects, representing the psychopathic category, did not suffer from a psychotic disorder or mental retardation. Rather, they showed signs of significant character pathology, sexual paraphilias including sadism, and various degrees of alcohol or drug abuse. Psychopathic personality[22] was suggested by other signs of violent behaviors and preoccupations. Three of the five psychopathic eye gougers had histories of cruelty to animals, a behavior that has been associated with deviant aggression[23] and psychopathic or antisocial personality disorder.[24] The temporal association between the violent, mutilative acts and viewing an especially violent movie in two individuals is remarkable and suggests imitative behavior. All psychopathic eye-gouging acts involved *both* sexual and violent or homicidal behavior. All of these subjects inflicted eye injuries or enucleations by piercing with a sharp instrument, and in four of these psychopathic cases the enucleations were only one component of a more generalized act of beating, mutilating, and/or killing the victim. Two of these assailants injured their victims' eyes as part of the lethal attack, two inflicted ocular injury after killing their victims, and one sadistically inflicted ocular trauma without killing his victims. Psychopathic assailants were not apprehended during or immediately after the act.

These five psychopathic cases compare with other apparently nonpsychotic eye gougers in popular media accounts who are typically males engaged in sexual violence with a female victim. Violence involving enucleation in this group is associated with a sexual act, other mutilations, and, with the exception of Mr. I. who attempted to rape but did not kill his victims, homicide, even if there is no physical evidence of sexual consummation. In three of these cases the assailant mutilated his victim's eyes after he attempted but failed to rape her. In some cases, the subjects were known to have killed several to many victims and their eye gouging involved multiple victims as well. The behaviors and personal histories of these psychopathic eye gougers are

similar to the known research concerning single and serial sexual murderers.[25]

Our gross categorization of those who enucleate others—whether psychotic or psychopathic—needs to be replicated on larger samples and further explored from social, biological, and psychological perspectives. The apparent desired results of assaultive eye injury includes self-protection, based on psychotic perceptions, and a paradoxical desire to help the victim, based on psychotic perceptions, communication, revenge, death of the victim, and aversion of the deceased victim's gaze. Nonetheless, the *affective* motivation of such abhorrent behavior appears to be sadly plebeian: fear, compassion, frustration, and anger.

References

1. Kennedy BL, Feldmann TB: Case presentations and a literature review. Hosp Community Psychiatry 45:470–4, 1994
2. Felthous AR: Psychotic perceptions of pet animals accused of violent crimes. Behav Sci Law 2:331–9, 1984
3. Meloy JR: The Psychopathic Mind: Origins, Dynamics, and Treatment. Northvale, NJ: Jason Aronson, 1988
4. The New Encyclopedia Britannica (vol 6). Chicago: Britannica, Inc., 1986, p 76
5. Baines J, Pinch G: Horus and Seth: the struggle for the throne of Osiris, in World Mythology. Edited by Willis R. New York: Henry Holt and Co., pp 36–55, 1993
6. Clayton P: Great Figures in Mythology. New York: Crescent Books pp 103 & 170
7. Elworthy FT: The Evil Eye. New York: Julian Press, 1958 (originally published by John Mouray in 1895)
8. Evreinov N: History of Corporal Punishment in Russia (vol 1, in Russian). St. Petersburg: Typography of V. K. Ilinchik, 1913, pp 20, 26–32, 45
9. Behterev VM, Bazilevsky AA, Bogoslovsky IN, *et al* (editors): New Encyclopedic Dictionary. Leningrad: Vesnik-Znanie Publishing House of PP Soikina, 1926–1927, p 426
10. Kostomarov NI: Russian History: Biographies of Its Most Significant People (ed 3, vol 1 & 2). St. Petersburg: Typography of I. M. Stanolevich, 1880, pp 248–50
11. Kovalevsky PI: Psychiatric Essays from History (vol 1). Edited by Grozny I. St. Petersburg: Typography of M. I. Akinfiev, 1901 (reprint, Moscow: Terra, 1995, p 59)
12. Zimin AA, Horoschivitch AL: Russia in the Times of Ivan Grozny. Moscow: Nauka, 1982, p 58
13. Sifakis C: Encyclopedia of Crime. New York: Facts on File, Inc., 1982
14. Fisher A: Africa Adorned. New York: Harry N. Abrams, Inc., 1984, p 63
15. Bachman J: Women get probation in sister's eye-gouging. Fort Worth Star Telegram, Sept 23, 1994, p 1A
16. Bachman J: Eye-gouging jury mulling punishment, two sisters are convicted in demon-ridding effort. Fort Worth Star Telegram, Sept 22, 1994, p 23A
17. Scott S: Women get probation for gouging sister's eyes. *The Dallas Morning News,* Sept 23, 1994, p 23A
18. Associated Press: Gouging trial about to begin, blinded school teacher seeks release of sisters. Fort Worth Star Telegram, Sept 20, 1994, p 19
19. Sanders K: Man jailed in assault, eye gouging in park. Fort Worth Star Telegram, Aug 9, 1995, p 22
20. Sanders K: Man accused in sex assault, eye gouging. Forth Worth Star Telegram, Aug 9, 1995, Metro section, p 23
21. Matthews J, Wicker C: The Eyeball Killer. New York: Kensington, 1996
22. Hare RD: The Psychopathy Checklist-Revised Manual. Toronto: Multihealth Systems, 1991
23. Felthous AR, Kellert SR: Violence against animals and people: is aggression against living creatures generalized? Bull Am Acad Psychiatry Law 14:55–69, 1986
24. Gleyzer R, Felthous AR, Holzer CE: Psychiatric disorders and animal cruelty. Presented at the 29th Annual Meeting of the American Academy of Psychiatry and the Law, New Orleans, LA, October 22–25, 1998
25. Meloy JR: The nature and dynamics of sexual homicide: an integrative review. Aggression Violent Behav 5:1–22, 2000