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# Jim Jones: A Case Study in the Relationship Between Antisocial and Narcissistic Personality Disorders

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JIM JONES: A CASE STUDY IN THE RELATIONSHIP BETWEEN ANTISOCIAL AND  
NARCISSISTIC PERSONALITY DISORDERS

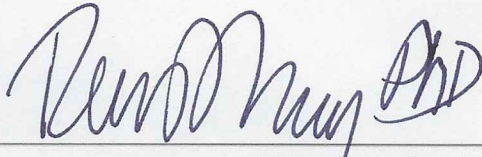
By

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## SUMMARY

In both psychological studies and biographical information about historical cult leaders, I observed a common conception that the main personality pathology present in most cult leaders is narcissism, or Narcissistic Personality Disorder (NPD). However, several patterns of behavior that I observed in cult leaders, particularly in regard to their interpersonal interaction style, indicated that the behavior of these individuals may be more accurately interpreted in the context of Antisocial Personality Disorder (ASPD). Upon investigation, I discovered several confounding factors in the two disorders that have led not only to misconceptions in the general population, but also to clinical difficulties in distinguishing between the two disorders.

To illustrate these confounding factors, I have provided a biographical summary of the infamous American cult leader Jim Jones, to whom the diagnosis of Narcissistic Personality Disorder has often been applied by both academics and pop-culture sources (Maynard, 2013; “Famous Narcissists,” n.d.). This is followed by identification of the confounding factors present within the concepts of NPD and ASPD outlined in the DSM-5 (American Psychological Association, 2013) and DSM-IV-TR (American Psychological Association, 2000), and an attempt to identify distinguishing characteristics within these concepts that allow them to be attributed to one disorder or the other. The main confounding factors that were identified were aggression, exploitation, and lack of empathy. Aggression as a symptom of both personality disorders (PDs) was clarified as a general interaction style in ASPD and a reaction to the specific scenario of criticism or defeat in NPD. Exploitation was clarified in NPD as a tendency to passively, subconsciously take advantage of existing social situations as a result of feelings of self-importance and entitlement, while ASPD is characterized by a conscious manipulation of one’s social environment to create situations in which to use people for one’s own gain. Finally,

the empathic failures characteristic of NPD appears to be a result of a failure to identify with the needs and feelings of others, while the lack of empathy characteristic of ASPD is a result of a conscious choice to either ignore the feelings and needs of others or to use one's knowledge of the feelings and needs of others to manipulate them, with the goal in either case being personal gain.

A diagnosis of Jim Jones according to DSM criteria (APA 2013; APA 2000) follows, in which the clarifying concepts of similarities between characteristics of ASPD and NPD are used to determine the pathological roots of his behaviors. Jones qualified for a diagnosis of ASPD but not NPD, despite displaying some narcissistic symptoms that cannot be characterized by NPD alone. Finally, the implications of the factors identified as confounding the diagnosis of ASPD and NPD are discussed, and the Five-Factor Model is suggested as an alternate method of diagnosing PDs that may allow clinicians to circumvent the conceptual ambiguity that often arises from the current categorical model.

## INTRODUCTION

The purpose of this project is to examine the relationship between narcissistic and antisocial personality disorders through the scope of biographical information about the prominent American cult leader Jim Jones. First, it is necessary to outline the meaning of the word “cult” as it is being used in this context, since it is subject to both academic and cultural interpretations. Even among scholars there are differing definitions, but most focus on cults as a reaction against societal norms and values. James Richardson (1993) defines a cult as:

“...a small, informal group lacking a definite authority structure, somewhat spontaneous in its development (although often possessing a somewhat charismatic leader or group of leaders), transitory, somewhat mystical and individualistically oriented, and deriving its inspiration and ideology from outside the predominant religious subculture.”

According to Robbins and Anthony (1982), the new cultural definition recognizes a cult according to several specific characteristics. A cult:

- Is manipulative and authoritarian
- Uses mind control to subjugate its followers
- Is communally organized
- Employs aggressive conversion methods
- “Systematically indoctrinates” its members
- Represents a “relatively new” belief system for its culture of origin
- Targets middle class citizens

Richardson seems to mourn the adoption of this term by the popular culture, who have distorted the use of the term to mean something distinctly negative, even hostile, rather than the more innocuous sociological definition. This obviously becomes a problem when groups use the term to further their own agendas by slandering and generating fear about certain religious movements simply because they are not traditional. However, my own use of the term is based on the belief that the type of group that Robbins and Anthony (1982) refer to is as valid a sociological phenomenon as the traditional definition that Richardson (1993) employs. The type of mind-control religious sect that Richardson sees as extremist and fearmongering language—and may well be, in some situations—is a reality that has had a significant impact on countless individuals, as well as American culture as a whole. In the process of investigating the lives of so-called cult leaders, the aggression, manipulation, and indoctrination employed in these sects will become evident.

Like the term “cult,” personality disorders have also been stigmatized, misunderstood, and somewhat ambiguously defined. The study of personality dates back to some of the earliest recordings of philosophical and scientific thought. Early assessments of personality took a categorical approach, such as Theophrastus’s *Characters*, written in the 3<sup>rd</sup> century BC, which outlines thirty different personality types (Crocq, 2013). Accordingly, some of the first theories on pathologically abnormal personalities focused on categories as well. Emil Kraepelin (1856-1926), sometimes known as the father of modern psychiatry, originally proposed four abnormal personality types: the born criminal, the irresolute, the pathological liar, and the pseudoquerulant (Crocq, 2013). The categorical approach is still reflected in the currently accepted model of personality disorders, codified in the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2013). The current manual, DSM-5, published in 2013,

defines personality disorders as “impairments in personality functioning and the presence of pathological personality traits,” specifying that these impairments affect the patient’s understanding of his or her own identity and his or her capacity to function interpersonally. The DSM-5 identifies ten categorical personality disorders (PDs): Paranoid PD, Schizoid PD, Schizotypal PD, Borderline PD, Histrionic PD, Avoidant PD, Dependent PD, Obsessive-Compulsive PD, Antisocial PD (ASPD), and Narcissistic PD (NPD). This project focuses on the latter two PDs and will demonstrate using narrative evidence as well as diagnostic criteria and theoretical concepts that these PDs in particular are highly associated with the behavior of cult leaders.

The dual relevancy of these two disorders when addressing the pathology of cult leaders is no coincidence; they share a few similar diagnostic criteria and also display a relatively high rate of comorbidity (Gunderson, Ronningstam, & Smith, 1991; Widiger & Corbett, 1993). In an unpublished 2006 paper analyzing a male sample, John Burke found that approximately 25% of ASPD cases in his survey also had a comorbid NPD diagnosis. Additionally, two criteria in the DSM-5 for ASPD and NPD seem to describe similar behaviors. Two subfeatures of ASPD are listed as “lying, deception, and manipulation, for profit or self-amusement” and “lack of remorse for actions;” the aligning NPD subfeatures are “interpersonally exploitative behavior” and “no form of empathy,” respectively (APA, 2013). Lies and deception could certainly be described as interpersonally exploitative, and a lack of remorse for actions that have hurt another certainly displays a deficient or absent sense of empathy. These similarities raise an important question: is the connection between these two disorders merely a result of comorbidity, or does it arise from diagnostic overlap resulting from an inadequate framework for diagnosing personality disorders?



The diagnostic overlap between Antisocial and Narcissistic Personality Disorders has caused some clinicians and researchers to question the validity of their categorical separation (Gunderson & Ronningstam, 2001), and some personality psychologists have suggested that this overlap may cause diagnostic problems (Burke, 2006). Multiple theories have emerged about the relationships between these two disorders, including the hypothesis that ASPD is a subset of NPD (Kernberg, 1989). The DSM-IV-TR differentiates between these two PDs by drawing the distinctions that NPD does not include impulsivity, aggression, deceit, or criminal behavior while ASPD does not include a pathological need for admiration (American Psychological Association, 2000). However, significant similarities have been observed in the interpersonal styles of these two DOs, particularly on scales of interpersonal exploitation and lack of empathy (Gunderson & Ronningstam, 2001).

Cult leaders present a unique population of study, as they often exhibit traits that are common of both ASPD and NPD (Burke, 2006). A biographical summary of Jones will be provided, followed by an analysis of confounding factors in the DSM diagnosis of ASPD and NPD, particularly those that apply to Jones. These confounding factors in the DSM will be attempted to be clarified, in general and in Jones's specific case, using external empirical studies and supported theories. The personality of Jim Jones will be analyzed according to current DSM criteria to evaluate the capacity of the current framework to classify an individual who displays a combination of antisocial and narcissistic behavior. Finally, the benefits of shifting to a dimensional approach to diagnosing personality disorders will be discussed.

## PART I

## BIOGRAPHICAL SUMMARY OF JIM JONES

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The primary barrier to providing a comprehensive and clinically useful overview of the life history and personality structure of Jim Jones is the sheer abundance of personal details from available from his life, each just as useful in identifying their pathological personality processes as the last. With this in mind, I have attempted to select the most clinically significant instances of his life and aspects of his behavior. This note is provided to the reader to inform him or her that the given details exemplifying Jones's pathological personality, while attempting to characterize him as fully as possible, is far from exhaustive.

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Biographical information on Jim Jones was obtained from multiple sources, namely the PBS documentary "Jonestown: The Life and Death of Peoples' Temple," Jeff Guinn's *The Road to Jonestown*, and, to a lesser degree, Jacobs and Reiterman's *Raven: The Untold Story of the Rev.*

*Jim Jones and his People*. Any other sources used will be denoted in the text.

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### **Childhood and Early Life**

James Warren Jones was born May 13, 1931 to James Jones, Sr. and Lynetta Putnam Jones in the small town of Crete, Indiana. His father came from a wealthy family, but the gas attacks he had endured while in the army during WWI had ruined his lungs... and his will to live. He was incapable of holding down a job and spent most of his time at the local pool hall, resulting in a difficult financial situation for the family. While the town where the Jones family

resided was in a dry county, resulting in some investigators concluding that he was sober, locals alleged that James Sr. was an alcoholic.

As for Jim Jones's mother, Lynetta, her marriage to James Sr. was her fourth. She was a notoriously "difficult" woman who was notoriously lacking in social graces. Lynetta claimed to have had visions while she was pregnant with Jones full of religious symbolism, in which her mother appeared to her and told her that she would give birth to a great man. This resulted in her unshakeable belief that Jones would be remarkable, a fact that she reminded him of continually. Despite this conviction, she did not seem to put in the effort required to raise a great man. Since James Sr. did not work and his family only provided enough funds to get the Joneses on their feet, Lynetta had to work long hours on a factory floor. This was through no fault of her own, of course, but since James Sr. was always out and Lynetta did not allow Jim into the house while she was gone, Jones (Jr.) had the run of the town and was, for the most part, left to raise himself.

One family, the Wilmores, was in particularly close contact with Jones as he was growing up. Chuck Wilmore, who went to school with and befriended Jones, reported that he was a "weird" kid who was obsessed with religion and death. He also witnessed firsthand Jones killing a cat with a knife, but this was just the beginning of the information that surfaced about Jones as a child. Jones regularly held funerals for dead animals, sometimes during school recess, and while he tried to raise and care for carrier pigeons, they all inevitably died. Each one got a funeral.

The young Jones's morbidity was not reserved only for animals. He often shot his friends with BB guns, which is a common pastime for children; however, Jones began to point actual guns at his friends as a joke. On one occasion, his friend Don had been at Jones's house and had to leave to get home to his chores. Jones, furious that his friend would leave him, actually shot a

gun at his friend; fortunately, the bullet hit a tree next to Don, showering him with shards of bark instead of shrapnel. When he was around the age of 10, Jones began to take other neighborhood children on “field trips” to the local casket factory, where he would bid them all to lie down in the coffins and shut their eyes to feel the way it felt like to be dead. When Jones’s friends of his own age lost interest in his morbid animal funerals and coffin sit-ins, Jones resorted to entrapping the younger children. Unlike his classmates of his own age, the younger children were flattered and excited to be receiving attention from an older boy. This made them much easier to manipulate, and Jones was able to bully them into staying as long as he liked when they tried to leave.

Jones was afflicted by the same lack of social skills as his mother. He rarely spoke and was terrible at sports; however, he was a gifted organizer from a young age and established a basketball league composed of teams from many towns in the area. Everyone enjoyed the league until, at one league meeting, Jones inexplicably called for everyone’s attention before leading a dog over a trap door, causing it to fall to its death. Understandably, this put quite a damper on the flame of healthy competition.

Jones’s mother was an atheist, and since his father had no efficacy the family did not attend church. This further ostracized the family from the social structure of the traditional Indiana town. His first experience with church occurred when a Nazarene preacher’s wife named Myrtle Kennedy took an interest in Jones and started bringing him to church. Jones’s aptitude for memorizing long passages of scripture was soon evident, and his interest was piqued. He was so enamored with those first few services that he began going to a different church every weekend, taking notes at each one. Jones doubtless observed the congregation’s powerful response to the pastor, and realized that mere involvement in the church, much less being at its head, was a way

to gain a kind of social power that his family had never had. He was particularly attracted to the Apostolics, who were known for their theatrical, passionate services. While his religious philosophy was based on the atheism of his mother, he was still fascinated with how the leaders of these religious groups maintained such an influence over their congregations. Furthermore, he resonated deeply with the teachings of equality and forsaking material possessions spread by Jesus in the New Testament—in other words, the socialist gospel—as he had grown up a relatively poor outcast himself.

As a young teenager, Jones would go to the black neighborhood in town and preach about racial equality in the streets. It is unknown to what degree his championing of equal rights was owed to a genuine concern for the rights of others, as opposed to using the oppressed black population to gain power. It is generally believed that while Jones did believe in racial equality, he was also aware that by paying attention to a community that was accustomed to being ignored by the majority of society, he was creating an opportunity to gain power and influence, just as he had by enlisting younger boys to play in his games when the older boys lost interest. Furthermore, Jones told anecdotes that demonstrated his commitment to racial equality on multiple occasions to impress people that were later proved false. One of these fables was that Jones had left his high school basketball team because the coach was racist, when, in fact, he was never on a basketball team in the first place.

When James Sr. died in 1947, neither Jones nor his mother attended the funeral. The only effect that the death of his father had on Jones's life was that, since James Sr.'s family was no longer providing them with financial support, Jones was required to get a job to supplement Lynetta's income. Jones began to work as an orderly in the local hospital, and he quickly took to the work. Coworkers report that Jones seemed to take an unusual liking to the more morbid and

distasteful aspects of the job, such as handling and preparing corpses. However, he was also skilled at the finer points of hospital work, namely maintaining a bedside manner. The elderly patients in particular were fond of Jones, a fact that Jones would make the utmost use of when starting his congregation years later.

Jones met the woman who would be his wife at the hospital. Marceline Baldwin was a young nursing student who had been assigned to prepare a corpse for the undertaker, and Jones was the orderly who was sent to help her. Marceline was impressed by the kindness and compassion that Jones showed to the family of the deceased. This positive first impression, combined with the lies that Jones told her about his actions of conviction in respect to racial equality, allowed her to overlook several early warning signs in Jones's behavior. Jones got along poorly with Marceline's family, often getting into explosive arguments with them. Despite this, Jones and Marceline were married in the summer of 1949.

### **Religious Beginnings**

Shortly after they were married, Jones revealed to Marceline that while he had previously told her he was a man of God, he was actually an atheist. Marceline, a devout Methodist, was shaken that Jones would lie to such an extent. She considered divorce early in the marriage, but her traditional family dissuaded her. It may have come as a relief to Marceline that the 1952 change in the Methodist creed attracted Jones's interests back to the church. The new creed was much more progressive, with the Methodist church championing full employment and embracing racial integration. With the Methodist institution embracing this new philosophy, Jones saw religion as a path to the socialist society that he envisioned. Jones began visiting black churches, where he loved the exuberant atmosphere, and he soon joined the Revivalist circuit. Faith healings were a major event at these sermons, in which psychosomatic effects and adrenaline

from the heat of the moment and enthusiasm from the crowd could sometimes cause people to experience momentary effects of relief from their various afflictions. Jones's strategy was to keep a sharp ear out for people complaining about their ailments, calling them out when he was on stage. Jones's acute memory for personal details soon caused people to talk in wonder of the "mind-reading preacher." This practice would eventually escalate into staged faith healings using plants in the audience. Jones intentionally selected the followers that prioritized the social justice aspect of Jones's creed over the spiritual one to assist in his deception.

Jones's goal was to be a Methodist preacher, but the path to this was to collect a following first and then petition the church to officially join. The Methodists were not interested in Jones because he was focused mainly on making a spectacle at his sermons and he refused to work under anything but his own terms. While Jones explained this rejection by saying that the Methodists were not receptive to his desire for integration, the Methodist church later accused Jones of stealing from the collection plate. Again, Jones used deception to inflate his reputation and excuse his failure.

Jones opened his own church in Indianapolis, naming it "Community Unity." Most of his congregation was black, and Jones ingratiated them by asking them to tell him about their problems and then helping them find solutions. In one instance, an elderly woman complained that her electric company would not turn her lights on, despite the fact that she had paid her bills. Jones led the community in drafting a letter outlining her grievances, and within the week, the woman's lights were back on. This is an illustration of Jones's core concept for the church: instead of waiting for your reward in heaven, his was a church where you could reap the benefits *now*. From the very beginning, Jones focused on social justice while God took a back seat.

Jones continued to gather followers in whatever he did. He sold spider monkeys from door to door, plugging his church to all of his customers, and continued to garner support on the Revivalist circuit. Many joined Jones's church because their own congregations had rejected integration, while others fell prey to Jones's deceptive miracles. Thanks to all of his new followers, Jones needed to expand, so he purchased an old Jewish religious center with the word "temple" still emblazoned on the side of the building. This, along with the socialist ideals of the church, was the origin of the church's new name: Peoples Temple.

### **The Early Days of Peoples Temple**

Members describe their first experience with Peoples Temple as a welcoming, positive community. At the opening of the service, singing was common, and energy was always high. One former member said, "By the time Jones came out to do his speaking, the table was already set." Jones spoke about economic and social equality for people of all races, and this appealed strongly to both blacks and whites who felt that the current governmental and social system was not taking care of its people. The diversity of the congregation appealed to many, and those who opposed integration were asked to leave.

Jones's reputation as a social justice warrior in the community began when he and his wife, Marceline, took struggling elderly congregants into their home. Soon, this practice grew into the establishment of fully-functional nursing homes. Jones took control of the elderly congregants' assets, including their homes and money, and used them to build and run these facilities. Providing care for the elderly served the dual purpose of gaining the community's trust and providing employment for other Peoples Temple members. Jones also organized clothing drives, youth programs, and a soup kitchen. While these were all great works, the influence of Peoples Temple was still much too limited for Jones. Luckily—or perhaps not so much so—



Marceline's family was politically connected, and she had both experience in and a natural talent for navigating the subtleties of civics. Jones used her as a scout to attend civic meetings throughout the city, taking notes and informing him on who to target within the political system and what to say.

Jones was again rejected as a Methodist preacher, as the religious establishment was still unimpressed with his image. This was namely due to concerns about his family life. As a result, Jones called his mother, whom he had not spoken to for years, back up to bat. Jones and Marceline also made a second attempt at acquiring children, as the first had not gone smoothly. In 1952, Jones had attempted to adopt Marceline's eleven-year-old cousin. The boy had come from a broken family, but he wanted to return to them some day. Jones told the child (falsely, of course) that his parents did not want him back and he could not return. The cousin did not believe Jones's story, and when he finally did leave, Jones was furious, taking his decision as a personal betrayal.

In 1958, the Jones family successfully adopted their first child, Agnes. Agnes was a ten-year-old of Native American heritage, and she was soon joined by the Jones's biological son, Stephan, the adopted Jim Jr., and the final sibling, the adopted Lou. Lou was of Korean heritage, while Jim Jr. was the first black child legally adopted by a white couple in the state of Indiana. The Joneses called this their "rainbow family," and while it made for a charming image, it was hinted that the image was the Jones's only concern, as Marceline and Jones constantly referred to the "picture" of their family. Between the optics of his rainbow family, his careful selection of a socially and politically connected wife, and his invitation of his mother back into his life to improve his image, even the closest relationships that Jones had were selected by him merely for his own gain.

While Jones's religious ambitions were still on hold, Marceline's help with political connections allowed him to jumpstart the process of desegregation in Indianapolis. Jones undoubtedly did great work in the early days of his ministry, but he demanded the peoples' absolute loyalty—to himself and his socialist ideals—from the start. He started a culture of whistle-blowing early in the formation of the church, encouraging people to report members directly to him for crimes like being “materialistic” or “bourgeoise.” In these early days, punishment for such matters was merely a public scolding.

To gain publicity and increase the devotion of his followers, Jones faked an assassination attempt by shooting at the front of his own house. While the police were not convinced, his congregation ate up his story that the entire group had a faceless enemy. Jones's paranoia went even further, as he became obsessed with the idea that the United States was going to be the victim of a nuclear attack by the Russians. Granted, during the time many Americans were gripped with this same fear; however, Jones had a “vision” that Indianapolis would be destroyed by a nuclear weapon. Jones was looking at Guyana as an eventual location for his commune as early as 1961, but the burgeoning socialist country was still too unstable at the time. As the next best thing, Jones consulted an *Esquire* article listing the nine safest places in the event of a nuclear attack. Brazil caught Jones's eye, and he moved his family there for almost two years, leaving Peoples Temple in the hands of his associate pastors.

Jones found Brazil already saturated with missionaries. This, combined with the fact that he had no contacts in Brazil and spoke not a word of Portuguese, doomed his mission to fail. However, Jones did not return to the United States until the assassination of President Kennedy, which gave him the excuse of returning to Indiana for his peoples' own good, as the US was so unstable.

When Jones returned to Indiana, Peoples Temple was in shambles. It was Jones, not the church or its message, that had held people in a magnetic grip, and they had begun to fall apart without him. Associate pastors had led many people to other churches, and Jones reacted strongly to the betrayal. Desegregation, on the other hand, had gone on smoothly without him, and he was no longer needed in his former positions. Jones, realizing his credibility in Indianapolis had seemingly run dry, consulted his Esquire article again. This time, when he scouted out a possible location, everything seemed perfect: Ukiah, California.

Jones manipulated his followers into moving across the country with him by exacerbating their fear of the nuclear attack, promising a life full of opportunity in California, and guilt-tripping those he had helped in the past. The result was approximately 100 people taking a caravan of Greyhound Buses to California in 1965.

In Ukiah, Peoples Temple established their first commune, complete with a farming section and many of their own amenities. The move strained the group's finances, and Jones responded by turning his recruitment efforts from poor black people to upper-class white people who had a soft spot for socialism. While Jones was mostly targeting people whose resources he could appropriate for the commune, many new members were former drug addicts or criminals. Jones understood that helping these people get clean, giving them jobs, and putting a roof over their heads would mean that they relied on him for everything they had, making them loyal and easy to manipulate. Their hardened pasts also made them perfect candidates to be groomed into armed guards later on.

Jones began to make political connections in San Francisco by organizing contingents of Peoples Temple members to attend political rallies and enact door-to-door campaigns, helping several officials get reelected. Concurrently, he was recruiting new followers by employing the

same tactics that he had used in Indianapolis. Jones's sermons now focused even more heavily on socialism to target his new audience, and he railed against the system, which he equated to Satan. Using a Biblical metaphor to attack the governmental system allowed Jones to ingratiate religious folks and socialist sympathizers at the same time. He also began using even more manipulative tactics to keep followers, in one instance collecting a new recruit's mail, keeping it from her, and reading it to obtain useful personal information about her. He justified these practices to the followers whose help he employed by using the term "situational ethics." These tactics resulted in Peoples Temple membership jumping from 86 at its lowest point in 1966 to almost 3,000 by 1973.

Jones's exploitation of his followers was growing as fast as their numbers. When one of his most devout followers died in a car crash, Jones told the congregation that he had told her she needed to meditate for two minutes before she left. She brushed him off instead, and this, Jones insisted, is why she had met her tragic fate. The message behind this story was that failing to follow even the most mundane of instructions from Jones could result in death. Jones held meetings in which he would talk for hours and hours, laying on a couch while the congregation was forced to stand due to the lack of chairs. The doors were locked during these meetings, preventing people from leaving even to use the bathroom. Jones began to claim that he was the reincarnation of historical figures like Jesus, Gandhi, and Karl Marx. He ordered his congregation to drink warm water mixed with vinegar once a day, which was a test of loyalty that quickly led to his "poison tests." Several times throughout the cult's history, Jones would provide everyone with juice, wine, or another drink, wait until everyone had drunk, and then tell them the drink was poisoned. He would observe their reactions, then eventually tell them that it

had only been a test. These locked-door meetings, of course, were only for indoctrinated members and not open to new or prospective recruits.

### **Abuse and Sexual Misconduct**

While Jones explained to his congregation that sexual relationships were “selfish... and they took away from the focus of the church,” Jones was far from celibate. He often bragged during meetings that he was so sexually potent that he would have relations with Marceline up to five times a night. In reality, Marceline had a back condition that made sex impossible, which led to Jones taking Carolyn Layton, a devoted and solemn member, as a lover. Jones justified this to Marceline by explaining that he had to have sex to retain his spiritual powers, and as for Carolyn’s husband, Jones selected another, “more attractive” member of the church and gave her to Layton for his new wife. Jones would eventually take this wife for himself as well. Ex-member Deborah Layton recalled an incident in which she was riding the same Greyhound bus as Jones, and when he sat down next to her, he smelled of alcohol. He leaned over and said, “Do you know what you do to me?” He “informed” her to come to the back of the bus, where he had his own private room. When the rest of the riders left the bus at a rest stop, she waited in Jones’s room. When he arrived, he wordlessly took off his pants and raped her, though this is not the term that she used. “And as I lay there frightened, not sure what to do, and as I shivered, he would say to me, ‘This is for you. I’m doing this for you, Debbie.’” This tactic of convincing his sexual conquests that this was all for their own benefit was a common thread in Jones’s sex life, and when he was confronted as to why he only had sex with white women, he grew angry and replied that it was because white women needed to be ridden of their “bourgeoise attitudes.”

Jones’s exploits were not confined to women. In the words of one ex-member, “Jim said that all of us were homosexuals. Everyone except—he was the only heterosexual on the planet.

And that... anyone who showed any interest in [heterosexual] sex was just compensating.”

Despite these claims, one member, Tim Carter, remembers an encounter with Jones in the early days of his membership. After making small talk, Jones patted the back of Tim’s neck and said,

“I’ll fuck you in the ass if you want.” Tim was startled and politely refused, and Jones said

(paraphrased by Tim), “Alright, well, if you ever want that, that’s okay. Just let me know, and

we’ll do that.” As the cult progressed, these instances became far from isolated. One man

recalled that during a meeting of some male congregates, someone had stood and told everyone

that if they wanted Jones to perform anal sex with them, they needed to have an enema first.

According to the witness, when someone raised the question of how many people had engaged in

anal sex with Jones, “hands went up around the room. And I’m sitting there petrified, because

I’m like... Is this what it’s leading to? That I’m supposed to get to?” However, despite Jones’s

frequent homosexual encounters, when one of his followers wanted to be in an openly gay

relationship, Jones told him that this was not allowed. Having casual gay sex was perfectly fine,

Jones explained, but homosexual relationships were not.

While these reports make Jones’s relations with men seem numerous, his relations with women were far more so. Additionally, Jones was not fond of condoms, resulting in many unplanned pregnancies within the cult. The women usually wanted to keep their babies, as they thought they had been impregnated by God himself. Jones, however, explained that bringing more people into the world was against socialist ideals, and since the purpose of sex was a release for Jones, babies were an inconvenient byproduct. As a result, many women were forced to have abortions. One exception was the wife of Tim Stoen, the organization’s primary lawyer, who was impregnated by Jones. This was a calculated move on Jones’s part to temper Stoen’s power within the cult. Jones made Stoen sign a humiliating statement which essentially stated

that Stoen had begged Jones to impregnate his wife, as he was impotent. Jones also made his wife sign the statement as an added humiliation. This was the last straw for Marceline, and she tried to leave Jones for another man and take her children with her. Jones called a family meeting and tried to intimidate her by threatening her with spiritual retribution. When this failed to deter Marceline, Jones changed tack and threatened to personally kill her in front of their children.

While Jones's sexual misconduct was not originally intended to be public knowledge, he soon let these practices become routine. One of his followers, Patty Clayton, was smitten with Jones, but he claimed that she was too overweight for his tastes. Rather than including her as a lover, he appointed her to manage what he called his "fuck schedule," apparently necessary due to the sheer number of his sexual partners. This administrative side to his sexual life was expanded by the formation of the Planning Commission (PC), which was composed of Jones's inner circle. The commission did serve some legitimate administrative purposes, but it was mainly used by Jones as a platform for abuse and subjugation of certain members. Most of this abuse was sexual in nature, and Jones would identify women that he wanted to have sex with and bring them into the Planning Commission to ingratiate them to himself. During PC meetings, Jones went on rants about whom he had relations with and even made people write and read aloud statements about their sex lives, particularly about their experiences with him. During one PC meeting, a woman who had written "love notes" to Jones was made to strip naked while the onlookers commented on every aspect of her body. According to one witness, Jones "had a smile on his face like he was really enjoying this woman being torn down." He proceeded to list every reason why he would never have sex with her, then made her sit down and endure the rest of the meeting completely naked.

While this seems—and is—a flagrant violation of human rights, it fit the PC's role of spearheading discipline for the entire cult. During their California days, the practice of publicly rebuking those who had displayed the wrong attitude rapidly escalated. Verbal abuse eventually escalated to physical abuse, starting with public spankings. Likewise, the number of paddlings given for offenses escalated from a few up to a hundred. Public boxing matches were also prescribed as discipline, with Jones selecting a member from the congregation that was obviously physically stronger than the person to be punished. These disciplinary measures were used for minor offenses, like being "bourgeois" or questioning Jones (which were often the same thing).

And still, very few people left the cult due to a multitude of factors. On a practical level, most of the assets of Jones's followers were tied up in the cult, due to his heavy emphasis on shirking materialism and sharing everything. As one follower put it, his philosophy was based on the Biblical principle set forth by Jesus of selling all of one's possessions and "having all things in common." Despite the somewhat primitive conditions of the commune, those who had come from nothing were just satisfied to have a job and a roof over their heads. Some members also idolized Jones because they believed that he had supernatural gifts: "People lifted Jim to a level of adoration because many believed that he had healed them of cancer... saved their son or daughter... There were many reasons for many people to admire, love, excuse, overlook, much of what Jim did." Jones also elevated himself by fully solidifying himself, rather than God, as the focus of their religious movement. Jones would often tell congregation members who came from traditional religious backgrounds that they were "hung up on this Bible." To show them that the book had no power, he flung it across the room and demanded, "Now, did you see any lightning come from the sky and strike me dead?"



Jones did not stop at despiritualizing the cult; he went on to establish himself as the cult's god. "If you see me as your friend, I'll be your friend. If you see me as your father, I'll be your father. If you see me as your savior, I'll be your savior. If you see me as your god, I'll be your god." While this statement may seem harmless, it was accompanied by Jones beginning to refer to himself as a "socialist worker God," and contrasted everything he had done for them with the struggles they had endured while solely entreating their "sky God."

Finally, one of Jones's most powerful weapons in oppressing his followers was the followers themselves. Peoples Temple kept a massive database of information about each of its members on handwritten notecards. One woman whose coworkers urged her to leave the cult after noticing welts left on her from a particularly harsh beating said, "I couldn't say goodbye to my son and my husband because at that point it was like the Gestapo. The families were turning in each other. If I had said goodbye, one of them would have reported me."

As Jones's social and political influence grew in San Francisco, all members of the cult got busier and busier. Full-time Temple workers would work up to 20-hour days, and the culture of workaholism flourished. People began to brag about how little sleep they had gotten as a way to prove their devotion to the cause. Unbeknownst to his followers, Jones started taking amphetamines to help him cope with his enormous workload. He rarely slept, but when he did, he needed Quaaludes to bring him down. This drug regimen made his eyes extremely red, causing him to wear sunglasses constantly. He explained this away by saying he had reached a state so holy that if he looked at anyone with his unshielded eyes, they would burst into flame. Jones was so dependent on these drugs and indifferent to the needs of his family that even when his biological son, Stephan, attempted suicide multiple times by taking Quaaludes that were stashed around the house, Jones failed to move them or address his son's psychological distress.

Speed exacerbated Jones's preexisting paranoia, and he continued to paint the government as an opposing force that was threatening their progressive movement and trying to infiltrate their organization. One member recalls: "There were always threats. They were always, always, always there... we were always vigilant." To justify this paranoia, Jones orchestrated a second fake assassination attempt, this one much more public and much more intricate. After feigning being shot in the chest and rushed into a private room, Jones emerged later to proclaim that he had healed himself.

To motivate the congregation to leave the country, Jones convinced his followers that the government was planning on rounding up all the black people into concentration camps. Jones used his numerous political connections in San Francisco to help him liaison with the Guyanese government, and he was able to buy a plot of land there relatively easily. He began taking groups of people to Guyana to develop a settlement he called the Promise Land. This settlement would later be known as Jonestown.

### **Jonestown**

Concurrently, the number of defectors was growing, and many of them began to go to the press with claims that they had been defrauded and abused. Jones caught wind of an article in the works that would fully expose him, complete with photos and stories of numerous former cult members whose stories substantiated one another. Jones convinced the publisher to read him the article before it was published, and Deborah Layton recalls, "Midway through it, he mouths to all of us in the room, 'We're leaving tonight.'" Six hours before the article would hit, the bulk of the congregation flew out to Guyana.

While the initial reception of the newcomers to Jonestown was a happy one, Jones had essentially been run out of America, and this defeat showed in his mood. An ex-member

recalled, “When Jones wasn’t there, things tended to be a little bit lighter. You know, people would be dancing, they would be singing, there would be music... But when Jones was present, it was very very dark.” Jones made his presence in the lives and minds of his cult members ubiquitous by constantly speaking over a loud speaker, and when he was busy or too affected by drugs to speak, he played tapes of old speeches. Most of these speeches were composed of anti-US propaganda which Jones hoped would mitigate complaints about life on the compound by ensuring members that they could not return home. Jones cultivated a sense of being constantly under attack, claiming that the United States government was mobilizing to target the compound, and would force his followers to stay up for days preparing. These “White Nights,” as Jones called them, began to occur multiple times a week, driving people to a state of exhaustion that made them even more pliable. Jones hit heavily on the point that every White Night could be their last, and talk of mass suicide had already begun among Jones’s inner circle. Several of these White Nights ended in one of Jones’s notorious poison tests.

The way in which Jones addressed his congregation became increasingly angrier and less coherent, with punishments escalating in a similar manner. The most forbidden act, of course, was talk of leaving the commune. Not only would one be punished severely for having ideas of defecting, but it was also nearly impossible. All mail coming in and going out of the commune was censored, so it was difficult to plead to relatives for help. Jones had all of their passports and valuables, and those who tried to escape with nothing were sometimes made to wear leg irons when they were caught. Jones suggested that defectors who betrayed him ought to be killed, and he started carrying an assault rifle.

Despite the building dissatisfaction, Jones was able to coach the congregation as to how to act during press interviews, conducting practice interviews and instructing individuals on how

to sound surprised at the allegations and convince the reporters that they made no sense. This would be crucial, as suspicion of the group was ramping up due to the efforts of concerned relatives. The final result of these efforts was Congressman Leo Ryan's visit to the compound in 1978. Ryan represented a district near San Francisco, and he planned to visit the commune on behalf of the United States government to investigate claims of mistreatment and entrapment.

Ryan sent a letter in advance to announce his visit, and Jones told the cult that the government was spreading lies about the barbaric practices of the cult, including cannibalism, infanticide, and burning people alive. Jones exaggerated the claims of the press to turn people against their visitors and convince them that Ryan's goal was to destroy them. Jones considered refusing Ryan entry to the compound and even killing him, but Marceline and several other members convinced Jones that they should let Ryan in and convince him that their society was harmless. Jones agreed to the plan, but he had Carolyn Layton begin to draw up memos of possible methods of mass suicide for the entire cult.

Ryan arrived with a crew of several reporters and associates on November 17, 1978. His first impression of Jonestown was a good one. He was greeted with enthusiasm and treated to a lively musical show, meant to display the cheerfulness and healthiness of the community. Ryan responded with the following quote: "I think that all of you know that I'm here to find out more about questions that have been raised about your operation here. But I can tell you that from the few conversations I've had with some of the folks here... that whatever the comments are, there are some people here who believe that this is the best thing that's ever happened to them their whole life."

Things took a dark turn, however, when Peoples Temple member Vernon Gosney passed a note to one of the reporters asking for help escaping from Jonestown. The note slipped from his

hand, and a young boy started shouting, "He passed a note! He passed a note!" While Jones did not take action that night, the mood appreciably shifted. Overnight, eleven people left through the jungle, and others approached the Congressman the next morning, begging for help to escape. Chaos erupted, and in all, twenty-six people decided to leave. While most loyalists were unfazed, Jones had proven time and again that he could not accept abandonment. He decided that it was finally time to enact the self-destruction that he had been planning for the cult for years.

First, Jones sent a crew of heavily armed loyalists after the Congressman and the defectors, who had already departed for the nearest airstrip, with the primary objective of killing the Congressman. Jones's goal in killing Ryan was not to prevent the story from coming out, but to attract the ire of the United States government, finally making Jones's constant claim that the government was coming for the cult a reality. This would provide the push that his followers needed to finally go through with the oft-practiced act of mass suicide. Once the armed company arrived at the airstrip, they opened fire on Ryan and companions. By the time they returned to the compound, everyone was already gathered in the Pavilion.

Jones's primary argument can be summed up in the following quote from the tapes of this event: "The congressman is dead. You think they're going to let us get by with this? You must be insane. They'll torture our children here. They'll torture our people, they'll torture our seniors, we cannot have this... If we can't live in peace, we must die in peace." Those who questioned Jones were allowed to speak out, but they were all shouted down in favor of Jones. Members noticed that armed guards had taken up places around the Pavilion, and the community doctor along with several nurses brought out vats of punch laced with cyanide. The children were targeted first, many being taken directly from their mothers' arms. Jones chastised the mothers for panicking and resisting, begging them to "lay down their lives with their child." Jones

continued talking through the entire ordeal as victims convulsed and died. “Let us not fall into the hands of the enemy... Die with respect, die with a degree of dignity... Don’t be this way.”

The pace of the execution was such that even the dissenters had no time to act. Jones kept repeating, “Quickly, quickly, quickly,” giving directions to expedite the process. Upon seeing their dead relatives and feeling the hopelessness of the situation, many chose to drink the poison of their own volition. Jones attempted to placate those who panicked and justify the act by saying, “We didn’t commit suicide, we committed an act of revolutionary suicide, protesting the conditions of an inhumane world.”

Jim Jones died from a gunshot wound to the head, most likely inflicted by the last member to die, a woman named Annie. He was found lying in the Pavilion amongst the bodies of his followers, with a pillow placed under his head. Annie was found dead of a gunshot wound inside Jones’s cabin, along with her suicide note, which begs the reader to investigate the story behind the mass murder. This entreaty seems in no way to be a finger pointed at Jones, as the letter reads, “We did not want this kind of ending. We wanted... to bring light to a world that is dying for a little bit of love.” The letter concludes with a single, grim line: “We died because you would not let us live.”

## PART II

## CONFOUNDING FACTORS IN ASPD AND NPD AND POSSIBLE EXPLANATIONS

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The diagnostic overlap in the current framework of ASPD and NPD resulting from similarity in some diagnostic criteria has been hypothesized to cause diagnostic problems (Burke 2006). These two DOs may be diagnosed concurrently; however, several concepts have been proposed that attempt to explain the presence of antisocial behavior in the context of NPD and narcissistic behavior in the context of ASPD when criteria for both diagnoses are not met. (Millon, Davis, & Millon, 1997; Kernberg, 1989; Burke 2006). In Jones's case, it is difficult to determine whether his establishment of himself as the divine ruler of his cult was driven by the grandiosity of NPD or is the manifestation of the manipulative tactics characteristic of ASPD.

A 2001 study by Gunderson and Ronningstam provided support that the overlap between these two diagnoses was sufficient to call into question the validity of these DOs being classified as categorically separate. Using the Diagnostic Interview for Narcissism (Gunderson, Ronningstam, & Bodkin, 1990), Gunderson and Ronningstam evaluated clinical populations of individuals diagnosed with NPD or ASPD on their exhibition of narcissistic traits. The DIN evaluates several facets of five basic characteristics: grandiosity, interpersonal relations, reactivity, affect and mood states, and social and moral adaptation.

Clear differences emerged between the ASPD and NPD samples before the test was even given. First, the NPD sample was composed of an approximately even ratio of inpatients to outpatients, with the majority (87.5%) recruited from a hospital setting as opposed to a forensic setting. In contrast, the ASPD sample was composed solely of inpatients, and 44% of participants were recruited from a forensic setting. (Gunderson & Ronningstam, 2001). This

highlights another criticism of ASPD diagnosis as compared to NPD: the heavy emphasis on behavior, and particularly criminal behavior, in ASPD raise concerns that many of these criteria could describe an individual with any personality disorder who has an aggressive interpersonal style and exhibits criminal behavior (Kernberg 1989). This emphasis on criminality as a diagnostic feature also fails to consider cultural and socioeconomic factors contributing to criminal behavior (Kernberg 1989). This is consistent with the claim that ASPD seems to correlate to “low socioeconomic status and urban settings,” (DSM-IV-TR, 2000). Discriminant analysis of ASPD and NPD on the scales of the DIN prevents behavioral factors from confounding results, as only “intrapsychic and social adaptational features” are assessed (Gunderson & Ronningstam, 2000).

The second appreciable difference in samples of ASPD and NPD was the prevalence of co-occurring disorders. Both samples had similar rates of comorbid substance abuse disorders (21% in NPD and 25% in ASPD), which is expected as the possibility of co-occurring substance disorders is listed as an associated feature for both disorders (DSM-IV-TR, 2000). Similarly, co-occurring mood disorders are included in the associated features of both diagnoses; however, the prevalence of co-occurring mood disorders was significantly higher in the NPD sample (46% compared to 25% in ASPD).

Analyzing the scores of both samples on the DIN, only seven out of twenty-seven factors assessed in the DIN yielded significantly different scores for ASPD vs. NPD. All of the factors in which the NPD sample scored significantly higher were related to the category of grandiosity: exaggeration, uniqueness, superiority, self-centered/self-referential, and boastful/pretentious (Gunderson & Ronningstam, 2001). This is consistent with the DSM differential diagnosis of



ASPD and NPD, which emphasizes that ASPD does not necessarily include a need for the admiration of others (DSM-IV-TR, 2000).

In contrast, the ASPD sample scored higher on the DIN's measures of exploitiveness and aggressive reactions. The DSM differential diagnosis for these DOs states that narcissists, in addition to their general lack of criminal behavior, do not necessarily display the characteristics of "impulsivity, aggression, and deceit." While this is consistent with the higher score of the ASPD sample in "aggressive reactions," it raises the question as to why this feature is included in a diagnostic interview for narcissism at all. It seems likely that aggression has become ideologically associated with narcissism based on the Freudian concept of narcissistic rage, a term which describes a narcissist's excessive reaction of anger to criticism or defeat and has become largely integrated into clinical practice (Krizan & Johar, 2015). This suggests that aggression as an indicative factor for NPD needs to be specified as to the stimulus that elicits this reaction. While a person with NPD may react aggressively to blows to one's ego, the aggressive characteristic of ASPD is more likely to be a default style of *interaction* rather than a *reaction* to a particular scenario. Accordingly, the statements used to address aggressive behavior in diagnostic interviews for narcissism should be adjusted such that they are able to differentiate between these behaviors to prevent possible misdiagnosis.

While exploitiveness is explicitly included in the diagnostic criteria for NPD and not ASPD (DSM-IV-TR, 2000), the ASPD sample scored more highly on measures of exploitiveness. This likely results in a lack of distinction between NPD "exploitiveness" and ASPD "manipulation." The similarity between these two diagnostic criteria was addressed earlier in this paper. Gunderson and Ronningstam suggest that the DIN focuses more on conscious and active exploitation and that including forms of passive exploitation may elevate the narcissist's

score. I propose that the “active exploitation” referred to by Gunderson and Ronningstam is better understood as ASPD “manipulation.” The behavioral difference implied is that NPD exploitation is characterized by taking advantage of preexisting social circumstances, while ASPD manipulation is characterized by actively creating situations in which to obtain personal benefit from others. This is consistent with Millon’s suggestion that antisocials seek to “modify, rather than accommodate to,” their social environment in pursuit of social control (Millon, Davis, & Millon, 1997). While in the DSM-5, the NPD criterion of “interpersonal exploitation” is rephrased as “interpersonally oppressive behavior” (2013), this verbiage still fails to draw the distinction between a motivated attempt to use social interactions for one’s benefit and a pattern of subconsciously taking advantage of others due to feelings of entitlement and a failure to empathize.

The nature and extent of exploitation in ASPD and NPD also brings about questions as to the relationship that these disorders have to experiences of empathy. Lack of empathy is included in the diagnostic criteria for NPD, but not for ASPD, where it is listed as an associated feature (DSM-IV-TR, 2000). However, in Gunderson & Ronningstam’s study, the ASPD sample scored higher than the NPD sample in this criterion. While this result was not statistically significant, the failure of the criterion to effectively differentiate NPD from ASPD is still cause for concern. The authors of this study suggest in a separate publication that narcissistic lack of empathy is a result of an incapacity to identify with the feelings and needs of others, while antisocials are able to understand the feelings and needs of others but choose to ignore them in favor of advancing their own interests (Gunderson, Ronningstam, & Smith, 1991). The lack of remorse after having knowingly mistreated another that is characteristic of ASPD (DSM-IV-TR, 2000) is consistent with this concept of empathic failure. This is occasionally referred to as the ego-syntonic nature

of the condition, meaning that when the patient objectively recognizes their own harmful behavior, it does not cause internal conflict (Burke, 2006; Kernberg, 1989).

## PART III

## DSM PERSONALITY ASSESSMENT OF JIM JONES

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To characterize the personality of Jim Jones, his behavior will be compared to DSM-5 diagnostic criteria for Antisocial Personality Disorder and Narcissistic Personality Disorder. A summary will follow, highlighting personality factors that are inconsistent with the DSM framework and evaluating the capacity of these diagnoses to describe the personality pathology of Jones.

**Antisocial Personality Disorder**

The DSM-5 requires evidence of Conduct Disorder “present by history” to make a diagnosis of ASPD. Details about Jones’s childhood provide a clear case for the hypothesis that Jones exhibited Conduct Disorder before the age of 15. The DSM-5 provides fifteen criteria for the disorder divided into four general categories—aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules—out of which a patient must meet at least three. While no evidence has been found that Jones committed serious destruction of property, deceitfulness or theft, or serious violations of rules, he meets several of the criteria in the category of aggression to people and animals. These criteria include:

1. Often bullies, threatens, or intimidates others.
3. Has used a weapon that can cause serious physical harm to others.
4. Has been physically cruel to people.
5. Has been physically cruel to animals.

\*criteria are numbered as they appear in the DSM-5

A diagnosis of Conduct DO also requires that the symptoms cause “clinically significant impairment in social, academic, or occupational functioning.” While details about Jones’s functioning in school are unknown, his habit of resorting to entrapping younger children into his games through intimidation indicates impaired social functioning. Since at least some of these behaviors seem to have emerged before the age of 10, Jones would have fallen under the Childhood Onset category of Conduct DO. This type, compared to Adolescent Onset, is associated with higher rates of Antisocial Personality Disorder diagnoses in adulthood (DSM-IV-TR 2000). Child neglect and unstable parenting, which the young Jones undoubtedly experienced, though to what degree is uncertain, may also increase the likelihood of Conduct DO (DSM-IV-TR 2000), providing further evidence that Jones did indeed exhibit this disorder as a child.

The main identifier for ASPD as listed in the DSM-5 is a disregard for and violation of others’ rights. This general description of behavior is divided into seven sub-features, at least one of which must be met to qualify for a diagnosis. These criteria are shown below, followed by examples and explanations as to whether or not Jones exhibits the criterion.

**1. Failure to obey laws and norms by engaging in behavior which results in criminal arrest, or would warrant criminal arrest.**

Jones was only arrested once for public masturbation and soliciting gay sex in a public restroom, but he was able to use his political connections to have the charges dropped and his record expunged. Jones’s uncharged crimes of financial fraud and abuse were much more numerous.

**2. Lying, deception, and manipulation, for profit or self-amusement.**

Even the closest relationships in Jones's life were deceptive and manipulative. He deceived his wife about his religious beliefs from the beginning of their relationship, and his religious following was built on the deception that he could perform healing miracles. His followers were manipulated into giving everything they had to the cult and following Jones's every command out of a combination of fervent devotion and fear. He constantly lied to them about the threats they were facing in an attempt to solidify his social control.

**3. Impulsive behavior.**

No evidence has been shown that Jones was particularly impulsive.

**4. Irritability and aggression, manifested as frequently assaults others, or engages in fighting.**

While the adult Jones was rarely, if ever, involved in physical fights, his practice of forcing cult members to publicly fight each other as punishment suggests aggressive tendencies. He was undoubtedly irritable, as evidenced by his verbal aggression toward cult members.

**5. Blatantly disregards safety of self and others.**

Jones's plan of ending his cult in a mass suicide event is the ultimate display of a disregard for the safety of oneself and others. Smaller occurrences of behavior that indicate this disregard are found in the punishments he inflicted on his cult members. In one instance, a woman with a paralyzing fear of snakes was forced to let a boa constrictor crawl all over her. In an audio tape, the woman begs to be forgiven, tearfully pleading, "Please, I won't do it again." Jones replies, "You said the same goddamn thing last time." He said of the snake, "Give it to her, I'm sick of this shit. Let her deal with it,

motherfucker. If he wants to choke her to death, that's his benefit. I'm tired of it." Later, he added, "Nothing else works for this woman, and this only lasts six, seven days. Maybe if we fed her to it, that would do the trick."

**6. A pattern of irresponsibility.**

As Jones was very conscientious in the administration of his cult, it is deemed inappropriate to characterize him as irresponsible.

**7. Lack of remorse for actions.**

Jones's callous reactions to the suffering he inflicted on others combined with his constant justification of his misdeeds displays a clear lack of remorse for his actions.

The only diagnostic criteria for ASPD that Jones has not been shown to meet are (3) impulsive behavior and (6) a pattern of irresponsibility.

A final caveat for qualification is that the antisocial displayed is not due to schizophrenia or bipolar disorder. While the large quantities of drugs that Jones was taking towards the end of his life caused his mood to steadily change in a unilateral direction and his mind to become increasingly disordered, this is insufficient to suggest that Jones suffered from schizophrenia or bipolar disorder.

Jones also meets several of the associated features for ASPD, including sexual exploitation, charm, and parental irresponsibility.

### **Narcissistic Personality Disorder**

The identifying pattern of behavior in NPD is “a pervasive pattern of grandiosity, need for admiration, and lack of empathy,” (DSM-5, 2013). Five of nine given criteria must be met.

The criteria are as follows:

**1. Has a grandiose sense of self-importance.**

Jones established himself as the God of a religious organization comprised of thousands. While he was an atheist and clearly did not believe in the divine, the degree of devotion that Jones required from his people demonstrates grandiosity. He also frequently exaggerated and at times utterly fabricated his experiences and abilities.

**2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.**

Jones was devoted to creating his ideal version of a socialist society with himself at its head, populated by people who revered him as a God. His unceasing attempts to increase his power by gathering more followers and extending his political influence eventually caused his undoing, and he orchestrated the largest mass suicide in written history because he could not stand to be remembered for his failures.

**3. Believes that he or she is “special” and unique and can only be understood by or should associate with other special or high-status people or institutions.**

No evidence is apparent.

**4. Requires excessive admiration.**

Members of Peoples Temple were publicly shamed and at times physically punished for contradicting or questioning Jones and his ideals. He was intent on appearing infallible.



**5. Has a sense of entitlement.**

No evidence is apparent.

**6. Is interpersonally exploitative.**

Jones demonstrated both active and passive exploitation in the management of his cult, meeting criteria for both ASPD manipulation and NPD exploitation.

**7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.**

The evidence on this point is somewhat contradictory and may prevent a definitive conclusion from being made without more knowledge about Jones's motivations. Jones was a champion of social justice and racial equality from his teenage years and throughout his adult life, ostensibly because he identified with the sense of inequality and injustice that many people in the black community were feeling at the time. According to concepts of empathy suggested by Gunderson and colleagues (1991) and discussed in Part II of this document, the lack of empathy characterizing NPD is a failure to identify with the feelings and needs of others, as opposed to an ability to identify those feelings in others and a conscious choice to ignore them. Jones clearly identified with the feelings and needs of the black community of Indianapolis, and as a result he was able to manipulate them into signing over their lives to him. Jones also displays callous attitudes towards the suffering experienced by his cult members and even his own family on multiple occasions. However, in the context of his history of using needs and emotions to manipulate his followers, this empathic failure is better understood as an ability to recognize the feelings and needs of others and a conscious decision to use them as

manipulation, which is more consistent with ASPD lack of remorse than NPD “lack of empathy.” Therefore, this criterion will not be considered met.

**8. Is often envious of others or believes others are envious of him or her.**

No evidence is apparent.

**9. Shows arrogant, haughty behaviors and attitudes.**

Jones’s manner, while often unpleasant to his congregation, could be better described as hostile as opposed to arrogant or haughty.

The criteria for NPD are inherently different from those characterizing ASPD in that the former are primarily intrapsychic while the later are primarily behavioral. Due to the nature of the evidence available, it is much easier to assess Jones’s behavior than his internal motivations and beliefs about himself and the world. Considering this, a diagnosis of ASPD is much easier to arrive at for Jones than a diagnosis of NPD. While, by my estimation, Jones only met four NPD criteria, discounting him from a full diagnosis of NPD, certain significant patterns of Jones’s behavior are unable to be explained in the context of ASPD alone.

The first of these is a consistent reaction of excessive anger in response to perceived abandonment. This pattern appeared early in Jones’s youth, reflected in the incident in which he shot at his friend with an actual firearm for the offense of leaving to do his chores. This pattern persisted long into his adulthood; in the words of one former Peoples Temple member, “People could not leave him. He took it as a betrayal, to the cause and to him personally.” This pattern was repeated in his attempt to entrap Marceline’s cousin into an adoption, and again when he reacted to Marceline’s attempt to leave him by threatening to kill her. In the context of these instances and his narcissistic traits, the practices he instated in Peoples Temple of berating and

punishing those who mentioned leaving the cult, his desperate attempts to keep anyone from leaving his commune in its final days, and his ultimate reaction when twenty-six followers did slip from his grasp suggest that Jones's reaction to abandonment is best understood as a reaction to a narcissistic blow. The concept of a narcissistic rage was first proposed by Freud (1939). While many of Freud's other theories have fallen out of favor due to their inability to be empirically tested (Eysenck, 1973), the concept of narcissistic rage is widely accepted and has been supported by a recent study at Iowa State University (Krizan & Omar, 2015). While this concept is not included in the diagnostic criteria for NPD, the DSM-IV-TR (2000) suggests that narcissists may react to a criticism or defeat with rage or counterattack.

PART IV.  
IMPLICATIONS AND SUGGESTED REVISIONS TO  
CURRENT PD DIAGNOSTIC FRAMEWORK

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**The Five-Factor Model of Personality Disorders**

Proposals for revision to the PD criteria in DSM-5 represented a shift in clinical thinking away from the current categorical model and toward a dimensional approach to diagnosing PDS (Widiger & Costa, 2013). While the DSM-5 retained the traditional model for PDs, Section III of the manual calls for continued research on a “hybrid dimensional-categorical model,” in which a diagnosis is arrived at based on assessment of three components: level of personality functioning, maladaptive personality traits, and personality disorder types (DSM-5, 2013). The retained personality disorder types include Borderline, Obsessive-Compulsive, Avoidant, Schizotypal, Antisocial, and Narcissistic. A more fully dimensional model is suggested by Widiger and colleagues (2002) which includes four steps: (1) provide a full FFM description of the patient including all 30 facets, (2) identify which traits are maladaptive, (3) assess the degree of impairment caused by these maladaptive traits, and (4) determine whether or not the patient’s traits match a syndromal diagnosis and, if so, determine whether or not to recover the syndromal diagnosis to assist in clinical decisions.

These suggested revisions are based on a growing base of research endorsing the ability of the five-factor model (FFM) of personality to accurately characterize personality disorders (Wiggins & Pincus, 1989; Saulsman & Page, 2004). The FFM was originally developed by Lewis Goldberg (1990), and assesses personality based on five basic factors—openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism—each of which is

further characterized by six facets. This yields a total of 30 facets, and patients are analyzed as to what degree they exhibit each trait on a bipolar scale.

Some have complained that the transition to a dimensional model would result in overall reduced clinical utility, as all treatment research thus far has been performed in the context of a categorical approach and the transition would leave clinicians with a dearth of evidence-based practices with which to treat personality disorders (First, 2005, 2010). However, others contend that the lack of clinical utility is the most pressing problem in the current model (Livesely 2001). In a systematic comparison of categorical and dimensional models of PD diagnosis, Verheul (2005) concluded that the dimensional system had more evidence-based clinical utility. This claim can be evaluated based on the three dimensions of clinical utility suggested by Mullins-Sweat and Widiger (2009): ease of use, communication, and treatment planning.

Some are concerned that dimensional classification, because it requires analysis of the 5 factors and 30 total facets of the FFM, will require more time to assess and result in decreased ease of use (First et al., 2004). However, it is a much simpler matter to assess a patient as to the degree that they exhibit 30 distinct traits than it is to determine whether or not they fit a cumbersome syndromal description, many characteristics of which the patient may not meet and which may fail to account for some of the patient's most significant personality features. According to Mullins-Sweat in Widiger and Costa's *Personality Disorders and the Five-Factor Model of Personality* (2013), the time it takes to administer the Structured Interview for the FFM (Trull & Widiger, 1997) is approximately half the time required to deliver a semi-structured interview assessing for *DSM-IV-TR* personality disorders. Mullins-Sweat also points out the difficulties of making differential diagnoses between nondistinctive categories. The attempted diagnosis of Jim Jones, as provided in Part III, presents an instance of this problem, as it is

difficult to determine whether Jones's narcissism constituted a co-occurring diagnosis of NPD or was simply narcissism in trait form.

As for communication, the system of categorical diagnosis provides an ease of communication between healthcare professionals and to their patients. Syndromes carry with them a much more intuitive understanding and description of a prototypical case (Frances, 1993). However, this economy of communication is accompanied by a risk of misinformation due to the variety of personality constellations that can result in the same categorical diagnosis (Widiger & Trull, 2007). In contrast, the dimensional model would circumvent some existing communication issues, as the specificity provided by a trait-wise description of pathological personality would prove more accurate in describing a patient than a categorical name for which not all of the criteria apply. This results in a much more clinically relevant description that will ease the transfer of care to another clinician.

A dimensional approach to PDs also improves the quality of communication to the public. According to Aviram, Brodsky, and Stanley (2006), PD diagnoses are "among the most stigmatizing" of DSM disorders. Stigma can incur negative social consequences and lead to a deterioration in the patient on a clinical level as a result of aversion to seeking help. Syndromal diagnoses place patients in a category that is, by definition, distinct from "normal" personalities. This can result in someone diagnosed with ASPD, a diagnosis for which an individual must display only one of the seven given sub-features to qualify, being characterized as a violent criminal regardless of the fact that his ASPD is manifested in a pathological pattern of irresponsibility. In contrast, an FFM-based diagnosis could reduce stigma associated with PDs, as it presents PDs as constellations of maladaptive variants of traits that all people possess (Widiger & Costa, 2013).

The APA has only established treatment guidelines for one of the ten PDs (2001), and an independent study found that only two of the PDs (borderline and avoidant) have been empirically shown to respond well to specific treatments (Matuseiwicz et al. 2010). This may be due to the fact that these discreet categories often include individuals with vastly different traits, making a uniform and effective treatment approach impossible to develop. In contrast, the sub-categories of the FFM provide specific targets for treatment approaches, narrowing the focus of treatment and suggesting specific methods for targeting each maladaptive trait variant and addressing the impairment that it causes in the life of the patient (Mullins-Sweatt, 2013). In addition to pointing out specific targets for therapeutic intervention, an FFM analysis also identifies adaptive strengths within the patient that can inform the clinician as to which treatment approaches the patient is likely to respond well to. In contrast, a categorical diagnosis only addresses maladaptive personality constructs. The implications of FFM trait variations are much more specific and informative for treatment than a single categorical diagnosis, both in targeting the needs of the patient and identifying a compatible therapeutic approach that will address those needs (Stone, 2013).

Personality structure in childhood persists into the development of the adult personality, and recent studies have identified the existence and significance of childhood precipitants to PDs (De Fruyt & De Clerq, 2013). Developmental perspectives on PDs are not addressed in the DSM-IV, as patients must be over the age of 18 to qualify for the diagnosis of a personality disorder. Conversely, this model does address the presence of some maladaptive personality traits in childhood that are included in personality disorders, and the diagnosis of ASPD even requires evidence of Conduct Disorder before age 15 (DSM-5, 2013). Acknowledging possible—and in the case of ASPD, obligatory—precipitants to PDs without considering a

developmental perspective on PDs seems counterproductive. Reasoning for excluding a developmental perspective from the qualification and treatment of PDs includes the belief that childhood personality constructs that may indicate personality pathology have not yet solidified into a mature personality and often do not persist into adulthood (DSM-IV-TR, 2000). However, longitudinal studies assessing personality disorder symptoms do in fact show general rank order stability over the lifetime (Johnson et al., 2000). These same studies also show that personality disorder symptom counts are highest in early adolescence.

Developmental perspectives on personality disorders are particularly significant in the analysis of cult leaders, including Jim Jones, whose childhoods tend to be fraught with unstable circumstances, namely parenting failures, that can result in psychological affects later in life. Failing to address maladaptive personality constructs in childhood or adolescence and intentionally waiting until the personality has matured in adulthood, as implied by DSM PD diagnostic criteria, may ensure that these maladaptive traits are much harder to reshape, as they have already fully integrated into the personality.

### **Conclusion**

The confounding factors identified between ASPD and NPD, the contradictory models proposed to explain the relationship between narcissism and antisocial behavior, and the lack of clinical utility in the current DSM diagnostic framework for PDs are all evident in the process of attempting to diagnose Jim Jones. In light of these issues with current criteria, a shift to the dimensional model of classification for PDs is endorsed. The FFM interview has been shown to be able to robustly cover and consistently categorize the existing categorical PD diagnoses (Bastiaansen, Rossi, Schotte, & De Fruyt, 2011), and its inherent identification of individual personality facets provide focuses for clinical intervention. Additionally, the process of using the



FFM to diagnose PDs proposed by Widiger and colleagues (2002) allows one to recover the appropriate syndromal diagnosis, which may carry with it associated evidence-based practices and suggestions for treatment.

Contributors to the DSM agree that clinical utility ought to be the first priority in making revisions, as the document is intended first and foremost as an aid to clinical practice (Mullins-Sweatt, 2013). One of the attractive features of FFM diagnosis is that it identifies maladaptive traits directly and informs clinicians on which strategies of intervention may be most effective, all without the necessity of a syndromal diagnosis. This decreases stigma for the patient from the the clinician and the general public, as well as reducing the pressure to arrive at an accurate categorical diagnosis when a patient does not seem to fit neatly into the categories available or seems to be able to fit into any. Rather than assessing the patient's personality traits, then arriving at a diagnosis, then attempting to treat the behavior associated with that diagnosis, the FFM model of diagnosing PDs allows the clinician to focus on the patient's maladaptive personality traits directly.

Individuals with ASPD and NPD (and any personality disorder, really) are difficult to treat, as evidence-based practices for these disorders are rare and these individuals rarely seek help for their conditions. This highlights the aforementioned importance of research in developmental precipitants of PDs. While there is a dearth of research on the ability of therapeutic intervention to change the course of development of personality traits exhibited in childhood, the prevalence of parental neglect and abuse as precipitants to antisocial and narcissistic behavior in cult leaders indicate that children who show precipitants to these behaviors may be suffering aversive conditions in their home lives. Identifying at-risk children,

ensuring that their home situations are safe, and providing therapy at an early age when needed may be a valuable way to reduce the prevalence of ASPD and antisocial behavior in general.

While the “Golden Age” of cults in America is over, the prevalence of mass-shootings demonstrates another equally and perhaps more threatening manifestation of antisocial and narcissistic behaviors. In light of this treat, understanding the nature of this behavior and developing evidence-based practices to the disorders of which it is characteristic is more important than ever.

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