

**A NOTORIOUS MICHAEL SWANGO COPEs WITH PERSECUTORY
DELUSIONS IN JAMES B. STEWART'S *BLIND EYE***

THESIS

**Submitted as a Partial Fulfillment of the Requirements for the Sarjana
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Declares that this thesis under the title *A Notorious Michael Swango Copes with Persecutory Delusions in James B. Stewart's Blind Eye* is my original scientific work that has been conducted as the partial fulfillment of the requirements of Bachelor degree of English Department, Faculty of Arts and Humanities, State Islamic University of Sunan Ampel. To best of my knowledge and belief it contains no material previously published or written by other person except where due references is made in the text of thesis.

Surabaya, January 18th 2019



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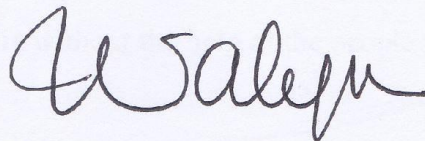
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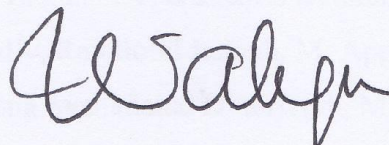
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EXAMINER SHEET

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CHAPTER I

INTRODUCTION

1. 1 Background of the Study

Literature is the language of expression about human life. According to Tabish Khair in *Thinking Literature*, literature is something happens between languages, cultures, and texts which is specific text, specific languages and cultures are the tools to define the quality of literature. It always discusses life in the real or imagined depiction, past or future, and even animate or inanimate (231-233).

Akhtar Husain Raipuri in *Literature and Life* states that literature is a part of human life which should become a grace from a Holy Spirit because it analyzes and explains human's feeling. This definition comes from the fact that the environment affects the writer as a human being and the production of literature is a social activity and affecting human in it. It means that the purpose of literature corresponds with the purpose of humanity (124). Thus, literature is inseparable from human life.

Raipuri also mentioned the standard of the true literature is when the great number of society accepts the influence of literature (128) — as a result, serving humanity is the first thing which is a must. It is important for the writer to understand the condition of society whether their history, present, and their dream so that his attention to them is not vain and he can explain the signs and intimations implicit in history. Then, people will accept the lesson and get its influence from literary work with pleasure.

However, to reach the standard of true literature, it should explore human experiences in all its dimensions and possibilities. It usually deals with family, death, religion, good and evil, will, justice, character, and courage. In another hand, Tim Gillespie stated that literature offers a different form of learning than just processing information; it requires us to experience, to participate (20). Because, according to Wellek and Warren, the human has different life issue in this world which is unique, even they have the similar life issue, the way they confront will be different based on their point of view, background, and knowledge which are different (3). If the writer participates the issue, he will have the ability to make the issues come alive for the reader and bring the influence for their life.

In this case, James B. Stewart is a columnist at *The New York Times* and a staff writer at *The New Yorker* and a professor at the Columbia University School of Journalism. He did an investigation. Through the investigation, he wrote *Blind Eye* as a novel that contains angrily convincing case that the American medical profession needs an overhaul, from policy and mindset, to ensure that Swango's serial killing does not happen again. Dr. Michael Swango, a physician convicted felon suspected of murdering his patients. Nonetheless, he still allowed to practice as a physician.

Stewart participated in the issues by investigating Swango's case of experimenting and murdering patients and colleagues with poison. He interviewed victims and witnesses, also reviewed some articles on newspaper. So, he could write *Blind Eye* as a novel contains a treasure of important lessons for medical

professionals, investigators, and attorneys. Ruane stated that “it is an excellent review of seventeen years of investigative work so inadequate that it allowed one of the world's worst serial killers to use his status as a doctor to readily take many lives in medical institutions on two continents throughout almost two decades” (239).

In *Glossary of Literary Terms*, M. H. Abrams explains the term novel is applied to an extended work of fiction written in prose. The novel as the extended narrative has a longer size than a short story. Its length permits a greater variety of characters, exploration of characters and motive, a complication of plots, development of settings, and so on (190). Then, Kennedy and Gioia broadly defined that novel is a book which consists of length story in prose which the author tries to create a sense of experience real life for the readers (275). When the readers have the same problems with the problem in the novel they read, they can experience something new, such as the new point of view to face the problem. It means literature can change people mind and affect the world (Wellek and Warren, 20-27).

Abrams also elaborates that in one twentieth-century nonfiction novel became one recent branch; Truman Capote is the innovator. Abrams explains that “nonfiction novel uses a variety of novelistic techniques, such as deviations from the temporal sequence of events and descriptions of a participant's state of mind, to give a depiction of recent people and happenings, and is based not only on historical records but often on personal interviews with the related person” (194).

In this thesis, the researcher uses a nonfiction novel entitled *Blind Eye* by James B. Stewart. The researcher chooses this novel because this novel is about a surprising report of a psychopathic physician and the medical establishment that decide to turn a blind eye on Swango's criminal activities. As a model physician like Swango became a criminal, the researcher is left to guess about who Swango is and explore his crimes as well as the reasons.

To conduct the research, the researcher focuses on Michael Swango as the main character. He considers applying New Criticism because this research only examines the literary works based on intrinsic elements, which includes character, characterization, and setting. Also, to explore the way Swango copes with persecutory delusions, the researcher applies coping mechanism theory.

1. 2 Statement of the Problem

Based on the background of the study above, the researcher comes to the statement of the problem as follows:

1. How is Michael Swango depicted in James B. Stewart's *Blind Eye*?
2. How does Michael Swango cope with persecutory delusions in James B. Stewart's *Blind Eye*?

1. 3 Objective of the Study

Based on the statement of the problems above, this study has two objectives as that is:

1. To describe Michael Swango in James B. Stewart's *Blind Eye*.
2. To find out how Michael Swango copes with persecutory delusions in James B. Stewart's *Blind Eye*.

1. 4 Significance of the Study

This research aims to give further information about the relation between psychology and literature especially in psychopath and how Michael Swango copes with persecutory delusions in *Blind Eye* novel. For the English Literature student, hopefully it will be a useful information, reference or evaluation for their research. Moreover for the common reader, they can take the values and become wise facing their delusions, especially persecutory delusions.

1. 5 Scope and Limitation

To prevent a broad analysis, the researcher only focuses on Michael Swango as the main character in *Blind Eye* novel. Also, the researcher focuses on how Swango copes with persecutory delusions using coping mechanism theory, especially problem-focused coping.

1. 6 Method of the Study

In this part, the researcher discusses how to conduct this study. It contains four parts of the method of the study which consist of research design, data sources, data collection, and data analysis.

1. 6. 1 Research Design

This study is library-based research. According to Mary W. George, library research requires identifying and locating sources that provide factual information or personal or expert opinion on a research question (23). The researcher applies descriptive method, which relies on observation as a means of

2. The researcher is quoting and explaining the way Swango copes with persecutory delusions using the coping mechanism in James B. Stewart's *Blind Eye*.
3. At last, the researcher draws a conclusion based on the result of the analysis.

1. 7 Presentation of the Study

In writing this research, the researcher divided this research in four chapters. The first is consist of the background of the study, statement of problems, the objective of the study, the significance of the study, scope and limitation, method of the study which includes research design, data source, data collecting, data analysis, and presentation of the study. In the second chapter, the researcher explains the related theory and shows some of the related studies dealing with James B. Stewart's *Blind Eye*. The third chapter consists of the discussion of the research in which the researcher answers the statement of problems. At last, in the fourth chapter, the researcher concludes the result of the discussion.

CHAPTER II

REVIEW OF LITERATURE

2. 1 Theoretical Framework

The theory is the crucial thing in analyzing the novel. So, this chapter discusses the theory used to analyze James B. Stewart's *Blind Eye*. The main focus of this research is the crimes as a result of Swango copes with persecutory delusions. It uses problem-focused coping by Lazarus and Folkman to explore and analyze the crimes. This research also concerns with the character and characterization, so the researcher uses New Criticism theory to find out Michael Swango's characterization. However, at the end of this chapter, the researcher examines the previous researches to find the gap for conducting this research.

2. 1. 1 New Criticism

Gregory Castle in *The Blackwell Guide to Literary Theory* explains that "New Criticism is an Anglo-American variety of Formalism that emerged in the early decades of the twentieth century and dominated teaching and scholarship until the early 1960s" (121). It is less a coherent literary theory than a congeries of critical and theoretical approaches all of which agree that the literary work is autonomous. That its unity and meaning are constituted primarily by formal and rhetorical features, and that it is free from any burden of reflection on the social world in which it is produced or from any connection to the author who produces it. To make the definition is simple; Lois Tyson stated: "that the most important concepts of new criticism are concerning the nature and importance of textual

evidence such as the use of concrete, specific examples from the text itself to validate our interpretations” (135).

According to Raman Selden, “new criticism does not seek a text’s ‘meaning,’ but how it ‘speaks itself.’ It does not seek a text’s ‘meaning,’ but how it ‘speaks itself.’ It is concerned to trace how the parts of the text relate, how it achieves its ‘order’ and ‘harmony,’ how it contains and resolves ‘irony,’ ‘paradox,’ ‘tension,’ ‘ambivalence’ and ‘ambiguity.’ It clearly characterized in practice and premise, and it is not concerned with the context of historical, biographical, and intellectual and so on, it is concerned solely with the text in itself, with its language and organization” (19).

To interpret literary work, “the text itself” becomes the main source of evidence that becomes the new critical effort to focus our attention on it. In any occasion, it has the more meaningful, rich, and complex from the author expected. Also, its meaning becomes simply different from the meaning the author wanted it to have. Even we have understood the author’s intention; it does not help us to understand the text. This happening refers to the mistaken belief that the authors are the same as the text’s meaning.

Meanwhile, another mistaken belief is coming in the case when reader’s feelings or opinions about a text produce a personal conclusion from their experience rather than by the text (Tyson 136-137). It means in new criticism, in analyzing literary work, we will find two mistaken beliefs. It suggests that the

better way to analyze literary work in new criticism is to ignore the author's intention and reader's feeling or opinion.

Moreover, according to Lois Tyson "a literary work is a timeless, self-ruled verbal object. Readers and readings may change, but the literary text stays the same" (137). Tyson also stated that "new critics believed that a single best, or most accurate, interpretation of each text could open that best represents the text itself: that best explains what the text means and how the text produces that meaning, in other words, that best explains its organic unity" (148). Therefore, new criticism only concerns the text itself rather than to explain the context.

Since this research focuses on Michael Swango's character and his description in *Blind Eye*, in this chapter, the researcher also explains about character and characterization.

2. 1. 1. 1 Character

In *a Glossary and Literary Terms*, Abrams explains that "character is the person represented in a dramatic or narrative work, who is interpreted by the reader as being endowed with particular moral, intellectual and emotional qualities by inferences from what the persons say and their distinctive ways of the dialogue and from the action" (30).

However, the life of literature is the character: they are the objects of our curiosity and fascination, affection and dislike, admiration and condemnation (Bennet and Royle 60). According to Edgar V. Robert, "character in literary is an extended verbal representation of a human being, the inner self that determines

thought, speech, and behavior” (65). Thus, through dialogue, action, commentary, and suggests the details of character’s traits make the readers can analyze and conclude a character’s strength and qualities.

A character then is the representation of human being of the real world with inner self (Robert 143). It means that character in literary work is the visible image of human which has good or bad nature. Moreover, Andrew Benett and Nicholas Royle explain the requirements to make a character be ‘life-like. “The first is to have a common name, then to say and do things that seem certain like the kinds of things people say and do in so-called ‘real life.’ The second requirement is a certain complexity. Without this complexity, a character appears merely like one dimensional, or flat. To be ‘life-like,’ a fictional character should have some different traits. Traits which may be conflicting, characters should be, to some extent, unpredictable, the words and actions should appear to originate in multiple impulses. Third, these tensions, contradictions, multiplicities should provide coherence in a single identity” (62). Therefore, a successful author is when he can re-create the actual life throughout that particular character itself which can make the reader get a presentation of real life (Robert 135).

In the way of the depiction of character, Klarer mentions two types of character in the literary work. “The first is a flat character. This type of character is dominated by one specific trait which often represents an abstract idea or general traits of a group of people. The second is a round character. This character usually denotes a person with more complex and differentiated features” (17).

To sum up, the character is the subject in the literary work as the representation of human being. If the re-creation of the character fulfills some requirements of life-like, the reader can find the character is real or similar to a person in the real world. Besides that, there are two types of character, the first is a flat character, and other is a round character.

2. 1. 1. 2 Characterization

According to Holman, “characterization is the creation of imaginary persons so that they exist for the reader as real within the limits of the fiction. The author reveals aspects of the character; in the biography and the history”. In the lyric, the essay, and the autobiography, the author reveals aspects of his or her character. Then, in the biography and the history, the author presents the characters of actual persons other than himself or herself. Also, in fiction (the drama, the novel, the short story, and the narrative poem), the author reveals the characters of imaginary persons (75). Thus, characterization is the way the author describes the characters.

Richard Gill explains the differences between character and characterization in *Mastering English Literature*. According to him, “a character refers to a person in literary work; while characterization refers to the way in which a character is created (172).” It means that the reader can understand the characterization of a character in the novel through his actions and sayings or the other people’s saying about him.

Moreover, to create a characterization, Holman explains that there are three fundamental methods. “The first, the explicit presentation by the author of the character through direct exposition, either than in an introductory block or more often piecemeal throughout the work, illustrated by action. The second is a presentation of the character in action with little or no explicit comment by the author, in the expectation that the reader will be able to deduce the attributes of the actor from the actions. The third is representation from within a character, without comment on the character by the author of the impact of actions and emotions upon the character’s inner self, with the expectation that the reader will come to clear understanding of the attributes of the character” (75).

To sum up, the characterization is the way the author describes the characters. The characterization of a character in the novel through his actions and sayings or the other people’s saying about him. Also, the reader can understand the characterization of character through the methods of the author’s to create a characterization. Such as, it illustrated in action, the attributes of the actor from the actions, and representation from within a character.

2. 1. 2 Coping Mechanism

Theory of psychological stress and coping is developed by Lazarus and his colleagues over a number of years (Baqutayan 479). The concept of coping has been important in psychology for over 40 years (Lazarus and Folkman 117). However, in discussing about coping, it will also deal with the concept of stress.

In *Stress, Appraisal, and Coping*, Lazarus, and Folkman define “stress as an unpleasant state of emotional and physiological arousal that people experience in situations that they perceive as dangerous or threatening to their wellbeing” (12). However, to be clearer in understanding the concept of stress, it is important to know that stress has some sources, in which it is called stressor. According to Kahn and Byosiere, stressor is any stimulus may in principle arouse a stress response in a particular individual (qt. Thatcher and Miller 53). It concludes that stress is mostly dislike condition that is caused by stressor which, but people have to deal with it and try to find out the way it can be solved.

Lazarus and Folkman explain that “coping is the cognitive and behavioral efforts to master, reduce, or tolerate demands (134). The coping mechanism is dealing with how people see the stressful condition and situation and people effort to deal with the problem. It just deals with the effort and does not emphasize whether the coping is effective or not (993).”

Although, the concept of stress and coping is neutral, people generally see stress and coping as two opposites. Some people may see stress as negative, and coping as positive. However, Baqutayan states that “stress can be psychologically positive or negative, and the means of coping can be effective or ineffective in meeting the challenge presented by the stressful situation. People sometimes adopt coping strategies that get them into more difficulty. One example is the person who embezzles money to solve personal financial problems.” (481) Thus, the definitions of the coping must include efforts to manage stressful demands,

regardless of the outcome. It means that there is no strategy is considered inherently better than any other.

Baqutayan also explained that “researchers have grouped the ways people cope with stress into four categories. First, they may decide to fight the realities of experienced stress, and they try to struggle in order to achieve what they want. Second, they may decide to flight or leave what make them feel stressed. Third, they may reduce their stress through such activities like social support, and religious orientation. Finally, they may decide to accept their life as it is.” (481)

Subsequently, to get a clear understanding of the coping and to evaluate it, it requires us to know the stressor or the problem to cope. As Lazarus and Folkman say that “the more narrowly defined the context, the easier it is to link a particular coping thought or act to a contextual demand (142). It means it will be easier to understand the concept of coping when we understand the source of the problem which the people have to cope.

Persecutory delusions become one of the examples of stressor or problem. According to Daniel Freeman and Philippa A. Garety, individuals with persecutory delusions are concerned about others causing them physical, social, or psychological harm (408). Then, delusions of persecution, loosely known as paranoid delusions, include delusions of self-reference (ideas of reference), in which people take undue notice of or talk about the patient, and delusions of being influenced by outside forces or of being poisoned. (Leon et al. 458). Therefore, for example, the following two beliefs will both be counted as persecutory delusions:

“There is a conspiracy by my colleagues to make me look stupid so that I lose my job”; “My colleagues deliberately made me look stupid so that I lost my job but now they have succeeded they are leaving me alone” (Freeman and Garety 409).

However, people with genetic liability to persecutory delusions might be less likely to show adaptive social and cognitive functioning when coping with unsafe and stressful social environments (Weiser et al. 320–324). In the only qualitative study examining interpersonal threat in people with persecutory delusions, Stopa, Denton, Wingfield and Taylor found vivid accounts of a sense of imminent danger that included affective, sensory and perceptual experiences, as well as coping behaviours initiated in response to threat, including attempts to avoid, escape or control the experience (1-22). Then, Miriam Fornells-Ambrojo and her colleagues found a way how do people with persecutory delusions evaluate threat in a controlled social environment. There are two significant results. First, a persecutory delusion will evaluate evidence of a threat in a controlled social environment that does not elicit anxiety. Second, they will evaluate threat in a controlled virtual scenario in contrast to the malleable and stressful social everyday environment.

From the example above, persecutory delusions is the stressor. Meanwhile, the coping mechanism is evaluating evidence of a threat in a controlled social environment that does not elicit anxiety and evaluating threat in a controlled virtual scenario in contrast to the malleable and stressful social everyday environment.

Billy characteristic and how it could influence him as serial killer and also Billy's motive as serial killer. Hendrik found that Billy has several characteristics. Such as skillful, restraint, unchanging, temperamental, relentless, and also enjoy taking control of other destiny. Furthermore, Billy's motive as serial killer is his temperamental that make him angry to some people.

Second, Nihlah Turdhiyana conducted a study in 2016 entitled *Daniel Boile's Psychopathy in Chris Mooney's the Missing*. This research tries to analyze Chris Mooney's *The Missing*. This research discusses the factor of Daniel Boil as the minor character becoming a psychopath. In this thesis, the researcher proposes two types of research questions; those are; how Daniel's characterization as a psychopath and what factors influence Daniel Boil to become a psychopath. This thesis also uses Freud's psychoanalysis to analyze the factor of Daniel to become a psychopath.

From the previous research above, the recent research discusses the same issue which is a psychopath or a psychopath person. Moreover, it has different things compared with two previous researches. This present research focuses on Michael Swango's characterization as the main character and explore the crimes as the result of the coping with persecutory delusions. Meanwhile, the previous researches discuss how the character manages his id and superego and how anxieties appear as the effect of the problem; and what factors influence the character to become a psychopath. Furthermore, this present research uses a coping mechanism as the main theory that makes it worth to discuss. Also, it is

CHAPTER III

A NOTORIOUS MICHAEL SWANGO COPEs WITH PERSECUTORY DELUSIONS IN JAMES B. STEWART'S *BLIND EYE*

In this chapter, the researcher answers the research questions by analyzing the main character, Michael Swango. He is a physician suspected of murdering dozens of his patients, yet allowed to practice medicine. The researcher divides the analysis into two parts. First, the researcher discusses Michael Swango's characterization. In the second part, he explored the crimes which had done by Swango to cope with persecutory delusions.

3. 1 Michael Swango's Characterization

Based on the data collected, the researcher found the description of Michael Swango as follows:

3. 1. 1. Intelligent

Intelligent people are those who can learn, understand, and think about things (Longman 874). Based on this definition, *Blind Eye* told that Michael Swango had the quality of being intelligent people. Michael Swango was the second of Muriel and John Virgil Swango's three sons. Muriel his mother, realized that Swango was academically gifted, a talented pianist and spent many evenings playing classical music for his mother, He was the band's first-chair clarinet, as well as its president, and he sang in the Glee . Therefore, Swango got more attention from his mother. Bob and John, Swango's siblings, got their education at public schools, but Michael enrolled in Christian Brothers High School. It perceived as academically superior to the public school. Also, his

Blind Eye depicted Michael Swango as a cunning student in some cases. When Swango returned to Quincy after completed basic training at the Marines' boot camp in San Diego, he announced to his family that he wanted to become a physician. Hearing this announcement, his mother pleased. She had once worked as a medical secretary. Swango enrolled in pre-med courses at the local community college. No difficulty for him to get an admission to Quincy College for the following fall (Stewart 7).

With his near-perfect grades at the more competitive Millikin and his outstanding high school record, Swango must have been one of the college's top applicants. Still, after he was admitted he decided to embroider his record. On a form he submitted to the college's public information office, he falsely claimed that he had received both a Bronze Star for heroism in combat, and a Purple Heart for combat wounds during his relatively brief tenure as a Marine (Stewart 7).

The quotation shows that Swango gave a fake achievement record in his form that he submitted to the college's public information office of Quincy College. Indeed, he just received a National Defense Service Medal and a "Meritorious Mast," a minor commendation (Stewart 7). It means he was cunning to adorn his achievement.

Another case of Swango's fraud is in the time he was a student in Southern Illinois University medical school. He cheated in the test taking.

...That didn't deter Swango, however, from using his notes during the exam. He would choose one of the tests, take it, then choose his next test topic and sprint from the room back into the hallway. There he would frantically page through his notes and books, cramming for the second test. Then he would return, take that test, and repeat the process. (Stewart 2-3).

The word "that" in the quotation above refers to the rule that sounds notes and textbooks were not allowed in the exam room during first-year medical

student test-taking. The tests are 476 written tests which are each test covered a curricular “module,” such as heart murmurs, within one of the core topics, such as the heart. Ten to fifteen closed-book tests were given every Saturday morning on the modules that had been covered in classes that week (Stewart 2).

To pass the tests, Swango cheated. He did “swangoing,” i.e., practicing of racing into the hall and cramming between tests. It was cheating because the rule said that medical students are not allowed to bring their notes into the class. Indeed Swango did not bring his notes in, but he went back and forth to read the book during the test-taking. He was successful in the test, and his friends began to follow him. It led to considerable faculty concern. Finally, Chandra Banerjee, the first-year professor of pulmonary medicine, admonished his students: “Goddammit, no swangoing” (Stewart 3). So, the cheating way of Swango was forbidden.

The last cunning ploy which had done by Swango was when medical students take their one of the first clinical assignments, which is to take histories and perform physicals, or it called “H & P’s” on hospital patients. Students interview patients, record their medical histories, undertake routine physical examinations, and post the results on the patients’ charts (Stewart 12). Dr. Kathleen O’Connor was the chief resident in OB/GYN at the Southern Illinois University hospitals, asked Swango to perform a history and physical on a patient who was scheduled to undergo cesarean delivery. Then O’Connor surprised to see the result, Swango made it by himself without checked the patient.

Given that he had spent a mere ten minutes with the patient, the carefully written report was perhaps too complete and polished, and it raised doubts

in O'Connor's mind. She visited the patient to inquire about Swango's visit, and learned that the woman had barely talked to Swango. He hadn't conducted any physical examination; he'd never even touched her (Stewart34).

From her finding, Dr. O'Connor thought to pass clinical assignments, Swango made the report by his hand without checked the patient's physical condition, which is a fabrication, plagiarism, or the combination of them.

Concluding the explanation above, Swango is a cunning student. He gave a fake achievement record, cheated in test-taking, and made a fabrication H & P report. Those are tricking for Swango's need.

3. 1. 3 Doing Malpractice

Swango as a medical student is close to medical care and patient. However, before entering the physician field, medical students dissect a cadaver. The first-year students of Southern Illinois University divided into groups and each student was assigned one part of the cadaver to dissect and present to the rest of the group. In this case, Swango got the hip and buttock region for his assignment, including the gluteus muscle. However, Swango failed the assignment. He had transformed the hip region of his cadaver into an unrecognizable mess of tangled flesh and bone. Some classmates described that it was as though he had done his dissection using a chainsaw rather than a scalpel (Stewart 3-4).

The term malpractice is derived from Latin terms mala praxis, injuries caused by the neglect or unskillful management by physicians, which breaks the trust between patient and physician (qt. Carrafiello 372). Swango did malpractice when he failed in dissecting a cadaver in SIU. A cadaver has a role as a patient.

For the medical students, their minds are busy thinking the way how to complete the standard four-year medical school curriculum in three years. For example, Rosenthal, when he saw Swango was doing fitness at that night, he was sweating from a combination of the heat and his anxiety over an enormous stack of introductory medical texts: anatomy, physiology, biochemistry which the books were huge and the topics seemed endless (Stewart 1).

In another occasion, in the third year at SIU, students got responsible for hundreds of H & Ps, where they have significantly more contact with patients.

Rosenthal noticed that Swango seemed unusually interested in, even preoccupied with, the sickest patients. When a patient Swango had seen died, he scrawled “DIED” in large capital letters across the person’s name. Rosenthal and other students found this distasteful, almost as though Swango were celebrating the demise and wanted to call attention to it (Stewart 15).

The data above shows that Swango seemed interested to the sickest patients. Moreover, he was peculiar because his manner of facing the death of patient was celebrating the death and call attention to it. It shows that Swango was peculiar.

Car crashes and deaths are a tragedy, according to Joshua Billings in *What is Tragedy?* The discussion which is held by the University of Oxford, he told that tragedy is more than a depiction of having terrible thing happens to people. There must be more than a disaster in tragedy, but it is hard also to put the finger on what it is that distinguishes a character in a tragedy from someone who is just unlucky, but truly there is something (Taplin and Billings 2). Instead, Swango is having a fascination for those tragedies.

The peculiarity of Swango was not only found during his time being medical student. It also found at the time he became an intern. Michael Swango graduated from SIU on April 12, 1983 (Stewart 43). Dr. William Hunt, director of the department of neurosurgery at Ohio State University in Columbus, offered Swango a residency in neurosurgery after the successful completion of a year's internship in general surgery to begin on July 1 (Stewart 42). Internship, in this case, is the doctor's first year of post-medical school training (Whitlock 2). Thus, Swango's internship is at OSU Hospital.

Swango had an internship at OSU hospital, and he found as peculiar. From his student record which attached to his internship document, one of his supervising physicians noted Swango's peculiar fascination with the Nazis and the Holocaust (Stewart 45). Holocaust is the mass murder of the Jewish people during the Nazi period (Bauer 11). Some of the residents, who spent more time with Swango than the attending physicians did, also complained to doctors on the faculty that Swango was peculiar.

While making rounds, residents often give interns tasks and then critique their performance. Whenever they criticized Swango—as they often did, because of his incompetence—Swango would immediately drop to the floor and begin a strenuous set of push-ups. He could do hundreds of them. It was almost as if he were still in the Marines, and this was his self-imposed punishment (Stewart 46).

Push-ups are the punishment in marines or police. Since Swango was a doctor, his reaction to the critique was not only peculiar but highly inappropriate for a doctor. Of course, what became of Swango's fascination and improper actions as shown in the data above, made Swango's colleagues at OSU hospital also the doctor in the faculty assume that he was a peculiar intern.

Moreover, Swango's peculiarity was found when he was on duty as a paramedic at Adams County Ambulance Corps. Swango's internship ended in September 1984, during his interval career, Swango moved back to his hometown of Quincy. He wanted to apply for a medical license in Illinois and work as a paramedic for a few months before resuming his medical career. The Adams County Ambulance Corps immediately hired Swango. It was where he had worked the previous spring and part-time while he was at Quincy College (Stewart 82-83).

Among the paramedics who were at the same corps and work together with Swango, they considered him as peculiar as well. "He's different." They said to Mark Krzystofczyk, a paramedic who did not know about Swango at all (Stewart 84).

In any event, he now revealed far more about his fantasy life and fascination with violence than he ever had before. Krzystofczyk noticed that his colleague seemed extremely excited when they reached an accident and discovered a fatality. The normally talkative Swango grew even more animated than usual, often exclaiming "Wasn't that great?" after they removed a body. Krzystofczyk thought maybe he was just testing him, trying to get a reaction. But then Swango started phoning him when he missed out on a gruesome call. "What did it look like?" he would ask. "What did you see?" Swango wanted even the goriest details repeated (Stewart 85).

The quotation above shows Swango's fascination with an accident and a fatality. Furthermore, when he missed the accident, Swango phoned Krzystofczyk to get the details of the accident, even the worst details. Krzystofczyk began to understand what his coworkers had meant when they said Swango was "different."

Another paramedic, Brent Unmisig, told a comment by Swango that seemed odd coming from someone who was trying to save lives. When a motorcyclist had no helm on passed them, “That’s my friend,” Swango said (Stewart 86). Unmisig claimed that Swango had peculiar mind.

Swango also has interest in articles about violent death; it existed since he was a child. For example, he had been on an ambulance call in which was a murdering of someone, and the next day he had seen an article about the accident in the paper. He had gotten a charge out of it, so he cut out and saved the article. Since then, he said, clipping articles about accident fatalities had developed into an “obsession.” Then, Krzystofczyk also asked Swango specifically about why he had so many articles on poison. “It’s a good way to kill people,” Swango replied matter-of-factly. Krzystofczyk shrugged (Stewart 86-87).

On July 18, there was news told that an out-of-work security guard armed with a rifle and shotgun. He killed twenty-one people at a busy McDonald’s restaurant in San Ysidro, California. Then, a police sharpshooter shot him. The next day, Swango mentioned it to another paramedic. “Wasn’t that something about that McDonald’s massacre?” he said. “I’d give anything in the world to have been there and seen it” (Stewart 87).

Another data shows about Swango’s peculiar sexual fantasy: Sexual banter wasn’t uncommon among the mostly male staff, but there, too, Swango set new standards. He loved to tease the one woman paramedic, Sandy Ivers, who also happened to be dating his boss, Lonnie Long (and later married him). “Sandy, do you know what I’d like to do to you?” he asked her. He then described in lurid detail what he called a “sexual fantasy” that culminated in his plunging a hatchet into the back of her head. After the first recounting of this “fantasy,” Ivers would say, “Get away from me, Swango,” but he nonetheless repeated it in her presence on several occasions, within earshot of other paramedics (Stewart 87).

During the first year in SIU, Swango was working as a paramedic for America Ambulance in Springfield (Stewart 10). After his graduation from SIU, he was fired by America Ambulance for his cavalier behavior. The data below shows us how Swango has lack of empathy:

Swango had responded to an emergency call in Rochester, Illinois, a small town close to Springfield. The patient, gasping for air and in acute pain, was suffering a heart attack. Swango's instructions were to administer any emergency treatment called for and then transport him in the ambulance to the nearest hospital. Instead, he made the patient walk to his own car and told the family to drive him to the hospital themselves (Stewart 43).

What Swango had done in the quotation above was an improper manner of ambulance paramedic and a clear violation of the ambulance corps' rules (Stewart 43). Telling a heart attack patient ran to the hospital in his car, not the ambulance, it was one example of lack of empathy. It seemed he assumed that he was right and had a right to treat the patient in that way.

In another case, during the internship period, certainly, medical students will face the death of patients in the hospital. On the afternoon of February 20, 1984, Swango would inform the death of a twenty-two-years-old patient, Anna Mae. He summoned her mother, Popko, to a small conference room. He leaned back and put his feet on the table. "She's dead now," Swango said of Popko's daughter. "You can go look at her." (Stewart 76-77)

The way Swango delivered the sad news, a death, was considered inappropriate, tending to be impertinent. Popko later complained about Swango's comments and demeanor. "It seemed like it lifted his ego or something," she said of her daughter's death. "He just seemed so happy." (Stewart 77). Here Swango is considered having lack of empathy.

an abscess. Lorimer did not feel he could allow Swango to undertake common but more complex operations, such as hernias and appendectomies (Stewart 250). The data show that Swango was lack of skill.

3. 1. 8 Narcissistic

The narcissistic person is individual with a grandiose sense of self (Morf and Rhodewalt 117). Accordingly, next to a strong self-focus, a positive self-view, and feelings of entitlement, low empathy is considered to be a defining aspect of trait narcissism (Campbell & Miller 115).

However, Swango was a narcissist in some relatively obvious ways, such as his obsession with physical fitness and control over his body's appearance (Stewart 325). When fitness was far from most medical school students' minds, Swango's obsession with physical fitness and control over his body's appearance was an example of a strong-self focus. Also, the lack of empathy scene when Swango worked as an ambulance paramedic showed his narcissism. He told a heart attack patient to walk and go to hospital by his car rather than carried the patient on and brought him to hospital by ambulance. It seemed he assumed that he was right and had a right to treat the patient in that way.

All those statements are having a connection with the discussion about Swango's characterization in the previous part. Thus, it shows that Swango is included to be a narcissistic person.

3. 1. 9 Psychopath

A psychopath is generally understood to be someone who lacks a capacity for empathy and may exhibit aggressive, perverted, criminal, or amoral behavior.

The psychopath tends to be highly self-absorbed. The condition classified as an extreme and dangerous variation of narcissistic personality disorder, narcissism is the excessive love of self. However, it is not a form of insanity; psychopaths are fully aware of their actions and the actions' consequences and can distinguish right from wrong (Stewart 325).

Psychopathic personality is a term applied to various deviations of personality structure. Such individuals are neither psychotic nor feeble-minded. They are often boastful, destructive, deceitful, defiant, quarrelsome and shameless (Lipton 584). Swango was having some qualities of psychopathic personality. He boastfully tells his obsession with disasters, in his work as a paramedic, when he came to the scene of accidents even when he was off duty; and in fantasies in which he would arrive on the scene of disasters and have control over the fate of the victims. He lied about his military record. Also, he was shameless telling what he calls with sexual fantasy to woman paramedics.

Still, in many ways, Swango seems a textbook case of a psychopath who exhibits extreme narcissistic tendencies. Numerous theories are suggesting a biological, genetic predisposition toward psychopathology, and this may have played a role in Swango's development. However, narcissism, in the classic Freudian view, is an attempt to compensate for early, profound feelings of being unloved and undervalued. Swango experienced an absent, detached father, and a mother, who, however devoted, had difficulty expressing love and affection. The father who is either physically or emotionally absent figures in the history of most

male psychopaths, and is a common feature in the profiles used to detect serial killers (Stewart 326).

Another revealing clue to Swango's psychopathic mind was his reaction to criticism. He bridled when teased and belittled in medical school. Dr. Smalldon suggested that Swango's experiences in the incident when Swango messed up his cadaver, got critique and mocked was an extreme humiliation. Swango's failure to graduate with his SIU medical school class was so humiliating he could not bring himself to tell his mother or show up at the dinner where he would have to face his relatives. He subjected himself to the self-punishment of push-ups when criticized by residents at Ohio State. While some of the criticisms he encountered may seem trivial, "a cardinal feature of the severe narcissistic personality is that they cannot brook criticism or challenge of any kind," Dr. Smalldon said. The extreme narcissistic psychopath almost invariably attributes criticism or a challenge to persecution, as did Swango in his many claims to be the victim of a "miscarriage of justice." (Stewart 329). Thus, it concluded Swango had persecutory delusions from the criticism he got.

From all of the discussions above, despite Swango is intelligent and talented during Swango's childhood until high school period, he was notorious. Among his colleagues, he was known as cunning, doing malpractice, peculiar, suspicious, lack of empathy and lack of skill. The researcher also concluded that Swango is a narcissistic and a psychopathic person, especially in his case, Swango is a psychopathic physician. He had a problem about the critics that he claimed as a persecution. It was his persecutory delusions. Therefore, the next discussion will

explore the crimes which Swango had done as the way how he copes with persecutory delusions.

3. 2 Crimes

Crime is an illegal activity that can be punished by law (Hornby 363). The researcher found Swango did some crimes in his line of life which told in *Blind Eye*. From Michael Swango's characterization discussion, as a narcissistic tendencies person, Swango assumed that the critics are persecution.

It has been discussed in the previous chapter that in coping mechanism, persecutory delusions is the stressor for Swango. The extreme narcissistic psychopath almost invariably attributes criticism or a challenge to persecution, as Swango did in his many claims to be the victim of a "miscarriage of justice." Meanwhile, Swango's copes relied on problem-focused coping. He may have begun killing in retaliation. His apparent crime spree there began right after his performance as an intern was criticized by a faculty member. He seems to have poisoned his fellow paramedics after he was mocked for not being assigned to the primary ambulance.

James B. Stewart depicted Swango as both a physician and a criminal as well. Stewart, as a writer, collected indirect evidence from articles and interviewing the victims to build a story of the crimes which had done by Michael Swango. Thus, in this discussion, the researcher explored the crimes as a result of Swango copes with persecutory delusions.

Although Cooper paralyzed, she was not dead. She had a good pulse and heartbeat. The doctors checked her pupils and noticed that there was a faint, sluggish reaction to stimuli. However, the doctors were surprised by what they called her “total flaccidity,” “she didn’t even have any reflexes,” as Brakel put it. Brakel and another resident were among the first to arrive, along with Freeman and several nurses (Stewart 55). The doctors inserted a tube down her throat to facilitate breathing. Then, Cooper survived.

She reiterated that a blond-haired person had injected something into her IV; she had seen a syringe in the person’s hand. She had never gotten a clear look at this person’s face. As soon as he gave her the injection, she felt a “blackness” spread through her body, beginning in the left arm attached to the IV, then spreading from the left to the right side of her body (Stewart 57).

Another witness, Joe Risley, a nurse’s aide, told that Swango had just been in Cooper’s room, and knew of no reason he would be in 966.

...what really struck him was a peculiar look of satisfaction on Swango’s face when he looked Risley directly in the eye. As Risley later put it, “He had a goofy look on his face It’s an old cliché, like a kid with his fingers in the cookie jar. I mean, it was basically just a shit-eating grin” (Stewart 55).

However, there is no word to each other as they passed, but Risley, he was suspicious and entered the room. Then, on the bathroom sink, he found an 18-gauge needle and a 10cc syringe which had already used. An 18-gauge needle is large, used on patients only in unusual circumstances when a large dosage needs to be injected at high speed.

Then, Amy Moore, the head nurse got a report about the founding of the syringe. Moore was already concerned about the startling increase in the number of codes and deaths on the ninth floor of Rhodes Hall in the prior few weeks,

though only now did she begin to link them specifically with Swango (Stewart 58).

Concerning this happening, Dickson tried to reach some colleagues for a committee meeting. The members who came to the meeting are Dickson as head of nursing, as were hospital administrators Cramp and Boyanowski. Cincione functioned as legal counsel. The only doctors present were Goodman, Carey, and Hunt (Stewart 64).

During the meeting, Dickson thought the possibility that the doctors' first instinct might be to rally around Swango, a fellow doctor. She had seen how protective of one other doctor were, both at Ohio State and in other hospitals where she had worked. However, Hunt put his doubt on anything Utz might have said, because that she was awaiting treatment for a brain tumor. Dickson and Boyanowski thought the evidence was sufficiently serious and compelling to tell to the police. Cincione, the lawyer, disagreed and said there was no evidence any crime had been committed, nor was there enough evidence to know how to proceed. Cincione recommended that the hospital's medical staff conduct a discreet internal investigation. Dr. Goodman took charge of the investigation (Stewart 65-66).

The day after meeting, Goodman began his investigation of Swango's activities. The investigation had three components. First, Goodman interviewed Cooper, but he did not interview either of the residents, Freeman and Brakel. He summarized the interview with Cooper: someone who is blonde, short, unrecognized face and wearing yellow pharmacy jacket was standing by the bed

and injected something into the I.V. Goodman reported this one was a female, but Cooper insisted she never described her assailant as a “female” (Stewart 67-68).

Second, Goodman reviewed the files of seven patients who had died since Swango began his neurosurgery rotation. He conceded that seven deaths in a little more than two weeks were abnormally high, the norm was two or three. He said that all the patients had been “extremely ill” and that the deaths were “clearly explainable medically” (Stewart 67-69).

The last, Goodman considered the results of a blood test on Cooper. He reported that they were normal. However, there is no such blood test result were ever found in Cooper’s medical file, whether there nothing about the blood test, or that the results were lost. In either case, the results in Goodman’s report may have come from a blood test given Cooper when she entered the hospital; they were in her file and, not surprisingly, showed nothing suspicious (Stewart 67-70).

The group did consider some troublesome evidence that seemed to call Goodman’s conclusions into question. At the end of the meeting, Dr. Manuel Tzagournis, the university vice president for health services and dean of the College of Medicine, asked Michael Whitcomb, the hospital’s medical director, to conduct a “quiet inquiry” into the matter (Stewart 70-71).

Unfortunately, Whitcomb’s investigation was even more cursory than Goodman’s. Whitcomb kept no notes of his investigation and prepared no written conclusions, so the report delivered orally. He began his investigation with reviewed Goodman’s investigation notes. Whitcomb concluded that no one in the hospital fit the description of a blond female wearing a yellow pharmacy jacket.

For all practical purposes, that description ruled out Swango as a suspect. He said Cooper was confused in effect of giving an anesthetic for her surgery earlier that day. Utz, the roommate, was also unreliable because she had a brain tumor. So, Whitcomb had not interviewed her (Stewart 72-73).

Then, Whitcomb interviewed Berry, the student nurse. Whitcomb told the group that Beery's "identification testimony" was "shaky," noting that she had been in the room only a short time. As he had suspected, she was an unreliable witness, and her statement should be discounted accordingly (Stewart 73).

In diagnosing the cause of Cooper's respiratory arrest, Whitcomb had spoken briefly to Dr. George Paulson, a neurologist at Ohio State, who said that it was "possible" for a seizure to be followed by paralysis. On that basis, and without speaking to any other specialists, such as anesthesiologists, Whitcomb diagnosed Cooper's problem as "grand mal," a severe form of epilepsy characterized by seizures and loss of consciousness, but not paralysis.

Furthermore, Whitcomb told the group he had interviewed Swango. Swango said Cooper had complained that her feet were cold. So, he gave her slippers. Nonetheless, the acceptance was only for Swango's version appears as credible, but the dismissal for Beery's and Cooper's versions, it was unreliable and confused (Stewart 74).

On the same day as the meeting, Swango was exonerated. Then, in September 1984, the Ohio State Medical Board granted Swango's application and licensed him to practice medicine in Ohio (Stewart 76-82).

From those explanations above, Swango is considered not guilty in the internal investigation of the Ohio State medical committee. However, with his partners, Stewart conducted his investigation to make this crime story by interviewed Reena Cooper and many medical officers who connect to this story (Stewart 388). As a result, the researcher concluded what Swango had done to Reena Cooper is a crime as well.

3. 2. 2 On Duty

3. 2. 2. 1 Adams County Ambulance Corps

In the previous discussion told that in Swango's interval of his career, he came back to Quincy and Adams County Ambulance Corps hired him. During his duty, Swango was experimenting his paramedic colleagues with poison.

Early on the morning of September 14, 1984, Swango showed up bringing a box of Honey Maid doughnuts. Krzystofczyk and the other three paramedics took the doughnuts. Krzystofczyk took a bit. About a half-hour later, the paramedics began to feel nauseated, flushed, dizzy and had to rush to the bathroom to vomit. They insisted on what had Swango done with the doughnuts. They charged that Swango poisoned them. "No, I didn't," he replied, staring down at the floor as he said it. "You know I wouldn't do anything like that."

Adams County Health Department sent two investigators to interview the paramedics and personnel at the Honey Maid doughnut shop. There nothing to prove that the doughnut was wrong in its production. Thus, an unidentified virus was to blame, and the matter was closed.

In other hands, Swango had peculiar interest with his colleagues' condition. He called the homes of the other victims, asking relatives or roommates how they were feeling and how their illnesses were developing (Swango 90-91).

The next evening, a Friday, Swango and Brent Unmisig were assigned to the backup ambulance at the Quincy Notre Dame High School football game. Unmisig was still feeling sick from the doughnuts, Swango offered to get Unmisig a soda. Unmisig said he had like a Coke. Swango returned with cola in a paper cup, Unmisig drank half of the cup. Soon after, he felt nausea and ran behind the vehicle, and vomited. He had to go home. The next day, Swango called her to see how Unmisig was doing, asking whether he would have to miss his next shift and probing for details of his symptoms. Unmisig suffered from an intense headache, continued nausea, and dehydration. He could not get out of bed for three days (Stewart 92-93)

Twelve days later, on September 27, several of the paramedics teased Swango over the fact that he assigned to the backup ambulance again rather than the primary emergency vehicle. As the narcissistic person like Swango, this baited Swango's anger, instead they kept the banter.

A little afternoon, after responding to an ambulance call, Swango offered Greg Myers, his colleague, for some sodas. Swango brought him 7-Up, as Myers' requested. However, Myers noticed that it had already been opened. He also saw Swango went into the bathroom. Swango declined.

Myers drank about a fourth of it. Soon after, he started to stand up, then suddenly sat down, overcome by nausea. He rushed to the bathroom, where he

was racked by vomiting, the worst he had ever experienced. About an hour later, Myers managed to drive himself home but had to stop three times to vomit en route. Again, by a call, Swango was also put his suspicious interest to the great details of a symptom which was experienced by Myers (Stewart 93-94).

About two weeks later, on October 12, while Swango was on duty, two other paramedics brewed some iced tea, then left on a call. They each took a sip of the tea when they returned. The tea tasted very sweet. It was peculiar because they had made no sugar.

Later that afternoon, the two noticed a bag stamped "George Keller & Sons" had fallen from Swango's duffel. They look into the bag and found two boxes of Terro brand ant poison. One of the boxes was empty; the other contained a full bottle. The primary active ingredient in Terro ant poison is arsenic, which has a sweet sucrose solution. When they shared this discovery with Krzystofczyk, he went into the emergency room and looked up arsenic in the medical encyclopedia. The symptoms of arsenic poisoning are violent vomiting, stomach cramps, and severe headaches which were what they had been experiencing (Stewart 95).

Then, about a week later, on Friday, October 19, Myers brewed a pot of iced tea, adding no sweetener. He and Bennett poured the tea into their glasses, which they put their initials. They had taken just a few sips when they received an ambulance call, put the glasses down, and left.

Myers and Bennett returned, Bennett tasted their tea. He found that their no sweetener tea turned into sweet tea. They told Connie Meyer about it. She

called Dr. William Gasser, the pathologists at Blessing Hospital as a laboratory consultant. Gasser took the sample to his lab at Quincy College. Then, it was positive for arsenic (Stewart 96-97).

October 26, Swango got a call at work asking if he had stopped by the Adams County Sheriff's Office. At that time, Swango was going out to apply for the deputy coroner job. When he arrived at his apartment, he was instead arrested, read his rights, charged with battery, which under Illinois law includes nonfatal poisonings. Though he said he would not make any statement without his lawyer being present, he gave the police permission to search his apartment (Stewart 98).

The data below shows the finding of the police search, and they seized some stuff to be evidence:

The police seized as possible evidence the James Bond book, various pesticides including numerous bottles of Terro ant poison filled to varying levels, chemicals, a large supply of castor beans—the raw material for the poison ricin—syringes, needles, and a gallon jug of sulfuric acid. The police also confiscated a small arsenal: a Mossberg twelve-gauge pump shotgun with a combat stock; a Llama .357 Magnum revolver; a Raven .25 automatic handgun; and two large K-Bar survival knives. But perhaps the most peculiar items dealt with the occult. Among the books confiscated were *The Book of Ceremonial Magic*, *The Necronomicon*, and *The Modern Witch's Spell Book*. Police also found numerous handwritten spells, incantations, and a bag of stones bearing peculiar markings (Stewart 99).

The trial of Michael Swango on seven counts of aggravated battery began on April 22, 1985, in the Adams County courthouse in Quincy. The trial began with the testimony of witnesses and introduction of evidence. Swango's obsessions of disasters became Swango's issue of motive. Certain members of the Adams County Health Department ambulance crews who testified in detail about the events showed their testimony. Quincy police detective described the evidence

which had found in Swango's apartment. Swango diluted one bottle of ant poison had, and the degree of dilution exactly matched the concentration found in the paramedics' hair samples. Gasser described his positive test for heavy metals. Dr. Jeorg Pirl, from the Illinois toxicology laboratory at the University of Illinois medical school in Chicago, testified that the tea sample contained arsenic and that Unmisig's hair sample had a high concentration of arsenic.

Swango flatly denied poisoning or attempting to poison anyone. He said that he experienced a serious ant and roach problem in his apartment, so he bought the ant poison. The other items are reflected his interest in chemistry. Moreover, what he had said about his obsession was a kind of dark humor.

When Swango completed his testimony, as the ultimate statement against Swango's, Kevin O'Donnell said that the species of ant in Swango's apartment was not native to central Illinois—or, indeed, to any northern part of the country. It was found only in the Southern states, particularly Florida. In any event, the species was never found indoors, unless someone deliberately put it there. O'Donnell is a president of O'Donnell's Termite and Pest Control, a local Quincy exterminator.

The prosecution and defense rested on May 2 at four P.M. Judge Cashman stated that Swango as the defendant is not guilty on one count. As to all the other charges, I find the defendant guilty. He considered Swango was not guilty because Krzystofczyk's illness was less severe, and thus less certainly the result of arsenic poisoning.

Because of the nature of the charges and the possibility that Swango might still poison others, So Chet Vahle as the assistant state's attorney in charge of trying the case returned Swango's bail and confined him in the county jail until sentencing (Stewart 131-138).

Cashman convened a sentencing hearing on August 23, 1985. The judge sentenced Swango to five years in prison, the maximum sentence, saying that "you deserve the maximum under the law because there is no excuse for what you have done" (Stewart 146-147)

The explanation above shows the crimes which had Swango done to their colleagues at Adam County Ambulance Corps. As a cunning person, Swango seemed covering the truth by pleading calmly. He also fabricated evidence about ant problem in his apartment. Though only Swango knows the reason, poisoning people is a crime which must be punished by law.

3. 2. 2 Mnene Hospital

Michael Swango was released by the Illinois Department of Corrections on August 21, 1987, after serving two years of his five-year sentence. By moving to a different place and covering his past about confined, Swango was able resumed his medical career.

On October 27, 1994, Swango was officially a fugitive on charges of defrauding a federal facility, the VA hospital, by gaining admission to the Stony Brook residency program on pretenses. However, Swango had fled to Zimbabwe, Southern Africa. This idea had come from Dr. Alan Miller who is the director of the psychiatric residency program at the State University of New York at Stony

Brook, on Long Island. Miller said that the only way would be for Swango to practice medicine was going somewhere that really needed a doctor, somewhere that was desperate (Stewart 237).

Swango worked at Mnene Hospital, Mberengwa in south-central Zimbabwe. During the duty, not only depicted as a suspicious person but also Swango experimented his patient at the hospital by poisoning them.

Swango injected Keneas Mzezewa. So, he was paralyzed, unable to speak, yet conscious. Mzezewa got an infection in his lower leg; two weeks later, the leg had to be amputated near the knee. Though Swango claimed that Mzezewa must have been hallucinating when he accused him of giving him an injection, Mzezewa found a needle cap on the floor near the foot of his bed. Mzezewa made his finding as evidence to rebutting Swango's.

Second, Virginia Sibanda was a patient who had a baby to be born. She watched Swango inserted pinkish liquid with the syringe into the intravenous drip attached to Sibanda's left arm. Within moments Sibanda began to feel violent abdominal pains. The baby began kicking and rocking within the womb. "Dr. Mike gave me an injection," she said to the nurses, still gasping with pain. However, Swango denied giving any injection. He said he had simply flushed her intravenous tube with a sugar solution.

Though Sibanda felt too weak to push, the pain precipitated strong contractions. With the aid of the nurses, a baby girl born successfully, and Sibanda recovered.

Another patient who got Swango's injection is Stephen Mugomeri. He was suffering from a venereal disease, claiming he had suffered a painful reaction after an injection from Swango. He demanded to discharge from the hospital. He left the hospital and died shortly after returning home.

In other hands, there are some mysterious deaths were found at Mnene Hospital. Within June 26 and 27, 1995, Katazo Shava and Phillimon Chipoko were suddenly dead after Swango's visiting which had noticed by their family. Also, Margaret Zhou was found dead on July 20. Swango treated her after suffering an incomplete (spontaneous) abortion. The night before she was found dead Dr. Larsson reported that the operation had been a success. (Stewart 254-260).

The investigation was held, interviewed the nurses and search to Swango's bungalow. The nurses narrated what they got from the Sibanda and Mzzezawa incident. A maternity nurse, Sister Gurajena, told him that she had been in the maternity ward when Virginia Sibanda had cried for help since the doctor had injected something. Then another nurse, Sister Hove, said she believed that Dr. Mike had injected Mzezawa while he was asleep, but Swango said the patient was hallucinating (Stewart 260-261).

Then, the data below shows the finding of the search:

Several used syringes still contained fluids... Of the hundreds of medication containers in Swango's house, forty-six had been opened, indicating the possibility they had been administered to patients. Among them were adrenaline, ephedrine, Valium, Xylocaine, Nupercainal—all fatal if injected in sufficient doses—and potassium chloride, which is not only deadly but virtually impossible to identify as a cause of death, since potassium levels are typically elevated post-mortem (Stewart 263).

P. C. Chakarisa who was a superintendent in the Zimbabwe Republic police, asked Swango if it were true that he had been injecting unauthorized drugs into patients, specifically Sibanda and Mzezewa. Swango denied injected Mzezewa. He said he had injected water into a patient's intravenous tube in order to flush it, a routine procedure (Stewart 263-264).

Thus, Howard Mpofu, the director of hospitals for the Evangelical Lutheran Church in Zimbabwe, handed Swango a letter from the Evangelical Lutheran church formally terminating his employment. The letter cited a pending investigation by the Ministry of Health and Child Welfare (Stewart 267).

To be concluded, Swango's crime appeared from what he had done to his patients. Though he denied the charges on him. The investigation had shown the truth up. Swango deserves the termination from Mnene Hospital.

3. 2. 2. 3 Mpilo Hospital

Swango left Mneene Hospital. He called his colleagues at Mpilo, Ian Lorimer saying he might need a lawyer, Lorimer naturally thought of Coltart. David Coltart is Zimbabwe's most prominent human rights lawyer. Swango told his fabricated version of his termination from Mnene Hospital. Coltart was impressed to Swango. He agreed to represent Swango against the Lutheran church for Swango's termination issue (Stewart 269-271).

As the result of his persuasive in telling selective facts, Coltart's reputation would make Lorimer, and other Mpilo Hospital medical staff believed Swango was being persecuted. So when Swango said he would like to practice medicine again at Mpilo, Lorimer and others on the medical staff were for the most part

enthusiastic. Dr. Chaibva as Mpilo's director restored Swango's hospital privileges, and Swango took up his duties at Mpilo (Stewart 273-275).

There are unexplained deaths at Mpilo coincided with Swango's move into the hospital. Considering the rumors from Mnene, it was perhaps inevitable that eventually Swango would be linked to the deaths at Mpilo.

News that Swango was working at another hospital in Zimbabwe came as a shock to Timothy Stamps who was the minister of health and child welfare. "Stop him," Stamps ordered Chaibva.

Chaibva summoned Swango to his office. "Your services are no longer required," he announced and told him to vacate the hospital. Swango seemed accepting to the news. He shrugged and said, "Okay," then left the office without seeking any further explanation (Stewart 285).

Thus, Swango left Mpilo Hospital. He lived in Lynette O'Hare's house, lodged one room. In this time, Swango dated Joanna Daly. She had four sons and recently separated from her husband. Swango never spent any money on her or bought her gifts. Until, in an afternoon, offering her a cup of tea. However, after about ten minutes, she suffered a sudden attack of nausea. Later in days after, she found Ant-Kil, a brand of ant poison. It is the similar way when Swango poisoned his colleagues at Adams County Ambulance Corps.

Gradually, O'Hare knew who was Swango is. The *Chronicle* as Bulawayo's most popular daily newspaper ran a brief news item two days later, "Doctor Tried to Escape":

An American doctor accused of causing the deaths of five patients at Mnene Hospital in Mberengwa, reportedly tried to leave the country for Botswana, but was apparently stopped, police sources claimed.

They said the doctor was believed to be still in Bulawayo, but his exact whereabouts were not known... (Stewart 309).

“I’m scared,” she said to her cousin in South Africa. “I want to get rid of him.” She built a fake story about her cousin wanted to stay in her house and needed one extra room for an office. So, O’Hare could evict Swango from his house (Stewart 311).

Thursday night, August 8, 1996, O’Hare asked Swango to leave. Then, the next morning she found Swango of sabotaging her car. He fulfilled O’Hare’s car with sugar.

The day after Swango left O’Hare’s place, Joanna Daly drove him to Gweru for a hearing in his lawsuit against the Lutheran church. David Coltart and his firm continued to represent Swango. There was no ruling, Swango was happy. Joanna now felt justified in her belief that Swango had been unfairly dismissed.

Still, Swango’s euphoria did not last long. The police called Joanna many times. They wanted to interview Swango in person. Swango agreed to come to the police station on August 28. Soon after the calls from the police, Swango told Joanna that he thought he might take a vacation. He would like to visit a park at Nyanga, a wild, mountainous region on Zimbabwe’s northeast border with Mozambique, where he said he had friends. Swango also wrote to Coltart to tell him of his plans. However, Swango did not keep his promise. August 28, Swango did not come to the police. Either, he was gone and that Joanna would never see him again (Stewart 313-316).

On June 27, 1997, an immigration official at O'Hare International Airport in Chicago, Swango appeared, and the immigration official asked him to step into a private room. Swango had arrested. The next day, he was transferred by a federal marshal to the Metropolitan Detention Center in Brooklyn, New York, the federal prison primarily serving the Eastern District of New York, which covers Long Island (Stewart 319).

During ten months leaving Zimbabwe, Swango had already got two positions as a physician. First, at University Teaching Hospital in Lusaka, the capital of Zambia, the African nation which lies to the north of Zimbabwe and east of Angola. He had been treating patients for over two months when Zimbabwe authorities issued an alert on him. Zambian authorities promptly fired Swango from the hospital on November 19, 1996, and suspended his medical license.

Second, he quickly secured a position at a hospital in Saudi Arabia. However, he had one obstacle. He had to obtain a Saudi visa through a consulate located in the United States. Saudi officials arranged for Swango to pick up his visa in Oregon, and then travel that same day to Saudi Arabia. Finally, he had arrested at O'Hare International Airport in Chicago. Swango had arrested on federal charges of fraud: An indictment charging him with "willfully making a materially false, fictitious or fraudulent statement and representation" (Stewart 320-321).

On June 12, Swango appeared in the federal courthouse in Uniondale, Long Island, for sentencing... Judge Jacob Mishler pronounced the agreed-upon prison sentence of forty-two months, stipulating that while in prison Swango "shall not engage in any duties that directly or indirectly require

the preparation or delivery of foods or dispensation of medication or pharmaceuticals.” (Stewart 340-341)

The data above shows Swango confined for forty-two months on federal charges of fraud. On some level, Swango must have felt a sense of triumph, for despite the guilty plea, despite the dire hints of trouble in Africa, he had again evaded murder charges. The FBI had failed to complete its investigation and was nowhere close to a provable murder case (Stewart 341).

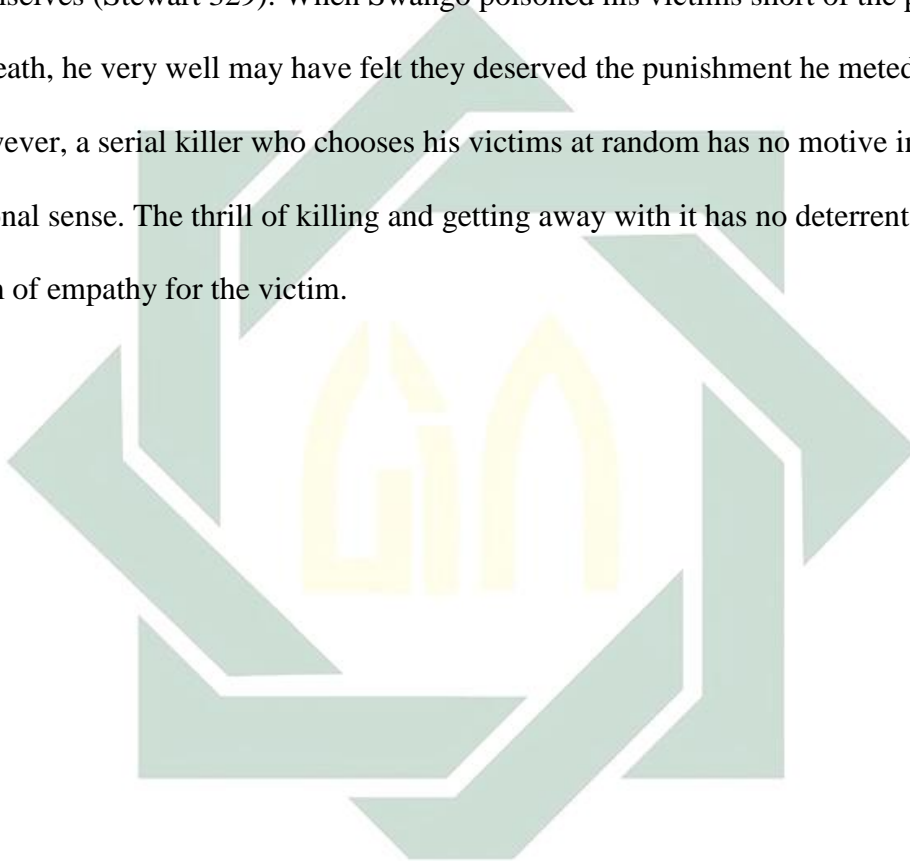
To conclude the discussion of the crimes as a result of Swango’s copes with persecutory delusions, at the time Swango succeed to cope with his problem with the crimes that he had done. Even though he had arrested for two years in prison after poisoning his colleagues, he resumed his crimes in Zimbabwe becoming a serial killer. In the last part of *Blind Eye*, Stewart mentioned the result of his investigation as follows:

My own investigation found circumstantial evidence that links him to the deaths of five patients at SIU, five at Ohio State, and five at the VA Hospital in Northport, Long Island, for a total of fifteen in the United States. In Africa, he became either more prolific or more reckless or both. The evidence suggests that in the three years he spent there, he killed five people at Mnene and fifteen at Mpilo, for a total of twenty in Africa, or thirty-five in total. At least four of his intended victims survived (Stewart 344).

Stewart who is *Blind Eye*’s writer conducted his investigation. He found thirty-five victims of Swango’s crimes. Fifteen victims were in the United States, and twenty victims in Zimbabwe, Southern Africa. If proven, these numbers alone would make Swango one of the top serial killers in American history, possibly the most prolific. For a psychopathic person with narcissistic tendencies, Swango succeeds to cope with persecutory delusions by the crimes. Another Swango’s

success was he punished for forty-two months on federal charges of fraud. He had evaded from a murder charge.

Serial killers enjoy the thrill of controlling life and death and getting away with it. They feel no empathy for the victims; it completes their absorption in themselves (Stewart 329). When Swango poisoned his victims short of the point of death, he very well may have felt they deserved the punishment he meted out. However, a serial killer who chooses his victims at random has no motive in any rational sense. The thrill of killing and getting away with it has no deterrent in the form of empathy for the victim.



CHAPTER IV

CONCLUSION

This chapter concludes the discussion in the previous chapter. There are two conclusions, which are in accordance with the statement of the problems. The first part deals with Michael Swango's characterization and the second explores the way he copes with persecutory delusions.

First, from the discussions of Michael Swango's characterization, concluded that Swango was a notorious physician. Among his colleagues, he was known as cunning, doing malpractice, peculiar, suspicious, lack of empathy and lack of skill. Swango also had some qualities to be a narcissistic person. It was explained in the previous discussion that narcissistic person has a strong self-focus, a positive self-view, and feelings of entitlement, low empathy is considered to be a defining aspect of trait narcissism. When fitness was far from most medical school students' minds, Swango's obsession with physical fitness and control over his body's appearance was an example of a strong-self focus. Also, the lack of empathy scene when Swango worked as an ambulance paramedic showed his narcissism. He told a heart attack patient to walk and go to hospital by his car rather than carried the patient on and brought him to hospital by ambulance. It seemed he assumed that he was right and had a right to treat the patient in that way.

However, the discussion about Swango's characterizations shows that Swango is a psychopathic person. Psychopaths are often boastful, destructive, deceitful, defiant, quarrelsome and shameless. Swango was having some qualities

of psychopathic personality. He boastfully tells his obsession with disasters, in his work as a paramedic, when he came to the scene of accidents even when he was off duty; and in fantasies in which he would arrive on the scene of disasters and have control over the fate of the victims. He lied about his military record. Also, he was shameless telling what he calls with sexual fantasy to woman paramedics. Another revealing clue to Swango's psychopathic mind was his reaction to criticism. The extreme narcissistic psychopath almost invariably attributes criticism or a challenge to persecution, as did Swango in his many claims to be the victim of a "miscarriage of justice."

Second, the persecutory delusion is the stressor for Swango. The extreme narcissistic psychopath almost invariably attributes criticism or a challenge to persecution, as Swango did in his many claims to be the victim of a "miscarriage of justice." Meanwhile, Swango's copes relied on problem-focused coping. He may have begun killing in retaliation. His apparent crime spree there began right after his performance as an intern criticized by a faculty member. He seems to have poisoned his fellow paramedics after he was mocked for not being assigned to the primary ambulance.

The evidence proves that Swango links to the deaths of fifteen victims in the United States and thirty-five victims in Africa. At least four of his intended victims survived. Swango seems to be a serial killer. He enjoys the thrill of controlling life and death and getting away with it. He feels no empathy for the victims; it completes their absorption in themselves. He poisoned his victims short of the point of death; he very well may have felt they deserved the punishment he

meted out. However, a serial killer who chooses his victims at random has no motive in any rational sense. The thrill of killing and getting away with it has no deterrent in the form of empathy for the victim.

So, Michael Swango's characterization leads to the fact that he has persecutory delusions as his problem. Problem-focused coping is the way Swango copes with persecutory delusions. The way he takes is revenge by doing the crimes by poisoning his colleagues in the ambulance corps and some of his patients. However, coping does not always bring an effective outcome. Swango's crimes raise another problem which is imprisonment as a punishment. It means Swango has not resolved his persecutory delusions problem.

