DISSERTATION ABSTRACT

RISK FACTORS FOR MATERNAL
FILICIDAL-SUICIDAL IDEATION

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Introduction

The study of maternal filicide-suicide (mfs) has received increasing attention during the last 15 years. Yet, mfs is still often associated with fatal child abuse or postpartum psychosis, while there is strong evidence that it is very different from these two phenomena. In addition, while there is growing recognition that mfs is primarily suicide rather than homicide, no effort has been made to
apply suicidology to the study of mfs and mfs ideation. The possibility that for every mfs attempt there might be many more mothers experiencing mfs ideation has not been addressed. This possibility has implications for clinicians whose ability to recognize and evaluate mfs ideation is essential for prevention of mfs as well as for effective psychotherapy in general.

In this dissertation, studies on filicide and on homicide-suicide have been reviewed and evaluated. This includes a reanalysis of cases that contained data that were not reflected in the findings of the studies of which they were a part.

Findings

The majority of mothers who made a fatal suicide attempt after having killed one or more of their children were high functioning and known as ‘perfect’ mothers, without known symptoms of a thought disorder and not involved in child or substance abuse. They prepared the mfs attempt thoroughly and implemented it deliberately, i.e. not in an impulsive manner. They tended to target and kill all of their children, and use methods that are perceived as painless such as gas or drowning. For the suicide attempt they tend to use the same method as for the filicide. When that is not feasible, they often use methods that are violent such as guns or hanging.

In terms of contents of mfs ideation, these often include the mother’s belief that she needs to rescue her child(ren) from having the same kind of miserable life that she has had.

The prevalence of mothers making fatal or serious nonfatal suicide attempts after having killed one or more of their children shows a remarkable similarity between countries and over time,
i.e. one mother per year for every three and a half to six million of the general population. Rates that exceed this narrow range primarily occur when the social culture is relatively tolerant of mfs, as in Japan, or when methods are available such as domestic coal gas that are perceived as painless, and allow for thorough preparation and simultaneous death of the mother and her children.

As to mothers who make a nonfatal suicide attempt after filicide, some have a profile that is very similar to that of mothers whose suicide attempt is fatal. Yet, many of them have characteristics that are rather different, e.g. they may be known to be suffering from a thought disorder, including postpartum psychosis.

The mfs mothers whose suicide attempt was fatal often were experiencing rejection sensitivity and other symptoms of social anxiety as well as depression. Phenomena seen in the lives of mfs mothers often include a long history of emotional problems, childhood abuse, as well as ideation about and prior attempts at simple suicide.

Other predisposing factors include most risk factors seen in simple suicide by women, including cultural issues that can lead to alienation, such as immigration. Precipitating factors reportedly consist of abandonment issues and the occurrence of events that make the mother fearful of an impending disaster.

Suicidology, the study of simple suicide, can be applied to the study of mfs. A remarkable parallel can be observed in the female suicide rate and the mfs rate. In addition, the escape theory of suicide developed by Baumeister (1990) appears to be particularly relevant for mfs. Everything
that could be perceived by the mother as relevant for her children’s future is observed through the
filter of fear that is characteristic of the escape theory. This can lead to seriously distorted
cognitions about the children’s ability to survive, let alone thrive as their life unfolds. Meanwhile,
some risk factors identified by the escape theory as relevant for simple suicide may carry a
different weight in mfs because the mother’s concerns about her children may change what she
pays attention to in her own life and that of the children.

The main challenges for clinicians are to become aware of the possibility of the presence
of mfs ideation, to assess its potential severity, and to take into account the impact of ideation on
the course of therapy, even when the patient ultimately does not act on her ideation. This
challenge is made more difficult because of the inaccurate image embedded in many studies
suggesting that mfs is related to fatal child abuse, postpartum psychosis and other thought
disorders as well as to anti-social personality disorder, where the mother kills her children mainly to
spite their father.

An important aspect of mfs that is rarely mentioned, let alone discussed or studied is the
likelihood that for each known mfs attempt there might be many more mothers experiencing mfs
ideation without being detected and/or appropriately treated. The fact that most mfs mothers had
received psychiatric treatment, often in the form of outpatient, ongoing psychotherapy illustrates
the challenge for clinicians to adequately assess ideation and if necessary take preventive
measurements to prevent harm.
One challenge for clinicians is that traditional warning signs for filicidal or suicidal behavior such as the presence of a thought disorder, child abuse or prior attempts at simple suicide often are absent among mfs mothers. This absence may cause a clinician to underestimate or even overlook the presence and severity of mfs ideation. Therefore, clinicians need to be alert for other signs than the traditional warning signs, and need to be trained in recognizing specific risk factors, symptoms, and behaviors.

Clinicians are also faced with countertransference challenges such as the fact that for emotional or cultural reasons it is difficult for them to imagine that a mother might be experiencing mfs ideation, let alone act on it, especially when she appears to be high functioning as so many mfs mothers. The fact that a mother with mfs ideation might not disclose (the full extent of) her ideation out of fear of being judged further complicates the process of evaluating mothers of young children for the presence and severity of mfs ideation.

Conclusions and Recommendations

A special protocol which clinicians can use for the evaluation of depressed, potentially suicidal mothers of young children has been included. Recommendations for research include conducting psychological autopsy studies of more mfs cases. Further research could also determine the extent and severity of mfs ideation among mothers of young children who are currently receiving outpatient, ongoing psychotherapy.