CHAPTER FOUR
MATERNAL FILICIDE-SUICIDE FROM THE PERSPECTIVE OF HOMICIDE-SUICIDE

Definitions and categories used in homicide-suicide

H-s studies deal with acts where there was a fatal or nonfatal homicide attempt, and a fatal or nonfatal suicide attempt. In most cases, the intention to commit suicide was present before the homicide attempt was made. As a result, h-s studies have a different focus than studies in which cases of h-s are addressed from another perspective, such as filicide.

Categories most often used in homicide-suicide include spousal/consortial, filicide-suicide and extrafamilial (Hanzlick & Koponen, 1994; Marzuk, Tardiff, & Hirsch, 1992; Nock & Marzuk, 1999). Spousal is sometimes subdivided in morbid or murderous jealousy and due to declining health (Nock & Marzuk) or in accusatory and despondent (Daly & Wilson, 1988). People who kill their children and their spouse are usually referred to as committing familialicide. Women are hardly ever involved in familialicide as the perpetrator. One of the specifiers refers to altruism. More information on classification systems will be provided later in this chapter (see also Tables 4.1 and 4.2).
Organization and overview of Chapter 4

Two types of studies will be reviewed, population studies and explanatory studies.

Population studies on h-s report on all h-s cases in a specific area during a specific period, where both the homicide and the suicide attempt were fatal. These studies tend to be more descriptive than explanatory. The population studies reviewed describe h-s in England and Wales, the USA, Australia as well as other countries.

Explanatory studies include a wide array of studies, from hospital studies to theoretical contributions, and generally have as their main objective to explore patterns and suggest explanations. The explanatory studies include the following:

- Studies about theories about the prevalence of h-s (Coid, 1983; Marzuk, Tardiff, & Hirsch, 1992; Milroy, 1995a; Nock & Marzuk, 1999)
- Psychological autopsy studies of selected samples of cases where both the filicide attempt and the suicide attempt were fatal (Goldney, 1977; Graser, 1992)
- German and Austrian hospital studies about mothers who made a nonfatal suicide attempt after having killed one or more of their children (Marneros, 1997; Meszaros & Fischer-Danzinger, 2000; Okumura & Kraus, 1996)
- Studies about the Japanese view of filicide-suicide (oyako shinju), which is of special interest because of the very high prevalence of filicide-suicide, and especially mfs in Japan (Bryant, 1999; Iga, 1996; Sakuta, 1985)
- Other studies about typologies, theories and various aspects of h-s. This includes a study describing a proposal for the typology of various kinds of dyadic death (Berman, 1996) as well as a contribution of the discipline of evolutionary psychology to the study of h-s (Daly & Wilson, 1988)
• Studies that focus less on socio-demographic features and psychopathology, and more on the interaction between individuals and their environment, especially during the weeks or months preceding acts of h-s (Palermo, 1994; Starzomski & Nussbaum, 2000)

Population Studies

Population studies pertaining to England and Wales

West (1965)

West (1965) reported on 31 cases of mfs (out of a sample of 78 h-s cases, 34 of which were perpetrated by women, of who 31 were involved in mfs) between 1954 and 1962 in the Greater London area. Almost half of them had killed or attempted to kill more than one child and 90% had used domestic gas for the filicide, as well as to a somewhat lesser degree, for the suicide. West suggested that the easy availability of the gas and the perceived painlessness of its use accounted for this. West did not provide much information on the age of offenders and their victims, or on the number of offspring who may have survived an attack.

In terms of diagnosis, 9 of the 34 women involved in homicide-suicide were found to have been not abnormal, 21 were severely depressed, psychotically or neurotically, 2 schizophrenic, and 2 represented marked instability. West believes that 2/3 of the women would have been found not guilty by reasons of insanity, if they had survived the suicide attempt. An analysis of West’s study provides additional information suggesting the following:

• Most of the nine “not abnormal” mothers had shown depressive features, but not enough to meet criteria for a psychiatric diagnosis.
The description of the two cases of “marked instability” suggested that these mothers might have suffered from a personality disorder. However, the description did not contain symptoms of psychosis.

For 15 of the 21 cases of severe depression, psychotic or neurotic, a case description was provided. Close reading of these descriptions suggests that in 7 to 9 cases the mother may have had psychotic symptoms prior to the mfs, which sometimes were associated with earlier suicide and/or filicide attempts. Therefore, it is quite possible that there are at least 7 or 8 mothers without prior psychotic features among the 21 severely depressed mothers.

The information that was just provided suggests that at least half of the women in West’s sample did not show psychotic symptoms prior to their final act.

West remarked that the danger for homicide-suicide was greatest when the women were most suicidal, and that women in the homicide-suicide group were higher functioning than women in control groups consisting of suicide victims and homicide offenders.

For the purpose of describing characteristics and formulating potential risk factors, it is also necessary to point out that West reported that endogenous depressives tended to commit h-s early in the morning, and that the rate in the fall was half of that in the summer.

Milroy (1995b)

Milroy (1995b) examined homicide-suicide cases that occurred during a 17-year period (1975-1992) in the counties of Humberside and Yorkshire in England and Wales. This is a mixed rural and urban area with a population of 5 million. Milroy found 49 cases perpetrated by a male. He also found three cases perpetrated by women. These mothers were 30, 39 and 40 years old and each had killed her only daughter, aged respectively 3, 5, and 10 years.
Milroy compares these three mfs cases with the 60 cases\textsuperscript{16}, reported on by West (1965), which occurred in the Greater London area between 1946 and 1962. Milroy attributes the difference in prevalence (3 vs. 60) to a number of factors. These factors include the larger size of the general population studied by West (12 million, while 5 million for Milroy’s study), differences between urban and rural patterns, as well as the general decrease of the female suicide rate. The female suicide rate fell from 9.0 per 100,000 in 1961 to 3.6 in 1991 in all of England and Wales, while the male suicide rate only decreased from 13.3 to 12.2 during the same period.

\textit{Gibson}

Gibson’s studies (Gibson & Klein, 1961; Gibson, 1975) consist of statistics for the incidence of homicide, suicide, and homicide-suicide in England and Wales. He reported 70 mfs cases for all of England and Wales for the 6-year period from 1957 through 1962, and only 25 for the five-year period year from 1967 through 1971. This means that the average number of mfs cases per year dropped from 12 during the first period to 5 during the second period.

\textit{Barraclough & Harris (2002)}

Barraclough & Harris (2002) reported 18 cases of maternal filicide-suicide (mfs) in England and Wales during a five-year period from 1988 through 1992, while the total number of female-perpetrated h-s cases was 19. The 19 cases accounted for 0.49\% of all cases of female suicide.

\textsuperscript{16} West had added the 70 h-s cases from the same area that had occurred between 1946 and 1954 to the main sample of 78 h-s cases that occurred between 1954 and 1961. Generally, there are no descriptions of cases of the earlier period.
The 18 mfs mothers killed 27 children under the age of 15. The mothers’ ages ranged from 19 to 47 with a mean of 31. The following additional information was provided:

- The total number of incidents for fathers plus mothers was 40, of which 25 incidents were with 1 child, 13 with two children, and 2 with 3 children.

- Of the 57 children killed by either parent, 6 were younger than one, 28 from 1-4 years old, 14 from 5-9 years old, 5 from 10-14 years old, while four were over 15. The average age of mothers’ victims was four, and of fathers’ 3.5 (not counting the four children, who were older than 15, all of whom were killed by their father).

- Of the 147 persons suspected of h-s (including spousal h-s), 68% belonged to the three lowest social classes (III, IV or V), while 51% of the victims and 42% of the general population did. Male offenders, who numbered 128 vs. 19 female, were referred to as men from the lower social classes. No specific remarks were made about the social class of women.

- Of the suspects (not broken down by gender), 15% were born outside of England and Wales. The percentage of the general population born outside England and Wales is reportedly considerably lower than 15.

- Information about methods used is not broken down by gender.

- Filicide-suicide (by either parent) as a percentage of all homicides of children amounted to 2.9% for children under the age of one, 20% for children between the ages of one and five, and to 19% for children between the ages of 1 and 15.

- The findings reportedly are similar to those of smaller samples in various countries.

- In addition, homicide-suicide attempts where the suicide attempt was not fatal are said to represent the same clinical picture as h-s attempts where the suicide attempt was fatal. The authors do not elaborate on this, and do not cite references in support.

- Finally, the authors announce that a follow-up study using the same data will address additional issues, such as stressors and mental illness.

Comments on the epidemiological studies in England and Wales

It appears that the rates for male-perpetrated homicide-suicide have largely remained the same, while those for females first dropped by 60% during the mid-1960’s (from 12 cases per year
to 5), and then continued to drop: from 5 in the early 1970’s to 3.6 during the five-year period from 1988 through 1992. The decrease in the mfs rate parallels that of a drop in the female rate for simple suicide, although the drop in the mfs rate appears to be more pronounced.

The drop in the rate for simple suicide by women has been widely attributed to the detoxification of domestic coal gas (Kreitman, 1976; Brown, 1979) as well as the removal from the market of certain prescription drugs often used for suicide attempts by women (Brown, 1979). It was also found that the number of non-fatal attempts at simple suicide by women had increased, but not enough to account for the drop in the numbers for fatal suicide attempts (Brown, 1979). It was also suggested by Brown (1979) that the women appeared to have overestimated the lethality of the coal gas, the detoxification of which only occurred gradually, while other methods the women may have used to substitute for coal gas, may have proved more difficult to implement than anticipated.

Another point raised by Brown (1979) was that when coal gas was first introduced in England and Wales, it was used as a method of suicide by a category of persons, especially women, who were not known to be suicidal. In other words, gas was not used instead of another less convenient method, and had the gas not become available, these persons probably would not have made a suicide attempt. Brown (1979), therefore, wonders whether the drop in female suicide rates between 1969 and 1979, as well as the apparent drop in the over-all number of serious suicide attempts (both fatal and nonfatal) by women might be associated with the fact that these women are less prone to use other methods as a substitute for gas. Apparently, potential mfs
mothers may share certain characteristics with respect to suicidality with women who have given up on the idea of simple suicide after they had become aware of the detoxification of coal gas.

The possibility that the detoxification of coal gas may have been associated with the drop in mfs rates has been suggested (Allen, 1983), but the kind of research that was done regarding the drop of the simple suicide rates was not done for mfs. There are some indications in a study by d’Orban (1979) that there may have been an increase in nonfatal mfs attempts for the same reasons that there was an increase in nonfatal attempts at regular suicide by women.

The rather sudden, yet persistent, drop in mfs rates that appears to be associated with the detoxification of coal gas highlights the importance of the availability and the nature of means for mfs behavior. Therefore, it would be critical to know how various types of potential mfs mothers would be affected by a change in the availability of certain means used for mfs. For instance, it could be helpful to know that, according to West (1965), as well as other authors (Graser, 1992), most mfs mothers wanted to use methods for filicide that were perceived by them as painless, so that a reduced availability of means used for painless methods might lead to a decrease of the incidence of mfs. Such a decrease might be mediated through other factors related to means such as reversibility and ‘handling’. These factors, which reportedly play a role in simple suicide (Lester & Clarke, 1989), easily could play a major role in mfs as well. For instance, reversibility would allow a mother to start the process of mfs believing that she could still reverse it simply by opening a window.

The image of the mental state of mfs mothers in many studies (Marneros, 1997; Tuteur & Glotzer, 1959) is dominated by impulsivity and delusions, especially at the time of the mfs act.
As a result, the image of these mothers is that they are unlikely to pay attention to the availability of methods or the ease with which they could be used. This image appears to lose much of its credibility in the face of the data about the decrease of mfs rates after the detoxification of coal gas.

**Population Homicide-Suicide Studies in the USA**

Homicide-Suicide studies conducted in various locations in the USA, which included all cases of homicide-suicide where both the attempt at homicide and the attempt at suicide were fatal, seem to suggest (Nock & Marzuk, 1999) that mfs is less prevalent in the USA than it is in most European countries. These studies also report that there is no national registration system of homicide-suicide in the USA at the national level, and that while several states have statewide registration systems, other states do not. The following population studies into h-s have been conducted in the USA during the last 30 years.

**Population studies conducted in the USA**

Selkin (1976) examined two selected samples from police records in Denver and Los Angeles. The criteria for selection were not mentioned. There were several cases of filicide-suicide, but none perpetrated by the mother. Selkin introduced the notion of rescue fantasies held by perpetrators of homicide-suicide. This refers to the belief that survivors, for instance the children of a couple, of which the husband is planning to kill the wife and himself, will be better off after the h-s because they no longer have to deal with the parents.
Palmer & Humphrey (1980) found that there were six h-s cases involving victims under the age of 20 among the 66 cases of intrafamilial h-s in North Carolina between 1972 and 1977. In terms of relationship of victim to offender, the authors reported that four sons were killed, and one daughter. It is likely that the four sons and the one daughter are among the victims of cases involving victims under the age of 20. However, there was no specific information on the race, gender, the exact age, or the methods used for the homicide of the six persons under the age of 20.

In addition, Palmer & Humphrey had adopted the method of reporting an offender-victim relationship of one offender and one victim for cases of h-s, even when there were multiple offenders and/or multiple victims. In these situations, they would only report the relationship of the first victim and of the first offender, if known. As a result, the six cases involving victims under the age of 20 may have resulted in more than six victims under the age of 20.

Of all the h-s perpetrators, 94% were male. Palmer & Humphrey (1980) concluded that the act of h-s, as it was observed in their study, was primarily suicide. “It appears that homicide offenders who killed themselves were likely, except for being married, to have characteristics similar to suicide-only individuals and dissimilar to homicide-only offenders.” (p. 117)

Hanzlick & Koponen (1994) found no mfs among the 12 cases of h-s that had occurred between 1988 and 1991 in Fulton County, Georgia. Two males had killed a child. Hanzlick & Koponen proposed an expansion (Table 4.2) to the classification system that earlier (Table 4.1) had been proposed by Marzuk et al. (1992) and later by Nock & Marzuk (1999). The proposed expansion included more aspects of the act, the background of the perpetrator and the environment.
Table 4.1
Clinical Classification of Murder-Suicide proposed by Nock & Marzuk (1999), p.193

<table>
<thead>
<tr>
<th>Type of Relationship</th>
<th>Class</th>
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<tbody>
<tr>
<td>I. Spousal or Consortial(^a)</td>
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<tr>
<td>Perpetrator</td>
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<tr>
<td>1. Spouse</td>
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<td>2. Consort</td>
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<tr>
<td>Type of Homicide</td>
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<tr>
<td>i. Uxonicidal (spouse-killing)</td>
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<td>ii. Consortial (murder of lover)</td>
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<td>II. Familial(^b)</td>
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<td>Perpetrator</td>
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<td>1. Mother</td>
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<td>2. Father</td>
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<td>3. Child (under 16 years)</td>
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<td>4. Other adult family member (over 16 years)</td>
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<tr>
<td>Type of Homicide</td>
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<tr>
<td>i. Neonaticide (child &lt; 24 hours)</td>
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<td>ii. Infanticide (child &gt; 1 day, &lt; 1 year)</td>
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<td>iii. Pedicide (child 1 through 16 years)</td>
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<td>iv. Adult family member (&gt; 16 years)</td>
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<td>III. Extrafamilial(^c)</td>
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<td>A. Amorous jealousy</td>
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<td>B. &quot;Mercy killing&quot; (because of declining health of victim or offender)</td>
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<tr>
<td>C. &quot;Altruistic or extended suicides&quot; (includes salvation fantasies of rescue and escape from problems)</td>
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<td>D. Family financial or social stressors</td>
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<td>E. Retaliation</td>
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<td>F. Other</td>
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<td>G. Unspecified</td>
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Table 4.2.
Classification System for Murder-Suicides, With Example, proposed by Hanzlick & Koponen (1994), p.172

<table>
<thead>
<tr>
<th>Relationship of victim to perpetrator</th>
<th>Victim</th>
<th>Anvil</th>
<th>Child</th>
<th>Infant</th>
<th>Neonate</th>
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<tbody>
<tr>
<td>A) Spouse by marriage</td>
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<td>B) Common-law spouse</td>
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<td>C) Unmarried partner in relationship</td>
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<td>D) Extramarital consort (lover)</td>
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<td>E) Host or perceived rival lover</td>
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<td>F) Parent</td>
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<td>G) Offspring</td>
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<td>H) Sibling</td>
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<td>I) Grandparent</td>
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<td>J) Grandchild</td>
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<td>K) Nickname</td>
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<td>L) Aunt/knecl</td>
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<td>M) Cousin</td>
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<td>N) Family member other than listed</td>
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<td>O) Acquaintance</td>
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<td>P) Stranger</td>
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<td>Q) Same gender as perpetrator</td>
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<td>X</td>
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<td>R) Opposite gender of perpetrator</td>
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<td>S) Same race as perpetrator</td>
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<td>T) Different race than perpetrator</td>
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<tr>
<td>U) Lives in same household</td>
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<tr>
<td>V) Lives in different household</td>
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<td>W) No living witnesses</td>
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<td>X) Shot</td>
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<td>Y) Stabbed/out</td>
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<td>Z) Beaten</td>
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Factors:
- a) Impending divorce
- b) Previously divorced
- c) Real or perceived loss of nonmarital partner in a relationship (boyfriend, lover, etc.)
- d) Jealousy or retaliation for partner's real or perceived involvement with another person
- e) Retaliation against a real or perceived rival lover
- f) Mercy killing
- g) Altruism (to save from "evils of the world")
- h) Financial stressors
- i) Family stress or dysfunction
- j) Perpetrator intoxicated with alcohol
- k) Perpetrator intoxicated with drug(s) other than alcohol
- l) Perpetrator had known history of psychiatric illness
- m) Unspecified, other, or unknown factors

Special classifications:
- a) Family annihilator
- b) Dyadic
- c) Triadic
- d) Followed a mass murder or serial murders committed by the perpetrator

Example: A 15-year-old white girl who shot her 15-year-old white girl, and the white girl's boyfriend who shot himself. The event takes place in his home and there are no witnesses.

Note: For the perpetrator, race (W), the digit code for age and gender (I), and the Arabic cause of death code (W) are included after the victim information, and the incident would be coded as shown in this example: 172432P2222U22W14E4F4Q4T4U22Z(W1W)dep.

All codes take the general format: ...#Dead(Victim codes)(Victim codes)(Perpetrator codes)Cofactor codes.
Hannah, Turf, & Fierro (1998), who applied Hanzlick’s proposal for a classification system, compared the epidemiology of h-s in two counties in Central Virginia in the 1980’s and the 1990’s. They found two cases of mfs in the first period, and one in the second which was a rare case where a woman committed familicide killing her children and her husband. Hannah et al. noticed that in the entire h-s sample there was an increase in the prevalence in rural areas. They recommended to update Hanzlick’s proposed classification system on a regular basis and to add variables for phenomena which had not occurred earlier or which had not been noticed.

Campanelli & Gilson (2002) found that of the 16 h-s cases in New Hampshire between 1995 and 2000, there was only one mfs case.

Fishbain, Rao, & Aldrich (1985) studied all 10 cases of female-perpetrated h-s (out of 133 cases of h-s) that occurred in Miami between 1956 and 1982. Children were not involved in any of these 10 cases. Fishbain et al. reported that the average age of these 10 women was 48, 4 of them had left a suicide note, half lived in mobile homes, and 4 had been depressed. There were no signs of psychosis or impulsivity, and the h-s had been well planned.

Allen (1983) found two mfs cases in the city of Los Angeles between 1971 and 1980, while six filicide-suicide cases were perpetrated by a father. Allen compared her findings with those of West’s study (1965) of homicide-suicide in the Greater London area between 1954 and 1962. She reported that women accounted for a much larger share of h-s in England and Wales than in Los Angeles because of their involvement in mfs.
Berman (1979) reported that there were no cases of filicide-suicide\textsuperscript{17} when examining the police records for h-s in Baltimore, Philadelphia, and Washington DC during the two-year period of 1974 and 1975.\textsuperscript{18}

In a study of h-s in Kentucky (Currens et al., 1991) from 1985 to 1990, there were 2 cases of female perpetrated h-s out of 67 h-s cases. No additional information was provided on these two cases. It also was reported that there was no statewide registration system for h-s cases, and that a complicated procedure was needed to get the information required for the Morbidity and Mortality Weekly Report (MMWR) study.

Felthous et al. (2001) did not find any cases of mfs in a study of h-s in Galveston, Texas.

Aderibigbe (1997) did a database search of six major newspapers for h-s during a six-year period from 1990 through 1995 and found 16 cases of mfs, where both the filicide and the suicide were fatal. The authors recognized that their method would only capture a part of the h-s in the USA.

\textsuperscript{17} Berman spoke of infanticide-suicide. However, in the context of the study it is likely that he was referring to filicide-suicide. The term \textit{infanticide} had been used frequently for the filicide of children that were young rather than for the killing of children under the age of one, which is the current meaning.

\textsuperscript{18} Berman found 15 h-s cases for these two years and added 5 cases from adjacent years in order not to have the problem of small numbers.
Malphurs & Cohen (2002) searched various newspaper databases for cases of h-s during the three-year period of 1997 through 1999 and found 673 incidents, 674 perpetrators and 779 victims. They reported that newspaper surveillance will result in an underestimate, but is valuable because it may give insight in where and how the h-s events take place.

Based on an analysis of the professional literature on h-s, they believed that a more reliable estimate of h-s in the USA would be 405 homicide deaths and 830 suicide deaths due to homicide-suicide by persons younger than 55, and 215 among persons older than 55, resulting in approximately 1650 deaths due to homicide-suicide per year.

This estimate reportedly was based on information suggesting that annually 2.5% of homicides perpetrated by persons younger than 55, and 12% of those older than 55, as well as 3.8% of fatal suicide attempts by persons younger than 55, and 2.4% of those older than 55, would be committed in the context of h-s.

Comment on Malphurs & Cohen (2002). The authors had explained that their findings represented an underestimate of the number of h-s events. Yet, they do not make an effort to explain the discrepancy between the finding in their study of a ratio of 674 suicide deaths vs. 779 homicide deaths, and their estimate based on guidelines provided by others, which resulted in 605 suicide deaths vs. 1045 homicide deaths.

Stack (1997) conducted a population study into h-s in Chicago between 1965 and 1990, and found that in 7.6% of the 267 cases of h-s the victim was a child. Males were the perpetrators of h-s in 97% of the 267 h-s cases. There was no additional information on the gender of the parents involved in filicide-suicide. Stack regards h-s as an act where one commits homicide, after
which one is driven to suicide because of the guilt and loss one feels after the homicide. It is not clear to what extent Stack’s opinion extends to filicide-suicide. Stack takes a different position from most authors who tend to regard h-s as one act with two parts, where a person has decided on the suicide before committing the homicide.

A review study about h-s in the USA by Nock & Marzuk (1999)

Nock & Marzuk (1999) contributed a chapter to the Harvard Medical School Guide for the Assessment and Treatment of Suicide about murder-suicide. This chapter contained much clinical information on the various forms of homicide-suicide, including filicide-suicide, as well as data on prevalence and the demographics of the offenders, especially in the USA, for which they had reviewed many studies.

Their review study has already been quoted several times in this dissertation. With respect to the prevalence of h-s and some of its components in the USA, Nock & Marzuk reported the following:

- Sixteen to 29% of filicides were followed by the mother’s suicide, and 40 to 60% by the father’s. For homicide of children under the age of one (often referred to as infanticide) the percentages were 2.5 for the mothers and 10.5 for the fathers.

- Homicide-suicide incidents accounted for 1.5% of suicides and 5% of homicides in the USA.

- Spousal h-s, murderous jealousy variety accounted for 50 to 75% of h-s in the USA.

- Mothers are most at risk of killing a child during the first six months of the child’s life, although most of such killings are not followed by a suicide attempt. Depression and psychosis associated with the postpartum period often play a role here as well as fatal child abuse.
• In cases of spousal h-s, 19 to 26% of males commit suicide after killing their wives, while only 0 to 3% of females do so after killing their husband.

• Mothers killing their children as part of mfs are said to use “gassing, drowning, suffocating, beating and defenestration” (p.196).

• With respect to familicide, defined as a parent killing all children, spouse and self, the authors report that the perpetrators are men in over 90% of cases.

• Annually four million women have life-threatening injuries because of spousal/consortial violence, while there are only 1000 to 1500 victims of h-s per year. Nock & Marzuk concluded that h-s is a rare outcome of domestic violence.

Comments on the data in the review study by Nock & Marzuk (1999)

Nock & Marzuk remarked that 16 to 29% of mothers and 40 to 60% of fathers made a fatal suicide attempt after their fatal filicide attempt. These percentages are likely to be higher for parents involved in filicides of children older than 12 months because the percentage of filicides of children younger than 12 months that are followed by suicide are only 2.5 for mothers and 10.5 for fathers. At the same time, there is a possibility that the percentage of parents making a fatal suicide attempt after the filicide of a child under the age of one might be much higher than 2.5 for mothers and 10.5 for fathers when only those filicides are taken into account that are not associated with fatal child abuse or postpartum conditions. There has been no study investigating this possibility. However, postpartum conditions almost by definition are limited to the first year after delivery, and fatal child abuse drops off sharply after the child’s first six months, and even more after the child’s first twelve months.
In addition, rates of filicide-suicide are also likely to be higher for whites than for blacks because blacks have lower suicide rates than whites and because black mothers hardly ever appear to be involved in mfs.

Finally, Nock & Marzuk were only referring to incidents of filicide-suicide where both the filicide attempt and the suicide attempt were fatal. The percentage of filicides followed by suicide of the parent would rise, when fatal filicide attempts followed by nonfatal suicide attempts would be taken into account. This is likely to apply more to mfs than paternal filicide-suicide. Fathers appear to more often use methods that are likely to be lethal, e.g. guns, than mothers.

With respect to the number of deaths due to suicide and homicide as a result of h-s, Nock & Marzuk provide information that seems to be contradictory. First, they mentioned a study by Time magazine in 1989 that had found 11 firearm related homicide-suicide incidents in one week resulting in 22 deaths, presumably 11 due to suicide, and 11 due to homicide. Nock & Marzuk commented that in order to extrapolate these data to an annual figure one had to take into account that some h-s perpetrators have more than one victim.

Secondly, Nock & Marzuk reported that in 1995 there were 22,552 suicide and 31,284 homicide deaths, and that 1.5% of suicides and 5% of homicides occur in the context of h-s in the USA. This would result in 468 suicide deaths and 1127 homicide deaths in the context of h-s, i.e. a ratio of 2.4 homicide deaths for every suicide death. The difference between some h-s perpetrators having more than one victim and a ratio of 2.4 homicide deaths for every suicide death is not explicitly mentioned by Nock & Marzuk, let alone explained.
The figure of four million women incurring life-threatening injuries each year at the hands of their male partners is staggering. It suggests a degree of intra-familial violence so extensive that it is unavoidable for mfs and mfs ideation not to be part of this. The image of the tip of an iceberg appears, first for the relationship between domestic violence and spousal h-s and by extension for the relationship between mfs ideation and mfs, where spousal h-s and mfs would represent the proverbial tips of icebergs that consists of respectively domestic violence and mfs ideation. Yet, close examination of the data suggests that the link between the presence of all this violence on the one hand and h-s and especially mfs on the other hand is weak.

- Males involved in spousal h-s generally are motivated by suicidal wishes (Palermo, 1994), often they have already prepared suicide notes long in advance (LeComte & Fornes, 1998), and they have planned the h-s act, or more precisely, they appear to have a stand-by plan for the h-s, of which the suicide note is a witness. The event that triggers the h-s act often happens (somewhat) unexpectedly, which can lead to an impulsive execution of the earlier designed plan. (Lecomte & Fornes, 1998)

- Lindqvist even reported that the 10 males who had killed their spouse and then made a fatal suicide attempt generally were not associated with domestic violence. It is not clear whether most of these 10 males were of the so-called accusatory/jealous variety or of the despondent variety. Few had an age where they were likely to have been associated with h-s due to declining health.

- In addition, 90 % of the males committing spousal h-s use a gun, which suggests that there was lethal intent. I assume that it is unlikely that guns were used by males who caused 4 million women to have life-threatening injuries except in cases where they went off accidentally. Of course, guns also may have been used to threaten.

Although the figure of 4 million might not be accurate, and although the link between domestic violence and homicide, including h-s, might be weak, the figure of 4 million and figures of similar magnitude about child abuse in the USA do reveal that behaviors commonly regarded as
extreme, in fact, are not exceptional. It may be helpful to consider estimates of mfs ideation and mfs behaviors other than known attempts against this background of the widespread nature of extreme behaviors.

Other comments on the epidemiological studies in the USA

Nock & Marzuk (1999) suggests that there may be less filicide-suicide (paternal and maternal) in the USA than elsewhere, while there may be more consortial/spousal homicide-suicide in the USA. However, certain observations, some of which will be discussed in more detail in the next chapter indicate that the prevalence of filicide-suicide may not be lower in the USA. For instance, the manner of registration of h-s cases, which is absent at the national level and amounts to ‘no registration’ in many states, makes it vulnerable to inaccuracies and underreporting.

In addition, findings of studies on child homicide conducted over a time span of almost 5 decades and in various parts of the USA (Adelson, 1961; Adelson, 1991; Chew, 1999; Myers, 1967; Myers, 1970) suggest that the number of children killed in the context of h-s is about 0.4 to 0.9 child per million of the general population per year. These h-s cases usually refer to filicide-suicide where the father and/or the mother were the perpetrators. Most studies conducted in developed countries suggest similar rates.

Additional reasons to interpret rates of filicide-suicide in the USA with the utmost caution are the wide discrepancies in the results of population studies into child homicide that used the same data, or covered, more or less, the same population. An example of different reporting on suicide by perpetrators of child homicide while using the same data is provided for Dade County,
Florida by Crittenden & Craig (1990), who reported that 17 of the 149 perpetrators had committed suicide, while Copeland (1985) did not include the possibility of suicide in his publication.

An example of different reporting on suicide by studies that cover, more or less, the same population is provided by Chew (1999), and the study by Sorenson, Richardson, & Peterson (1993). Chew, who examined all child homicides in California between 1981 and 1990, found that the death of 279 out of 1495 victims of homicide of children under the age of 15 had occurred in the context of homicide-suicide. Meanwhile, Sorenson et al. examined race and ethnicity patterns of child homicide in Los Angeles City between 1980 through 1989, where they found 246 cases of child homicide. Yet, they never referred to suicide of the perpetrator as a factor in child homicide.

While Copeland and Sorenson et al. did not mention the possibility of suicide as a factor in the child homicides, Crittenden & Craig (1990) and Chew (1999) did. In fact, Crittenden and Chew reported numbers that suggested the possibility that the incidence of child homicide, which was accompanied by suicide of the perpetrating parent may have been within the same range as it was in many studies in and outside of the USA, i.e. between 0.4 and 0.9 per million of the general population.

The data are so insufficient that it is necessary to provide several hedges and qualifiers, as I have done. For instance, Crittenden reported that 17 of the 149 perpetrators could not be prosecuted because they had committed suicide. Considering that most suicides after the murder of children are committed by parents, it is likely that these 17 perpetrators or at least most of them were parents, to which a certain number of parents making nonfatal suicide attempts should be added. In addition, the population of Dade County grew from 500,000 in the early 1950’s to 1.7 million in the early 1980’s according to Milroy, who studied the same population for h-s. By averaging the population at 1.1 million during the 26 years of the study covering 1956-1982, I conclude that Dade County probably was within the “normal” range of 0.4 to 0.9 child per million of the general population killed each year in conjunction with parental suicide.
Although more information needs to be obtained about the methodology used in the various studies,\textsuperscript{20} there are indications that the over-all prevalence of filicide-suicide in the USA is similar to what is seen in other countries. Further research is needed to check the validity of these preliminary findings, as well as to determine to what extent the share of mfs of all filicide-suicide is also similar to the share seen in other countries\textsuperscript{21}.

\textsuperscript{20} For instance, Chew’s finding that approximately 25\% of the homicides of infants were associated with suicide, while this usually is less than 10\%, suggests the possibility that nonfatal attempts were included or that there were other special circumstances. Information is being gathered with respect to this issue.

\textsuperscript{21} There are some indications that paternal filicide-suicide may be more prevalent in the USA than elsewhere, as spousal h-s by a father who includes the children (also referred to as familicide) could be more prevalent in the USA. This might be associated with the fact that access to guns is easy in the USA and males tend to use them more often than females. There are no indications to what extent the prevalence of mfs is similar in the USA to that in other countries.
**Epidemiological studies pertaining to Australia**

*Milroy, Dratsas, & Ranson (1997)*

Milroy, Dratsas, & Ranson (1997) reported four cases of mfs during the five-year period from 1985-1989 in the Australian province of Victoria. The mothers’ ages varied from 18 to 35. It is not clear whether the mothers killed four or six children. There is no further specific information on these four mfs cases. The general discussion focused entirely on the 33 cases of male-perpetrated h-s. It is interesting that mental illness was considered responsible for only 20% of all 39 h-s cases, where it was associated mainly with depression and morbid jealousy. The population of Victoria doubled in 20 or 30 years, mainly due to immigration. Many of the h-s perpetrators were immigrants, or children of immigrants.

*Byard et al. (1999)*

Byard et al. (1999), whose study only contained cases of filicide-suicide, reported that the perpetrators’ average age of 31 was much younger than that in other h-s studies. Most of the perpetrators in such general h-s studies are involved in spousal h-s and not in filicide-suicide. The authors also observed significant differences between cases of filicide-suicide perpetrated by fathers and those by mothers. Fathers tended to also kill their spouse, while mothers did not, and the fathers used more violence for both the suicide and the filicide than the mothers did.

Byard et al. found that the mfs cases fitted the description of ‘extended suicide’, since many of the women had ‘altruistic’ ideas about protecting their children from a bad fate. The fact that in a number of mfs cases benzodiazepines had been given to the children prior to the killing further supported this, according to the authors, who also referred to demographic studies that
confirmed the ‘extended suicide’ concept. No additional information was included in the findings.

Byard et al. presented brief descriptions of all cases.

**Cantor & McTaggart (1998)**

Cantor & McTaggart (1998) found that of the 34 cases of murder-suicide in the Australian province of Queensland from 1990 to 1995, only 12% of the perpetrators had more than a 0.05 blood alcohol level compared with 17% in a control group of simple suicide victims/perpetrators. No further information was provided on the age or gender of the h-s perpetrators and their victims. Cantor found that if there was a disinhibiting effect facilitating the h-s behavior, it was not due to alcohol. Based on the similarity of the blood alcohol levels of those involved in h-s and those involved in simple suicide, as well as several demographic observations Cantor concluded that h-s and simple suicide had much in common.

**Comment on Cantor.** Cantor's study is one of several studies (Alder & Baker, 1997; Alder & Polk, 2001; Lindqvist & Gustafsson, 1995; Meyer & Oberman, 2001) that show that most h-s acts are not associated with impulsivity, and disinhibited behaviors, and, in fact, are often planned in advance, at least on "a standby" basis (LeComte & Fornes, 1998) In addition, several studies tend to refer to demographic and behavioral similarities between h-s perpetrators and victims of simple suicide and, as a result, propose that h-s is more motivated by suicide than homicide.
Population studies pertaining to other countries than
England and Wales, the USA and Australia

British Columbia, Canada. Cooper & Eaves (1996)

Cooper & Eaves (1996) reported that from 1984 to 1992 there were only two cases of female-perpetrated h-s in the Southwestern part of British Columbia. One was a highly unusual case of familicide where the mother killed the husband, as well as her two sons, before committing suicide,

All involved in the investigation of the familicide concluded that the perpetrator was suffering a psychotic break, perhaps exacerbated by immigration stress. . . .[The other case was labeled ‘mental illness’ because the mother who had killed her daughter and herself using gas] had been consulting a physician for depression. . . her suicide note indicated extreme sensitivity to slights from members of her family. . . . The suicide note had also mentioned revenge as a motive, including her ex-boyfriend, who had blamed her for an almost fatal suicide attempt made by him. . . . It would seem that the daughter’s death was incidental to the mother’s suicide. (p. 104)

Cooper & Eaves concluded that both women probably were somehow suffering from paranoid delusions and that the concept of insanity hypothesis, as proposed by Daly & Wilson (1988, 1998) to describe women who kill their own biological children probably applied to both of them.

Cooper’s conclusions confirmed those of other studies about female perpetrated homicides and suicide. Women who kill their children in the course of abuse, often referred to as accidental filicide, rarely make a suicide attempt in conjunction with the filicide. The same applies to women who kill their husbands in the context of chronic violence perpetrated by the husbands.
As a result, the prevalence of female-perpetrated h-s in comparison with male-perpetrated h-s is even lower than that of female simple suicide versus male simple suicide.

Quebec, Canada. Buteau, Lesage, & Kiely (1993)

Buteau, Lesage, & Kiely (1993) reviewed police and coroners’ files and found for the three-year period of 1988-1990 39 cases of h-s, 2 of which were mfs. No further information is provided about these two mothers, except that one of them killed both daughters without any sign of warning to the husband. The general discussion focused mainly on the 36 males and their motives and background.

Switzerland. Haenel & Elsaesser (2000)

Haenel & Elsaesser (2000) compared all known h-s cases in the Zurich area in Switzerland that occurred between 1928 and 1948, with all known cases in the Basel region that occurred between 1971 and 1990. Haenel et al. only reported on cases of spousal h-s. It is not clear whether the absence of mfs cases in Haenel’s study means that there were no cases in the two constituent studies. The authors also comment on the similarity of precipitating factors between h-s and simple suicide,

Double suicide [which refers to suicides as a result of a suicide pact, RJS], and homicide-suicide are infrequent and are different in psychopathology from that of a single suicide. However, precipitating factors for double suicide and homicide-suicide are similar to those found in single suicide. Depression, borderline disturbances, and narcissistic neuroses in combination with stressors such as physical illness, isolation, and social losses can lead to homicide-suicide. (p. 122)
The authors also comment, “Homicide-suicide in the West is probably difficult to prevent, since the persons involved do not often consult psychiatrists, family doctors, or health institutions before the suicidal act” (p. 125). Comments like this one are often quoted in other studies about h-s in general, without mentioning that the study is probably limited to (mostly male) perpetrators of spousal h-s. Male perpetrators of h-s generally have less contact with mental health specialists than mfs mothers. However, Lindqvist reported that 10 of the 12 perpetrators of (spousal) h-s were being treated by mental health experts, although this may be associated with the era and cultural differences in the acceptance of psychiatric help.

_Sweden. Lindqvist & Gustafsson (1995)_

Lindqvist & Gustafsson (1995) described all 12 h-s cases that occurred between 1970 and 1981 in the northern part of Sweden, which contains close to 1 million inhabitants. Two of the cases were female-perpetrated, only one of whom killed her child and herself. This results in only one case of mfs. This woman was reported to be very dissatisfied with her marriage, to have at least one, and possibly two parents, who had been suffering from undefined mental disorders, and to have killed a 13-year old child, after whose birth she had suffered from a postpartum psychosis. It is not clear whether this child was her only one.

Of the 12 offenders, 10 had been subjected to a psychiatric evaluation prior to the act. Five had been diagnosed with a major mental disorder, and another five with substance abuse. Based on their findings, the authors argue that the results of their study do not confirm the predominant notion in Sweden that cases of h-s are “primarily performed by individuals with major depression
and acting on altruistic ideation” (p. 22). In this regards, the authors are probably correct because the type of h-s that is most strongly associated with altruism, mfs by mothers with a covert profile, is not represented in their study. The mother in the only case of mfs included in the study has many characteristics of an overt profile. However, it is not clear whether the authors believe that altruism can be a viable motive in a different h-s population than the one described in their study.

Even though the discussion and the recommendations about further research are largely based on the 10 male cases committing familicide or spousal h-s, they are worth reviewing for their potential applicability to mfs cases.

• About the role of psychiatric disturbances:

The explanatory value of any particular psychiatric disturbance, including alcohol abuse, is therefore low, since the panorama of psychiatric disorder was so diffuse in both the present study and the literature as a whole. However, these fatal acts would not have occurred without the presence of severe mental disturbance. (p. 23)

• About child battering:

.. Neither the children nor their mothers appeared to have been battered by the offenders previously or in connection with the homicide. This may suggest that perpetrators of homicide—suicide do not belong to that group of people who are repeatedly violent towards their families. In contrast, the battered child syndrome is reported to be common in cases in which a parent kills a child of their own but does not commit suicide. (p. 23)

• About marital discord: “The domestic nature and the crucial role of marital discord and psychosocial stress in homicide-suicide cases is a recurrent feature in all studies on the subject despite geographic, temporal, and social characteristics” (p. 23).
• About the variety of homicidal-suicidal behavior, processes associated with it, and the value of investigating a small number of cases in-depth:

…it may well be more effective in increasing knowledge of this phenomenon to investigate closely a small number of cases. Interpretation of the processes leading to these offences is difficult, but impressions and tentative conclusions are of value, as the greater part of contemporary literature has a descriptive rather than an interpretative approach. To increase understanding of these extreme manifestations of human behavior, future analysis may be aided by studying a group of surviving offenders and/or victims. Such an arrangement would also be of value in the study of, for example, the victims' suicidal inclination and would probably teach us more about aggression and pain in less extreme circumstances. (p. 23)

• About how common the offenders appeared to be, and how similar they were to other patients who were not homicidal: “…..most of the offenders were law-abiding citizens with regular jobs. They did not impress us as being essentially different from patients we have encountered in clinical work” (p. 23).

This last statement brings up the question that was not addressed by the authors to what extent other patients might be harboring the same feelings and what it might take for them to act on these feelings
Explanatory Studies on Homicide-Suicide

Explanations based on the Prevalence of Homicide-Suicide

Coid’s Metastudy about the Prevalence of Homicide-suicide

Coid (1983) reviewed studies about the prevalence of homicide-suicide published between 1900 and 1979. In his metastudy, Coid reported that the findings of the various studies were within a narrow range. Because of this, he concluded that h-s rates were similar between countries and possibly stable over time. Coid quoted Gudjonsson & Petursson (1982) and Petursson & Gudjonsson (1981), who attributed this similarity to the epidemiology of psychiatric illness, which presumably would not differ substantially between countries or over time. On the other hand, rates for overall homicide tended to vary considerably among countries because of sociological differences.

Coid also reported that the results of studies into abnormal homicide, defined as homicide by those who were found to have been mentally ill or ‘Not Guilty by Reason of Insanity’ at the time of the homicide, moved in an even narrower range than the rates of homicide-suicide. Coid attributed this difference to “variations in recording practices and the volatility of the suicide rate of the general population” (p. 859). In connection with this remark, Coid mentioned that there might be a relationship between the drop in the English h-s rate between 1969 and 1979, and the drop of the overall English suicide rate during the same period. Coid did not comment on the fact that during this same period, the abnormal homicide rate in England and Wales had doubled according to some of the studies included in his metastudy. With respect to the h-s rate, Coid referred to
West (1965), who had found that half of the 78 perpetrators in his study were insane. Coid suggested that this could mean that half of a country’s h-s perpetrators might be sane.

Coid’s findings were not broken down by gender, age of the offender or the victim, type of h-s or any other variable. Due to this limitation of Coid’s study, which was partially acknowledged by him, the appearance of similarities in the h-s rate between certain studies might obscure important differences between these studies. A good example of this can be found in Coid’s observation of the similarity of the h-s rate in Denmark and Philadelphia in the 1950’s, which was respectively 0.22 and 0.21 per 100.000 despite the fact that h-s cases as a percentage of all homicides was 36 for Denmark and 4 for Philadelphia. However, Coid did not mention that the great majority of offenders in the Philadelphia study were males committing spousal h-s, while mothers committing mfs were responsible for approximately half of the h-s rate in Denmark. In addition, Coid did not mention that rates of mfs in Denmark, which were among the highest in Europe, may have gone down after detoxification of coal gas in the mid 1960’s and as a result, the overall rate of h-s as well, while there probably was no decrease of the h-s rate in Philadelphia since the rate of h-s and especially spousal h-s in the USA had increased (Milroy, 1995a)

Coid did not address the possibility that demographic factors may have influenced the overall homicide-suicide rate. For instance, countries with a large elderly population may have a higher overall h-s rate, because in many countries h-s tends to be more common among the elderly than among several other age groups. (Nock & Marzuk, 1999)
Milroy (1995a)

Milroy (1995a) replicated and updated Coid’s research, and generally supported Coid’s conclusions. He reported that the h-s rate had gone up in locations where the rate of overall homicide had also increased. However, the increase of the h-s rate was smaller than that of the homicide rate, which allowed Milroy to declare that Coid’s conclusions were still valid. Milroy, nevertheless, admitted to be somewhat puzzled by the fact that the h-s rate of Dade County, Florida, which includes Miami, was eight times higher than the rate in the English Midlands. He wondered whether it would be realistic to attribute the entire difference to the greater availability of firearms in Miami. Milroy did not refer to a possible relationship between the overall suicide rate and the h-s rate in Miami as Coid had done for England and Wales.

Marzuk et al and Nock & Marzuk)

Marzuk et al. (1992) and Nock & Marzuk (1999) reported that Coid had found the h-s rates in different countries to be stable, while he had observed considerable variations in the suicide rate as well as the rate of overall homicide in the general population. However, the only reference that Coid had made in regards to suicide rates was that there appeared to be a relationship between the rates for h-s and general suicide in England and Wales because both had dropped between 1969 and 1979.

Marzuk et al. and Nock & Marzuk repeated Coid’s observation of the similarity of the h-s rate in Denmark and Philadelphia in the 1950’s, which was respectively 0.22 and 0.21 per 100,000 despite the fact that h-s cases as a percentage of all homicides was 36 for Denmark and 4 for
Philadelphia. Neither did Nock & Marzuk comment on what the appearance of similarity may have obscured or how things might have changed since the 1950’s.

Marzuk et al. reported that the components of the h-s rate might differ among countries. While filicide-suicide accounted for 6 to 16% of h-s in the USA, it accounted for 40% of the h-s rate in England and Wales, and for 70% of the rate in Japan. They also implied that this phenomenon would sometimes occur while there was no significant difference in the over-all h-s rates of the countries. For England and Wales, they based their conclusions on a study by West (1965), despite several reports that the filicide-suicide rate in England and Wales, especially among mothers, had dropped significantly after the mid 1960’s. Nock & Marzuk repeated the same findings in 1999, despite the fact that Milroy (1995a) had commented explicitly on the outdated nature of the information about England and Wales that was presented by Marzuk et al.

*Comments on Coid, Milroy (1995a), Marzuk et al., and Nock & Marzuk*

Virtually all studies on h-s quote Coid about the alleged similarity (between countries) and stability (over time) of the h-s rates. However, I have not located studies that mention the limitations of Coid’s study. It is particularly remarkable that there are no comments about the fact that given the alleged similarity of the epidemiology of psychiatric disorders the highest h-s rates in Coid’s study are 10 times higher than the lowest.

Coid’s remark about a possible connection between the suicide rate and the h-s rate in England and Wales, based on the simultaneous decline of both during the 1970s, has gone unnoticed in virtually all studies that quote Coid. Milroy (1995a) did not examine the possibility of a
relationship between rates of h-s and regular suicide despite the presence of several known risk factors for suicide in Miami and Dade County. Neither was this possibility raised by Marzuk et al. or Nock & Marzuk, while both these studies suggested that several types of h-s had more affinity with suicide than homicide.

Coid did not elaborate on why the range of rates for abnormal homicide might have been narrower than for h-s other than the comment on “recording practices and volatility of the suicide rate of the general population” (p. 859). Coid’s suggestion that the drop in the h-s rate in England and Wales may have been associated with a drop in the general suicide rate implies the possibility that the phenomenon of mental illness might differ for the perpetrators of abnormal homicide and perpetrators of homicide-suicide. In fact, such differences might explain why the range for rates of abnormal homicides generally is narrower than for h-s. Yet, neither Coid nor Milroy nor Marzuk et al. nor Nock & Marzuk addresses this possibility.

The possibility that the range of abnormal homicide rates is narrower than the range of h-s rates could be attributed to the fact that suicidal behavior may be more subject to rational thinking than abnormal homicide may play an important role in this regard. Behavior that is more subject to rational thinking may be more responsive to external factors. For example, the detoxification of domestic coal gas in England and Wales, which preceded a steep drop in the mfs rate, may have led potential mfs mothers to consider the logistics and consequences of using alternative methods.

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22 The population of Dade County, of which Miami is a part, had tripled in size during the period examined with most of the inflow coming from immigration of Cuban refugees and elderly Americans migrating to Florida. It is no secret that immigration, moving and old age are risk factors for suicide, and h-s tends to be higher among the elderly than among several other age categories.
As a result, many may have discarded their mfs plans altogether, while quite a few of mothers who substituted other methods for gas may have made mfs attempts that were not fatal.

At the same time, it must be acknowledged that the notion of comparing abnormal homicide and h-s rates and the range, within which they move, is rather uncertain and maybe even controversial, if indeed the rates for abnormal homicide doubled during the 1970s in England and Wales. Such a doubling of a phenomenon that allegedly moves in a narrow range is, to say the least, surprising.

The widespread belief that the overall rates of both homicide and suicide were not associated with the rates of h-s, which was only correct for homicide, may have dimmed awareness of the fact that theories about regular suicide could be utilized in finding explanations for h-s rates. In addition, the alleged presence of a narrow range of rates of h-s may have suggested that the forces responsible for the incidence of h-s are of such a universal nature that resisting them is useless. All of this may have discouraged closer examination of the h-s rates and the h-s phenomenon in general.

Discouragement of closer examination of h-s rates may also be associated with the observations by Marzuk et al. and Nock & Marzuk about similar rates between countries for overall h-s accompanied by variations in the rates of the components of h-s. Such observations suggest a certain degree of determinism about core phenomena. The observations by Marzuk et al. and Nock & Marzuk may be related to theories (Verkko, 1967) which hold that suicidal and homicidal urges
overlap to a large extent, and that differences in the homicide and suicide rates tend to balance each other out in ways that depend on external circumstances.  

Selected Samples of Fatal/Fatal\textsuperscript{24} cases using Psychological Autopsy studies

Graser (1992)

In South Africa, Graser (1992) conducted a psychological autopsy study on nine cases of homicide-suicide/familicide that were representative of 90 such cases during the 10-year period from 1979 to 1989. One of the objectives of his study was to approach this subject from the point of view of victimology, i.e. to discover how the victim might have behaved in ways that could have contributed to the murder.

Graser distinguished between murder-suicide, of which there were three cases in his sample, and extended suicide, of which there were six cases. The murder-suicides referred to cases of familicide, where the male killed or attempted to kill the spouse and all the children before committing suicide. The emphasis in these three murder-suicide cases appeared to have been on murder, where the males were triggered by something that made them act in an impulsive and unprepared manner. As a result, many of the intended victims survived. The extended suicide cases were clearly dominated by suicidal motives. The perpetrators had been experiencing serious

\textsuperscript{23} However, elsewhere in this dissertation, several of the observations by Nock & Marzuk (1999), on which the suggestions for the alleged similarities between h-s rates are based, have been shown to be inaccurate, especially the outdated observation about female-perpetrated h-s in England and Wales. (Milroy, 1995a)

\textsuperscript{24} Fatal/fatal cases refer to cases where both the parent’s filicide attempt and his or her suicide attempt were fatal.
problems for a long period, and at some point, these problems became too overwhelming. Of the six extended suicides, two were committed by mothers who used the car exhaust to kill their children and themselves.

The role of process, triggers, prior communication and threats as well as earlier suicide attempts is described by Graser as follows (italics represent bold font in Graser’s study):

If the particular factor persists/deteriorates, it tends to assume progressively larger proportions in the perpetrator’s mind, until it reaches a point beyond his/her tolerance. Often a **trigger event** can be identified — such as an argument, rejection by a spouse, notification of criminal charges, loss of building contract, etc.

In the **murder-suicide** type of family murder, which occurs more spontaneously, the trigger event is usually more clearly perceivable. In the **extended suicide** category, on the other hand, it is usually a matter of a long-term malignant situation — an unhappy marriage, a long-term illness, financial problems, alcoholism, etc. — reaching proportions beyond the perpetrator’s tolerance.

Frequently, particularly in **extended suicide** cases, the proverbial “red light” can be seen flashing for days, or even weeks, prior to the tragedy. In the investigation under discussion, in seven of the nine cases, the perpetrator had previously made suicide threats — in some instances repeatedly. In fact, four of the perpetrators had actually attempted suicide. Three perpetrators had also threatened family murder.

In all but one of the cases where threats of suicide or family murder had been uttered, no preventive action was taken by those who heard the threats. In the one case, the family priest alerted the police but, in the absence of clear guidelines and facilities, he felt at a loss about taking drastic preventive measures. (p.370)

As to the nature and outcome of the attempts, the extended suicides were well prepared and lethal, as all the intended victims died. The extended suicide attempts were also intended to be painless since the victims were killed while they were sleeping. Many of the intended victims of the three attempts at murder-suicide survived because of the apparently impulsive nature of the act,
The reason some of the victims survived these murders and some of the children were not involved, lies in the spontaneous nature of the “murder-suicide” type of family murder. The act is not planned carefully and executed rationally; it occurs in an explosive way — which makes errors more likely. (p. 373)

With respect to the victimology aspects of the study, Graser remarked that, except in one or two cases, he had not found any behaviors by the victims that could have contributed to the killings. Even in these one or two cases, the actions by the victims were not of such a nature that their contribution would meet the criteria of victimology for having helped precipitate the act of h-s.

With respect to precipitating events, Graser reported that these triggers were not clear in cases of extended suicide because they were associated with a “long-term malignant” situation, which the offender at some point no longer could tolerate. Apparently, the triggers in the three cases of murder-suicide were more perceivable according to Graser, and in one or two of these three cases, the triggers may have included behaviors by one or more of the victims that helped precipitate the act. However, even in these one or two murder-suicide cases, there is not a significant presence of “victimology” symptoms, i.e. behaviors by the victim that triggered the offender.

Comment on Graser.

With respect to the precipitating effect of potential victimology symptoms, it appears that this may be a more relevant phenomenon in cases of simple homicide where the offender may not have had a preconceived plan to kill the victim, and where an impulse emanating from the victim precipitated the act of simple homicide. However, in h-s cases, the motivation to make a suicide
attempt appears to be dominant, and to have existed for some time, even to the extent of having an actual plan. The triggers needed to activate the implementation of an h-s plan appear, in some cases, to be associated with excessive fears. Various events might cause these fears to peak. Some of them might be related to the victim, such as the announcement that one will leave the relationship, while other triggering events might be related to financial problems or perceived social rejection.

On a more general level, this study by Graser appears to be the first psychological autopsy study, where the author had not only studied all available documents, but had also interviewed many of those who had known the perpetrators and their families. The interviewees’ remarks about the prior communication by the perpetrators of their intentions, and the lack of adequate reaction by family members makes one curious about the frequency of similar situations, and how often the reaction of family members may have prevented the potential perpetrator from carrying out his or her plans. It also makes one curious about how many mothers are having mfs ideation and plans, how many of them are expressing it, how family members and medical personnel react, and how many mothers are not expressing their ideation or are suffering after expressing it and not receiving an adequate response?

Although Graser reports that the victims cannot be said to have precipitated the murder-suicide event, the fact that concepts of victimology were guiding the research may have led him to involve the environment of the offenders/victims to a much larger degree than had been done in other studies on h-s. The observations by the families of the offenders' behaviors prior to their fatal
h-s attempts, as well as their account of their own contacts with the offenders gave a degree of
depth to Graser's study not seen in many other studies.
Goldney (1977) described four cases of h-s in Australia, two by fathers who killed all the members of the family and themselves, and two by mothers who killed themselves, but not their spouse after having tried to kill all their children, half of whom survived. In his discussion, Goldney approached the cases primarily from a psychiatric point of view, and he made a number of observations:

- Goldney reiterated the important role of depression and the concomitant heightened sensitivity to rejection.

- Goldney noted that the husband of one of the mothers did not notice the abnormality in his wife’s behavior that had been noticed by others. He also commented that in the case of the second mother, the family was aware of the mother’s unusual behavior, but had not taken any steps to get help for her. Goldney further noted that during the hospitalization of this second mother for gastrointestinal problems, which had started after her first homicidal gestures, an opportunity had been missed to bring up her mental problems.

- Goldney makes the following observation about the notion of altruism and the concomitant phenomenon of extended suicide: “The concurrence of any altruistic thoughts with an act as manifestly hostile as murder is an indication of the degree of disturbed thinking possible in psychotic depression.” (p. 226).
• Goldney suggested that persons hospitalized for psychiatric problems, whose relationship with the staff was disturbed, tended to discharge themselves prematurely. They were also the ones who were at greatest risk of committing suicide after the discharge. Goldney (1977) remarks: “inability to form trusting relations with persons traditionally considered caregivers in society may be a sign of some importance” (p. 226)

• Goldney also noticed the immigration aspect and the relative isolation in which these families were living.

• Goldney remarked that in the case of the second mother, a newspaper on the kitchen table was opened on the page where the family murder committed by the first mother only a few days earlier was described. Goldney suggested that this might have played a role: “The reported events may have helped loosen ego control just enough to trigger the tragedy, though it is more parsimonious to consider that she became less in touch with reality due to her presumed mental illness.” (p. 227)

• Goldney remarked that the kind of retrospective discussion that he was engaged in by conducting this study often suggest a clarity that could not have been discerned at the time that events took place. He also reported that many of his ideas were somewhat speculative because little was known about this topic.
Comment on Goldney.

Now, with the aid of quite a few publications that reported on aspects that were only speculative for Goldney in 1977, it is possible to evaluate Goldney’s findings and conclusions from a broader perspective with respect to various types of h-s, especially extended suicide and the concomitant phenomenon of altruism. It is possible to see how Goldney’s understanding of murder followed by suicide was subject to the limitations of the knowledge at the time he published his study, i.e. 1977. By now, some of Goldney’s conclusions and the extent to which he generalized his findings may appear unrealistic.

With respect to the role of the family in the case of the two mothers, Goldney mentioned that the second mother’s family had not sought help for her despite obvious signs of dangerousness. Maybe Goldney did not consider the possibility that the family was unable to recognize that the mother’s earlier homicidal gestures might have been a precursor to a real homicide attempt. In addition, the potential shame and fear as a result of having the mother exposed as mentally ill might have kept the family from seeking help for the mother, or from pressuring her to get help.

In the case of the first mother, Goldney’s report that the husband did not notice the abnormality that had been noticed by others seems to suggest that Goldney may be associating the husband’s behavior with indifference. Indifference may indeed have been a factor. However, the possibility that the mother did not show this kind of abnormal behavior in the presence of the husband was not a consideration mentioned by Goldney. The fact that Goldney also assumed that the disagreement between the two spouses should have alerted the husband to the mother’s
abnormality does not take into account the possibility that disagreements may have been a way of life between these two people. Furthermore, the notion of the emotional numbing of potential perpetrators that in some instances accompanies chronic depression and, according to Baumeister (1990) may precede attempts at regular suicide may have played a role here. The additional notion that the emotional numbing by a potential offender referred to as a deconstructed state might extend itself to significant others, and in this particular case, to the husband, may shed some light on these events. This will be discussed later in more detail.

Goldney’s earlier quoted remark of, “The concurrence of any altruistic thoughts with an act as manifestly hostile as murder is an indication of the degree of disturbed thinking possible in psychotic depression.” (p. 226) brings up several issues.

The first issue is that Goldney implies that psychosis is a necessary condition for altruistic thoughts, with which I disagree, and which will be discussed later.

The second issue refers to the fact that Goldney associates psychotic depression with “an act as manifestly hostile as murder” (p.226). This suggests that the perpetrator is seen by Goldney as primarily committing murder, while according to several authors (Marzuk et al, 1992; Graser, 1992), some of these events are an extended suicide rather than a murder-suicide, where the suicidal person takes along others in the belief that this is the best option for them. This belief has been designated altruistic by some, while others (Harder, 1967; Marneros, 1997) pointed to the syntonic aspects of such an act for the mother who sees killing her child as the best solution for her own problem.
A third issue refers to the phenomenon that psychotic depression is primarily discussed by Goldney in the context of events that have taken place, where the alleged presence of psychosis serves an explanatory purpose and/or helps to explain the lack of a discernible motive. It makes one wonder how to recognize psychotic depression before a violent act, as well as how to identify who might be vulnerable to develop a psychotic depression.

Fourthly, it is not clear how Goldney’s rejection of the notion of altruism is related to the four cases in his study. Goldney also referred to the literature, when making his case against altruism and extended suicide. However, these four cases, and certainly the two mfs cases had only few of the characteristics that by now are usually associated with extended suicide and altruism: thorough preparation, relatively little effect from impulsivity, use of methods for filicide that are perceived as painless, and a lethal outcome for all the intended victims, including the offender.25

25 Nonetheless, Goldney’s study is sometimes regarded as providing support for the position that altruism and extended suicide are misguided concepts with the possible exception of situations characterized by a psychotic depression. The implicit assumption of those quoting Goldney appears to be that the cases in his study were typical of murder followed by suicide, and that Goldney had debunked the concepts of extended suicide and altruism. Apparently, he had done so by demonstrating why extended suicide and altruism did not apply to the four cases in his study, while other authors might have been prone to argue that these concepts would have applied. Nevertheless, Goldney continues to be quoted as before, even though extended suicide and altruism, as they are currently interpreted, would not be regarded as characterizing Goldney’s four cases.
The notion that disturbed relationships with hospital staff and an inability to form trusting relationships with them could be a risk factor for suicide, as well as for murder-suicide deserves further study for its value as a potential risk factor.

Goldney's assessment that the newspaper story about another mother's h-s “may have loosened ego control sufficiently to tip the balance” (p. 227) is interesting, and seems to have considerable face value. What might have happened here is that an act of homicide-suicide may have been unimaginable for the second mother. She probably thought about homicide-suicide considering her homicidal gestures in the weeks preceding the murders. However, the idea that she actually could do this may have been unimaginable for this mother. When she read about the other mother doing it, all of a sudden what had been unimaginable might not have appeared so unimaginable any longer.
Okumura & Kraus (1996) examined the charts of all 12 women, who had been committed to two mental hospitals in Germany between 1954 and 1992 after a nonfatal suicide attempt preceded by a fatal or nonfatal filicide attempt. Four were considered schizophrenic, three were described as suffering from a personality disorder, four were considered to have been suffering from endogenous depression at the time of the filicide, and one person had a so-called psychogenic reaction.

_Psychiatric symptoms of the offenders._ Three of the four schizophrenics were reported to have acted under the influence of delusions and/or hallucinatory commands, and thus could not be considered to have had a motive, according to Okumura & Kraus. The fourth schizophrenic was the only one who reportedly had a motive, which appeared to be of a retaliating nature and directed at the father of the child that was her victim. She was reported to have carried out the filicide attempt in a rather detached manner, and to have used the very violent method of slashing her child’s throat.

Of the three Personality-disordered women, (the specific personality disorder was not mentioned) two were reported to have been addicted to alcohol and/or drugs. All three women as well as the lone psychogenic reaction were said to have acted in reaction to events that happened around them. The mothers were reported to have been in a state of mind where they were aware of motives for their act, which Okumura & Kraus described as egocentric. (The two women that
were both personality-disordered and addicted showed behaviors that suggested to me a combination of DSM-IV Borderline and Anti-social personality disorders. The third personality-disordered mother appeared to suffer from Borderline Personality Disorder, as defined in DSM-IV.

Of the four mothers who had been suffering from endogenous depression at the time of the filicide-suicide attempt, three were reported to have a personality of the “Typus Melancholicus”, of which the characteristics include: performance-oriented, orderly, very responsible, anxious and hypernomic, or overly inclined to follow rules.²⁶

Okumura & Kraus also reported that at least three of the four endogenously depressed mothers were suffering from psychotic identification with the child that they had killed. The issue of psychotic identification receives much attention in their study in the context of their general discussion of extended suicide.

*The concept of extended suicide according to Okumura & Kraus.* Okumura & Kraus point out that in some cases, a mother is so strongly identified with her child or children that one can speak of an extended self that includes, in the mother’s experience, mother and child. When such a mother attempts to kill herself, the children are automatically included because they are part of the extended self. The authors believe that the term extended suicide accurately describes these

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²⁶ These characteristics suggest a combined dependent and obsessive-compulsive personality disorder, as defined in DSM-IV. Later, we will see how Meszaros and Danzinger (2000) diagnosed the five “Typus Melancholicus” mothers in their sample of nine women who had made a nonfatal mfs attempt, as suffering from the ICD-10 “anxious/avoidant” personality disorder, which gave them symptoms of all three personality disorders in cluster C of DSM-IV.
situations. Such mothers experience a sense of psychotic identification with their child or children, according to Okumura & Kraus.

While Okumura & Kraus consider MFS mothers who experience their child as part of the extended self as committing extended suicide because the child as part of the extended self is automatically included in the mother’s suicide, they consider MFS mothers without this sense of extended self as taking their children along rather than as committing extended suicide.

Okumura & Kraus report that the current practice of also applying the label extended suicide to the MFS attempts where the mother does not experience a sense of extended self is not correct, but since it has been adopted so widely, they also use it in their study.

The discussion around extended suicide by Okumura & Kraus also involves the question of whether to consider MFS as an act of altruism. When the act of MFS is truly extended suicide, there is, in the mother’s perception, no other person who is taken along. Therefore, the question of altruism is a moot point in such cases, according to Okumura & Kraus. When the mother does not experience the child as part of her extended self, and she believes that taking the child along in her suicide will save it from future suffering, then it can be said that her MFS represents an act of altruism.

*Extended suicide and Psychotic identification.* As to the psychotic identification in the context of extended suicide, Okumura & Kraus explain how the mother who experiences her child as part of her extended self has been over-identifying with her child for some time, if not from birth.
Such a mother, generally, has a history where she has not developed a genuine or authentic self. As a way of compensation for the lack of an authentic self, she has learned to identify herself with other persons, on whom she has become dependent, if not over-dependent, as well as with social roles that have taken on the role of a pseudo-self for this mother. Any problems or changes in her social roles, or in the relationship with others on whom she depends for a sense of identity, are difficult for this mother. When the changes or problems are too large, she is in danger of succumbing, losing her self-esteem and with it the justification for her existence. It is easy for a mother who is going through this type of an existential crisis to believe that the child or children with whom she has an over-identification have also lost their justification for existence.

Okumura & Kraus speak of the mother’s over-identification with the child as something that has become a defining characteristic of her relationship with her child, and apparently has been present for a long time, while they speak of the mother’s psychotic identification with the child only in the context of the extended suicide by the mother.

Comment on Okumura.

It is not clear to me whether Okumura & Kraus are referring to psychotic identification as an especially severe form of over-identification, which is only seen in the context of extended suicide, or as merely another way of referring to over-identification that is occurring on an ongoing basis, maybe as a symptom of a personality disorder such as Borderline Personality Disorder. If the over-identifying mother indeed is experiencing a form of chronic, low-grade psychotic identification with her child on an ongoing basis, it is important for the clinician to be aware of this, and to identify under what circumstances the psychotic identification might lead to ideation about
extended suicide and behaviors in that direction. If the over-identifying mother were not experiencing a psychotic identification on an ongoing basis, it would be important to identify under what circumstances the over-identification could escalate into a psychotic identification.

In the context of the question when psychotic identification is present, it is interesting that Okumura & Kraus do not refer to any behaviors by the mothers prior to the act of extended suicide that suggest the presence of psychosis. Yet their description of the concept of over-identification at least implies the possibility that psychotic identification is present well before an actual mfs attempt is made. In other words, do Okumura & Kraus make a diagnosis of psychotic identification ex post facto, possibly because the seriousness of the act of mfs is such that they subscribe to the belief held by many clinicians that the mother must have been psychotic or mentally ill to make an mfs attempt? Alternatively, are they suggesting that such a diagnosis can be made beforehand, and might be a warning sign and a reason for a more in-depth evaluation of the mother?

The discussion on psychotic identification leaves two other aspects in need of further clarification. The first one refers to the age of the child. Several authors (Berman, 1996; Resnick, 1969; D'Orban, 1979) take the position that psychotic identification between mother and child, when it does happen, usually occurs during the child's first year, and associate it with the post-partum phase. The age of the children in Okura's study, with whom the mother might have had a psychotic identification varies from zero to nine. It is not clear whether Okumura & Kraus believe that psychotic identification, as it occurs during the post-partum phase, can also occur when the child is several years older than one. Possibly, they are defining psychotic identification in a way
that is similar to the use of concepts such as merger and fusion that are sometimes said to be
present in persons, especially women with Borderline Personality Disorder.

The other aspect concerns the motive. Okumura & Kraus emphasized that three of the four
schizophrenics did not have a motive, or if they had one, it could not have played a role,
presumably because the mothers were in the middle of a psychotic episode.\textsuperscript{27} The personality-
disordered mothers' acts, on the other hand, were based on motives, and the motives were
egocentric ones. Okumura & Kraus do not address the issue of motives for the endogenously
depressed mothers. However, this may be related to the fact that Okumura & Kraus had pointed
out that in true extended suicide there is no room for an altruistic motive because the concept of
extended self precluded the possibility of experiencing the separate existence of another person,
and consequently the opportunity to have an altruistic motive.

The extent to which a mother is thought to have been psychotic at the time of her mfs act,
and especially the extent to which psychotic symptoms were foreseeable, if not detectable, prior to
the mother's fatal or nonfatal mfs attempt, are of central importance in this dissertation because of
the implications for the assessment of mfs ideation and behavior. After learning more about it from
other vantage points, we will return to this issue.

\textsuperscript{27} Even a schizophrenic who is experiencing and acting on a command hallucination can be
said to have a motive. Although such motives are not rational, it might be possible to discern
certain patterns in the hallucinations and connect these with events in the schizophrenic's life.
Meszaros & Fischer-Danzinger (2000)

Meszaros & Fischer-Danzinger (2000) studied nine women who had been hospitalized after a nonfatal, yet serious, suicide attempt following a fatal or nonfatal attempt at the lives of one or more of their children. The psychiatric examination was very thorough using interviews, psychological tests, meetings with family members, and all available medical records. The thoroughness of this examination made it possible to come up with diagnoses, based on ICD-10 that included the presence and nature of any premorbid personality disorders in addition to any psychiatric disorders that may have been present at the time of the act.

Based on their experiences with the women examined and in reference to the existing literature, Meszaros & Fischer-Danzinger identified certain risk factors for extended suicide. They reported that the following types of psychopathology and psychosocial stressors represent an increased risk for maternal filicide-suicide:

- severe depression with psychotic symptoms and/or delusion, paranoid type of schizophrenia, severe personality disorders, personality traits of the Typus melancholicus (hypernomic, orderly, anxious, overly responsible, obedient, and depressed) intoxication in multiple substance abusers, and the additional occurrence of acute stressful events, such as marital and/or financial problems. (p. 9)

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28 In the study, the term “extended suicide” is used many times, including in the title. However, the definition that Meszaros & Danzinger provide of ‘extended suicide’ only applies to six or seven of the nine women. For this reason, the term ‘filicide-suicide’ is used by the authors when they want to refer to the mfs behaviors of all nine women.

29 Instead of acute stressful events, the authors used the word ‘overstrain’, which is their translation of the German word “überspannen” or the Dutch “overspannen”. Use of this term dates back to the days of bow and arrow, where a bow could not always be in ‘ready position’. In current times, the term refers to a state of mind, where someone is no longer in control of himself or herself. It is often used for people, who go on disability because the stress at work has greatly weakened them. It is also often used to describe the state of mind of someone, who commits an act of violence varying from child abuse to filicide. English words that approach its meaning include
Meszaros & Fischer-Danzinger found that all nine women were severely depressed and that six of them had psychotic symptoms, while three did not. With respect to personality disorders, five were diagnosed (ICD-10) "anxious-avoidant" in addition to having a "Typus Melancholicus" type of personality, which was earlier defined as a combination of depression and anxiety, including hypernomy, the overconcern with the adherence to norms. In addition, one mother was diagnosed as paranoid, one as borderline, and one as borderline plus narcissistic, while only one of the nine mothers was diagnosed as not having a personality disorder. Seven had seen psychologists or psychiatrists before their act, and some of them even shortly before. Four had made previous suicide attempts. The five "Typus Melancholicus" mothers reportedly had altruistic and hypernomic motives for killing, as well as a psychotic identification with their victim(s), whereas egocentric motives were dominant in the four cases that did not fit the description of "Typus Melancholicus".

With respect to diagnoses, Meszaros & Fischer-Danzinger observed that cases of extended suicide traditionally were associated with cyclothymia, but more recently also with other psychiatric disorders. In light of the association between cyclothymia and bipolar disorder, it is interesting to observe that most, if not all core symptoms of the Typus Melancholicus (anxiety, depression, hypernomy, fear of rejection, and low self-esteem) appear to play a central role in the recent conceptualizations of a bipolar spectrum. (Perugi & Akiskal, 2002) This will be further addressed in Chapter 7, The Vantage Point of Suicidology.

nervous breakdown or stressed out. Some states of PTSD may accurately describe what in this study has been translated into 'overstrain'
Meszaros & Fischer-Danzinger also stated that mfs attempts where the suicide and/or the filicide attempt were not fatal were clinically similar to the ones where both were fatal. They do not provide support for this from their clinical practice or from studies where both types had been examined and compared with each other or from other sources.

Comments on Meszaros

The study by Meszaros & Fischer-Danzinger has a number of characteristics that distinguish it from many other studies about mfs, i.e. the ICD-10 diagnoses of their nine patients contain diagnoses on what, in DSM-IV terminology, would be called both Axis I and Axis II. In addition, the information on the Typus Melancholicus provides the reader with more psychiatric information than commonly used in case descriptions of extended suicide. This enables the reader to get a better understanding of the mfs phenomenon and its variety. The data provided by Meszaros on the nine mothers will be analyzed to see if there might be an association between the diagnostic, demographic, and clinical picture of the nine mothers, and the nature and outcome of their attempts. Potential implications of such an association for the assessment of mfs ideation will also be discussed.

The alleged similarity between Fatal/fatal and fatal/nonfatal cases according to Meszaros. Meszaros & Fischer-Danzinger had stated that, from a clinical point of view, there is little difference between cases with a fatal suicide attempt after a fatal or nonfatal filicide attempt and cases with a nonfatal outcome of the suicide attempt. This statement for which no support was provided brings up a number of questions that have also been raised as a result of similar statements in other
studies (Nock & Marzuk, 1999). In fact, it appears that there are significant differences between the two types of cases. For instance, Bourget & Gagne (2002) reported that fatal/fatal attempts are usually accompanied by a suicide note, while fatal/nonfatal ones are not, which suggests a degree of impulsivity and lack of planning which caused the attempt to be something else than fatal/fatal. The issue of the alleged similarity between fatal/fatal and fatal/nonfatal cases is of central importance to this dissertation, and will be addressed further in Chapters 6, 7, and 8.

Typus Melancholicus, anxiety and help-seeing behavior. The characteristics of the Typus Melancholicus suggest a key role for anxiety. The description of Typus Melancholicus contains many features of (DSM-IV) dependent and obsessive-compulsive personality disorders. The fact that all five Typus Melancholicus mothers in the Meszaros study had also been diagnosed with the ICD-10 anxious/avoidant personality disorder further highlights the anxiety component. In fact, it appears that these five mothers had a composite of the DSM-IV cluster C (anxiety) personality disorders. In Chapter 7, The Vantage Point of Suicidology, clinical syndromes associated with different diagnostic approaches and classification systems, such as Typus Melancholicus, Bipolar Spectrum, Cyclothymia, Cluster C Personality Disorders, and Client Centered Obsessional Disorder (McDermaid & Winkler, 1955), all of which have been associated with extended suicide and mfs, will be compared and contrasted with each other.

The observations by Meszaros & Fischer-Danzinger that of the nine mothers, five were of the Typus Melancholicus, and that seven had seen a mental health expert before their act, some of them shortly before their act, may be interrelated. There are indications that will be further addressed in Chapters 6, 7, and 8, that the characteristics of the Typus Melancholicus may be
typical of mothers of young children who are in ongoing psychotherapy. If further research confirms this, then it will be especially important for clinicians to learn about risk factors for the presence of mfs ideation among mothers who have personality features described by the Typus Melancholicus. Such risk factors might not be obvious, because people of this personality type often are high functioning. On the other hand, depressed and potentially suicidal mothers of young children (dpsmyc) who do not fit the description of Typus Melancholicus may have pre-attempt behaviors that could make it easier for psychotherapists to identify them as potentially dangerous.

Marneros (1997)

Marneros (1997) describes extended suicide as mainly driven by a fear of damaging the persons that one feels closest to. Marneros refers to the fear of damaging or hurting others as blaptophobia. He distinguishes between extended suicide cases associated with schizophrenia or hallucinatory commands, with which he does not concern himself in this study, and those that are not associated with schizophrenia or hallucinatory commands.

Marneros proposes that for a homicide-suicide to be considered an extended suicide, the following four characteristics must be present:

- The intention to commit suicide must be dominant.
- The perpetrator does not have a negative attitude towards the victim.
- The taking along in death happens without the knowledge or the consent of the victim.
- There is a hypernomic sense of responsibility that is associated with the exceptionally strong relationship between the perpetrator and the victim.
Marneros argues that the term altruistic in connection with extended suicide often is not correct because the motivation to include others in one's suicide is primarily syntonic. The motivation is primarily syntonic because it helps the perpetrator deal with the perceived negative consequences of leaving their children behind without a parent, if he or she were to make a fatal attempt at regular suicide. Marneros argues that use of the term ‘altruistic’ is more justified when the perpetrator kills someone who is clearly suffering and who might welcome death, and subsequently commits suicide to avoid the consequences of being prosecuted for something that was believed to be the right thing to do. In these situations, suicide is a consequence of the murder, and therefore, not extended suicide.

Marneros provides descriptions of three cases of extended suicide where the perpetrators were rescued, two mothers and one husband killing, respectively, their children and his young wife. Both mothers were described in a manner that can best be summarized as perfectionistic.

Marneros describes the process preceding an attempt at extended suicide in such cases, for which he quotes Bien (1984, 1986). Initially, there is a suicidal period, during which the mothers are kept from making a suicide attempt only by the thought that this would be inhuman towards their children. This is followed by a homisuicidal period characterized by a great deal of ambivalence after which at some point, a decision to go ahead with the h-s is made and implemented very quickly, in great rage and not according to a plan. Marneros is not clear about what happens during the homisuicidal period.
The reader is left with the impression that extended suicide, even when not committed by schizophrenics, is associated with a lack of preparation, planning, and premeditation. According to Marneros, there is no real weighing of pro's and con's when the decision is made. Marneros does not clarify whether he bases these conclusions on contributions by Bien (1984, 1986) or on the experience of the perpetrators who became his patients after their fatal filicide and nonfatal suicide attempts.

Comment on Marneros

Marneros based his conclusions on the state of mind of the three offenders at the time of their extended suicide attempt, which he describes as impulsive and full of rage. Considering that all three of them survived their own suicide attempts, there is a possibility that they are only representative of those who attempt extended suicide in a comparable state of mind, i.e. rageful. Marneros does not address the conclusion presented in other studies that much maternal filicide-suicide is premeditated and well prepared or, according to Berman (1996) without rage.

The remarks about the suicidal feelings preceding the homisicidal stage could be very valuable from an assessment point of view. I have not yet located studies that provide information to what extent mfs mothers might be experiencing ideation about regular suicide prior to the mfs attempt. Further research needs to be done in regards to this question.
Explanations based on the Japanese View of Filicide-Suicide (oyako shinju)

Iga (1996)

Iga (1996) described the concept of parent-child suicide (oyako shinju) in terms of the cultural context. The case was that of a Japanese woman who had killed her child, and was rescued before she had been able to kill herself. Iga described how the woman, who had been living in the USA for 14 years with her Japanese husband, after having lived the first 20 years of her life in Japan, was unable to deal with her husband having an affair that might result in a divorce.

First Iga stated that the concept of oyako shinju was still very prevalent in Japan because a mother who is contemplating regular suicide knows that children left behind will experience discrimination and hardship in Japan's society because of the 'extended' stigma of being the child of a mother who committed regular suicide. In addition, there would be the emotional suffering of having lost their mother to suicide. A mother who commits suicide without taking her children along is viewed more negatively than the one who takes her children along. Iga also described the social circumstances that would make divorce a worse alternative for many women than continuing to endure a bad, and often abusive, relationship. Although individual psychopathology is usually a necessary condition for mfs in Japan, as well as in other countries, the social circumstances and the society's attitude towards suicide in general create fewer obstacles than elsewhere in attempting mfs.
Then Iga described why it is often hard for Japanese to adjust to Western society. The idea that one actually would be able to change those aspects of one’s life that cause hardship apparently has not been accepted, and certainly not internalized by many Japanese who live in countries where such ideas are the norm. This led to the increasing isolation in the case Iga described. The mother was not in touch with other Japanese or Americans. She felt too much shame in relationship to the Japanese, and was too unfamiliar with American culture to apply other standards to her own situation.

Comments on Iga. The fact that mfs is so much more prevalent in Japan than elsewhere suggests that the potential for such prevalence might be present elsewhere as well. The actual incidence of serious mfs attempts might depend on external circumstances, such as public ‘approval’ in Japan or availability, like the operational ‘advantages’ of coal gas in England and Wales prior to the mid 1960’s.

Iga’s description of how lack of adjustment to life in the USA, accompanied by a sense of despair due to not meeting the standards of the original culture, describes one particular pathway in which immigration may contribute to mfs. Considering that a disproportionate number of mfs cases are committed by immigrants or children of immigrants in most countries, of which data are available, Iga’s account may explain certain aspects of their situation.

30 In this context, where it appears to be a norm not to challenge existing norms or ideas, Iga also commented on the position of Japanese intellectuals, who see it as their duty to propagate government policies rather than examine the policies in an objective fashion. An example of this will be described in the review of Sakuta (1985) in this subsection.
Bryant (1999)

Bryant (1999) quotes reports about the incidence of 200 to 400 cases of maternal filicide-suicide per year in Japan. Bryant draws attention to the way the traditional parent-child suicide in Japan (oyako shinju) is treated by the courts. Bryant focuses on the beliefs underlying the courts' treatment of oyako shinju:

- Suicide is culturally seen as a possible rational and honorable step.
- To commit suicide, one does not have to be mentally ill, although it is understood that the suicidal mother may be having emotional problems.
- Not taking one's children along would be worse than leaving them alone without a mother, because the society will not care well for them, and the children will be discriminated because of their mother's suicide.
- The concept of merger and fused identity of mother and child is not seen as pathological in Japan and may even have been encouraged. Shame appears to be the central theme.

Sakuta (1985)

Sakuta reports that there are 150 to 200 cases per year of filicide-suicide in Tokyo, after which he presents data of 27 cases where a parent made a fatal or nonfatal suicide attempt in conjunction with a fatal or nonfatal filicide attempt. The study looks like a population study, and, is therefore, almost by definition mainly descriptive. However, Sakuta does not disclose on what basis these cases were selected for his study. It appears that one of the selection criteria was whether the police had information about it. Sakuta does not address to what extent this sample was representative for the population of persons making attempts at filicide-suicide. The manner in which the findings were presented suggests that Sakuta believed that the findings were representative for the situation in Japan.
Comment on Sakuta. It is remarkable that Sakuta's study is widely quoted as being informative and implicitly representative of the situation in Japan while the limitations are not mentioned. The fact that Sakuta did not address the issue of the selection process may be in accordance with a common intellectual attitude in Japan that Iga (1996) had mentioned.

Comment on the Japanese situation in general.

Historically, neonaticide and infanticide without subsequent parental suicide for economic reasons as well as regular suicide appear to have been more prominent in Japan than they may have been elsewhere (Briggs & Cutright, 1994). In other words, when parents did not see a future for a child in their family, there was less hesitation to kill the child than one might expect in Western Europe. In addition, when the parent or parents see less of a future for themselves, there is less hesitation to commit suicide. As a result, it may not be very surprising that extended suicide is regarded with more tolerance in Japan than elsewhere, and is more frequent than it is known to be in other countries.

Studies presenting typologies, theories or other explanations

Berman (1996)

Berman (1996) distinguished four “dyadic death types and their core psychological features” (p. 349). The dyadic death types are erotic aggressive, unrequited love, dependent-protective and symbiotic. Berman's erotic aggressive type has many features that make it similar to spousal h-s of the murderous jealousy variety, as it would be designated by Nock & Marzuk (1999). Cases of extended suicide, where the motive is altruistic, such as many cases of mfs as well as spousal h-s due to declining health would be categorized as dependent-protective by Berman. The
categories of unrequited love and symbiotic are associated with suicide pacts. The core psychological features of the dependent-protective and erotic-aggressive are represented in Table 4.3

<table>
<thead>
<tr>
<th>Type</th>
<th>Erotic-aggressive</th>
<th>Dependent-protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Type</td>
<td>Intimate Adults</td>
<td>Elderly Peer or Parent-Child</td>
</tr>
<tr>
<td></td>
<td>Interchangeable Roles</td>
<td>Caretaker-Dependent Object</td>
</tr>
<tr>
<td></td>
<td>Chronic Love-Hate</td>
<td></td>
</tr>
<tr>
<td>Level of Dependency</td>
<td>One-sided Enmeshed</td>
<td>High Unilateral</td>
</tr>
<tr>
<td></td>
<td>One-sided Ambivalent</td>
<td></td>
</tr>
<tr>
<td>Rage</td>
<td>Intrarelationship hostility</td>
<td>None evident</td>
</tr>
<tr>
<td>Trigger</td>
<td>Victim precipitated. Threat to Separate</td>
<td>Threat to caretaker’s functional ability to protect</td>
</tr>
<tr>
<td>Goal</td>
<td>To preserve relationship</td>
<td>Mercy; To preserve relationship</td>
</tr>
<tr>
<td>Mutuality</td>
<td>Unconscious Collusion</td>
<td>Absent or cooperative decision</td>
</tr>
</tbody>
</table>

Comment on Berman. Berman’s views as put forth in Table 4.3 clearly show the differences between the core psychological features of the erotic-aggressive and dependent-protective types very clearly. It is particularly interesting that in the dependent-protective type, there is no evidence of rage. Many studies implicitly or explicitly assume that there has to be rage. In addition, the remark on the threat to the caretaker’s functional ability to protect in the dependent-protective type is interesting, as Berman implies that it is equally valid for the Elderly Peer and the Parent-Child situation. The manner in which Berman presents the differences between these two

31 Table is partially copied from Table on page 348
categories highlights the importance of not presenting h-s in a manner that encourages one to recognize only one category, i.e. the erotic aggressive type.

Berman (1996) does not include information on a psychotic component in his table, although in the accompanying text, he does refer to it. This suggests that a psychotic component is not a necessary and certainly not a sufficient condition for h-s of the dependent-protective type.

It is particularly relevant what Berman (1996) writes about filicide-suicide.

More common in Japan than in the United States, Oyako-Shinju (parent-child suicide) is motivated primarily by mercy. The parent (usually the mother) assumes that the child will be happier to die with the parent than suffer in a harsh world without parental protection. The cultural view of the child having existence only as an extension of the mother’s body and spirit makes the child’s death almost a necessary and logical extension of the mother’s suicide. Filicide-suicides most commonly involve infants as victims (infanticide), although occasionally older children are slain. Often, however, the dynamics involved with the homicides of older children are more complex and include retaliatory hostility toward the other parent. (p. 345)

This quote illustrates the lack of clarity that is characteristic of many studies on h-s and mfs. First, Berman’s (1996) remark about the cultural view suggests that Berman describes the Japanese view of filicide-suicide. To what extent this view is valid outside of Japan, and especially in the USA is not clear in this study. Second, Berman does not define infant, infanticide, or older children. Considering that infanticide at the time of the publication of Berman’s study generally was defined as the killing of a child younger than one year old, we are led to believe that Berman is reporting that filicide-suicides mainly involve parents, especially mothers, committing suicide after they have killed their child, who is younger than one year. This would be a remarkable conclusion by Berman considering that most research (Nock & Marzuk, 1999) indicates that the parent’s
suicide is rare after the killing of a child younger than one year. Berman’s remark about older children and retaliatory motives is hard to interpret without having information about the age of the victims. In addition, retaliatory motives have been reported to represent only a small minority of filicide-suicide cases (Bourget & Gagne, 2002).

Daly & Wilson (1988)

Daly & Wilson (1988) have developed a theory of human filicide based on evolutionary psychology, which will be described later in this dissertation. They have applied their theory to familicide, which, according to them, is mainly perpetrated by the father. They introduce two terms, accusatory and despondent, to describe the behavior of these fathers. The men who were despondent intended to save their family from a bad future, while the accusatory tended to act more out of anger.

With respect to mfs, they argue that a mother who makes a serious mfs attempt is acting against the principles of evolutionary psychology (especially the drive to survive and procreate), and therefore, must be mentally ill. It is not clear whether the authors are defining mental illness as a psychiatric disorder or as insanity. For instance, Daly and Wilson’s work (1988) is quoted by Cooper & Eaves (1996), as “the insanity hypothesis developed by Daly and Wilson”.

Comment on Daly & Wilson. It can also be argued that the mother who does not consider herself fit enough to survive or to be a parent, and therefore, kills herself is acting in line with the principles of evolutionary psychology. She does not want to burden the species with the kind of
misfit that she considers herself to be. It remains to be seen whether this argument would support Daly and Wilson’s view that mfs mothers are mentally ill.

For purposes of assessment of mfs ideation, the ideas of Daly and Wilson may be of limited value because they do not specify behaviors or characteristics that a clinician could evaluate.

Theories about disturbances of the self that are used in suicidology

Starzomski & Nussbaum (2000)

Starzomski & Nussbaum (2000) argued that current explanations for domestic homicide-suicide, by which he meant spousal h-s, rely too much on socio-demographic features and psychopathology. He proposes to add the explanatory power of a number of theories that deal with disturbances of the self to the current explanatory framework for domestic h-s. Starzomski & Nussbaum describes how a number of self-oriented theories have been applied to help understand simple suicide, whereupon he applies these theories to spousal h-s. Starzomski & Nussbaum points out that it is important to understand why some people's lives are vulnerable to such rapid disintegration that they become capable of making h-s attempts. Understanding this might enable the clinician to recognize a patient's potential for such rapid disintegration, under what circumstances the patient is most vulnerable, and what the signs are of the disintegration actually occurring. In other words, Starzomski & Nussbaum believes that the application of the self-oriented theories with their emphasis on the impact of the interaction between a person and his or her
environment may help us understand why people with similar psychopathology react in different ways to certain external events.

The theories that are discussed by Starzomski & Nussbaum which have been applied to simple suicide include ‘Escape from Self’ (Baumeister, 1990), ‘Self-continuity, including so-called ‘warranting strategies’ (Chandler, 1994), and ‘Evolution of Self’ (Kegan, 1982) as well as several others. These theories will be discussed in more detail in the chapter on the applicability of suicidology. One of the other authors quoted by Starzomski & Nussbaum is Palermo.

*Palermo (1994)*

Palermo (1994) describes how the act of consortial/spousal h-s may have certain features that would justify considering it as extended suicide. The perpetrator first kills his partner because she is part of his (misperceived) extended self.

Terms used by Palermo to describe the slide towards h-s include “realistic emotional bankruptcy”, “perceived social pressures elevating a failed relationship into a generalized personal sense of failure and social shame”, and “feelings of inadequacy, ambivalence, and incompleteness claiming victory”. The word ‘psychosis’ is not used by Palermo. In other words, the mental processes that lead some men towards a path where they start having h-s feelings that they sometimes act on, may be unhealthy but they are not the product of a psychotic or otherwise organically damaged mind. These mental processes can become understandable in the context of the interaction between the h-s male and his environment.
Comment on Starzomski & Nussbaum and Palermo

Starzomski & Nussbaum's emphasis on rapid disintegration and the fact that the background and personality of some people makes them especially vulnerable to such disintegration represent concepts that may have much potential to be applied to cases of mfs behavior as well.

The weight that Palermo attaches to self-oriented and environmental factors relative to individual psychopathology echoes Starzomski & Nussbaum. Therefore, many of the findings of Palermo's study about spousal h-s probably can be applied to mfs for the same reasons that Starzomski & Nussbaum's findings about domestic/spousal h-s could be applied to mfs.