Overview and Introductory Remarks

Suicidology is a field of study, rather than a specific theory, and addresses all aspects of suicidal behavior and ideation. There appears to be an emphasis, however, on preventing fatal attempts rather than on the explanation of nonfatal behaviors or ideation.

Many authors consider most forms of homicide-suicide and especially mfs to be primarily suicide rather than homicide. Yet there has been no systematic effort to use the concepts of suicidology for the study of homicide-suicide, including mfs. Maris, Berman & Silverman (2000) refer to homicide-suicide and mfs as manifestations of suicide in their textbook on suicidology, although they devote less than 1 out of 625 pages to it.

This chapter describes the elements of suicidology that are particularly relevant for the study of mfs and mfs ideation. These elements will be applied to data from my review of the literature on mfs in order to determine to what extent and in what manner suicidology concepts and the findings of studies on simple suicide might contribute to the understanding of mfs. The elements that I will describe are:
• pathways towards suicide and the suicidal process
• prevalence
• ideation
• nature and outcome of the attempt, which includes a discussion of
  o methods used
  o suicide notes and other aspects of communication
  o time, place and opportunity
• demographic aspects
• explanatory approaches
  o the psychiatric approach
  o theories
  o other approaches
• assessment

Pathways and Processes

Maris (1981) argues that suicides do not happen in a vacuum. He speaks of suicidal careers following pathways to suicide. In this context, pathways refer to events in one's childhood that can set in motion certain other events which interact and result in suicidal behavior and ultimately in a fatal suicide attempt or a serious nonfatal attempt.

Runeson, Beskow & Waern (1996) refer to suicidal process as the period that ends with a fatal suicide attempt. They speak of the first communication to others about the possibility of suicide as the start of the process. However, in the same study the authors also speak of the first thought about suicide as the beginning, without referring to the communication of that thought. The
suicidal process, therefore, can be seen as that part of the pathway, where suicidal ideation is present.

In terms of severity, the suicidal process includes ideation, planning, aborted attempts, nonfatal, and fatal attempts. There is a somewhat implicit assumption that there is a sequence from mild ideation to a fatal suicide attempt, although persons may shift from the phase of a non-fatal attempt back to mild ideation.

One component of the simple suicide process that might be particularly relevant for mfs ideation that is missing in most process studies is that of the aborted attempt, defined as having been on the verge of making a serious attempt but having stopped short of actually “doing it” (Barber, Marzuk, Leon & Portera, 1998). As a result, no injuries are incurred. An aborted attempt at simple suicide reportedly happens as often before as after a nonfatal suicide attempt, and is associated with an increased risk of a subsequent serious attempt. Barber et al., therefore, recommend that clinicians inquire about any aborted attempts.

Maris, Berman, & Maltsberger (1992) present a model of suicidal behavior that graphically illustrates aspects of the pathway and the process (see Figure 7.1). This model includes concepts of a suicidal zone, where one is considered being at very high risk, as well as precipitating, predisposing, and protective factors. In addition, attention is given to lifecycle elements. Particularly noteworthy is the possibility of cycling back and forth between various risk categories.

Figure 7.1 Pathways to Suicide (From Maris et al., 1992, p. 668) (See Figure on next page)
Application to Mfs and Mfs Ideation

The concepts of pathways and process appear to apply to mfs and mfs ideation. However, the pathways of mfs mothers might be hidden. For instance, some of the mfs case descriptions contained in the various studies suggest that having young children appears to make certain mothers vulnerable to having some of their own childhood traumas reactivated. Therefore, childhood sexual abuse or abandonment experiences, both of which have been associated with increased suicide risk as an adult, may take on additional significance for mothers with young children. These mothers might fear that their children will be subjected to the same traumas.

As to process, a mother with mfs ideation might have alternating ideas of simple suicide and mfs. Simple suicide may appear problematic to her because it would leave the child alone, while mfs may seem too daunting. A “cry for help” mfs attempt that is not intended to be lethal, as is the case with many “cry for help” attempts at simple suicide (Maris, 1981) appears unlikely because the mother would have to start with the children. Such a mother might be a candidate for aborted attempts at mfs or simple suicide.

The issue of hesitation between simple suicide and mfs has not been specifically addressed with the exception of Marneros (1997). In a German language study, this author speaks of Homizuidal or a homisuicidal period with respect to homicide-suicide in general, where homicidal and suicidal urges appear to alternate or are present simultaneously.

The possibility of vacillation can also be surmised by the fact that at least half of the mothers who made a fatal or nonfatal suicide attempt after a fatal or nonfatal filicide attempt are
reported to have made prior attempts at simple suicide. Some of these simple suicide attempts precede the mfs attempt only by a few months, while other attempts occurred before any children had been born.

In this context, it may be useful to point out that in many mfs cases fears about the children and their future appear to have been the main reason for mfs. This particular aspect is sometimes obscured when studies suggest that an mfs attempt is mainly motivated by the mother’s desire to commit suicide. Such mothers supposedly take their children along because leaving them behind without the protection of their mother would expose them to many risks and make their life miserable. It appears that the mother who is contemplating mfs primarily to protect her children might experience fewer obstacles to acting on her ideas. Alder & Baker (1997) report that such mothers see it as their maternal duty to protect their children from a miserable future. The mother who would primarily act on the basis of a desire to commit suicide and who is contemplating taking her children along may experience more restraints because of guilt about being selfish. These motives may be overlapping and hard to distinguish in many cases. Yet, it may be helpful to consider the distinction for assessment purposes. In addition, many of the case descriptions indicate that the motive to protect children tends to be much more prevalent or, where both motives are present, tends to be much stronger than the motive to take the children along.

In the context of vacillation between simple suicide and mfs, it might be noteworthy that Iga (1996) reports that in Japan a mother who makes an attempt at simple suicide without taking her children along is the object of disapproval, while the mother who does take her children along is seen as deserving of sympathy.
Aborted Mfs Attempts

In regards to aborted mfs attempts, further research is needed to determine what is dominant: a mother’s motivation to protect her children or her intent to commit suicide and take her children along.

The consequences of aborted attempts for the (rest of the) suicidal process in potential mfs mothers also may be worth examining. Aborted attempts may release anxiety and help decrease the severity of the mfs ideation, which would be similar to suggestions about the role of aborted attempts with respect to ideation about simple suicide. Meanwhile the aborted attempts also might bring some mothers closer to an actual attempt because of an approximation effect.

A mother experiencing mfs ideation might be especially hesitant to disclose any aborted attempts. She might fear panic and disapproval from others, including clinicians, which could lead to involuntary hospitalization. Fear of disclosure of aborted attempts might be particularly relevant for a mother who is experiencing social anxiety and rejection sensitivity because, as will be pointed out later, having something to conceal tends to increase the social anxiety (Gilbert, 2001).

The clinician may want to be alert for indirect communication about aborted attempts, such as the expression of ideas about possible future acts of mfs or aborted attempts in the past that are minimized as mere ideation. Further inquiring about such “past” aborted or future attempts when brought up by the mother might clarify much.
Prevalence

The prevalence of suicidal behavior reportedly varies by country, culture, age, gender and other variables. Currently, each year in the USA 11 persons per 100,000 make a fatal attempt at simple suicide. Meanwhile, for every fatal attempt there are reported to be six to eight persons making a nonfatal attempt (Kushner, 1995). Crosby, Cheltenham & Sacks (1999) found that 0.7% of respondents to a telephone survey among the general population had made an attempt during the 12 months prior to the survey, which suggests approximately 60 nonfatal attempts for every fatal one. It has to be kept in mind that the number of nonfatal attempts probably also depends on the definition of nonfatal attempt and on the methodology of the study. Generally, younger persons and women have more nonfatal attempts than the elderly and men.

While the ratio of 100 nonfatal attempts for every fatal attempt usually is associated with teenagers, Crosby, Cheltenham & Sacks (1999) found that 0.7% of those aged 25-34 from a sample of the general population made a nonfatal suicide attempt during the 12 months prior to a telephone interview. The figure for “all ages” was also 0.7%. A figure of 0.7% for nonfatal attempts means that out of 100,000 persons 700 made a nonfatal attempt. With 11 persons per 100,000 making a fatal attempt, we have a ratio of approximately 60 nonfatal attempts among persons aged 25-34 for every fatal one, as was mentioned earlier. This is seven to ten times as high as reported by most other studies. Crosby et al. do not discuss how unusual this particular finding is. Further research is needed with respect to the nature of nonfatal attempts and how questions

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113 The 0.7% figure refers to all persons in the 25-34 age group regardless of gender. Since the differentiation by gender for “all ages” did not show major differences, I assume that the same applies to the 25-34 age group.
about nonfatal attempts are phrased. For instance, it would be important to know whether nonfatal attempts in the study by Crosby et al may have included so-called aborted attempts.

Linehan & Laffaw (1982) report that 33% of patients of an outpatient clinic and 24% of the general population reported to have experienced suicidal ideation during their lifetime. Linehan & Laffaw also report that their findings are similar to those of other studies. There is a possibility that differences between studies in regards to the data on the prevalence of suicidal ideation are associated with the definition of ideation used in the studies. Differences in the definition of ideation are likely to reflect different degrees of severity. Also, older persons by virtue of having lived longer may be more prone to have experienced suicidal ideation during their lifetime than younger persons.

In terms of prevalence of various shades of suicidal ideation during the last 12 months Crosby et al. found that for the entire sample, i.e. “all ages”, 5.6% had experienced ideation, 2.7% had made a specific plan, and 0.7% had made an attempt.

To get a clear picture of the relevance of the data about prevalence of simple suicide behavior for mfs and mfs ideation, additional information is needed, especially about simple suicide behavior in the age bracket most often associated with mfs mothers, 27-35. As indicated earlier, it would be helpful to know the percentage of simple suicide mothers involved in child or substance abuse, as these behaviors are not commonly observed among mfs mothers.
In addition, there are earlier described instances of a strong connection between the overall prevalence of fatal simple suicide attempts by women and the prevalence of mfs cases, where both the filicide and the suicide attempt were fatal (ff cases): the sharp decrease of simple suicide and mfs after detoxification of coal gas in England and Wales as well as the low prevalence of suicide and mfs among black women in the USA. Further research is needed about the precise nature of such links.

Additional research is also needed about a possible link between mfs ideation and simple suicide ideation among women with respect to prevalence as well as other aspects. This will be explored in the next section.

Suicidal Ideation

The following points may be relevant with respect to ideation about simple suicide and its relationship to mfs ideation.

- Ideation forms a part of the suicidal process that extends from the first thoughts about the desirability of death up to a fatal attempt. It can occur before and after nonfatal or aborted suicide attempts.

- The term suicidal ideation includes many shades of severity, from occasional thoughts about the desirability of death to serious contemplation of a suicide attempt. Some studies would include having a serious plan as part of suicidal ideation, while others refer to a plan as a separate stage.

- Generally, the more specific the thought or plan, the more serious it is likely to be. Examples of contents of suicide ideation can be found in instruments such as Beck’s Suicide Ideation Index (Beck, Brown & Steer, 1997; Joiner, 2002)
• Duration of ideation is likely to vary with the length of the suicidal process.  

• Ideation, once engaged in, may develop a momentum of its own (Bonner & Rich, 1988; Joiner, 2002) and lead to more and more serious ideation due to
  
  o Cognitive sensitization, where fewer, weaker, and less specific triggers are sufficient to trigger ideation.

  o The working of the opponent process theory (Joiner, 2002), where the thought of actually committing suicide tends to become associated with calmness, while at first it was more associated with fear and discomfort.

  o Increased isolation after the start of the ideation, which may further increase the ideation. Isolation might be associated with certain symptoms of depression, such as worthlessness, guilt, and rejection sensitivity.

  o Depression may lead to negative life events that may exacerbate the depression, including suicidal ideation, which is one of the possible symptoms of depression.

• Persons with suicidal ideation, especially when they have serious plans of killing themselves, are reported to communicate their intentions, sometimes overtly, sometimes covertly, especially to people in their environment. However, Shea (1999) reports that many patients receiving psychiatric help have problems disclosing the full extent of their suicide ideation, and sometimes even its presence to their clinician. Shea attributes this to shame as well as to fear of hospitalization.

• I have found that etiology of and risk factors for suicidal ideation do not receive much attention in the literature, possibly because they are considered similar to the etiology and risk factors associated with fatal suicide attempts. Nevertheless, there are some studies (McGee, Williams & Nada-Raja, 2001; Rudd, 1990) pointing to certain childhood issues that are associated with a higher likelihood of depression and suicidal ideation. In addition, Rudd (1990) reported that suicidal ideation is associated with depression, while serious fatal or nonfatal suicide attempts are associated with hopelessness.

• The predictive value of suicidal ideation with respect to the danger of a fatal suicide attempt is more closely associated with ideation at its worst point rather than ideation at

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114 According to Runeson, Beskow & Waern (1996), Borderline Personality Disorder and Schizophrenia are associated with a longer suicidal process, which, in addition, may be longer for women than for men. The median duration of the suicidal process in cases of Borderline Personality Disorder, regardless of gender, is reported to be 30 months. Adjustment disorder and Depression were reported to have a shorter duration.
the time of the clinical interview\textsuperscript{115} according to Beck, Brown, Steer, Dahlgzaard, & Grisham (1999)

- Data about the prevalence of suicide ideation often are not broken down by gender. When they are broken down, the differences between genders appear to be minor. However, further research about this issue could provide additional clarification.

\textit{Implications for Mfs and Mfs ideation}

- Considering that apparently most simple suicide attempts have been preceded by ideation and considering that at least half of the mfs cases where the mother made a fatal suicide attempt after killing one or more of her children have been preceded by simple suicide attempts at some point in the mothers' lives\textsuperscript{116}, there is a high likelihood that dpsmyc experiencing mfs ideation may also experience or have been experiencing ideation about simple suicide. Therefore, it is highly likely that simple suicide ideation experienced by a dpsmyc can be considered a necessary condition for mfs ideation.

- Approximately half of the mfs mothers in the various studies exhibited or were reported to exhibit features of the so-called Typus Melancholicus personality profile which was described in chapter 6. This profile appears to be closely associated with rejection sensitivity, atypical depression, and symptoms of social anxiety. A study (Lecrubier, Wittchen, Faravelli, Bobes, Patel & Knapp, 2000) among the general population found that 45% of persons with depression and a comorbid social anxiety disorder, especially of the generalized and early onset kind, had made a nonfatal suicide attempt, while a total of 77% were suffering from suicidal ideation or had done so during their lifetime.

- The likelihood that a mother with mfs ideation might make a nonfatal mfs attempt is probably lower than the likelihood that a person with equally strong ideation about simple suicide might make a nonfatal suicide attempt because in mfs a mother would have to start with the children. She would only do this if she were strongly motivated to start and complete the mfs attempt. As a result, there is a possibility that the mfs mother might be more prone to make an mfs attempt that she subsequently aborts. She might find it difficult to disclose such an attempt.

- If persons contemplating simple suicide have problems disclosing the full extent of their ideation because of shame and fear of hospitalization and stigmatization, then there is a substantial possibility that a dpsmyc experiencing mfs ideation might have even more

\textsuperscript{115} The patient is asked during the interview about suicidal ideation at its worst point.

\textsuperscript{116} There is hardly any information on whether prior simple suicide attempts took place while the dpsmyc was a mother.
severe problems disclosing her ideation\textsuperscript{117}. The presence of aborted attempts would only add to that.

- Based on the above, it appears that the phenomenon of “ideation developing a momentum of its own” due to approximation, cognitive sensitization and the notion of opponent process may be particularly relevant for mfs ideation.

Nature and Outcome of Attempts

Information about the nature and outcome of attempts at simple suicide may provide clues about the degree of motivation and preparedness of the suicidal person, as well as about his or her suicidal ideation. Components of the nature and outcome include suicide notes, communication of intentions prior to the attempt, aspects of opportunity, and last but not least, methods. Issues in the discussion of nature and outcome include the seriousness and lethality of attempts as well as the question of impulsivity vs. rationality.

Before discussing the various components, it may be useful to remind the reader that 70% of all fatal simple suicide attempts represent first attempts (Maris, 1981). This percentage is approximately 50% for women under 45 (Maris, 1981). In addition, 10 to 15% of all those who ever made a nonfatal suicide attempt eventually die of suicide. These data need to be seen in the context of the discussion around seriousness and lethality. Whether a serious attempt is also

\textsuperscript{117} On the other hand, I also believe that there is a possibility that the mother's love for her children might prompt her to seek help and disclose her ideation. Being pulled in two directions, the mother might at one point disclose her ideation or part of it, and at another point, she might minimize whatever ideation she disclosed earlier.
lethal, depends on more than the fact that the person is serious about wanting to die.

Preparedness plays a role as well. The degree of preparation probably is a function of how long one has been serious about wanting to make a suicide attempt. Time allows for preparation as well as reinforcement of the motivation.

**Suicide Notes**

The following information about suicide notes in studies about simple suicide may be relevant in regards to understanding mfs and mfs ideation.

- Between 15 and 35% of fatal simple suicide attempts are reported to have been preceded by a suicide note (Maris, Berman & Silverman, 2000). In regards to the percentage of persons making a fatal suicide attempt leaving a note, Maris et al. refer to the possibility that those finding notes may keep their existence a secret for a variety of reasons such as hostility in the note expressed to surviving family members or the terms of life insurance policies.

- Maris et al. reviewed studies about the question of whether there is a difference in those writing and those not writing a note in terms of age, gender, method or other variables. They concluded that support for the absence of differences was strong, although there appeared to be some support for the possibility that being female, single, choosing a passive method, such as prescription drugs, and deliberately carrying out a preconceived suicide plan are associated with a higher likelihood of a note. Of particular interest to the study of mfs was their comment that Fishbain, D. A., D'Achille, L., Barsky, S., & Aldrich, T. (1984) suggested that there might be a connection between the high percentage of suicide notes in a group of persons whose death was associated with a suicide pact and the premeditated nature of such suicides.

- Very little is known about notes made by those whose suicide attempt was nonfatal. If those whose suicide attempt was nonfatal were less prone to have written a suicide note, one would wonder about the reasons for this. Impulsivity, which often is associated with a nonlethal outcome, may play a role. However, other factors may be involved as well. For instance, those making nonfatal attempts may destroy their note before others can see it, if they have the opportunity to do so. In fact, Brevard, Lester & Yang (1990) referred to a study by Shneidman & Farberow (1961) that notes had been found among 2% of persons...
making nonfatal suicide attempts. Brevard et al. added that it was likely that this estimate probably was affected by efforts by the suicide attempters and others to destroy notes before authorities could see them.

- As to the contents of suicide notes, there often are expressions of guilt and sympathy for the survivors explaining that one could not go on. In a number of cases, there are expressions of hostility towards one or more survivors, often implicitly or explicitly blaming them for leaving the suicidal person no alternative but to kill themselves. The contents of some notes can be rather mundane, e.g. a reminder to pay the electric bill. Most notes appear to be written just before the suicide.

- There are no references in the literature on simple suicide about notes written days or weeks prior to a suicide at a time when one was still contemplating the possibility of suicide and maybe was using the note to achieve some clarity and also to leave those to be left behind with a better understanding of the reasons for the suicide. Such notes, to which I will refer as “standby” notes, have been mentioned in one particular study on homicide-suicide and mfs (LeComte & Fornes, 1998).

**Application to Mfs and Mfs Ideation**

- Bourget & Gagne (2002) report that out of 11 ff118 mfs mothers, 9 left a note. In contrast, out of the four fn mfs mothers, none left a note.

- Alder & Baker (1997) reported that 7 of the 11 mfs mothers (ff+fn119) had indicated in a suicide note or in communications to friends and family before the mfs attempt that filicide would be in the best interest of the children. Both these acts show that there was mfs ideation prior to the attempt.

- Nock & Marzuk (1999) report that there was no suicide note in most homicide-suicide cases. However, most studies that were reviewed in their study had a predominance of spousal homicide-suicide, morbid jealousy variety.

- Lecomte & Fornes (1998) report that approximately half of 56 perpetrators of any type of homicide-suicide (four or five were mfs mothers) had left a suicide note. In addition, they mention that some of these were written between the homicide and the suicide, while some of the other notes appeared to have been written a long time prior to the homicide-

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118 *ff* refers to fatal filicide attempts followed by a fatal suicide attempt, *fn* to fatal filicide attempts followed by a nonfatal suicide attempt.

119 *fn* refers to fatal filicide attempts followed by a nonfatal suicide attempt, *ff* to a fatal filicide attempt followed by a fatal suicide attempt.
suicide act which I referred to earlier as *standby notes*. The authors did not define a *long time*. With respect to these standby notes a number of observations can be made

- Lecomte & Fornes remark that some of the homicide-suicide cases appeared to have been planned some time prior to the attempt, and that the implementation of some of these attempts appear to have been triggered by unexpected events, and therefore, showed certain characteristics of impulsivity. Although there might be a connection between the homicide-suicide attempts that had been planned some time before the attempt and suicide notes written some time prior to the attempt, there is insufficient information in the study to actually make this connection.

- There is some information in the study that suggests that suicide notes, especially the so-called standby notes were particularly prevalent among those killing for altruistic reasons as opposed to morbid jealousy. However, there is no information that clearly demonstrates that the mfs mothers wrote notes, or if they did, that they were the ones writing the “standby” notes.

- It appears noteworthy that so many of the ff mfs mothers wrote a note, while this apparently is much less common among persons involved in fatal simple suicide attempts. Overall, the fact that the extent to which the planning of simple suicide attempts has been associated with a higher degree of note writing seems to confirm that ff mfs cases are well planned. This suggests serious mfs ideation.

**Communication**

Most persons making a fatal suicide attempt reportedly have given clues about their intentions to people in their environment (Maris, Berman & Silverman, 2000) which, due to mechanism of denial and minimization, are often not recognized by those for whom they were intended until it is too late.

With respect to mfs mothers, most of them, regardless of the outcome of their suicide attempt, have communicated about the possibility of an attempt (Alder & Polk, 2001; Bourget & Gagne, 2002). This suggests that there must have been ideation about such an attempt. It also
raises the question of how many dpsmyc mothers with mfs ideation are communicating about their ideation.

Aspects of Opportunity

As to opportunity, Chew & McCleary (1994) suggest in their study “A Life Course Theory of Suicide” that motivation with respect to suicide has dominated the discussion about suicide at the expense of opportunity. They argue that the two key aspects of opportunity, access to methods and the degree of privacy one enjoys vary with the stage of life one happens to be in. In this context, the authors refer to degree of privacy also as the degree to which one is supervised. For instance, the elderly who are living in a nursing home or with their own children can be said to be supervised more closely than when they were still living alone. In the remainder of the section on nature and outcome, we will see that their theory, which was developed for simple suicide, may account for much of mfs behavior. For instance, Harrer & Kofler-Westergren (1986) described cases of mothers who drowned their children in a brook, after which they made a nonfatal attempt to drown themselves. Such cases suggest both a lack of other methods such as a weapon and a lack of opportunity in one’s dwelling.

The issue of a possible relationship between suicidal ideation and opportunity is not addressed in Chew’s study. Such a relationship, if it exists, could suggest that the opportunity to carry out a suicide attempt might get a person thinking about it or thinking about it more.
The Relationship between the Availability of Methods and the Rate of Simple Suicide and Mfs

Clarke & Lester (1989) described how characteristics of methods and the availability of certain means could influence the rate of simple suicide. The availability of firearms is a prime example of this tendency. The availability and characteristics of domestic gas that had not been detoxified also has been described in detail by these authors. The fact that the simple suicide rate by women in England and Wales dropped by approximately 40% after the detoxification of domestic gas and another 20% after the withdrawal of prescription drugs often used for suicide, while the suicide rate for males only showed a minor drop in comparison is significant for the study of mfs for two reasons. First, it strongly suggests a strong connection between simple suicide by females and mfs, which dropped from 12 to 5 cases per year (approximately 60%) in England and Wales. Secondly, it shows the importance of the availability of certain methods for mfs.

What makes these data significant is that the availability of domestic gas apparently had become a necessary condition for many women contemplating simple suicide or mfs. Considering that 55 to 60% of simple suicides by women had been committed with the use of domestic gas prior to its detoxification (McClure, 2000), we can estimate that a 40% drop in the rate of simple suicide by women means that a portion (maybe as much as half) of those who would have made a fatal suicide attempt using gas before its detoxification, had not made an attempt at all or made a nonfatal suicide attempt. The rest apparently substituted another method and made a fatal suicide attempt. Although it is not known how many of the nonfatal suicide attempts were due to problems
with the substituted method or due to the fact that some of the women continued to use coal gas, of which the detoxification had only occurred gradually, it can safely be said that a good portion of those who originally would have made a fatal suicide attempt using coal gas did not substitute another method. These data become particularly salient in light of a study by Brown (1979) who reported that most of the women who used gas for suicide shortly after it had been introduced early in the 20th century had characteristics that suggested that they would not have committed suicide before the introduction of gas. In other words, there was no substitution effect.

The relevance for mfs of Brown's findings about the probable relationship between methods and suicide rates for women is that it appears that whatever characteristics of coal gas that were responsible for the elevated rates of simple suicide by women are also responsible for the rates of mfs.

Specific Aspects of Methods and the Decision to make an Attempt at Mfs

The characteristics of methods described by Clarke & Lester (1989) that people would take into account when contemplating a suicide attempt include but are not limited to

- availability
- ease of operation
- reversibility
- the disfiguring impact of the method
- the chance of being interrupted
- perceived pain.
While there have been various publications explaining a possible link between the detoxification of coal gas and a drop in the rate of simple suicide by women (Brown, 1979; Kreitman, 1976), there has been no such attempt for mfs, although the possibility of a link has been suggested (Allen, 1983; Milroy, 1995b). I believe that a study explaining the reasons for a possible link between the rate of mfs and detoxification of coal gas, might be the single most important contribution to an understanding of the phenomena of mfs and mfs ideation, especially in the context of the covert/overt classification system. It may be helpful to remind the reader that coal gas, and especially toxic coal gas, is no longer available in most countries where it was used by most women making fatal suicide attempts. However, a better understanding of the reasons why coal gas was used so widely for mfs and why its detoxification was followed by such a sharp and lasting drop of 60% in fatal mfs attempts helps to shed light on the relationship between mfs and methods in general.

The covert mfs mother has been described earlier as a high functioning person who will only make an mfs attempt after she has prepared the attempt well and when she believes that she can carry it out in a deliberate manner leading to a fatal outcome for herself and her children. Even more important, it is likely that she will only start the process of preparing for the attempt after a lengthy weighing of alternatives. In addition, perceived painlessness of the method to be used for the filicide has been mentioned as an important factor. Against this background, it is easy to see why domestic gas is so attractive for mothers contemplating mfs.
Painlessness. Coal gas appears to be painless, especially when the mother has made
sure that her children are sleeping, for which she may have used drugs.

Filicide and Suicide Simultaneous. Another feature of coal gas is that the mother can plan
her suicide to occur more or less simultaneously with that of her children.

Reversibility. Perceived reversibility appears to be a special characteristic of coal gas. The
mother can put her children to bed, turn on the gas jets, tape the windows, and put a pillow in the
chimney, while she believes that she can stop the process at any moment, just by opening a
window. She may believe that if she opens the window, her children will wake up the next
morning without any memory of what their mother tried to do to them. Whether that belief is
accurate may not matter, when she makes the attempt.

Rehearsibility. Related to the feature of reversibility is that of rehearsibility. The mother can
turn on the gas jets, when she is home by herself and see how long it takes for her to be affected.
She can experiment with various types of tape. She can even experiment with sleeping drugs on
herself or her children. Rehearsal of attempts may have an approximation effect. Once the mother
realizes what she has to do, and how easy it is, she may be more tempted to make an attempt,
especially when she believes that it is reversible.

120 Because there may be cases where the mother was physically incapacitated to open a
window, even if she wanted to reverse the process, one has to speak of perceived reversibility. In
addition, the gas may change the mother’s state of mind and decision making capabilities in a way
that she may not have expected.

121 There are studies on how persons who had made nonfatal simple suicide using gas may
have suffered lifelong damage due to the effect of the gas.
In addition, the mother can rehearse the attempt, prepare for it, and carry it out, all in the privacy of her home. It has been found that most mfs attempts take place in the home, especially in the children's bedroom. The process of preparation can include figuring out what time would be best, i.e. at what time she would be least likely to be interrupted, and how reversible and concealable the process would be if she were to be interrupted.

Some Other Aspects associated with Coal Gas

The number of children in the household and their age might play less of a restraining role because the mother can be less concerned about what it would take to kill several children or older children, which she would have to take into account with most other methods. For instance, if she were to use a firearm, she would have to kill the children sequentially, while she could do it simultaneously with gas. As long as she believes that her children will not wake up while she is carrying on and will not try to interrupt her, the simplicity of the logistics of an mfs attempt with domestic gas may have served to lower the threshold of making an attempt.

The introduction of domestic gas in the early 20th century had led to the suicides of women who previously would not have made attempts according to Brown, as already pointed out. Brown's study does not discuss the aspect of social class here. It appears likely to me that domestic gas for cooking purposes may have been introduced first in the cities and the homes of the middle class. This opens up vistas of nuclear families without live-in maids or extended family members, which may have encouraged potentially suicidal women to make an attempt. A similar dynamic might
have been at work for the mfs mothers in England and Wales. The number of adults living in the
same household might have been low and, especially in mfs cases, may have been limited to the
mfs mother and her husband.

Finally, there is the fact that the use of gas for suicide was so widespread in England and
Wales that suicide almost may have become synonymous with gassing. Everyone must have
heard of people who had used gas to make a suicide attempt. Those who had survived their
attempt may have recounted how painless it was. All of this may have lowered the threshold for
making suicide and mfs attempts considerably.

It can easily be seen how all of the facilitating aspects of domestic gas may have
encouraged both covert and overt mothers. However, there are no specific data to show that covert
and overt mothers were equally encouraged by the gas and discouraged by its detoxification. Yet
there is some circumstantial evidence that overt mothers, especially those with known prior
symptoms of a thought disorder, might be more prone to substitute another method. If their
decision was made impulsively, they might simply use the first method that would come to mind or,
if an object was used, the object to which access was easiest regardless of the lethality of the
method to be used. According to that logic, overt mothers would use gas for mfs when it was
available, simply because it was so accessible.
Availibility of Methods and the Prevalence of Mfs: Some speculative remarks

It is interesting that the mfs rate in England and Wales dropped to the low end of the range of mfs rates seen in most Western countries, yet remained within this range, while prior to the detoxification it was at the high end of the range. If Coid’s theory that the similarity (between countries) of the epidemiology of psychiatric disorders is responsible for the similarity of overall homicide-suicide rates, is correct, then a next step could consist of showing that the even narrower range for mfs attempts, as shown above, is suggestive of a more specific subset of psychiatric disorders, of which the epidemiology is similar between countries. The fact that the English rate after the detoxification has remained at the low end of the range for at least 25 years, suggests the possibility that the low end of the range might represent a base rate of mfs that is similar in most countries because the epidemiology of psychiatric disorders is believed to be similar in most countries. The “surplus”, i.e. the portion of the mfs rate that is higher than the low end of the range, may be accounted for by factors such as the availability of certain means (coal gas!) or the attitude of society towards mfs, such as the relative tolerance in Japan. At this point, there is not enough information to claim that the concepts of a base rate and a surplus are a valid representation of what is going on, and should be considered as speculative.

Increase in homicide-suicide in Hong Kong due to use of charcoal brigs

What gives the speculative possibilities just suggested more support is that currently in Hong Kong we are seeing a veritable epidemic of homicide-suicide (Lee, Ou, Lam, So & Kam, 2002), including mfs, carried out with charcoal brigs. This method has many of the facilitating
characteristics seen in domestic gas before its detoxification, such as the perceived painlessness. In Hong Kong, the number of homicide-suicide cases is much higher than in the past (Lee et al.) suggesting that the surge in homicide-suicide incidents perpetrated with charcoal brigs is not accompanied by an equivalent decrease of homicide-suicide cases perpetrated with other methods. This suggests a similarity to the situation in the early 20th century in England and Wales, when toxic domestic gas became available. As mentioned earlier, Brown (1979) pointed out that there was no decrease in the use of other methods than domestic gas. The reason for this was that the sort of people that started to use domestic gas for suicide attempts were not known for making suicide attempts.

A comparison with other methods frequently used in Hong Kong for simple suicide and mfs (Cheung, 1986) may throw some light on the recent rise increase of homicide-suicide and mfs in Hong Kong. For instance, one such method, jumping from one of the many high-rise buildings, in which much of the population lives may show why charcoal could represent a much lower threshold for an mfs attempt than jumping. The lower threshold is associated with factors such as reversibility and rehearsability. In addition, another method that often is used for mfs, car

122 The process of one method of suicide being replaced by another method is referred to as substitution or displacement: Brown (1979) referred to the replacement of coal gas as a method for suicide with other methods in England and Wales after the mid 1960's as substitution, while Clarke & Lester (1989) speak of displacement.

123 Because the availability of certain means might play a key role in determining where homicide-suicide and mfs rates can be found in a range of rates, a discussion of the potential interaction between the availability of specific methods and other factors that are relevant in regards to mfs and mfs ideation might be appropriate, as long as one is aware of the speculative nature of some of the possible scenarios. The recent history and current situation in Hong Kong may have certain characteristics that could illustrate some of the dynamics of mfs and mfs ideation. The extent to which “possibilities” in Hong Kong can be generalized to other countries, of course, remains to be seen, and should also at some point be considered.
exhaust, may be less feasible in Hong Kong. Maybe car ownership is less widespread, or the availability of garages attached to the house or the availability of quiet locations on this very densely populated island. In addition, gun ownership is less likely to be widespread.

Therefore, the emergence of charcoal as a prominent method may be due to latent urges that could not be satisfied with previously available methods. Therefore, the recent surge in homicide-suicide and mfs attempts suggests that prior to this surge in attempts, mfs ideation might have been present but was not acted on because of the lack of availability of the “right method”. However, there also might be parents who may not have considered filicide-suicide before the availability of this “easy” method but who are considering it now.

In addition to the easy availability, the amount of attention that has been paid to the rise of this phenomenon in the popular media also may have played a role. The role of attention in the popular media also has been referred to as the contagion effect. This contagion effect has been studied in regards to regular suicide. In regards to mfs, the possibility of such a contagion effect has been mentioned (Goldney, 1977) but has not yet been the object of a study.

Factors such as whether a garage is attached to the house (for those who live in house rather than an apartment building) appear to have a certain significance, and one comes across this factor when reading case descriptions. In the case of a garage being attached to the house, it has been found that most mothers prefer to make an mfs attempt in their own house rather than go elsewhere. The presence of a garage attached to the house meets that particular requirement, and most certainly should be included in an assessment of mfs risk. Similar remarks can be made about other elements of the mfs puzzle.
Time and Place of the Attempt and a Link to Opportunity Aspects

West (1965), who only reported on cases where both the homicide/filicide attempt and the suicide attempt had been fatal, reported that mothers who were suffering from an endogenous depression were more likely to make an attempt early in the morning. He also reported that there are twice as many cases in the summer than there were during the fall. There are some indications that statistics about timing of regular suicide among persons with a similar pathology may show a similar pattern. In addition, weekdays were more “popular” than weekends which is the opposite of fatal child abuse, and Monday and Tuesday were more “popular” than other weekdays. Insofar these data are similar to simple suicide, there may be information in studies about simple suicide that could be applied to the study of mfs. Baumeister (1990) offers, in his escape theory of suicide, a number of suggestions that help explain some of the timing questions in regular suicide as well as in mfs. These will be discussed later in this chapter.

There is also a link with the opportunity aspect. Mfs attempts tend to be carried out in the home, especially when there are no other adults around. Various case studies describe that mothers would carry out their attempt as soon as their spouse had left for work.

There are indications that attempts in the early morning mostly are carried out by coverts and mixed covert-overts, which may be associated with the phenomenon that endogenously depressed persons tend to feel particularly bad in the early morning.

As to place, before the reduction in the size of the household and the number of people living in one house in most countries, most of the time there may have been someone present-
especially adults and older children living in the house- to prevent an mfs attempt in the house. Accounts of mfs attempts while other adults or older children were present often involved persons acting under the influence of an acute psychotic episode. Descriptions of such cases usually, but not always, indicate clear prior symptoms of delusions and/or hallucinations (Goldney, 1977), which points to mothers with an overt profile.

Mothers without an opportunity for mfs in their home may have chosen not to carry out an attempt at mfs or they may have found a location outside of the home. Several case descriptions speak of brooks, in which mothers drown their children and try to drown themselves, although the suicide attempt often is interrupted or not fatal for other reasons.

These observations suggest how important it would be for a clinician to inquire about not just the presence of mfs ideation but also about details involving plans. The details could indicate the severity of the ideation, and also the extent of the potential danger to self and/or others. This would be particularly important in the case of covert mothers. Overt mothers, by virtue of being overt, are known to be at a higher risk for danger to self and/or others.

Concluding Remarks on the Nature and Outcome of Attempts in Simple Suicide and Mfs

The discussion about suicide notes, communication prior to the mfs attempt, many aspects of opportunity and methods used strongly suggests that many of the mfs mothers, regardless of the outcome of their suicide attempt, experienced mfs ideation for some time prior to their mfs attempt.
Demographics

Suicidology contains many references to relationships between demographic factors and suicidal behaviors. For instance, it is well known that women make more nonfatal suicide attempts than men, while men make more fatal suicide attempts than women. The same applies to young people who are known to make nonfatal attempts more often than older people, while older people make fatal attempts more often than younger people. In this context it is important to be aware of the fact that while 70% of all fatal simple suicide attempts represent the first attempt, 10 to 15% of those who ever made a nonfatal suicide attempt will eventually die of suicide. Another well-known relationship is that in the USA, black women have a far lower rate of fatal suicide attempts than Caucasian women.

Marital Status

Married women have lower simple suicide rates than divorced, widowed, or single women (Gove, 1972; Petronis, Samuels, Moscicki, & Anthony, 1990). Studies about mfs vary with respect to the role of marital status. West (1965), Bourget & Gagne (2002) and Haapasalo & Petaejae (1999) report that most mfs mothers were married. At the same time, Alder & Baker (1997) report that 8 out of 11 mfs mothers (including both mothers who made a fatal suicide attempt and those who made a nonfatal suicide attempt) were divorced or separated from the father of their children, while the three married mothers were in very bad marriages.

Being married can become a risk factor for mfs, when it is experienced by the mother as contributing to her hopelessness, and when the mother’s beliefs about the children’s future
preclude a role for the father, e.g. because she thinks he will abuse them. Therefore, clinicians should not automatically assume that being married and a parent of young children are always protective factors.

There is no specific information about how being married and a parent might affect mfs ideation. However, certain components of mfs ideation can easily be surmised such as the just mentioned fears that mfs is the only way to prevent one’s children from being abused by their father.

Parenthood and Number of Children

Veevers (1973) found that motherhood is associated with a lower suicide rate. Hoyer & Lund (1993) report that the suicide rate of parents drops with each additional child. Women reportedly have a lower suicide rate when they have children under the age of two.

With respect to mfs and the number of children, it must be remarked that even without knowledge of this particular statistic many clinicians associate the presence of young children with an extremely low danger of a serious attempt at simple suicide. As a result, their evaluations of their female clients’ suicidality may be less thorough, and even when suicidal ideation or plans are found, they may not be considered as serious possibilities because of the presence of children. This line of thinking probably does not take into account the possibility of mfs ideation.

Appleby (1996) reported that while women with young children have a lower suicide rate, this does not hold true for women who were experiencing postnatal depression. In addition, he
reported that 5% of the women who made a fatal suicide attempt during the first year after giving birth due to reasons of postpartum depression also killed their child. Appleby does not provide additional information on whether the child killed was the first child or, in case there were more children, the mother killed or tried to kill these too.

**Social Class**

The role of social class is somewhat controversial. Overall, data apparently do not show a link between social class and fatal suicide attempts. Meanwhile, it might be possible that the various social classes exhibit different patterns with respect to suicidal behavior that may “even out” and result in an overall picture of similarity.

In this context, it is particularly noteworthy to remind the reader that several studies found a significant link between child abuse and (nonfatal) suicide attempts (Hawton & Roberts, 1981; Hawton, Roberts & Goodwin, 1985; Roberts & Hawton, 1980). In light of the fact that child abuse and low income also have been associated with each other, we see a potential connection between low income and nonfatal suicide attempts. To what extent this carries over into fatal suicide attempts is something I have not been able to ascertain so far. However, on the basis of the low prevalence of completed suicides and the high prevalence of child abuse, only a fraction of suicide attempts by child abusing mothers needs to be fatal to have a substantial impact on the rate of completed suicides. In addition, it is important to remember that child abuse and particularly fatal child abuse are associated with children under the age of three and women whose

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demographic profile differs in many respects from the “typical” mfs mother (Alder & Polk, 2001; Bourget & Gagne, 2002).

With respect to social class, a notion that there is no relationship between social class and simple suicide may divert attention from women who because of their middle class background and expectations, such as many of Typus Melancholicus women, might be particularly tense about whether they are perceived as meeting the middle class expectations of persons in their environment. As a result, they may at the same time experience serious suicidal ideation and also intend to hide their suicidal thoughts.

**Employment**

Employment is said to increase suicide rates among married women because of the demand on their time in addition to their duties as wife and mother (Davis, 1981). Yet, it has also been regarded as helping to decrease female suicide rates because employment may represent a stimulating connection with the word outside of the nuclear family (Johnson, 1979). It appears that women who have to work full time to provide for their family's needs are at a higher risk than women for whom work is a choice, especially when they do not work full time. This pattern may differ among countries depending on their social safety net.

The potential relevance for mfs is that some case descriptions refer to mfs mothers who gave up successful careers and became stay-at-home mothers. None of the studies containing these cases remarked on this phenomenon in their findings.
Explanatory approaches

Suicidology is primarily focused on predicting the possibility of a fatal suicide attempt, and secondarily on the possibility of nonfatal attempts involving injuries. Less ideation is given to ideation. When there is attention for ideation, it usually is as a precursor of suicide attempts, and only rarely, if at all, as a source of suffering.

I will first discuss the psychiatric approach, which addresses possible links between specific diagnoses and suicidal behavior, and then various other theories and approaches, such as the escape theory of suicide (Baumeister, 1990) and the notion of depression due to arrested flight (Gilbert, 1998).

Psychiatric approach

Introductory Remarks

Mental illness is said to be present in 90% of persons who make a fatal suicide attempt (Moscicki, 1995). Currently, mental illness in the context of a fatal suicide attempt is generally defined as one or more psychiatric disorders that can include one of the thought disorders. However, there is no longer an implied assumption that mental illness in cases of suicide refers to insanity and one of the thought disorders. In cases of mfs, this implied assumption remained

Some explanatory approaches are labeled theories; others are referred to only as approaches. The difference is not always clear.
prevalent for a longer period than in cases of simple suicide and to some extent there are important vestiges of it. On the other hand, Meyer & Oberman (2001) remarked that mental illness defined as the presence of a DSM-IV psychiatric disorder is meaningless in explaining maternal filicide and mfs because approximately 30% of the general population has suffered from one or more psychiatric disorders during their lifetime.

With respect to the psychiatric approach, it is worth noting that Coid (1983) attributed the similarity of homicide-suicide rates between countries and over time to the fact that the epidemiology of psychiatric illness was also similar between countries and over time. The fact that studies of the last 15 years have demonstrated an even more pronounced similarity between countries with respect to the rates of maternal filicide followed by fatal or nonfatal suicide attempts suggests the possibility that the epidemiology of psychiatric illness in cases of mfs might be even more pronounced than it is for overall homicide-suicide.

While this dissertation primarily deals with mfs and mfs ideation of depressed and potentially suicidal mothers of young children (dpsmyc) who are in outpatient, ongoing psychotherapy, it may be useful to consider possible scenarios for maternal filicide and mfs, where a psychiatric disorder does not play a role. However, the issue of to what extent mothers making attempts at filicide or mfs due to thoughts about impending disaster that are based on reality is not well researched. Harder (1967) remarks that maternal filicide did not occur with an unusual frequency in concentration camps. Harder saw this as proof that the notion of altruism as an explanation for filicidal behavior was not correct. However, Harder did not provide support for this statement.
There is anecdotal evidence of Jewish refugees in the Netherlands who committed familicide upon the Nazi-invasion of the Netherlands in May of 1940. There is also anecdotal evidence of many women in the eastern part of Germany who committed suicide when the Russian forces were approaching. Fear of rape and torture are mentioned as motivating factors. It is quite possible that some of these women included one or more of their children in their attempt or considered doing so.

The possibility that a realistic fear of impending disaster may lead to suicidal and mfs behavior emphasizes the potential role of a sense of a foreshortened future. It is not hard to imagine how a sense of a foreshortened future that is associated with fear of an impending disaster that is not based on reality may have the same effect. In addition, the question to what extent fear of an impending disaster is indeed based on reality may be difficult to answer in many situations.

The current discussion about the psychiatric approach focuses on the extent to which existing knowledge about a relationship between psychiatric disorders and mfs can be enhanced by applying concepts and findings from the study of simple suicide, suicidology. Understanding the relationship between psychiatric disorders and simple suicidal behaviors and ideation might help to better understand mfs. More specifically, it might help the clinician to know what risk factors he or she should be looking for.

**Existing knowledge about a relationship between psychiatric disorders and mfs**

Meszaros & Fisher-Danzinger (2000) summarize the existing knowledge about a relationship between psychiatric disorders and mfs by reporting that the main risk factors are:
• severe depression with psychotic symptoms and/or delusion,
• paranoid type of schizophrenia,
• severe personality disorders,
• personality traits of the Typus melancholicus (hypernomic\textsuperscript{126}, 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 (Meszaros & Fisher-Danzinger, 2000, p. 9).

As stated before, this dissertation is primarily about mothers with a Typus Melancholicus personality. All of the five mothers with a Typus Melancholicus personality in the study by Meszaros & Fisher-Danzinger were reported to be suffering from severe depression with psychotic symptoms and/or delusions, as well as with anxious-avoidant personality disorder (ICD-10) but not from other personality disorders.\textsuperscript{127} They also were overwhelmed by stressors (overstrain). Meanwhile none of the five Typus Melancholicus mothers were reported to be suffering from paranoid schizophrenia or intoxication in multiple substances. In terms of symptoms of Typus Melancholicus, Okumura & Kraus (1996) also spoke of performance oriented.

In addition, as described earlier, the person with a Typus Melancholicus personality style often has a poorly defined sense of self and, as a result, easily (over)identifies with others and with social roles (Okumura & Kraus, 1996). Okumura & Kraus describe how mothers who easily (over)identify with others might be prone to experience a psychotic identification with the child or children which they are about to take along in a suicide attempt.

\textsuperscript{126} Hypernomic refers to a tendency to be overly inclined to follow rules.

\textsuperscript{127} The four mothers that did not have a Typus Melancholicus personality were also diagnosed with depression with psychotic symptoms. However, instead of avoidant-anxious personality disorder they had paranoid, borderline, or combined borderline/narcissistic personality disorders.
I will describe those disorders and comorbidities between disorders that I believe are most relevant for the understanding of mfs behavior among dpsmyc with a Typus Melancholicus personality style.

Depression

In a review of the literature Tanney (2000) reports that most studies find that mood disorders, often in comorbidity with other disorders, play a major role in suicidal behavior. In the same review of the literature, Tanney also observes that a comparative analysis of studies on the relationship between suicide and depression “clearly indicates that completed suicide is much more significantly linked to unipolar disorder [than bipolar disorder]” (Tanney, 2000, p. 325). In addition, Tanney reports: “For suicidal acts that are nonfatal, persons with unipolar and bipolar depressions appear equally involved” (p. 325), for which he refers to Lester (1993).

In regards to mfs, depression is considered virtually a necessary condition for a mother making a fatal or nonfatal suicide attempt after having killed one or more of her children (Bourget & Gagne, 2002; Haapasalo & Petaejae, 1999; Meszaros & Fisher-Danzinger, 2000; West, 1965). There is not enough information about the question whether mfs mothers suffer more often from unipolar than bipolar information.

Most studies report that many aspects of suicidal behavior among persons with depression depend on comorbid disorders, which will be discussed shortly in this chapter. This discussion will
also address the role of some specifiers of depression: atypical, melancholic, and psychotic features.

The role of Anxiety

Fawcett, Clark & Busch (1993) found that among depressed patients who had made fatal suicide attempts those who made a fatal attempt within a year after their first evaluation (the short-term group) showed more symptoms of anxiety than depression. Those who made a fatal suicide attempt more than 12 months after their first evaluation (the long-term group) showed more symptoms of depression than anxiety.

Comparison of the two groups of suicide cases (short-term and long-term) revealed certain characteristic patterns of symptoms. The primary signs and symptoms significantly associated with short-term suicide were panic attacks, severe psychic anxiety, impairment of concentration, psychomotor agitation, global insomnia, moderate alcohol abuse, and severe anhedonia. The signs and symptoms significantly associated with long-term suicide are a striking contrast. For example, more than 60% of patients who died by suicide early in the follow-up period had suffered from panic attacks at the time of enrollment in the study, whereas fewer than 20% of those whose suicide occurred more than a year after their enrollment had had panic attacks.

The spectrum of symptoms related to anxiety—severe psychic anxiety, panic attacks, and overuse of alcohol—could be interpreted as an index of severity of depression or as features of a variant of depression characterized by extreme anxiety and agitation.

The symptoms all related to a state of anxious agitation or ‘psychic pain,’ based on a six-point rating scale of SADS [Schedule for Affective Disorders and Schizophrenia] items characterized by worry and fear of impending disaster that was not grounded in fact (Fawcett et al.1993, p. 247-248).

The characteristics discussed by Fawcett et al. are noteworthy, especially those associated with persons who made a fatal suicide attempt within a year of having been evaluated...
for the fact that more attention is paid to anxiety than in most studies on simple suicide. In addition, this study is one of several studies that show a relationship between suicidality and the presence of comorbid anxiety and depression. The authors also address temporal aspects.

Fawcett et al. mention fear of impending disaster that is not grounded in reality but they do not further elaborate on it. This particular fear may suggest a similarity to the notion of a sense of foreshortened future, one of the symptoms of PTSD as well as to the depression specifier *psychotic features*.

The role of moderate alcohol abuse mentioned in this study, where there was only mild use beforehand (personal communication)\(^\text{128}\) may represent an effort to deal with depression as well as anxiety. The increase from mild social drinking to moderate abuse which only happened during the twelve months prior to the fatal suicide attempt could easily be overlooked in studies dealing with a relationship between alcohol abuse and suicidality, as these studies generally deal with alcohol abuse that has been severe and chronic. The mentioning of alcohol abuse by Fawcett et al. in connection with anxiety and depression suggests the possibility of other behaviors that could serve the same purpose such as resuming smoking after a number of years of not smoking. Further research might confirm such behaviors which could represent additional warning signs to clinicians.

In terms of the relevance of the study of Fawcett et al. for mfs, Haapasalo & Petaejae (1999) report that 15 out of 33 filicidal mothers had anxiety symptoms prior to the filicide which

\(^\text{128}\) Dr. Fawcett was one of the speakers during a conference on 11/22/2003 about suicide prevention.
consisted of “fear of death, fear of harming the child, overconcern for the child’s health, phobias, nervousness, and tension” (Haapasalo & Petaejae, 1999, p.226). Close examination of the data (see Chapter 5) suggests that most of the 13 mothers who made a nonfatal suicide attempt after the filicide\textsuperscript{129} may have been among the 15 mothers with anxiety symptoms. It is also noteworthy that 27 of the 33 mothers were reported to have been suffering from depression prior to the filicide, thereby providing additional support to the comorbidity of anxiety and depression reported by Fawcett et al.

Expanding from the findings by Fawcett et al. about anxiety associated with fears of an impending disaster it is noteworthy that virtually all studies dealing with mfs report that many of the mfs mothers were fearing an imminent disaster that would threaten the well-being and the future of their children and themselves.

The other symptoms of Fawcett’s short-term group, moderate alcohol abuse, global insomnia, severe anhedonia, and particularly the combination of depression and extreme anxiety also correspond with the contents of many of the descriptions of mfs cases.

Finally, considering that mfs mothers with a Typus Melancholicus personality style generally are most at risk for making an mfs attempt during a limited period of two to four years, they may be more similar to the short-term than to the long-term group.\textsuperscript{130}

\textsuperscript{129} Mothers with a fatal suicide attempt were not included in the study.

\textsuperscript{130} The limited period of vulnerability to acting on mfs ideation may be due to a combination of the age bracket of most mfs mothers (27-35) and the age of their children, especially the oldest child, as discussed in the section on Demographics.
Anxiety: Social Anxiety and Rejections Sensitivity

In terms of a relationship between specific anxiety disorders and simple suicide that could help explain the symptoms found in mfs, social anxiety appears to be prominent. Wittchen & Fehm (2001) report that 7% (4.9% for males and 9.4% for females) of the general population is suffering from social anxiety disorder. Meanwhile, Furmark, Tillfors, Stattin, Ekselius & Fredrikson (2000) found that 2% of the general population is suffering from a generalized social anxiety, which is the most severe subtype of social anxiety and usually is marked by early onset as well as comorbidity with depression. In fact, Angst, Gamma, Sellaro, Zhang & Merikangas (2002) report that atypical depression is strongly comorbid with a number of disorders, including social anxiety. Atypical depression is known for rejection sensitivity and reactivity of moods. According to Alpert et al. (1997) persons with social anxiety disorder, especially when the social anxiety is of the general type and marked by early onset, usually are also suffering from Avoidant Personality Disorder, in which rejection sensitivity is one of the defining characteristics.

In terms of suicidal behavior and ideation, 45% of those with the severe form of social anxiety disorder reported to have made one or more suicide attempts, while 77% have suicidal ideation or had it during their lifetime (Lecrubier, Wittchen, Faravelli, Bobes, Patel & Knapp, 2000). These data suggest the possibility that many persons found to be suffering from rejection

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131 While almost all persons with social anxiety also meet criteria for Avoidant Personality Disorder, only 40% of those with Avoidant Personality Disorder meet criteria for social anxiety disorder. This comorbidity also draws attention to recent proposals that speak of a social anxiety spectrum (Schneier, Blanco, Antia, & Liebowitz, 2002).
sensitivity might be diagnosed with social anxiety disorder, and that a high prevalence of suicidal ideation also applies to them. In other words, a person with rejection sensitivity who perceives being rejected by those whose approval he or she craves might become more vulnerable to ideation about simple suicide.

The relevance for mfs is that rejection sensitivity is likely to be prominent among mothers with a Typus Melancholicus personality style in light of the presence of symptoms such as performance orientation, hypernomy, and obedience. Furthermore, the fact that the mfs mothers diagnosed by Meszaros & Fisher-Danzinger (2000) as having a Typus Melancholicus style also were diagnosed as having an ICD-10 Avoidant-Anxious Personality Disorder may be an additional indicator of the likelihood of the presence of rejection sensitivity.

Rejection sensitivity may lead to over-identifying and merger behaviors (Okumura & Kraus, 1996) which often are associated with Borderline Personality Disorder and Dependent Personality Disorder. As discussed in Chapter 4 of this dissertation, Okumura & Kraus argue that some mothers exhibiting these behaviors were probably suffering from a form of psychotic identification, when the object of the merger behavior was their child. In terms of relevance for mfs, the mother who is vulnerable to rejection sensitivity might fear that her child or children are being or will be rejected by their peers just as she was rejected in her own childhood, a phenomenon which I have earlier (Chapter 6) referred to as extended rejection sensitivity. The mother’s rejection sensitivity would be especially dangerous, if the mother attributes the perceived rejection of herself and her children to her own personality deficits rather than to more external factors, such as race, religion, or social class.
Considering that most persons diagnosed with social anxiety disorder have comorbid Avoidant Personality Disorder (Alpert et al., 1997), it is important to point out that Millon (1996) stated that fantasy is the defense mechanism most often used by persons diagnosed with Avoidant Personality Disorder. In terms of suicidal behavior and ideation, it is important to explore the fantasy, especially in light of what might happen when the fantasy crashes.

Having fantasies usually implies “positive” events, and often seems to contain themes of rescue. Some suicidal patients may have positive thoughts attached to their ideation such as getting rid of pain, worry, shame, intolerable affect states, the misery of life, as well as the fantasy of peace or union after the end of life. It could be argued that these thoughts could be considered as fantasies. However, I see a distinction between thoughts about what will happen as a result of one’s death and thoughts about how changes in one’s current life will come to one’s rescue.

At the same time, the very notion of fantasies also reminds us of the possibility of fantasies about negative events, although fantasies about negative events are not considered a defense mechanism as fantasies about positive events are. The phenomenon of doomsday fantasies may emerge as a risk factor and as a component of suicidal ideation, or at least one of the thoughts occupying the mind of the person experiencing suicidal ideation.

A study by Ollendick & Hirshfeld-Becker (2002) illustrates why social anxiety might play such an important role in simple suicide and in mfs. Ollendick & Hirshfeld-Becker discuss genetic, environmental, and cognitive aspects of the etiology of social anxiety.
Environmental aspects refer mainly to parental contributions that include modeling insecurity and avoidance behavior, exposing children to depression, and an inordinate focus on opinion of others.

In regards to the cognitive aspects, Ollendick & Hirshfeld-Becker discuss the tendency of a person with social anxiety to suffer from selective attention to negatives, as well as potential and future negatives. In addition to focusing one's attention on an overly limited selection of events, there may be a tendency to not observe those events accurately thereby compounding the problem of the limited selection. Finally, Ollendick & Hirshfeld-Becker recount how most adults suffering from Social Anxiety Disorder cannot remember a time in their life that they were free from social anxiety. Although this observation may be associated with a selective and state dependent memory, it may have an impact on the person's hope of improvement.

The remarks by Ollendick & Hirshfeld-Becker about the etiology and contents of social anxiety are particularly relevant for mfs and mfs ideation. It is easy to imagine how selective attention to sources of rejection and inaccurate observations of being rejected can generalize to the potential sources of rejection of one's children by their peers as well as inaccurate perceptions of such rejection actually occurring while, in fact, it may not be occurring. Once a mother starts to generalize and projects her own social anxiety onto her children, she may also fear that her children will never be free of social anxiety for the rest of their lives. Her own (perceived) inability to do something about her children's current and future suffering may lead to self-blame. When social
anxiety is comorbid with depression, and especially with melancholic features, the possibility of pathological guilt emerges.

With respect to the mother's perception of her own role, it is also relevant to take into account the remarks by Ollendick & Hirshfeld-Becker about the parents' role in the etiology of Social Anxiety Disorder in their children. Their remarks included modeling insecurity and avoidance behavior, exposing the children to parental depressions and the parent's inability to arrange playmates and play dates for their children as well as the parents' inability to supervise their children's play with their peers. Ollendick & Hirshfeld-Becker's remarks take on a special meaning when these parental deficits are recognized by a mother who is socially anxious, although Ollendick & Hirshfeld-Becker did not discuss that particular possibility. The mother's tendency to blame herself for the perceived rejection of her children by their peers, based on projection, selective attention, and possibly inaccurate observation, will be reinforced when she recognizes these specific deficits in herself. Considering that 77% of persons with generalized social anxiety suffer from suicidal ideation (Lecrubier, Wittchen, Faravelli, Bobes, Patel & Knapp, 2000), the suffering the mother envisions for her children, and the degree to which she blames and sees herself incapable of improving their situation, it can be imagined that mfs ideation may start to intrude into this mother's thinking.

Gilbert (2001) reports that persons with eating disorders who are also diagnosed with social anxiety suffer more when they are concealing their eating disorder. This may also be relevant for the mother experiencing mfs ideation and even more for the mother who may have made unreported nonfatal mfs or aborted attempts. Not disclosing this mfs ideation and behavior,
therefore, may exacerbate the mother’s social anxiety, and her fears of what could happen to her, if her ideation and behavior became known. In addition, concealment may play a more general and broader role, and, as a result, add to the mother’s fear of being rejected.\footnote{132}

Anxiety: PTSD

As to a relationship between suicidal behavior and other anxiety disorders, PTSD has been reported (Kotler, Iancu, Efroni, & Amir, 2001) to represent a risk factor for suicidal behavior. In terms of relevance for mfs, certain known etiological factors for PTSD such as childhood abuse are also found in the histories of mfs mothers (Haapasalo & Petaejae, 1999; Okumura & Kraus, 1996; Resnick, 1969). In addition, the similarity between the PTSD symptom of a foreshortened sense of future and the fear of an impending disaster that is not based on reality reported by Fawcett et al. (1993) is noteworthy. Further research is needed to determine to what extent the presence of other PTSD symptoms is associated with mfs ideation or behavior. For instance, it would be interesting to explore to what extent the PTSD symptom of avoidance behavior is seen in mfs mothers.

\footnote{132 The socially anxious mother might be concealing much of what she believes could hurt her, if it became known. A person suffering from rejection sensitivity who easily merges with others in order to have some sense of security and subsequently feels hurt and abandoned when the reality does not live up to the fantasy may engage in behaviors that she is ashamed of after the episode of merger is over and the dominant experience is that of abandonment. The fear of exposure of such behaviors may be a particularly heavy burden for the person suffering from rejection sensitivity, especially when not protected by the fog of a new merger experience.}
Personality Disorders

The personality disorders that appear to be most prominent among the mfs mothers with a Typus Melancholicus personality style are Avoidant, Borderline, and Dependent Personality Disorders. In terms of a link between these personality disorders and suicidology, Avoidant Personality Disorder has already been discussed in the context of social anxiety which is highly comorbid with Avoidant Personality Disorder.

Borderline Personality Disorder, which is characterized by identity issues (DSM IV TR), has been associated extensively with both parasuicidal behavior and fatal suicide attempts. Linehan (1993) found that studies describing women with parasuicidal behaviors showed symptoms that were strikingly similar to those in studies describing women with Borderline Personality Disorder. As a result, she concluded that the two types of studies may have been discussing the same patients. Linehan also reports that while Borderline Personality Disorder is primarily associated with parasuicidal behaviors, i.e. nonfatal attempts and serious ideation, approximately 9% make fatal suicide attempts, ““Nor is the suicidal behavior of borderline patients always nonfatal. Estimates of suicide rates among BPD [Borderline Personality Disorder] patients vary, but tend to be about 9%.” (Linehan, 1993, p. 4)

Borderline Personality Disorder also is the only personality disorder where suicidal ideation is listed as one of the possible symptoms. Paris (2002) believes that Borderline Personality Disorder women are mainly engaged in parasuicidal behaviors in their 20’s, while they are at

\[133\] Antisocial Personality Disorder has been associated with maternal filicide and also with maternal suicide attempts (Meyer & Oberman, 2001). However, it has not been associated with mfs mothers with a Typus Melancholicus personality style.
higher risk of a fatal suicide attempt in their 30’s. By then, they have lost hope in potential solutions such as those offered by engaging in psychotherapy. This could cause hopelessness, considered a key factor in suicide attempts. In the context of the observations by Paris about the age of 30+ as a risk factor, it may be noteworthy that the age range of mfs mothers with a Typus Melancholicus personality is 27-35. It may also be noteworthy that childhood abuse, especially sexual abuse, often is associated with PTSD and Borderline Personality Disorder. (Herman, Perry & Van der Kolk, 1989; Van der Kolk, Perry & Herman, 1991; Zanarini, 2000; Zanarini, Yong, Frankenburg, Hennen, Reich, Marino, & Vujanovic, 2002).

In regards to the possible role of Borderline Personality Disorder or Borderline traits in mfs, we find potentially useful clues in the work of Okumura & Kraus (1996). These authors report that mfs mothers with a Typus Melancholicus personality style were experiencing identity issues, which is a characteristic of various personality disorders, especially of Borderline Personality Disorder. These identity issues may have led these mothers to over-identify with others and with social roles. Okumura & Kraus believe that the characteristic of overidentification may explain what they refer to as the mothers’ psychotic identification with their child. In addition, the likely presence of rejection sensitivity in many of the mfs mothers with a Typus Melancholicus personality style suggests a special vulnerability to abandonment, a key aspect of Borderline Personality Disorder.

While it has been relatively easy to locate information about the relationship between suicidal behavior and the Avoidant and Borderline Personality Disorders, it has been much harder to do this for Dependent Personality Disorder. Considering the comorbidity of Dependent Personality Disorder with other psychiatric disorders that are known for elevated risk of suicidal
behavior such as depression and various anxiety disorders, we may have to take into account the possibility that suicidal behavior and ideation are important features of Dependent Personality Disorder.

In terms of a possible relationship between Dependent Personality Disorder and mfs behavior, it is important to point to the remarks by Okumura & Kraus (1996) about overidentification by mfs mothers with a Typus Melancholicus personality style. While this overidentification was associated by me with Borderline Personality Disorder or borderline traits, it is also possible to associate this behavior with Dependent Personality Disorder. The tendency to submit to others, the key feature of Dependent Personality Disorder, suggests a vulnerability to abandonment and rejection issues (Millon, 1996) which are likely to be present in mothers with a Typus Melancholicus personality, as described by Okumura & Kraus.

**Schizophrenia**

Schizophrenia has been associated with simple suicide. There have also been studies suggesting a link between schizophrenia and social anxiety (Himmelhoch, Levine & Gershon, 2001). Rejection sensitivity might, therefore, play a role as well in regards to suicidal behavior among schizophrenic persons, especially those suffering from paranoid schizophrenia. Schizophrenia may account for the behavior of some mfs mothers. However, schizophrenic mothers of young children may be receiving in-patient treatment rather than the outpatient treatment which is the focus of this dissertation. Also, in case dpsmyc are in outpatient treatment, then the schizophrenic symptoms might make it relatively easy for a clinician to determine that there might be danger to self and/or others.
Psychotic Features as a Specifier of Depressive Disorders

Psychotic features as a specifier of depressive disorders include non-bizarre delusions that are congruent with the themes of a patient’s depression (DSM-IV-TR, 2000). Depression with psychotic features also has been referred to as psychotic depression. It also may be noteworthy that DSM-IV TR refers to an earlier time when the term schizophrenic, which is strongly associated with psychosis, was applied to more symptoms than currently is the case.

There are many references in the literature to doomsday delusions, rescue delusions and delusions of altruism. In regards to mfs and mfs ideation these delusions often are referred to as psychotic and/or as symptoms of psychotic depression (Adelson, 1961; Myers, 1970). Although this practice is in accordance with the definitions of psychotic features in DSM-IV TR that was just quoted (as well as most prior DSM editions), the use of the term psychotic in many studies on mfs, nevertheless, is somewhat problematic in my opinion for two reasons.

First, the contents of many of the psychotic features, especially the non-bizarre delusions, are very similar to the contents of cognitive symptoms of two other psychiatric disorders. Fantasies are the most prominent defense mechanism in Avoidant Personality Disorder (Millon, 1996), while a sense of a foreshortened future is a symptom of PTSD. In addition, Fawcett et al. (1993) report that patients diagnosed with depression who made a fatal suicide attempt within a year of their first evaluation showed many symptoms of anxiety. Several of these symptoms suggested unfounded fears of an impending disaster.
The phenomenon of pathological guilt which is mentioned in several of the studies on mfs is significant. A mother with a Typus Melancholicus personality who considers herself an inadequate mother, and who feels responsible for events and behaviors of others over which she has no control and with which she may not even be involved, might develop guilt of pathological proportions, when negative events do occur. In the discussion on the designation of cognitive distortions pathological guilt often is referred to as delusional. It may be noteworthy that while pathological guilt is one of the symptoms of another specifier of depression, “melancholic features”, I have only rarely, if at all, encountered references to this specifier. Its association with Typus Melancholicus, however, cannot be a coincidence.

Secondly, many of the thoughts that were labeled delusions and psychotic only received that designation in hindsight. This practice suggests the presence of the tautological notion that for mfs to occur psychosis must have been present. Similar thoughts would often be referred to only as cognitive distortions prior to an attempt at mfs.

The spectrum approach to the diagnosis of mental illness

Recently, suggestions (Maser & Patterson, 2002) have been made to consider the merits of a spectrum approach in comparison with those of a categorical diagnostic system such as DSM-IV TR and several prior DSM editions. According to these suggestions a spectrum approach

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134 Maser & Patterson (2002) argue that the traditional categorical approach used in DSM-IV, where a minimum of usually three, sometimes five symptoms must be present before a diagnosis can be made, causes persons suffering from a sub-threshold number of symptoms not to be diagnosed. In addition, it could happen that the symptoms that are present, although less than the number required for a diagnosis, might be causing a great deal of dysphoria. For instance, suicidal ideation is one of nine possible symptoms of a Major Depressive Episode. Meanwhile, for a diagnosis of depression to be made the presence of five symptoms is required. Therefore,
would highlight known and potential comorbidities of disorders as well as provide insight into the possibility of a common etiology of such disorders. In addition, the spectrum approach would take into account a sub-threshold number of symptoms as well as potentially relevant non-symptoms such as personality features. In doing so, the spectrum approach would show a spectrum of degrees of severity in addition to a variety of features.

I believe that a spectrum approach might be particularly appropriate for high-functioning persons, whose vulnerabilities may be hidden behind the mask of high functioning. Considering that many of the mfs mothers with a Typus Melancholicus personality were high functioning, the relevance of a spectrum approach for the evaluation of mothers who may be suffering from mfs ideation might be particularly useful.

In fact, the breadth of the phenomenon of Typus Melancholicus, which although it is primarily a personality style and not a psychiatric disorder, has features of a spectrum approach. Its role in calling attention to the vulnerabilities for mfs ideation among depressed and potentially suicidal mothers of young children (dpsmyc) might be an indication of the potential usefulness of a spectrum approach.

someone might have four of the nine symptoms, possibly including suicidal ideation, and experience a great deal of distress, and yet not be diagnosed as having a Major Depressive Disorder. In addition, the categorical system could lead to several disorders being present in “sub-threshold” form simultaneously, which again does not lead to a diagnosis. Meanwhile, the person experiencing two disorders in a sub-threshold manner might be diagnosed as having a disorder if the categories were defined differently. Finally, non-symptoms, such as certain personality features are not taken into account in the current categorical system, although some of the non-symptoms might be included as a V-code or lead to a “Not Otherwise Specified” diagnosis. Meanwhile, the non-symptoms could signal a certain vulnerability to one or more disorders. Not including them could hamper research and ultimately understanding of psychiatric illness. A spectrum approach has the potential of incorporating many of the elements that could be overlooked in a categorical approach.134
Configurations of disorders and symptoms for which spectrum proposals have been developed include social anxiety (Schneier, Blanco, Antia & Liebowitz, 2002), post-traumatic stress (Moreau & Zisook, 2002) as well as mood disorders (Cassano, Frank, Miniatti, Rucci, Fagiolini, Pini, Shear & Maser, 2002) and autism (Willemsen-Swinkels & Buitelaar). There also have been proposals for a bipolar spectrum (Akiskal, 2002; Himmelhoch, 1998; Perugi & Akiskal, 2002). According to these authors, the bipolar spectrum could include depression with atypical features, social anxiety, panic disorders, avoidant personality disorder, as well as Borderline Personality Disorder.\(^\text{135}\)

**Concluding Remarks about Psychiatric Approach**

The relationship between the psychiatric approach and simple suicide has been shown to contain many elements that can be applied to mfs and mfs ideation. Therefore, awareness of the symptoms of various psychiatric disorders and their comorbidities as well as what makes a person vulnerable to experiencing these symptoms may help the clinician in the assessment of mfs ideation.

\(^{135}\) Various configurations of symptoms would be possible in such a spectrum approach. It is possible to speculate that such a bipolar spectrum could account for the phenomenon that Borderline Personality Disorder and depression often are comorbid. The rejection sensitivity associated with atypical features would dovetail with social anxiety, while the strong reactivity of mood to external events could be seen as dovetailing with the changes in mood seen in bipolar as well as the rapid behavioral and mood changes seen in Borderline Personality Disorder. The anxiety component that would be prominently present in such a bipolar spectrum would dovetail with Fawcett's (1993) observations that anxiety features prominently in the year prior to suicide.
Theories

Of theories applied to suicide, the cognitive theory of Beck has the advantage that by definition it is focused on cognition and ideation. It very well describes the types of thoughts which suicidal ideators might be having. Lester (1994) included Leenaars’ summary of Beck’s theory with respect to suicide, which consists of the following 10 statements:

- Suicide is associated with depression. The critical link between depression and suicidal intent is hopelessness.

- Hopelessness, defined operationally in terms of negative expectations, appears to be the critical factor in the suicide. The suicidal person views suicide as the only possible solution to his/her desperate and hopeless, unsolvable problem (situation).

- The suicidal person views the future as negative, often unrealistically. He/she anticipates more suffering, more hardship, more frustration, more deprivation, etc.

- The suicidal person's view of him/herself is negative, often unrealistically. He/she views herself as incurable, incompetent, and helpless, often with self-criticism, self-blame, and reproaches against the self (with expressions of guilt and regret) accompanying this low self-evaluation.

- The suicidal person views him/herself as deprived, often unrealistically. Thoughts of being alone, unwanted, unloved, and perhaps materially deprived are possible examples of such deprivation.

- Although the suicidal person’s thoughts (interpretations) are arbitrary, he/she considers no alternative, accepting the validity (accuracy) of the cognitions.

- The suicidal person’s thoughts, which are often automatic and involuntary, are characterized by a number of possible errors, some so gross as to constitute distortion; for example, perseveration, overgeneralization, magnification/minimization, inexact labeling, selective abstraction, negative bias.

- The suicidal person’s affective reaction is proportional to the labeling of the traumatic situation, regardless of the actual intensity of the event.

- Irrespective of whether the affect is sadness, anger, anxiety, or euphoria, the more intense the affect, the greater the perceived plausibility of the associated cognitions.
• The suicidal person, being hopeless and not wanting to tolerate the pain (suffering), desires to escape. Death is thought of as more desirable than life. (Lester, 1994, p. 83)

Much of what is contained in these 10 statements could apply to many mfs mothers. I see Beck’s cognitive theory as a generic theory describing the thought processes involved. Because certain thoughts reflect a certain degree of danger, Beck’s cognitive theory is very well suited to be used in the study of mfs. However, it does not pay attention to what events, characteristics etc. might have led to these thoughts.

**Baumeister’s Escape Theory of Suicide**

Baumeister (1990) has developed the escape theory of suicide\(^{136}\). Baumeister’s theory applies to both nonfatal and fatal suicide attempts. In addition, it assumes rationality, although Baumeister acknowledges that rationality may not always be present. The suicidal person wants to escape awareness of his or her negative affect and has reached a so-called deconstructed state where one has to a certain extent succeeded in shutting out negative affect, mainly by shutting out most affect and awareness. When these efforts start to fail, the suicidal person’s next step may be trying to escape awareness by attempting suicide. A similar, yet slightly different scenario occurs when the effort of escaping awareness is interrupted, e.g. when decisions or activities associated with mental pain no longer can be avoided. Stages prior to and leading up to the deconstructed state are:

\(^{136}\) It may be noteworthy that Starzomski & Nussbaum (2000) applied this theory to the study of spousal homicide-suicide, even though the dynamics of this type of homicide-suicide (mainly committed by males) is different from filicide-suicide and especially mfs, as discussed earlier in Chapter 4.
• A perception of not meeting standards
• Attributions of blame for not meeting standards to Self
• Heightened Self-Awareness due to attributions of blame to Self
• Negative Effect resulting from heightened self-awareness: depression and anxiety

Baumeister emphasizes the person's fear of being rejected by others as well as ineffective efforts to deal with this fear. This makes his theory particularly valuable in explaining the behavior of mfs mothers with a Typus Melancholicus personality style. It is striking to what extent aspects of this style are prominently present in the escape theory of suicide. Being performance-oriented, hypernomic, and prone to depression and anxiety makes one vulnerable to perceive one's performance as not meeting standards, and, as a result, also vulnerable to fear stigmatization, rejection, and ultimately, expulsion. Rejection sensitivity and social anxiety, for both of which the Typus Melancholicus person is at increased risk, probably will further increase the vulnerability. Therefore, a clinician may want to become aware of a dpsmyc's perception of inadequate performance. The perception of falling short in the area of mothering may represent a greater risk for mfs ideation than falling short in other areas, such as employment.

The extent to which a dpsmyc exhibits characteristics of a deconstructed state is another potentially important area of investigation for a clinician, especially in regards to evaluating the seriousness of possible mfs ideation. Passivity and just going through the motions of daily life in a manner that suggests that she is tuning out her environment could be indications that she might be
experiencing serious mfs ideation. Baumeister specifically refers to a tendency to be unusually strongly focused on concrete day-to-day tasks as a symptom of the deconstructed state.

An aspect of the deconstructed state that is of crucial significance is how people react when their ability to tune out is diminished or otherwise interfered with. Baumeister suggests that a suicide attempt is the next phase after the escape potential of the deconstructed state has been exhausted. Often the deconstructed state is incomplete. The notion of incompleteness may be particularly relevant for the dpsmyc who is experiencing mfs ideation. When this mother’s routines that have enabled her to tune out are interrupted or are threatened to be interrupted, she may look for additional escape mechanisms, which may include simple suicide and mfs.

These interruptions of the deconstructed state may dovetail with the phenomenon that simple suicides (and possibly mfs) often happen at the beginning of a new time unit: early morning, the first two days after the weekend, and, possibly after a vacation considering the fact that both simple suicide and mfs rates reportedly are almost twice as high during the summer than during the fall. The dpsmyc who was able to tune out during the weekend or vacation or the evening before may be desperate about insurmountable obstacles when the time to face them again has arrived.

Changes in other aspects of her life that will demand a reaction not compatible with one’s state of mind during a deconstructed state may have the same effect. Examples are (feared) abandonment by a partner or by a parent. Another example could consist of the mother’s fears around one or more of her children being exposed to a new environment such as a new school.
The fears could also consist of doomsday fantasies triggered by certain events such as newspaper reports about a hole in the ozone layer or civil war in a nearby country. The impact of some of these disturbing events and threats might become especially dramatic when there is a convergence of them and/or when they are accompanied by superstitions such as “end-of-the-world” beliefs derived from horoscopes or religious tracts. The clinician, therefore, may want to ask a dpsmyc about doomsday fantasies and superstitions.

Gilbert: Depression and Arrested Flight

Gilbert (1998) discusses depression in the context of arrested efforts to escape from humiliation. Gilbert describes related issues in "Evolution and Social Anxiety" (2001), where he draws interesting parallels between the behavior of humans and the behavior of animals, especially when they give up and submit to the dominant animals in their “group”/pack. Persons frequently making new starts in order to run away from untenable situations created by them in their current environment may feel trapped when the running away behavior is blocked.

Also, a reason for running away behavior could occur when someone believes that too many people have too much potentially stigmatizing information about him or her. This could occur when someone with rejection sensitivity over-identifies with others and with social roles and exhibits merger behaviors in a desperate attempt to stave off rejection. After the merger behaviors have failed to achieve the desired result, the person might be overcome by depression when the common way out is blocked. In addition, the person may fear that stigmatizing information will be
revealed about spasmodic and erratic behaviors which he or she may have engaged in as part of the merger behavior and a desperate effort to be accepted.

Applying this to mfs ideation, there is a possibility that having children reduces the potential for running away. Also, in addition to becoming depressed because of hopelessness about her own future a dpsmyc easily might also be overcome with anxiety due to fears about what could happen to her children and whether she should consider actions such as simple suicide or mfs.

A similarity between the concepts of Baumeister and Gilbert refers to the respective behaviors of tuning out and giving up, which, as already indicated, are of little help to the dpsmyc who is fearful about her children’s future. The fears involving the children may be much harder to contain and submerge in a state of submission or deconstruction than one’s hopelessness about life.

**Chandler: Cultural Continuity**

The theories by Chandler (1994) about cultural continuity have been applied to suicidal behavior. Chandler’s theory describes persons who when confronted with a traumatic event loose their perspective and their ability to see continuity between their life prior to the traumatic event and their life after the event.

Those able to adjust well to these traumatic events and to the changes they may bring about are said to be using *warranting strategies* that enable them to see continuity. Chandler found that teenagers who did not use these warranting strategies were at an increased risk for suicidal
behavior. Warranting strategies help one warrant one’s existence, where warranting refers to a combination of justification and understanding.

The fact that immigration is often mentioned as a factor both in simple suicide and in mfs makes this approach of particular importance to this dissertation.

In general, experiences which give a person a sense of being different from, and especially less than, one’s peers may bring up fears of exclusion. These fears may be exacerbated when the person lacks a strong support system, which could happen as a result of cultural factors, including immigration or frequent geographical moves. In other words, cultural factors as well as other factors, e.g. childhood sexual abuse, could lead to feeling different from and threatened by one’s peers. In addition, cultural factors could be responsible for a lack of support needed to deal with the sense of being different and feeling threatened.

Applying Chandler’s theory to issues of perceived outsider status and lack of support can become especially relevant in the context of mfs ideation. The dpsmyc who perceives herself to be an “outsider” in a specific environment and who lacks a base of support outside of this specific environment may attribute this to her different background which she cannot change as well as to a lack of personality characteristics needed to deal with and/or overcome her outsider status. Such a depressed and potentially suicidal mother of young children (dpsmyc), when already experiencing

\[\text{For instance, a black teenager in a hostile white school probably may rely on the support of his family. Meanwhile, a gay teenager may fear being stigmatized and ostracized both by his or her peers and by the immediate family. Such teenagers might keep their fears to themselves, and experience anxiety and depression as a result. This may lead to suicidal ideation and behaviors.}\]
ideation about simple suicide or mfs, might become hopeless and dangerous when she gives much weight to her “deficient” background and her perceived lack of coping skills. This would become even more serious when her perception extends to her children, i.e. she believes that her children also lack these skills, due to reasons associated with the mother, and will, therefore, suffer much rejection in their life.

The impaired ability to effectively deal with and integrate traumatic experiences also might manifest itself when a dpsmyc suffers an anxiety attack when events occur such as the earlier mentioned civil war in a nearby country. The dpsmyc may be overwhelmed by newspaper reports about such events. This may also reflect her fear that the consequences of this violence, if it were to spill over to other countries, might affect her children as well as her perceived inability to protect her children and shield them from such dangers.

*Linehan Dialectic Behavioral Therapy.*

Linehan (1993) argues that women diagnosed with Borderline Personality Disorder and women involved in parasuicidal behavior are largely overlapping groups. Linehan also reports that estimates of the percentage of Borderline Personality Disorder women who make a fatal suicide attempt are close to 9%. Her theory of Dialectic Behavioral Therapy helps explain why Borderline Personality Disorder women are particularly vulnerable to suicidal behavior. Much of this theory might be applicable to mfs mothers. I am focusing on two components of this theory that appear to be particularly relevant: Transactional Vicious Cycle and Apparent Competence.
**Transactional Vicious Cycle.** Transactional Vicious Cycle refers to the phenomenon where the adult Borderline Personality Disorder woman in her childhood experienced rejection, and disinterest in what she wished or needed to express. As a result, she increased the intensity and the volume of her message. The parents reinforced this behavior since they only reacted to the child when it exaggerated whatever it wanted to communicate. This process is described as a vicious cycle because it is likely to get worse with time. A potential and easily overlooked, negative side effect of this process could be, in my opinion, that when for whatever reason the adolescent, young adult or maybe even middle aged borderline woman does not react in the expected theatrical or dramatic fashion, the environment might consider this as progress, while, in fact, the woman might be in the pre-suicide stage of deconstruction, where she basically is numbed and tunes out her environment.

**Apparent competence.** Apparent competence refers to the decision to change one's behavior, where the initial efforts and tentative results encourage the environment to believe that the “patient” finally might be on the right path. Much like New Year’s resolutions, these efforts are often not maintained and thereby causing the person with Apparent Competence to feel even more negative about themselves.

The Borderline Personality Disorder patient, prone to depression and sensitive to rejection may be particularly vulnerable to Apparent Competence and its depressive aftermath because this person may try many approaches in order to avoid rejection or to experience merger. It is likely that shame and guilt also play a role: guilt about disappointing the people in one's environment yet another time, and shame as a result of having raised expectations that one cannot fulfill. A series
of such apparent competence episodes can leave a person emotionally and mentally exhausted and, as a result, hopeless.

Apparent Competence may apply even more in the area of motherhood. Efforts to improve oneself may not bear fruit soon enough, and even if they do, the dpsmyc might be so distraught that she will not notice.

In this context, it is important to emphasize the possible role of the environment of a patient with Borderline Personality Disorder. The environment may have become used to the patient's impulsive, often dramatic, and demonstrative expressions of suicidality which may have been intended and/or interpreted as attention seeking and a cry for help rather than as representing a danger of an imminent serious and potentially fatal attempt. It is, therefore, not hard to imagine how the environment of a rejection sensitive, Borderline Personality Disorder dpsmyc might be eager to interpret slight improvements or even the absence of visible symptoms of problems as a positive development causing them to let down their guard in regards to possible signs of suicidal behavior, and even mfs related communications.

**General Comments.** Linehan's theory describes how and why behaviors by women suffering from Borderline Personality Disorder and/or parasuicidal behaviors go from one extreme to another extreme. Linehan considers this a symptom of an underlying personality conflict where the behavior of alternating between extremes is seen in several areas of the lives of these women\(^{138}\).

\(^{138}\) It might be worthwhile to further investigate to what extent the phenomenon of alternating between extremes could be associated with the phenomenon that women with a fear of rejection, in order to stave off rejection and gain acceptance, may engage in spasmodic, erratic, and, from a superficial point of view, contradictory behaviors.
Additional Remarks on Theories

The theories that were discussed so far as well as the approaches still to be discussed do not assume the presence of a thought disorder. Yet, they assume an elevated vulnerability to suicidal ideation and behavior.

From an overall point of view, these theories might help to identify factors that have meaning in the framework provided while these factors might go unnoticed otherwise. They may give clinicians a reason to look for certain phenomena and help them interpret the significance of these phenomena through the interrelation with other phenomena described by the theory.

Other approaches

Shneidman.

Shneidman (1992) refers to a variety of approaches (documents, familial-developmental, psychodynamic, psychological, psychiatric, demographic, socio-cultural, and sociological etc). Several of these, the demographic and the psychiatric, already have been discussed or they suggest a line of inquiry that overlaps with the psychiatric approach and the life events approach, which will be discussed shortly.

Shneidman also reported that 95% of all completed suicides had 10 characteristics in common, commonalities. The tenth commonality, coping behavior in prior situations of serious stress, may be quite useful for the clinician working with the dpsmyc who might be experiencing mfs ideation.
It would be important for the clinician to find out whether the stress on previous occasions was associated with rejection sensitivity and also which solutions the mother used to deal with the stress and the underlying problem. It may be worthwhile to explore to what extent problems, and especially current problems, are seen by the mothers as beyond solution and entrapment in a dead-end situation.

Shea

Shea (1999) observed in his contacts with suicidal patients that two months prior to a suicide attempt something appeared to have changed in the suicidal person. Shea does not elaborate much on this phenomenon, and remarks that further research is needed in this regard.

It is noteworthy that some of the descriptions of the lives of mfs mothers referred to changes approximately six to eight weeks prior to the mfs attempt. Not enough is known about the cases to draw firm conclusions. However, this is an aspect of mfs behavior that may benefit from further research.

Salient Risk Factors

Maris (1992) compiled a list of risk factors which he referred to as salient. In many ways, these salient factors overlap with factors that are associated with other approaches, especially the psychiatric approach. This set of risk factors is relevant for most suicidal situations, although not all
factors in this list apply to all situations. As a result, suicidologists sometimes refer to a list of salient risk factors in their discussion and use it as a starting point, when investigating the suicidal behavior of specific categories of persons. Maris presents this list of predictors of suicide:

1. Depressive illness, mental disorder
2. Alcoholism, drug abuse
3. Suicide ideation, talk, preparation; religious ideas [reunion after death]
4. Prior suicide attempts
5. Lethal methods
6. Isolation, living alone, loss of support
7. Hopelessness, cognitive rigidity
8. Being an older white male.
9. Modeling, suicide in the family, genetics
10. Work problems, economics, occupation
11. Marital problems, family pathology
12. Stress, life events
13. Anger, aggression, irritability, 5-HIAA
14. Physical illness
15. Repetition and comorbidity of factors 1-14; suicidal careers (Maris, p. 9).

The relevance of this list to mfs ideation is twofold. On the one hand, it lists most of the risk factors known to play a role in simple suicide. Many of these also apply to suicidal behavior of mothers of young children, and, therefore, may contribute to an understanding of mfs ideation. On the other hand, the role of anxiety in simple suicide, although discussed by Fawcett et al. (1990) prior to publication of the study by Maris (1992) is not mentioned at all. As discussed earlier, there are strong indications that anxiety plays a major role in mfs ideation. Because a list like this has an aura of completeness to some of those who read it, absence of the role of anxiety may not be noticed. As a result, the list has some potential to be misleading.
Life Events as Risk Factors

Use of the terms Risk Factors, Life Events, Warning Signs, Precursors, Predisposing, Precipitating, and Protective Factors

Many phenomena are considered risk factors in simple suicide. In addition, terms associated with these phenomena include predisposing factors, precipitating factors, protective factors, precursors, correlates, signs, life events, and stressors. Many suicidology studies use the term risk factor to denote any phenomenon that is associated with an increased risk of suicidal behavior regardless of whether the phenomenon contributes to the risk or is merely a (warning) sign.

The term risk factor can refer to impersonal factors (demographic, economic), a person's mental health, life events, and current stressors as well as to behaviors that are known to have the potential to increase the risk of suicide, such as increased alcohol use. They also can refer to behaviors that may or may not be associated with suicidal intentions, such as making out a new will.

My use of the term risk factors includes everything that could inform a clinician of an increased risk. A distinction will be made between predisposing and precipitating factors. I will also mention protective factors separately, because a loss of the effect of protective factors could increase the risk.
Determining what risk factors are involved

Suicidology used to rely mainly on psychoanalytic and psychodynamic explanations for suicidal behavior\textsuperscript{139}. Although the role of life events and stressors was not ruled out, little or no attention was paid to them in studies about suicidal behavior. Not surprisingly, applying psychoanalytic theories to suicidal behavior led to explanations emphasizing psychoanalytic concepts.

Many studies have been published since the early 1970’s about the relationship between negative life events and suicidal behavior (Paykel, Prusoff, & Myers, 1975; Persson, Runeson, & Wasserman, 1999; Rich, Warstadt, Nemiroff, Fowler, Young, & Warsradt, 1991; Weyrauch, Roy-Byrne, Katon, & Wilson, 2001). Increasingly, these studies also take into account the availability and quality of support systems to persons faced with negative life events (Heikkinen, Aro, & Lonnqvist, 1994).

The main finding is that negative life events may increase the likelihood of suicidal behavior. Studies also show a convergence of negative life events during the weeks and months prior to attempts at simple suicide. It also may be noteworthy that several studies on simple suicide report that seemingly trivial events may become triggers for a suicide attempt because of their interaction with other factors.

The relevance for mfs and mfs ideation is that a mother’s fears about the future of her children and her inability to protect them create a filter through which most life events, and

\textsuperscript{139} In 1980 the new DSM, DSM-III, had a categorical format, while prior versions of the DSM were primarily based on the application of psychoanalytic theories.
especially negative life events, are observed and experienced. Therefore, seemingly trivial events may take on extraordinary importance to a dpsmyc. Because the dpsmyc may be aware of how unusual her thoughts and fears are she may be hesitant to disclose them to clinicians for fear of being judged negatively.

_Differences and Similarities between risk factors for simple suicide and mfs_

Based on the discussion so far it appears that almost all the risk factors that apply to simple suicide and simple suicide ideation also apply to mfs and mfs ideation. As indicated earlier, this may be most noticeable in mfs mothers who are not suffering from thought disorders but instead from a Typus Melancholicus personality style and disorders associated with that, such as depression and anxiety, including the phenomenon of rejection sensitivity. Most of these dpsmyc with a Typus Melancholicus personality style would be considered covert as defined earlier. Nevertheless, a few simple suicide factors may not apply. In addition, some of the factors that apply to both simple suicide and mfs may carry a different weight in simple suicide than in mfs, or show differences in terms of the timing involved, i.e. when the factor is most relevant.

In this subsection, I will only explore general areas of difference between simple suicide (ideation) and mfs (ideation), and what that might mean for the assessing clinician. Areas of similarity between simple suicide and mfs that are particularly relevant for the assessment of mfs will be included in Chapter 8.
Areas of Difference between Simple Suicide and Mfs

In regards to mothers with a Typus Melancholicus personality style, there is one major difference between simple suicide and mfs and a few minor ones. The major difference is that having young children is considered a protective factor against (simple) suicide, while it can be a risk factor for mfs and mfs ideation. The following phenomena appear to be especially relevant in this regards.

• Several studies describe mfs mothers with a Typus Melancholicus personality style as perfect mothers. Their performance orientation and the concomitant fear of being seen as inadequate, if not the love for their children, may lead the mothers to take good care of their children. Clinicians who observe that Typus Melancholicus mothers take good care of their children might be even less prone to question the relevance of the belief that mothers of young children are at a reduced risk for suicide.

• The mother’s general fears for her children and their future which are related to her own perceived inability to protect her children may lead to serious cognitive distortions about potential dangers, especially the probability of the occurrence of events causing the danger, the impact on the mother and her children as well as the mother’s perceived inability to deal with the impact140. However, because a mother with a Typus Melancholicus can appear to be high functioning a clinician might not suspect the mother’s irrational fears and, when confronted with them, he or she might dismiss them.

• The presence of a phenomenon (discussed in Chapter 6) that I like to refer to as extended social anxiety or extended rejection sensitivity. It describes how a mother’s own rejection sensitivity and social anxiety generalize to (extend to) her children. She fears for their rejection by their peers. In fact, the mother may be particularly sensitive to incidents that could indicate such rejection, while her children may not be aware of any rejection.

The following differences between simple suicide and mfs also may play a role:

• Mfs mothers, especially covert ones with a Typus Melancholicus personality style are not associated with child abuse or substance abuse, both of which have been linked to an

140 For instance, a mother’s fear of war and violence may lead her to interpret faraway incidents of violence as dangers for her children.
increased risk of simple suicide (Canetto, 1991; Hawton & Robert, 1985) as well as simple filicide (D’Orban, 1979).

- Shea’s (1999) finding that patients with ideation about simple suicide are hesitant to share their thoughts or the full extent of these thoughts with their clinician because of shame and fears of stigmatization and involuntary hospitalization probably will apply even more to dpsmyc with mfs ideation, especially when they have been on to verge of making an mfs attempts that was subsequently aborted.

- The possibility of reactivation of trauma that the mother experienced in her own childhood, especially when her child reaches the age at which the trauma occurred in the mother’s life.

**Concluding Remarks on Explanatory Approaches**

Taking into account all explanatory approaches discussed so far, it appears that among suicidal persons there is a subset for whom anxiety in conjunction with depression plays a major role in the suicidal process. In general, anxiety may play such a major role because in addition to not meeting the standards of others, the suicidal person might be afraid of being stigmatized to the point of being ostracized.

It appears that anxiety may play an even more pronounced role in regards to mfs (ideation) because dpsmyc with mfs ideation have more to fear than a person without young children such as what could happen to the children in the future, whether or not to include them in a possible suicide attempt, and, if they are to be included, how to kill them. Most importantly, they have to fear the worst accusation or judgment regarding the taboo of filicide. Finally, I like to remind the reader of the concept of extended social anxiety that I have described in Chapter 6.
Assessment

In regards to simple suicide, during the last few years several authors (Baumeister, 1990; Shea, 1999) have shown an interest in investigating and assessing ideation, including events associated with changes in ideation. In other words, while psychiatric vulnerability, stressors, and the interaction between them remain the bedrock of suicidology thinking, some authors showed more interest in how vulnerability, stressors, and their interaction impact ideation.

Overall, there appears to have been a shift from focusing on personality factors and their psychoanalytic origins to the suicidal process and events shaping that. This allows for much better observation and study of the ideation aspects.

Baumeister’s (1990) escape theory of suicide clearly describes the role of anxiety around performance, does not distinguish between fatal and nonfatal suicide attempts in terms of processes preceding them, and assumes a certain degree of rationality, i.e. it is implied that the theory probably would not apply to those who are schizophrenic.

While Shea (1999) acknowledges the role of risk factors in the assessment process, he explicitly focuses on ideation and the extent to which the patient is willing to disclose it, as well as the clinician's attitude and ability to deal with suicide issues appropriately. Shea recommends ways to learn about the details of a patient's ideation, what triggers ideation episodes, and what determines its severity.
Shea also addresses countertransference and other personal issues related to the therapist that could make it difficult for a clinician to do an effective suicide assessment. In addition, as mentioned before, Shea remarked how shame, guilt, and fear of stigmatization as well as involuntary hospitalization make it difficult for many patients to share their suicidal ideation, and especially the full extent of it. The issues of how important it can be for a clinician to get consultation on suicide related issues also was addressed by Shea (1999).

All of the above directly applies to the assessment of mfs ideation. Nock & Marzuk (1999) stress that awareness of the possibility of homicide-suicide might be the most important aspect when evaluating patients who are suicidal or violent in a way that suggests that they might be homicidal.

Nock & Marzuk also report that aborted attempts are a sign posing an increased risk of homicide-suicide, and that the threat of impending hospitalization intended to prevent attempts actually might precipitate an attempt. Finally, Nock & Marzuk clearly explain the need for consultation when the assessing clinician is confronted with homicide-suicide ideation and is not sure about how to interpret this information and how to react.

Most of the work by Nock & Marzuk addresses issues around spousal homicide-suicide. Yet, they do mention filicide-suicide and especially mfs, and their findings and recommendations appear to be intended for the assessment of mfs ideation as well.
Based on the studies quoted so far, it appears that some clinicians when confronted with the possibility of homicide-suicide ideation, including mfs ideation, might shy away from more intense questioning while that approach would be the appropriate response. In Chapter 8, I will further elaborate on this.

Final Remarks about the Relevance of Suicidology to the Study of Maternal Filicide-Suicide

The question to what extent the study of mfs can benefit from the concepts and findings of suicidology should be considered in the context of the field of suicidology as a whole. The concepts of suicidology are used for groups as different as teenagers and the elderly, whose suicidal behavior is very different. Therefore, there is no compelling reason why this would be different for mfs, especially since there appears to be agreement about the fact that it is primarily suicide rather than homicide. A detailed analysis of the concepts as well as many of the findings of suicidology followed by an analysis of their relevance to mfs and mfs ideation has confirmed that suicidology applies to mfs and that the study of mfs and mfs ideation can benefit from applying the concepts and findings of suicidology.

Perhaps the most important aspect of suicidology in terms of mfs ideation consists of findings around the suicidal behavior and ideation associated with anxiety, especially social anxiety, rejection sensitivity, and performance anxiety (Baumeister, 1990) as well as comorbid disorders, especially depression and the Avoidant, Borderline and Dependent Personality
Disorders. These findings have been linked by me to the findings about mfs behavior presented in various studies that explicitly refer to the Typus Melancholicus phenomenon (Meszaros & Fisher-Danzinger, 2000; Okumura & Kraus, 1996) or do so without using the Typus Melancholicus designation (Haapasalo & Petaejæ, 1999).

In the next chapter, the findings of this chapter will be joined with those of chapter 6 in order to identify elements of a special protocol for the evaluation of mfs ideation.