CHAPTER 9

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

In chapters 1, 2, and 3, I discussed the goal and the importance of this study as well as methodological issues. The difference between maternal filicide-suicide (mfs) and other forms of filicide, such as fatal child abuse, was considered as well as the role that mfs ideation might play in outpatient, ongoing psychotherapy. It was pointed out that this dissertation is primarily about all forms of mfs behavior, especially mfs ideation. This sets it apart from other studies that only deal with fatal or nonfatal attempts.

In chapter 4, studies on homicide-suicide were reviewed in order to extract information about mfs. In chapter 5, the same was done with studies on filicide. In chapter 6 the contents of chapters 3, 4 and 5 was further analyzed. It was pointed out that since 1990 new information had become available that included psychological autopsy studies of filicide-suicide and population studies where all cases in a specific area during a specific period were listed and discussed, while in the past only selected samples such as hospital studies had been used. Estimates on the prevalence of mfs ideation were provided as well as information on the characteristics of mothers.
who had killed or tried to kill one or more of their children followed by a fatal or nonfatal suicide attempt. Chapter 6 also included a summary of explanatory approaches that had been reviewed in the previous chapters. In Chapter 7, the vantage point of suicidology, I demonstrated that the concepts used in suicidology can be applied to the study of mfs and mfs ideation. Also, specific similarities and differences between simple suicide and mfs were highlighted from an assessment vantage point. Finally, Chapter 8 includes a summary of risk factors found in the various studies and a special protocol for the evaluation of mfs. The protocol draws attention to indicators of the presence of risk factors as well as to interaction between the various risk factors.

Conclusions

Four objectives have been pursued in this dissertation. Their contents and the conclusions reached will now be presented. A certain degree of overlap between the conclusions to the various objectives is unavoidable.

Objective #1

The first objective is to identify, analyze, and evaluate information in the literature about the prevalence and content of the various mfs behaviors, from ideation to fatal attempts, the characteristics of the mothers engaging in these behaviors, and other information that may be relevant for the assessment of mfs behavior, such as risk factors and warning signs. My conclusion in regards to the first objective is:
Mothers who made a fatal suicide attempt after having killed one or more of their children were often high functioning and known as ‘perfect’ mothers, without known symptoms of a thought disorder and not involved in child or substance abuse. Mothers with this profile represent the majority of mothers who are involved in mfs. They prepare the mfs attempt thoroughly and implement it deliberately, i.e. not in an impulsive manner. They tend to target and kill all of their children, and use methods that are perceived as painless or less violent than guns or stabbing such as drugs, gas, or drowning. For the suicide attempt they tend to use the same method as for the filicide. When that is not feasible, they may use methods that are violent such as guns or hanging.

It appears that ideation precedes the attempt. The contents of the ideation often consists of beliefs that a child would have the same kind of miserable life that the mother had had. Therefore, the mother considers it her maternal duty to rescue the children from this terrible future. The only rescue method left to the mother consists of killing her children and herself.

The prevalence of mothers making fatal or serious nonfatal suicide attempts after having killed one or more of their children shows a remarkable similarity between countries and over time, i.e. one mother per year for every three and a half to six million of the general population. Rates that exceed this narrow range primarily occur when the social culture is relatively tolerant of mfs, as in Japan, or when methods are available such as domestic coal gas that are perceived as painless, and allow for thorough preparation and simultaneous death of the mother and her children.
This dissertation focuses on mothers who fit the profile that was just described and who, as mentioned earlier, represent more than half of the mothers who are involved in mfs attempts where the suicide attempt is fatal or when nonfatal, serious and well planned. Moreover, while almost all mfs mothers had received some type of psychiatric treatment, the mothers with the profile just described are the ones most likely to be found in outpatient, ongoing psychotherapy.

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

**Objective #2**

The second objective is to develop a classification system of mfs behavior based on the clinician’s duty to report potential child endangerment, as well as the presence or absence of prior dangerous behavior and/or symptoms of a thought disorder. My conclusion in regards to the second objective is as follows.

The mfs mothers with a fatal suicide attempt often had a personality style that made them vulnerable to negative comparisons with others leading to rejection sensitivity and other symptoms of social anxiety which, in turn, made them vulnerable for depression. A number of phenomena often seen in the lives of these mothers can be considered risk factors for mfs and mfs ideation.

These phenomena often include but are not limited to a long history of emotional problems, abuse in the mother’s childhood, as well as ideation about and prior attempts at simple
suicide. The fact that the mfs mothers generally did not show symptoms of a thought disorders and that apparently half of them are not known to have made prior suicide attempts makes it especially important for the clinician to be aware of other signs of mfs ideation. Both the presence of a thought disorder and prior suicide attempts are regarded as very significant risk factors for simple suicide or simple filicide and could bring a clinician closer to breaching confidentiality when symptoms of mfs ideation are suspected.

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

Objective #3

The third objective is to adapt and apply concepts, findings, and theories developed for the study of simple suicide to those mfs behavior cases that are primarily suicidal rather than homicidal. My conclusion in regards to the third objective is as follows.

Mfs is considered primarily suicide rather than homicide. Virtually all concepts used for the study of simple suicide can be applied to the study of mfs. Many of the findings in simple suicide also demonstrate a remarkable degree of similarity with those in mfs. For instance, a remarkable parallel can be observed in the female suicide rate and the mfs rate. Many of the theories and approaches used for the explanation of simple suicide can also be applied to mfs. This is particularly true for the escape theory of suicide developed by Baumeister (1990).
Perhaps the most important aspect of the application of suicidology to mfs is that everything that could be perceived by the mother as potentially relevant for her children’s future is observed through a filter of fear which leads to seriously distorted cognitions. As a result, some factors relevant in simple suicide may not be relevant, for example the belief that having young children is a protective factor against suicide. In addition, the impact of other factors may carry a different weight.

**Objective #4**

The fourth objective is to identify the challenges faced by a psychotherapist working with depressed and potentially suicidal mothers of young children (dpsmyc) in terms of evaluating the presence and severity of mfs ideation and behavior. My conclusion in regards to the fourth objective is as follows.

The main challenge for clinicians is to be aware of the possibility of the presence and severity of mfs ideation and the impact of that presence on the course of therapy, even when the patient does not act on her ideation. This challenge is made more difficult because of the inaccurate image included in many studies, especially studies published prior to 1990 that mfs is related to fatal child abuse, postpartum psychosis and other thought disorders as well as to anti-social personality disorder, where the mother kills mainly to spite their father.

In addition, even studies that primarily deal with mothers who have the type of profile that was described under objective #1 will only focus on cases where an attempt was made. The
possibility that for each known mfs attempt there might be many mothers experiencing mfs ideation is rarely mentioned, let alone discussed or studied.

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

**Recommendations**

I recommend that efforts are made to convey to clinicians that mfs ideation probably is much more widespread than is suggested by the very small number of known fatal or nonfatal mfs attempts, and that there are strong indications that many of the mothers with mfs ideation are receiving psychiatric treatment, including outpatient, ongoing psychotherapy.

In terms of recommendations for further research, a number of issues stand out in regards to the need for additional research.

First, I recommend conducting a psychological autopsy type of study of a large selection of known mfs cases, where all available documents are used and surviving family members, friends, and clinicians are interviewed. The rationale for such a study is that the current tentative findings
presented in this dissertation are often based on brief case descriptions, which, in turn, were based on selected information from hospital charts as well as reports from the police and the Coroner’s office. A more thorough and comprehensive study may provide a richer and possibly a more accurate picture.

Second, I recommend revisiting earlier studies on filicide and differentiating the findings by filicides followed by suicide attempts and those not followed by suicide attempts. The rationale for this is that there are several studies on filicide, e.g. Haapasalo & Petaejae (1999) that contain detailed information about both the background of filicidal mothers, including psychiatric symptoms and childhood abuse, and the nature of their attempts which usually is reflected in the creation of categories.147 Yet, the studies do not attempt to link the findings with the various categories, while it is likely that the findings differ by category.

Third, I recommend collecting information among dpsmyc on ideation about simple suicide and mfs. The rationale for this recommendation is that current estimates of the prevalence of mfs ideation are mainly based on estimates of behaviors and ideation in regards to simple suicide.

Fourth, I recommend that when information is collected about thoughts and behaviors in regards to mfs, additional epidemiological information is collected. Questions that should be included are type of treatment received, if any; the presence of a history of substance and/or child

147 For instance, Haapasalo & Petaejae distinguish between filicide-suicide, impulsivity, fatal child abuse, post-partum depression, and psychosis.
abuse; prior attempts at simple suicide; aborted mfs attempts; communication about one’s intentions, including the presence of standby suicide notes, and the duration of the mfs ideation.

Fifth, I recommend that the efforts to collect information about mfs ideation include former dpsmyc who no longer have young children. Some of them might have experienced mfs ideation when their children were young. The rationale for this is that the former dpsmyc might experience fewer constraints in answering questions completely and truthfully than current dpsmyc who may have fears about involuntary hospitalization. In addition, questioning former dpsmyc may shed more light on the duration of mfs ideation and which episodes might be particularly severe. Finally, it would be important to know whether there are any lingering feelings of guilt or fears of having caused permanent damage to her children in the case of aborted attempts. If such feelings of guilt or fear still play a role, it would be important to know to what extent the former dpsmyc can discuss them with clinicians.

Finally, I recommend that studies are consulted on how taboo topics in general are dealt with in psychiatric treatment. Related to this would be studies on the role of masked pathology in treatment. A key question would be what the causes and symptoms of masked pathology can be, especially when not recognized by clinicians.