

Psychiatric Aspects of Familicide

CARL P. MALMQUIST, M.D.*

Introduction

Various types of killings occur within family matrices. The news media highlight the dramatic components, and even novels now use it as a theme.¹ However, a psychiatric understanding remains elusive. Not all killings within a family are familicidal. For want of a better term, I have called the killing of more than one member of a family by another family member "familicide." The destruction of the family unit appears to be the goal. Such behavior comes within the category of "mass murders" where a number of victims are killed in a short period of time by one person. However, in mass murders the victims are not exclusively family members. The case of one person committing a series of homicides over an extended period of time, such as months or years, also differs from familicide. The latter can result in the perpetrator getting killed or injured in the process, or subsequently attempting a suicidal act. However, neither injury, nor suicide, nor death of the perpetrator is an indispensable part of familicide.

Fifteen different theories purport to explain physical violence within the nuclear family.² Varieties of killings within a family are subvarieties and familicide is yet a rarer event. Pesticide is the killing of a child by a parent. These are usually cases of one child being killed by one parent. If the child happens to be an infant, the act is infanticide. Many of the latter are situations where a mother kills her infant and is diagnosed schizophrenic or psychotic depressive. Child beating by a parent can result in inadvertent death. One sibling killing another is fratricide. A child killing a parent is parricide, or more specifically patricide or matricide. Uxoricide is one spouse killing another.

Each of these behaviors has its own intrapsychic and interpersonal correlates. Such correlates often involve victimologic aspects. As a *caveat*, and based on this study, we should not assume that the perpetrators in familicide all bear one diagnosis even in a descriptive nosological sense.

A distinction is needed between intrafamilial homicides related to psychiatric disturbance in one family member and collective types of violence in which families are destroyed. Extermination of families based on national, ethnic, racial or religious backgrounds are not

*Dr. Malmquist is Professor of Criminal Justice & Law, University of Minnesota, Minneapolis, Minnesota 55455.

familicides. These are acts of genocide even though they may be perpetrated by an individual and not a collective group. Family units may be killed or executed during wartime by marauding enemy troops. Political terrorism may involve a family unit being executed as hostages. These situations are outside the framework of familicide.

There should be little hesitation in thinking of the perpetrators as psychiatrically disturbed. Even the most radical of sociological perspectives, which maintain that physical violence between family members is a normal part of family life, would have difficulty categorizing familicides within that conceptual framework.³ However, whether clinical findings will meet tests for exculpation from criminal responsibility is not an equivalent question. The familicider will not necessarily be found legally irresponsible; in fact, most of them are held responsible. A different set of rules operates in the legal arena (as in much of the entire criminal justice system) from attempts at providing clinical reasons and explanations for behavior. Psychiatrists can offer reasons and explanations for the behavior, but these may or may not meet societal tests imposed to assess personal responsibility.

Familicides are rare catastrophes which occur unpredictably. Clinicians can be sensitized to think of the possibility, but rare events make prediction precarious. Such rarefied acts merit scientific inquiry seeking explanation. The phenomena are analogous to any disaster which requires investigation of the factors responsible, and consideration of psychological and social consequences. When the clinician is presented with the opportunity to investigate such aberrant, though naturalistic, occurrences, he focuses on multiple factors which contribute to the endpoint. Both life events and intrapsychic vulnerabilities have contributed. By pursuing such investigations we gain knowledge about the psychic structures of these people which applies to a wider group troubled with handling aggression within a family context. In a few cases we may be able to intervene ahead of time and prevent such catastrophes.

The Perpetrators

The material presented is taken from eight families in which multiple homicides occurred where the author was privileged to work with the perpetrators. Each of these could justify a separate in-depth report in its own right.⁴ Reports of other types of homicide are suggestive but not directly applicable. Although all of the perpetrators in this investigation were male, cases in court settings and journalistic accounts have involved women. Four of the cases were fathers, one a grandfather, and three were sons. The first five revealed contrasting psychopathology. One was a 24-year-old who killed his wife, her boy-friend, and his five-year-old son. Another shot his wife dead, and then set the house on fire, which asphyxiated his four children. A third shot his wife, her paramour, their natural born son aged 5, and two 12-year-old boys — one by his wife's first marriage and one the son of his wife's boy-friend. In two

other cases the killings were accompaniments of severe depression: a father killed his wife and their two preadolescent sons, and a man of 72 shot his sleeping wife in the head and then their two grandchildren staying with them. The three sons were: a male of 14 years who killed his parents and a sibling, and wounded two other siblings; a son of 21 who killed his parents and a brother; a male of 18 who killed his parents and sister.

While it would be convenient clinically and legally if these people all fit a common mold, this is not in fact the case. The personality structures and their life situations varied to a significant degree. Two common elements were present in the fathers. One was a chronic pattern of disturbance in their marital lives. The result was further alienation from their wives which they did not handle by severing their bonds to each other. However, we are still left with the dilemma that family strife, and even violence, do not explain the entity of familicide.⁵ Familicide has the added element of children being killed as an integral part of homicidal behavior. The children are seen as playing some additional psychodynamic role in the killings beyond spouse killing. A second element in the fathers is the presence of a significant degree of depression which has waxed and waned but has been resolved neither internally nor by environmental shifts. As for the three sons, their psychopathology varied widely.

Case Illustrations

In one case there was a background of impulsive behavior. At age 24 and in the fifth year of marriage, he suspected his wife was seeing men for sexual purposes. Employed on an evening shift at a factory, he would often join his wife at a bar around midnight and believed she was overly familiar with the men, which his wife denied. Such denial did not assuage him but left him depressed. On finishing early one evening, he arrived at the bar, but his wife was absent. He drove home and found his wife in bed with a man who was sleeping naked with a sheet reaching to his genital area. He got his gun and shot the man who apparently never awakened. As his wife jumped out of bed, and sought to run out of the bedroom, he shot her. While he was shooting his wife, their 5-year-old son appeared and was shot. A jury found him guilty of manslaughter.

A second case was a guilt-ridden, depressed male of 30 years who had progressively failed to meet many of his early expectations to achieve. His wife was his old high school girlfriend whom he married after high school. While his wife had once met his dependency needs, she had been insensitive to his aspirations as he approached 30. A sense of despair had deepened. Failing in vocational life, and seeing no way out of his depressive existence, he began an affair with a woman at work.

Despite his wife's telling him she would agree to a divorce if he thought it would help, he was unable to make a decision. Much anguish went into continued brooding about his life, including increasing guilt over the

affair, and indecisiveness. His affair violated his religious beliefs, and he began to contemplate suicide, sitting for hours by a lake with a loaded rifle. He was unable to decide to end his life or to get a divorce. After watching a movie filled with killing and burning, and while in a depersonalized state, he shot his wife and set fire to the house while the children were asleep. He subsequently shot himself in the chest and tied himself by his wrists to an iron clothes pole in their backyard. He was hanging in this crucified position when discovered. He lived to stand trial and was found guilty of second degree murder for the death of his wife and third degree murder for the deaths of his four children.

A 49-year-old male with a history of felonious property offenses, such as burglaries, had had no contact with the legal system for ten years. After parole from a prison when he was 39, he met a 22-year-old woman who was separated from her husband. They lived together eight years and settled on a farm. A year later he had a coronary which left him feeling fatigued, but he denied any impact of this on their life. "I never turned her down when she wanted it even though I was 49 and she was 32."

Since his parole, his reform had apparently succeeded and he viewed his life as the best he had ever known, with a young attractive wife (described as "the love of my life") and their five-year-old son. However, over a period of months there was overt evidence that his "paradise" was collapsing. His wife stayed out late, left semen-soaked tissues about which were not from him, and eventually displayed a blatant affair with a neighbor.

Throughout these events he attempted to live as though nothing had changed. He was willing to give up almost anything to let things continue, but a final demand broke through his denial. His wife's lover demanded that he give up his carpenter's tools when she was moving out. Instead, he decided to go to the farm when no one was around, and remove his expensive tools. He had also been threatened with the loss of his son, when his wife provocatively told him that her boyfriend would decide about visitation. On arrival at the farm, he found his wife and her boyfriend loading things. The final precipitant occurred just a few minutes before the shooting when the boyfriend challenged that the defendant would not dare to shoot him and lacked the guts to do so.⁶ His wife, his son, the lover, two other children from his wife's first marriage and the boyfriend's own marriage, were all shot at the scene.

A fourth case exemplifies altruistic killings, seen more often in psychotic mothers with their infants.⁷ After some years of intermittent but deepening depression, a middle-aged man became relatively nonfunctional. Delusional content of being worthless and no good to anyone grew into a belief that there was nothing for him to live for, but in addition he would spare his wife and children the burden. After shooting them he took an overdose of barbiturates but survived. In the fifth case, an involuntarily depressed man killed his wife and grandchildren with altruistic ideation of sparing them.

The psychopathology of the sons was diverse. The youngest of the group at 14 had been exposed to a father who placed harsh demands on him for performance.* Without understanding what was happening to him, he could later describe what amounted to periods of severe depression when he contemplated suicide. Instead, in a massive eruption of violence, he shot all the family members present, which resulted in the death of his parents and one brother. Two brothers survived assaults. An 18 year old, brooding about failure, feeling persecuted at not meeting parental demands, destroyed his parents and sister. Finally a 21 year old with paranoid mentation about his parents and brother beat them to death with a baseball bat and then drove aimlessly about the country seeking to piece things together. He was the only one of the group who was frankly paranoid.

Discussion

Familicides raise several questions. The actors feel trapped in situations which they initially handled by active devices. Why did they simply not escape? Clinical material points toward difficulties in separation and individuation. In case #1, the man's behavior was geared to detect his wife, but not to do anything else about his life predicament. Finding the culprit became the goal without questions about his relationship with his wife.

Some cases saw the breakdown of obsessive defenses resulting in a paralyzed ego state. Transgressions resulted in an overload of guilt, and desperate yearnings for unconditional love. Character traits of being self-sacrificing no longer sufficed as a format to obtain narcissistic gratification.

The breakdown of denial is a third theme. Ruminations about the wonderful past without confronting current adversities is a danger signal. When such indulgence can no longer be maintained, a homicidal rage conveys: if I cannot keep the world the way I want it, no one else shall have it. I will destroy everyone in this paradise so no one else can have the happiness I can no longer have.

In one suffering psychotic depressive delusions, the format is that loved ones should be spared an existence which he has concluded is not worth living. Paranoid systems may also be present although seen in only one of these cases.

Their predicaments with spouses and families had gone on for a considerable time. Although their acts seemed abrupt and abortive, they were usually a precipitant which touched unresolved conflicts. Delicately balanced defenses no longer sufficed.

Their struggles with self-esteem, grandiose aspirations, and depressive trends, pointed to narcissistic vulnerabilities. Their sensitivity left them with deflated self-esteem.

Breakthroughs of major aggression appeared and were related to

*This case was seen by courtesy of the late Dr. Browning Hoffman of the University of Virginia.

repressed aspects of their grandiose selves which, by way of regression, lessened the differentiation between self and non-self.⁸ Masochistic traits keep them in painful roles without resolution. Yet, such diatheses do not suffice for a familicide. Key individuals have often functioned in an idealized position with them. In one case it was a businessman patron who gave a job and to whom the familicider looked for a continuous rescuing. In another case a commanding military officer was idealized.

The destruction of children and families is something beyond other homicides. In all cases there was an insistence on the intensity with which they loved the children, both on a pre- and postdelictual level. While the familicides appeared to be mourning afterward, the events were described as though they had been observers, as much hopeless victims as those they had killed. Rather than perceiving themselves as the principal actors, they described the outrage as that of witnessing a drama going on in front of them. Therefore, the answer to, "How could I do that when I loved my children (or siblings) so much?" is that "I was as much a victim as they were and consequently a watcher rather than a doer."

Object relationships have been dichotomized. Rather than seeing people as mixtures of good and bad, in his narcissistically hurt state, he sees them as all bad. Family members take on a painful role connected to him cognitively and affectively as pain inducers. Denial has once again functioned to avoid putting all members together into one cognitive whole. In the altruistic examples, the "good parts" of the children will not have to take the chance of experiencing pain like the perpetrator has endured. Once on the homicidal track, the hope that things can change and revert to *status quo ante* has been abandoned. Dichotomizing allows the act to be carried out as though someone else is performing. In essence, the bad part of the perpetrator carries out an act against the bad parts of others. At some point, the mixture of the good with the bad has been eliminated.

Familicides are suggestive of homicides followed by suicide. Whether the dynamics of those who commit a familicide and then suicide are similar is difficult to determine since the actors are deceased. Although West found that most of his 78 subjects were depressed, comparisons are not possible because of differences in the samples.⁹ The formulation of a fantasized reunion with a lost object does not seem to hold in the survivors of a familicide. Instead, after the act, the individual is perplexed.

A risky act, which accidentally could have resulted in a suicide, may have taken place, but it is in the nature of a dramatic reenacting without the ultimate destruction of the perpetrator being necessary. Such reenactments are congruent with the dissociated part of an individual being involved in the killing. Hence, only a partial act of self-destruction is required, such as a few pills or a symbolic mutilation. The act signifies that the bad ones have been eliminated, someone was selected to do it (a

part of my self which I have dissociated and now disown) and although I am partially responsible, it was not really me to the extent that I must destroy myself. Cormier makes a cogent point in distinguishing psychotic murderers from nonpsychotics.¹⁰ The psychotic murderer is more apt to act out the fantasy of suicide to rejoin a loved one in a state of bliss, whereas the nonpsychotic, who has acted out his rage against "bad objects," has other ego functions intact which allow him to appreciate that a reunification is not going to occur by his killing himself. The psychotically depressed or schizophrenic individual would be a more likely suicide candidate in contrast to the narcissistic personality where degradation and partial injury suffice. In this study only the survivors are available, and we can only hypothesize that those who committed suicide after a familicide were psychotic.

References

1. Saperstein A: *Mom Kills Kids and Self*. New York, Macmillan, 1979
2. Gelles RJ, Straus MA: Determinants of violence in the family: Toward a theoretical integration, In: *Contemporary Theories about the Family*. Edited by Burr WB, Hill R, Nye FI, Reiss IL. New York, Free Press, 1979
3. Strauss MA: Societal morphogenesis and intrafamily violence in cross-cultural perspective. *Annals of the New York Acad Sc* 285: 179-730, 1977
4. Malmquist CP, Meehl PE: Barabbas: A study in guilt-ridden homicide. *Int Rev Psycho-Anal* 5: 149-174, 1978
5. Martin JP: *Violence and the Family*. New York, John Wiley & Sons, 1979
6. von Hentig M: *The Criminal and His Victims*. New Haven, Yale Univ Press, 1948
7. Hurder TL: The psychopathology of infanticide. *Act Psychiat Scand* 43: 196-245, 1967
8. Kohut H: *The Analysis of the Self*. New York, Int Univ Press, 1971
9. West DJ: *Murder Followed by Suicide*. Harvard Univ Press, 1965
10. Cormier BM: Psychodynamics of homicide committed in a marital relationship. *Correct Psych & J Soc Therapy* 8: 187-194, 1961