Women Who Commit Filicide in the Context of Having a Severe Mental Illness: Current Reflections and Future Directions

Amanda Edge*, Ugasvaree Subramaney, C. J. Daniel Hoffman

Author Affiliations:
Sterkfontein Psychiatric Hospital, Johannesburg, South Africa
Department of Psychiatry, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

Author e-mails:
Erasmus.amanda@gmail.com; ugasvaree.subramaney@wits.ac.za; dcjhoffman@vodamail.co.za

* Corresponding Author: E-mail: Erasmus.amanda@gmail.com

Abstract
Filicide, the offspring murder of a child, in the context of suffering from a severe mental illness (SMI), is a grave social issue that requires scientific and practical intervention efforts from a mental health perspective. The psychological prevention and rehabilitation interventions of women who are vulnerable to, or who had committed the act of filicide, is compromised within the South African context and abroad, based on the gaps in the current scientific knowledge base. Research investigations on the subject are limited to quantitative studies. Consequently, the literature lacks in-depth understandings regarding the women’s experiences, obtained directly from the population concerned. It is argued that qualitative research is thus needed, as information yielded by such studies would offer more comprehensive understandings and allow better identifiable opportunities for intervention purposes.

This article has a twofold purpose. Firstly, it provides the authors’ reflections on their clinical impressions of working with women who had committed the act within the context of suffering from a SMI in a female forensic ward at a psychiatric hospital in Johannesburg, South Africa. The clinical presentation, childhood histories, living circumstances, emotional functioning and coping, interpersonal functioning as well as self-perception is reflected upon and compared with international research. Secondly, the author’s reflections point to the need for qualitative studies and further recommend the appropriateness of an attachment frame to such undertakings. Ultimately, it is hoped that the recommendations made herein for future research would inform the establishment of appropriate prevention and rehabilitative interventions on the subject concerned.

Keywords: Filicide, infanticide, offspring murder, severe mental illness, rehabilitation, attachment theory
1. Introduction

Filicide is an infrequent and distinct form of homicide (Koenen & Thompson, 2008; Putkonen et al., 2009; Shackleford, Weeks-Shackleford & Beasley, 2005). Of special interest is the occurrence of maternal filicide, which should be understood separately from paternal filicide, as the circumstances, psychological underpinnings and motivations related to the act are viewed different according to the respective gender (Lewis & Bunce, 2003; Liem & Koenraadt, 2008). Furthermore, serious mental illness (SMI) appears to be especially relevant in cases of maternal filicide, and requires specific consideration (Farooque & Ernst, 2003; McKe & Bramante, 2010; Valenca, Mendlowicz, Nascimanto & Nardi, 2011).

It is unfortunate that scientific investigations and conceptual understandings of maternal filicide in the context of having a SMI are limited on the basis of the rarity of the phenomenon (Putkonen et al., 2009). Knowledge on the subject is further hampered by methodological shortcomings as well as by non-transparent and non-comprehensive material (Putkonen et al., 2009). The available literature on maternal filicide mostly comprises of quantitative studies in the form of retrospective analysis of medical, judicial and police case files, yielding information about perpetrator characteristics and motives for the offence (Stanton & Simpson, 2006). Consequently, appropriate prevention and treatment interventions by mental health care providers are compromised within the South African context and abroad (Koenen & Thompson, 2008; Stanton & Simpson, 2002; 2006).

Based on the breadth and complexity of the phenomenon, the use of a conceptual framework to guide qualitative exploration is deemed necessary. The sections that follow reveal certain commonalities in presentation with respect to the women’s observed clinical, psychological, emotional, personal and relational histories among those who commit the act in the context of SMI. The presentation can be conceptualized according to an attachment theoretical perspective and thereby point to the need of researching such attachment and relational themes in future research.

2. Setting and Context

The authors’ reflections stem from their experience and clinical work at a psychiatric hospital in Johannesburg, South Africa. Sterkfontein Forensic Psychiatric Unit is situated on the outskirts of Mogale city, west of Johannesburg in the Gauteng province. Despite being the smallest province, Gauteng comprises the largest share of the SA population. One of two forensic psychiatry units in Gauteng, Sterkfontein Hospital Forensic Unit serves the entire Southern Gauteng region as well as parts of North West Province. It caters for about 38 courts in Gauteng and additional courts in the North-West province.

Accused persons are referred in terms of section 77, 78 and 79 of the Criminal Procedures Act 51 of 1977, as amended (CPA) (Republic of South Africa, 1977) to the multi-disciplinary team (MDT) for a 30-day observation period. The MDT includes psychiatrists, psychiatric registrars, clinical psychologists, social workers, occupational therapists and professional nurses. For those that commit major offences, such as sexual abuse, murder, attempted murder or assault with intent to do grievous bodily harm (GBH), a joint assessment (two psychiatrists) is required. During the 30-day observation, the accused undergoes several
assessments of his / her mental and physical condition, which includes several psychiatric interviews, a physical examination, psychological / psychometric assessment, social worker’s report and a comprehensive evaluation of the facts of the case. All the above-mentioned information is entered into the clinical file and a final psychiatric report is compiled by the psychiatrist/s. A diagnosis is formulated and a decision is made regarding the triability (fitness to stand trial) and / or accountability of the accused. If the accused is found not fit to stand trial and/or not criminally responsible for the crime by virtue of mental illness, the accused is usually referred back as a state patient in terms of section 42 of the Mental Health Care Act 17 of 2002 (MHCA) for care, treatment and rehabilitation (Republic of South Africa, 2002).

The hospital has a 20-bedded unit for female state patients. A substantial proportion of the offences committed by the women are murder, many of who had committed filicide. At any one time, there is at least one woman that had committed filicide in the ward. A state patient may not be discharged until the courts are satisfied that she has been treated to the degree that she no longer poses a forensic risk.

3. Characteristics of Filicidal Mothers at Sterkfontein Hospital

Drawing on their joint experiences of working in the female state patient ward, the authors have identified several shared characteristics among the filicidal mothers according to their clinical presentation, childhood histories, living circumstances, emotional functioning, interpersonal functioning and self-perception at Sterkfontein Hospital. The characteristics are presented in the sections that follow and are compared with international literature.

3.1. Clinical Presentation

The presence of serious mental illness among women who had committed filicide is documented widely in the literature (Bratfos & Haug, 1966; Farooque & Ernst, 2003; Gottlieb, 1996; Kauppi, Kumpulainen, Vanamo, Merikanto & Karkola, 2008; Koenen & Thompson, 2008). With respect to the clinical presentation of the women in the ward at Sterkfontein Hospital, the women have been diagnosed with a psychotic or major mood disorder, such as Bipolar disorder. The women had either not been considered fit to stand trial or had not been fit and also not responsible for the commission of the offences due to a psychiatric illness. All of the women had acted on command hallucinations or committed the crimes due to disorganized behavior or delusions-paranoid, somatic or bizarre in nature. Consistent with the literature, a history of suicide ideation or attempts and substance abuse have also been indicated in the sample at the hospital (Farooque & Ernst, 2003; Koenen & Thompson, 2008; Valenca, Mendlowicz, Nascimento & Nardi, 2011). Although not referenced in other literature, it has been observed that some of the women are HIV positive, or have had another medical condition, such as epilepsy or neuro-syphilis, that lead to mental instability. Ultimately this results in the offence of filicide. Comorbid personality disorders have also been found in some of the women. Furthermore, the literature reveals a history of transient homicidal ideation and characteristic violent behavior, which is also consistent with the women at Sterkfontein Hospital (Koenen & Thompson, 2008; Steinert, 2002; Valenca, Mendlowicz, Nascimento & Nardi, 2011; Tardiff, 1999). With reference to the act of filicide, the methods used to commit murder were various, ranging from head bashing, to suffocation with a pillow; as well as
poisoning and stabbing. In some instances, more than one child was killed. For some, this was their index episode of a psychiatric illness while others had relapsed due to non-compliance with their medication. Finally, poor insight into their psychiatric illness has been observed in the majority of cases.

3.2. Childhood History

Childhood histories often indicate inconsistent caregivers, lack of parental involvement or separation from parents at a young age, rejection from parental figures, and feelings of abandonment on behalf of the patient. Similar findings have been documented in the literature (d’Orban, 1979, Kauppi, Kumpulainen, Vanamo, Merikanto & Karkola, 2008; Friedman, Horowitz, & Resnick, 2005; Spinelli, 2001). Associated feelings of emotional neglect or deprivation and feelings of ambivalence have consequently been reported. Furthermore, consistent with the literature, a history of childhood trauma (Spinelli, 2001) has been indicated in the form of witnessing domestic or other interpersonal violence. The literature also points to a history of criminal activity (Koenen & Thompson, 2008), whilst acting out behaviors have also been commonly observed in the childhood history of the women. For those with personality disorders, childhood conduct disorder features are common.

3.3. Living Circumstances

Consistent with the literature, the living circumstances of the women prior to the commission of the offence are often characterized by stressful life circumstances (Kauppi, Kumpulainen, Vanamo, Merikanto & Karkola, 2008; Valenca, Mendelowicz, Nascimento & Nardi, 2011). Domestic violence and substance use on the part of both the patient/offender as well as the main partner are prominent in a few cases. Furthermore, socio-economic difficulties are frequently reported as with other cases in the literature (Koenen & Thompson, 2008).

3.4. Emotional Functioning and Coping

Consistent with the literature, a history of poor coping resources have been observed among the women (Kauppi, Kumpulainen, Vanamo, Merikanto & Karkola, 2008; Makee & Shea, 1998; Valenca, Mendelowicz, Nascimento & Nardi, 2011. During the rehabilitation period at Sterkfontein Hospital, all of the women underwent intense treatment (use of psychotropic medication, both mood stabilizers and/or antipsychotics) as well as psychological and occupational therapy. Psychological evaluations of most of these women indicated that even after the psychotropic treatment of the mental illness, they were prone to identify danger in the environment, seemed to present with generalized fearfulness, and displayed feelings of discouragement, hopelessness, pessimism, apathy, and ruminative thoughts. Notwithstanding their mental illness, adjustment to the ward indicated a general trend towards appearing uncomfortable in new situations. In psychotherapy, in particular, unstable and intense emotional experiences, impulsivity and apparent indecisiveness have been commonly encountered. Problems with emotion dysregulation and impulsivity are also widely referenced in the literature (Hirchmann & Schimitz, 1958; Lewis & Bunce, 2003; Valenca, Mendelowicz, Nascimento & Nardi 2011). Furthermore, the women would often be observed to withdraw into fantasy as a coping mechanism.

3.5. Interpersonal Functioning

General interpersonal difficulties among filicidal women have been documented
widely in the literature (Koenen & Thompson, 2008; Lewis & Bunce, 2003; Valenca, Mendlowicz, Nascimento & Nardi, 2011). Many of the women at Sterkfontein Hospital came from impoverished backgrounds with little in the way of social support. Most of the women struggled to maintain successful relationships. Consistent with the literature, many of the women reported feelings of abandonment, unworthiness and feeling unloved by family members and significant others prior to and also after the commission of the offence (Spinelli, 2001; Stanton & Simpson, 2006; Valenca, Mendlowicz, Nascimento & Nardi, 2011). Around the time of the commission of the offence as well after the offence, social discomfort and introversion would often lead to the women experiencing relationships in mostly negative terms and they often feel mistreated by others. This would also extend toward ward staff members. Due to marital problems and family discord, unstable and conflicted close relationships have been observed to be the norm. This is further compromised by self-alienation, often borne out of interpersonal suspiciousness. Many of the women are observed to present with a generalized fearfulness and have been prone to identify danger in their environment. Furthermore, their living circumstances usually reveal volatile interpersonal relationships. While psychotropic medication provided relief of overt psychotic and mood symptoms, these features transcended the response to medication, indicative of deep-rooted intrinsic and sometimes characterological difficulties.

Following the commission of the offence, many have lost the support of the fathers of the children they had killed and many family members have withdrawn social support. This is expected to have exacerbated their negative perceptions of close relationships and interpersonal functioning even further.

3.6. Self-perception

Although the literature fails to yield information on the women’s self-perception, the women at Sterkfontein Hospital have been observed to present with self-esteem difficulties, feelings of self-doubt and feelings of worthlessness. They have been perceived to present an overly superficial and vague sense of self, suggestive of a poorly developed self-image.

3.7. Concluding remarks on the characteristics of filicidal mothers

Reflections on the women at Sterkfontein Hospital who had committed the act of filicide as well as a review of and comparison with international literature yielded commonalities in the women’s clinical presentation, childhood histories, living circumstances, emotional functioning, interpersonal functioning and self-perceptions. The commonalities explored as well as reflections on the nature of the literature reviewed as well as reflections on the current knowledge on the subject informs future directions in scientific investigations in the field.

4. Future Directions

It has been indicated that research is necessary that would inform the development of prevention and rehabilitation programs aimed at women who are at risk and those who have committed the act of filicide. The current authors’ reflections on the aforementioned characteristics and review of the literature elicit two main points for future directions: 1) The need for qualitative research undertakings; and 2) The need to approach the research from an attachment theoretical framework.
4.1. The need for qualitative research

The vast majority of literature reviewed in the above section consists of retrospective case analysis and quantitative studies identifying the various characteristics commonly associated with women who commit filicide. It has been mentioned already that the development of prevention and rehabilitation programs aimed at this population would require knowledge on the subject that moves beyond a list of commonly associated characteristics. Thick descriptions of the experiences of the women concerned, obtained through open-ended questions and in-depth exploration, would tap into previously unexplored experiences. Such research, obtained by means of qualitative endeavors, is considered to reveal better identifiable opportunities for the establishment of preventative and rehabilitation interventions.

The authors recommend the use of a theoretical lens to such a qualitative research undertaking as the scope of the phenomenon appears to be overly broad. This is suggested by the number of domains considered to be applicable to maternal filicide discussed above. The use of a theoretical lens is further motivated by the need thereof to guide the researcher in obtaining in-depth information on areas that may promise most potential for the eventual development of prevention and rehabilitation program development purposes. The theoretical lens recommended toward such aims is that of attachment theory, and is motivated in the section that follows.

4.2. The need for an attachment focus

Although a major contributing factor in maternal filicide appears to be the presence of a serious mental illness, it is the opinion of the authors that focusing merely on this factor is overly simplistic in understanding the complexity of the phenomenon. As is indicated by the aforementioned characteristics discussed, several other commonalities appear to exist among women who commit the act. Similarly, Papapietro and Barbo (2005) point to the notion that not all mothers who present with a serious psychiatric illness kill their children. This calls for future research undertakings to provide a greater in-depth understanding of the unique psychological processes involved in filicide, as it forms part of the constellation of possible contributing factors (Papapietro & Barbo, 2005).

One cannot deny the relational component of the offence of filicide. The offence is committed against one or more major possible attachment figures. With an interpersonal and relational component being deemed important in understanding the phenomenon, attachment theory is considered as one possible conceptual framework in this regard. On the basis of the aforementioned domains explained, the authors tentatively hypothesize that the underpinning psychological processes of maternal filicide, in the context of SMI, can be explained by compromised attachment styles. However, before this point may be reached, further research is first needed.

The basic tenets of attachment theory surmise that early childhood relational experiences create the context from which individuals understand relationships (Bettmann & Olson-Morrison, 2011). Bowlby (1973; 1980), the founder of attachment theory, states that children internalize the interactional experiences they have with their caregivers. It is believed that early relationships and interactions are internalized and become entrenched in individuals’ internal working models (IWM) (Bowlby, 1973; 1980; 1988). Bettmann and Olson-Morrison (2011) mention that these IWMs become road maps for interpreting and responding to others.
Bowlby (1973) distinguishes in his work between children who are able to use their primary caregivers as a secure base as opposed to children who are unable to utilize their parents as such and subsequently develop an insecure base. Bowlby (1973) mentions that children who use their caregivers as a secure base develop positive IWM of their caregivers, themselves and relationships. Such individuals may be more likely to view themselves as worthy of affection, are more trusting and perceive relationships as worthwhile (Bettmann & Olson-Morrison, 2011). However, children who experience their caregivers as lacking in availability and who are inconsistent and rejecting are more likely to develop negative IWM of self and others and subsequently present with an insecure attachment style (Bowlby, 1980; 1988). These children are more likely to feel unloved and unworthy of care (Bettmann & Olson-Morrison, 2011).

The latter scenario seems particularly relevant to the histories revealed in the author’s observations above. The reported histories of inconsistent care giving, lack of parental involvement, parental rejection and history of trauma is considered to have resulted in such negative IWMs of self and others. The subsequent insecure attachment styles are evidenced by the observed interpersonal suspiciousness, conflicted relationships, problems with maintaining relationships and reported feelings of abandonment and mistreatment among the women.

The tenets of attachment theory further state that the development of a secure attachment with a primary caregiver allows for the development of basic trust in a young child from which s/he may freely experience his or her environment (Levy, 2000). In turn, this allows healthy cognitive, social and emotional development to ensue (Levy, 2000). The environment allows the individual to develop the ability to self-regulate and manage emotions and impulses effectively (Levy, 2000). However, this is compromised in instances of insecure attachment (Dallos & Denford, 2008). It is clear from the observations reported above that the women present with poor coping resources and behavior characterized by emotional lability and dysregulation. Thereby, suggesting further evidence for problems with insecure attachment.

It is unfortunate that in instances of insecure attachment, the healthy development of identity, sense of competency and a balance between dependence and autonomy is compromised (Levy, 2000). In the author’s observations, it is evident that the women’s superficial and vague sense of self has impacted negatively on their capacity for meaningful relationships and a general sense of resourcefulness and resilience that might have been able to serve as a defense against their stressful living circumstances reported (Levy, 2000).

Moreover, Levy (2000) as well as Lyons-Ruth (1996) point to the relationship between disrupted attachment and violence or homicide. It is thus further considered a relevant conceptual frame to investigate in filicidal perpetrators.

4.3. Recommended research undertakings

The domains reviewed display the possible associations and conceptual relationships of filicide in the context of SMI to attachment theory. It is the opinion of the authors that more remains to be known about the relational and interactional experiences (early childhood relationships, significant adult relationships and with their offspring) of this population as described by the women themselves; as well as the descriptions of the ‘self’ in relation to others in cases of maternal filicide in the context of SMI. What appears to be particularly worthy of further scientific investigation is the
qualitative emotionalism, meaning, the women’s’ perceptions, meanings, emotions and insights in reference to the aforementioned interactions (Silverman, 2008). Future qualitative studies may specifically seek to describe the following attachment-related and relational experiences:

- The women’s experiences during childhood, including memories of separation or loss, comfort or consoling, feeling loved or unloved, and experiences of being upset or ill;
- The women’s experiences in relation to her own child (victim);
- The women’s reflections on perceptions of the child’s internal experiences (i.e. intentions, feelings, thoughts and beliefs);
- The women’s experiences in needing to tolerate distress when the child was upset or ill; and
- Her perceptions and experiences of meaningful adult relationships.

4.4. The suspected value of qualitative research within an attachment frame

Essentially, qualitative explorations in the above domains may firstly yield in-depth descriptive content that is consistent with individuals who present with insecure attachment styles. The descriptive content may enhance current understandings around the attachment experiences of the women in their childhood, and later, in relation to their own children in their adult lives. It is suspected that the women’s histories and experiences would reveal the establishment of ineffective bonds with their own primary caregivers, which is expected to impact on their adult relational experiences in other meaningful relationships, particularly with their own children, as well. In the context of presenting with a SMI it is ultimately speculated for such relational experiences to constitute as one of the major contributing psychological underpinnings to the act of filicide. Finally, in understanding the relational experiences and possible threats to secure attachment in women with SMI, preventative intervention efforts would more readily identify women at risk of committing filicide in the context of SMI. Furthermore, psychological interventions can also be established to focus on attachment content with the aim of protecting a young and vulnerable life.

5. Conclusion

Filicide is a complex phenomenon that remains poorly understood on the basis of research undertakings consisting mainly of quantitative retrospective case analysis methodologies. If science were to deliver relevant information that could offer opportunities for the development of prevention and rehabilitation programs, then it would need to shift its focus to more in-depth qualitative research endeavors. The domains explored within this article, namely that of the women’s clinical presentation, childhood histories, living circumstances, emotional functioning, interpersonal functioning and self-perception are consistent with insecure attachment. Ultimately, the importance of researching the phenomenon via qualitative methods with an attachment, interpersonal and relational conceptual framework is emphasized.

References


Criminal Procedures Act 51 (as amended) 1977 (Pretoria) s. 77-79 (RSA.).


Health, 18(3), 166-176. DOI: 10.1002/cbm.695.


Mental Health Care Act 17 2002 (Cape Town) s. 42 (RSA).


