CASE REPORT

FILICIDE IN DEPRESSIVE PSYCHOSIS: CASE REPORT OF AN EMOTIONALLY UNSTABLE WOMAN SLAUGHTERING HER TWO CHILDREN

Usama Bin Zubair, Rizwan Taj*, Syed Azhar Ali*, Asma Kayani,* Asima Mehboob Khan*

Department of Psychiatry, Mater Misericordiae University Hospital, Dublin-Ireland, *Pakistan Institute of Medical Sciences, Islamabad-Pakistan

Filicide is the murder of a child by the parent. It is associated with various psychiatric and non-psychiatric conditions. We herein present a case report of a filicide by an emotionally unstable mother suffering from depressive psychosis. A thirty years old woman previously treated for depression with psychotic features, having undergone electro-convulsive therapy and on oral medication three years ago was brought by the police for psychiatric assessment. She had slaughtered her two sons of 4 and 7 years of age three days ago without any guilt or remorse. She had low mood, irritability, crying spells, hopelessness and loss of sleep, appetite and sexual desires for the past six months along with the delusions of poverty and infidelity for the past two months. She was a chain smoker. Multiple deliberate self-harm and suicidal attempts were reported in the past two months. She had disturbed family life and multiple conflicts with the husband. Psychometrics revealed BDI score of 32, BPRS score of 39 and PCL-R score of 28. She was diagnosed as a case of depressive psychosis with emotionally unstable personality traits leading to impaired judgment and poor comprehension of the consequences of her actions. This case report highlights the importance of accurately and timely diagnosing and managing a mental health disorder in order to avoid the harm towards self and others.

Keywords: Filicide; Depressive psychosis; Forensic psychiatry

Citation: Zubair UB, Taj R, Ali SA, Kayani A, Khan AM. Filicide in depressive psychosis: Case report of an emotionally unstable woman slaughtering her two children. J Ayub Med Coll Abbottabad 2020;32(2):271–3.

INTRODUCTION

Filicide is defined as the deliberate act of a parent killing his or her own child. Mental health disorders have been studied among the individuals committing this act for long and they remain an area of interest for the researchers and mental health professionals due to therapeutic as well as medico-legal challenges.[1–3] Different psychiatric disorders have been associated with filicide including: schizophrenia, delusional disorders, affective disorders with or without psychotic features, illicit substance dependence, and personality disorders.[2,4]

Unspecific accidental injuries, suffocation and smothering have been commonly used methods for filicide whereas slaughtering has been a less frequent method used for this purpose.[2] Usual motives for filicide reported in the previous studies are altruism, acute psychosis, foetal maltreatment and the unwanted child. Spouse revenge as a motive to kill one's own child has been least reported in the past.[5] We present a case of depressive psychosis in an emotionally unstable woman who was brought by the police with the charge of slaughtering her two children of 4 and 7 years of age as an impulsive act to take the revenge from her husband influenced in part by her delusions of infidelity.

CASE REPORT

A thirty years old married female was brought by police for psychiatric assessment. She had slaughtered her two children of 4 and 7 years of age. She was admitted in a secure psychiatric unit for detailed evaluation and medico-legal assessment. She had low mood, irritability, crying spells, hopelessness, loss of sleep, loss of appetite, and sexual desires for the past six months. She also had delusions of poverty and infidelity for the past two months. She had attempted the deliberate self-harm (DSH) and suicide seven times in the past two months. In one episode she jumped from the roof and underwent spinal surgery at a private hospital. Her poor impulse control was also evident from the fact that she tried to suffocate her mother on a minor argument two weeks ago. She had a disturbed family life and multiple conflicts with the husband. She had the delusion of infidelity and whenever she expressed her concerns, her husband responded with verbal and physical violence. This led to her preoccupation with gaining the revenge from her husband, with little regard for the consequences to herself or her children. She was a chain smoker and even during the interview she had no guilt or remorse and was smoking in a carefree manner. There was no history of any head injury or illicit drug use.

She was diagnosed as a case of depressive psychosis four years ago, after one month of the birth of her younger child. She remained admitted in a government hospital for one month and was given three electro-convulsive therapy (ECTs) followed by oral medication. She remained well for three years after that episode. The onset of current episode with above mentioned symptomatology was six months ago for which she was taken to a psychiatric unit of a government hospital. They started Esctalopram 20 mg and olanzapine 5mg but she was not compliant and her conflicts with the husband also persisted.

Regarding her personal history, she started education at the age of 6 in a government school and achieved all other mile stones normally without any significant medical, surgical or psychiatric history. There was no significant history of any other psychosocial stressor or childhood abuse. She had married a friend of her brother by choice and her marital relations were fine till the onset of this episode of her illness. She had the delusion of infidelity and due to that she often indulged in an argument with the husband and got beaten by him on several occasions. There was no positive family history for any psychiatric disorder.

Mental state examination revealed a young lady shabbily dressed with the hands captured in the handcuffs. She had frowning on the forehead and dark circles around her eyes. She had the cut marks, signs of the DSH on both the forearms. She had marked psychomotor retardation regarding her expressions, movements and the speech. Eye contact and rapport was difficult to establish. Mood was subjectively and objectively low. Delusions of poverty and infidelity were present. No hallucinations or hallucinatory behaviour could be elicited. Impulsive thoughts regarding revenge from her husband were present at the time of the act and she accounted them as the reason for her act of slaughtering the children. Suicidal ideation was also present. Her long term and short term memory was intact and insight was present as she told that she had killed her children with the rationale to take the revenge from her husband however her judgment was found to be impaired as she could not comprehend the consequences of her actions and continued smoking the cigarettes callously without any signs of remorse or guilt.

Differential diagnosis included the depressive episode with or without the psychotic features, schizophrenia, dissociative reaction and the personality disorder. Schizophrenia was ruled out as affective symptoms preceded the psychotic features and she was completely well without medications for three years between the two episodes.

Investigations were performed according to the bio-psycho-social model. All the baseline biological investigations (Blood CP, LFTs, RFTs, BSR and TSH) were normal. EEG and CT-scan brain were also unremarkable. In the light of these findings no organic cause could be related to her current mental state. Psychological investigations included the administration of the psychometric tools and the personality assessment by the projective techniques. She completed the self-administered questionnaires. Her Beck Depressive Inventory (BDI) score was 32 and Brief Psychiatric Rating Scale score was 39. Psychopathy Check List-Revised score was 28. One year ago, BDI score was 28 when she was treated for the depressive psychosis. House Tree Person test was applied for the personality assessment. Findings were emotional instability, impulsivity, low self-esteem, verbally abusive, regression and rejection in the family life. This projective test revealed the presence of depressive symptoms and emotionally unstable traits in the personality. Social investigations included the interview from the parents, siblings and the husband.

After detailed history, mental state examination and the results of psychometrics, she was put on antidepressant and antipsychotic medication. Serial mental state examinations were conducted by different members of the psychiatric team to confirm her diagnosis. Her depressive and psychotic symptoms, both improved in the two weeks' time but still there were no signs of guilt on her act.

The final diagnosis was depressive psychosis with emotionally unstable personality traits. Lack of guilt or remorse, being female of middle class and smoking openly, acting upon the impulsive thoughts and committing the suicidal and homicidal acts point towards the cluster B personality traits. Medico legal report was made in light of the above-mentioned findings. Following a psychoeducation session highlighting the nature of her mental illness, her husband forgave her for this act and she was released by the court. Detailed information care regarding her illness, personality traits and possibility of future events of harm towards self and others was given to her family on the discharge.

DISCUSSION

Patients who had committed the filicide usually have an unwanted child or suffer from acute psychosis or have an altruistic reason for their act. Rarely taking the revenge from the spouse has been reported as the motive of filicide in the past literature.[5]This case was a medicolegal and a diagnostic challenge for the psychiatric team as the retrospective analysis of

mental state at the time of this act would be a major factor in determining the decision of the court.

Psychiatric disorders have been prevalent among women who had committed the suicidal or homicidal act. Schizophrenia, affective disorders, drug abuse, and personality disorders have been found to be more prevalent among the people who commit these acts.[6] This patient had none of these problems in the childhood or adolescence. She just had an episode of depressive psychosis four year ago which was treated by the psychiatrist with ECT and oral medication. Cluster B traits were present in her but never in the intensity to be labelled as a case of personality disorder and commit such an act. Currently she presented with the symptoms mentioned in the previous section which favour the diagnosis of depressive psychosis which compelled this emotionally unstable impulsive woman to slaughter her two children at a time.

A similar case has been reported three years go in our neighboring country in which the mother killed her two children, but in that case the method used was hanging and it was followed by the suicide making it a case of triple hanging filicide-suicide.[8] Another similar case was reported in France two years ago, in which the two children killed were of similar age as that of our case and motive was also similar, i.e., taking the revenge from the spouse but killer in that case was the father and the method used was the fire setting.[9]

The diagnosis of severe depression with the psychotic features rests on the clinical criteria set by the ICD-10 and severity of the depressive episode and impulsivity to perform such act were assessed with the help of the psychometric tools. Medicolegal aspects and the impact of the diagnosis on the decision of the court made this case a real challenge for the psychiatric team. Detailed investigation by the bio-psycho-social model and the use of psychometrics served as a key to make this task achievable.

REFERENCES

1. Bourget D, Grace J, Whitehurst L. A Review of Maternal and Paternal Filicide. Am Acad Psychiatry Law 2007;35(1):74–82.
2. Flynn SM, Shaw JJ, Abel KM. Filicide: Mental Illness in Those Who Kill Their Children. PLoS One 2013;8(4):e58981.
3. Oberman M. Understanding Infanticide in Context: Mothers Who Kill, 1870-1930 and Today. J Crim Law Criminol 2002;92(3/4):707–38.
4. Dil LM, Doreleijers TA, Schoevers RA. Filicide; psychiatric disorders in parents who murder their children--a literature review. Tijdschr Psychiatr 2008;50(5):263–72.
5. Hatters Firedman S, Resnick PJ. Child murder by mothers: patterns and prevention. World Psychiatry 2007;6(3):137–41.
6. Côté G, Hodgins S. The prevalence of major mental disorders among homicide offenders. Int J Law Psychiatry 1992;15(1):89–99.
7. Gao Q, Fan H, Di F, Xia X, Long H, Zhu H. Suicide Behaviors in Adult Inpatients with Mental Disorders in Beijing, China. Int J Environ Res Public Health 2017;14(3):E259.
8. Behera C, Rautji R, Sikary AK, Kumar R, Vidua RK, Millo T, *et al*. Triple hanging in filicide-suicide: an unusual case report. Med Sci Law 2015;55(1):50–3.
9. Scolan V, Nahmani I, Fiechter-Boulvard F, Bougerol T, Paysant F. Filicide-Suicide Non Altruistic: A Brief Report. Austin J Forensic Sci Criminol 2015;2(1):1015.

Submitted: *June 20, 2018*	***Revised:*** *--*	***Accepted:*** *September 27, 2019*

Address for Correspondence:

Usama Bin Zubair, Department of Psychiatry, Mater Misericordiae University Hospital, Dublin-Ireland
Email: drusamabinzubair@yahoo.com