

## **Mental Illness and Parricide a Case Report of Patricide**

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**Abstract:** *According to world-wide statistics, schizophrenia is the most common mental illness identified in people who commit this type of murder. Also, there are slight associations between matricide which is often committed by the sons and patricide which is often committed by daughters. Most of the perpetrators in cases of parricide are under the age of 30, with adolescents covering a big part of the chart. The age of schizophrenic debut, the psychiatric and social attendance of the patients, the active psychotic symptoms, with hallucinations and paranoid persecution ideas but also, the affective inversion towards close friends and family members are frequently found in people who commit parricide. Also, psychotic symptoms and schizophrenia-like clinical aspects can appear in other mental disorders such as mental retardation, dementia or bipolar disorder. The subject is extremely complex as it has to be understood through the characteristics of the mental illness, the basic family relations, the personality of the victims, and last, but not least, the discernment issue that gives more heaviness to the juridical and social involvements of these cases.*

*We hereby present the case of a 17-year-old girl, from the forensic psychiatric board, diagnosed with mental retardation and psychotic symptoms that murdered her father by multiple strikes in vital areas with blunt and sharp objects. We will assess the familial, social and psychological aspects of the case, revealing the implications of mental illness and forensic psychiatry in law enforcement and social services.*

**Keywords:** *f psychosis, forensic psychiatry, homicide, patricide, mental illness.*

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## Introduction

Parricide is defined by the killing of one's parent or close relative, other than a child (which is called infanticide). The murder of a mother is specifically called matricide and the murder of the father is defined as patricide. History and art have described such complex and horrific acts from ancient times, focusing on the most important element of this problem – the nature of the psycho-emotional distress that motivates a child to execute his parents (Heide & Petee, 2007). Also, the punishment was always intended to be as epic and brutal as the parricide itself. If we take a look at the example of Orestes who murdered his mother, Clytemnestra, we can observe that he was judged by the Furies, the most terrible entities in Greek Mythology that symbolize vengeance. Despite the motivation of the murder (revenge for his father's death), Orestes's act was seen as one of the most horrible murders due to the familial and emotional relation to his victim (Jacobs, 2004).

As such, killing one's parent has no excuses and is judged by the law and by social standards, as brutal and evil as killing one's child. We must understand that family relations are not always and constantly balanced but the emotional connection goes deep into the subconscious mind. This is why, even in mentally ill patients, an emotional connection with the family should prevent any violent threats. This is the reason why psychoanalysis has failed to understand why, in real life, these crimes are committed, even if they are rare (Bourget et al, 2007).

## Social, familial and legal aspects of parricide

In terms of law concept, the parricide is considered one of the most severe forms of homicide. Freud stated that "The *guilt for matricide is of the individual as it is of the society*". In Romania, it is integrated in the concept of "qualified *murder*" known as first degree murder world-wide or as murder with intent. That means it's punishable by the highest sentence in criminal law (Ivan, 2017).

Of course, the matter of discernment is an important issue during criminal investigation and this is why people accused of parricide are almost every time, examined by a forensic psychiatric board. These forensic psychiatric examinations are conducted for specific cases where the nature and the act of the crime or the behavior of the felon raises questions and doubt about his capacity of understanding his actions and thus, being truly responsible for it (Dantas et al, 2014). In matter of forensic examination of

children, in Romania, victims of different types of abuse can be examined at any age but regarding juvenile delinquency, psychiatric examination is mandatory between the age of 14 and 16 years old and optional in other age ranges, if the nature of the crime imposes such an evaluation (Czika, 2018). Parricide, due to its atrocious nature, involving severe distortions in the most profound emotional bond between victim and murderer, meets all the demands for a forensic psychiatric evaluation, which will not only assess the discernment but will also corroborate all the external and internal elements of the felon's life and the way that they led to murder. As such, it will assess the motive, the mobile of the crime, the environmental aspects and neuro-psychological processes that made the person want to terminate the life of his parent (Vignali, 2023).

From a statistical point of view, although there are few literature references regarding this subject, the total number of parricide cases, with both mother and father being the victim, constitute 2% of all homicide cases. 64 % of parricide cases are conducted by stepsons/daughters, all of them being under 30 and more than 50% of them being adolescents. Parricide has a distinct characteristic compared to other homicides and that is the intense and brutal nature of the act, often involving multiple and severe lesions in vital areas, such as head and chest, sharp objects and firearms, as such, extreme force is often used which means intense emotions, drive and motivation (Miles et al, 2023). Another interesting finding is that boys are more often involved in parricide cases than girls and they tend to act alone whereas girls are more often involved with an accomplice. A statistical observation from a psychological point of view remarks that most criminals tend to feel relief immediately after committing parricide and often attempt suicide afterwards (Jargin, 2013). Victim observations state that victims' mothers tend to be extremely overprotective, and the father has a mostly dominative, violent and punitive attitude towards the child. Mothers are statistically more often victims of parricide, and it appears that the relationship between parent and child has an important meaning as it has been observed that often boys kill their mothers and daughters kill their fathers. More recent studies suggest that girls are equally predisposed to killing both parents (Evans, 2005).

Male individuals that kill their parents tend to have some common characteristics. Mental illness often found amongst these people and schizophrenia are the most cited. The boys who kill their mothers tend to be immature and dependent, they are single and often unemployed, living with the mother and often, the father is absent (Palermo, 2010). The common elements in both mothers and fathers killed by boys is their dominative,

demanding and punitive attitude towards the child, with mothers being more possessive and fathers being more aggressive. Killing both mother and father by boys tends to happen in the home, excessive force is always displayed, and often, felons declare the feeling of relief after the crime, rather than remorse (Weisman & Sharma, 1997).

Less of the female individuals that commit parricide tend to be psychotic or have severe mental illnesses. They often are middle-aged, single and living with their parents. As in the case of men, both parents tend to have dominative and punitive traits, but mothers tend to have hostile and dependent relations with their daughters and fathers tend to be physically violent with the girls. As stated above, girls tend to often have an accomplice which means they are less likely to have psychotic traits and they usually understand the nature of their actions as taking an accomplice involves premeditating the crime and reinforcing the intent, planning the outcome (Johnson-Smith, 2004).

### **Psychological and psychiatric aspects of parricide**

The present literature states that 85% of all cases of parricide are committed by people with severe mental disorders. In a philosophical view, this big percentage can explain the extreme force, the drive and the emotional impairment that this crime involves. Also, the feeling of relief, present in most criminals, regardless of gender, can only be explained by a cognitive and emotional negative distortion toward the victim that involves accumulating extreme hatred, tension and frustrations which finally escalate to extreme impulse drive and explosive violent manifestation (Malmquist, 2010).

Returning to the percentage of mental illness found in parricide cases, the observation is completed by the fact that schizophrenia and mental deficiency with psychotic traits are the most found disorders in these cases. At a more profound level, these pathologies have a broad specter of manifestation that include psycho-emotional variability and instability, persistent psychological tension, low tolerance to minor frustrations, lack of impulse control, behavioral disruptions with tendency to explosive acts at minor triggers, persistent irritability and irascibility, but the most important to this specific case is the patient tendency to develop an emotional inversion towards close relatives and friends which is augmented during psychotic episodes where delirium and hallucination push the cognitive functions far away from reality (Myers & Vo, 2012).

At a more profound level, leaving aside the psychiatric pathology, the psychological aspect must cover all scenarios and explain the core of the

act of parricide. David Abrahamsen stated that homicide lives in our psychological core, and it is a part of our emotions in the same level as those feelings that motivate life (Heide, 2017). Despite our resistance and resilience, based on our neurobiological and psychological processes of love, social inclusion or morality, the "killer" is part of humanity and instinct as much as other instincts, such as survival, food, or reproduction (Novovic, 2013). In homicide cases, the killing is a consequence of a series of negative emotions that could not be processed in a balanced way and escalate into the trigger that activates the act of homicide. Non-familial victims are "easier" targets because profound emotional bonds and emotional dependency is not as powerful as in the case of parent-child relationship (Amoradio et al., 2008). Now, between victim and criminal there is always an equation that closes once the homicidal act is done. In cases of parricide, the equation closes with relief and remorse appears often late. Some authors believe that the closed emotional tension between child and parent is solved through homicide and that is the explanation of relief but remorse often comes later when the criminal faces the law and the social exclusion which means the relief persists in his intrinsic processes but guilt is a product of extrinsic processes that ties the human to the social matrix (Grattagliano et al., 2015).

As stated above, most often, fathers are victims of daughters and mothers are victims of sons with mothers covering the highest percentage of the victims. At a deeper psychological view, statistics care very relevant in explaining the deep aspects of the parricidal relation by profiling the victim and the killer, beyond mental disorder issue and diving to subconscious impulses and processes. In the case of maternal victims, often the son is unemployed, introverted, emotionally and economically dependent on his mother, being unable to separate himself from his mother. Also, the mother tends to be overprotective, and the absent father is often a trait of these cases. In the cases of paternal victims, the fathers tend to be dominative, punitive, demanding and more aggressive than mothers (Buyuk et al., 2011). The psychological theories of parricide state that in both cases, statistics can be explained by 2 models: one refers to emotional or physical abuse, often seen in father victims and the other refers to a possible oedipal complex present in both girls and boys, due to the intense subconscious emotions and tensions between them and the parents. In the case of abuse, the homicide offers relief through liberation but in the oedipal theory, the homicide is viewed as a defensive act against the child's incestuous desires and inner conflict, generated by emotional dependency and overprotection or, in female cases, the dominative figure of the father, him being the only

male character to refer and emotionally bond. These theories could cover even mentally ill people that commit parricide, as their psychological distress is augmented in close relations with family and friends, but the emotional subconscious nucleus and impulsivity remains the same (Bonovitz, 2018).

### **A case report of patricide addressed to the Forensic Psychiatric Board**

The following case will be presented for academic scope as the unique and main characteristic of the case resides in the social and familial aspects and the relationship between parent and child that tends to exit the statistics and literature by many traits. This case was referred to the Forensic Psychiatric Board of Psychiatric Institute” Socola” Iasi and the Institute of Forensic Medicine Iasi. The patient addressed to the board was a 17-year-old girl, from an urban area and a single parent family – the father. She was brought in by the Criminal Investigation Service, being the accused party in the case of the murder of her father. From the Police preliminary investigation, the patricide was committed by multiple blunt force trauma to head and vital organs of the body with an axe and knife. The psychiatric forensic evaluation was conducted by hospitalization of the patient in the Child Neuropsychiatric Clinic and by corroborating clinical observation, social and educational inquiries and series of psychiatric and psychological interviews and testing.

#### ***Social aspects***

The social investigation revealed that the girl lives in the urban area with her father and has an older sister that lives in another area of the country, being a student. The girl’s mother left the family and does not keep any relations with the father or her daughters. She also has a stepsister that lives with her mother in another city. The father is her only parental support and she had very close and loving relations with him. The material conditions were more comfortable as the father conducted his own business and had very good living conditions and financial possibilities to sustain all necessities for his family. He was dedicated and involved in her well-being and education and involved in all aspects of her development, although she is diagnosed with organic cerebral chronic disease, acute polymorphic psychotic episodes and stuttering.

#### ***Medical History***

Medical history reveals that the girl was born prematurely at 7 months of pregnancy, and she had 900 grams at birth, being medically assisted for 6 months and slow and delayed neurological development. The

latest clinical observations revealed that electroencephalogram showed a pathologic brain activity, and the cognitive development is unsatisfactory. She had chronic treatment with mood stabilizers, antipsychotics, and neurotrophic drugs but she was uncompliant to treatment and despite it, she was often aggressive with others (the father, she broke windows, had pyromaniac acts, and killing animals) but also to herself, hitting herself and cutting her skin during acute episodes. Also, in social and scholar environments she would often display behavioral disruptions and bizarre traits. She often manifested aggression towards her sister, before she went to college, often being jealous of her. The girl was medically and socially assisted.

### ***Educational and psychological evaluation before the patricidal act***

The educational characterization stated that the girl is a student in the 10<sup>th</sup> grade, having a supportive curriculum for her cognitive impairment. Despite the personalized support from teachers, she has very low intellectual acquisitions and slow improvement in writing, reading, oral communication and logical operations. Memory tests showed that she operates with short term memory, most of it being visual. She has important attention deficits and high distractibility and has no interpersonal communication skills and does not get involved in extracurricular activities. Her level of integration in the peer group is extremely low, despite the educators and psychotherapists' efforts and the behavioral and logopedic sessions.

The psychological evaluation made before the patricide act, by psychologists in the educational facility, revealed that the girl had important memory and attention deficits, her thinking process was very slow and rigid and her capacity for logical operation was poor. She needed external support in conducting any kind of task, she lacked any form of communication skills, she understood simple tasks but had no interest for school and educational activities. She was partially independent. The girl had severe emotional instability and immaturity, with bizarre laughter and crying episodes, she had low tolerance to any kind of frustrations and a high degree of impulsivity. She displayed extreme aggressiveness and explosive manifestation even to low or no small triggers and although the father is highly involved in her development, she denies and defies any rule or limitation or authority.

### ***Preliminary assessment after the patricidal act***

Immediately after the murder of her father, due to the noises (shouting and breaking), the Police were called at the address. The officers found the girl in an extreme psychomotor agitation state and with lacerations

and bruises on her hand. She was retrained with difficulty as she manifested aggressiveness towards the officers, and she was initially brought to the emergency room for preliminary evaluation. In the emergency clinic, she manifested severe violent behavior towards nurses and doctors, she destroyed objects in the evaluation room, and she had to be retrained and sedated during evaluation and blood tests. Besides superficial cuts and bruises on both hands, the somatic evaluation revealed no organic pathology. After the emergency evaluation, due to her behavioral disruption, she was immediately addressed to the psychiatric institute for forensic evaluation and clinical management.

### ***The forensic psychiatric serial evaluation***

The forensic psychiatric evaluation was conducted by clinical assessment, evolution observations in front of the board and during her time with the peer group, by psychological interviews and testing and psychiatric interviews respectively. The interviews were carried out through her sister, the patient refusing to communicate with the medical staff. During this period, the patient was aggressive, restless, partially time-spatially oriented. The psychiatric examination highlights: partial temporal-spatial orientation and to oneself, hardly cooperative; selective communication with repeated "when does she go home" questions. Dialogues about daily events and her needs are carried out with relative calmness and understandable language; during discussions with reference to Viorel (the father), the timbre and tonality change, she becomes agitated, slightly aggressive. She permanently refers to her father in the present time.

Psycho-cognitive and neurologic aspects: Perception is at the level of psycho-cognitive development. Attention - Marked difficulty concentrating and switching. Memory - Short-term memory, lack of cluster playback. Thinking - Bradypsychic transient periods of chatter. The language - bradylalic with disorder of rhythm and fluency - tonic-clonic babble. The patient exerts reduced active and passive vocabulary. Intellect - moderate mental deficiency on the basis of organicity (EEG performed during hospitalization reveals pathological aspects with isolated bi- and triphasic peak paroxysms in the right PT derivations; background path with dominant hypo-voltage alpha rhythm, predominant in the posterior derivations; rhythm polymorphic theta with increased incidence in the left hemispheric derivations; brain MRI performed reveals normal imaging appearance.

Affectivity aspects: At the time of the examination, the patient displays affective flattening, withdrawal, irritability, latent and manifest aggression, compulsive discharges. From the discussions with her sister, it

appears that she was an overprotected child (due to cognitive and language deficiencies), by her father who satisfied her every wish and was always around her. The father was never able to get used to the fact that she was still a disabled child. She displayed explosive reactions and marked jealousy even towards his sister, whom she would scold or hit if she did not fulfill her wishes. She presented a rapture of major aggression, with destructive acts to a minor frustration (the presence of a housekeeper helping in the house). The impulsivity and aggressive behavior also existed before the patricidal act, urgently requiring hospitalization. It appears that impulses suddenly triggered by irrational acts without voluntary control manifested since childhood with aggressiveness towards his sister, whom she scolded very loudly, leaving signs, aggressiveness and rebellion manifested towards the father when he did not fulfill her wishes. At the death of the first dog, Sasha, who was run over by a car, she initially laughed, then began insistently requesting another dog of a certain breed (wolf dog), which would be good at fighting. She was reading on the internet and knew a lot of details about training a dog and was unhappy with the current dog because it was not aggressive enough.

The will: Poor persistence and mobilization with interest only in what concerned her. Limited restraining capacity. The imagination is very poor with extrinsic motivation. Nighttime rhythm - quantitative and qualitative hypnic disorders that did not ameliorate even under intensive medical treatment.

Social and familial aspects: Lack of initiative in everyday life (concerned only with her dog); adult dependency maintained specifically by the father. The characteristic latent aggression was unconsciously discharged in the pleasure of witnessing the fights between her dog and that of the neighbors or using the dogs on other people. Food preferences fixed and maintained by the father - she only consumes what she wants (belly soup, chicken wings, a lot of sweets, coffee, coca-cola, chocolate, cigarettes - many forbidden by doctors because they are irritating and energizing substances). The inability to mobilize in the intimate and personal space, needing someone to be around her all the time to help her and fulfill what needs to be done. Poor personal hygiene, does not wash, does not change clothes unless required and only assisted by sister.

During the hospitalization, she often displayed aggression towards the attending physician, not realizing the force with which she was hitting, although it appeared to be a game. She bullies children by getting in their way, hitting them without them provoking her in any way. She often asks for boxing lessons without clear motivation. She is highly unpredictable.

Sometimes she doesn't leave the salon, sometimes she gets up suddenly, explosively, demanding what she wants. From the developments recorded by the nurses, she tried to punch a patient saying, "*What are you afraid of, I just didn't have a knife*". She states that she likes to be violent "*with the palm or the fist, not with the knife*".

### ***The psychological evaluation***

The patient was submitted to anamnestic evaluation and psychological interview, active and passive observation and graphical gesture targeted on psychopathologic reactivity. The examination revealed that the patient displays a disharmonic configuration of the impulsive-aggressive type, with untimely behavioral raptus (extreme emotional tension) against the background of constitutional organicity and characteristic psychocognitive retardation (IQ= 45). Overprotective family climate that sustains behavioral disruptions.

Uneven, fragmented school performance; severe dyslexia, dysgraphia, dyscalculia. Graphic gesture characterized by retrogressive, poor, stereotypical themes. Opposition, anxiety, insecurity, mistrust. (Picture 1 – Tree and House graphical gesture observation).



Figure 1: the patient's graphical gesture – tree and house drawing

### ***Regarding the patricidal act***

During serial interviews, alone or with the help of the sister, the child often manifested verbal aggressiveness towards board members. She also displays agitation and tension but also an affective inversion when the father is brought into discussions. Referring to her actions she declares:” I drank a coffee and listened to loud music; dad came home drunk, told me to turn the music down, swore at me, asked me what I was doing in his room because I'm a bully, then I went downstairs, took the kitchen knife and stabbed him. Dad was undressed, he wanted to go to the bathroom” (she laughs whilst she says talks about stabbing the father). In another interview she declares differently, displaying lack of remorse and interest about the act but also a marked thought disorganization and distractibility by other interests:” *We fought. I was strong and I beat him. He drank and I beat him. He wanted to take out the sword and the axe, I hit him in the eye with the stick. What could I do? I was scared when I saw him covered in blood. I think he was talking. He cursed me after I hit him. I think dad is alive. I don't want toys. I want to go home, go to the club, drink a coffee, smoke a cigarette. Is Viorel still coming? (laughs) Viorel was there with blood on his face, on his neck, it scares me when I see him with blood, I think he has blisters on his face. I beat Viorel, I don't know if he died, I stayed after stabbing him, but after that I left, because I was afraid, he was laying on the floor and I was afraid. It was night when it happened, I don't know what day it was. Viorel closed the door so that I could not enter, and I broke the window. He closed the door so I wouldn't hit him. How long am I staying here?”*

The patient’s big sister was also present in the interviews, and she declared that the child was always aggressive towards her and she often pulled her hair and broke her lips or bruise her eyes. She loved to teach her dogs to be extremely aggressive and she would provoke them to fight with other dogs or bite people who passed in front of their house. When her first dog died in a car accident she laughed and demanded another dog, saying that that dog was very stupid. The father did not accept her disease and did not understand the importance and severity of the pathology and always overprotected the child and gave her everything she wanted. The child never manifested affective gestures towards her father and called him by his name. in spite of this and the fact that the child murdered the father, the big sister would like to take her sister home as she feels responsible for her. She believes that her father did not protect himself during the violent act because of his love for the girl.

## Case discussions

From the medical documentation, the interviews and from the serial examinations carried out during the hospitalization, it is found that the patient presents, according to ICD 10, Moderate mental retardation (QI-45) with a major deficit in adaptation and relating, with intrafamilial major aggressive raptures, atypical parental situation (single parenthood), parental overprotection, tonic-clonic stuttering.

Mental retardation/metal delays are residual states characterized by a deficient mental development, the complex etiology affecting cognitive functions, in degrees that differs in people of the same age in similar developmental conditions. In the case of the minor, the mental retardation was evident from early childhood, the minor being born prematurely (at the age of 7 months, weight 900 gr.), medically assisted until the age of 6 months with slow, deficient neuropsychic and language development. During the preschool and early school years, the psycho-cognitive and behavioral evolution recorded episodes of agitation and psychomotor restlessness with aggressive outbursts (self and hetero-aggression), tacitly accepted by the father who refused all the time to accept that he has a child with disabilities. This attitude, of non-acceptance by the father, led to the schooling of the minor in mainstream education (with an adapted curriculum), which generated the growth of the minor's frustrations by comparing her real possibilities with other children. The minor shows low self-esteem, masked and compensated by family overprotection. The compensation of these behaviors at the individual level (of the child) occurred through aggressiveness, emotional lability, marked misbehavior both towards the father and in the relationship with the older sister and the housekeeper. In order to keep the father's attention, to benefit from everything she wanted (favorite food, desired drinks, cigarettes, coffee, etc.), she resorted to destructive acts (she broke the flowerpots that father liked, brought her dog into the house even though she knew she wasn't allowed). From the point of view of personal autonomy, she depends on the adult not fully acquiring the skills of hygiene, order and cleanliness in the intimate and personal space. She selectively ate only what she wanted, with episodes of bulimic binges (eating excessively). Extremely limited restrain capacity not being aware of and not having the ability to censor the force triggered by anger, with aggressive, untimely or intentional outbursts (*"in play she bruised his sister's eyes", "in play she sneered and amused himself", "stabbed Viorel with the knife", "she hit the attending physician"*). The state of marked aggression, the lack of cooperation, from the first days of hospitalization required the minor to be restrained for the purpose of protection. Initially, she refused food and

treatment, later, in the presence of the sister, she agreed to feed, communicate and take treatment. Due to the mental condition, the minor does not have the ability to control herself.

## Conclusions

The patient presents the diagnoses: "moderate mental retardation (QI-45) with major deficit in adaptation and relating, with major intrafamilial aggressive raptures, atypical parental situation (single parenthood), overprotection by parent and tonic-clonic stuttering". The minor is not temporally oriented, it is partially spatially and auto-psychically oriented. At the time of committing the above-mentioned deed, the child did not have the mental capacity to critically assess the content and consequence of the deed for which she is being investigated and for which discernment was abolished. The minor, due to mental disorders, does not have the ability to control herself, representing a danger for herself and others. The minor requires supervision and treatment under inpatient conditions and permanent supervision. As a result of the forensic psychiatric evaluation and clinical observations, the commission recommended obliging the above-mentioned to undergo specialized treatment under conditions of hospitalization according to the law protocol stated by the Romanian Penal Code.

Although this case does not fully align with known statistics and current literature statements, there are some common grounds such as the mental illness with psychotic traits, the extreme aggressiveness of the patricide and the lack of one parental figure – the mother. Despite all these elements, the case reveals that the father was extremely caring and overprotective, although statistics show that this characteristic appears in mother victims. Being a single parent, the maternal and paternal figures were probably overlaid by the father's intent to compensate for the mother's absence. The psychotic and aggressive behavior in this case, was based in particular on the mental retardation and brain disorder, ignored by the father, close friends and educational institutions, which characterizes this case and separates it from statistics.

Social assistance and the school must draw attention about these children, but the education of the parents also requires a special approach, as these are the main prevention systems for serious delinquency cases, such as patricide, especially when it comes to children.

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