

CASE REPORTS

DOUBLE PARRICIDE—MATRICIDE AND PATRICIDE: A COMPARISON WITH OTHER SCHIZOPHRENIC MURDERS

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Two paranoid schizophrenic young men murdered their mother and father while acutely delusional. To delineate the characteristics of homicidal, particularly parricidal patients, these two patients are compared with one parricidal and six homicidal patients. Preliminary warning signs, the contributory role of family life to the psychopathology, and the occurrence of parricide in schizophrenia are discussed.

Although homicide in schizophrenia is relatively uncommon,¹ the association has intrigued psychiatrists as well as the public. In reported cases, the commonest victims are women closely related to the assassin, usually wives or girlfriends.^{2,3,4} The murder of both parents—patricide and matricide as a form of double parricide—is evidently a rare occurrence. We found only one case report in the literature,⁵ that of a young man, who, with encouragement from a friend, poisoned his parents with potassium cyanide.

Recently we examined two patients, with the diagnosis of chronic paranoid schizophrenia who shot both of their parents. In these two instances there were many points of similarity, in particular highly specific premonitory signs. Because homicide is a major public health problem (6) and because there is a dearth of literature on clinical predictors of homicidal behavior, the following case reports are presented.

CASE REPORTS

Case 1

Mr. A, 29-years-old, was first admitted to a psychiatric hospital at the age of 19. For 6-8 weeks prior to admission, he had intermittent delusions of being followed involving

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the CIA and FBI. He had also been preoccupied with religious thoughts, constantly reading and studying the Bible. Once in the hospital, his behavior improved without medication.

Eight months after Mr. A's first hospitalization, he was hospitalized again, this time overtly paranoid, delusional, hallucinated and depersonalized. When treated with thioridazine, he improved substantially, and was discharged after one month. Fifteen months later, at the age of 22, he was admitted to a hospital by his parents on a court petition. He expressed the belief that he had been given LSD during this hospitalization and that his parents were among those trying to harm him. He seemed to be experiencing auditory hallucinations. A diagnosis of paranoid schizophrenia was made and trifluoperazine was prescribed. After three weeks, without significant improvement, he left the hospital against medical advice.

Mr. A was unemployed, lived at home with his parents, and was socially isolated. His only encounter with the law was one minor traffic offense. He frequently went hunting with his father, and on a hunting trip one year before the parricide, he shot at a man and narrowly missed hitting him in the head. He killed his dog after it vomited in the house.

Mr. A shot his parents with a hunting rifle, his father first and his mother immediately thereafter. He was apprehended when he returned home three days later. When arrested, he maintained that his house had been the target of an attack by government forces and that his parents had been wounded and were undergoing "gangrene surgery" in another city. Subsequently, although he was not married and had no children, he claimed that his parents had gone "computer crazy" and had attempted to kill his children by drowning them in battery acid.

Mr. A's father, a successful executive, reportedly felt that he could "handle any situation" and that his son was his problem. According to a family diary, the father was convinced that there was "something wrong" with his son, but he was not convinced that his son had a psychiatric illness. The father and mother were described as extremely protective, despite frequent, violent arguments between father and son, and the mother refused to have her son hospitalized despite the requests of relatives.

Mr. A was hospitalized shortly after the shooting and subsequently was found not guilty by reason of insanity. His condition has been stable without significant improvement. Although he is not violent on the ward, he remains floridly delusional.

Case 2

Mr. B, 35 years-old, was described as being a loner during childhood. His mother reportedly worshipped the ground he walked on, and his father often over-indulged him. He dropped out of school in the tenth grade because school work bored him.

Mr. B served in the National Guard for three years. He was given a medical discharge after recovering from vertebral and rib fractures sustained in an automobile accident. Following the accident, he became progressively more dependent, lived with his parents, and occasionally worked in his father's saw-mill. He gradually became withdrawn and neglected his personal hygiene. He was an expert marksman and had a keen interest in fishing and hunting. He had shot at people in his community at least twice before killing his parents, but otherwise was not physically violent. However, members of the community were afraid of him and urged his parents to have him committed, but they refused.

About eight months prior to the parricide, an uncle died; when informed of his death, Mr. B laughed. Shortly thereafter, he became unusually preoccupied with religion, and began to talk of a book he supposedly wrote while in the fourth grade. His speech contained many references to devils and angels, and on one occasion he referred to himself as "the Devil." He would often sit for hours, and claimed that the solar system was putting energy into his body.

The day prior to the shootings, Mr. B became agitated and demanded that his parents give him the book that he thought he had written. His father called the police and reported having difficulties with his son but elected not to swear out a warrant because his son fell asleep. The following morning, Mr. B took his gun and went to his fourth grade teacher's house. He fired one shot and killed a dog sleeping on the teacher's porch. He then verbally threatened the teacher and left. He next proceeded to his uncle's house and pointed the gun at him but did not shoot.

Upon returning home, Mr. B shot his father while the latter was attempting to back up a truck; he then shot his mother. Both parents were killed with deer slugs fired from a 12-gauge shotgun. Mr. B then doused both bodies with gasoline and ignited them. He next threatened his older sister who lived with her two children in a trailer next door. He left on his own volition, walked back to his parent's house, looked at their bodies, got into a car and drove to the local police station to turn himself in.

Mr. B informed the police that he had "killed two devils." He referred to himself as Jesus Christ. He also told the police that he had "a list of all the devils" he was supposed to kill and that he was acting on the instructions of the angels. He signed his confession "Thy Lord Thy God." He was hospitalized and subsequently found not guilty by reason of insanity. He has been maintained on fluphenazine and chlorpromazine, showing slight improvement, but he is still deluded.

DISCUSSION

As mentioned elsewhere, literature pertaining to predictive criteria of homicidal behavior is scant. While a search of 13 reports of various authors led to identification of certain clinical, environmental and psychodynamic factors, a presence of unequivocal predisposition for homicidal behavior could not be delineated.⁷ A comparison between our patients and the patient (Mr. C) described by Raizen⁵ reveals more differences than similarities. Homosexuality, genetic predisposition for schizophrenia, suicidal intent and maternal seductive behavior were notably absent in M/s A and B. M/s A and B had exhibited aggressive behavior before committing homicide, and independently perpetrated the crime, using firearms. Unlike Mr. C, M/s A and B did not have a strained mother-son relationship. Finally, the fathers of our patients were killed before the mothers.

M/s A, B and C were comparable in terms of their family milieus, the three were only sons, in fact the only child in cases of M/s A and C, and had over-protective parents.

Several interesting similarities between M/s A and B were noted. Both mothers were fawning and were perceived by other family members or friends as spoiling their sons. They also refused to believe or give credence to reports of psychiatric illness in their son and were frequently defensive when the subject was raised. Complementing this maternal picture were fathers who were overly indulgent but not necessarily weak, who took responsibility for their sons' actions but did not necessarily consider them as expressions of psychosis. In each case it appeared that the fathers wanted desperately to believe that their sons were normal. Consequently, they had virtual blindspots when it came to their perception of their sons' action. Only one week before the parricide, Mr. A's father wrote in his diary that "we know something is wrong with (Mr. A), we just don't know

what," despite a discharge diagnosis of schizophrenia following several psychiatric hospital admissions. Similarly, Mr. B's father repeatedly bailed his son out of the local jail after shooting sprees, usually just after the son had been taken into custody.

Against this backdrop of parental indulgence there were in each case frequent father-son conflicts, particularly about the latter's employment. According to the notion of victimatology, which has been proposed to account for who becomes victimized in schizophrenic crimes, there is often a pattern of provocative behavior on the part of the victim. In particular, a rejecting attitude or, alternatively hostile behavior on the part of the victim towards the aggressor has been suggested as a contributing factor towards eventual violence. The conflicts between father and son in the present cases could be taken as having fueled whatever nascent tendencies to violence already existed. On the other hand, ironically, while the mothers were indulgent, non-hostile and sympathetic, and thus might have been expected to escape their son's murderous onslaught, they did not.

Two other features of these cases merit attention. Both Mr. A and Mr. B remained at home where they were dependent, unemployed and socially isolated. Neither had brothers. Both patients had an expertise with and predilection for using guns and had an intimate relationship with their fathers, with whom they often hunted and fished. Both patients shot a pet dog with little reason prior to the act of parricide. They were overtly delusional when they shot their parents with hunting guns. Also, both patients showed inordinately religious behavior. The fathers were shot first. Neither father had taken action to intervene in his son's use of guns.

Freud discussed parricide, specifically patricide, in Oedipal terms. A complimentary schema has also been invoked to account for matricide. According to the Orestes complex, an "excessive attachment to mother can be transformed directly into a violent hostility toward her."⁸ In the present cases, the shooting of both parents together makes it difficult to assume that these unconscious motives were responsible for the crimes.

An additional feature of the two cases, and one of much importance, was the presence of warning signs of impending aggression. Both Mr. A and Mr. B were expert riflemen and they had shot at others, supposedly without the intent to kill. Although both patients had been hospitalized, the parents repeatedly ignored the advice of relatives and friends to hospitalize or commit them again. Neither Mr. A nor Mr. B was on antipsychotic medications at the time of the crime, largely because of parental intervention. Neither young man made a verbal homicidal threat prior to the parricide.

The triad of enuresis, firesetting and cruelty to animals as a child has been proposed as a predictor of the propensity to adult violence. While all three elements occurred in Mr. B's case and at least cruelty to animals in Mr. A's, in neither case did other overt psychopathology become manifest until late adolescence. At that time, the constellation of access to and infatuation with guns, shooting incidents, and overt psychopathology including paranoid delusions, could have been, or perhaps should have been, construed as evidence for potentially murderous impulses.

Of cardinal significance is the fact that both Mr. A and Mr. B were overtly delusional at the time of the parricide. Neither knew his parents were dead even after the shootings. It is of interest that Mr. B had the opportunity to kill both an uncle and a sister, neither of whom he liked, as well as his parents. That he only killed his parents suggests he was responding specifically to the delusion his parents were devils. Thus, his actions were "planned" and carried out according to his delusional system.

We also evaluated another six patients who had murdered someone but not their parent(s). In order to delineate the similarities and differences in the characteristics of two patient subpopulations, we compared M/s A and B with the six patients. All patients were male, unemployed, suffered from paranoid schizophrenia and had shown a prelude of known bizarre behaviors prior to homicide and had a predilection for and expertise with lethal weapons. Of the patients, 6/8 had previous history of psychiatric treatment and had hobbies of hunting and fishing; 4/8 patients had persecutory delusions with inordinately religious behavior. The main differences between the two homicidal subpopulations were observed in the family environment. Unlike M/s A and B, the remaining six homicidal patients did not have an overprotective and domineering parent. Further, unlike the six homicidal patients, M/s A and B led a relatively dependent life.

Thus, it seems that paranoid schizophrenia, unemployment, male sex, prelude of known bizarre behavior, predilection for and expertise with lethal objects, hobbies such as hunting and fishing, previous history of psychiatric treatment and inordinately religious behavior may be associated with homicidal behavior or at least the potential for it. Further investigations should be undertaken to assess the validity of these criteria as predisposing to homicidal, particularly parricidal behavior.

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