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Reactive Parricide

This paper describes a variety of homicide characterized by an element of reality in resorting to the killing of a parent. It deals with families marked by the presence of what I call catastrophic conflict. This term denotes a conflict which exceeds the adaptive capacity of an individual and can be resolved only by structural changes: a change in the structure of reality (divorce, truancy, homicide) or a change in the structure of the subject (psychosis or suicide). The reactive parricide is a last-resort effort to protect the psychic integrity of the perpetrator threatened with psychic disintegration due to catastrophic conflict. Killing of the parent responsible for catastrophic conflict leads to resolution of this tragic dilemma.

Egosyntonic homicide of parents is rare. Eight cases of egosyntonic parent killing have been examined or treated by me; three will be presented in some detail. All three youngsters were not psychotic. Each of the parents was cruel and disruptive to the family life. The death of the parent was a family integrating experience.

The statement that killing a parent may be adaptive has a blasphemous quality. Such a conclusion has forced itself on me not only by the history that preceded the killing but also by the consequences which the slaying had on the life of the perpetrator and the entire family. In this context, the comment by Drearden seems relevant: "A murder is, in fact, merely an unwise and undesirable performance of that task imposed upon all of us—the adaptation of ourselves to that environment in which we live" [1]. The majority of adult homicides arise out of self-destructive needs and lead to tragic consequences for the perpetrator. Reactive parricide, however, has a large element of self-preservation.

Space limitations do not allow for an exhaustive presentation of case histories. The following eight factors have been considered particularly significant and are selectively detailed in the clinical material.

1. The personality characteristics of the killed parent.
2. The killed parent's impact on the family in general and the perpetrator in particular.
3. The surviving parent's personality makeup.
4. The nature of the relationship between the parents.
5. Family life before the killing.
6. Family life after the killing.
7. Societal responses and interventions into the disturbed life of the particular family.
8. The psychosocial fate of the perpetrator.

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Case 1

In January 1963, John, who was 15 years old, carefully planned the killing of his mother by creating an alibi through random shooting at various houses in a fashionable suburb. He obtained the pistol by shoplifting it in a local sports store. Once sufficient publicity had been generated, one evening he interrupted watching a television program, quickly stepped out into the darkness, and with one well-aimed shot through the window killed his mother who was standing over the kitchen sink. John returned to the TV room to continue with the television program. Shortly afterwards, Mrs. Smith was discovered lying on the floor by her husband, who assumed she had had a "heart attack" inasmuch as there were no visible signs of violence. In the hospital it was discovered that she was shot, the killing being attributed to the "phantom sniper."

A boyfriend of John's told a police investigator that John owned a pistol. The minister of Mrs. Smith expressed the view that the perpetrator was most likely a family member. A family friend and a lawyer persuaded the boy to confess.

I entered the case a few days after the confession. At first my role was that of forensic consultant; later on I became his psychotherapist. Treatment of John extended over five years, with a ten-year follow-up. During my first visit I observed no overt psychopathology, yet my notes and the report indicate a wish on my part to diagnose John as schizophrenic. John was aloof at first, and it was not easy to communicate with him, but the most significant symptom as far as I was concerned was his lack of any remorse about having shot his mother. John made very matter-of-fact references to having killed his mother. He maintained that no matter what his future would be it never could be as bad as it was around mother. I pointed out to him the seriousness of what had happened. He replied, "At least the old shrew is dead." When asked about the feelings that his siblings and father might have in relation to him, he looked surprised and said that all they can feel is gratitude since "she" was making life miserable. He described mother, to whom he usually referred as "she," as highly critical, unpredictable, a person who would punish for minor transgressions. His description of the daily life clearly portrayed the role of the mother, but not a single time did he volunteer any kind of reference to the father. The impression was created that the house was dominated by one big giant—the mother—and a few insignificant dwarfs living in her shadow.

In subsequent interviews I found no evidence of any overt psychopathology. He consistently maintained that he had done a good deed, that he had improved the situation of his family and, in fact, had improved the world by killing this terrible person who was his mother. He made a very good adjustment to the juvenile jail, and considered life in the jail to be an improvement over his home situation. My notes reveal that by the third interview he developed a warm and positive relationship with me.

As I accumulated information it became apparent that mother was a very difficult person to live with. John ran away from home a few times and was returned by juvenile authorities. After a heavily contested court battle, John was left in the jurisdiction of the juvenile court. He remained in the juvenile jail for the first six months since the state mental hospital refused to accept him on the grounds that they did not have appropriate facilities to house a juvenile murderer. It took considerable efforts to bring about the acceptance of John as a patient in the state mental institution. It was, however, possible to demonstrate that John was no danger to anyone and was a most cooperative and easily managed fellow.

He was allowed to leave the hospital at first with me and later on with the family. Within six months he had freedom of the grounds. The hospital then approved his weekly visits to my office, where he would be brought by the family. In the fall of 1964 arrangements were made for John to attend a high school located close to the state hospital. Except for the officials of the school, it was not generally known in the school who John

was or that he was a patient of the state hospital. The concealment of his identity became more difficult after he was elected president of his class. He graduated high school in 1966. His stay in the state hospital served no useful purpose other than maintaining the illusion that he was confined in an institution. Many legal interactions and a publicity campaign were required to bring about his discharge from the hospital. This occurred in the fall of 1965.

Following his discharge John began working, maintained his old relationships, and came regularly to his sessions with me. A year later he enrolled in college. His treatment with me ended in the fall of 1969. In the last few months of treatment, John did express guilt about killing his mother, showed some depression and had dreams relating to the death of his mother.

Mr. Smith, the father, remarried within less than a year after his wife's death. John, as well as the other siblings, maintained a very good relationship with their stepmother.

In preparation for this paper, I interviewed John on 23 August 1973. It had been 10½ years since he killed his mother. He is married, has no children, and gets along well with his wife who is a schoolteacher. He is a skilled factory worker, going to college on and off but never quite managing to complete it. He is pleased with his job and has no major problems.

Case 2

Louis, age 14, shot and killed his father in May 1969. Louis freely admitted planning to kill his father. The efforts to conceal the body did not work due to accidental circumstances.

Extensive and verified history was obtained by social workers of the Juvenile Court. Louis was the oldest of five siblings. His parents were divorced in October 1967. The father was granted custody of the children on the basis of testimony that the mother had been unfaithful. Louis' natural parents had a very stormy, sadomasochistic marriage of 12 years' duration. The father was described as abusive and cruel towards the children, allowing them no privileges and punishing them severely for the slightest infractions. A judicial social worker stated in his report:

Louis, being the oldest boy in the family, was recipient of most of the abuse. He ran away on several occasions (to his now remarried mother), returning each time under the threat that if he was not returned the other children would be killed. There was history that father repeatedly threatened Louis with a gun, and, in fact, on one occasion fired at him.

Louis developed a good relationship with his mother's second husband. Mother's repeated efforts to regain custody were unsuccessful.

When I examined Louis shortly after the shooting, I found no overt psychopathology. He described his desperate efforts to secure help from family members and official agencies, but everyone rebuffed him, unwilling to accept his descriptions of father's sadistic behavior. Louis was not depressed and spoke of the killing of his father as a good deed he had done for the family.

During his few months' stay in the juvenile jail Louis made a good adjustment. Based on my recommendations he was discharged to the care and custody of his mother and step-father. He rejoined his siblings, who already were living with mother. Subsequent visits to my office indicated that Louis was making an excellent adjustment at home. The new family appeared to have no difficulties. I was particularly impressed with the relationship of Louis to his stepfather, who accompanied him on the visits to my office. There was little doubt that a beneficial change had occurred in the life of Louis and the entire family.

Case 3

James, age 17, was charged with first degree murder of his father. The autopsy performed on the body of James Jones, Sr attributed the death to "(1) strangulation manual and (2) fractures of facial bones." Mr. Jones was beaten on the head with a pipe while asleep and choked to death during the state of unconsciousness. James called Stewart, age 15 after the deed was accomplished. They placed the body of their father in the car and drove for hours until they devised a plan to leave the car on railroad tracks to be hit by a train.

Official investigation, as well as the history which I obtained from James, his siblings, his mother, grandmother and others, revealed a classic story of chronic child abuse. James was the oldest of seven children, four boys and three girls. James, Sr was employed in the engineering department of the nearby Ford Motor Company. This was his third marriage. There were no children from the first marriage. He had four living children from his second marriage, and seven from his third marriage. At the time of his death, his third wife was 20 years his junior.

The official police report revealed that the school authorities were aware and concerned about the "severe domestic problems in the Jones household." The following excerpt is taken from the police report:

The defendant's family was a community problem and well known to the sheriff's office and social agencies. Sheriff's records reflect diverse complaints, ranging from neighbor trouble to child neglect. There are also on record complaints made by the defendant on his father for cruelty and abuse of the family.

The Child Care Division of the Wayne County Department of Social Welfare was intensely involved with the family. The official records clearly indicate that Mr. Jones behaved in a sadistic fashion towards his children. He beat them severely and kept them in an unheated upstairs room with the explanation that this would harden them up.

I saw the patient for the first time shortly after the killing of his father. Through my efforts James was freed on bond awaiting trial and continued to see me regularly at my office. James returned to high school and, to his surprise and mine, found himself completely accepted by his peers and teachers in spite of the wide publicity about the event. He graduated, married his girl friend, and went on to college. None of the members of his family were at any time critical of him about killing father. On the contrary, while in jail he received a letter from the older sister describing how suddenly everything was better at home. None of his teachers or counsellors expressed any disapproval. There was not even any criticism from the other half-siblings, with whom father maintained almost no contact. I saw James on a weekly basis for one year.

In February 1966 the first degree murder charge was lowered to manslaughter, to which he pleaded guilty. The reduction of the criminal charge was based on the psychiatric report which was rendered. The sentence was probation.

Throughout my contact with James, at no time did he show any overt psychopathology. The only time he showed intense anxiety was when he had to appear in court for the sentencing. He did have repetitive dreams which dealt with the killing of his father. These dreams were also accompanied by anxiety. His standards were strict and rigid. He was very demanding of himself and derived pleasure from being a "good boy."

These three case histories are typical examples of eight similar cases which I have treated or evaluated in the last ten years.

Discussion

The clinical material allows us to reach the following conclusions.

1. The killed parent was a sadistic person.
2. The whole family lived in dread of the killed parent. The perpetrator was particularly affected, either because he was the primary target of sadistic behavior or due to his particular role as the oldest child.
3. The surviving parent was a passive, dependent individual, masochistic and dependent on the sadistic partner.
4. The relationship between parents was sadomasochistic, preventing dissolution of the marriage or control of the sadistic behavior.
5. The family life was disturbed and gave rise to catastrophic conflict.
6. The slaying of the sadistic parent led to a general improvement in the family life and quite open relief and even rejoicing. There was an initial absence of mourning and guilt on the part of the perpetrator and the other members of the family.
7. Throughout the many years of the sadistic behavior official responses were ineffective, slow, and highly frustrating. This impressed on the perpetrator a sense of futility and powerlessness. There are many factors which account for the societal impotence in dealing with parental abuse. In the United States, due to concern with individual freedom, coercive interventions are frowned on unless there is a legally well-established crime.
8. The life of the perpetrator after the murder is characterized by definite improvement. The degree of improvement varies depending on the handling of the case after the parricide.

In my view the sadomasochistic relationship is the most significant factor responsible for intrafamilial violence, including parricide. The sadomasochistic relationship (SMR) is a bond based on the predominance of aggressive investment between two or more individuals and is most frequently found in the family setting.

From an economic point of view, the SMR is ineffective in gratifying the aggressive needs of the individuals. An ever-increasing positive balance of aggression develops in a sadomasochistic relationship, which is a defense against open expression of the aggressive drive. It is, however, an ineffective defense. It does not lead to gratification of the aggressive needs. Aggressive expression is inhibited and aggressive tension progressively increases, ultimately leading to acting out.

The reactive parricide is a subcategory of the egosyntonic homicide. The killing of the parent was consciously acceptable to the perpetrator and assented to by the family. The slaying of the particular parent was possibly encouraged by the family [2]. We find here, then, a conflict within the individual who identified with values of two groups which were at that point in his life contradictory: the family which gave tacit approval of the slaying and the society which found it abhorrent. Behavior consistent with the values of a group to which one belongs is frequently, although not necessarily, egosyntonic.

The perpetrators of reactive parricide have experienced chronic hatred against the parent whom they have killed. This emotion accounts for the egosyntonic nature of the slaying itself. The hatred towards the particular parent was reactive to the behavior of the parent. The killings described were deliberate, goal directed, and in a certain sense adaptive. These parricides were committed because the adolescent was sufficiently autonomous to plan and carry out the killing and too dependent to be able to break away from the parental home.

These cases demonstrate the absence of effective interventions on the part of the extended family and society into parental abuse of children. What accounts for this lack of appropriate responses? I would like to single out four factors: (1) the mythology of parenthood, (2) isolation of the nuclear family, (3) concern with freedom, and (4) divorce laws. This is by no means a complete list.

Parent-child relations have been idealized in Western culture. The prevailing mythology portrays the relations between children and parents as a picture of love and care. The suffering, frustration, and anger involved in childrearing have been minimized in the collective awareness. The inherent stresses associated with parenthood and growing up have been relegated to distortions which take place only under pathological circumstances.

Societal responses to failure of parental functioning are limited by the prevailing mythology and ideology. Parenthood in general and motherhood in particular are sacrosanct and, therefore, society is reluctant to interfere with them.

The American nuclear family is physically and psychologically isolated and, therefore, lacks restraining influences. There are no aunts, uncles, or grandparents to interfere or assist in day-to-day living. Parents who show interest, no matter how benign, in the lives of their grown, and in particular married, children are viewed disapprovingly. They "interfere"—a term which has acquired a perjorative connotation.

The concern with freedom is frequently used as a rationalization for the failure of society to intervene when the individual adaptive resources are no longer sufficient.

In colonial times in America, psychotics wandered in the countryside left to their own inadequate resources. Society failed to create the technical means for their care. There were no hospitals for the mentally ill [3]. In the 1960s and 1970s, one can observe a similar development, rationalized by legal and ideological considerations. The results are the same: lack of care for individuals who are incapable of self-care.

The totalitarian political regimes of the recent past (Hitler, Mussolini, Franco, Stalin) have contributed to an overreaction against the use of authority in the family and society.

There is an urgent need to develop understanding and resources for effective interventions into disturbed family life. Freedom of a democratic society should be compatible with interventions designed to control pathological behavior. Occasional abuses might occur; however, this is no reason to abandon protective measures for the helpless and sick.

The opposition to divorce perpetuates some marriages which are pathological. Sado-masochistic marriages enjoy the same support from state and religion as do normal marriages. The society has a legitimate interest in promoting the dissolution of marriages which are breeding grounds of psychopathology and violence.

The Declaration of Human Rights adopted on 10 December 1948 by the United Nations states that marriage may take place only on the basis of free will of the prospective couple. Most of the member states, however, have a variety of statutes and procedures designed to perpetuate the marriage even though one or both partners no longer have the desire to continue in the marital relationship.

Divorce is opposed and interfered with in a non-selective manner. The anti-divorce laws, procedures, and attitudes contribute significantly to catastrophic conflict and intra-familial violence.

A clinician evaluating cruelty to children has to recognize that abusive behavior towards children has a long tradition in the Western world and considerable ideological support from religion, law, and folklore. Corporal punishment is one obvious but not exclusive form of cruelty towards children.

Sadistic parental impulses towards children are controlled by intrapsychic forces (ego, superego), interpersonal factors (relationship to the child and others), and the society (police, courts, child protective agencies). The cases discussed here are examples of a breakdown of controls at all levels.

The individual child, the family, neighbors, and the society respond in varying proportional degrees to parental cruelty. Depending on the preponderance of responses, one can speak of three different stages of adaptation to failure of the parental protective role. The first stage is the individual stage where interactions occur between the child and

the parent and also between the abusive parent and the nonabusive parent. The second stage involves group responses, primarily within the nuclear and extended families. The last stage is the societal stage when agencies are brought into the picture. Intrafamilial conflict requiring interventions by the agencies of society (police, courts, etc.) represents extreme conflict and is a serious danger signal.

It is my hope that better understanding of the evolution of reactive parricide will contribute to prevention of these tragedies.

References

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