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CASE REPORT

PSYCHIATRY & BEHAVIORAL SCIENCES

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Psychological Autopsy in the Investigation of Serial Neonaticides

ABSTRACT: While the use of psychological autopsies has at least a 50-year history in the investigation of equivocal deaths and suicides, we report a case where, after the discovery of a woman who died of natural causes, a subsequent search of her home found three deceased newborn infants. The infants were born on three separate occasions; the most recent was delivered approximately 2 weeks before the death of the mother. Using her own diaries and interviews with family and friends along with the physical autopsy and scene investigation data, we built a psychological autopsy that addressed the mother's mental state over the period of time when the infants' deaths took place. While the use of the psychological autopsy was not employed to distinguish the manner of death of the mother, it did provide explanatory power over circumstances of the crime scene and the behavioral disturbance of the mother.

KEYWORDS: forensic science, neonaticide, psychological autopsy, serial infanticide, borderline personality disorder

The "psychological autopsy," a term first attributed to psychologist Edwin Scheidman (1) in the early 1960s, has as its goal the reconstruction of behavior prior to the death of an individual. The methodology of this investigative tool has always been flexible but requires interviews with those who knew the individual in various contexts (spouse or other relatives, co-workers, friends). The database can also incorporate almost any sources of information (2) including death scene examinations, information such as police reports and witness statements, and sundry documents pertaining to life circumstances (school records, medical records, employment information, etc.) as well as any information about the environment that individual created around them. It is a time-intensive process, and when sufficient data are achieved, a synthesis on multiple informants and sources converge to address relevant questions about the deceased such as their history, lifestyle, inner conflicts, and perception of the world. Studies of the mental disorder diagnoses obtained from psychological autopsies show strong support for validity of findings (3,4).

The obvious focus of a psychological autopsy was initially on suicide and equivocal deaths and now has become a standard approach in these situations in many countries (5). As noted in this review, early generations of psychological autopsies established that more than 90% of completed suicides had suffered from comorbid mental disorders, primarily mood, and substance use pathology. Noted undertreatment of these conditions was revealed in the autopsies. More recent work in the field has used this collective information to extrapolate risk factors for suicide prevention. In a large study of medical examiners (6), it was concluded that information from psychological autopsies had a significant impact on their determination (and certainty) of manner of death in equivocal death cases. The psychological autopsy has also been used in case of homicide as a criminal defense (7), suggesting that the technique may have useful investigative purposes outside of typical suicide investigations.

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Neonaticide

The term neonaticide is a subset of infanticide with the child's death occurring within the first 24 hours of life. The Centers for Disease Control reported that the risk of infant homicide is greatest on the day of birth (8). Rapaport (9) has described the leading archetypes that dominate the public perception of infanticide as the "mad woman" and "desperate girl"—either biology gone awry or immature girls unable to accept the maternal role. However, despite some truth underlying these caricatures—there is a wider set of circumstances that may contribute to infanticide. Simpson and Stanton (10) provide a more comprehensive analysis and point to the variation in maternal filicide in terms of motivations, themes, vulnerability factors, illness variables, social circumstances, and interpersonal relationships that must all be considered in understanding individual cases. Stanton and Simpson (11) in an extended review point out that mentally ill women are the largest group of persons who killed their children. They note, however, that the neonaticide groups were the youngest population of mothers, few of whom were married and they collectively had a lower level of major mental disorder than other groups. This group of young women often had a powerful denial of an unwanted pregnancy to the point that it influenced the perception of others around them and even the development of the pregnancy. Anxiety from the birth process was hypothesized to often lead to dissociation at birth. Despite these general principles, individual analyses of cases remain mandatory.

Case Study

Police received a call from a common-law husband that he had entered his rented basement suite and discovered his spouse unresponsive and naked, laying face down in her bedroom. He related that he had been unsuccessful in trying to reach her all day by

telephone. The deceased (Ms. X) was a 27-year-old woman of East Indian descent, born in India but raised in Canada since the age of 17. The spouse called emergency medical services and police arrived at the scene. The deceased woman was removed from the residence by the medical examiner's office and taken for physical autopsy. Nothing suspicious surrounding the death was seen in the residence at the time of her removal. The body showed no signs of trauma, and later, toxicology studies were negative.

Ms. X had been in a common-law arrangement for 3 years at the time of her death. The couple had lived at two different addresses during their relationship. They maintained, and slept in, separate bedrooms.

The day after the death of Ms. X, the husband returned to the basement suite. He was looking through his wife's personal effects, searching for her passport and other official documents. During the search in her bedroom, a large black garbage bag was found inside a suitcase containing what was later determined to be a decomposing infant. The spouse, with three other persons, attended the police station immediately. The police returned to the residence and seized the bag and its contents.

Later, the husband's sister discovered another bag with what appeared to be an infant inside. Police were called back, and two additional deceased infants were found in garbage bags. The placentas were kept for the last two children as well. All of the infant bodies were found in the bedroom used exclusively by Ms. X. The three children were all from separate pregnancies. The first two infants were girls and the last, a boy. Genetic testing showed that the first child was not the product of Ms. X's union with her common-law partner but the second and third were. There were no known candidates for the paternity of the first child.

It was decided that a psychological autopsy was necessary to assist in the understanding of the crime scene. The physical autopsy had confirmed that Ms. X had died of complications from the birth of her last child, likely a vascular occlusion, and physical autopsies of the three newborn children were inconclusive as to the manner of their death.

The data set used for the psychological autopsy included a diary completed sporadically over the past 3 years by the deceased in English and three Indian languages (Urdu, Hindi, and Punjabi—often all three mixed in her expressions). These were translated. More than 20 persons were interviewed by homicide detectives using the template similar to that used by others (2). The semi-structured interviews focused on the behavior and symptoms/signs of mental disorder displayed by the deceased. Care was given to acknowledge the ethical needs in such interviews (12), and follow-up indicated, similar to that reported by others, that family members seemed to benefit from the contact. Interviews were audio-taped, and independent analysis from the authors (both qualified forensic psychologists) arrived at a hypothetical diagnostic formulation. Some of the interviews with relatives were conducted through police translators.

The personal history of the deceased was that her biological father died of an apparent suicide in India. She was 2 years old at the time. She was subsequently raised by her biological mother who then married the younger brother of her father, now her stepfather/uncle. We were informed that this was not an unusual practice in their culture. The deceased had one half-brother who lived in India. She then emigrated and lived with the eldest brother of her father and his family in eastern Canada. They later formally adopted her, and she referred to them as mom and dad. A move to western Canada followed, and she left her uncle's home after a disagreement and she remained estranged from that branch of the family. She did keep in contact with her mother, telephoning her every second day.

The deceased held a variety of unskilled jobs for short periods of time, often being fired but telling others she just did not want to work. She would give suspicious excuses for not working on scheduled days. She also gave friends information that she worked at a library, even getting rides to this location, when she never worked there. When she was questioned about dubious explanations or inconsistent information, she would have verbal outbursts and her acquaintances thereafter ceased such inquiries.

Ms. X's pregnancies (in 2005, 2007, and 2009) were not known to her friends or family. In retrospect, she made significant efforts to conceal her pregnancies such as wearing bulky clothing and oversized winter wear during summer months. In December 2005, she gave birth to her firstborn in a hospital. The deceased woman then deflected numerous attempts by the public health nurse for a standard 2-day postnatal follow-up and indicated that to the nurse that she had attended a physician for this purpose. Her common-law spouse was told about the last pregnancy but she informed him that she was having an abortion and he dropped her off at the clinic and watched her go in the front door. There was no record of her attending the clinic or having an appointment there. To facilitate the two home births, she had her common-law spouse leave the home for 3 days on the pretence of relatives visiting who would not approve of their domestic arrangement.

From 2005 to 2007, the deceased woman moved residence twice. Instead of disposing of the garbage bag containing the first baby, she brought it with her, risking detection. All documentation from the hospital, as well as receipts and items from purchases made within 1 week before and after the birth of the child, was found in the garbage bag with the body of the infant. Foul odors were noticed by visitors to the residence as well as her common-law spouse, and air fresheners were employed to mask the smells attributed to the building. The same smells were recalled as coming from her vehicle, and they had to drive with the windows down.

The analysis of the "diary" showed no entries that spoke of seeking or obtaining the services of a mental health professional. No family members or friends indicated that the deceased talked about seeking such guidance. No mention was made of any of the births in her diary. It was obvious in the diary that the deceased woman felt unfulfilled in her relationship with her common-law spouse. Suicidal thoughts and themes were pervasive; including a statement that should anything happen to her, her husband had nothing to do with it. Written statements about feeling evil, not worthy of love and worthlessness, were noted throughout. In the diary, she seemed to refer to herself by a male name (no one had ever heard her say this name). She had told people that she was getting married (no plans had been made) and was noted to frequently lie about inconsequential matters as well.

Cultural factors were considered, and expert advice indicated that Sikh authorities explicitly condemn infanticide and, while not ideal, the children from the deceased would have been welcomed into the family.

The summaries of the interviews and other documents were independently assessed, and the convergent opinion was that Ms. X met DSM-IV-TR criteria for Borderline Personality Disorder—"a pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts" (13, p. 710). She described issues of abandonment in her diary, she idealized and then devalued her interpersonal relationships; had a persistently unstable sense of self; was repeatedly impulsive. Although no suicidal gestures or threats were reported, there was clear suicidal ideation in her diary. Her mood was repeatedly described as highly labile over short time courses. She described chronic feelings of

emptiness in her diary. No frank paranoia was seen but suspiciousness was described. Ms. X had episodes of depression but these were seen as brief and not qualifying for an independent concurrent diagnosis. No substance abuse was reported. She showed no chronic indications of anxiety and slept well.

Summary and Conclusions

A psychological autopsy of a death scene was used to understand the mental state of a deceased woman over a 3-year period during which she gave undisclosed birth to three infants who all appeared not to have survived past their first day.

A chronic condition was obvious from the appearance of symptoms over several years, and the repeated alleged neonaticide. We could not definitively conclude that the deaths of the infants were all intentionally caused by Ms. X as the cause of death for them could not be determined. However, the situation had strong hallmarks of infanticide.

One of the unique aspects of this case was that Ms. X could not discard the bodies of the children. Indeed, she transported them at least twice to new locations and risked detection by doing so. The diagnosis of Borderline Personality Disorder provides some explanatory power for this singular behavior. She had a strong fear of being abandoned and being alone. She did not have strong ties to the man she lived with and wrote about the ending of that relationship. She had an unusual upbringing with two uncles consecutively assuming a paternal role and a lack of strong attachments to others except her natural mother. While she may not have wanted to parent the children, she was almost continuously pregnant for 3 years. The high-risk behavior of having two unattended home births proved to have contributed to her death. It was noted that Ms. X loved children and had cared for her cousins and dreamed of having a traditional wedding and "respectable" family. She had the opportunity of abortion (even feigning doing so) but chose to carry the children to term. It was hypothesized that these children served as a pathological attachment substitute, as Ms. X wrote obliquely in her diary that "one day they will stop crying." Her chronic deceitfulness, while not a central element of Borderline Personality Disorder, does occur frequently in this disorder in service of maintaining efforts to avoid abandonment.

We offer this case as an example of using psychological autopsies in cases other than suicide or ambiguous death investigations.

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