

CASE REPORT

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Matricide by Person with Bipolar Disorder and Dependent Overcompliant Personality

ABSTRACT: Matricide is an infrequent form of homicide. This paper is to present a case of matricide with typical characteristics of the act but interesting particularities as well. The perpetrator was a 43-year-old man, respected member of his community, with over compliant characteristics, eagerness in serving people and caring his parents, good social adaptation before and after the crime. He abandoned his family and work in order to better serve his old, disabled but over demanding mother who frequently insulted and humiliated him. Suddenly he came to a state of "mental confusion" and strangled her. After the crime, the perpetrator manifested the symptoms of a bipolar disorder and also received the diagnosis of dependant personality disorder. Years later, he presented again a crisis of escalating aggressive urge for which he was hospitalized. Many people and associations of his hometown actively demanded the minimal possible punishment for him. The case is discussed especially concerning: a) hypotheses about the aetiopathogeny of the act, b) the constant support provided to the perpetrator by his family and social environment.

KEYWORDS: forensic science, forensic psychiatry, matricide, bipolar disorder, dependent personality, episodic dyscontrol syndrome

The murder of a parent is a rather infrequent criminal act. Its frequency rises to 2–6% of homicides (1,2). The father is the more common victim. Matricide constitutes less than 1% of homicides (3). This crime presents many particularities with regard to the perpetrator's motives and the methods of perpetration (4). Matricide has been described since ancient times and modern comparative research shows that its prevalence in different periods and countries does not follow the fluctuation of violent criminality (5).

It has been argued that, when an intense disturbance exists in the personality of the mother of the child or in their relationship, the struggle of the child for independence can take the form of a violent event, even a murder. Many people who commit matricide consider their crime as an act of catharsis, liberation, metamorphosis (6–8) against a humiliating relationship that threatens their sexual and social identity (9,10). These or similar conditions activate the perpetrator's motive of self-affirmation. He resorts to extreme violence in order to restore his self-esteem (11).

According to a partially different approach, the incubation of the criminal decision has the character of an inner psychic catathymic crisis (12) caused by a provocative behavior. This crisis is characterized by an unbearable emotional excitement (fear, rage, and desperation), a sense of being hemmed in an inevitable process and acting like an automaton.

The circumstances of a matricide often include more or less obvious sexual connotations. These may concern the way or the place of perpetration: stabbing, beating, strangulation, excessive violence

(more than what is needed to cause the death). The mother's bed is a usual crime scene (13).

The vast majority of people who commit matricide are males, older than those who commit parricide, many of whom are adolescents (14). Very often, the offenders present various psychiatric disorders. Decades ago, matricide was considered a schizophrenic crime (15). Research in psychiatric institutions brought evidence that most of the matricidal inpatients were schizophrenics (16,17). However, the records of not hospitalized offenders (judicially confirmed cases) reveal the presence of other psychiatric disorders (such as bipolar disorder, personality disorder, alcoholism), as well as the existence of a small minority of cases without evident psychopathology (18).

This paper is to present and discuss an incident of matricide, which presents typical characteristics of this act, but has also interesting particularities. The most important of them are the perpetrator's personality, his good social adaptation and the impressive support he received from his community, before and after his crime.

Description of the Incident

The crime that will be described was committed approximately 12 years ago by M.T., a 43-year-old man, at that time, under the following circumstances:

M.T. was a civil servant with a university degree. He lived with his spouse and two sons in a small provincial city of southern Greece. He was a much-respected member of his community because of his excessive eagerness in serving people and his devotion and cares for his parents. His elderly mother was living alone after her husband's death near M.T.'s house. She had a background of depressive episodes and presented signs of dementia. She was disabled, hardly moving, usually laying in bed and suffered chronic pains due to

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serious osteoarthritis. When his mother's condition worsened, M.T. abandoned his house and work and moved in with her. He served and nursed her 24 hours a day. His wife, was a calm, easy-going person. During that period, he presented depressive symptoms with anorexia, high weight loss, insomnia, hypochondriacal thoughts, and intense anxiety. He refused to receive treatment. The neighbors often heard his mother cursing and beating him. His body bore bruises from the blows that she gave him with her walking stick. The last few days of his mother's life, according to many reports, M.T. was moving and answering "automatically," like a "machine."

One afternoon, M.T. showed up at the local police station and reported that, although he did not remember exactly what happened, he believed that few hours ago, "his mind became a blur" and he did "something really bad" to his mother. She was found on her bed, strangled, without any other traces of injury.

During his custody, M.T. presented again a depressive episode, for which he was hospitalized. With the use of the Semi-structured Clinical Interview for DSM-III-R (SCID I and II) the following diagnoses were given: major depression, hypochondriasis, dependent personality disorder. There were no psychotic manifestations.

The physical examination was negative for pathological signs. The electroencephalogram (EEG) presented light abnormalities. The brain computer tomographic scan (CT) was normal. The neurological examination revealed some soft neurological signs: mild stuttering, symmetrically brisk tendon reflexes, and clumsiness in some movements of the extremities. The Wechsler test (W.A.I.S.) indicated a full scale I.Q. of 104, without important divergences between verbal and performance I.Q. The Minnesota Multiphasic Personality Inventory (MMPI) profile produced by M.T. was a valid one with the following T values on the validity scales: Lie (L) = 35, Validity (F) = 50 and Correction (K) = 44. Concerning the basic clinical MMPI scales, M.T. presented high scores on Hypochondriasis (T value = 75) and Hysteria (T value = 70) scales. The relevant values on Depression and Psychasthenia scales were 61 and 64 respectively. At the time MMPI was applied M.T.'s depressive symptoms had receded. Overcontrolled-Hostility (HO) scale, an additional MMPI scale usually assessed in criminal cases, was not evaluated because it is not included in the standardized Greek version of the MMPI that was used (19). The psychological expertise described M.T. as a person with elements of affectional immaturity, making extensive use of the mechanisms of repression and denial. His capability for insight was limited, considering his cultural and educational level.

M.T. described childhood and juvenile years of deprivation and parental conflicts. His father was cruel and despotic, his mother grumbling and demanding. M.T., single child of the family, feared and loved his parents throughout his life; he couldn't think of disobeying or of not serving them. M.T. also reported that he was always in a worry of community criticism about him and his parental family. The slightest sign of criticism or disapproval depressed and disrupted him.

The night of the murder, his mother was in great excitement; she was beating him, cursing, disputing his manhood, "you wouldn't be serving me as a woman if you were a man," threatening that she would kill him and then kill herself. He sat by her bed and tried to calm her down. "I felt as if I were in a circle from which I couldn't get out. Suddenly my mind went blank and I got into a manic rage," he reported.

During his custody, an unexpected massive and active movement for his discharge from prison happened in his community. Neighbors, colleagues, local journalists praised the benevolence of his character, described the tribulations he suffered trying to

support his parents. The criminal court found M.T. guilty with extenuating circumstances (as well as reduced responsibility). He stayed in prison for about 1½ years. After his discharge, and despite insistent instructions and recommendations, he cut off all psychiatric contact, with the excuse that he wanted to forget the past.

He continued his life with his family in the community where he belonged without further problems for approximately two years. At that time, he gradually presented a syndrome that met the criteria of a manic episode: inflated self-confidence, decreased disposition for sleep, unusual somatic endurance, talkativeness and hyperactivity. He felt euphoria and occasionally became irritable and argumentative, without, however, becoming violent or even threatening. He did not present any psychotic manifestations. He realized the change in his state of mind. As this change was something novel and pleasant to him, he did not ask for psychiatric help.

Suddenly, his clinical condition changed dramatically and he again presented clinical symptoms of depression. His wife underestimated the problem and did not urge him to seek psychiatric help. The situation worsened quickly, such that after a few weeks he was staying at home without moving or speaking at all. He was barely eating and sleeping. He answered vaguely and was hostile to any suggestion of getting help, until suddenly one day he whispered to his wife, "Take me to the hospital at once, because I am about to do something very bad." He was immediately transferred into a psychiatric unit.

During the initial examination, he was impervious, barely speaking, but he passively accepted treatment. Few hours after taking a suppressive neuroleptic (Chlorpromazine 25 mg), he presented a dramatic improvement, and after 2–3 days he was feeling well and behaving normally. He mentioned that during the crisis, he experienced intense dysphoria, culminating in a rage and a drive to attack violently whomever he came across. Two weeks later M.T. was discharged with the diagnosis of bipolar I disorder.

During the next 7–8 years, M.T. presented at least two more episodes of major depression with much hypochondriac rumination. These episodes were milder than the previously described, probably because he asked for help immediately as soon as the primary manifestations occurred. His improvement under medication was always impressively rapid. During the most recent period, M.T. maintained contact with psychiatric services, and he complied with the prescribed treatment. He was always very reluctant to speak about his feelings, especially concerning the committed crime. He never expressed spontaneous guilt or remorse. He lived a regular family and professional life. In particular, his relations with his family (spouse, two sons) were described as warm and steady. His engagement with prosocial activities continued, but without any problems. About a year ago, M.T. died from a sudden heart attack while he was working in his garden. Many people attended his funeral, expressing love and respect for him.

Discussion

M.T. had many characteristics of the over controlled personality (20): social conformity, emotional inhibition, suppressed aggressiveness, extensive use of the denial mechanism. Individuals with such characteristics often encounter challenges that they usually leave unanswered. They rarely react, but their reactions can be dramatically intense.

Another main characteristic of M.T.'s personality was masochism. Anxiety, fearfulness, guilt, unfounded somatic concerns, excessive conformity, submissiveness, self humiliation, inability to stand up to others, emotional flatness and alexithymia

along with episodes of dramatic expression of an emotion are thought to be characteristics of masochistic personality (21). Identification with the aggressor is, according to psychoanalytic perspective, an often-used mechanism of masochistic personalities. S. Ferenczi and A. Freud have indicated two forms of this mechanism often used against the terrorism of some chronically ill parents by their children: 1) introjection of the terror and chronic victimization 2) aggressive reaction against the aggressor (22). In this case, the aggressor was M.T.'s mother. M.T. adopted the first form of defense and, at the peak of his tribulation, the second. This shift may also be related to the bipolar character of his main psychiatric condition related to emotional and reactional liability.

This approach of M.T.'s criminal act leaves some unanswered questions, such as why M.T., two years after his crime, came again so close to expressing (without any challenge this time) a similar violent reaction. Is it accidental that the only violent act in his life was against his mother?

M.T. committed his crime when he was at the peak of a depressive episode. Depression, autonomic arousal, impulsiveness and rage sometimes coexist (23). Many researchers have indicated that the correlation between depression and violence is much more frequent than is commonly believed (24,25).

M.T.'s behavior when he murdered his mother, and the second episode of aggressive impulsiveness, presented certain characteristics of automatism, such as subjective sense of losing self-control and a vague recollection of events. The meaning of the term "automatism" is not clearly defined, at least at the medical level (26). It often implies the involvement of biological factors such as thalamic or limbic dysfunction with electroencephalographic manifestations (27–29). Even though there is no direct electroencephalographic confirmation, some elements of the described case support the probability that a similar dysfunction might have influenced M.T.'s impulsive extreme reaction: insomnia, stress, discomfort, escalation of dysphoria, rapid relief after the crisis, mild neurological signs, comorbidity with mood disorders. Moreover, certain psychological and behavioral characteristics of M.T. suggest a constant perturbation of his emotion, which may be connected to probable dysfunction of his limbic system: permanent worries, phobias of the hypochondriac and social type, over obedience, hidden aggressiveness. The diagnosis of bipolar I disorder has also been associated with episodic dyscontrol syndromes (30).

In addition to M.T.'s psychological aberrations, his relationship with his mother is an independent causal factor of the crime. Eventually, it was only with her that he could not control his aggressiveness. It is worth noting the dominant, controversial and rejecting quality of his mother's behavior towards him, especially the creation of a double bind condition and a communication impasse between them (31). She demanded that he served her, and ridiculed him for his servitude, provoked and disputed his manhood, threatened that she would overpower him before she died.

We believe that M.T.'s psychiatric and criminal history reflect a fundamental contradiction. Regardless of his (apparently irrelevant to the events discussed here) premature death, the avoidance of a psychological, family and social collapse before and especially after the crime he committed, was mainly based on the support and tolerance that M.T. had received from his family and social environment. This support, which influenced the exceptionally lenient penal treatment of M.T., expressed the cultural atmosphere of the small traditional town where he lived his whole life. For his fellow-citizens and his wife too, M.T. was a good man "who cared for his parents and stood by them more than any other." The crime

was "a bad moment of utter indignation" and most of the people considered that under these circumstances, an imprisonment of long standing was unfair for him and his family. The social support was generated by M.T.'s over compliant and prosocial behavior, which (according to our hypothesis) he used in order to conceal and manage his inner stresses and conflicts. These same attitudes protected him effectively for the most of his life but exposed him to his mother's insults that activated strong impulses that led him to commit such a serious crime.

References

- Green CM. Matricides by sons. *Med Sci Law* 1981;2:207–14.
- Milland F, Auclair N, Meuniez D. **Parricide and mental illness**. *Int J Law Psychiatry* 1996;19(2):173–82. [\[PubMed\]](#)
- Fontaine J, Guerard de Lauriers A. Trois cas de matricide. *Annales Medico-Psychologiques (Paris)* 1994;152(8):497–510.
- Sadoff R. Clinical observation of parricide. *Psychoanal Q* 1971;45:65–9.
- Block R. Homicide in Chicago: a nine year study (1965–1973). *J Crim Law Criminol* 1976;6:496–510.
- Shon PCH. Parricide: Sexuality, subjectivity and space. *Journal of Post-modern Criminology* (vol. 8): Re-mapping American Criminology 2000, Available at: <http://www.critcrim.org/redfeather/journal-pomocrim/vol-7-remap/004shon.html>. Accessed: 7/6/2004.
- Katz J. *Seduction of crime*. New York: Basic Books, 1988.
- Tsalikoglou F. Le matricide, paradis perdu du psychotique. *Rev Int Criminol Police Tech* 1998;41(3):332–44.
- Campion J, Cravens JM, Rotholz A, Weinstein HC, Covan F, Alpert M. A study of 15 matricidal men. *Am J Psychiatry* 1985;142:312–7. [\[PubMed\]](#)
- Schlesinger LB. Adolescent sexual matricide following repetitive mother-son incest. *J Forensic Sci* 1999;44(4):746–9. [\[PubMed\]](#)
- Holcomb WR. Matricide: primal aggression in search of self-affirmation. *Psychiatry* 2000;63(3):264–87. [\[PubMed\]](#)
- Wertham F. The catathymic crisis: a clinical entity. *Archives Neurolog Psychiatr* 1937;37:974–7.
- Shon PCH. Creativity, crime and subjectivity. The case of lust homicide. *The Critical Criminologist* 1998;9(1):11–4.
- Heide KM. Parents who get killed and the children who killed them. *J Interpers Violence* 1993;8(4):531–44.
- Gilles H. Murder in the west of Scotland. *Br J Psychiatry* 1965;111:1087–94. [\[PubMed\]](#)
- Mc Knight CK, Mohr JW, Quinsey RE, Erochko J. Matricide and mental illness. *Can Psychiatr Assoc J* 1966;11(2):99–106. [\[PubMed\]](#)
- Diaoutra-Tsitouridou M, Tsitouridis S. [Parricide and matricide among psychiatric patients]. [Article in Greek] *Encephalos* 2001;38(3):113–30.
- Clark SA. Matricide: the schizophrenic crime? *Med Sci Law* 1993;33(4):325–8. [\[PubMed\]](#)
- Manos N, Butcher JN. [MMPI: A guide for its use and interpretation]. [Manual in Greek] Thessaloniki: 1982.
- Megargee EI. Undercontrolled and overcontrolled personality types in extreme antisocial aggression. *Psychol Monogr* 1966;80(3):1–29. [\[PubMed\]](#)
- Mc Crae RR. A reformulation of Axis II: personality and personality related problems. In: Costa PTJ, Widiger TA, editors. *Personality disorders and the five-factor model of personality*. Washington DC: The American Psychological Association, 1994;306.
- Hirsch M. Two forms of identification with the aggressor—according to Ferenczi and Anna Freud. *Prax Kinderpsychol Kinderpsychiatr* 1996;45(6):198–205. [\[PubMed\]](#)
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th ed. Text Revision. Washington DC: The Association, 2000:666.
- Rosenbaum M, Bennett B. Homicide and depression. *Am J Psychiatry* 1986;143(3):367–70. [\[PubMed\]](#)
- Malmquist CP. **Depression and homicidal violence**. *Int J Law Psychiatry* 1995;18(2):145–62. [\[PubMed\]](#)
- Yeo S. **Clarifying automatism**. *Int J Law Psychiatry* 2002;25(5):445–8. [\[PubMed\]](#)
- Schwade ED, Geiger SG. Matricide with electroencephalic evidence of thalamic and hypothalamic disorder. *Dis Nerv Syst* 1953;14:18–20. [\[PubMed\]](#)

28. Burrowes KL, Hales RE, Arrington E. Research on the biologic aspects of violence. *Psychiatric Clinics of North America* 1998;11(4):499–509.
29. Garza–Trevino ES. Neurobiological factors in aggressive behavior. *Hosp Community Psychiatry* 1994;45(7):690–9.
30. Egeland JA, Kostetter AM, Pauls DL, Sussex JN. [Prodromal symptoms before onset of manic—depressive disorder suggested by first hospital admissions histories](#). *J Am Acad Child Adolesc Psychiatry* 2000;39(10):1245–52.

[PubMed]

[PubMed]

31. Watzlawick P, Bavelas Beavin J, Jackson DD. *Pragmatics of human communication. A study of interactional patterns, pathologies and paradoxes*. New York: Norton, 1967:211–8.

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