Making sense of spousal revenge filicide

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Abstract

“Spousal revenge” killers murder their child apparently out of a desire to cause harm to their ex-partner, the child’s other parent. Standard explanations of these killings fail to provide an adequate solution to what I call the problem of spousal revenge filicide. This is the problem of how a killer comes to take their rage at their former partner out on their own child and how that child can be dehumanized to the point of murder. Although the dehumanization of the victim is acknowledged to occur, why it occurs is not well understood. Here, I offer an hypothesis that the killer fails to represent their child as a moral subject with a mind of their own. This is due to a deficit in the killer’s capacity for person perception which is, by hypothesis, pathological. As such, the killer experiences the child as an object, rather than a person, which is of significant emotional value to the other parent. The specificity of this disorder explains why the ex-partner themselves is not targeted, and it explains how the killer is able to understand that killing the child will harm the other parent.

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1. Introduction

“Spousal revenge” killers (sometimes called retaliation killers or Medea Complex1 killers) appear to murder their child out of a desire to cause harm to their ex-partner, the child’s other parent. Standard explanations of these killings fail to provide an adequate solution to what I call the problem of spousal revenge filicide. This is the problem of how a killer comes to take their rage at their former partner out on their own child and how that child can be dehumanized to the point of murder. Although the dehumanization of the victim is acknowledged to occur, why it occurs is not well understood. Here, I offer an hypothesis that the killer fails to represent their child as a moral subject with a mind of their own. This is due to a deficit in the killer’s capacity for person perception which is, by hypothesis, pathological. As such, the killer experiences the child as an object, rather than a person, which is of significant emotional value to the other parent. The specificity of this disorder explains why the ex-partner themselves is not targeted, and it explains how the killer is able to understand that killing the child will harm the other parent.

1 Confusingly the term “Medea complex” has also been used to refer to cases of Munchausen syndrome by proxy (Griffiths, Cuddihy & Marnane, 2001) and historically other forms of maternal rejection or hatred (cf. Bucove, 1968, p. 264; Simpson & Stanton, 2000, p. 136).

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other parent. In an attempt to move beyond the *prima facie* case, I hypothesize that this bizarre behavior is possible as the killer fails to represent their child as a moral subject with a mind of their own due to a deficit in their capacity for person perception. By ‘person perception’ I mean the perception of another as a subject with a mind of their own including beliefs, desires, reasons, and feelings. Person perception is underlain by the capacities for theory of mind, empathy, and agent tracking. As such, the killer experiences the child as an object, rather than a person ([and importantly not even potentially an in-group member]), who is of significant emotional value to the other parent. As the killer experiences the child as an object rather than a person they cannot elicit a motivation to protect the child. The specificity of this disorder explains why the ex-partner themselves is not targeted and it explains how the killer is able to understand that killing the child will harm the other parent. This is not to downplay the role of anger and the desire for revenge in these killings; it is merely to suggest that an account of why the killer experiences such extreme rage and desire for revenge is not sufficient to explain why they kill their own child.

If this hypothesis is borne out by future research then there exists a class of killer who murder their children due to a disorder of motivation toward their child’s welfare. This disorder arises from a selective theory of mind impairment and is triggered by feelings of hatred and the desire for revenge. As a further component of this disorder, the killer is unable to understand the effect of their crime on the murdered child.

I begin with a brief introduction to filicide and the schemes used to classify killers by motive. I then move onto a standard account of the spousal revenge killer’s motivation. I argue that for all its strengths this account is unsatisfactory as it does not solve the problem of spousal revenge killings, that being the problem of why the former partner is not targeted and of how the killer’s own child can be dehumanized to the point of murder. The suggestion that the child is excommunicated from the killers in-group offers at best a partial solution to this problem. I offer the hypothesis of a person perception or theory of mind deficit possessed by the killer as a potential solution to this problem in the final section.

2. Filicide

Filicide is the murder of a child by a parent. The term covers killings by genetic, step and *de facto* parents and the more specific crimes of neonaticide (the murder of a child within 24 hours of birth) and infanticide (the killing of a child under 1 year of age and defined in some jurisdictions, e.g. the UK, as necessarily involving a mental impairment2) ([Bourget et al., 2006; Browne & Lynch, 1995; Farooque & Ernst 2003]). Acts of filicide are committed by both fathers and mothers, although estimates of the proportion of mother to father killers vary wildly by study. This reflects difficulties in collecting data on this crime, whereby different sampling methods can reveal very different information. Of all domestic child murders (not just filicide) committed in the UK in 1991, 49% were by fathers or step-fathers and 33% by mothers ([Browne & Lynch, 1995 p. 310; Levellie et al. (2007)]). This is likely due to differing expectations in mothering vs. fathering roles, to the legal profession and media the killing of a child appears to be a great violation of the mother role than the father role ([Cavaglion, 2008, 2009; Wilczynski, 1997]). Additionally, if a study considers only surviving killers then it tends to be dominated by female killers, as male killers more often commit suicide following the crime ([Marleau et al., 1999]). Just as the method of sampling can induce gender bias, it can also induce motive biases ([Krischer, Stone, Sevecke & Steinnmeyer, 2007]). For example, those who commit suicide following the filicide cannot be included in samples taken from prisons ([Hatters-Friedman et al., 2005]). In an attempt to overcome this, some studies use detailed examination of newspaper reports. But again, these are subject to a different set of biases depending on what journalists deem is important to investigate ([Messing & Heeren, 2004]).

To the extent that scientific investigation of filicide is possible at all, it is limited to uncontrolled retrospective studies of the interpretations of the investigators and witnesses, sometimes through the additional layer of interpretation provided by popular media. This limitation perhaps gives some way to explaining why explanations, when they are posited, are limited to folk psychological narratives offering no testable predictions. One of the aims of this paper is to offer a way to begin to overcome these limitations.

Despite these problems, some progress has been made in understanding filicide. Attempts to understand filicide focus on the motivational state of the killer as well as what causes that motivation ([Farooque & Ernst, 2003]). The term ‘spousal revenge’ killer comes from Resnick ([1969]) who offered the first classification of filicide perpetrators by motive. On his classification, killers may be thought to be motivated by altruism (they attempt to alleviate real or delusional suffering or protect the child from some other danger), psychosis (such as command hallucination), the desire to not have a child, the desire to injure but not kill the child (fetal child abuse), or revenge on the child’s other parent. Other classification schemes emphasize the distinction between revenge (or retaliation) filicide versus extended suicides ([Bourget & Gagne, 2002]) and family annihilation killings ([Liem & Koenraadt, 2008a]).

3. Spousal Revenge Killer Motivation

My first goal here is to describe how spousal revenge killers kill before moving on to identify a problem around the normal account of their motivation. It is not a straightforward task to discover patterns characteristic of spousal revenge killers in the existing literature. In addition to some limitations introduced above, much research does not analyze the traits of killers in relation to their supposed motive, despite classification schemes based around motive. For example, Farooque and Ernst show that 8 of 19 suspects in their sample are either borderline or mildly intellectually impaired. However, despite introducing Resnick’s classificationary scheme they do not discuss how this interacts with motive ([Farooque & Ernst 2003]). Furthermore, the spousal revenge group constitute a very small group. For example, after a study of public records of all child homicides in Sweden between 1971 and 1980, Somander and Rammer ([1991]) classified just one of their sample of 77 killers as of this type. Additionally, such murders are typically considered alongside other types of filicide or child murder in general. For example, Krischer et al. ([2007]) classify spousal revenge killings together with those motivated by anger at the child (e.g., accidental filicides). As such much of the description of spousal revenge filicide will draw on a small number of cases. From this I will draw a statement which summarizes a typical explanation of why a revenge killer kills their child.

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2 The most common form of child killing is infanticide. This is legally defined as ‘the killing of a child under the age of twelve months by the child’s mother when the balance of her mind was disturbed because she had not fully recovered from the effect of childbirth or lactation.’ ([Browne and Lynch 1995 p. 310; see also Kohm and Liverman 2002 p. 52])
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