

47. *Id.* at 678.

48. See *Id.* at 654-747

49. *Id.* at 685-90

50. *Griswold v. Connecticut*, 381 U.S. 479 (1965)

51. *Roe v. Wade*, 410 U.S. 113 (1973) (quotations omitted)

52. *Morse SJ*: Excusing the crazy: the insanity defense reconsidered. 58 S. CAL. L. REV. 779, 780 (1985)

53. *Herrera* at 10.

54. See, e.g. *Roe v. Wade*, 410 U.S. 113, 125 (1973); *Southern Pacific Terminal Co. v. ICC*, 219 U.S. 498, 515 (1911).

55. U.S. Const. Art. V, Amend. VIII. The cruel and unusual clause of the Eighth Amendment has been held to apply to the states through the power of the Fourteenth Amendment.

56. *Ford v. Wainwright*, 477 U.S. 399, 405 (1986)

57. *Penry v. Lynaugh*, 492 U.S. 302, 331 (1989) (quoting 4 W. Blackstone, *Commentaries* *24-*25)

58. *Id.*

59. See *Leland v. Oregon*, 343 U.S. 790 (1952)

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A BIOPSYCHOSOCIOCULTURAL APPROACH FOR THE EVALUATION OF PARENTS WHO KILL THEIR CHILDREN

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The homicide of children by their parents is a complex behavior that has been analyzed from a variety of psychiatric, legal, and sociocultural perspectives. As with other crimes, motivational factors have been utilized as a central component for the classification of childhood homicide. In psychiatry, investigators have focused on both legal and psychiatric issues as a way to conceptualize child killing behavior. However, such psychiatric models have often neglected contextual dimensions such as cultural and ecological perspectives. We propose that a comprehensive model of childhood homicide should follow a biopsychosociocultural model, and that current psychiatric models based on motivational factors are too narrowly focused to provide an adequate understanding of parents who kill their children.

Parental killing of children has been recorded throughout human history (1-5), and a substantial literature on the subject has been written from both social science and psychiatric-legal perspectives. In spite of our considerable knowledge base regarding parental child killing, there is a substantial dearth of knowledge regarding the genesis of parental child killing behavior. From a conceptual standpoint substantial advances in the study of parental child killing would require a system of classification that takes into account a multiplicity of contributing factors.

In this article, we explore various ways in which parental killing of children has been traditionally understood from a forensic psychiatric perspective. In addition to this approach, we utilize a biopsychosociocultural approach that also encompasses cultural and ecological information, anticipating that by adopting such a comprehensive integrated method we

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may eventually attain a better understanding of the complex and oftentimes perplexing phenomenon of parental child killing.

In order to highlight the important issues provided by our analysis, we present a case that encompasses both cultural and ecologic components. We follow with a discussion of issues relevant to the categorization of parental child killing that includes both paradigms of normal and psychological behavior.

CASE REPORT

Mr. A and Mrs. A resided with their three sons, ages 2, 3 and 11 and one daughter, age 7 in the Latin American city of San Ildefonso (a pseudonym). Mr. and Mrs. A were ages 30 and 29, respectively. They were both born and raised in urban areas and had been married for 12 years. Mr. A was a soldier and Mrs. A was a housewife. He was the family's sole financial support. Mr. A suffered from serious alcohol abuse and was frequently hostile and assaultive toward his wife and children. Mr. A would usually beat his wife with his fists and would threaten to injure her with knives and other objects. Mr. A was known to openly blame his wife for his limitations. Mrs. A was a passive and submissive woman. Although the neighbors were frequent witnesses to the physical abuse inflicted by Mr. A on his family and to the fact that his children were frequently bruised as a result of beatings, no one notified the authorities, in part because of fear that Mr. A would retaliate. The neighbors also rationalized that the family might work out their own problems, a thought fueled by a history of non-intervention by authorities regarding intrafamilial conflict in that neighborhood.

Mrs. A, a 29-year-old woman, appeared older than her stated age. She was frequently unkempt but was friendly with her neighbors. She was never noted to physically punish her children and consistently deferred to her husband regarding matters of discipline. Neither Mr. A nor Mrs. A had any formal education. Both were of the Catholic faith but rarely attended mass and had no relations with their local church. Their oldest two chil-

dren inconsistently attended elementary school. The oldest son and their daughter were dressed in torn clothes and wore no shoes. The younger two sons usually wore no clothes even during the cold winter months which sometimes reached freezing temperatures. The family lived in a one-room home equipped with electricity and a wood-burning stove but no bathroom or water. A communal water faucet was available.

All children were noted to be very thin with varying degrees of abdominal distention. This was especially true of the younger two children who also exhibited poor hair growth and persistent irritability. Neighbors consistently reported that Mrs. A and her children had insufficient nourishment. Mr. A appeared to be well-nourished. He ate regularly in order for him to perform well as a soldier. Some of the family's financial resources were spent by Mr. A to support his alcohol habit. Mrs. A found it necessary to ration the remaining food and one result was that her two younger children were seriously malnourished. Although Mrs. A was able to sometimes gather supplemental food from neighbors in an already impoverished neighborhood, this represented a very inconsistent source. The two younger children were observed by neighbors to be scavenging the garbage for edibles. Neighbors noted that the youngest child developed skin sores, followed by an enlarging umbilical hernia and persistent cough. Although the child was briefly seen on an emergency visit regarding medical problems, no appropriate medical follow-up took place. This child began to receive even less food than he had prior to his physical illness even though neighbors had noted that he had frequently requested food. This child's activity waned and he died soon after the development of these physical changes.

The oldest brother stated on several occasions that his deceased brother had died because there was insufficient food for him and because that child was considered to be misbehaved due to excessive irritability. He further stated that both his parents would deliberately provide less food for the child who died. The child's alleged misbehavior would result in isolation and allocation of even less nutrition for him than for his siblings.

The child was given a funeral ceremony unclothed and although some neighbors attended the ceremony, little thought was given about any medical or criminal investigation regarding the child's death.

DISCUSSION

Classification of Parental Child Killing Behavior

Resnick, in his 1969 review of parental child killing behavior, proposed that parental child killing should be classified according to the motive for the homicide (6). He provided five categories based on motive: 1) "altruistic" filicide, 2) acutely psychotic filicide, 3) "unwanted" child filicide, 4) accidental filicide, and 5) spouse revenge filicide. Resnick also pointed out another important dimension to the classification of parental child killing when he differentiated between killing of the neonate and killing of older children. He effectively suggested that these two forms of parental child killing behavior could be defined in part by the developmental stage of the victim in addition to the motives for the killing (6, 7). Resnick was aware that classification of parental child killing according to motives could be complicated by the presence of multiple motives and stated, "when overlapping occurred in the proposed groups, each case was classified by the single most important motive" (6, p. 329). Emphasizing a single primary motive in order to categorize parental child killing would appear to be parsimonious to the criminologist, the forensic psychiatrist, and other professionals who attempt to elucidate the psychological aspects underlying motivation for homicidal behaviors to a legal system that prefers definitive answers. Given this consideration it is therefore understandable that crime classification would place great emphasis on conscious factors associated with motivation (8).

Scott, in his analysis of parents who kill their children, however, was aware of the over-reliance on motivation as a factor in classifying parental child killing behavior (9). He emphasized that other factors may be very important in understanding parents who kill their children. Scott stated: "Passion and need are commonly accepted as precursors of, or even miti-

gating factors for, crime, but the importance of long-continued states of indecision and suspense are often overlooked. Yet it is stress of this continuing sort which is most likely to undermine defenses" (9, p. 121). Although Scott's classification represents an improvement from approaches based solely on motivation, it nevertheless shares with them a focus on the individual as the relevant unit of analysis. However, a comprehensive model aimed at understanding homicidal behavior must also encompass cultural as well as ecological factors since it is well known that biological, psychosocial, and cultural factors may be important in the genesis of aggression (10, 11). This approach may be termed "biopsychosociocultural" in nature. In the remainder of this article, we describe the main components of this approach and its utility in the study of parental child killing behavior.

Biomedical Evaluation

At the organismic level of organization, the evaluation of the perpetrator proceeds at the level of the individual. At this level, the perpetrator is viewed as a biological unit composed of multiple organ systems. Evaluation of the perpetrators usually involves a physical and neurological examination and laboratory tests. The evaluation may also include neurological probes such as an EEG, brain neuroimaging, and neuropsychological tests if initial data suggest a potential neurobiological substrate. Child killing behavior has been associated with major psychiatric disorders such as a psychosis secondary to gross brain abnormalities (12). Neurobiological causation, however, may be more subtle, as exemplified by the "functional" psychotic illnesses, where underlying biological substrates remain poorly defined (13, 14).

Even factors associated with personality psychopathology may be important considerations in our understanding of homicidal behavior from an organismic perspective. For example, in the case of Mr. A there were personality traits such as impulsivity, inappropriate anger, affective lability, and abusive behaviors toward his family that suggest the presence of at

least borderline and antisocial personality disorder traits (15). These personality disorders may be associated with electroencephalographic and other physiologic abnormalities (16, 17), suggesting that at least in some cases, personality disorders are partially mediated by biologic factors.

The organismic level of organization is not confined to neurobiological structures but also encompasses psychological functioning as well as dysfunction in psychopathologic states. Contemporary nosological systems such as the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (18) or its predecessors tend to focus on the symptomatology of the individual rather than on group processes and as such are representative of approaches that focus on the organism. This approach therefore insures that psychiatric diagnosis, regardless of the availability of knowledge of psychobiological factors, focuses on the internal organism as opposed to understanding the organism in relation to the relevant physical and social environment. Indeed, although the DSM-IV nosological approach is proposed as an atheoretical system, the reality is that it is built on an implicit assumption that psychiatric diagnoses ultimately must be made on the basis of individual factors located within the organism (19). Although DSM-IV constitutes an improvement in comparison to its predecessors in that a cultural formulation is included, a systematic approach to understanding psychosociocultural factors is yet to be fully developed (20).

The usefulness and necessity of diagnostic systems in psychiatry, however, should not be underestimated. And in fact, some forms of parental child killing behavior are more likely than others to lend themselves to diagnostic categorization. This is especially true in those cases of parental child killing behavior of the "acutely psychotic" filicide type because psychotic disorders are defined by DSM-IV with a greater degree of clarity and reliability than many other types of mental disorders.

People who kill their children may also be understood as a function of psychological adaptiveness. Individual psychological factors such as impulsivity, the ability to socialize with others, and the ability to tolerate

frustrating situations may be important considerations in understanding those who kill their children. An evaluation of ego defense mechanisms may be very useful in order to weigh adaptive versus maladaptive coping skills. For example, a person such as Mr. A who appeared to use denial, rationalization, and projection in his attempt to adjust to stressful situations may on account of poor maladaptive mechanisms have had an increased risk of becoming abusive in his interactions with his family. Mr. A's most dramatic maladaptiveness is demonstrated in several ways by his reckless disregard for the safety not only of the child victim but also the rest of his family (irresponsibly manifested by failing to provide adequate food even when funds were available), by his lack of remorse and exhibition of poor impulse control, and ultimately by hastening his child's death.

Psychosociocultural Evaluation

A comprehensive assessment of a person's behavior must also involve an understanding of an individual's ecology (21, 22). The individual lives in a "micro-environment" that encompasses important components including the family, school, employment environs, availability of health care delivery, the local sociopolitical milieu, and geographical factors such as availability of other communities and climate (11). Bronfenbrenner has defined such a microsystem as "a complex of relations between the developing person and environment in an immediate setting containing the person. A setting is defined as a place with particular physical features in which the participants engage in particular roles, for the particular periods of time. The factors of place, time, physical features, activity, participant and role constitute the elements of a setting" (23, p. 514).

Ecological considerations among humans cannot be fully understood without further taking into account the cultural milieu in which the individual develops. By culture we mean a learned set of symbols and images representing a complex matrix of meanings and objectives, that is prevalent and shared by people in a social group or a society. Culture is transmitted by social groups from one generation to another via learning. Cul-

ture also influences cognitions, emotions, and the social construction of the person (24). Cultural structures encompass moral values and religious beliefs, but also include a society's understanding and approach to many areas basic to human knowledge such as art, literature, and science (25).

Child killing behavior represents a complex phenomenon with many cultural-ecological dimensions. The case of Mr. and Mrs. A illustrates some of the complex cultural and ecological factors that may have influenced the destructive parental conduct toward their children. For example, Mr. and Mrs. A's lack of formal education and lack of relationships with the religious community seriously hindered them from being aware of, and therefore from exploring potential sources of help such as the limited but existing health care system and secular as well as religious counseling and even charitable services available in their city. Had they been aware of such services they might not have allowed their already precarious social and financial conditions to deteriorate further and to lose what little hope they had of resolving their problems. The temperament of the child who died also constitutes an important micro-ecological factor within the family that may also have played a role in his death. Some parents, for example, may have considerably more difficulty with children who display irritable temperaments than with those who by nature are more tranquil. A comprehensive understanding of the homicidal parent's environment and culture does not, however, imply that their lack of education, lack of financial resources, or cultural influences prevented Mr. and Mrs. A from having the judgment necessary to avoid engaging in homicidal behavior via neglect and specifically by starvation (26). However, it is also important to recognize that their considerable degree of ignorance may have precluded them from acquiring the knowledge that could have led to better approaches for problem resolution.

Furthermore, their inability to seek any counseling also precluded them from being able to deal with their marital problems which in turn prevented them from focusing optimally on their children's problems. Their situation was also precarious due to the family's impoverishment at

the time of the child's death, and to the hopeless prospects for improving the economic situation. The socioeconomic conditions of the city in which they lived provided few job improvement possibilities for Mr. and Mrs. A. In addition, the lack of health care delivery and social services (services that may otherwise have aided them in resolving their problems) resulted in a greater risk for child abuse and neglect. Climatological factors such as frigid winter weather coupled with their minimal home facilities and inadequate knowledge of nutritional needs were factors that may have hastened their child's death.

The unfortunate combination of ecological variables in which Mr. and Mrs. A found themselves was important in engaging in a process during which they starved their child by neglect. The tendency for parents to kill their children because of truly desperate financial conditions has been noted in impoverished countries in recent times as well as during historic times (3). We also emphasize that ecological factors such as poverty and poor education alone cannot account for parental child killing behavior since many families in similar circumstances do not kill their children or neglect them in the way Mr. and Mrs. A did.

Cultural factors are also important in understanding the case of Mr. and Mrs. A. Mr. A subscribed to an approach to life that encouraged him to act aggressively and abusively toward his family. This aggressive and exaggerated approach to life was not only associated with personality factors in Mr. A as previously mentioned but may represent a behavioral pattern noted among males in some configurations of the Latin culture, that is known as "machismo" (27). Mr. A's approach to life coupled with his wife's complementary passive behavior may have helped further facilitate an already abusive situation for the family with one of the consequences being lethal child abusive behavior.

In conclusion, parental child killing is a very complex behavior that can be optimally understood as a function of multiple levels of biological and psychosocial organization that must encompass analysis at the level of the organism as well as its corresponding ecology. This in turn can be un-

derstood as a function of a complex cultural infrastructure that constitutes part of the legacy of every person. By taking such an integrated approach we may be better able to comprehend parents who kill their own children, and to explore ways in which such behaviors may be prevented.

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SIMPLE DISSOCIATORS IN A COMPLEX PRISON

Ralph B. Allison, M.D.

Recommendations for treatment of clients with dissociative disorders are not usually suitable for implementation with prison inmates. Simple suggestions are provided for treatment of simple dissociators in prison, based upon 13 years experience in a California prison. Four inmates/patients are described. One needed encouragement to go to school. The second one required assertiveness training. The third one responded to a variety of insight oriented psychotherapy in the state forensic hospital. The fourth one was able to cope with prison after he agreed to a contract for proper behavior. Success depends on the psychiatrist's awareness of the total prison environment and ability to teach appropriate coping methods to such patients. The futility of trying to analyze the institution and expect it to change is discussed. The debate between working full-time and part-time is presented. The changing goals of the state prison system from rehabilitation to work to punishment is described.

Although the diagnosis and treatment of free persons with dissociative disorder is well described in the psychiatric literature (1-3), these authors provide no guidance for a psychiatrist treating similar patients in a prison. In 1924, Goodwin (4) stated that dissociation and conflict are the most important factors in the phenomenon of insanity. Since females greatly outnumber males in noncriminal patient populations but hypnotizability is equally common in both sexes, Bliss (5) suggested that there might be a group of males with dissociative disorders in the criminal population. After recommending a psychoanalytic approach to criminal patients with dissociative disorders, Lasky (6) admitted that this approach "does not lead to a general rehabilitative approach that is appropriate for all" (p. 166).

In recent years there have been a number of publications regarding planning and monitoring mental health services in jails and prisons (7-13).

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