

Case Report

Orestes Complex Revisited

Costa GM^{1*}, Barros AJS² and Telles LEB²

¹Department of Physiology and Pharmacology, Federal University of Santa Maria, Brazil

²Department of Psychiatry, Federal University of Rio Grande do Sul, Brazil

*Corresponding author: Gabriela de Moraes Costa, Department of Physiology and Pharmacology, Federal University of Santa Maria, 97105-900, Brazil

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Abstract

The association of severe psychotic disorder and parricide has been investigated in many studies, and several authors have described mother-killing as a schizophrenic crime. Our goal is to provide careful examination of psychiatric aspects of matricides that can contribute with important hypotheses for future investigation of its etiological factors. As we argue in more detail, matricide is not schizophrenia specific.

Keywords: Parricide; Matricide; Substance use disorder; Schizophrenia; Forensic psychiatry

Case Presentation

Peter was a shy and insecure child raised by a single and emotionally abusive mother. By the time he was 13 years old he dropped out of school and started using alcohol, marijuana and cocaine. Peter has never had a stable relationship or a job. Before his 17th birthday he was admitted to the psychiatric hospital after running away from home and telling the neighbors that his mother was trying to kill him by feeding him poisonous food. Soon after being discharged he discontinued the antipsychotic medication. During a discussion he responded violently and strangulated his mother. Afterwards, he dragged the body from the living room to the bathroom and, in order to facilitate removal, began dismembering it. He later told the forensic psychiatrist that it was very hard to perform, so he gave up the task after severing one hand and the head with a saw. Peter left his mother remains in the bathroom, took some money and a bag of clothes and ran away. He was found by the police three months later while begging on a street near the bus station in a nearby town. Peter reported feeling trapped in a hostile-dependent relationship with his mother. The precipitating factor alleged by him was that she threatened to take him to the psychiatric hospital. The defense argued that he suffered from schizophrenia, while the expert witness, after a very careful forensic psychiatric evaluation, concluded that he had an antisocial personality disorder and a substance-induced psychosis.

Discussion

Parental homicide (parricide) is considered a rare offense, compared with other forms of homicide [1], while matricide, the killing of the mother by her child, is one of the rarest forms of familial murder [2].

Parricides committed by adolescents are frequently perpetrated as means to escape from severe psychological or physical abuse inflicted by one or both parents [3]. Usually the mothers are described as overprotective/symbiotic or abusive, with the matricide reflecting a separation that should have occurred on a symbolic level [4]. The murder could also be explained as a final attempt to escape from the mother's domination or even to resolve a dependent incestuous relationship [5,6], resembling the "Orestes complex" described by Wertham [4]. It has also been interpreted by Palermo [7] as a combination of unwelcome dependency on the mother and a frustrated desire to be close to her [6].

Moreover, the impact of psychiatric illness on parricides committed by adults is substantial [8], with schizophrenia being one of the most frequent disorders [9]. Thus, psychotic motivation is often seen in parricides, varying from altruistic motivations (where it is thought to be an act of mercy to relieve the parent's suffering from old age or sickness), to hallucinations and persecutory delusional beliefs [5]. Interestingly, Bourget et al. reported that 30% of those parricides who killed in the heat of an argument or dispute were not found to have a mental illness [10]; instead, the killings were consequences of long-term dysfunctional relationships that culminated in violence [3]. Although less common, some parricides occur in the context of conspiracy and anticipated monetary gain [10]. Importantly, these offenders are more appropriately treated in the legal system than the mental health arena [3].

Decapitation is a rare event in the civilian setting [11], accounting for approximately 0.1% of forensic autopsies [12]. In parricide cases decapitation and mutilation are usually demonstrated in either irrational, disorganized behavior with excessive violence, or defensive mutilation aiming to conceal the body [5,11]. There are different methods used by the assailants to achieve the kill, although sharp instruments (usually knives), blunt objects and strangulation are most frequently applied [9]. Post-offense behavior tends to vary from extreme guilt leading to suicide, to no emotion and lack of remorse [13].

Several characteristics from our parricide case are in line with findings from prior studies:

- The mother was slain by her son [3,8].
- The crime was committed by a young, single and unemployed son [8,10], with an absent father figure [5].
- Offender and victim lived together [8,10].
- The crime was committed in the family residence [8].
- The act was not premeditated [8].
- There was a history of substance use by the son [8].
- The mother was described as abusive [8].
- The offender had no prior criminal records [4,10].
- The perpetrator acted alone [10].

Therefore, as advocated by Schug [13], matricide offenders are usually seen under the following subtypes:

a) a juvenile perpetrator living in a dysfunctional family, without the presence of a male figure and with a dominating or abusive mother;

b) an offender with a history of severe mental illness who acts in a psychotic state and has no history of abuse;

c) a parricide committed within an abusive family background, by a son with mental illness, not necessarily psychotic [5].

Conclusion

Although similar in many aspects, parricide cases are difficult to predict. Despite being more frequently perpetrated by schizophrenic sons, important psychodynamic motivations should be addressed, since schizophrenic matricides seem to be over represented in the forensic literature. When a crime occurs with barbarous or shocking aspects there is a tendency to conclude that a diagnosis of a psychotic syndrome like schizophrenia is present. This case illustrates that personality traits and victim-offender dynamic may also be important and under-represented. Thus, each case needs to be individually contextualized and their peculiarities investigated.

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