

Extended suicide motivated by altruism

Piotr Sobański, Alfred Staszak

Institute of Legal Sciences, University of Zielona Gora

Summary

This article discusses the issue of differential diagnosis of cases of suicide that are prompted by the murder of another person or persons. Long-standing use of violence by the perpetrator against the victim motivated by jealousy, will of revenge, hatred, a desire to physically hurt another person, and a desire to brutally kill another person quickly and in a cruel manner indicates that we are dealing with a post-aggression suicide, and not an extended one. Extended suicide has been defined as being motivated by altruism and as a result of deep mental disturbances as well as a transference of one's problems onto close family members with whom the perpetrator is emotionally involved.

Authors suggest that the true differentiation between “post-aggression suicide” and “extended suicide” may play an important role in forensic psychiatric opinions conducted at the request of law enforcement agencies and the justice system.

Key words: post-aggression suicide, extended suicide, forensic psychiatric opinion, altruistic motivation

1. Problems with terminology

In recent years, the concept of extended suicide has garnered significant attention from various scientific communities, often fueled by sensationalized media reports. Nevertheless, there remains a lack of standardized scientific terminology to consistently describe this phenomenon within the realms of psychiatry, psychology, sociology, criminology, and criminal law. Additionally, within the realm of literature, there is a growing need to categorize cases of extended suicide based on the number of murders committed by the perpetrator.

Recognizing the justified need for clear differentiation between types of suicide and distinguishing extended suicide from suicide resulting from a prior homicide, often preceded by prolonged violence against the victim, it is increasingly referred to as “post-aggression suicide.” However, alongside the term “post-aggression sui-

cide,” more descriptive terms are still used to define it, such as “double death” or “homicide followed by suicide.” This clear distinction is made to separate it from extended suicide, which stems from delusional-suicidal motivation and altruistic tendencies.

In the case of post-aggression suicide, suicide is not the primary intention of the perpetrator but rather a consequence of the committed murder and prior violence. It is motivated by jealousy, revenge, hatred, and a desire to harm or physically detain one’s partner, and the act of homicide itself is often brutal, violent, and cruel. For this reason, some authors avoid describing such events as “suicide,” as it does not condemn the perpetrator of the murder as negatively.

In this context, extended suicide is somewhat the opposite of post-aggression suicide, as it is motivated by altruism and stems from profound mental disorders, projecting their manifestations onto close individuals with whom the perpetrator shares a positive emotional bond.

2. Extended suicide

Extended suicide, as mentioned earlier, is a complex phenomenon involving a series of events in which the perpetrator kills another person or several people and then takes their own life [1–4]. Extended suicide thus has both the characteristics of suicide and the characteristics of homicide [1]. The suicide of the perpetrator usually occurs shortly after committing the homicide [5, 6]. It is important to keep in mind, however, that sometimes perpetrators of such acts commit suicide even several days after the victim’s death [7, 8]. It should be emphasized that for such behavior to be considered extended suicide, the same person must be both the killer and the suicide [9].

Extended suicide often involves individuals who have close emotional relationships, such as family ties [1, 10, 11]. The victims of extended suicides within a family are typically women and children [8, 12]. When women commit this kind of act, it is usually the children who become the victims. Situations in which women kill their spouse or other adult family members are rare [13, 14]. There are various reasons for committing extended suicides, and the perpetrator’s behavior towards the victims may not necessarily be marked by violence or brutality [6, 7, 9, 15, 16]. Furthermore, during the act of murder, the perpetrator may even do it out of love for the victim. As Bolechała [1] points out, the presence of a strong emotional, personal connection between the perpetrator and the victim is extremely important. This connection can have negative or positive connotations.

Although murders followed by suicides occur very rarely compared to other homicides, this form of taking one’s own life significantly captures public attention, especially when children are the victims [2, 15]. In the media, it is often reported that the reasons behind family members committing murder followed by suicide are: mental health issues, loss of social status, or financial indebtedness [17].

When it comes to the cause-and-effect relationship, it should be emphasized that suicidal intentions are primary and paramount in relation to the murder [18, 19]. The intention to commit suicide is the primary intention of the perpetrator [20, 21].

The reasons for killing one's own children can vary, including pity for the child, a desire to seek revenge on the other parent, or a wish to get rid of an unwanted child [22]. In a parent who commits filicide out of pity and then follows with suicide, there are often psychotic disorders present [18–20]. The dominant motivation is often delusionally suicidal, also known as altruistic or pseudo-altruistic [18, 19, 23, 24]. The parent kills the child because they perceive a peculiar form of altruism, believing that the death is in the best interest of the child [21]. The perpetrator is not motivated by jealousy or a desire for revenge. The action is not driven by antisocial or narcissistic disorders [18]. In this case, the perpetrator believes that by ending the child's life, they are showing compassion towards them [25]. The parent hopes to relieve the real or imagined suffering of the child through this act [22].

From some farewell letters, it is evident that the perpetrator believed they had to protect their child in this way. They believed that killing the child would shield them from prolonged harm and that they could not let the child down, etc. This seems to be confirmed by the fact that the suicide was originally planned, and the associated murder was an act of altruism that needed to be carried out before the perpetrator's suicide [21]. In cases where mothers kill their children aged 1–5 years, the motive behind their actions is often the desire not to leave the child alone in a world marked by adverse conditions [24]. In these situations, there are generally no prior conflicts between the parent and the child victim. There is also no evidence of prior violence by the perpetrator towards the victim [19, 26]. It should be noted that in the vast majority of cases where a parent kills a child and then commits suicide, they are guided by altruistic motives [22]. In these situations, the perpetrator sees their extended suicide as an act of self-sacrifice [27]. The act of self-sacrifice is carried out by the perpetrator to achieve a higher purpose [28].

The term "extended suicide" emphasizes the way the perpetrator perceives the victim, seeing them as an extension of self that must be taken with them when they die. In the mentioned cases, the parent assumes that after their suicide, there will not be anyone else to take care of their child. The parent's sense of self is somehow integrated with the sense of self of the child [28].

In cases of killing disabled children followed by parental suicides, regardless of altruistic motives, one should also consider to what extent the perpetrator was driven by their own selfishness [24]. Furthermore, it may be directly inferred from the farewell letter that by ending the life of the child and then their own, the perpetrator wanted to rid themselves of this burden [25].

Extended suicides involving ill spouses sometimes result from the social isolation and health problems that these couples face. One of the partners, typically the man, assumes the role of caregiver for the other. Often, they form a unique, inseparable unit. Suicide preceded by the killing of the wife occurs when this inseparable unit is

at risk of breaking apart. A stressful financial situation is a significant factor contributing to the commission of extended suicides, especially among older couples. The risk is especially high in this group when, after a long-lasting marriage, the health of one or both spouses deteriorates, and, for example, the wife faces the prospect of being placed in a hospice [16, 23, 26]. Suicides preceded by the killing of ill spouses can be perceived as mercy killings because the declared intention of the killer is to end the suffering, with the benefits of death outweighing the benefits of life. On the other hand, the perpetrator's actions aim to end their own suffering as well. Such killings should also be seen as acts of desperation. Undoubtedly, just like in cases of filicide, there is an altruistic motive, as the perpetrator seeks to protect their wife from a future that would entail great suffering [23]. It is worth noting that in elderly couples, the most common motive for the perpetrator, who wants to kill his wife and then commit suicide, is mercy killing [26]. On the other hand, it should be kept in mind that often, the perpetrators of such acts are simply exhausted from the prolonged care of their ill spouse, and this circumstance can significantly contribute to their decision to commit an extended suicide [29].

Generally, in the case of victims of extended suicides, there is a lack of consent for the perpetrator to carry out their killing [20]. In the case of child murder, the victim does not consent to the criminal actions of the perpetrator. However, this is not ruled out in the case of spousal murder, especially in the presence of a terminal illness [18]. There always arises the question, though, of whether and to what extent a spouse could consent to their own killing, for example, if they suffer from dementia [24].

In the cases of extended family suicides mentioned above, where the murders were committed with altruistic motives, there is no prior evidence of the perpetrator using violence against the victims before killing them. The victims are sometimes even prepared for death, for example, sedated to spare them pain. The perpetrator does not act impulsively [18]. Taking a life does not occur in a brutal or violent manner, which is related to the emotions the perpetrator holds for the victim. The emotional bond connecting the victim to the perpetrator has a positive tint [18, 19]. It is also worth noting that parents who take the lives of their children before committing suicide typically do so in the least painful way possible, while also choosing a method that ensures a swift passing [30].

3. Determining the circumstances of extended suicide

The provisions of the Code of Criminal Procedure impose an obligation on the prosecuting authority to establish the circumstances of both the committed homicide and the suicide. Very often, at least in the initial phase of the proceedings, right after the discovery of the body or bodies, the determinations are made within the framework of a single investigation. This continues until the verification of the investigative hypothesis that the perpetrator of the homicide subsequently committed suicide without

the involvement of other individuals who might have influenced or aided them in this act of self-destruction.

Therefore, in the course of such proceedings, it is necessary to establish and unequivocally prove both the identity of the perpetrator of the homicide and the fact of their suicidal death, in which no other party was involved. The prosecuting authority cannot be exempted from the obligation of thorough determination of the circumstances surrounding the disclosed homicide, even though it is known in advance that the death of the perpetrator will result in the discontinuation of the preparatory proceedings under Article 17 § 1 point 5 of the Code of Criminal Procedure, i.e., due to the death of the perpetrator.

Establishing the perpetration of homicide by a specific individual, even if they are identified as a suspect in the initial phase of the investigation, requires a thorough evidentiary process that unequivocally determines and dispels any doubts about the identity of the murderer. Consequently, this procedure must rule out any criminal involvement of another person in this event. Depending on the circumstances of the investigated crime, all available evidentiary possibilities revealed in the case should be utilized, enabling the prosecuting authorities to issue a decision on pressing charges under Article 148 § 1 of the Criminal Code. If, by a single act, the perpetrator killed more than one person, then the charge of committing a qualified crime of murder under Article 148 § 3 of the Criminal Code [18] should be brought.

In the conducted evidentiary proceedings, a significant role in determining the circumstances of the committed crime can be played by a forensic psychiatric opinion issued based on secured medical documentation of the psychiatric treatment of the perpetrator, as well as the murdered members of their family, along with the analysis of the entirety of evidentiary material gathered in the case files (e.g., examinations, traces indicating the perpetrator's actions, witness testimonies).

Due to the absolute prohibition of combining the procedural roles of the suspect and the victim within a single proceeding, a separate proceeding must be conducted regarding the suicide of the perpetrator of the homicide. In this case, the evidentiary process must focus on ruling out the involvement of other individuals who could have influenced or assisted in the act of taking their own life.

4. Forensic psychiatric opinion and its significance

Subjective examination of the perpetrator of "extended suicide" is only possible when we are dealing with an attempted suicide, not a successful one. For this reason, such examinations are rare and therefore scientifically valuable. In such cases, the issue of the perpetrator's sanity in relation to the alleged act of homicide comes to the forefront. This means answering the question of whether they had the preserved capacity to recognize the significance of the act and to control their behavior at the time of the crime (*tempore criminis*), or if these capacities were limited, and if so, to what extent (Article 31 § 1 and 2 of the Criminal Code). It also

addresses whether they can participate in the proceedings and conduct their defense independently and rationally (Article 202 § 5 of the Code of Criminal Procedure). Cynkier [19] rightly points out that the answers to these questions will boil down to an analysis of the specific mental health condition of the perpetrator, an assessment of their motivational background and additional circumstances of the act. However, this author is not correct in stating that the assessor will not consider whether the incriminated behavior can be classified as a construct describing murder-suicide if the scientific conceptual framework describing this phenomenon can contribute to its proper understanding. This is true even when an individual case is difficult to classify unequivocally. Properly terminologically, the accurate statement is that we are dealing with extended suicide in a specific case, or with post-aggression suicide in another.

The science describing reality uses abstract concepts, but behind them, there must be a specific epistemological content corresponding to the phenomenon. “Extended suicide,” as a social phenomenon but also as a concept describing this phenomenon, has a precisely defined content and can, therefore, be useful in forensic psychiatric assessments. It will be valuable in cases where opinions will be issued based solely on records, as well as when we are dealing with an attempted suicide of a potential suicide-homicide perpetrator.

References

1. Bolechała F. *Samobójstwo rozszerzone jako skutek uboczny cywilizacyjnego pędu*. <https://wydawnictwo-silvarerum.eu/dr-f-bolechala-samobojstwo-rozszerzone-jako-skutek-uboczny-cywilizacyjnego-pedu/> (retrieved: 6.03.2023).
2. Roma P, Pazzelli F, Pompili M, Lester D, Girardi P, Ferracuti S. *Mental illness in homicide-suicide: A review*. J. Am. Acad. Psychiatry Law 2012; 40(4): 462–468.
3. Pilszyk A, Cynkier P. *Dyadic death – depression and borderline personality*. Psychiatr. Pol. 2015; 49(3): 517–527.
4. Burgess AW, Regehr C, Roberts AR. *Victimology: Theories and applications*. Burlington: Jones & Bartlett Learning; 2013.
5. Bossarte RM, Simon TR, Barker L. *Characteristics of homicide followed by suicide incidents in multiple states, 2003–04*. https://injuryprevention.bmj.com/content/injuryprev/12/suppl_2/ii33.full.pdf (retrieved: 7.03.2023).
6. Limbrick CA. *Perceptions of murder-suicide*. <https://orca.cardiff.ac.uk/id/eprint/51293/1/Colette%20Limbrick,%20Final%20Thesis,%20September%202013.pdf> (retrieved: 8.03.2023).
7. Skead L. *A Press report study on the demographics of homicide suicide in South Africa: 2002–2009*. https://ukzn-dspace.ukzn.ac.za/bitstream/handle/10413/7518/Skead_Laura_2010.pdf (retrieved: 8.03.2023).
8. Rouchy E, Germanaud E, Garcia M, Michel G. *Characteristics of homicide-suicide offenders: A systematic review*. Aggress. Violent Behav. 2020; 55: 101490.

9. Van Den Heever CW. *Homicide-suicide: Common factors in South African Police Service members who kill their spouse or consort and themselves*. https://uir.unisa.ac.za/bitstream/handle/10500/23724/thesis_van%20den%20heever_cw.pdf (retrieved: 9.03.2023).
10. Pudło R, Florek S, Błachut M, Leksowska A, Piegza M. *Uncompleted extended suicide – discussion on the boundaries of psychosis based on a case study*. *Psychiatr. Pol.* 2022; 56(6): 1381–1390.
11. Humphrey JA, Palmer S. *Deviant behavior: Patterns, sources, and control*. New York: Springer Science & Business Media; 1990.
12. Motz A. *Toxic couples: The psychology of domestic violence*. New York: Routledge; 2014.
13. Gregory M. *Masculinity and homicide-suicide*. *Int. J. Law Crime Justice* 2012; 40: 133–151.
14. Frailing K, Harper DW. *Fundamentals of criminology: New dimensions*. Durham, NC: Carolina Academic Press; 2013.
15. Auchter B. *Men who murder their families: What the research tells us*. <https://www.ojp.gov/pdffiles1/nij/230412.pdf> (retrieved: 6.03.2023).
16. Kim B, Merlo AV. *Domestic homicide: A synthesis of systematic review evidence*. https://prohic.nl/wp-content/uploads/2021/10/DomesticHomicideSystematicReview_September2021.pdf (retrieved: 8.03.2023).
17. Galvin A, Quinn F, Cleary Y. *Shaping the ‘inexplicable’: A social constructionist analysis of news reporting of familicide-suicide*. *Journalism* 2021; 24(7): 1499–1517.
18. Stukan J, Staszak A. *Samobójstwo rozszerzone i poagresyjne – próba uporządkowania pojęć*. *Problemy Kryminalistyki* 2018; 301(3): 35–43.
19. Cynkier P. *Utility of homicide-suicide constructs in forensic psychiatry*. *Psychiatr. Pol.* 2022; 56(3): 591–602.
20. Kojadyńska A. *Profil samobójcy – zagadnienia prawno-kryminalistyczne*. In: Żywucka-Kozłowska E, Opalska A, Treder M, editors. *Śmierć w wielu odsłonach. Problemy wybrane*. Olsztyn: University of Warmia and Mazury in Olsztyn; 2017. Pp. 193–201.
21. Holland KM, Brown SV, Hall JE, Logan JE. *Circumstances preceding homicide-suicides involving child victims: A qualitative analysis*. <https://stacks.cdc.gov/view/cdc/38505> (retrieved: 7.03.2023).
22. Hatters Friedman S, Hrouda DR, Holden CE, Noffsinger SG, Resnick PJ. *Filicide-suicide: Common factors in parents who kill their children and themselves*. *J. Am. Acad. Psychiatry Law* 2005; 33(4): 496–504.
23. Liem MCA. *Homicide followed by suicide. An empirical analysis*. https://www.researchgate.net/publication/41204869_Homicide_followed_by_Suicide_An_empirical_analysis (retrieved: 7.03.2023).
24. Zimmermann MR. „Erweiterte Suizide“ in Berlin zwischen 2005 und 2013. *Eine Obduktionsstudie*. <https://d-nb.info/1133492436/34> (retrieved: 6.03.2023).
25. Logan JE, Walsh S, Patel N, Hall JE. *Homicide-followed-by-suicide incidents involving child victims*. *Am. J. Health Behav.* 2013; 37(4): 531–542.
26. De Koning E, Piette MHA. *A retrospective study of murder-suicide at the Forensic Institute of Ghent University, Belgium: 1935–2010*. *Med. Sci. Law* 2014; 54(2): 88–98.
27. Kushner HI. *Suicide, gender, and the fear of modernity*. In: Weaver JC, Wright D, editors. *Histories of suicide: International perspectives on self-destruction in the modern world*. Toronto: University of Toronto; 2009. Pp. 19–52.

28. Chaudhuri T. *Making sense of loss: Situating the Mumbai attacks of 26/11 in the context of altruistic suicide homicide*. Journal of Arts and Humanities 2012; 1(3): 99–106.
29. Nguyen H, Haeney O, Galletly C. *The characteristics of older homicide offenders: A systematic review*. Psychiatry Psychol. Law 2022; 29(3): 413–430.
30. Debowska A, Boduszek D, Dhingra K. *Victim, perpetrator, and offense characteristics in filicide and filicide-suicide*. Aggress. Violent Behav. 2015; 21: 113–124.

Address: Alfred Staszak

Institute of Legal Sciences, University of Zielona Góra

e-mail: alfredstaszak@wp.pl