Therapy of a 6-Year-Old Who Committed Fratricide

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Since Cain killed Abel, man has been horrified and fascinated by fratricide. This act becomes even more frightening when the perpetrator is a small child. In the psychiatric and related literature, relatively few cases of children committing fratricide are reported. Generally, it is believed that children who commit fratricide act out previously suffered or witnessed abuse (Carek and Watson, 1965; Curtis, 1963).

In order to explore the underlying dynamics of fratricide and to delineate the problems encountered in therapy, we present the case of Maggie. Maggie was treated for two years, both as an outpatient and as a day-care patient in a child guidance clinic.

**History and Background**

Maggie, an appealing and friendly 6-year-old girl, was brought by her mother for psychiatric evaluation two days after she had killed her 4-month-old brother.

Maggie was the oldest of three children in a one-parent family. She was the product of an uncomplicated pregnancy and delivery, and weighed 5 lb., 8 oz. at birth. She showed no early difficulties, except that she did not begin walking until she was 18 months old. When Maggie was 3 years old, Mrs. Jones separated from her husband, primarily because of the latter’s drinking and abusive behavior. Mr. Jones was physically violent with Mrs. Jones and with Maggie. The main reason for the separation was said to be his hit-
ting Maggie. In describing this, Mrs. Jones stated, "I felt it was too much; Maggie was not such a bad child—then." Mrs. Jones's two younger children, Sally, aged 2½ years, and John, 4 months old, had two different fathers who had never become involved with the family.

Mrs. Jones herself was the product of a strict home. Her father, a Baptist minister, did not allow her to date or in any way attract male attention. She was not even allowed to wear shorts on the street. She was expected to do well in school, but in high school she rebelled, dropped out of school, and then had successive pregnancies. At the time of the incident reported in this paper, she was 23 years old, living alone with her three children, and maintaining herself on ADC (Aid to Dependent Children).

Initially, one of the major questions was, "Who had killed John?" Mrs. Jones stated that she was gone for half an hour, leaving John and Sally in Maggie's care. On her return, she found John dead in his crib. Refusing to believe he was dead, she dressed him and took him to the hospital. Later, Maggie stated that she had taken John from the crib and put him on the sofa. He fell from the sofa and began to cry. In an effort to stop him from crying, she choked him. At another time, Maggie said that actually it was Sally who had done the choking. In either case, the story could not have been completely true, since the autopsy showed no evidence of choking, but three skull fractures: frontal, parietal, and occipital. Thus, a simple fall could not have caused the death.

Initially, the police planned to charge the mother with child abuse and homicide, as they were extremely reluctant to believe the mother's story. Maggie had previously hit the baby, at one time causing a black eye, but the authorities were unwilling to believe that a young child could cause such severe injuries—this, despite the fact that deaths from intracranial injuries in infants have been reported to have been caused by children even as young as 2½ years (Adelson, 1972). Subsequent evaluation and therapy of both Maggie and her mother verified the mother's story. In piecing the information together, we decided that Maggie probably took John out of the crib, and then either dropped him, or he fell. He began to cry, and, in an effort to stop him, Maggie had repeatedly hit his head on the floor, causing multiple fractures. She then put him back in the crib, where his mother found him. Although the mother was not charged with homicide, she was charged with child neglect and was placed on two years probation. The probation officer delegated the therapy with both mother and Maggie to the clinic, and stayed involved only as an ancillary support to the therapeutic staff.
Initial Therapy with Mother

Mrs. Jones was seen in therapy on a once-a-week basis for two years. Initially, she was markedly depressed and showed overt rejection and anger at Maggie. Not only did she view Maggie as a "bad child," but she also felt that Maggie had deprived her of her prized possession—John. John had been very special. At one time, Mrs. Jones stated, "A woman is not a woman unless she gives birth to a man." And John was that man. Furthermore, Mrs. Jones saw herself as a failure. Both her parents had finished school, and her younger sister was in college. However, neither her mother nor her sister had a son—and Mrs. Jones did, until Maggie killed him. Therapy with Mrs. Jones was involved and fascinating in itself, but too lengthy to be discussed in this paper. However, crucial events and changes that affected Maggie will be mentioned later.

Evaluation and Initial Therapy with Maggie

Against this background of confusion about court probation and police action as well as her mother's overt depression and strong hostility toward her, Maggie began therapy.

Maggie was first seen two days after the incident. She was a cute, outgoing, friendly child who obviously enjoyed the attentions of the therapist. In the initial session, she drew two figures, a boy and a girl who were playing; then the two figures were fighting. When the therapist inquired who won, Maggie responded, "The girl." Then she looked quite apprehensive and changed her mind, saying, "The boy won." Later in the same session, Maggie returned to a similar theme. Two dolls were playing and then began fighting. Finally, one doll fell. When questioned what happened to the doll, Maggie stated, "He is dead." She agreed that the doll who did the hitting was frightened, but then she shook her head when asked if that doll was also sad. Directly, Maggie said that her baby brother was "buried" and that someday she would tell the therapist more about it, but not today.

Psychological testing at that time showed evidence of ego disruption, with massive regression and preoccupation with oral-aggressive themes. Maggie's TAT stories began as those typical of a 6-year-old, but were very quickly expanded into stories of violence, attack, rejection, and brutalization.

Following the initial evaluation by the therapist, Maggie was to be seen on a twice-a-week basis by a second therapist. Progress was minimal, however. Maggie did not want to talk, and in play would
stay away from meaningful material. Because the second therapist was also Mrs. Jones's therapist, we decided that this might be the source of Maggie's resistance, and Maggie began seeing the initial therapist, even though in this arrangement she could visit only once a week.

It soon became evident that sharing a therapist with her mother was only part of the problem. The major difficulty was repression. Maggie not only repressed material related to her brother and the circumstances of his death, but she began to repress events in her everyday functioning. At the onset of therapy, Maggie was able to play numerous card games, including Concentration. As therapy continued, she became unable to remember where she had placed any cards. At times, she could not even recognize numbers on office doors. External circumstances as well as the increasing severity of repression made it mandatory to proceed quickly with therapy. Mrs. Jones was pregnant again. This raised a very real problem of mother's increasing hostility toward Maggie because of the danger of history repeating itself and of Maggie's committing a similar act again. After repeated psychological testing, we recommended that Maggie be placed in the clinic's day-care center. Here, she would be allowed to regress if necessary in a structured, therapeutic environment and could continue therapy.

**Therapy in Day-Care Unit**

It was only after Maggie came to the day-care unit that effective therapy began. The first task was to help Maggie remember and reexperience her brother's death, and then to help her resolve feelings stemming from the incident.

*Repression and Regressive Behavior*

As mentioned earlier, one of the overt signs of repression was Maggie's difficulty in remembering numbers. The first session in which Maggie remembered John showed the connection quite clearly. Maggie was arranging a puzzle of "the three little pigs." After finishing the puzzle, she counted, "one, two, three pigs." Then she added that there was a fourth pig. She could not decide what happened to the fourth pig. She could not decide what happened to the fourth pig, but agreed to count the members in her family: "One, my mother; two, me; three, Sally." She stopped abruptly and looked questioningly at the therapist. The therapist then suggested that perhaps there was a fourth member of her family, and Maggie quickly agreed that there was—"a baby." When asked what had happened to the baby, Maggie decided that
he had gone to live with her grandmother. She then became very anxious and said that she did not want to talk about this anymore. The therapist told Maggie that the baby had not gone to live with her grandmother, but that they could discuss this at another time.

Gradually, Maggie remembered more. Playing with clay, Maggie asked the therapist to make a girl and a boy, but when the task was completed, she did not want to play with the boy. She agreed that the doll reminded her of the baby about whom she had talked previously, and listened when the therapist suggested that, in addition, she was reminded of something unpleasant that had happened to the baby.

In a subsequent session, Maggie again wanted a clay boy and girl. This time, however, she played with them. They were sitting at a table, and the boy spilled his food. The play stopped abruptly when the therapist asked if the girl was going to punish the boy for this. Maggie shouted emphatically, "No, no, no, no, no," and promptly began arranging a jigsaw puzzle. The therapist thought that maybe Maggie could continue talking about this further and pushed the issue. As Maggie was arranging the jigsaw puzzle, the therapist reminded her that previously they had talked about her brother. Maggie nodded at this. The therapist then asked if perhaps Maggie had hit him. Maggie gave no verbal response, but began haphazardly arranging the puzzle, throwing all the pieces together, rather than doing them consecutively. The therapist told Maggie that when she had too many things to remember at the same time, it did not make sense, that they would only take one thing at a time, and that perhaps for today they had talked enough about her brother. Maggie still said nothing, but promptly began arranging the puzzle correctly, one piece at a time! This type of interchange was only one of several in which Maggie, finding herself unable to talk about an issue, would demonstrate her thoughts and feelings through her actions. When the therapist verbalized what her actions meant, Maggie usually accepted the interpretation readily; some of these exchanges will be discussed later.

From clay dolls, Maggie moved to playing with dolls and with the dolls' house, eventually using large dolls with which both she and the therapist played. The usual format was that Maggie and her girlfriend (the therapist) both had babies, and they would feed, dress, and take the babies shopping. Sometimes the babies misbehaved, and Maggie then verbally scolded the dolls. One day she even asked the therapist to spank the dolls, but refused to do this herself.

Maggie's behavior outside of therapy sessions further pointed to
her remembering John’s death and the concomitant fear of anger and the loss of control that anger could provoke.

One day, while watching a TV program, Maggie asked her mother who had killed one of the characters in the story. Mrs. Jones was surprised, because the man was dying of heart disease, and there was no violence involved. Maggie explained that she thought whenever anyone died, they had to be “killed.”

Up to this point, Maggie had refused to show any anger. When upset, she cried or acted “silly,” i.e., she would laugh, then lie on the floor, try to withdraw from the situation, or in other similar ways show regressive behavior. This type of reaction was evident if one of the children took some possession of Maggie’s, or in some other way interfered with her functioning. Occasionally, Maggie looked as if she wanted to hit some child, but she always controlled this impulse and then would show the regressive behavior. If Maggie’s teacher or another staff member pointed out her anger, Maggie vehemently denied she felt angry.

Gradually, as the repression of John’s death lifted, so did the repressed hostile feeling. In therapy, Maggie began hitting dolls; in class, she occasionally attempted to strike the children and, at one time, even struck her teacher. When an attempt was made to point out her angry feelings, Maggie again showed the laughing regressive behavior. When such an interpretation was made in displacement, i.e., if in play the angry feelings were attributed to another doll, Maggie readily accepted it, but if the therapist suggested that Maggie herself was angry, she responded by laughing, lying on the ground, and pretending to swim away from the therapist. Even though Maggie did not want to hear an interpretation of her feelings, she readily accepted controls, and seemed in fact to be saying, “Stop me, because I’m afraid that I cannot stop myself.”

Frequently, Maggie set up situations to test if the adults around her would control her impulses. This became almost a game in the classroom, and Maggie continued this same behavior in therapy. When Maggie was prevented from acting out, she settled down, reassured that her actions would be controlled. Because Mrs. Jones was very close to delivery, we felt that Maggie’s fear of loss of control was particularly high and that she felt she needed support in the form of limit-setting.

Following the delivery, Maggie’s provocative behavior decreased markedly, and once again she returned to the theme of John’s death. When her new baby brother was born, Maggie told everyone about him and how cute he was. Likewise, in therapy she only said positive things about “Mike.” She did indicate an interest in
the difference between boys and girls, and willingly talked about
the baby (Mike) having a "pee-wee" and girls not having one. In
subsequent sessions, Maggie expressed more negative feelings:
Mike was really a nuisance, had to be fed, and all day long his
diapers needed changing.

When she was asked if the other baby, John, was also a nuisance,
Maggie shrugged, giggled in an anxious way, and picked up her
doll. She pretended her doll was Humpty Dumpty. The doll fell
off the table, and Maggie stated, "All the king's horses and all the
king's men couldn't put Humpty together again." She picked up
the doll again and the therapist said the verse from the beginning
while Maggie acted out Humpty Dumpty falling off the wall. The
therapist then told Maggie that she was perhaps talking about her
brother, John, and his death—did he fall? Maggie again shrugged.
The therapist said that John's head was cracked just like Humpty
Dumpty's, but maybe he not only fell, but was also hit. Maggie lis­
tened, was quiet for a minute, then started to go out of the room.
When she was stopped from going out of the room, she again
showed her regressive behavior of lying on the floor, alternatingly
pouting and shouting, and then occasionally giggled and called for
her teacher, saying "Get me out of here."

Gradually, she calmed down, and the therapist told her that over
many weeks they had discussed John, but that perhaps today was a
more difficult session than usual because they had talked about
"how" he had died. Following the session, Maggie sought out her
therapist to show her something she had made in class and in­
quired when the therapist would see her that da y. When reminded
that the therapist and Maggie had already met, Maggie responded,
"Oh, I forgot." Then she giggled when her therapist acknowledged
that it had been a very difficult session and one that Maggie proba­
bly wanted to forget.

Following this, a very interesting incident occurred with Maggie
in the classroom. Maggie was playing "doctor" with one of her
classmates. A doll was lying sick in bed, and the doctor came to ex­
amine it. Mutually, Maggie and her friend agreed that the doll was
dead, and Maggie suggested that they bury it in the sandbox. Soon,
both children decided that "burying" was more fun than the doctor
game had been, and they promptly decided to do this again. This
time, however, Maggie killed a doll by stabbing it, and her friend
helped in the killing by hitting the doll; then, amidst much gaiet y
and giggling, both children buried the second doll. The teachers
did not interfere, but reported the incident to the therapist.

Maggie did not want to go to the next therapy session. She re-
peatedly asked to leave the room, but finally settled down and walked over to the dolls. She picked up a baby doll, then quickly tried to put it away before the therapist could see it. The therapist, nonetheless, picked up the doll, and it was obvious that there was much sand in the doll’s hair. The therapist told Maggie that she knew about the game she and her friend had played and asked if that had been the doll used. Maggie shouted, “No, no,” left the doll area, and began playing with a toy truck. After no more than a minute, she turned to the therapist and blurted out, “I killed . . . .” She stopped abruptly, almost surprised at her own words. The therapist inquired if she thought she had killed John. Maggie said she didn’t remember, but perhaps she had.

The remainder of the session, she was unable to remember much more about John’s death, played quietly, and seemed somewhat withdrawn. However, at the end of the day, when she was supposed to return home, Maggie cried, was very upset, and indicated she did not wish to go home. The next session was difficult for Maggie. She had been upset all week, used any excuse to express her anger at the children or at the teachers, and in the therapy session wanted to leave the room, did not want to play or talk, and much time was spent just in keeping Maggie in the therapy room.

The following session, Maggie greeted the therapist with a smile and was willing to talk about the previous stormy session. The therapist told Maggie that, after John’s death, Maggie was very frightened of her angry feelings and had pretended she did not have them. Now she was aware of what had happened with John and was becoming more aware of her feelings. She was afraid of them, so she wanted adults to control them. Maggie listened to this and was particularly interested when the therapist told her that she would help Maggie learn to control the expression of her own feelings so that she would not need other people to control her behavior.

After this, Maggie indicated that she wanted to play with the soap bubbles and did this over the sandbox. Meanwhile, she was talking about Mike. She was saying that she liked to hold Mike, but that he was still a nuisance because he cried a lot. As she was talking, Maggie several times spilled the soap mixture into the sandbox. There was a rule against putting water in the sandbox, and Maggie was well aware of this. In addition, her coy glances at the therapist seemed to indicate that she was teasing. When this was pointed out, Maggie apologized, stated that she was not teasing, that it was an accident that she had spilled the soap mixture. Soon,
Maggie repeated the procedure and again stated that it was an accident. The therapist pointed out that sometimes it is difficult to tell the difference between something that is done on purpose and something that is an accident, that especially with John's death, it must be difficult for Maggie to decide if his death was an accident or on purpose.

Following this, another period of angry, provocative behavior was seen, and again this was related to Maggie's difficulty with control of anger as related to John's death. Maggie agreed that she tried to hold in her anger, and that then it would all come out in an outburst, but that she did not feel that it related to John's death. In exploring her feelings further, Maggie stated that she felt "nothing" about John's death and had "no feeling at all." It was cold outside, and an analogy was made for Maggie describing how in cold weather one's hands get numb from the cold. The cold is still there, but one does not feel it, and it does not hurt. Also, when the numbness starts to wear off, it hurts, and that Maggie's not having any feelings was probably this kind of numbness. Maggie stated that she understood what the therapist was saying, but didn't want to talk about it anymore that day.

In subsequent sessions, she expressed more feelings about John's death. One day, while talking about John, she locked herself in a cupboard and announced that she would "kill herself," but promptly came out when it was pointed out that she was feeling bad because she thought she had killed John and was now wondering if she should get killed. In another session, just before Easter, Maggie was very anxious and asked the therapist over and over again to tell the story of Easter, the crucifixion, and the resurrection. Soon it became apparent that Maggie was especially concerned about the resurrection. An analogy was drawn between this and Maggie's feelings about John. Maggie stated she wished that he would come back, but also agreed that she was afraid of this.

At this point, it appeared that Maggie needed some help in coping with her guilt feelings. It was decided to help Maggie intellectualize by explaining to her that, even if she had felt like killing John, she could not have known it would be forever. This was told to Maggie in a variety of ways and repeated many times. Maggie finally seemed to accept this, and in one session tried to recall what had happened. She recalled being alone with John, that he was crying in the crib, and she thought she picked him up, but then after this, she could not remember anything else, whether he fell, whether she threw him, whether she hit him, or if indeed all of these things happened, Maggie just could not remember. Nonethe-
less, she did see herself as being responsible for the death, and this realization brought up feelings of being “bad.” Although her negative self image had been evident prior to this time, it was not until Maggie remembered John’s death that being “bad” became a major focus in therapy.

Guilt, Depression, and Provocative Behavior

Maggie’s earlier episodes of aggressive behavior had been easily controlled because at that time Maggie had sought reassurance through the controls. Now a new element was added: Maggie’s provocative behavior was also being stimulated by her unconscious wish to be punished. The two types of behavior were different, and interpretations were made to separate them in Maggie’s mind. The angry outbursts, which were ways of seeking controls, were related to John’s death, whereas the provocative behavior, designed to prove Maggie was “bad,” was handled differently. Maggie repeatedly stated she was “bad.” Everyone thought this. Her mother called her “stupid” and yelled at her almost every day. She felt the therapist must also think the same. When reassured that her therapist did not think that Maggie was either stupid or bad, Maggie repeatedly tried to prove to her therapist that this indeed was true. She tried to cut her therapist’s hair, wanted to hit her with mud she had made in the sandbox, and so on. While fully expecting to get hit with the mud, the therapist held fast to repeating to Maggie that she was trying to prove she was bad, and that even if Maggie did throw the mud, the therapist would know why she was doing this, and would not think that Maggie was bad. (Maggie did not throw the mud.)

At other times, Maggie’s behavior had greater elements of anger, of seeking reassurance and controls. Maggie would run out of the therapy sessions, kick the furniture, hide in the therapy room, and sometimes even lie on the floor very still as if she were “dead.” These episodes were interpreted for Maggie in relation to John’s death and to her fear of loss of control. After one such episode, Maggie cried profusely. While crying, she led the therapist to the sandbox, where she sat down, picked up a small box and repeatedly covered and uncovered the box in the sandbox. The therapist acknowledged how sad Maggie felt, that she was wishing that John had not died, and then just sat with Maggie, letting her cry. This strong affective expression of Maggie’s sadness appeared to be a turning point in therapy.

Following this session, John’s death came up only sporadically, and the angry, impulsive outbursts became less frequent and less
intense. The therapist used the tactic of suggesting ways by which Maggie could control these outbursts when they occurred in this attenuated form. One day, in the midst of a mild outburst, Maggie stopped and inquired of her therapist, "Well, aren't you going to stop me?" When told that the therapist really didn't need to, because Maggie could now control herself, she promptly stopped the outburst.

The provocative behavior also became less frequent, but took on a different, covert form. Maggie was seen stealing money and candy. Several minor incidents of this stealing had occurred, and we felt that it represented a depressive equivalent. The specific choice of this behavior was, perhaps, related to Maggie's feelings that John had "stolen" mother's affection.

It did not appear particularly surprising that depression would become a problem at this time, as both the external circumstances and the internal dynamics associated with depression were present in Maggie's case. Her early life was marked by affective deprivation: a distant, at times neglectful, mother and an abusive father. Later, she experienced overt object loss not only through her father's leaving, but also through the comings and goings of her mother's boyfriends. Bowlby (1961), Spitz (1965), and others have stressed the far-reaching effects of rejection and loss of love on the young child. Bowlby (1961) states, "Rejection, loss of love... and similar situations, all have as a common factor loss by the child of a parent to love and to attach himself to" (p. 495). Spitz (1965) sees early affective deprivation as "scars... a locus minoris resistentiae, on which disturbances occurring at a later age can find a foothold" (p. 294). Thus, the final withdrawal of her mother's love and approval at the time of John's death set the stage for a serious psychiatric disturbance.

Why this disturbance appeared clinically as a depressive reaction can be readily understood if we consider some of the writings of Freud and Abraham on the subject. Both Freud (1917) and Abraham (1924) describe introjection of the lost love object and anger turned against the incorporated love object as the basis for self-reproaches seen in the depressed. In addition, Freud felt the lowering of self-esteem was an important feature of depression. In Maggie's case, there was oral fixation with subsequent regression to that phase of development (this will be discussed in more detail later). Following John's death, Maggie used repression as her major defense for the incident and the affect (especially anger) associated with the incident. When through therapy the repression was removed, Maggie then turned the anger inward at the incorpo-
rated mother figure. Simultaneously, concerns over self-esteem had become conscious, and depression became clinically evident. As will be described later, clinical improvement coincided with Maggie’s externalizing angry feelings and expressing her dissatisfaction with mother and grandmother.

When Maggie appeared affectively depressed, a connection could be seen between her affective state and her attempt to correct this by seeking external replenishments. Frequently, this took the form of oral supplies. During a session when Maggie was celebrating a postdated birthday by having a coke and candy with her therapist, she confided that she had not had a birthday party at home, nor had she received a birthday present from her mother. Although her affect was depressed, Maggie denied feeling sad, saying that it really did not bother her, and that her mother was going to buy her a present at a later date. At the same time, she asked the therapist if she would buy another coke (even though Maggie was barely able to finish the first one). The therapist pointed out that another coke would not make her feel happier about not having a birthday party or a present, but that the therapist would buy her another coke (and did).

During another session, a connection was made between Maggie’s sad feelings related to John’s death and her wishes for candy. Maggie had started the session by playing cards, but played only half-heartedly and did not seem to want to talk. Finally, she went to a blackboard and drew a child lying down. When the therapist said that it looked like a child lying down, Maggie promptly drew a box around the child. The therapist responded that it was a child in a box, whereupon Maggie drew flowers around the box to indicate that it was John in a coffin. Maggie denied that it was a picture of John, but was willing to talk about him. She said that she had never been to his grave, and had never asked to go because she really did not want to see it. The therapist repeated (as she had done several times before) the explanation that children do not understand the permanency of death, thus hoping to help Maggie isolate and intellectualize her guilt feelings. However, this time when the therapist also mentioned Maggie’s sad feelings, Maggie responded by asking for a candy bar. The therapist reminded Maggie of the session following her birthday when Maggie had felt sad and wanted a coke. She suggested that eating would not make sad feelings go away, but that talking about the sad feelings would help.

As mentioned earlier, at the same time that Maggie overtly showed depression, there were small incidents of stealing: change
was missing from the teachers' purses, candy disappeared, etc. One time, a candy bar had disappeared from a child's lunch box, and later Maggie was seen eating it. When one of the teachers confronted Maggie with this, she admitted taking the candy. Later, when the incident was raised in a therapy session, Maggie denied taking the candy. She wanted to leave the room, appeared angry, kicked a few chairs, but only half-heartedly, and seemingly tried to give the impression that she was having control problems, whereas it did not appear that she really was having such difficulties. The therapist told Maggie that taking the candy was something like the outbursts Maggie had when she sought control. She also related the stealing to Maggie's feelings about being "bad," as well as perhaps a wish for punishment. All of these were related to John's death, with the interpretation being handled over a period of time. Maggie accepted these interpretations readily. Later, however, when the stealing, the feelings of sadness and wanting to eat were related to not getting enough love and attention at home, Maggie ignored these statements. Soon afterward, she played a game of bank robbers, in which the robbers killed a teller. Thus, in this play segment, it appeared that Maggie was willing to accept the stealing as relating to John's death, her fears of loss of control, and her wish for punishment, but was not ready to focus on her feelings of deprivation.

As the deprivation appeared to be the major problem at this time, Maggie was encouraged to talk about home whenever possible. At first, she made brief comments about visits to her great-grandmother or about going bowling, but later more details emerged. A trip to the bowling alley was not much fun, because mother felt that it would cost too much if Maggie bowled, so only mother bowled, and Maggie watched. A trip to great-grandmother's was more than a trip, as great-grandmother was now taking care of Maggie and the other children. Maggie confided that she missed her mother. Mother at first had gone to school, but now, since she was working, she was spending less and less time with the children. Occasionally, the children remained at Mrs. Jones's grandmother's house all week and would see mother only on the weekends. At first, this was difficult for Maggie to accept, but after several weeks, she began to see her great-grandmother as an accepting, nurturing person who gave more to her of affection and controls than mother had ever done. Furthermore, Mrs. Jones was successfully combating her own depression both by working through some of her feelings in therapy, and by realistically seeking external changes. Apparently, the replacement of her dead
baby, as well as successfully completing school and finding lucrative employment, were important factors in increasing her self-esteem. In addition to these changes at home, in therapy Maggie continued to work through some of her negative feelings toward her mother. An effort was also made to supply extra support for Maggie at the school. The staff tried in a variety of ways to express their feelings of liking and approval of Maggie. A particularly useful vehicle for this presented itself when Maggie asked one of her teachers to fix a bow for her hair. When the teacher, after fixing the bow, complimented Maggie on how cute she looked, Maggie beamed. Thereafter, she sought out this teacher whenever she wanted a compliment. Generally, Maggie began paying more attention to the way she looked. She took pride in any new dress that she had, or even just a new hair ribbon. Maggie's interest in her appearance not only indicated an improving self concept, but the coquettish affect associated with her behavior implied a shift into the phallic-oedipal phase. This was evident in her behavior toward one of the male teaching assistants. Maggie sat next to him at lunch, asked for his help with her schoolwork, and giggled coyly whenever she was successful in getting his attention. One day, Maggie demonstrated for the staff and children a new dance she had learned from her teen-age aunt. Maggie's performance was not only skillful, but also quite seductive! Now in therapy, when Maggie played "girlfriend," she and the therapist had boyfriends as well as babies. Occasionally, Maggie even made direct comments about mother's boyfriends, commenting she liked one better than another.

**Termination**

As Maggie continued to show increasing gains in her personal relationships and schoolwork, we felt she could return to public school. Thus, after one year in the day-care program, Maggie returned to public school, while still seeing her therapist on an outpatient basis. During this time, therapy consisted mainly of support and reexamination of some of the old themes. Occasionally, Maggie referred to John's death. For example, in regular school she once drew a picture of a girl standing beside a coffin with the word "like" printed under the coffin. On the opposite side of the page, a girl was standing alone, and the words "don't like" were printed under the girl. Maggie agreed that she was asking the teacher if she would still like Maggie if she knew the truth about John's death. At other times, Maggie expressed some anger toward her mother concerning her
lack of affection for her, or in some way sought reassurance that the therapist liked her.

Generally, the arrangement that the children were cared for by Mrs. Jones's grandmother, while mother worked, appeared to be beneficial to all concerned. Maggie spoke affectionately of her great-grandmother, although at times she chaffed at the realistic controls provided by her.

At school, Maggie formed a strong relationship with the school social worker. Because transportation to the clinic for therapy was becoming an increasing problem, and because at times Maggie missed sessions, we decided after six months to have Maggie continue with the school social worker on a supportive basis.

Shortly before terminating, the therapist made a visit to the great-grandmother's home. Maggie was home at the time, and it was easy to observe her playing with her brother. The play was natural, similar to the way Maggie acted with her sister. As well as playing with Mike, Maggie teased him at times, but also shared candy with him.

On a follow-up a year later, Maggie was still seeing the school social worker and was reported to be doing well both at school and at home.

**DISCUSSION**

*Dynamics in John's Death*

Maggie showed signs of developmental interferences even before John's birth. She was conceived as part of Mrs. Jones's rebellion against her parents and was the reason for Mrs. Jones's leaving high school. Later, as a baby, Maggie was exposed to Mrs. Jones's frustrations and anger at her abusive husband, as well as directly experiencing physical abuse. Again, a similar cycle of mother's frustration, anger, and withdrawal was repeated when Sally was born. We can suspect an oral-aggressive fixation in Maggie's development, not only on the basis of the impact of these early traumas, but also from the oral themes in therapy (e.g., the feeding of dolls, anger at spilled food in the early stages of therapy), and later the direct stealing of food. From mother's interaction with Maggie, one would suspect there was little conflict in the anal stage. Mother recalled that Maggie was easily toilet-trained and felt that both she and Maggie enjoyed the increased independence which that stage brought. Furthermore, in therapy there was little material that per-
tained to the anal stage of development. Maggie was not a stubborn, sadistic, withholding child, but rather a warm, dependent youngster who sought nurturance. Thus, we can speculate that when Maggie encountered difficulties in the phallic-oedipal phase of development, regression to the oral-aggressive phase occurred, as this had been an area of a previous fixation.

After John's father had disengaged himself from the family, Mrs. Jones became even more solicitous of John on a covert level: after all, he was the male child she had always wanted. She had ignored, however, Maggie's angry outburst that had once caused John a black eye. Thus, on another level, there was anger and hostility toward John, as he represented the many men who had left Mrs. Jones in the past. Mother's ambivalence, Maggie's difficulties in resolving her oedipal concerns, as well as partial regression to the oral-aggressive phase culminated in Maggie's seeing John as a hated rival for mother's affection, and one who had to be eliminated.

**Specifics of Treatment**

The major emphasis in therapy was helping Maggie accept her feelings about John's death on an affective level. The first part of therapy focused on the repression of John's death. Initially, using displacement in play, connecting it with John's death, and interpreting Maggie's stories (Three Little Pigs, Humpty Dumpty, etc.), was a useful technique. Later, the sandbox became important, and Maggie would go to the sandbox almost as a way of saying she wanted to "talk" about John. The oral-aggressive and control themes were handled partially through helping Maggie "master" her feelings, and partly through external manipulation. These areas were difficult at times, but not as great a problem for the therapist as the question—how do you handle the overwhelming guilt over killing?

Fantasies of killing are common in children. Anna Freud (1965) states that "extreme jealousy and competitiveness, impulses to kill rivals . . . all the normal elements of infantile instinctual life, become nuclei for later dissociality if permitted to remain unmodified" (p. 176). As already discussed, these elements were allowed direct expression in Maggie's case. It must be remembered, however, that young children do not understand the finality of death (Nagera, 1970). Thus, the act of killing for a child is psychologically very different from the same act committed by an adult. In examining her own feelings about Maggie, the therapist decided that this particular realization was a form of intellectualization that
the therapist used in order to like Maggie genuinely, yet at the same time recognize that Maggie had killed her own brother. Thus, although intellectualization is usually considered a defense of adolescence and not of the early latency child, we decided that helping Maggie intellectualize might serve as a substitute defense for repression and prevent the guilt from significantly interfering with therapy. In effect, by telling Maggie that she did not want her brother dead permanently, the therapist was encouraging the use of herself as both an auxiliary ego and an external superego. Anna Freud (1965) has called this process a "subspecies of transference" where it is not the object relations that are transferred but rather the therapist "is used to represent one or the other part of the patient's personality structure" (p. 41).

Future

Only the themes directly relating to John's death were discussed in this paper. Through the therapy, however, there was additional evidence of regression to the oral-aggressive phase of development, and subsequent progression into the phallic-oedipal. As therapy progressed, we thought that Maggie was able to resolve some of the conflicts in the pregenital area and move on to the phallic stage of development. She was working through her renewed oedipal concerns when therapy was terminated. We concluded at that time that, with support, Maggie could find her own solutions without continued intensive therapy. One could predict, however, that at the time of adolescence, with some of the old conflicts being renewed in the setting of the increase in the sexual drive, Maggie may become promiscuous. This suspicion is based not only on the fact that mother was promiscuous, but also upon speculation about Maggie's own dynamics. One could postulate that she may try to counteract her depressive feelings by seeking replenishment via sexual means. Furthermore, at that time, she may want to replace what she had destroyed, i.e., John. Thus, although Maggie was doing well at the time of termination, additional therapy may be necessary at a future date.

REFERENCES

