

Preschoolers' Responses to Murder of their Mothers by their Fathers: A Study of Four Cases*

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Introduction

With a national homicide rate of 9.7 per 100,000, and three out of every ten victims being in their twenties, murder is a crime which must in one way or another affect a great many children.¹ Particularly difficult for a child to deal with is uxoricide, the murder of one spouse by another, which accounted for 11.1% of all homicides in 1975.² Although such events are not uncommon, the author was able to find only one relevant reference in the child psychiatric literature.³

Much has been written regarding the age at which a child is capable of mourning, though a complete review of this literature is beyond the scope of this communication. Wolfenstein⁴ concludes that mourning the death of a parent is not possible until adolescence and that the process of adolescence itself constitutes a trial mourning in which there is a gradual decathexis of first love objects. Deutsch adopts a similar position.⁵ Seligman suggests that normal defenses of latency, namely repression, denial, and reaction formation, may prevent mourning by serving as adaptive and protective devices that allow for continual development in latency.⁶

In contrast to the above authors, Bowlby, A. Freud, Kliman, E. Furman, R. Furman and Barnes believe that the child under five is capable to some degree of mourning following the loss of love object once he has achieved the stage of object constancy.⁷⁻¹² E. Furman stresses that the crucial points in the stage of ego development for mourning to occur are 1) "the child must have reached a stage where the loss of love object does not interfere with the cathexis of these functions and activities that are required for memory;" 2) "the child's basic self-investment must be sufficiently autonomous and independent of the love object such that he can survive mentally as a person and can, in some areas, accept a substitute for the continuing partial supply of needs."¹⁰ She stresses the need for the latter in order for the child to "survive narcissistically while he performs the mental work of mourning."¹³ The child must also possess some concept of death to be able to mourn the loss of a love object, and, as stated by S. Freud, "mourning occurs under the influence of reality testing."¹⁴ As mentioned, the latency age child's reality testing may be interfered with by defense

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mechanisms. In contrast, the younger child because of his immaturity is much more dependent on the adults in his immediate environment and in turn will be influenced by their reality testing and ability to deal with death.

Children who fail to mourn the loss of a parent may show delayed grief reactions upon entering adolescence,¹⁵ and E. Furman summarizes numerous studies that deal with the relationship between childhood bereavement and adult psychopathology.¹⁰ Barry and Lindemann conclude that the death of the mother for children under five is most significant for the incidence of adult psychoneuroses and dependency.^{16,17} Kliman and many others stress the need for providing help early to bereaved families as a form of prophylaxis.¹⁸ In some instances direct treatment may be indicated for the child, but often parent guidance will suffice.

The young child whose parent is murdered by the other, in addition to the task of mourning, faces other formidable problems, including:

- 1) sudden loss of the surviving parent through incarceration or hospitalization;
- 2) the question of who will take care of the child's immediate physical and emotional needs;
- 3) a shift in the relationship with younger siblings, with a tendency for the oldest to assume a protective parenting role;
- 4) legal resolution of custody and nature of subsequent relationship to the murdering parent;
- 5) resolution of anger towards the murdering parent;
- 6) guilt, identification with the murdering parent and conflicts over aggression;
- 7) resolution of Oedipal conflicts where the parent may have enacted the child's wishes, and parents are no longer available as objects of identification;
- 8) re-working of the murder in light of subsequent phases of emotional and intellectual development.

For the therapist the task is not easy either. Often there is no means of obtaining any sort of developmental history on the child, and one must work in the dark while trying to fit the pieces together. The wish to spare the child further suffering must be weighed against the therapeutic value of allowing the child to talk about the murder. Finally, it is not easy to listen to the details of a murder, especially as viewed through a child's eyes, and one must recognize one's own discomfort lest it interfere with evaluation or treatment of the child.

Purpose

This article will compare and contrast the responses of four pre-schoolers – two pairs of siblings – to the murders of their mothers by their fathers, and discuss some of the variables that may have affected how they dealt with the trauma.

Mary A. was four and a half and her brother Eric two and three-quarters when they were first seen by the author after their schizophrenic father murdered their mother. Following brief therapeutic intervention, they were moved to another state where they were adopted by their maternal aunt and uncle. The adoptive parents did not follow through with recommendations for treatment but have maintained sporadic contact with the author. In

contrast, Tony W., age four and half, and his sister Terry, age two and three-quarters, were not seen until approximately two years after their father murdered their mother. After a brief stay in a foster home, their paternal grandparents assumed their care and could not see the need for any ongoing psychiatric care. The children then became victims of a highly publicized custody battle, and when seen by the author they were in yet another foster home and the state's decision to terminate parental rights and place them in an adoptive home was being appealed by the paternal grandparents. Tony was ultimately taken into treatment by the author two and one-third years after his mother's murder.

PART I: THE A. CHILDREN

History

Mary and Eric were brought to the clinic by their minister ten days after they had overheard but not witnessed their father shooting their mother. After shooting his wife six times while in a delusional state, Mr. A. decided to comfort the children instead of killing them as he had originally intended to do. He then showed them their mother's body, covered with a blood-stained sheet, and was quite apologetic about what he had done. The children were alone with him for two hours before he called the police. They were then taken in by their minister and his family, who dealt with the children in a very perceptive manner, evident in the factual and open way in which they were able to discuss their mother's death, and in their setting limits on their behavior. Neither child had shown much overt reaction to their mother's death. Mary had commented matter-of-factly, "My daddy shot my mommy dead," and Eric would echo this but without much sadness. Eric was enuretic and was also observed shooting at people with a cap gun.

Interview with Children:

Mary was seen alone initially and presented as a pretty, outgoing child who related easily. Most striking was her cheerful affect and lack of sadness; she smiled as she talked about her mother's death and her manner was coy. Initially, she said her mother had been "sick from working too hard and had died out." When confronted with what she had told her minister, namely that her father had shot her mommy "dead away," she confirmed this, then related how she had been awakened that morning by noises in the street, saying, "They must have been playing." Upon learning of her mother's death, she said her head had hurt but she denied feeling sad. She described how she had viewed her mother's body covered with a sheet and stated that her mother had died very fast from the blood coming out of her hair. While acknowledging what had happened on the one hand, she also clung to the belief that her mother was still alive and that her father was at home making her better. Her wish for her mother's recovery was interpreted as a means of warding off sadness about the loss. The therapist gently confronted her with the fact that her mother would never be back and said how difficult it must be for her to accept this fact. She nodded but displayed little in the way of feelings.

Foremost among Mary's concerns was the question of who would meet the children's physical needs. Regarding conversations with her father following the murder, she seemed most distressed with his having told her they would have to make their own meals that day. Upon learning that her father would be unable to care for them, she expressed a wish to stay with her minister, because "there is a mommy there who isn't died out." It was stressed that this living arrangement was temporary and suggested that perhaps because the minister's wife was taking such good care of her she'd not yet had time to miss her own mother. The therapist told her that as she came to realize that her mother was really gone she would feel sad and that it was all right to cry. Later, with her brother, they talked about finding someone else who could be a mommy to them; feed them, clothe them, listen to their worries and have fun with them – to which Mary added, "and put us to bed."

Mary had helped prepare Eric for their joint interview several days later, and throughout it she was very protective and gentle towards him, as if she were trying to be a mother to him. Eric was a bright, cheerful, inquisitive little blond fellow who was quite articulate for his two and three-fourths years. Shortly after entering the office, he announced, "My mommy is dead." The therapist told him she was aware of this and was seeing them to help them with some of the feelings they must have about this. When asked if he knew what "dead" meant, Mary quickly interjected, "She can't get up," before he could reply. The therapist confirmed this fact and added that their mother would not be back. In contrast to his sister, Eric looked quite sad and was able to talk about how much he missed his mommy and daddy.

Many of Eric's feelings about the murder emerged in his play. For instance, when asked if he knew how his mother had died, he did not say anything but began to depict cowboys and Indians poking each other with spears. Most poignant was his play with the doll house, where he arranged the mother doll on the bed and pulled the covers over her head. He stood there for a long time staring at her with a very sad expression on his face. Finally, when asked if this was how his mother had looked when his father took him to see her, he nodded yes. The therapist commented that it must have been a very scary experience for him to see mother like that. He still said nothing, and the therapist added that she could see how very sad thinking about it made him feel. He gradually moved away from the scene and resumed his previously cheerful manner.

The therapist talked further about the children's imminent move to the home of their aunt and uncle in another state, and again went over the reasons why their father could not care for them. The children seemed confused as to where their father was and envisioned him at home watching T.V. They were encouraged to talk with their aunt and uncle about missing their parents and about what had happened. Mary concluded the interview by saying that they would be moving because their aunt and uncle wanted to make a home for them.

Interview with Aunt and Uncle

The B.s were a couple in their early 40's with a three-year-old child of their own, and each had had professional experience working with young

children. In addition to having had ongoing positive ties with the A. children, they possessed exceptional qualities which rendered them particularly well qualified to take on these children. Their psychological-mindedness was immediately evident as Mr. B. commented that the children would probably not be able to show their sadness until their immediate needs were taken care of, and further that grief in children was very much an on-and-off thing.

One purpose of the interview with them was to allow them to express their own grief and caution them that they not allow it to become buried amidst their concerns for the children. Further, the need for honesty with the children with respect to the murder was agreed upon, and that there was no need to hide their own grief from them. It was anticipated that Mrs. B. might find it difficult to listen to the children discussing her sister's death when she was so deeply affected by it, and it was suggested that other family members might help her out if it became too taxing for her. The therapist discussed what other forms the children's grief might take, and the possibility that their feelings might emerge through play.

The B's were apprehensive about Mr. A.'s someday trying to regain custody of the children and wondered what sort of relationship the children should maintain with him. Remarkably, they displayed no anger towards him but rather viewed him as sick and in need of help. They wondered how to handle the children's questions about him.

The need for obtaining ongoing help was stressed, since the couple would be facing not just the problems associated with adopting two children, but also the children's feelings and their own about the murder, and their daughter's feelings about suddenly acquiring two siblings. Unfortunately, such help was not readily available in their immediate community, and several professionals were later to deter them from pursuing these recommendations.

Follow-up Data:

Shortly after their move to the B.s home, Mary and Eric began grieving for their mother, typically in the form of their acting out the death scene, an activity Mrs. B. was able to tolerate in spite of her own grief. Mary would also discuss the murder openly with her classmates in what at times appeared to be an attempt to shock them. There were many questions about the murder which the B.s seemed able to handle and some concerns on the part of the children that they had left their mother behind in their former residence. Although they'd not attended her funeral, they were at a later time taken to her burial site.

Behavior problems of concern to Mrs. B. were Mary's excessive thumb-sucking and Eric's fear of loud noises and of bodily harm. Their pediatrician had seen the children, thought they were doing remarkably well, and advised them against seeking psychiatric help. In a return letter, the therapist suggested that the adoptive parents condone Mary's thumb-sucking, which would diminish as she became more secure. Eric's fears were discussed as being age-appropriate concerns undoubtedly heightened by his mother's death, and professional help was again recommended. The B.s seemed to be trying hard to allow each child to "develop their own strengths and feel important in themselves." They were commended on this and on their

ability to keep the topic of mother's death an open one.

The B.s' next letter arrived one year later. Mary continued to ask questions about her mother and still wondered why she had died. Her thumb-sucking, which had diminished, had increased around the anniversary of the mother's death and was of concern to their dentist. In other respects she was doing well and the B.'s seemed to take great pleasure in her accomplishments. Eric, almost four, was crying less and was no longer afraid of loud noises but did not like to be surprised. He was becoming more outgoing with other boys and enjoying nursery school. Both children showed strong identifications with their new parents.

The children had had some phone contact with Mr. A. over the Christmas holidays and had handled this well. They now referred to him as "uncle" and he seemed willing to relinquish his role of father and had consented to the B.s' plans to adopt the children. Specific recommendations were offered to the B.s at this time as to how to handle questions about mother's death and about their father, and possibly loyalty conflicts around the adoption.

Two and one-half years later, their father was released from the state hospital, and the B.s phoned to discuss whether or not there should be any visits between him and the children. The B.s had recently finalized adoption of the children and it was decided to hold off any visits. Mary had given up her thumb and blanket a year earlier and was doing well in all areas. They expressed some concern about Eric's balkiness and tendency to tell tales. They wondered if he felt inadequate, but overall were impressed by how improved he was.

Their last letter came four years after the death of the children's mother. Mary was doing very well in third grade. She continued to talk about her mother and expressed a wish to see her father, who was now on parole. Eric was in the first grade, where in spite of above-average ability he was showing learning and behavior problems. The school psychologist had evaluated him and labeled him "a mild case" and recommended a "wait and see what happens" attitude. At home Eric was talking more about his father and tended to view him as the "sugar daddy." His mother's death continued to be an open topic. Mrs. B., who had on her own hired a tutor for Eric, wondered whether there was any connection between his learning problems and his mother's death and whether she should "push" the school psychologist further. The therapist responded that this was a very good possibility and once again urged her to seek out psychiatric evaluation for him.

PART II: THE W. CHILDREN

History

The W. children were seen by the author two years after their father murdered their mother. Tony, who was two and three-quarters at the time of the murder, overheard his estranged father breaking into the house while intoxicated, and saw his father stab his mother to death. Terry, then 11 months of age, was in an adjacent bedroom at the time of the murder and was then left alone in the house with her brother and dead mother as her father fled. Tony had witnessed previous violence on the part of his father

towards his mother and as an infant had been physically abused by him.

The children were placed briefly in foster care, and according to the foster mother, Tony repeatedly related the scene of the murder, and once during a visit to his maternal grandparents he awakened screaming: "My daddy killed my mama, my daddy killed my mama. Get a gun and kill him." Several months later the children were moved to the home of their paternal grandparents, who had petitioned to adopt them. The paternal grandmother later testified that during the 13 months Tony resided with them he never discussed his mother or the murder. She had never mentioned their mother to the children and had decided not to do so unless they asked; they had never done so in her presence. She denied any behavioral changes or problems in the children following the murder, including bedwetting, subsequently admitted to by Tony. Further, she refused to cooperate with recommendations for ongoing counseling for herself and the children. During the custody hearing, she depicted the children's mother as a "foul-mouthed, ill tempered shrew," and her view of the murder was that her son "didn't kill her" and had been "railroaded" in spite of his admitting to having killed her with provocation.

At the custody hearing, three alternatives were considered: 1) continued custody with the paternal grandparents, with Mr. W. retaining parental rights; 2) adoption by the paternal grandparents with termination of father's paternal rights; 3) adoption by a disinterested party. Testimony by two child psychiatrists and one child psychologist who had evaluated the children gave conflicting recommendations as to which course of action would be least detrimental to the children. The court then decided to terminate the parental rights of Mr. W., who had been sentenced to life imprisonment, and the grandparents' petition to adopt the children was denied. The grounds for the latter decision were that they intended merely to hold the children for their son, and that the children would be eventually turned over to him upon his release. Further, it was argued that the grandparents did not give the children license to discuss and work through the murder. If they were permitted to keep the children, it was predicted that they would raise them "in an Alice in Wonderland environment in which he (the father) is the hero, their mother is the villain and the murder never occurred." Upon learning of the court's decision, the maternal grandmother declared publicly before the press and children that the children would be "better off dead," whereupon the state abruptly placed the children in another foster home.

The children were seen by the author two months later upon request of their attorney, who was handling the appeal of their case. His specific questions were how, if at all, they had resolved the murder and where their identifications lay.

According to the new foster mother, Terry had adjusted readily to the move, and Tony after a period of withdrawal soon acted very much at home, "perhaps too much so." Tony was enuretic almost nightly. He would occasionally speak spontaneously about his father being in jail or tell other children about the murder. His bi-weekly visits to paternal grandparents were followed by withdrawal or by questions about things they had said to him, and foster parents wondered whether he might be depressed following the visits. They also noted that Tony seemed unduly anxious around separations

and that he totally rejected his middle name, which was his father's first name. Terry seemed less upset by the visits than did her brother and in contrast to him, never talked about her real parents.

Interviews with Tony

Tony was an attractive, small blond boy who separated readily from his foster mother and seemed quite at home in the playroom. He immediately began playing with cars and while rummaging around in a box for more came across a small wooden doll without a head. He anxiously asked what was wrong with the doll, and when it was explained the doll was broken, he began striking it with a toy hammer. He was later in the same interview to refer to his own mother as being decapitated. Tony presented himself as a very confused little boy who could not answer simple questions about himself, such as his age, which he gave as five, or his last name, for which he substituted the first names of his two foster brothers. In spite of his "I don't know" facade, he tested out at age level on other items on a Denver Developmental Screening Test.

Tony's feelings of guilt were readily apparent, and he expressed fears that he had been removed from his grandparents' home because he had been mean to someone there. When asked about his daddy, he replied that he was in jail for having done something "bad." He referred to his father's having hit someone and at first claimed he couldn't remember who it was, then came up with his grandmother's name and then tentatively his mother's. He described how mad his father had been as he cut his mother's head off, and then pathetically described how he had tried to intervene but could not stop his father. The therapist said that he must have felt very angry that he had not been able to protect his mother, and he countered with "Yes, but now I'm bigger." It became apparent that he had not yet accepted his mother's death and was clinging to the fantasy that she was still in the hospital. He asked what they had done with her head and all the blood. The therapist commented to him about how scary it must be for him to talk about this, but also how very important that he be able to share these worries. His anxiety was evident as he immediately requested to leave the room "to do poop."

Tony returned with his sister in tow and was quite protective and bossy with her. Seemingly he had brought her along for protection, to avoid further probings about the murder, and because such talk had made him anxious about his sister's whereabouts. He confirmed that he did indeed worry about bad things happening to her, and in the second interview a week later, when asked if he worried about losing her after having lost so many people in his family, he nodded his head in agreement. The therapist attempted to reassure him that everyone felt it was important for him to remain with his sister. Tony then began to reveal additional fears of vampires and worries that he might turn into a bat if bitten by one. He also acknowledged that he had a long-standing problem with bedwetting.

Attempts to arrive at Tony's identifications elicited obvious loyalty conflicts; *e.g.*, when asked where he would like to live he would inevitably condense himself, grandparents, foster parents and father into one household. The idea of committing himself to one set of parents was much

too risky, and understandably so in light of his many moves. His feelings about his father included anger about the murder, admiration for father being “big and strong” and a longing to see him again. He became extremely anxious while discussing him and excused himself to go “potty.”

Interviews with Terry:

Terry was a petite, doll-like, blond girl who separated readily from her foster mother and her brother. Her affect remained cheerful and cooperative throughout each of two interviews, and she was very friendly with the therapist. Her speech was often inarticulate, but her vocabulary and syntax were within normal limits for her age, as was her motor development. Social development was atypical in that she showed no separation anxiety and seemed to discriminate poorly in her interpersonal relationships.

Doll play consisted of putting the mother doll in the baby’s arms and later putting the mother doll to bed. She said that her mother was at work and readily incorporated her foster mother into her play. Any memories or knowledge Terry might have had about her real parents or the murder could not be elicited through play or talk. She seemed to parrot her brother’s wish to live with “mommy, Daddy, Grandma and Grandpa,” and had difficulty making any distinctions between present and past parents. When asked how many daddies she had, she blithely responded “Three or five other daddies.”

Follow-up Data

Five months after the evaluation, Tony was taken into psychotherapy with the goals of alleviating his anxiety and confusion, providing emotional support along with clarification, and preparing him for a move into an adoptive home. Several months later his grandparents succeeded in blocking the state’s plans for adoption, and his anger over not having parents to call his own became paramount. He dealt with his feelings over the court’s most recent delay in handing down a decision as to whether or not he was free for adoption by constructing clay effigies of judges which he delighted in smashing. Endless constructions of Leggo cars became the metaphor for the lack of control and permanency he felt with respect to his life situation, and he would repeatedly demolish his constructions, then reassemble them in different form. He showed little overt sadness about his mother’s death, and it may well have been that his current insecurities and anger precluded this. Nonetheless, he came to accept his mother’s death, began to develop strong identifications with his foster parents and in turn made considerable strides in his emotional development. Plans to prepare him for adoption had to be abandoned; having approached the idea early in therapy, he now preferred to block out this possibility and clearly articulated his wish to remain with his foster parents.

Plans for a goodbye visit to his father were also aborted, but talk of this served to elicit many feelings about him. On the one hand he clung to fantasies of rescuing his father from jail and his father’s magically reclaiming him. At the same time he was quite frightened of his father and early in therapy tended to be inhibited in his expression of anger. Part of the work of therapy was allowing him to find safe outlets for his anger and to realize that being angry did not mean being “bad” like his father. He also came to

recognize good things about his father that he could identify with, including his interest in cars.

The reasons for his father's incarceration were discussed, and Tony came to accept the fact that he would not be available to him as a father in the future. Termination of his father's parental rights was interpreted to him as the court's concern that he have two parents who were able to care for him now, though it became increasingly difficult to justify the interminable delays in effecting this goal.

Therapy was terminated after eight months, at which time he was asymptomatic and progressing well in kindergarten. Unfortunately, he still (four years after the murder) was not legally free for adoption, but at least he remained with the same foster parents, who were very responsive to his needs.

Terry, after one and one-half years in the same foster home, was showing deeper attachments, and at three years of age was less compliant and becoming more assertive. She was much less dependent on her brother, who in turn was more interested in play with peers and older foster brothers.

DISCUSSION

The four children discussed in this paper experienced almost identical traumas, namely the violent murders of their mothers by their fathers. Tony actually witnessed the murder of his mother and all of the children viewed their dead mothers. Following their mothers' deaths, the children followed very divergent paths. The A. children met with supportive adults who helped them confront reality and were emotionally available to them. A brief psychiatric intervention helped to initiate mourning in the children and in the aunt and uncle, and gave them permission to discuss the murder. It further attempted to support the very sound approaches of the aunt and uncle to immediate problems and to anticipate future problems. The children were fortunate in that their custody was settled fairly shortly, and the security of knowing where they belonged undoubtedly facilitated the mourning process and allowed them to progress in their development. The new parents demonstrated extraordinary capacity to sustain the children's mourning and handle their many questions amidst their own grief. Finally, the children possessed considerable ego strengths for their age, as was evident in their verbal skills, capacity to relate to others, and test reality.

In contrast, the W. children were placed with strangers following their mother's death — placement which created yet another trauma for them. Nonetheless, there were some benefits in this placement in that the foster parents attempted to help Tony talk about the murder. The children were then returned to paternal grandparents who proceeded to give them a distorted picture of what had happened and could not allow them to discuss the murder. Also, several visits occurred between the children and their father at the state penitentiary; it is not known how these were handled. Attempts at therapeutic intervention were blocked by grandparents, and the children were once again uprooted and placed in another foster home. While Mary and Eric were sustained and nurtured by their environment, Terry and Tony found no such support, but instead faced confusion, denial and continual changes in caretakers. Not too surprisingly, Tony soon began to

mirror the confusion in his topsy-turvy environment and presented as an anxious, confused, and insecure little boy. His sister, whose responses to the confusing events were less clear, seemed to adapt by developing superficial relationships, conforming in her behavior, and becoming quite dependent on her brother, who was the one bit of continuity she knew.

While one must be cautious about using second-hand follow up information, the B.s were felt to be very reliable and their letters were remarkably thorough. It is surprising that Mary has progressed as well as she has, especially since the murder occurred in the midst of her Oedipal development. The fact that she soon acquired two adoptive parents undoubtedly facilitated her resolution of this phase of development. She appears to have developed many sublimatory channels for her aggression and like her new parents is very industrious. The material provided suggests that with their help she has mourned the death of her real mother, has developed very satisfactory relationships with them and has entered into latency. Interestingly, she now idolizes her absent father-uncle, though this may in part have been fostered by the B.s' sympathetic attitude towards him. It is also possible that she handles her anger towards him through reaction formation.

Eric's course has been more tumultuous, and, probably owing to his young age and sex, he has encountered more difficulties in dealing with the murder than has his sister. It is not clear how much he has been able to accept his mother's death emotionally and intellectually or how much of his mourning may have been mere imitation of his sister. It is tempting to speculate how the murder may be contributing to his learning difficulties and whether there are neurotic factors involved, *i.e.* fear of his own aggression, danger equated with knowing and looking, or inhibitions related to having been visually overwhelmed by the murder.

One wonders whether more conflicts around aggression are created in sons of fathers who murder than in daughters. Certainly these conflicts were evident in Tony, who identified with his father's strength, worried that he too might be bad, yet also harbored retaliatory fantasies and feared his own aggression. Further, a boy in the midst of Oedipal development is likely to experience guilt for not having protected his mother from the attacking father, as was seen in Tony's case.

Terry's memory of the murder appears to be at a preverbal level, and for her the biggest trauma has been the lack of continuity in parenting, which may account for her tendency towards superficial relationships. Obviously as she grows older, she will be affected by her brother's distortions of the facts of the murder and by the views of her grandparents, should she retain contact with them.

In both families, the eldest child took on a very protective role towards the younger sibling, which seemed to be a means of identifying with the absent mother and coping with separation anxieties. In the A. family, Mary relinquished her parenting role as soon as substitutes were found, whereas circumstances forced Tony to continue to feel responsible for his sister, and he demonstrated a pseudomaturity in this respect at the expense of other areas of ego development.

Another response noted in both families was resistance to getting ongoing

help, and unfortunately in each case the family's wish to leave well enough alone was reinforced by professionals. Parents may cling to the wish that children might forget their traumatic pasts, and sympathetic professionals may not want to subject them to further suffering by bringing it up. In each instance, professionals involved resisted making direct inquiry of the children about the murder, or discredited its significance — behavior which suggests that they themselves were uncomfortable in dealing with it. It seems highly unlikely that a child of this young age could ever work through a trauma of this magnitude on his own. Further, children of this age cannot mourn alone and clearly require a supportive environment to do so. Perhaps new parents must first get help in coping with their own feelings about the crime in order to enable them to allow the child to discuss it or act it out in play with them or professionals. As noted, mourning, when permitted with the three older children, often took the form of reenacting the murder. Such play obviously has therapeutic value with respect to allowing the children to regain some control over their lives and to reexperience their feelings about the murder.

These cases point to the need for swift resolution of custody issues so that the child may be provided with a secure environment which will meet his physical and emotional needs and allow him to proceed to mourn as best he is able in keeping with his age. It is particularly important to bear in mind a timetable in keeping with the child's young age, as is stressed by Goldstein, Freud and Solnit.¹⁹ Unfortunately the courts rarely operate with the speed recommended by these authors, and judicial decisions made in keeping with the child's best interests are always subject to appeals and yet further delays, as in the case of the W. children.

The murder of one parent by the other creates a crisis in which child care agencies are often called upon to place children on short notice with little time available for investigation, let alone long-term planning. Obviously, a familiar environment is preferable to an unfamiliar one from the child's standpoint. However, it is equally important to insure that the surrogate parents be able to provide the child with "pediatric doses of reality"²⁰ and allow the topic of the murder to remain open and subject to continued revision in light of the child's subsequent stages of emotional and intellectual development. This may not always be possible in instances where new parents 1) are highly invested in the murder; 2) fail to recognize the child's residual ties to the deceased parent; 3) are uncomfortable with the topic of death or ignorant with respect to knowing what to expect from the child; or 4) lack sufficient information about the events which transpired to be able to help the child sort them through. When such problems can be identified, one must then ask whether prospective new parents are sufficiently psychologically minded to be able to profit from ongoing help or whether a placement elsewhere would be preferable. It is obviously desirable to minimize the number of placements to which a child is subjected, and this calls for good case work planning from the start and the use of supportive psychiatric services to help insure the success of the placement.

It is the author's position that the child's needs must come before the father's and that saving the child for the parent as a rehabilitative incentive is not a tenable position. Children cannot flourish in limbo and need parents who can meet their needs on a day-to-day basis, a task not possible for the

incarcerated father and difficult for the schizophrenic murderer who may be released earlier. Further, it seems highly unlikely that a father who has murdered his wife is ever in a position to resume his role as the psychological parent to the child. However, termination of the father's parental rights need not necessarily preclude his future contact with the child, as was demonstrated with the B. children. Obviously whether or not this occurs is contingent on the relationship of the adoptive parents to the biological father, as well as what might be in the best interests of the child. One must ask whether renewed contact with the father raises a threat to the child's existence. Does it make him anxious about his own anger towards his father? Is there some value in allowing children to confront their fathers during adolescence or sooner by way of resolving negative feelings towards them, or should the crime automatically result in cessation of all further contact? The children in this communication are too young to provide us with the answers, but we hope that future presentations may address themselves to this issue.

References

1. Uniform Crime Reports, 1975. Federal Bureau of Investigation, p. 15 (1976)
2. *Ibid.*, p. 19
3. Bergen M: The effect of severe trauma on a 4 year old child. *Psychoanalytic Study of the Child* 13: 407-429 (1958)
4. Wolfenstein M: How is mourning possible? *Psychoanalytic Study of the Child* 21: 93-123 (1966)
5. Deutsch H: Absence of grief. *Psychoanal Q* 6: 12-22 (1937)
6. Seligman R *et al.*: The effect of earlier parental loss in adolescence. *Arch Gen Psychiatry* 31: 475-479 (1974)
7. Bowlby J: Grief and mourning in infancy and early childhood. *Psychoanalytic Study of the Child* 15: 9-52 (1960)
8. Freud A: Discussion of Dr. Bowlby's paper. *Ibid.*, 53-62 (1960)
9. Kliman G *et al.*: Facilitation of mourning during childhood. Presented to A Orthopsychiatric Assoc, New York, April 1969
10. Furman E: *A Child's Parent Dies*. New Haven: Yale University Press (1974)
11. Furman R: A child's capacity for mourning, in *The Child in His Family: The Impact of Disease and Death*, ed. Anthony EJ and Koupernick C. New York: Wiley, pp. 225-31 (1973)
12. Barnes M: Reactions to the death of a mother. *Psychoanalytic Study of the Child* 19: 334-57 (1964)
13. Furman, *op. cit.*, n. 10, p. 45
14. Freud S: Inhibitions, Symptoms and Anxiety. *Standard Ed* 20: 77-178 (1926)
15. Seligman, *op. cit.*, n. 6
16. Barry H Jr. and Lindemann E: Critical incidence for maternal bereavement in psychoneurosis. *Psychosomatic Medicine* 22: 166-81 (1960)
17. Barry H Jr, Barry H and Lindemann E: Dependency in adult patients following early maternal bereavement. *J of Nervous and Mental Disease* 14: 196-206 (1965)
18. Kliman, *op. cit.*, n. 9
19. Goldstein J, Freud A and Solnit A: *Beyond The Best Interests of The Child*. New York: The Free Press (1973)
20. Kliman G: *Psychological Emergencies of Childhood*. New York: Grune and Stratton (1968), p. 43