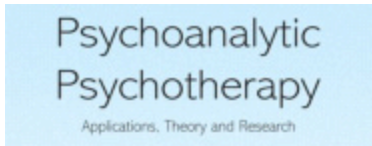


Motz, A. (2014). The ultimate taboo? An exploration of female violence and perversion. *Psychoanal. Psychother.*, 28(3):267-281.



(2014). *Psychoanalytic Psychotherapy*, 28(3):267-281

## The ultimate taboo? An exploration of female violence and perversion

*Anna Motz* 

The author explores the development of female violence and its typical expression in acts of aggression directed towards the woman's own body and those of her children. She explores the societal resistance to confronting the disturbing reality of maternal abuse in the light of commonly held, cherished beliefs about femininity in general and motherhood in particular. The hidden nature of female violence, so often enacted in the private, domestic realm, is evident in the clinical case material presented. The author presents a model of the psychology of female violence described as 'crimes against the body'.

### Introduction

The taboo of maternal abuse is a powerful force that prevents female violence from being accurately identified and treated, sometimes contributing to tragic failures of child protection. Despite conscious awareness that women are capable of extreme cruelty and perversion, potent unconscious forces prevail that perpetuate myths relating to the universal fact of 'maternal instinct'. These deeply held, unquestioned beliefs arise from the terror of confronting the reality of maternal cruelty and perversion; they serve to cover up the social and psychic pressures that create maternal violence and abuse, leaving vulnerable children in society at risk of being neglected, hurt and traumatized, by those charged with their protection. Furthermore, the risk of intergenerational transmission of these destructive patterns of relating cannot be identified, evaluated and mitigated unless the fact of maternal violence and abuse can be faced directly.

In this paper, I discuss the developmental roots of violent disturbance in the mothers I have assessed and treated, and offer a theoretical model of understanding, using a psychoanalytic model of female perversion, as first proposed by Welldon (1988) and further developed by Motz (2001) in relation to extreme self-harm and maternal abuse of children. I explore female violence in general with reference to the psychoanalytic and criminological literature, and

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provide a clinical illustration of a mother who killed her own child, in what seems to be a clear case of profound and tragic identification with her. This illustrates the clear link between homicidal and suicidal impulses. All clinical material in this paper has been anonymized.

### Debunking mythologies

The study of female violence requires first to challenge certain comfortable but unsustainable myths about violent women. These include the following:

- o Women are victims, not perpetrators of violence.
- o Women are ruled by hormones.
- o Because women do not possess a penis, they are incapable of sexual perversion.
- o Women are governed by 'maternal instinct'.
- o Women are only violent under male coercion (especially with sexual crimes).
- o Women are fundamentally passive and gentle.
- o Only 'mad' women are violent.

### Thinking the unthinkable: exploring female violence

It is evident from clinical work with female perpetrators of sexual and physical violence and their victims that such violence and perversion is a reality and that its detection is a complex, painful task. The roles of mother, nurse or caretaker offer unique opportunities to offend, under the guise of care. As the barristers who worked in the case of Beverley Allitt, the nurse who killed six children in her care, describe about the task facing them:

... in each case, it is worth noting that not just detection, but a realisation of what was happening, took months because those in charge would not think the unthinkable, and even when they started to think it wouldn't believe it, a nurse killing a patient and particularly babies. (Hunt and Goldring, 1997, p. 190)

Is there a difference between male and female violence? Both criminological data and psychoanalytic theory substantiate the reality of different targets, rates and severity of female violence as compared to those acts most commonly perpetrated by men. While women are far less likely to pose a risk of violence to strangers or members of the general public than men, they are more likely to inflict violence on themselves than are men, and to pose a risk to their own children, whom they see as extensions of themselves, and as such, not separate and subjective creatures with independent minds and bodies. While it is undeniable that women are far less represented in the criminal literature as violent compared to men, it is clear that when they are violent, their typical victims are themselves (self-harm), their children or intimate partners. Female violence has a hidden, domestic and 'underground' quality, making it hard to

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detect, difficult to confront and, at times, almost impossible to imagine. While men have a potent and aggressive 'public face' involving fights with strangers and overt displays of violence, female violence is typified by this hidden quality, and, as such, often neglected. Part of its underground quality is that the common image of women, particularly mothers, is an idealized one, in which a female is configured as a pure, selfless and fundamentally nurturing creature, with an innate tendency to protect, care for and love her young. However, women who have themselves experienced serious deprivation, cruelty or neglect in their own early lives will often find the care of the young to be persecutory, intolerable and impossible, made worse by the social stigma attached to admitting to feelings of hatred towards their children. Even acknowledging their own fears of mothering and sense of hopeless inadequacy may seem a gross admission of failure. One young woman who could not protect her baby from fatal injuries at the hands of her partner, and whom she seriously neglected, admitted in the course of therapy that she had never wanted to have care of this, or any child, but had not felt able to communicate this to anyone, out of fear of being seen as 'inhuman'. Tragically, such an admission might have saved this infant's life.

When women are violent they are much less likely than men to harm strangers or members of the public, and at far greater risk than men to harm themselves. They are also most likely to direct their aggression against their children or intimate partners, the latter often in the context of a violent relationship (Bartlett, 2003; Coid et al., 2006). Bidirectional violence in intimate partner abuse is far more common than is sometimes accepted or known (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a) as, again, myths about the fundamental passivity of women, and a generalized denial of the dynamics of domestic violence prevent full understanding of the motivations and expressions of female violence. Their rates of violence against others are low, with rates of sexual violence even lower, less than 1%, although it has been suggested that gross underreporting of sexual crimes by women contributes to this strikingly low rate of recorded sexual crime. Other sources indicate that the actual picture is quite different and that the fear of not being believed or the greater stigma of abuse by a woman prevents victims from coming forward, particularly to 'official sources' (Ford, 2006; Motz, 2008; Saradjian, 1996). Recent reports by Childline indicate that the number of calls from children complaining of sexual abuse by females is increasing with 3% of girls calling reporting abuse by a female and 2% by their mothers, whereas for boys 25% of callers reported abuse by a female and 16% by their mothers, in sharp contrast to the official statistics (Ford, 2006).

## Development of violence

It is essential to distinguish between aggression in thought and aggression in action. It is the latter that is of interest to forensic psychotherapists, as breaking the body boundary marks a particular violation and has a fundamentally different quality from violent thoughts that remain in the mind, or in fantasy. Violence,

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aggression directed against the body, may be closely linked to failures of mentalization as lack of capacity to think pushes feelings into the realm of the body (Fonagy & Target, 1999). Violent actions often involve the objectification of others, who at the moment of assault are not considered to have any real sense of subjectivity.

Bateman and Fonagy (2001, 2012; Bateman, Bolton, & Fonagy, 2013) suggest that both men and women who use violence against others have similar developmental histories in terms of early deficits in their primary caregivers' capacity to contain and reflect their intense and difficult mental states, leaving them feeling overwhelmed by them, and without the capacity to name or tolerate them. This can lead to the development of what they refer to as the 'alien self' in that unacceptable and intense feelings are felt to come from without, and cannot be integrated within the personality. This failure to name and recognize their own feelings then leads to profound difficulties in understanding the mental states of

others and/or being able to empathize with these. The choice of violent action over other forms of self-expression stems from developmental difficulties in attachment and the capacity for mentalization, as Fonagy and Target describe:

Violence, aggression directed against the body, may be closely linked to failures of mentalisation, as the lack of capacity to think about mental states may force individuals to manage thoughts, beliefs, and desires in the physical domain, primarily in the realm of body states and processes. (1999, p. 53)

This violence can create a form of objectification of oneself and others, resulting in a divided sense of the self, where one part is aggressor and the other victim.

The violent tendencies are created by failures of reflective functioning, and the roots of their aggression are similarly located in their own experiences of impoverished or perverse care, by their most significant attachment figure, their mothers.

While this developmental model has great intuitive appeal and informs effective treatment for individuals who have profound difficulty managing their impulsive wishes to violent action including self-harm, or aggression to others, it does not describe in detail the different pathways that such self-alienation can take for women and men. It is possible to build upon this, using the notion that for women, this mother is embodied in herself, and when she turns against her own female body with brutality she is symbolically attacking her own mother, as represented in her. Likewise, anorexia nervosa, with its potential to damage reproductive capacities and to destroy sexuality altogether, can be seen as a savage assault on mothering itself.

As Estela Welldon first revealed, the site of female perversion is the whole body and, by extension, the bodies of children. When women attack their own bodies, through self-mutilation, self-starvation or bingeing, they are symbolically wreaking revenge on their own internalized, often cruel, and perverse mothers. They identify their own body with the body of the mother. Likewise when they

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attack their children, sexually or physically, they express violence towards a narcissistic extension of themselves:

The main difference between male and female perverse action lies in the aim. Whereas in men the act is aimed at an external part-object, in women it is against themselves: either against their bodies or against objects of their own creation – that is, their babies. (Welldon, 1988, p. 72)

## Self-harm and female violence

In my earlier work (Motz, 2001, 2008), I argue that violence is primarily a communication and that it can be a response to a perception of being powerless and a solution to psychic pain. For women this violence is often hidden, both in terms of the targets of their rage secretly, on their own bodies or on those of their children, and in terms of the private realm within which female violence typically takes place, namely within the home rather than within the public realm.

Women who self-harm dramatically use their own bodies to express underlying, psychic damage. This reflects the way that women typically communicate their experiences and assert control over their private spheres of influence, their own bodies. The violence in this act is undeniable; it can also be understood as an attack on the body of the mother, as symbolized by the woman's own body. Women typically locate their sense of identity in their bodies. They express anger, contempt and shame through injuring their bodies, using the concrete experience of pain to symbolize psychological anguish. Their communication is expressed in this bodily form and may signify extreme states of mind that feel beyond words, as well as memories that require inscription into the flesh. As Straker (2006) points out, this form of communication may be experienced as a more direct and primitive form of self-expression than a linguistic one, and it can be chosen above words, as a form of affective communication. The way that self-harm communicates can be similarly direct, primitive and visceral, bypassing language and forcibly inserting itself into the person who witnesses the act of self-harming, or its evidence. The voyeuristic interest in these acts, and the deep distress they create, testify to the power of the projection, and its impact.

Its significance for a particular woman can be gleaned only through sensitive analysis. Treatment should be based on close analysis of the thoughts and desires that gave rise to self-harm, and its psychological functions. Understanding the reasons why a woman self-harms is the first stage in enabling her to find other, less violent, ways to articulate her distress and alleviate her pain.

## How are female violence and perversion hidden?

When women are violent, they are far more likely to be violent towards themselves or their children than to members of the public, which results in the crimes being hidden in the sense that they do not take place in the public realm.

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Children may be sworn to secrecy about such abuse, or, when sexualized, it can take place in a disguised manner, disguised as maternal care, but actually involving activity that gratifies the female adult sexually. Acts of bathing, grooming and soothing can be used to cover up sexual contact that the confused child feels unable to make sense of, or even to identify as abuse. For some women, breastfeeding itself can be used to serve sexual needs, and continues long after the baby is in need. While breastfeeding is often a significant aspect of close bonding between mother and infant, and provides both with pleasure, for these women, the needs of the infant are almost wholly ignored, as their overwhelming interest is their own gratification.

In acts of violence towards the self, as described earlier, the savage assaults may literally be hidden, on and inside their own body in brutal self-injury that represents an attack on the internalized mother.

Female violence is also hidden through the shadows cast by domestic violence and the profound discomfort attendant upon the realization that the female as well as the male can perpetrate and perpetuate this violence. The violence inflicted by mothers on their daughters, when they attempt to leave situations of intimate partner violence, is also little explored, but reflects culturally ingrained desires to protect the status quo and prevent the shame of dishonour that broken marriages can bring.

Such violence may also exist as a compelling and dark force within the couple; in such cases, it may seem that the perpetrator is solely the male, but closer examination may reveal a complex unconscious collusion between the two, in that the female's violent impulses have been disavowed onto and projected into the male partner, who destructively enacts them. He, in turn, is able to rid himself of unacceptable feelings of vulnerability, shame and need into his female partner, who becomes the denigrated receptacle for these 'toxic' aspects of him (Motz, 2014).

## Psychology of female violence: 'crimes against the body'

When women act on violent thoughts and feelings, against others and themselves, they can be considered to be committing a crime – the act of violence on themselves, or on the bodies of their children – and I consider this act to be an important communication with tremendous conscious as well as unconscious significance. The way that they treat their children, as objects of contempt or torture, can reveal their own histories of abuse and neglect. Their sense of entitlement over the minds and bodies of these vulnerable young children reveals the earlier loss of their own sense of subjectivity, and echoes the ways that they were seen as without mind or feeling by their own mothers, who, in turn, were likely to have been similarly neglected and abused. 'Mothering, whether in the home, or on the hospital floor, is a much more common route to power for psychopathic women than is commerce or sex' (Pearson, 1998).

As described, often female violence is hidden within the home, in the form of child abuse or self-harm; the children may be treated as narcissistic extensions of

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the mother, so that she views hurting them as akin to hurting herself and feels herself entitled to do so, as she not able to acknowledge or even recognize the subjectivity and vulnerability of these separate beings. The profoundly distorting effects of her own abusive and neglectful parenting prevent this kind of separation or capacity to empathize with the other, her child. Her own inability to conceptualize her own mind is then transferred to her children, whose minds she also cannot know or recognize. In this way, a devastating cycle of intergenerational abuse and neglect is established and perpetuated.

These crimes are hidden in the home, on the bodies and minds of their children, rather than taking place on a public stage, or coming to the attention of external agencies. The harm inflicted may not be spoken about by the victims, let alone brought to the attention of criminal justice agencies. The invisible victims of female aggression are their children's minds and bodies, as they are profoundly damaged through emotional abuse, neglect and sexual harm.

In some cases, the crimes are literally hidden, as the bodies of children go missing, in infanticide, neonaticide and rare cases of older child filicide. Imagining that the mother, who has been attributed with the power of protection and care of vulnerable children, could be a perpetrator can be too painful for even experienced professionals to contemplate (Hatters Friedman, Horwitz, & Resnick, 2005). Being unable to process unbearable material and break taboos, such as maternal abuse, makes seeing difficult, and even when such abuse is seen, believing it and taking protective action can be almost impossible. Rustin describes this conflict as 'seeing and not seeing in child protection work' (2005, p. 12).

## Turning a blind eye to violent women

It is terrifying to imagine that the idealized creature, the mother we all long for, may be a disturbed human being, with needs for revenge, power and even sexual pleasure, which are sometimes met through the use and abuse of her own body, and those of her children. And yet in the cases of many women with whom I have worked, these are the primary motivations for their cruel treatment of themselves and their own children.

The popular press is both excited and horrified by stories that reveal how women, often struggling with their own histories of neglect and abuse, have turned for fulfilment to their own children, using them to meet their deep wishes for comfort and control, sometimes obtained through violent and perverse means. Furthermore, within situations of intimate partner violence – ‘domestic violence’—women may become too fearful and preoccupied to attend to the needs of their own children, subjecting them to profound neglect, or using them as confidants, in their own desperate need for comfort and succour. The long-term damage to these children is evident, and while sympathy must be accorded to women caught up in these brutal situations, there are also important questions to ask about how and why such relationships are formed, and how, for some women,

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violent impulses are unconsciously disavowed and projected into the arms of their male partners who enact them. The harm done to children who are placed into the position of impotent onlooker to these brutal scenes is evident; along with their rage against the violent father, they may also harbour guilt about their own failure to protect and rage at the mother for staying in the abusive relationship. Later in life they may emulate the aggressor, finding some relief from the earlier sense of helplessness and vulnerability through this identification. Here, the mother's violence is enacted by father, and her own helplessness and passivity projected into her children, who may suffer the consequences throughout their lives.

At times the couple can turn against a ‘bad’ child, as if united in its hatred for this ‘demon seed’. Children who are caught in the crossfire of intimate partner violence can be harmed beyond measure. The following newspaper report describes how sustained and severe domestic violence forms the backdrop to serious offending by the children who witnessed it.

In 2009 two brothers (aged 10 and 11) subjected two other brothers, of the same ages as themselves, to serious brutality, including physical battery and sexual humiliation, for a 90-minute period. They received five-year sentences in April 2010.

Caught between a depressive, drug-dependent mother and a violent, obsessively jealous father, the boys grew up, in the words of a defence barrister, amid ‘routine aggression, violence and chaos’. It was, he said, a ‘toxic family life’.

The court heard how the brothers regularly watched their father punch and kick their mother, sometimes while drunk but often when sober, driven by an incurable envy which saw him forbid her from even talking to other men. The brothers learned not to intervene, the court was told; doing so meant either the mother was hit harder, they were struck, or both.

The mother, meanwhile, treated the boys as adult confidants, pouring out her ‘intimate’ secrets to them, the court heard.

Once she threatened to leave home, prompting the father to promise he would track her down and slice her face ‘to bits’ with a knife.

It was shortly after the court heard this evidence that the younger brother, who had remained impassive when his own cruelty was explained in detail, started to sob silently into his cupped hands. (Walker, 2010)

Although not all children exposed to domestic violence go on to re-enact the scenes with others, it is clear that one way of managing unbearable emotional and physical experiences is to try to get rid of them, by subjecting another to the same or similar torture. These boys clearly identified with their own victims and took on the role of the aggressor in their violence (Freud, 1936/1966).

The mother in this case, while clearly also a victim of violence and abuse, has in turn used her own vulnerable children as confidants, beyond what they could possibly manage or comprehend. The fact of their damage and despair is made evident through their own repeated violence, this time against a pair of brothers

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who have presumably not been subject to these extremes of neglect and exposure to interpersonal violence. The awfulness of their predicament is clear in the sobbing of the younger boy, who cannot bear to hear about his mother's victimization, and who, one can suggest, may have been meting out this form of punishment to another in order to evacuate his own traumatic experiences of witnessing his mother's suffering, and to banish it from memory or thought. Although without

knowing more about her own vulnerability it is hard to assess their relationships, the hidden female violence in such a case appears to be both in the mother's location of her own aggressive impulses in the partner, and also in her use of her young sons as confidants and allies in her own suffering. These boys were exposed to scenes of a deeply disturbing nature and their own young minds and bodies called into service in futile attempts to protect her (Motz, 2014).

It is evident that there may be unconscious contracts between partners in situations of intimate partner violence, in which the traumatic roots for both partners may lead them into these destructive partnerships. Such couplings may further hide the violence that women can inflict on their own offspring, or indeed on their own partner. Recent research showed roughly equivalent rates of violence by women towards their male partners, comparing data in 11 countries (Desmarais et al., 2012a).

## Women who kill

According to the American Anthropological Association, more than 200 women kill their children in the United States each year. Three to five children a day are killed by their parents. Homicide is one of the leading causes of death of children under age four, yet we continue to 'persist with the unrealistic view that this is rare behaviour', says Jill Korbin, alerting us to the wish to deny unwanted realities (Noveck, 2011).

Within certain cultural contexts, the fear of giving birth to a baby out of wedlock, thereby bringing shame and dishonour onto a family, can create a sense of both suicidal and homicidal desperation for some young women. They kill the baby as soon as she is born, or, in some cases, do not even allow themselves conscious awareness of their own pregnancies. The association between hysterical denial of pregnancy and neonaticide has been documented, reflecting their capacity to deny the facts of life, even as the baby grows inside them. The minds that can kill off conscious awareness of pregnancy can also literally kill the newborns, whose existence is wholly unwanted and impossible to manage. Tragically, such young women are often living in deep fear of shame and exile and unable to turn to potential sources of help during their pregnancy and after childbirth.

## Clinical example

Dolores, a single mother of eastern European origin in her late 20s, had been living alone with her two young daughters, one aged 4 (Angel) and one aged 7,

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when she attempted to kill both of them and herself. She had become convinced that the girls were in danger of abduction by a paedophile gang who would use them in 'snuff movies' – that is, pornographic films in which an actual murder is filmed. She had planned her homicides 'and own suicide in some detail' and waited until she had 'a sign' that she should put her plan into action. 'No one' was aware of her morbid plan until the day of the offence itself. On this day she had taken the children to school as usual and then prepared the materials for their deaths, hanging three nooses in her home, as well as mashing barbiturates into their pudding; she had hoped that this would sedate them so that she could gently suffocate them, before hanging them and then herself. She was convinced that the house was being observed by the ringleaders of the paedophile gang and that the people she encountered on the walk on the way home were spies for this gang, using their mobile phones to alert one another about her movements.

She attacked Angel's head with an ice pick prior to drowning her. During this frenzied and violent attack, one that she said she had never intended to be painful for the child, her older daughter escaped, although she had also suffered head injuries. This older child ran for help, but by the time the police arrived and managed to gain entry into the house they found the younger girl dead in the bath and Dolores in a frenzied state searching for her older daughter, claiming she needed to 'save' her, as she had 'saved' Angel.

Dolores was transferred very shortly after being imprisoned and subsequently sectioned under 37/41 of the Mental Health Act, having pleaded guilty to manslaughter by virtue of diminished responsibility. She was considered to be suffering from a psychotic disorder at the time of the offence and was to receive treatment at a medium secure unit. I saw her for weekly psychotherapy from the time of her admission into hospital until after her discharge into the community – a total of four years.

Dolores' own history was marked by disruption, instability and a sense of deception. Her mother had had three children, all girls, when she had conceived Dolores as a result of a fling with an American officer, stationed overseas. She had decided to give Dolores up for adoption when she was ten days old. Dolores had been told about her adoptive status at age four, the same age as her own murdered daughter. She saw this disclosure as an act of cruelty by her adoptive mother and felt totally devastated and betrayed by it. Her adoptive father had always treated her well, and she believed her mother had been jealous of this and so had told her she was not really 'theirs' as a form of punishment. Additionally, Dolores had

been sexually abused in her childhood, but her mother had neither believed nor protected her from this; she had treated her with coldness and harsh discipline, just short of actual physical abuse.

Dolores had a history of anorexia/bulimia, shoplifting and self-harm, displaying what may be considered to be a typical constellation of female expressions of disturbance and violence, largely directed towards the self. In adolescence, she became promiscuous and formed many short-term sexual relationships with men. An attractive and vivacious girl, she had tended to prefer

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the company of men to women, but remained very close to one older woman. At 17 she had become desperate to meet her natural mother and had traced her, only to discover that she had moved to central Europe with her third husband. She had travelled to meet her and described feeling a strong bond with her and with her sisters, denying any feelings of envy or rejection.

Despite the horror of her own history in childhood and recently as the killer of an apparently beloved child, Dolores managed to present a superficial veneer of calmness, rationality and charm. As a kind of 'false self' personality, she was always polite and friendly to me, beautifully dressed with fashionable clothes, make-up and freshly washed and styled hair. Her sense of herself as located in her physical body was highly evident, and she seemed to attempt to manage her inner chaos through rigid control over her appearance, and a mask-like, made-up face. She appeared in many ways like a doll, with a steady impermeable gaze, and artificial but delicate and precise gestures.

When I asked about feelings of guilt at our first meeting, she replied that she felt terribly guilty, not because she had killed the younger one but because she had not succeeded in 'saving', that is killing, the surviving child. She revealed an underlying and pervasive belief in the delusion that had guided her – that she needed to kill to save.

Often she would begin sessions by relating details about her wardrobe, or plans to return to her previous employment as a beautician. While this revealed something about how she had covered up her illness, hiding the facts of abuse in her own life from her adoptive parents, and disguising her paranoid delusions from those around her including her daughters' father, it also conveyed the quality of distant communication and avoidance in our sessions. Everything bad or frightening, violent or destructive, was covered up and made safe. Dolores was fascinated by fakeness and delighted in her false nails, which struck me as symbolic of weapons that couldn't actually harm, as well as providing her with a sense of glamour and grooming.

At initial presentation, Dolores was clearly psychotic, believing the hospital was a factory for experimentation and that various patients had special connections with the CIA and other secret groups. She attributed special significance to simple statements, ascribing meaning to commonplace phrases that indicated she was in a unique and privileged relationship to the speaker. Her florid delusions abated within the first six weeks and nursing staff became concerned that, with her increasing insight into the horror of her actions, a strong suicidal tendency would emerge. It was at this point that she was referred to me for supportive psychotherapy and psychodynamic evaluation.

During her time in hospital, she had formed two significant relationships with violent male patients and, despite the close supervision of these relationships by the medical and nursing staff, became pregnant. This was a wished for event, which she had often related to me in sessions, describing a wish to replace loss, a desire to forget what she had done and, as she put it, 'lead a normal life'. She had initially resisted this impulse in the light of reality and the knowledge that she would be unlikely to be

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allowed to bring up another child because of the risks that she would kill again. After much discussion with the multidisciplinary team and the realization that pregnancy would require her to come off psychotropic medication, only to have to give the baby up for adoption after birth, and that this would also prolong the time she would be likely to spend in hospital, Dolores decided to undertake a termination. This termination, at 12 weeks, recapitulated her murder of her daughter and sent her into a deep state of depression, requiring the relinquishment of her fantasies of bringing another 'perfect' replacement baby girl into the world. Her hope of reparation was actually destroyed as she again found herself in the position of killing; additionally her physical solution to unbearable loss was obliterated.

As her memories and dreams progressed in therapy, Dolores sometimes recalled vivid details about the actual killing. These, again, centred on physical sensations, feelings in her body and physical environment at the time, akin to the attention to detail found in post-traumatic stress disorder, but with another quality too, as though her understanding was located in her physical body. The memory seemed inscribed in central physical sensations that threatened to destabilize her, and she sometimes seemed to dissociate in the session itself. She described feeling unable to bathe, as it triggered the visceral memory of the wound in the little girl's head, which she said she could feel when water touched her own head. She could only take showers as these were less vividly associated with that day and with her last memory of her child. The

horror of the unintended physical violence, the pain, disfigurement and mess seemed to be possible for her to focus on, while thinking about the loss seemed impossible. Again this illustrated the tremendous need to locate emotion in the body and the difficulty in conceptualizing the minds of the children she harmed, or indeed, what went on in her own mind at the time.

The unbearable irony of her killing to save Angel from imagined suffering and eventual murder was too much for Dolores even to contemplate. It was equally impossible for her to consider the sense in which she, in identification with a cruel mother, envious of a loved child, might wish to inflict suffering on another. At some level she was in touch with a sense of real guilt, and never fully accepted that responsibility lay in her loss of the distinction between fantasy and reality and the power of her delusional beliefs. It is possible that this guilt seemed somehow misplaced, as she had so clearly been psychotic at the time. I wondered if her guilt feelings stemmed from awareness of actual neglect or some inklings of her unconscious hostility, as she seemed to have discounted the fact of her apparently psychotic breakdown, seeing herself as wholly responsible for Angel's death. In this case, the therapeutic task involved helping her to relinquish a sense of guilt, whereas in so many cases in forensic work the aim is precisely the opposite, to encourage guilt and remorse.

Through getting to know Dolores, hearing about her tremendous rage at the adoptive mother who betrayed her, and her natural mother who gave her up, I formed a hypothesis about the meaning of her offence. I would suggest that in an important sense this murder had been directed at someone else, at the mothers

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who had abandoned her; this homicidal motivation can also be seen in her own attempted suicide, she herself as a mother who failed.

Although danger apparently lay in the nameless, faceless 'gang of men' who lived to torture her and her children and to immortalize their pain and humiliation in film, this gang could be understood as the family unit of the strangers who had raised her and exposed her to abuse. Her deceptive adoptive mother and abandoning natural mother could be seen as the unconscious targets of her murderous rage – who were out of reach. Symbolically, the murder also stood for suicide, as Angel also represented Dolores herself, the 4-year-old child who had learned that her apparent mother was a fraud, that she had been given away, killed off. From very early on Dolores had felt she could trust no one.

Wellson (1988) shows how women who kill or harm their children behave towards them as narcissistic extensions of themselves, treating them as they themselves were treated by their own mothers. Linking this notion with the deep tie between homicidal and suicidal urges, it becomes possible to understand something of the dynamics of murder in the case of this profoundly damaged young woman. She could not see her daughters as separate from her, imagining them to be extensions of herself, vulnerable to the same neglect, abuse, deception and ultimate abandonment she had suffered. She had externalized her own violent urges towards her daughters, or envy of them for being brought up by her, their natural mother, seeing all danger as located outside herself. Despite her denial of abuse or neglect of them prior to the offence, statements by other family members revealed that she had been neglectful and, at times, cruel. On occasion she had used physical violence towards them and she displayed her older daughter's soiled underwear, which had been hidden, and laughed about it with friends in front of her. She had organized a fourth birthday party for Angel but hadn't allowed her friends to come, going through the macabre motions of hosting a silent, friendless children's birthday party. This seemed a symbolic re-creation of the emptiness and falsehood of her own early life, and a sense of ghostliness. The promise of a lively event, celebrating birth, became a cruel trick that left her daughter feeling teased and hurt. It seemed that Dolores too felt she had been promised a life that was then revealed to be a sham.

In sessions, Dolores was adamant that she loved the girls although she hated herself. Her suicidal impulses were converted into homicidal urges towards them. She had planned to kill herself after killing them, as the three nooses she had hung demonstrated; at the time she was apprehended she had also stockpiled a large supply of antidepressant medication that she had planned to take just before hanging herself.

Over the course of two and a half years, Dolores began to grieve for both her children though her profound identification with Angel was still at the forefront of her mind, to the point where she experienced physical sensations that were akin to those she imagined Angel had suffered during the fatal assault. She felt she had become her, and at such moments psychotic part of her mind could only mourn through this concrete identification. At other moments she could, fleetingly, conceptualize of both daughters as separate from her, and see that what

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she had done to her daughter was an act of absolute madness, and brutality, borne of her distorted conscious wish to save her, but unconscious murderousness.

In a tragic epilogue to this homicide, that had left the whole family devastated, Dolores, who had recovered her sanity to the point where she was able to experience deep, if persecutory, guilt about the life she had taken, was able to leave



secure care. She then resumed her relationship with the partner she had met in hospital and they had two more children, both of whom were removed from their care. In each case, the attempt at redemption through giving life resulted only in feelings of rejection, abandonment and grief for Dolores. Her partner turned to hard drugs and became violent towards her, eventually committing suicide. She appeared to lead a quiet life thereafter, eventually reducing all contact with psychiatric services altogether. On the tenth anniversary of Angel's death, she boarded a train with her adoptive parents, kissed them goodbye as she went to the toilet, and set herself alight. She killed herself in this act of desperate reparation and hopelessness, and in so doing, endangered an entire trainload of people, including her adoptive parents. Once again the violent intention was wholly hidden from view, and burst forth savagely, without warning, in the midst of an ordinary daily activity. The brutality in her mind was covered up and her suffering unseen, until this final, fatal act of homicide/suicide as she killed herself in memory of her dead daughter.

This violence, directed onto the woman's own body, or its narcissistic extension, her children, is a symbolic attack on the mother's body. For Dolores, her mother's body had been a betraying and abandoning object, and her adoptive mother inadequate, deceitful and ultimately cruel; she had allowed Dolores to be sexually exploited by men, treating her with contempt and envy. Through both killing herself and her own daughter, in this homicide, followed up so many years later with a suicide, Dolores had symbolically also committed matricide.

We can use Wellton's shocking insights to see how women's bodies, particularly their reproductive capacities, can become the vehicles for expression of unconscious conflict and the sites for re-enactment of earlier trauma. Such conflicts are potently, and often destructively, expressed in pregnancy and childbirth. Women who have felt deprived and neglected in their own childhoods may seek to fill this inner emptiness through pregnancy, as a fantasized act of reparation, but it in fact becomes a forum for re-activation of earlier deprivation. Motherhood can then offer opportunities for revenge and re-creation of earlier cruelty. This is illustrated in the case described earlier; Dolores tragically recapitulated the deception and abandonment that she had herself experienced, not just once, as she killed Angel, but twice, as she subsequently took her own life, with her adoptive mother as witness.

The complexity of the relations between the murderous woman and her children, her relation to her own mother, and her relationship with her therapist requires careful and close analysis in each case, with the hope of enhancing awareness of how and when such tragedies occur. Such insight can inform preventive actions to reduce the risk of these destructive re-enactments. Although

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denial and reluctance to interrogate our idealized notions of motherhood continue to obscure the truth, it is essential for child protection that we strive not to 'turn a blind eye' but to face this 'unthinkable' reality.

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## Article Citation [Who Cited This?]

Motz, A. (2014). The ultimate taboo? An exploration of female violence and perversion. *Psychoanal. Psychother.*, 28(3):267-281

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