

The Psychology of Female Violence, second edition

Crimes Against the Body

Anna Motz



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Introduction

Some of us use the body to convey the things for which we cannot find words.

(Hornbacher 1998:125)

In this book I explore the psychology of violent women, outlining the link between childhood experience and adult behaviour. I highlight the psychological and social functions and meanings of violence and provide a psychodynamic perspective on female violence, using case material throughout to illustrate theory. I describe acts of violence committed by women and identify those features which are unique to women. The pioneering work on female perversion by Estela Welldon in *Mother, Madonna, Whore: The Idealisation and Denigration of Motherhood*, first published in 1988, is central to this task as it provides a conceptual framework for understanding how female development and biology affect the evolution of perverse and violent behaviour.

I present a psychological model for understanding female violence, emphasising its function and the meaning of the violent act, and, where appropriate, the implications for treatment. The unique situation of women demands that their experiences be considered separately, with emphasis on the perversions and crimes that women typically commit. A woman uses her body as her most powerful means of communication and her greatest weapon. In a sense she writes on her body in a gesture of protest and in order to elicit help, to communicate her sense of crisis. This book is intended to be an introduction to this largely unexplored area and to the model of forensic psychotherapy which provides a theoretical and clinical approach to understanding the dynamics of violence and criminality.

Defining violence

It is important to understand what is meant by violence. Violence can be seen 'as a loss of control of aggressive impulse leading to action' (Shengold 1999:xii). Central to the definition of violence is the act of causing physical harm. In this book I focus on violence directed against individuals, not against objects.

The roots of violence have been linked to a developmental failure to conceptualise one's own and other people's states of mind. What is too painful to be thought about may be enacted. It has been suggested that this difficulty is created by the mother's hostility towards the infant which makes it difficult for the infant to think about her mother's state of mind, and how the mother views her (Fonagy and Target 1999). This is clearly linked to violence:

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.

(Fonagy and Target 1999:53)

I am particularly interested in exploring the inner unconscious conflicts which may be reflected in the outward manifestation of violence: my main focus is on the inner world of the violent woman. Throughout the book I distinguish between offending and non-criminal acts of violence. I use the word 'crimes' both literally and metaphorically.

Clinical context

I am a clinical and forensic psychologist working within the forensic psychiatry and psychology services, based at a regional secure unit. I assess and treat inpatients and outpatients. The women with whom I have clinical contact have been referred from both criminal and civil courts, social services, and the probation or psychiatric services. The group of women described may reflect extremes: as female violence is largely unexplored, however, it is valuable to study extreme examples of violent behaviour to shed light on the phenomenon in general. Although many of the women I see have come through the criminal justice system, not all are offenders, and some may have committed crimes for which they have never been convicted. Rather than focusing on criminal women specifically, I have addressed the general area of female violence, with reference to violent crimes which women typically commit. Not all types of violence discussed in this book are against the law, e.g. self-harm and anorexia nervosa, but I consider these to be metaphorically crimes against the body, acts of violence against the self.

Confidentiality and anonymity

I have illustrated theory with disguised and anonymised case material throughout. I consider this to be an invaluable source of instruction about female violence. This material is drawn from my clinical contact with women, both as inpatients and outpatients of the psychological and psychiatric services. Unless referring to high profile cases already reported in the public realm, I have changed clients' details throughout in order to preserve their confidentiality and anonymity. In addition to working within the National Health Service, I work independently and see women for assessment in child care proceedings and criminal cases who may have no previous contact with psychological or psychiatric services. I have included anonymised material drawn from these contacts in the case discussions. The case material is therefore derived from a wide range of assessments and treatment of women seen over an eighteen-year period; some of the cases are composites of two or more different cases, informed by clinical situations I have encountered. Although I have disguised the individual women and aspects of their circumstances that could identify them, I have attempted to retain the essential features that most clearly illustrate the nature of female violence.

The nature of the treatment I offer is short term compared to the traditional length of psychoanalytic psychotherapy: the maximum treatment undertaken is generally no more than two to three years and consists of once weekly therapy. Although my work is informed by psychoanalytic ideas, I do not intend to suggest to the reader that the clinical work described here is analytical psychotherapy in the traditional sense. I use the tools of forensic psychotherapy, as developed at the Portman Clinic, in which a psychodynamic understanding of the internal world of the offender guides clinical practice. While my background is in clinical psychology, I am informed by concepts including containment, transference, countertransference, part-object, and the psychological defences like projection, projective identification and identification with the aggressor, to which I will refer in this text. For anyone unfamiliar with the terminology, Laplanche and Pontalis's *A Dictionary of Psychoanalysis* (1988) provides clear definitions and explanations of psychoanalytic terms.

Central aim of the book: challenge to the denial of female violence

Although this book focuses on the violence committed by women, it is also essential to recognise the violence that is done to them through the denial of their capacity for aggression, and the refusal to acknowledge their moral agency. It is possible that the envy which this idealisation by others creates is also responsible for the denigration of women, particularly mothers, when they do not fulfil the expectations created by sentimentalised notions of motherhood and femininity.

Two important reasons for ignoring female violence are, on the one hand, the widespread denial of female aggression and, on the other, the idealisation of motherhood. A further reason is the secretive or personal nature of much female violence, perversity or deviance. 'Most violence is perpetrated by men, whether directed at men or women' (Mayhew *et al.* 1992) but when women do commit acts of violence they are likely to do so in the private sphere, in the home, against themselves or their children. These may be considered hidden crimes and will not necessarily show up in the criminal statistics. Female violence is often committed in the private, domestic arena as opposed to the traditionally male arena of public life, highlighting important issues about the demarcation of spheres of power in society.

When women do enter the public domain as criminals, they are often vilified with a venom that men escape. Baroness Helena Kennedy's seminal work *Eve Was Framed*, first published in 1992, with a new edition in 2005, describes the treatment of women in the criminal justice system. She demonstrates that significant failures of understanding by the courts result in unfair sentencing practices for women. She has brought this crucial issue into the public domain in important ways. Social stereotypes of female behaviour are revealed in the courtroom as elsewhere and the female offender is treated in stark contrast to the male.

Welldon's (1991, 1992, 1993, 1994, 1996) work on female violence and perversion has outlined the psychodynamic processes which shape this behaviour, and the intergenerational transmission of perverse and abusive mothering. Dinora Pines (1993) describes the ways in which unconscious conflicts are expressed through pregnancy, childbirth and sexuality in women. These processes are evident in the women with whom

I have clinical contact, many of whom are psychologically disturbed, and manifested in the violence that they inflict on their own bodies and those of their children.

There are many expressions of female violence which demand careful analysis and exploration. In this text I have chosen to discuss those manifestations of female violence with which I have had most clinical contact, and this is in the areas of maternal abuse, self-harm, and the experience of women who have been the victims of male violence, some of whom have eventually retaliated. Because of the depths of disturbance and deprivation of the women I describe here, it is possible that the case material will appear dramatic and shocking. I must emphasise that I see a highly selective group of patients, some of whom have been convicted of serious crimes and sentenced to hospital treatment.

I have also included material drawn from my assessments of women for use in care proceedings cases. I have almost always been asked to assess these women because of known or suspected abuse of their children, and the concerns of the local authorities that these mothers either pose an actual risk to their children or have serious difficulties in protecting them from abuse inflicted by violent partners. It is undeniable that I see highly disturbed women in the inpatient population, and only assess those mothers about whom concern has been expressed, and who may have been known to social services even before they became mothers. There is therefore an important sense in which I describe women in this book whose violence and deprivation are on the extreme end of a continuum; nonetheless, these women dramatically illustrate processes and experiences shared by other, non-offending women.

I am aware that there are important manifestations of violence in women, including arson, lesbian partner violence, gang violence and serial murder, which I have not addressed here. This study should not be considered a comprehensive account of the vast and neglected area of female violence but rather an introduction to it.

The model of female perversion: conceptual foundations

The notion of perversion as sexualised aggression is relevant to understanding female aggression. I consider many varieties of selfharm, including anorexia, to be female perversions, that is, the sexualised expression of aggression which serves to defend the person against depression or even psychosis, and in the case of women is not directed towards an objectified other but towards their own or their children's bodies. The notion that there is a special, unique category of female perversion was developed by Weldon who argues that eating disorders, self-cutting and maternal incest can all be conceptualised as such. She states:

The reproductive functions and organs are used by both sexes to express perversion. Perverse men use their penises to attack and show hatred towards symbolic sources of humiliation, usually represented by part-objects. If perversion in the man is focused through his penis, in the woman it will similarly be expressed through her reproductive organs and the mental representations of motherhood.

(Weldon 1991:85)

Unlike Freud's definition of perversion, this conceptualisation need not be used in an exclusively sexual context. Throughout the book I have described female perversion: I hope it is clear to the reader that the term 'perversion' is used descriptively rather than pejoratively or morally, though many of the acts described are at the extreme of morality.

The language of the body

I consider the acts of violence typically committed by women, against their own bodies and against their children, to be essential tools of communication. The work of McDougall (1989) addressing the psychoanalysis of psychosomatic disorder is relevant to an understanding of how the body can manifest conflicts and traumas which cannot be accessed or articulated consciously. While acknowledging the privileged position accorded to language in structuring the psyche and therapy in traditional psychoanalysis, she stresses the importance of paying attention to the complaints and disorders of the body. She argues that such psychosomatic illnesses reflect significant psychological distress and are both meaningful and potentially analysable, with some hope that these conditions can become articulated, and verbalised, gradually diminishing in lethal force. She states:

Not all communications use language. In attempting to attack any awareness of certain thoughts, fantasies or conflictual situations apt to stir up strong feelings of either a painful or overexciting nature, a patient may for example produce a somatic explosion instead of a thought, a fantasy, or a dream.

(McDougall 1989:11)

I see a woman's unconscious use of her body in pregnancy, and its symbolic use in self-harm, anorexia and its engagement in acts of violence against children as analogous to psychosomatic illnesses. These acts of violence serve a psychic function for the woman who perpetrates them just as the symptoms of psychosomatic illness 'are childlike attempts at self-care and were created as a solution to unbearable mental pain' (McDougall 1989:8). She relates the development of these disorders to early infancy, where the psychic structures are pre-linguistic and the earliest representations of the self are related to bodily experiences, and where the body is the primary medium for communication.

I consider the most plausible model for understanding female violence to be one in which the violent act is conceptualised as a solution to a psychological difficulty and a bodily expression or communication of distress and anger, analogous to the psychosomatic complaint described by McDougall. The link between violence and perversion, as a defence against underlying psychological distress, is an essential one, which underpins the model of female violence proposed in this book.

Alternative models of female violence

There are alternative models of understanding female violence. These include a feminist understanding of female violence as a response to oppression and social conditioning, the biological model which places emphasis on the role of hormonal factors related to reproduction, a cognitive behavioural model of understanding the development and maintenance of psychological disturbance, and attachment theory, which offers a paradigm for understanding how patterns of parenting and early relations can lead to difficulties in psychological and social functioning in later life. Attachment theory is closely related to the psychodynamic model and developed both within ethology and within psychoanalytic paradigms. In this book I focus on a psychodynamic understanding of female violence, which I believe is the most powerful model for understanding its genesis and manifestation.

Although I draw on feminist research, particularly in relation to self-harm and domestic violence, I do not use this model exclusively, favouring a psychological model in which psychodynamic processes are elucidated. My main aim is to understand the communicative function of the acts of violence discussed, and the psychological motivation which generates them. I view the acts of violence and offences as symbols and expressions of earlier conflicts, many of which can be traced to very early experiences in relation to the violent women's own experience of mothering. Other models leave important aspects of female violence unexplained.

Attachment theory offers insights into the intergenerational transmission of abuse. I accept the significant insight offered by Fonagy and Target (1999) relating to disturbed early attachment patterns and the resulting failure of infants to develop the capacity to mentalise: this difficulty appears to be manifested in some of the women I describe, whose bodies are used unconsciously as their main tools of communication. De Zulueta's (1993) work has contributed significantly to the understanding of how disturbed attachment systems and traumatic events can lay the foundations for later perversions, which develop as a defence against psychic pain. She has made explicit the link between attachment theory, trauma and the development of pathological defences in the perverse or violent individual.

Structure of the second edition

The second edition has been expanded to include updated data and developments in the field. I have revised all the original chapters and incorporated landmark cases into the discussions, where possible. The majority of changes can be found in Part I Violence Against Children, where recent legal and clinical developments have been significant. I discuss new clinical material in Chapter 3 on maternal physical abuse and explore the Victoria Climbié Inquiry and its relevance to the dynamics of severe child abuse, and the denial of female violence. I have addressed the controversy related to expert testimony in fabricated or induced illness cases, formerly known as Munchausen's syndrome by proxy.

The book is divided into four parts: violence against children, violence against the self, violence against others and, finally, clinical applications. I have also added an introductory chapter that describes the development of disturbed parenting, tracing it from childhood through to pregnancy and childbirth. I have ordered these types of violence according to a conceptual progression, from the most hidden to the most public forms of violence. I consider maternal violence, both sexual and physical, the most hidden crime, often occurring in the private realm of the home. There may be no obvious physical signs on the victims as bruises are hidden and the fact of sexual abuse concealed; the traces are most often psychological.

These acts of violence may become public when the child is brought to hospital with non-accidental injuries or the symptoms of illnesses that sometimes turn out to have been either fabricated or induced by the parent, usually the mother. At this point the public arena is entered and the intervention of the social services and the courts may become necessary. Maternal abuse can be hidden because of the power mothers have in relation to their children, whom they care for within the private realm of the home. Violence against the self may also reflect a private crime which can be perpetrated in secret, away from public view, but its effects are more readily seen in the scars of self-mutilation or the emaciated bodies of anorectic women than the hidden scars of emotional or sexual abuse in children.

I link the aims of violence in self-harm and maternal abuse, using the notion of female perversion, with its emphasis on attacking the body, and the bodies of children. In the third part of the book I explore the phenomenon of women who kill their violent partners. It is in this chapter that violence is most clearly seen in the context of wider social issues related to power imbalances between men and women; the legal defences of these women are analysed in some detail.

Part I Violence Against Children

This is a major part of the book and discusses the development of maternal abuse, and the often hidden crimes of child sexual and physical abuse, fabricated or induced illness (formerly known as Munchausen's syndrome by proxy) and the tragic crime of infanticide. I explore the idealisation of motherhood, the myth of 'The Great Mother', a universal mother goddess (Motz 1997), and the pathological process in which unconscious conflicts are resolved through pregnancies and abusive parenting. The symbolic function of the child is also explored.

In Chapter 1 I describe Wellton's model of perverse mothering and Dinora Pines's description of how a woman unconsciously uses her body in pregnancy and motherhood. I outline the theoretical basis for the model of female violence and the roots of disturbed mothering. For some disturbed young women with impoverished experiences of being mothered themselves, their children are narcissistic extensions of themselves. The baby can be seen as the good object which the 'bad' woman desperately needs as a receptacle for her projections. In her mother's fantasy the unborn infant is the embodiment of a loving creature who confirms the mother's regenerative power and the existence of some good in her. This idealisation can lead to disappointment and depression when the infant is actually born, awakening rage in the mother. Pines's (1993) analysis of the experiences

of pregnancy and mothering, and their disturbances, and Welldon's (1992) work on perverse mothering, underpin this thesis.

I outline intergenerational patterns of deprivation and abuse which may predispose some women to repeat abusive behaviour with their children. This model draws upon early experience of mothering as well as later social stresses and traces the path from abused girl to partnership with an abuser, the intensification of loss of control, learned helplessness and eventually a repetition of the abuse cycle. I provide examples of 'pathological pregnancies' as well as violence towards children to illustrate how women may direct their aggression on to their own bodies or those of their children to provide 'solutions' to psychological problems. This is related to early experiences of abuse, deprivation or neglect and mirrors the earlier trauma.

In Chapter 2 I explore female sexual abuse of children, a taboo subject which has only relatively recently become the subject of media and professional interest. It is crucially important to recognise the phenomenon of female sexual abuse of children and to offer assessment and treatment to female perpetrators of sexual abuse against children, many of whom will also have been victims of intrafamilial abuse themselves. The denial of female sexuality, and the idealisation of motherhood, are evident in the refusal to 'think the unthinkable'—to recognise the existence of maternal perversion. The notion of perverse mothering elucidates the causes, manifestations and psychic functions of maternal sexual abuse.

Chapter 3 addresses physical abuse of children by their mothers. Physical abuse of a child can reflect the tremendous social stresses and personal losses that many young mothers face, as well as stemming from the reactivation of their own experiences of abuse or neglect. The symbolic significance of care proceedings in cases of child abuse is discussed. In care proceedings private violence becomes a public issue.

Chapter 4 outlines how physical and emotional abuse of children can be manifested in fabricated or induced illness (FII), previously known as Munchausen's syndrome by proxy (MSBP). In this chapter I consider the physical and emotional abuse manifested in mothers who fabricate or induce illness in children. Although a rare occurrence, it graphically illustrates how women may use their children perversely, continuing the theme of female perversion. I provide a case illustration and theoretical discussion of this dangerous and complex form of maltreatment. In this hidden form of abuse mothers may induce or fabricate symptoms in their children, sometimes with fatal consequences. This appears perverse and unbelievable to those who encounter it, and is sometimes only detected through the use of covert video surveillance, raising ethical difficulties (Cordess 1998). I explore the controversy related to the diagnosis of Munchausen's syndrome, the General Medical Council's ruling in relation to Roy Meadow, who was one of the key proponents of MSBP and its replacement with the term fabricated or induced illness. I also discuss recent legislation relating to child protection in this area and provide updated research in relation to the identification and treatment of FII.

In Chapter 5 I discuss infanticide, one of the most shocking expressions of maternal violence. Again the mother uses her own body, as represented in the body of her child, to carry out an act of irrevocable violence. The remorse and grief experienced by women who kill their children is understandably profound. I discuss the association of infanticide with hysterical denial of pregnancy, so often associated with neonaticide. I examine recent literature in relation to infanticide prevention and the legal consequences of not

having an Infanticide Act in the USA. The shocking case of Andrea Yates, the clearly psychotic mother who killed her five children and is now serving life sentence for murder in the state of Texas, is used to focus debate on the utility and validity of the Infanticide Act.

Part II Violence Against the Self

Female violence is often directed against the self in depression, self-mutilation or voluntary starvation. Although these manifestations may reflect unconscious violence, directed against the self, they are not commonly considered to be crimes, and are certainly not prohibited legally. Because these manifestations of female violence are directed against women's own bodies, or the bodies of their children, they are often hidden from the public. The book's subtitle, 'Crimes Against the Body' refers to the self-directed nature of much female violence; the term 'crimes' is used metaphorically. The women I describe here appear to identify themselves strongly with their bodies, reflecting not only their own inner psychic difficulties, but also the tremendous cultural emphasis placed on women's bodies and their reproductive capacities. Their notion of selfhood is interwoven with their physical bodies: attacking their own bodies has a multiplicity of meanings which require articulation. These women attack themselves and, in fantasy, the body of their own mothers, through self-injury, using the concrete experience of pain to express psychological anguish and communicate unconscious conflicts.

This part has two chapters, one on self-harm and the other on anorexia nervosa. Each is illustrated with case material to complement the theoretical understanding of violence against the self. My aim is to provide some understanding of the complexity and development of the behaviour, the underlying distress it signifies, its symbolic meaning and its impact on those working with these women.

Chapter 6 focuses on deliberate self-harm, emphasising its communicative function and elucidating the model of female perversion developed by Welldon. Women harm themselves primarily to express their distress and anger in the hope, often unconscious, that others will respond to this. Likewise, the violence which women inflict on their children's bodies often reflects a communicative need, and may be seen as a symptom of other conflicts. They choose to manage the intense internal pain they feel by directing it on to themselves, to externalise it in an attack on the body. The violence of self-injury is often minimised and it is viewed by others as simply annoying or manipulative rather than as a powerful communication. The majority of those who self-harm are not actually dangerous to others, although a minority are, particularly those who have themselves experienced very severe sexual, physical and emotional abuse. I have updated the chapter with reference to the evidence-based treatment, mentalization-based therapy for people with borderline personality disorder, that has been developed by Bateman and Fonagy (2004).

In Chapter 7 I discuss anorexia nervosa. Self-injury, including anorexia, appears to offer a means of obtaining control, albeit temporarily, over the self through the body. Anorexia nervosa is a life-threatening condition in which the body is deliberately starved, expressing tremendous aggression turned against the self. A proportion of anorexics binge and then purge, engaging in a cycle of indulgence and self-punishment in which the abuse of their own bodies is evident. The act of purging can be viewed as a symbolic

defence against retaining painful thoughts and memories, and can also be manifested in therapy as the inability to take in and digest the material. Issues for therapists in working with anorexic women are explored, with reference to the psychoanalytic work of Williams (1997) and Birksted-Breen (1997). While anorexia nervosa and bulimia nervosa are two distinct clinical conditions, anorectic women can sometimes use the purging methods that characterise bulimia. The chapter focuses on anorexia nervosa, but I provide some discussion of bulimia nervosa, particularly in relation to the psychic meaning of purging. This chapter has been updated and revised to reflect new literature and includes a discussion of the 'pro-ana' and 'pro-mia' websites that have proliferated in recent years. I discuss the debate about whether or not these websites should be shut down and the conflict between those who advocate for freedom of speech and others who believe that these sites have the potential to cause great harm to vulnerable young people.

Part III Violence Against Others

This part is devoted to the exploration of battered women who kill, as discussed in Chapter 8. I have expanded this chapter to include updated figures on female homicide. Women who are subjected to sustained physical abuse can become psychologically damaged, sometimes to the point of extreme passivity, a process which has been termed 'learned helplessness' (Seligman 1975; Browne 1987) and features in the 'battered woman syndrome' (Walker 1984). I describe what happens to women during periods of sustained abuse by their violent partners and the process which can lead such women to kill their abusive partners. Case illustrations are provided, one of which demonstrates the impact of sustained violence on a young mother, the other describing how the experience of domestic violence led a woman to kill her abusive partner. I discuss the psychological processes using psychodynamic terms, and evaluate the validity of the legal defence of 'battered woman syndrome', arguing for extended application of the provocation plea in relation to women who kill their violent partners.

Part IV Clinical Applications

In this section I provide more personal discussions of the clinical situations I encounter as a forensic psychologist working with women in secure settings. I describe a clinical encounter in Chapter 9, Working with Women who Kill, and discuss transference issues in relation to the pregnant therapist when the client is a woman who has killed her own child. In Chapter 10 I discuss service issues in relation to the development of single sex secure provision-women-only services, as recommended by the Department of Health documents *Into the Mainstream* (2003) and *Mainstreaming Women's Mental Health* (2004). I provide an illustration of the difficulties faced by women in mixed-sex secure wards, and show how lost their needs can be in this environment. I address the question of whether dangerous and severe personality disorder is an applicable or helpful term for women offenders, and finally I provide an overview of the most helpful and sophisticated models of care for women-only secure units, developed along attachment principles.

Readers familiar with the first edition will notice the many changes throughout this book. The expansion and revision are designed to reflect recent developments in clinical research and public policy and to consider any significant changes in criminal statistics.

The use of clinical situations that have been in the public eye can assist in the understanding of these crimes rather than simply condemning them and help the reader to appreciate the relevance of the model of forensic psychotherapy to the wider public.

Conclusion

The conclusion ties together the themes of the preceding chapters and points the way forward for future research. It describes the role of forensic psychotherapy in understanding female violence and offering a treatment model in which the meaning of the violent act can be explored, with the hope that such understanding can lead to reflection, and render the violence obsolete. The ultimate goal of such therapy is to enable the violent woman to find another voice and to be less confined to using the language of the body, painful as this achievement may be.

Chapter 1

The development of maternal abuse

Female perversion

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 1998:107)

Introduction

At the centre of female perversion is the perversion of motherhood.

(Mitchell, Foreword to Weldon 1992)

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 internalised, often cruel and perverse, mothers. They identify their own body with the body of the mother. Likewise when they attack their children, 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.

(Weldon 1992:72)

These mothers have typically been used as extensions of their own mothers, who have treated them narcissistically: they repeat this pattern in the way they relate to their own babies. Early experience of maternal abuse or neglect increases the likelihood that in adulthood these women will be exposed to other situations of risk, including relationships with sexually and physically abusive men, leading to further distortions in their self-image, and psychological functioning; this can, in turn, adversely affect their own capacity to mother.

In this chapter I explore disturbances of pregnancy and mothering. I present case material which demonstrates the psychic processes manifested in a highly disturbed pregnancy, in which a young mother displayed violence towards her own pregnant body, and later towards her infant. These cases illustrate Weldon's model of female perversion.

In order to understand the phenomenon of sexual abuse of children it is essential to consider the nature of female perversion, and its roots in disturbed parenting. I begin this chapter with a discussion of female perversion, and psychological disturbances in pregnancy and mothering in general, before moving on to explore sexual abuse of children in particular.

The nature of female perversion

Estela Welldon's radical thesis challenged the assumption that perversion was related to the phallus, and thus the province of men, as Freud had established. In her Foreword to the 1992 edition of Welldon's book, *Mother, Madonna, Whore: The Idealisation and Denigration of Motherhood*, Juliet Mitchell writes:

Men are perverse; women neurotic; Estela Welldon was one of the first—perhaps in her field, the first—to question the status of this psychosocial truism...women could not be seen to be perverse because the model for perversion was male.... Welldon sets out her argument that female psychophysiology gives a completely different pattern to perversion. The source of both male and female perversion may lie in a disturbed infant/mother relationship but the aims of subsequent adult perversion in the two sexes differ. Both attack the mother who abused, neglected or deprived them but women will attack this mother as she is internalised in her own female body or found within her own mothering. The hated one is identified and lies thus within or in the baby who extends the self as once the perverse woman was her own mother's extension. Consequently the typical perversions of women entail self-mutilation or child abuse...Perversion of motherhood is the end product of serial abuse or chronic infantile neglect. The reproduction of mothering is also the reproduction of perverse mothering.

(Mitchell 1992:iv)

Welldon argues that female perversion has generally been overlooked by psychoanalytic authors who have identified perversion with male sexuality and the castration complex which results from Oedipal longings. Freud essentially neglected the study of female sexuality and the possible perversions of women's maternal desires, attributing to women strong feelings of inferiority about being female and a compensatory craving to be impregnated with sons. For Freud the penis is symbolically equated with babies; girls resolve their Oedipus complex by transferring the object of sexual desire from mother to father, and then changing the wish for a penis to a wish to be impregnated by their fathers. Having babies fulfils a woman's needs, related to her penis envy and the compensatory craving for babies by the father. There was no indication by Freud that pregnancy or childhood could afford disturbed women opportunities for perversion and that motherhood itself might provide such a rich source of perverse and destructive power.

Welldon was the first to describe explicitly how, for women, perversion is not simply located in the genitals. The whole functioning female body, and the babies which it produces, provide the focus for the manifestation of female perversion:

I believe the term 'body' in the definition of perversion has been mistakenly identified exclusively with the male anatomy and physiology, specifically with the penis and genital orgasm. How could we otherwise have overlooked the fact that women's bodies are completely taken over in the course of their inherent functioning by procreative drives, sometimes accompanied with the most perverse fantasies whose outcome materialises in their bodies?

(Welldon 1992:7)

Perversion as the erotic form of hatred

Perverse behaviour enables women to project their own experience of childhood victimisation on to someone else, namely a child or children entrusted to their care. Such re-enactments may not take place at a conscious level and have important psychological functions. In the psychoanalytic sense perversion is a term used not pejoratively but descriptively, referring to a particular kind of erotic activity which does not have as its aim genital sexuality, thereby avoiding the intimacy that full sexual intercourse involves. Analysts differ in their understanding of the defining characteristics of perversion. Stoller (1975) describes it thus:

Perversion, the erotic form of hatred, is a fantasy, usually acted out but occasionally restricted to a daydream (either selfproduced or packaged by others, that is, pornography). It is a habitual, preferred aberration necessary for one's full satisfaction, primarily motivated by hostility. By 'hostility' I mean a state in which one wishes to harm an object; that differentiates it from 'aggression', which often implies only forcefulness. This hostility in perversions takes form in a fantasy of revenge hidden in the actions that make up the perversion and serves to convert childhood trauma to adult triumph. To create the greatest excitement, the perversion must also portray itself as an act of risk taking. While these definitions remove former incongruities, they impose on us the new burden of learning from a person what motivates him. But we are freed from a process of designation that does not take the subject's personality and motivation into account. We no longer need to define a perversion according to the anatomy used, the object chosen, the society's stated morality, or the number of people who do it.

(Stoller 1975:4)

Key characteristics of perversion include risk-taking, deceit, objectification of the victim, secrecy and ritualised behaviour. Perversions also appear psychically to engulf the person who enacts them, providing the central meaning to their existence. They offer tremendous gratification. Stoller's notion of the 'hidden fantasy of revenge' is central to

understanding the symbolic meaning of the perversion, and the sense in which it is a repetition of an earlier trauma, 'converted to adult triumph' as the victim now becomes the perpetrator.

Women who present clinically with sexual perversions often appear wholly preoccupied by them, as though there were nothing else of meaning or value in their lives. This indicates the extent to which perversions can mask an underlying emptiness and sense of flatness, or depression. For some, keeping the perverse behaviour secret, and employing elaborate strategies to preserve its existence becomes a governing principle of life. Even when not enacted, fantasies may be the main source of comfort and control for such women. When women have themselves been subjected to sexual abuse in childhood, they can similarly feel preoccupied with memories of their own trauma and it is only through replacing their earlier persecution with their adult 'triumph' of offending that they feel temporary relief from their own memories of victimisation. This dynamic applies not only to sexual abuse, but also to physical and emotional abuse.

For mothers, presenting the facade of ordinary, devoted maternal care provides an invaluable subterfuge for abuse. This will be explored in detail throughout the next four chapters.

The roots of disturbed mothering

The ideas of Dinora Pines and Estela Welldon in relation to women's unconscious use of their bodies are complementary, providing a sophisticated and comprehensive understanding of female experience. The psychoanalyst Dinora Pines eloquently describes how women's bodies, in particular their reproductive systems, can become the vehicles for the expression of unconscious conflicts. She explores the many ways in which unconscious conflicts may be expressed through pregnancy, miscarriage, childbirth and sexuality. Her work differs from Welldon's in that she does not focus on perverse or criminal women, although the processes that she describes can also be seen in extreme forms in these women.

Through her pregnancies and the babies which she produces, the perverse mother is able to re-create the destructive patterns of her own birth and childhood, inhabiting a domain within which she has power, where she can wreak vengeance and gain compensation for her own abuse and deprivation. While these motivations may be unconscious, their conscious expression can be manifested in a woman's apparently benign but overwhelmingly powerful desires to have a baby inside her body, and to produce a child who will finally give her unconditional love and affirmation of her own vitality and power. The baby may, in reality, become a receptacle for her own unacceptable feelings of helplessness and deprivation.

Pines explores the interplay between a young woman's relationship to her body, herself, her own mother as an object, and her own experience of being mothered, in relation to her experience of pregnancy and, later, to the baby. She identifies the process whereby the little girl who has not felt satisfied by her mother at the preOedipal stage, where she can introject feelings of bodily satisfaction, is left with a sense of being incomplete, empty. This contributes to a feeling of deprivation in adulthood where the woman longs for and seeks an experience that provides this sense of satisfaction. This

deprived state, in which the adult woman is left feeling incomplete, can result in deep-seated problems with separation and individuation, as the achievement of an adult identity requires the prior internalisation of a sense of being mothered. Such a woman may 'never make up for this basic loss of a primary stable sense of wellbeing in her body and with her body image...Narcissistic injury, giving rise to narcissistic rage, envy of the mother and lack of self esteem, may be painful and add to the difficulties of separation' (Pines 1993:101). This is an extension of the Kleinian notion of the basis of the feeling of integration and security which is the consequence of the introjection of, or taking in, an object who is loving and protective of the self and who is, in turn, loved and protected by the self (Klein 1932). This is the introjected object, the internalised mother. Introjection has strong links with the first feeding experience, in which something is taken inside the infant, from the mother. Without this successful introjection, the process of separation in relation to the mother may become highly disturbed and create tremendous psychological difficulties.

These difficulties may be repeated in the woman's relationship with her baby, where separation and individuation become particularly problematic. Her own psychic state is vulnerable to becoming overwhelmed when memories and feelings related to her own deprivation are reawakened. The notion of the separateness of the baby is difficult for such mothers to conceptualise. Their understanding of the needs of the children for welfare and protection is limited, as their main concern is their own need to feel cherished and loved. They may describe feeling 'empty' inside and wanting a baby to make them feel 'filled up' and whole. This emptiness can mirror an earlier experience of emotional deprivation and depletion: the absence of an internalised good object. The birth of children for these women is often a tremendous disappointment, as the demands of the infants reawaken their awareness of their own unmet needs, making the situation persecutory and, at times, unbearable: 'Mature object love, in which the needs of self and object are mutually understood and fulfilled, cannot be achieved, and the birth of a real baby might be a calamity' (Pines 1993:103).

Pines (1993) identifies an essential distinction between the experiences of pregnancy and motherhood; this differentiation is crucial in both practical and psychodynamic terms. The disappointment that women may feel when the pregnancy ends and the baby is born, the baby who not only fails to compensate them for their deprivation but also stirs up memories of frustrated needs and infantile rage, can lead to renewed feelings of anger, abandonment and isolation. The unbearable nature of the reactivated pain can lead to violent or perverse assaults on the baby.

In the following case illustration I describe the psychic processes which give rise to violent assaults on an infant, both in the womb and following her birth. These attacks are not sexual ones, but stem from the disturbed constellation of experiences that may equally give rise to maternal incest. Both physical and sexual assault on children can be considered manifestations of female perversion. I have described this young woman, Kate, in order to illustrate the discussion of unconscious fantasies and terrors in pregnancy and their link with maternal abuse. She graphically illustrates Welldon's notion of women's 'perverse fantasies whose outcome materialises in their bodies' (1992:7).

Case illustration

Pregnancy and unconscious fantasies

Kate, an 18-year-old woman, was seen for assessment of her capacity to care for and protect her seven month-old daughter, Alana. She had been placed in foster care and was the subject of care proceedings following serious concerns about physical abuse by Kate, who had admitted to assaulting her on two occasions. The local authority was exploring the possibility of placing Alana for adoption rather than returning her to Kate's care. I was asked to see her to explore her own history and her potential to engage in therapy that might help her to mother this child. There could be no offer of confidentiality as I would be preparing a report for the courts in relation to her general presentation, particularly in terms of her aggression, her mothering and her capacity to engage in relevant psychological work.

Kate presented as a vulnerable young woman with difficulty in understanding the nature and purpose of the assessment and an overall sense of confusion and distractedness. She was slight and dishevelled, wearing ill-fitting and dirty clothes. She chose to keep her heavy jacket on throughout the initial interview, despite the warmth of the room, conveying a sense that she needed the protection of her clothing, and was not fully aware of how to take care of herself or how to respond to her environment. Her unwashed and unkempt appearance and red-rimmed eyes evoked the image of a neglected child, or an adolescent runaway sleeping on the streets. She was 12 weeks pregnant with her second child when I met her and had recently separated from her violent partner, the father of her first child. She was unsure who the father of her second baby was, having had casual sexual relationships with several men over the past year.

Kate looked several years younger than her actual age, appearing ill at ease and awkward. Her face and voice were almost expressionless, aside from the occasion when she burst into tears as she described the extreme violence to which her mother, father and later her stepfather had subjected her throughout her early life. None of the adults in her life had protected her from this violence, instead she been berated and blamed. She felt worthless and unwanted at home. At age 12 she had come to the attention of social services because of bruising to her face and arms and disturbed behaviour at school. Her parents had separated the previous year and her mother had formed a new relationship with a man who had been charged with, but not eventually convicted for, sexual offences against children two years before he had met Kate's mother. Kate referred to this man as her 'stepfather' and disclosed that she had been 'terrified of him'. She had eventually been removed from her mother's care and placed in a children's home when she was 13. She had two younger brothers, who still lived at home with her mother.

Kate's own mother had been classified as having learning disabilities and had suffered with depression since her early twenties. Her first depressive episode had occurred when Kate was three weeks old. Kate said she 'could not remember' if she had been subject to sexual violence in early childhood but she had been seriously indecently assaulted by a stranger when she was 14. She had been willing to give evidence against her assailant but he had died before the case came to court.

Kate gave the impression of being traumatised, intellectually and emotionally; she had been emotionally, physically and sexually damaged to the extent that she did not believe anything good or alive could survive inside of her. In conflict with her fear of what was inside of her was her overwhelming desire to continue with her pregnancy and become a mother, although she did not appear to have a real sense of what either experience involved.

Kate vividly described her sense of confusion and fear during her first pregnancy. 'I didn't know what was inside of me,' she explained, and went on to relate how she had used coathangers and other sharp instruments to try to dislodge the unborn baby from 18 weeks on, eventually giving birth at 36 weeks to a girl. She had presented at casualty frequently during her first pregnancy and the medical reports gave a graphic picture of her: 'the patient presented as a young woman screaming to have the baby taken out of her.' She experienced her pregnancy as filled with horror, describing a powerful sense of invasion. She had vivid images throughout her pregnancy of a monstrous creature growing inside her. She had wondered whether the baby was fully human and felt desperate for it to be born so that she could find out whether it was, in fact, a human baby.

Once her daughter had been born, following Kate's repeated unsuccessful and violent attempts to induce labour, she had found it increasingly difficult to cope with her demands. When the baby was nine days old Kate had shaken and thrown her, finding it unbearable to hear her crying, which she could not stop, and which powerfully reawakened her own memories of deprivation. Her assault on the baby brought her to the attention of the social services once again, this time as a mother; she had only recently been discharged from a care order herself. When care proceedings were instigated on her newborn child Kate reported a sense of relief, because she was aware that she was not able to cope with motherhood. In this sense the relief and her desire to protect the baby from suffering as she had in her childhood, reflected a healthy and protective aspect of her maternal capacity. Although she had an intellectual awareness, at times, about her potential to damage the baby, at another level she was able to deny her own murderousness and felt bereft and furious about having to lose care of her. She revealed how desperately she had wanted someone to love her, hoping that the baby would meet this need.

Following the assault, the baby had been removed from Kate's care and she soon became pregnant with her second child, having conceived approximately five months after the first was born. She appeared wholly unaware of the fact that she was considered to be a severe risk to a child in her care and thought she was seeing me to get 'some ideas about how to look after two babies'. Although I had clearly and repeatedly explained my actual function, which was to prepare an assessment report for the court, she did not seem to understand this; she related to me with a degree of trust and hope that was both moving and distressing. Assessment revealed that that she did not seem to have the capacity to understand or meet the needs of her children, and also had a significant degree of learning difficulty, demonstrated by formal cognitive assessment carried out by my colleague. The risk that she could pose to a child of neglect or physical injury was significant and it appeared that the only hope for rehabilitation of her daughter to her care would be if the two were jointly fostered, with an experienced foster mother who might also be able to provide Kate with an experience of being cared for and contained. This had, in fact, been

attempted when the baby was three weeks old but the placement had broken down because of Kate's extreme envy about the foster mother's attention to the baby, which she had found intolerable. Sadly she craved this maternal care for herself. Her low sense of self-esteem left her feeling devastated by criticism, to the extent that even minor suggestions about how to improve her sensitivity to her baby's needs enraged her.

I referred Kate to the local learning disability team and recommended that she receive supportive psychotherapy or counselling to help her cope with the trauma of her recent loss of her daughter, and to enable her to discuss how to manage her overwhelming feelings of distress and rage, which she had directed both at herself and her child. It appeared unlikely that she would be able to cope with the demands of her second baby unless she were placed in a highly supportive and structured environment with the baby on a long-term basis, and it was possible that she would also have this child removed from her care. This would be another significant loss for her, not least because she would lose the fantasy of being loved and cared for.

Both pregnancy and motherhood had proved to be deeply disturbing and persecutory experiences which stirred up unbearable memories and feelings for this vulnerable and violent woman. Her sense of alienation from her own body that the pregnancy created seemed to be a graphic illustration of how her impoverished experience of being mothered had left her without a secure sense of her own female body. She perceived her pregnant body as an unreliable and frightening object, mirroring her experience in infancy of her own mother's depression and emotional unavailability. There was a sense in which she unconsciously identified with the murderous and inhuman infant, whose desires for her mother had been unmet. Kate seemed tortured by an almost psychotic sense of unreality and fear about what was happening to her body during pregnancy. For this woman, who had so few inner resources and little sense of an internalised mother, the experience of pregnancy was one of unbearable violation and persecution.

Discussion

Unconscious fantasies in pregnancy

In pregnancy a woman narcissistically identifies with the foetus inside her and this revives infantile fantasies about herself as the baby in her mother's body. This can result in the reactivation of intense ambivalent feelings towards her own mother, her internalised representation of her own mother and herself as a baby. If the hostility inherent in these ambivalent feelings is too great, she may not feel able to allow the actual baby inside her to live. Alternatively, she may not feel able to allow this baby a separate psychic life, viewing it as a narcissistic extension of herself. The notion of perverse motherhood described by Welldon is clearly consistent with Pines's delineation of the psychic processes by which a young woman with an impoverished or disturbed experience of parenting can find the tasks of motherhood difficult, if not impossible.

For women who have not experienced 'good enough' mothering in their own childhood, with the experience of internalised and integrated bodily experiences, the inevitable regressions involved in pregnancy can be deeply threatening, and the 'infantile wish to merge with the mother and the opposing fear of it which occasioned a partial

failure of self/object differentiation may be revived' (Pines 1993:99). The child's separation-individuation is also influenced by her mother's relationship with the father, and her capacity to enjoy her own adult sexual body. Pregnancy offers the woman a form of biological identification with her own mother, which may be extremely frightening for her, depending on her own experience of being mothered and social circumstances.

The developmental tasks faced by pregnant young women and adolescent girls require changing their relationship to their own prepubertal bodies and identifying with their own mother. This can reawaken earlier difficulties and produce symptoms as a defence against psychic pain, particularly where separation from the mother at earlier developmental phases has not been achieved. Laufer (1993) relates this difficulty to the Oedipus complex and the requirement that it must be resolved in order for the little girl to identify with her mother, and to view herself as having a body without a penis. This further requires her to give up the fantasy of possessing and fulfilling her mother as a man could; she must relinquish the fantasy of being able to give her mother sexual fulfilment. The loss of this omnipotent fantasy can generate serious anxieties in the child:

What has impressed me most has been the capacity of some women to deny the reality of the changes taking place in their compelling need physically to attack their own bodies, or later that of their babies during these critical developmental periods.

(Laufer 1993:69)

This was clearly the case with Kate, who described her pregnancy as 'terrifying', saying, 'I just didn't know what was inside me.' This revealed her fear about her unconscious murderous feelings towards her mother, her baby and herself. Throughout her pregnancy she had made violent attacks on her body in order to force the infant out, because she found the terrors of pregnancy unbearable. She was tormented by fears, both conscious and unconscious, about what kind of toxic creature was growing inside her. It seemed likely too that her earlier experience of sexual violence had made her highly sensitive to perceived intrusion and violation of her internal space: the unborn baby became a persecutory and terrifying object. Her violence could be understood as a response to her own sexual and violent traumatisation in childhood, underpinned by an inadequate attachment to her own mother, which led to perverse defences, such as the reliance on physical violence and powerful identification with a murderous infant (De Zulueta 1993). The combination of bodily and emotional states of first pregnancy powerfully reactivates earlier experiences, as Pines describes:

The young woman may become aware of primitive, previously repressed fantasies and conflicts, arising from childhood sexual theories about her own conception, intrauterine life, and birth. It follows that positive and negative aspects of the self and of the object may be projected onto the unseen foetus as if it were an extension of them.

(Pines 1993:100)

The reactivation of earlier experiences can be persecutory, leading to powerful feelings of anger and fear about the development of the baby. These fears may be expressed as

preoccupations about giving birth to deformed or damaged babies, illustrating the extent to which guilt about the murderous and destructive impulses towards the baby shapes fantasies. These fears can coexist with fantasies of narcissistic fulfilment, that the unborn baby will offer the mother unconditional love and nurturance. This hope was clearly expressed by Kate, who said she wanted to have a baby so that she could have 'something of my own...someone who loves me'.

While pregnancy might fuel a woman's fantasies of wholeness and creativity or, alternatively, terrify her with thoughts of invasion, contamination and murder from within, the experience of being responsible for another person, a helpless and demanding infant, involves a completely different set of fantasies and experiences. This was clearly illustrated in Kate's disturbances both in her pregnancy and in mothering, resulting in her violent assaults on the baby, both during and after the pregnancy—inside and outside her own body. At times this distinction seemed lost to her as if she and her baby were fused into one.

Promiscuity and pregnancy

Promiscuous sexual intercourse, with the unconscious aim of establishing pregnancies, may reflect a young woman's desperate and unmet need for mothering, for the sense of fulfilment and 'wholeness' of which she feels deprived.

A young woman's physiologically mature and sexually alive body establishes adult status but also enables her to split off and deny painful emotional states by substituting bodily sensations. In this way, feelings of love or hate towards the self or towards the object can be concretely expressed, depression avoided and self-esteem raised. It follows that a sexual act, which, to the outside world, appears to be an act of adult, genital sexuality, may unconsciously become a means of satisfying unfulfilled pregenital longings for the mother and for being mothered. The mother is to her child the symbol both of the maturational environment and of motherliness itself. Her physical presence and emotional attitudes towards her child and its body are integrated with the child's experience and her conscious and unconscious fantasies. The representation of an internal mother created in this way is a lifelong model for her daughter to identify with and also to differentiate herself from.

(Pines 1993:102)

Pines, unlike Freud, does not believe that pregnancy and birth gratify every woman's basic wish to receive compensation for the deprivation of a penis. She states:

There is a marked distinction between the wish to become pregnant and the wish to bring a live child into the world and become a mother. For primitive anxieties and conflicts arising from a woman's lifelong task of separation-individuation from her own mother may be unexpectedly revealed by the emotional experience of first pregnancy and motherhood.

(Pines 1993:98)

The importance of her work is in tracing the development of disturbed mothering, through a woman's fantasies during her pregnancy, to her own identifications with the internal representation of her own mother, that is 'bodily reinforced' in pregnancy. For perverse mothers this internalised mother will also be a perverse object.

Transmission of disturbed attachment patterns

Important empirical research about the intergenerational transmission of disturbed parenting has come from attachment theory, based on the seminal work of John Bowlby. The experience of a disturbed early environment and particular styles of parenting, which are not attuned to the infant's needs and desires, has been associated with difficulty in later social functioning. Disturbances in attachment in childhood may lead to problems in forming trusting and stable relationships with partners and in parenting children in a way which fosters secure attachment (Fonagy 1991; Fonagy *et al.* 1995). The lack of trust and security in early life may have long-term consequences for attachment patterns in later life. Insecure early attachment is associated with personality disorders in adulthood and has been studied in adulthood using the Adult Attachment Interview (AAI), a semi-structured psychodynamic interview schedule which provides rich qualitative data about the nature of parenting in childhood, from which particular parenting styles can be identified. Participants are asked to describe their early attachments, their feelings about their parents, and significant losses or traumatic experiences in childhood. They are then classified into four different attachment categories, largely based on their style in describing their early attachments: 'free to evaluate attachment', 'dismissing of attachment', 'enmeshed in attitude towards attachment' and 'unresolved/disorganised/disorientated' (Holmes 1993).

Classification of these types of attachment in adults based on the AAI has been shown to predict particular styles of parenting relating to their own children, as demonstrated by observing the children's response to temporary separations from their mothers or caregivers using the Ainsworth 'strange situation' experiment (Ainsworth *et al.* 1978). When pregnant mothers were given the AAI, it predicted the attachment status of their infants at one year with 70 per cent accuracy (Fonagy *et al.* 1991). Such empirical work provides evidence for the intergenerational transmission of disturbed parenting, and outlines possible mechanisms responsible for the psychic harm. For example, the child whose mother cannot attend to her needs consistently develops an insecure attachment in which she wants her mother to be with her at all times, as she has no internal sense of her. This absence of an internalised sense of a reliable mother leads to clingy behaviour, attempts to stay with her and feelings of acute abandonment and fear when left alone, as though the mother will never return. In psychoanalytic terms the child's object relations are distorted, and she may well present with an adhesive quality in therapy, making desperate attempts to cling to the therapist and fearing that she will not be kept in mind unless actually physically present. Separations may feel unbearable.

Recent work by Bateman and Fonagy (2004) explores the development of difficulties for individuals with early attachment difficulties in mentalising their own and others' emotional states; instead they enact difficult feelings through impulsive behaviour including violence towards the self or others. There is a growing evidence base for

psychotherapy informed by the underlying model of disturbed attachments in these individuals, aimed at addressing the difficulties in mentalising certain states of mind. Failures in early mirroring and reflective processes by carers create later difficulties in reflective functioning for the individual herself. This work is highly informed by the kinds of processes already described in this chapter in relation to the intergenerational transmission of disturbed parenting, and the developmental roots of such difficulties.

The following chapters describe in detail how these difficulties are manifested in various acts of violence against children, the self and partners, making reference to the model of female violence described here.