PART I

ATTACHMENT GONE WRONG
A Case of Violence

As a psychotherapist, I usually meet the victims of abuse rather than its perpetrators. When violence erupts in our psychiatric hospitals, it is usually seen as a manifestation of a patient’s ‘illness’, of his ‘irrationality’. My first professional encounter with a child murderer whose sanity had never been questioned was therefore an important one. It left me with many questions unanswered.

In my work, I rely on feeling open and sympathetic to the people who come to see me to discuss their difficulties. On this occasion, the nurse who referred this man to me told me that he had been in jail for killing his small daughter. He now felt very depressed and wanted to see whether he could benefit from psychotherapy.

Before I went to collect my patient from the waiting room, I became aware of feeling uneasy about our meeting. I realised that he would probably appear quite ordinary, someone I would not be able to label as ‘deviant’. My apparent need to see him as ‘different’ struck me as being out of keeping with my usual attitude to those I interview.

I knew that the man who beats up his children, or the father who forces his child to have sex with him, could be a colleague at work or my next-door neighbour. In another attempt to distance myself, I found myself focusing on the fact that the murderer was a man, not a woman like myself. But then where are the mothers when their children are being tormented and hurt? What part did this murderer’s wife play in her daughter’s death? Did she try to protect her? I knew that this was unlikely. The wives of men who torture their children may be their assistants, their partners in crime.

So, this anxiety I felt as I rose to collect my patient, what was it about? I realised that if my meeting was to have any meaning for me or for him, I would have to get quite close to this man, to develop some understanding of his conflicts and his feelings. I realised that to do my work, I might be reminded of my own violence, of all those feelings we do not believe we own until one day they betray themselves in a des-
perate wish to overcome the ‘other’ whom we see as the source of our pain, of our impotence or of our humiliation.

What mother or father has not felt close to losing control? Babies who cannot sleep, infants who fill our world with cries of inexpressible pain, children who want so much when we feel we have so little, all these unsuspecting little people can become tormenting characters in the living nightmares of their parents’ own making. But for most of us, these powerful feelings can be recognised for what they are. We can acknowledge our rage and, fortunately, our love comes to the rescue much as our mother or father did when we were small and terrified. But, for some parents, no such memory of love and security can ever come to the rescue. These men and women were once children for whom comfort was rare, children brought up to believe that they were bad because no one seemed to care. The fear of beatings, torture and abandonment was what they knew of family life. Their bruises, burns and cuts healed with time. But what about their terror, their impotent rage, their memories of being betrayed by those who meant so much? What about that desperate need to be loved which has been so rarely met that, when it is, it turns to pain, the pain of realising what could have been? Where have all these feelings gone? Have these men and women been able to forget those traumas and leave their pain behind them?

To the casual observer that would appear to be the case, as these childhood victims set about making a living and bringing up a family. When they become parents, they often want to give their children all the love and support they failed to get. They want to be really good parents. But, for some, these childhood terrors and torments have not been allowed to disappear. Though apparently forgotten, the experiences of their parents’ cruelty or indifference have been ‘internalised’ in the form of mental representations which will persist in their minds, albeit in an unconscious state.

It is often in the midst of their own children’s screams and tears that those traumatic experiences are reactivated, even if they continue to remain unconscious. The parents recognise their childhood selves in their children’s anguish, in their desperate need to be comforted and held. But, mingled with the memories of those needs, there is that other awful memory of being rejected and of feeling bad, unwanted. These painful feelings were once so unbearable that they were forgotten. Now that they are being reactivated, how can they be dealt with?

A young single mother holds her screaming child in her arms; sensing her own distress, she realises that there is still no one to hold her, to make her feel better. Her baby has unwittingly become the
source of her old pain, once again revived. She needs to stop the pain. The pain is her child screaming but she can no longer feel it to be her child: this mother is back in the nightmare of her own childhood. The baby has become her tormentor, the one who hurts, whose screaming needs make the young woman feel she is bad and useless. She can no longer see her baby, for it has become the ‘monster’ she once was that had to be controlled, to be beaten into shape. She becomes her own mother, her own terrifying parent with whom she has identified, as so many victims do. In her raging pain this woman smashes the baby’s head until the crying stops. In the silence that follows, a mother may discover herself to be a murderer... The child she wanted to love seems dead. At this point her mind comes to the rescue. She ‘forgets’. She ‘splits off’ the memory of her past and the memory of what she has just done to her little girl, a child she probably wants to love and protect.

It may be that this time, and possibly the next, her child survives her destructive assaults. The nightmare is forgotten again and again but, one day, it may all come true as it did for my patient.

It is doubtful that I thought all this through before meeting Mr Brown, but I was dimly aware of other patients who had been beaten and tormented during their childhood. One was a mother who had had to ‘forget’ what she had done and what had been done to her. All she knew was that she loved her daughter and she wanted to be a really good mother. Her girl’s bruises seemed to her like some monstrous intrusion into her life for which all sorts of explanations had to be found. It was a long time before she felt safe enough to remember both what she had done to her child and what had been done to her.

Mr Brown* presented himself as a pale, white-haired man in his fifties who looked much older than his age. He seemed anxious and very keen to help me with my interview, even though he admitted he might find it difficult.

The subject of his daughter emerged early on in our meeting. She was about two and a half years old when she died several years ago. He sketched out for me the life of this little girl prior to the ‘incident’ which led to her death. Originally, she had been looked after by her grandparents abroad while he and his wife set up home in England. They then sent for their daughter and it was not long before she was being attacked by both Mr Brown and his wife, who, he said, hated this child from the moment she was born.

* All names of clients or patients in this book are pseudonyms.
As a baby and toddler, his daughter was regularly starved and beaten. He described to me pitiful scenes of this pale little girl wandering about barefoot outside in the freezing cold: she was so cold that her feet stuck to the ice. In his attempt to warm them up, her father said he burnt them with lighted cigarettes and hot coals. She ended up being taken to the casualty department, her feet covered in blisters.

On the day of the fatal ‘incident’, this ‘little waif’, as he described her, had been locked up in her room without having been cleaned or fed. On his return from work, his wife told him to go upstairs and clean ‘the thing’. Mr Brown found his daughter in a mess of faeces and urine and proceeded to clean her up. He then brought her downstairs into the sitting room and began to bully her into talking to him. The little girl would not talk. She stood in silence, looking pale and visibly distressed. He desperately wanted her to speak, to make him feel better about her. He recalls going up to her and shaking her. Nothing else. . . . That night he put her to bed and he must have been worried about her, for he told his wife to keep an eye on her. The next morning, their daughter was found dead. Mr Brown was later tried and committed to jail for manslaughter.

As he recounted all these events, he spoke in a quiet manner with little emotion; I could not help wondering where all his feelings had gone. He seemed to have split himself off from the violence that drove him to kill his child. He had no recollection of beating his daughter, but he knew she had died from injuries to her chest. Though he was judged to be the killer it was clear that he wanted his wife to take the blame for what had happened, listing all the terrible things she had also done to their daughter.

Sensing that we could get no closer to what really took place between this child and her parents, I asked Mr Brown to tell me about his own childhood. He began by talking about his mother and his face lit up as he described her to me. She was a devoted mother who unfortunately fell ill with tuberculosis when he was a small child. She often had to go to hospital for treatment. He missed her so much that he would walk several miles in order to see her. It was during the war, and food was scarce. Mr Brown recalls how his mother would give him and his brothers and sisters the bread, butter and jam she had in hospital so that they had something to eat. ‘She was like an angel’, he said. She died when he was only eight and he remembers feeling distraught at her funeral.

From then on, Mr Brown was left to the mercies of his father, a man whose violence he clearly feared though he seemed keen not to be too
critical of him. This may have been because Mr Brown did not want to get close to his own feelings about this man. What he told me next seemed to confirm this possibility. He described his mother coming home one day from one of her many stays in hospital. She celebrated this by cooking for her family their treat of treats, a dish of fried potatoes. During that same visit he found his father beating her up. Though he was only a child of seven, Mr Brown grabbed an axe and threatened his father with it.

Later on in his childhood, his father injured his arm and he asked his son to take over his cobbler’s business. Mr Brown proved to be quite good at it. However, one day, he recalls that he was finishing off a lady’s boot, when his knife slipped and pierced the leather. His father saw this and in a fury he picked up a huge stick and began beating his son on the back of his head. The boy tore down the village street, blood pouring from his scalp wound with his father at his heels. A kindly neighbour came to his rescue. With visible satisfaction he remembered the woman verbally attacking his father. For once in his life someone had stood up for him.

Though he scarcely mentioned them, Mr Brown had seven brothers and sisters, two of whom died in infancy. He told me of how, one day, he and his brother were coming back from the woods with firewood when his brother fell into a nearby river. Though Mr Brown could not swim, he had leapt into the water to rescue his brother. As I expressed some admiration for this gesture, he hastened to put me right by telling me he had only done it out of fear of what his father would do to him if he came home without his brother.

At this point, I attempted to explore whether Mr Brown could begin to acknowledge how much he had missed as a result of his mother’s illness. I recalled how earlier on in the interview he had clearly had to cling to a very idealised memory of her, painting her as an ‘angel’. So, although I agreed that his mother could not be blamed for her illness, I suggested that there had been a little boy who may have felt that he had had so little of her, he had suffered considerably as a result.

He could acknowledge such feelings and this led him to link his experience of his ‘little waif of a daughter’ with the picture he had of his pale sick mother in hospital. It seemed likely that his unconscious rage against his mother, who failed to care for him, was finally discharged on his daughter. Like his mother, she had appeared helpless and neglected, evoking in him his own desperate needs and his old pain. He had not been able to find in himself the love she needed from him. Instead, he had coped with his own pain by identifying with his
father and his destructive rage, a rage which at least had the positive
effect of giving him the power to inflict the pain he had once had to
suffer.

It is likely that in the final assault on his daughter, Mr Brown did
not ‘see’ his child before him. What he probably saw and felt were his
old feelings and memories being brought back to life, those unbearable
moments of pain and deprivation which had been split off in his mind,
locked away from his daily memory and experience, just as they now
were in our interview. Splitting is a dissociative process that allows us
to cope with the overwhelming anxiety of feeling utterly helpless in
the face of abandonment and abuse. The passive man in the chair
before me, who looked at me with his rather washed-out blue eyes,
could not remember what took place in his mind the night he killed
his daughter.

Clearly no one will ever really know what happened between this
man, his child and his wife. Their daughter seems to have been an
object of abuse for both of them during most of her short life. We do
not know, either, what part she played in her mother’s inner world,
though we know that Mrs Brown probably referred to her as ‘the
thing’. In some strange way, she was to become the ‘little waif’ who
reminded Mr Brown of his long-lost mother whose helplessness and
sickness were to be her undoing: this same helplessness was to be his
child’s undoing.

It seems likely that as he shook and bullied his daughter, Mr Brown
wanted something from her which as a child of two she could not give
him; it was probably the same thing he wished his mother could have
given him, the feeling that he was a good and valuable person. But
both his mother and daughter died, leaving him with the terrible guilt
of having betrayed his ‘angel mother’ and of having murdered his own
child.

A few weeks after I met him, Mr Brown was dying in hospital with
a hitherto undiagnosed cancer. The illness may have come as a relief
to him because it became clear, in subsequent discussions, that his
main reason for seeing me was to be rescued from the terrible, violent
feelings he now feared would soon overwhelm him.

However, on the day we met, I was left with many sad thoughts and
many questions unanswered. If his story is a typical one of parents
who seriously hurt and murder their children, it is also very much the
description of what countless victims of abuse go through during their
tormented childhoods: Mr Brown was first a victim of his parents’ fail-
ings before he became a victimiser.

We now know that abuse is believed to be 20 times more likely if
one of the parents was abused as a child. However, it is also very
important to note that not all abused children repeat this pattern with their own children; about a third of mothers who were abused as girls apparently take good care of their children (Egeland, Jacobvitz and Papatola, 1987, p.270). Clearly, understanding how these childhood victims become victimisers and how others avoid repeating the pattern of abuse is crucial if we are to begin to understand the origins of violence in the family and possibly in society at large.

The story of Mr Brown is an important one. He was an ordinary man who ended up murdering his daughter in a final act of violence which was probably not premeditated and of which he had no recollection. Although many may disagree with my hypothetical reconstruction of the murderer’s state of mind, I would like to make the following suggestion: what if the parents who hurt, torture and kill their children are not as they appear to us? What if these people cannot always perceive the ‘other’, in this case their offspring, as a child to whom they are the parent? What if, under certain conditions, people bring to their present relationships the hidden or unconscious memories of their past abuse, thereby moulding the present into the image of their past? This phenomenon of ‘projection’ is a common defence mechanism used by victims of trauma. It implies that feelings usually associated with painful experiences we cannot acknowledge are repressed in our unconscious as memories that can later be re-experienced when projected onto others. This tendency unconsciously to re-enact past traumas is also characteristic of the post-traumatic stress disorder (PTSD) which will be described in detail later on in the book.

Whilst we hope to gain some understanding of human violence by exploring the research evidence at hand, we also need to recognise how disturbing it can be to witness so-called ‘normal’ people like Mr Brown torturing their children, or to realise that doctors participate actively in state torture and murder. Robert Lifton wrote of the Nazi doctors he met: ‘Psychologically speaking, nothing is darker or more menacing, or harder to accept than the participation of physicians in mass murder’ (Lifton, 1986, p.3).

In attempting to understand violence, we may need to try to see the victim through the eyes of his or her tormentor. How does the abuser see his victim? Does the answer lie in understanding what lies behind the look a white man gives when he addresses another as ‘nigger’? Is it in the eyes of a rapist as he overcomes his victim? Is it a look of hatred or lust, or, perhaps worse, of indifference? Faced with such a look, the recipient becomes aware of no longer being seen for what he is or should be. He feels he is an object to be used or abused. It is in that look that violence first becomes manifest, for it belongs to those
of us who have learnt to see the ‘other’ as an object, as less than human. Violence follows easily.

In a passage of his book on his experience in Auschwitz, Primo Levi describes the look that takes place between him, the Jew, and his German boss:

... that look was not one between two men; and if I had known how completely to explain the nature of that look, which came as if across the glass window of an aquarium between two beings who live in different worlds, I would also have explained the essence of the great insanity of the third Germany.

One felt in that moment, in an immediate manner, what we all thought and said of the Germans. The brain which governed those blue eyes and those manicured hands said: ‘This something in front of me belongs to a species which it is obviously opportune to suppress. In this particular case, one has to first make sure that it does not contain some utilisable element. And in my head, like seeds in an empty pumpkin: ‘Blue eyes and fair hair are essentially wicked. No communication possible...’ (Levi, 1960, pp.111–12)

In looking at violence, we are concerned with behaviour that not only causes damage to people but which also outrages or violates them as human beings. Implicit in the concept of violence is an assumption that human beings are entitled to a certain degree of respect. It is for this reason that the cornerstone of all human persecution and extermination is the establishment of a belief system which dictates that the ‘other’ is essentially less than human and hence dispensable or dangerous. For such belief systems to take root, however, there must exist in the human mind the capacity or the vulnerability to make of the ‘other’ the object of our needs or of our fears. How can such perceptual processes develop? And if they do arise, what could their consequences be for the individual, the family and society? This will be very much the subject of this book.