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Perverse transference and the malignant bonding

It was Etchegoyen (1977) who first introduced the concept of "transference perversion", characterized by the erotization of the therapeutic relationship with a peculiar type of narcissistic object-relation. The patient permanently tries to create a delusional subject-object unity, provoking excitement and impatience in the analyst. Etchegoyen also made us aware that these processes must be uncovered in order to solve potential problems dealing with the dissociation of the ego, subject-object confusion, and the transformation of desire into ideology.

Ogden (1996) has provided another dimension to this hypothesis, asserting that the patient uses sexualization as a way of protecting him/herself against the experience of psychological deadness. Hence the compulsive erotization is used to create an illusory sense of vitality. This is the start of my thoughts on the escalation of the perversion "acted in" during the transferential process with the psychoanalyst to the most severe and difficult type of relationship to understand.

I have chosen to start with these two authors' principles since I mostly adhere to them when thinking or working with patients affected by perversion. For example, and to start with, the interpretation of the negative transference is crucial, not only in us understanding them but also in their own being of feeling understood. This vital element could never be overstated, particularly when it is well-known that clinicians drawn to this particular psychopathology often have "rescue fantasies". (See what happens later on in the account of Lord Longford trying to rescue Myra Hindley and her utter contempt for

him towards the end of their relationship.) They would rather be "do-gooders" than confront patients with their own most negative feelings, such as hatred and revenge. These patients are able to read between the lines and to elicit better than anyone else the emotional responses they create. Therapists who may feel ashamed about their sense of impatience and frustration may try to conceal them with an even more "benign" or "kind" response, which will be not only useless but also utterly despised by the patients—such is the patients' own degree of awareness they have about emotional responses they produce; such is their own long, deeply engrained "training" from conception/birth at not only feeling, but also being in reality, rejected, abandoned, and humiliated by their carers.

I very much agree with Ogden's concept of the compulsive erotization against deadness being used to create an illusory sense of vitality. I have been alert to patients' attempts, by using manic defences, not to succumb to their own sense of dread depression.

The malignant bonding

The quality of enmeshment and engulfing does not only involve the perverse couple; their relationship continues to bond at the expense of sadistic and sexual acts perpetrated together against dependent persons, such as their own children or other immature individuals who fall under their control and dominancy. Not only are there notorious cases from the media, but I have also been able to corroborate these in my own clinical findings, which I have termed the concept of "the malignant bonding".

"Malignant bonding" is a different condition from either erotic-sadomasochism or "relational perversion" (Filippini, 2005; Pandolfi, 1999), although at times it could be the outcome of the progression or escalation of a sadomasochistic relationship. Filippini (2005) makes some relevant points regarding the connection between narcissism and perversion and the type of object relationships, if any, the narcissistic person has. She also makes a distinction between sadomasochism and relational perversion. The author takes as her starting points and discusses in depth Racamier's (1992) concept of "narcissistic perversion" and Pandolfi's (1999) concept of "relational perversion". Filippini postulates that maltreating behaviour, in fact, originates from the encounter of particularly non-empathic relational styles that are typical of certain personalities, but she is exclusively concerned with the man as a perpetrator and the woman as the victim (although Filippini

is aware that the opposite, though rare, does occur). I am not referring to this particular psychopathology, which of course I have often seen during my clinic practice. I am concerned with the activities of the couple together in most self-destructive actions, which are directed to the outside and, by their mutual participation in them, can add to their own perverse bonding an extremely exciting and erotic quality. Furthermore, this can be initiated and even stimulated not only by the man but also by the woman in the couple. We are no longer talking of who is the victim or perpetrator within the couple. They have both become partners with equal participation in the designing and execution of their actions against their own severe very early traumatic experiences. In fact, as already observed in chapter 1, the difference between male and female perverse actions lies in the "location" of the object or target: whereas in men it is usually directed towards the outside, in women it is either against themselves, against their bodies in self-destructive patterns, or against objects of their own creations—that is, their babies.

Narcissism

André Green's concepts of positive and negative narcissism are relevant to the understanding of these very primitive modes of behaviour. In the positive type—"the cathexis of the self being fed, at last partly, at the expense of the object cathexis" (2002, p. 637)—*egoism*, selfishness, and self-sufficiency are to the fore. The second, negative type "is the form narcissism takes when combined with self-destructive drives" (p. 644). It is a tendency towards annihilation, which manifests itself as emptiness, self-hatred, and denial of castration. In particular, he posited the origin of masochism and sadism in the destructive drives deriving from the death instinct (Freud, 1924). We are able to observe this in women who attack their offspring. The situation becomes more complex to understand when it involves a couple; so far, all findings are from heterosexual couples, although it quite possibly applies to homosexual couples too. The couples to be described exhibit the negative type, in which no separation or individuation is envisaged, such is the process of massification (Hopper, 2003) between the two. This pathological union of both persons suffering from a perversion resulting from very early and repeated traumas requires, for their psychic survival as one, sadistic actions of the most cruel type associated with libidinal charges directed towards the outside world in the concrete body(ies) of children. These children represent the split-off traumatic

introject of the traumatized parents. Parents or couples react with fight and flight or dissociative behaviour towards the "threatening child". Amon and Bihler's (2007) discussion of children from traumatized parents gave much enlightenment to my own ideas of the malignant bonding still in working progress. According to them, there are two different groups of traumatized parents. The first group never open up about "family secrets". The second group are openly obsessed with their trauma and talk about it all the time; there is an externalization of the parents' traumatized parts of their personalities projected onto the child. Thus the child is forced to identify with this parental projection. There is a reversal of the container-contained relation, and it becomes transgenerative. This becomes a transgenerational transmission, and there are severe difficulties regarding separation and individuation.

If we are able to follow Amon and Bihler's reasoning created by their clinical findings, it is easy to understand why these children fail to abandon their traumatized parents and are unable to express aggression and so easily become their prey for further abuse.

It seems to me that the malignant bonding may be corresponding to the first group of parents, those who never talk about their "family secrets"; the repetition of the sadism involved in their actions becomes the actual remembering of what happened to them before. But now *they* are in the "triumphant" position: not only is there a role reversal as to when they were infants; they are now in complete control of the primary scene, no longer outside it but just like puppeteers in their joint effort to re-enact early painful experiences with those helpless children, who see their involvement as their own way of survival. But this is not enough to reassure them that they had survived horrific physical and psychic damage to themselves. As soon as they are no longer in the concrete scenario of their sadistic but "necessary" actions, their sense of control of the victim gradually becomes illusory and fades away. They wonder: were they in control or were they the victimized children dispossessed of all power? Thus they have to remind themselves that they *had* been control. Hence the use of devices to listen and watch to once more create an illusory sense of being omnipotent in their minds, that, yes, they are now the executors.

There is a lot to learn from observing behaviour that involves domestic violence, including verbal, physical, and sexual abuse, not discounting paternal, maternal, and sibling incest. There are serious consequences arising from these different but related sorts of behaviour, not only on their direct family members but also on the following generations.

Early severe trauma as a "matcher" of couples

It is fascinating, although at times very difficult, to get to know what makes a couple "tick". We have to observe and explore how couples originate, how they meet and pursue their relationships in unconscious ways that may become conscious only later on, when they seem to have been consolidated, and only then do the enormous conflicts emerge that have been hidden away. How many times have we all been witnesses to occurrences of incestuous actions from parents to children, a father or mother who him/herself has been an early victim of child abuse. In the family dynamics in which usually the father is the perpetrator, the mother/wife has so far been "blissfully" unaware of this particular scenario; however, when later on she is confronted with the harsh reality of the abuse, she has flashbacks, and a memory of having been herself sexually abused as a child emerges with pervasive power from within.

It is as if a magnet was operating in both partners at the moment of their initial meeting, which was felt to be so bonding that it was equally irresistible and dangerous and as such very exciting—so exciting that falling in love was inevitable since the "radar" was in full functioning order and the polarizing aspects of the two was felt to be the perfect combination for a perfect coupling. But this "felt" sensation of "equality"—or, better said, "sameness"—was no longer enticing when the union became legalized and, as such, no longer taboo. Of course, I am not talking here of conscious, rational behaviour. This couple, these two different persons, have felt, as from the moment of their first meeting, in almost automatic pilot mode, very close and united together but not knowing exactly why. However, this great sense of wonder starts fading away when the union is felt to be in some way "contrived" or coercive from within. Now, the taboo element is no longer present and the sense of excitement is gone. What happens next? The pursuing of the transgressing has become the compelling element, and as such the using and exploiting—including sexual abuse of children—may start. There is an irrepressible need to continue succumbing to these transgressive actions because, just as with pornography, it makes them feel alive. They feel really dead inside themselves, and their own way to make sure they are still alive is by exerting this enormous sense of power and control over their children. This power has an added element of libidinizing the interaction between the couple.

Rosenthal (2009) describes a similar clinical finding, a perverse type of couple relationship in which the couple attempt to join together

to manage "sheer unconscious terrors, some of which were neurotic, while others had a psychotic quality . . . at times, this seemed to contain the threat of unbearable experiences that could be psychotic in nature" (p. 209).

Cases from the media

There are two famous and notorious cases in England of the "malignant bonding"—Myra Hindley and Ian Brady, and Fred and Rosemary West—and they come to my mind when thinking of the interactions between both partners and their harmful actions produced by both together against children.

In order to pursue my own findings, what I would like to emphasize is the strong reaction of disbelief that the women in question could have had anything to do in any active way in the horrid actions against the children. Everyone—from the lay public to all professionals, including experienced judges—tacitly assumed that, if at all involved, these two women were responding to bullying and threats from their male partners.

The first case goes back to 1964 and was dramatized and screened on October 2006 for television by the BBC under the title *Longford*. Lord Longford was a very compassionate, although rather naïve, kind, eccentric English aristocrat, who took care of all the most difficult and at times impossible law cases, in the belief that he could not only understand better but also help those he saw as victims of miscarriage of justice. He was a strong believer in hope and change, even in the most intractable cases. He became famous for his intense interest and activity surrounding Myra Hindley after she was sentenced. This is the woman who, with her partner and lover Ian Brady, took children on many different occasions to the moors in northern England, and together they subjected the children to all kinds of acts of torture, including sexual violence and rape, eventually killing and burying them there. Lord Longford, although being in active service during the war, was stunned by the enormity of Hindley's crimes, which "made even him pause to draw breath for a moment". At their first meeting at Holloway, she asked him to facilitate meetings with Brady, who was serving his life sentence in a men's prison.

Longford, who was initially very much against such meetings, was eventually persuaded by Hindley and agreed to do as she had requested. From then on, and for the next 35 years, Longford continued to argue her case. Such were her formidable powers of persuasion.

The crimes committed by Hindley and her lover, Ian Brady, shocked the nation and became the benchmark by which other acts of evil came to be measured. It is revealing that while, to start with, Hindley was never thought to be an active party in these horrific actions, after seeing evidence of her being active the media view of her changed 180 degrees and she was then depicted by the tabloid press as "the most hated woman in Britain".

On 6 May 1966, Hindley and Brady were jailed for life after a 15-day trial. The killings soon became known as the "Moors murders", and it was made even more notorious by the tape-recording played at the trial of one of their victims pleading for her life. Hindley's active involvement in the case was now unquestionable, since the young girl was directly appealing to Myra for her release. Later on, while in prison, Hindley admitted to her active influence in all crimes. In 1994, Hindley wrote that she was "wicked and evil" and had behaved "monstrously". And again: "Without me, those crimes could probably not have been committed."

When they had originally met, Brady had a minor criminal record with stretches in borstals and prison, and, while inside, he began his fixation with Hitler and the writings of the Marquis de Sade.

Myra left school at 15, learned how to type, and within three years went to work at a small chemical firm. There she met Brady, who was working as a stock clerk, and fell in love with him. Once they became lovers, Hindley was prepared to do anything Brady asked.

At her trial, evidence was produced that she had been subjected to threats, violence, and intimidation by him.

Again, prejudices were to the fore when, two days after the original trial, the judge who sentenced Hindley said: "Though I believe Brady is wicked beyond belief without hope of redemption, I cannot feel that the same is necessarily true of Hindley once she is removed from his influence."

No one, including Lord Longford, was emotionally capable at that time of seeing a woman—in this case, Myra Hindley—as being both the prompter and promoter of the malignant bonding with Brady. But, of course, who could suspect that a woman whose capacity for pregnancy and bringing up babies is the one who may be the perpetrator? Why the reluctance on his part to consider this possibility? The BBC programme suggests that it may be because he was already, in transference terms, caught in the same process of malignant bonding with Myra. Interestingly enough, in the film, the person who almost succeeds in his breaking up this relational perversion was

his wife, Elizabeth. But Elizabeth Longford's opposition weakened over time. In December 1976, she finally agreed to accompany her husband to Holloway. Surprising as it may seem, she and Hindley became firm friends. This may be further evidence of Myra's enormous powers of seduction and persuasion, and as such it becomes a potential *ménage à trois*, with her as part of the parental couple, with her husband placing Myra as being the "sick baby" unable to wake up from the drug-induced, almost catatonic situation. In the film, different and varied possibilities of malignant bonding of a very perverse nature are shown. Hers and Brady's first—which, of course, is what excites the others, who are unconscious of the nature of this interest.

The West family represents the most famous case of family abuse, which includes the physical and sexual abuse, torturing, and eventually killing of their own and other children. Such actions, sadly and most unfortunately, are not isolated and exclusive examples. And if this appears to be extreme and beyond the boundaries of what we are supposed to know and to be familiar with, let me tell you that this is not so. There are couples and families afflicted by this perverse behaviour who live at close quarters with us. Perhaps the degree of their perverse actions is not as extreme as the Wests', but it does require acknowledgement and professional expertise to deal with. Sachs (2008) says that "parents who feel compelled to see their children tortured or dead have an extremely traumatic history themselves", which leads to "the inevitability of further trauma, generation after generation" (p. 132).

In the last few years we have read in the British newspapers about different couples who while performing their "duties" as babysitters have physically and sexually abused children in their care. In February 2006, an incident was reported in the *Guardian* in which a couple had repeatedly raped a 3-month-old baby. Not only that—they even took videos of all the rape scenes, performed by both partners, man and woman. More recently, on Saturday 27 March 2010, a story appeared in the *Guardian* under the headline of "Couple Face Life Terms for Murdering Boy in Their Care". The boy, aged 3 years, had 70 injuries to his body. He had been neglected, abused, and beaten by a 19-year-old woman cousin of his mother and by the woman's boyfriend, aged 25. The baby's mother felt unable to cope with the baby's demands and paid the couple for taking care of her baby.

I know these public cases are accounts of most horrifying and sadistic happenings, but I want to make you aware of these awful possibilities that may or may not come your way, as an incipient awareness is essential in order to detect these happenings from very early

on. In the history of psychoanalysis, there was a reluctance to take claims of sexual abuse as real, and instead these were considered to be phantasies. But today it is no longer possible to persevere with that position since the reality is present in flagrant ways. This is a subject taken up with sensitivity and accuracy by Ann Scott (1996).

All these public cases, and the ones I am familiar with, share a terrible predicament: the strangled, panicky, unbearable pain experienced by their victims is being recorded. Technology has afforded the most sophisticated means to do so—from recording just the voices of those innocent children, as in the 1960s, to the making of home videos, now with digital cameras. And today different images such as these can be downloaded from the internet.

There is thus a compulsive need to repeat again and again to themselves—the perpetrators—the tortures inflicted on the innocent victims. I find this feature a most distressing one, and I am reminded that Freud in *Beyond the Pleasure Principle* (1920) linked the destructive impulses and this need to repeat, to re-present, to double, and to supplement results in either identifying with another or finding it impossible to determine which of the two she herself is. When perpetrators make and record not only their own actions but also the confused, disturbed, painful, and frightened reactions of their victims, is this used as identification with their own childhood? Is it to do with their need to make themselves feel all-powerful and in complete control of the torture inflicted because they need this “reassurance”? Is the listening/watching also associated this “addiction” with early sexual abuse and the need to form sadomasochistic relationships of which they have the monopoly of power? It could also be, speculated pragmatically, a home-made pornography so that the sexual excitement of the torture could be re-created on future occasions, as a sexual trigger to masturbate to.

Frequently the children involved are not even their own, just as happened with the cases described above, particularly the notorious case of Hindley and Brady. Not only did they torture and kill the children involved in their rampage of seducing, grooming, and taking children away, but they also recorded their victims’ anguish, pain, and suffering while they were being tortured, to listen to on repeated occasions. Why this need to re-enact this barbaric, primitive, irrational behaviour? This is an extreme situation, but we also have equally or even more perverse behaviour in the case of the Wests. The West family tortured and killed some of their own children as well as others and kept the corpses within the walls of their own home. What

should one make of this couple who had to use their own family to create their own intimate, close, family genocide and holocaust within their own home walls? After this indescribably awful discovery, it was most alarming to recognize the compelling element it provided others, with the gruesome and ghastly curiosity of looking at the “forbidden”. How many people went to visit the Wests’ “home”—to see what? This reached such alarming proportions that a council decision was made to destroy the site.

But what is the extent to which a couple can let themselves go in order to elicit a sense of excitement so pervasive, so unreal, but so enormously effectual to make them feel all-powerful, omnipotent, being able to create, destroy, and macerate lives. What is the extent of their feeling so empty, so vacuous, so dead, that in order to recreate a new life they had to pursue those horrific actions? And for our own interest here, what on earth put these two together? What was the chemistry/love/attraction that drew them together to start with and later on lead them to these joint, combined actions of reproduction, which in our view could be the product of a mature relationship. After all, surely what we expect from couples, when they develop and evolve in their relationships, is for them to pursue parenthood as a concrete symbolism, if this is allowed, as evidence of a healthy resolution to have children, to grow a family. But then to torture, to abuse and finally to kill them and bury them within their own confines?