Traumatic scars and maternal function: filicide

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> I can only think that one can hardly speak of trauma… without treating the active scar formation along with it. The latter of course, produces all what we perceive; from them we have to infer the trauma.
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> (Letter from Freud to Ferenczi, 16 September 1930)

We are used to saying that infantile traumas leave indelible scars in the baby' still immature psyche, poetically calling them scars on the soul: but perhaps we no longer realise how this may be more than a suggestive metaphor, and how once again the psychic coincides with, or seems to model itself on, the somatic. When the body suffers a cut, a wound, a trauma which causes a loss of tissue, the organism reacts with the process of scarring and repair: blood cells, fibroblasts, and elastin are mobilised to repair the damage, but the tissue that is formed is not identical to the tissue needing to be replaced and is of inferior functional quality. Sometimes it is hypertrophic and remains permanently raised and painful; sometimes atrophic, inadequate, less resistant, and more easily torn.

This is also what happens in adults who have suffered serious traumas in infancy: in them we find not only evident distortions of character from the hypertrophy of defensive processes caused by the trauma, but often also residual deficits (dissociation, deficiency of reflective function, externalisation of disturbing emotions, poor impulse control…) which cause a weakening of the mental tissue, making it more vulnerable, so that, especially when they become parents in their own turn, it may be unable to resist tensions and may be unexpectedly torn. But we will return to that later.

It is never easy, even for us as psychoanalysts, to be faced with «abnormal» mothers, those who abandon, ill-treat, or even kill a child. Even though we are now accustomed to not denying the extremely intense aggression and hatred (Winnicott, 1947) which dwell even in the hearts of «good enough» mothers, it is nevertheless true that the other kind of mother destabilises an axiom on which we have constructed our certainty and our basic faith in ourselves and others as human beings, an axiom about

what makes a good mother, our own mother, and the kind of parent we should be ourselves. And so we defensively risk distancing ourselves from the problem, and in trying to differentiate ourselves as far as possible from that «bad mother», risk abandoning the correct empathic stance which allows us to identify with her. And this happens all the more easily because at the root of our therapeutic vocation is the desire to protect, help, and defend that child who has been her victim and who, to some degree, we have also been.

It was an exceptional coincidence at the start of my professional career that prompted me to address this problem: two mothers who had killed their children were admitted at the same time to the observation ward in the psychiatric hospital where I was working, until the decision was made to transfer them to an institution for the criminally insane.

They were very different in personality and in their previous history. The first, a young schizophrenic, fatuous and infantile, before strangling her little 19-month old son with her bare hands had repeatedly manifested the delusional conviction that her child was not «normal» and that her neighbours «would criticize her» for this. When she arrived on the ward, she alternated her habitual silliness with explosions of anxiety and moments of euphoria and joyfulness entirely inappropriate to the situation, which confirmed the evident pathology.

By contrast, the other was one of those mothers considered «entirely normal» before the murderous episode: everyone said she was tenderly affectionate to her child, enveloping him in care and attention, perhaps to an excessive degree, and not tolerating any separation from him. She had managed to avoid sending him to both nursery and play-school, but on the day when he was due to start his compulsory schooling and separation had become inevitable, she had first of all suffocated him with attentiveness and then literally suffocated him with a cushion before trying to kill herself. Admitted by the emergency services to the psychiatric hospital, she spent most of the day motionless in bed, morose, tranquil, taciturn, apparently indifferent to everything.

It was very interesting to observe the different ways in which the staff, and also the other inmates, behaved towards the two women: while the first was regarded as a patient like any other, treated with humane sympathy as if her infanticide had been forgotten, the second was surrounded by a hostile atmosphere like a profound and insuperable rejection and treated as if there were no point trying to influence our psychological explanations.

She evidently did not seem «crazy» enough for her homicidal act to be forgiven and, above all, there was too much in her previous behaviour for the other mothers not to recognize themselves in her, at least to some degree. But this very recognition of proximity and similarity triggered a reaction of distancing and rejection, the need to distinguish themselves from her: «No, you aren't like us! You're different!» As Sophie

Marinopoulos reminds us, we often project the worst aspects of ourselves onto the image of the bad mother (Marinopoulos, 2005).[1]

In fact, I was struck by similarities in the previous conduct of both mothers, by details which often appear in the histories of other mothers who nevertheless do not end up committing murder: the phobia that the child is not normal, the fear of being an inadequate mother and of being criticized for this, difficulty separating from him and accepting that the child has less need of her and is attaining an independent existence. Mahler (1968) observed that many mothers have major problems in the phase of separation-individuation and that their behaviour sometimes changes completely: being unable to bear the loss of their hitherto parasitic (at least emotionally) appendages, they rid themselves of him completely. But how does this short circuit lead to getting rid of him so dramatically and concretely that they kill him?

So I felt stimulated to study the problem in more depth, offering psychotherapy and, whenever possible, analysis to women who were having serious difficulties in being mothers and in managing their relationship with their child, even though this was not always the reason why they wanted therapy (it applied in only five cases). In this way, a window of observation opened onto the deep dynamics, as is hardly ever possible with infanticidal mothers who, even when there is no rigid denial present, seemed so tightly gripped by guilt and the impossibility of reparation that they made me see the attempt to make them return to «the scene of the crime» as a cruel and intolerable attack on their fragile integration.

On the other hand, I also knew how my interest in maternal destructiveness had a distant root in my personal history, as is generally the case in all our specific interests. As a result, I have been involved in this work all my life.

In this article I propose to try and outline not so much the differences between the most serious cases of actual killing of a child and those we observe more often, since such differences seem to more quantitative than qualitative, but rather their common threads in the hope that this may help to sensitise us and make us alert to certain specific signs.

We are all now deeply convinced that the acceptance and full acknowledgement of the inevitable feelings of hatred and impatience, alongside feelings of love, can be helpful to many mothers who are tormented simply for feeling them, by the idea of their inadequacy or abnormality, or who are suffering in a distressing way from that kind of mental parasite which sometimes appears in their minds as a phobic fear or impulse: *I might hurt him! I might kill him!* But this cannot be enough: on the contrary, it can become a way of shutting them up despite our good conscious intentions, hastily reassuring them and us about the «normality» of these emotions, whereas their real

[1] For more details about these two cases, see the book *La mamma cattiva. Fenomenologia, antropologia e clinica del figlicidio* by Carloni and Nobili (2004) in the second extended edition with clinical cases which, for obvious reasons of discretion, it was only possible to include after more than twenty years had elapsed.

need is for us to be capable of genuinely listening to what may come very slowly and laboriously from their mouths about their present and past history.

Indeed, it is unfortunately the case that where a woman has suffered early deprivations and shortcomings in care, the birth of a child inevitably represents the possibility of reconstituting the symbiotic union, of «at last having someone who'll love me,» as they put it. Hence, the child is in a certain sense a recreation of her own mother, and from him or her she will seek the attention, affection, and consideration that were missing from her childhood, while re-experiencing, however, the same furious rage and indignation at every withdrawal of love and interest. But above all, because of this very close, visceral rapport and because he is really a part of herself that has come from inside her, the child particularly lends himself to becoming the receptacle of parts of her Self or of introjected bad objects. And this is exactly what we see in a dramatic manner in women who have been the victims of trauma and abuse in childhood. So we must go back to what has been said about the theory of trauma for a better understanding of the mechanisms by which the psyche of a mother who has been a traumatized child is (de)-structured.

SOUL MURDER

In *Inhibitions, Symptoms and Anxiety* (1926) Freud claimed that any experience which makes us feel we are completely in someone else's power can be called traumatic because of the Ego's incapacity in that moment to face the violent emotions, anxiety, and feeling of powerlessness which arise. Hence, trauma is an experience of total impotence, of absolute loss of control in the face of overwhelming internal or external forces. This is how *the child lives the possibility of his physical or psychic death*, feeling a total annihilation of the Self, a «dying without end» (Ferenczi, 1932, 130),[2] an annulment of the sense of his own existence because of the abrupt break in the normal flow of life, of the familiarity and dependability of the world (Correale, 2012). This sensation is all the more intense and devastating when the cause of it all is a parent, and especially the mother.[3] To this old but always present experience of death we can attribute not only the fear which Winnicott speaks about, of a breakdown in the present or the near future when in fact the breakdown has already happened (Winnicott, 1971), and «the shadow of the tsunami» (Bromberg, 2011), but also that constantly, painfully being on red alert to avoid the emergence of even the smallest trace of those overwhelming emotions, as well as the suicidal or murderous fantasies we find so often in

[2] Something to do with death is in play in the dynamic and time of trauma which, according to Ferenczi, is a process of dissolution in the direction of a total dissolution: that is, of death (Ferenczi, 1932).

[3] According to Ferenczi, it is the consequences of early, massive and unexpected traumas originating from destructive actions by the environment and, especially, by those persons who are significant for the traumatized subject, for which there has been recourse to the notion of «death impulse», as if they had a constitutional origin.

these patients. This is why we rightly speak of soul murder, even when the killing is not actually carried out in reality!

In this state, under the pressure of needing on the one hand to find comfort and on the other to flee, the child makes a compromise, accepting and even seeking out the physical closeness of that person who simultaneously constitutes the threat and the hope of its ceasing, but creating a mental distance (disorganized attachment in attachment theory). In this way the child is able to avoid the unacceptable recognition of the aggression and hatred present in the parent's mind, a devasting recognition because it undermines all sense of security.[4]

However, by doing this, the child further damages its ability to understand the emotions of others, an ability already compromised by the parent's lack of empathy (Fonagy and Target's reflective function, 2001).

It is not by chance that we observe how even small children who have been abused respond negatively or even aggressively to their peers' crying and signs of suffering, whereas children of the same age normally respond with interest and preoccupation (Main and George, 1985). Besides displaying lack of empathy, perhaps the former group find their peers' grief intolerable because they risk remembering their own and the way their parents have reacted to their tears.

On the other hand, maintaining contact with their own real emotions and sensations is made still more difficult by the parent's behaviour after the abuse, because the parent mostly acts as if nothing had happened, cannot bear the child's attempt to talk about it, and dismisses her perception of it, giving alternative explanations. If the adult does not help the child to contain and comprehend that tempest of conflicting emotions, the child is prevented not only from putting what has happened into words, but also of making a mental representation of it.

At this point, there is nothing for it but to activate the few primitive defences the child has at disposal: splitting and the fragmentation of experience and its connected emotions, which are banished from the mind and excluded from the subsequent processes of symbolization, from memory, and from recollection, in a sort of autotomy of a part of the Self for the purpose of survival. Emptiness, the space left free after this expulsion, is filled by identification with the aggressor, with his will, his state of mind. The term identification with the aggressor, however immediately explicative, is not completely satisfactory because it makes us think of a much more mature and structured phenomenon, whereas what is created in the dramatic heat of the experience is a more primitive phenomenon, an automatic incorporation of something that is «swallowed without chewing», giving life within the Self to "foreign implants", as they have

[4] For the child, as Fairbairn emphasizes, it is very much better to feel that he is bad and guilty, but in a world «ruled by God» because «in a world ruled by the Devil… he can have no sense of security and no hope of redemption» (1952, 66-7).

been called, additional identities, sequestered and encysted alienating identifications made not with the object, but with aspects of the relationship with the object.

The child uses these mobilised defences to control his fear and impotence in the face of the traumatic situation, but awakens something dark, foreign, and menacing inside him, whose presence he sometimes perceives at a certain level as a destructive and disorganizing force, ready to explode uncontrollably… like the adult from the past.

This is what happens in later life when a relationship acquires features which recall the primitive relationships, even when the similarities are partial: the split-off emotional experiences are activated and erupt at that moment with a devastating impact on the rest of the mind and on the more mature rational capacities. In everyday language we speaking of «losing one's head», a definition that is spot-on!

These additions to the psyche have also been very appropriately described as *maddening* objects (Badaracco, 1986), since the behaviour which erupts is indeed mad, entirely lacking in control, and wholly disproportionate to the stimulus since it brings with it *all the primitive object's uncontrolled emotional fury aggravated by the child's reaction at the time and by her primordial need to free herself completely from that painful experience*. Only such a primitive conglomeration *enables us to understand the often disproportionate and superfluous brutality and violence* with which the most dramatic acts explode, the ones which end up in the killing of one's child: all those blows and stabs, reported in such detail in the news reports of these cases, would make no sense if the aim was only to kill!

For their part, Fonagy and Target have proposed an explicatory model of the role which physical and emotional abuse can play in leading to violent behaviours, maintaining that there may a fragile capacity for mentalisation which is protected by aggression towards anything that may present a threat to this compromised capacity. At the same time, a defect in empathy reduces the inhibition of the aggression (Fonagy, Target, 2001).

As Correale reminds us, we must also bear in mind that even if it is accompanied by an obscuring/deletion of the traumatic scene, the trauma leaves sensory fragments behind, splinters of emotion and perception detached, for the most part, from the context of the experience, which remain as if suspended in a chaotic and persecutory excess without being entirely localised in an inside or an outside (Correale, 2015). We may conclude that this phenomenon explains the reactivation of the trauma even when only one element – indeed a fragment – of a present experience recalls the past, as if at that moment the subject is finally able to position himself in the outside and react to it with an emotional fury which throws the rest of the mind into disarray and is wholly disproportionate to the stimulus.

The best-known example is that of our borderline patients and the stormy reactions which characterize their relationships, reactions which are unleashed at a mere unfortunate joke, a moment of forgetfulness, a discourtesy or a criticism that is felt to be

unjust. But it is in the relationship with a child above all that the past returns in the present, *reawakened especially in the crying or yelling of the little person which recalls a far-off grief of a child alone* in the presence of the insensitivity and lack of understanding and comfort from the adults of the past (De Zulueta, 1995).

In those moments, all a mother knows is that she has a yelling baby in her arms who won't stop crying and she cannot find any way to calm it. She feels anxious, desperate, powerless, and once again she is alone with no one to reassure and help her. She must stop this old suffering which yells inside and outside her… those yells must be silenced somehow… She shakes the baby violently, yells at it to stop… When the storm abates and calm returns, she realises that in her fury she could have killed her child. Unfortunately, this is sometimes what happens.

The strength of the compulsion to expel and silence the traumatized and distressed infant inside oneself when faced with the crying of another child, can also be identified in the gravest forms of paedophilia, those which conclude with the killing of the little victim, as is made evident by the chilling confession of the paedophile and multiple murderer Luigi Chiatti, who spent many years in an orphanage before being adopted. Indeed, he confessed, without any emotional engagement, that the moment at which the murderous impulse exploded was when the raped child, receiving his clumsy attempts to look after it and his close attentions, grew frightened and started to cry, because that terrified crying which replaced earlier trust, stirred up unbearable echoes «of the crying and yelling in the orphanage» and he absolutely had to «make it stop» (Nobili, 1998).

Violent action can therefore become the easiest and most immediate way to discharge that tension and distress but, besides this, it can also be a way of maintaining unity when faced with the internal persecutory chaos, of avoiding the fragmentation connected to that sensory-emotional, almost hallucinatory cloud of dust which presses from inside. They seem to confirm the cases in which, while managing to avoid concrete action, there is nevertheless the beginning of a psychotic disintegration like the example I have been given by an English colleague Amanda Jones.[5]

> Joan's mother was an alcoholic with a highly disturbed personality. She had left home straight after the birth of this second daughter, taking the other, not much older one with her and leaving the new baby alone with her father and a nanny, who fortunately was very affectionate and caring. Unfortunately, the mother returned for her daughter when she was three, thus exposing her to a new traumatic separation and taking her to live with her and her new boyfriend. From then on, both girls were bullied and badly treated according to her alcoholic moods.

[5] Given the delicacy of the subject and the particular problems of discretion it entails, I have found it impossible to publish first hand material from recent cases and preferred to use this case, clearly not identifiable to us, for illustrative purposes. I accessed it via filmed viewings of sessions between the therapist and the mother with her daughter who was a few months old.

It was only when she was 15 that she found the courage to take the advice of a school counsellor in whom she had confided and to tell her mother that her stepfather had abused her. The mother reacted very badly: in a outburst of murderous rage she hurled her daughter against the wall and ransacked her bedroom and all her things. A few days later the girl was admitted to a psychiatric hospital after a «suspected» taking of barbiturates and because she was convinced that her mother «was everywhere and trying to kill her». She stayed there for nine months while her mother and the boyfriend fled to another city to try and avoid prosecution.

Joan seemed to recover well and in fact said that the hospital was a paradise for her because she no longer had to be constantly afraid of what her mother or stepfather might do to her. She married a man who loved her but did not want to have children, being aware of how problematic her relationship with her own mother had been. Nevertheless, despite using contraceptives, she became pregnant with twins, wanted to abort them but was dissuaded by her husband who had always felt guilty because he himself was the only survivor of a twin birth.

After experience the last stages of her pregnancy as an imminent threat on her own life, with panic attacks and symptoms of claustrophobia, she had to give birth prematurely by caesarean because one of the two girls she was carrying was not gaining weight properly. When they put her first daughter in her arms she seemed to accept her, but when she saw the second, smaller one – dehydrated, emaciated and underweight – she reacted as if she was looking into a terrifying mirror where she saw the vulnerable and desperate Self she wanted to get rid of. She looked away and immediately said she «didn't like her at all…»

This first impression grew steadily stronger, becoming enormous. Joan felt with her whole being that that baby «wanted to kill her» and she often vomited in terror when she was in contact with the perception of the child's yelling, furious face: «I think she absolutely hates me, the way she stares at me. I don't know… she seems possessed… When she looks at me I'm scared as if she wanted me dead or something like that… That look frightens me!» «Sometimes she looks at me the way my mother did… with her eyes… I… when my mother hit me or something like that… the most terrible part of her were her eyes».[6]

The effect of these states of mind on the new-born infant was obvious (the filmed scenes in fact allowed the viewer to catch the tiniest expressions and the smallest movement in the interactions between the baby and her mother, in a vivid and striking representation of the functioning of projective identification *in statu nascenti*, so to speak). The baby rejected her mother, turned away from her and reacted with her whole body, arching her back stiffly as if desperate, terrified and inconsolable, incon-

[6] Selma Fraiberg (1975) would say that, for both mother and baby, the phantom of the murderous, never fully redeemed mother had been installed in the nursery.

solable above all by the mother who meanwhile looked at her child as if she too were terrified and desperate, in the grip of a desire to run away.

Fortunately, Joan had quickly been taken on by psychoanalytically informed therapists at the Perinatal Mental Health Service in London[7] and this enabled a containment of these primitive anxieties which she began laboriously to describe in ever more detail: «I don't know… it's very strange… Things have turned into a kind of river in my mind… They buzz in my mind like dust, as if there were tons of sugar flying around… Yes, a lot of things are going through my mind that I thought I'd forgotten and it's all coming back, as if everything was coming down on top of me».

It seems to me that this case is a paradigmatic example of what happens when the alienating and pathogenic primitive identifications erupt and the fragments of past emotions, sensations and perceptions are scattered through the mind like dust (the «sugar») or projected outwards. The smaller baby, the more suitable receptacle for the partial resemblances, at one moment became herself, the second daughter, traumatized and suffering, at another the potentially murderous mother. In both situations the impulse only that of keeping at a distance, fleeing the danger, and the fantasies oscillated between the desire to escape from her daughter and the desire to get rid of her by killing her. In the case, the more destructive act had not occurred, even though the patient had many times threatened during the months of treatment to kill herself or her daughters. Nevertheless, we observe the disintegration, the breakdown of a personality which had been held together by great effort before childbirth. For Sophie, becoming a mother meant the massive return of what had been put far from her mind: the death-anxieties, established in her since her birth and abandonment, of the early relationship with her own mother.

CLINICAL REFLECTIONS

The existence of nuclei of traumatic memories which have not been mentalised and for this reason are not present in memory, are not represented but re-presented, has also been confirmed by the neurosciences which have demonstrated how they accumulate in implicit – pre-verbal and pre-symbolic – memory, given the immaturity of the neurological structures necessary for the functioning of explicit memory (Mundo, 2009). The time of the trauma is thus an inexhaustible and infinite time because the encysted trauma, with its always immanent presence, does not belong to any present, even destroying the present inside what is represented (Cabré, 2002).

[7] The North-East London parent-child perinatal mental health service (NHS Foundation Trust), besides ensuring psychiatric care, also provides psychodynamic therapies (Anna Freud Centre), with observations of the parent-child relationship in the consulting room. Such an organization offers an unrivalled opportunity to work at an early stage with mothers at risk of extremely primitive mental states and thus provides the possibility of real prevention.

These concepts allows us to better understand, on the one hand, the frequency of apparently mute anamneses, and on the other the presence of those phenomena which seem to signal the trembling of the encysted nuclei, the threat of their mobilisation: the generic fears of being able to harm one's child; the phobia of cutting or penetrating objects; the sensations of «foreignness» of which distant echoes are received («I don't understand what's happening to me… I find myself behaving snappily, angrily, which reminds me of my mother… And I had always tried to be different from her!... I'm not myself in those moments»). Or the even more significant aura of anxiety, the *anxiety attacks* without precise contents, often explicit but not understood or given a different diagnosis in cases with a fatal outcome, *when the Ego has a confused feeling that it is about to be overwhelmed by the eruption of the impulse.*

Therefore, it is important to bear in mind the potential connection between the noisy extreme episodes and those expressed in the silence of everyday life, because while it is true that few mothers end up committing murder, there are many who suffer from their fear that it might happen: «There are moments when I don't know what I might be capable of doing!»

The work we have to do in these cases will be long and demanding, and it will be necessary for the specific relational scenarios suffered by these women in their earliest experiences of deficient empathy and containment to be patiently recomposed one piece at a time, acknowledging the resultant defensive and aggressive distortions in their present relationships and, obviously, in the countertransference. Our task will be to work over a long period of time towards a careful and gradual restoration of the expelled and projected elements, finding and reconnecting the partial and scattered fragments that we recognize in the scenarios that are step by step being described.

During the treatment, we will notice that part of our countertransference experience will be one of anxiety, alarm and imminent threat, and that demands special precautions from us when we intervene, like bomb-disposal experts disabling a mine and carefully gauging their slightest movements so as not to set off an explosion. It is as if this caution were determined not only by natural attention to the patient's sensitivity but by an obscure feeling that at any moment a careless movement might activate something dangerously destructive.

As the therapy proceeds, it will become ever clearer that this is exactly what the infant must have been feeling long ago when faced with the threatening unpredictability of her parent's reactions, and that our experience in the here and now matches the presence of that alienating traumatic identification which may be activated at any moment.

Moreover, we are constantly torn between our compassion for the mother and our pain at the desperate vulnerability and absolute helplessness of her child which urges us to make more direct interventions, to «rescue» the baby, a temptation it is sometimes hard to resist when we are swamped by the feeling of powerlessness to save our personal love-objects which is re-activated in the therapeutic situation.

In these patients, past deficiencies and frustrations generally produce a ravenous and insatiable hunger for an object, with a tendency to establish relationships in which the disappointed hopes and expectations of childhood are re-activated in the illusion that there will be a sort of magical reparation combined with an intolerance for any falling short, however slight. This avidity is so intense that no partner can hope to satisfy it, so that their relationships are often destined to fail or, more often than not, the other is put continually on trial with reproaches and accusations which repeat a newborn's cry for attention and love (David, 1999). Until the day when the birth of a child restores the hope of allaying this limitless orality…

At the same time it is often the case that the relationship with the frustrating parent turns out to be indissoluble, not only from the vindictive pleasure of exercising power and control over the old persecutor, but in the still lively illusion that she will succeed in transforming that mother into the so much desired good mother, or at least in obtaining some compensation which will make her image benign. Being gradually able to loosen those bonds of destructiveness-protection, love-hate, life and death is therefore one of the most important tasks of therapy.

However, it is fundamental to allow the possibility of dwelling for a long time, and without feeling guilty, in the position of blaming and accusing the parent whom the child had nevertheless tried to save. We must not presume that we and the patient can make too rapid progress towards even understanding his difficulties, his history, what he may have suffered in childhood. The understanding and forgiveness to which we strive in the name of filial piety may in fact function once again as an occlusion over the wounds: they prevent the complete extraction of the purulent material and stop the wound closing.

Clara Mucci (2014) seems instead to see forgiveness as the final goal of a successful working-through of the trauma; however, she gives the impression of using the term in quite a personal, almost socio-philosophical way and that, from the clinical viewpoint, she means it more simply as the overcoming of rage, resentment and the desire for revenge which have poisoned life for so long.

We are too easily led into thinking that the achievement of a mature and adult functioning coincides with the attainment of the depressive position, with which our minds should be capable of integrating the good and bad aspects of ourselves and our objects, bringing together love and hate. But when one has been the victim of really destructive behaviours, there may be no return of equilibrium – which is, in any case, a depressive equilibrium – and even though the patient has achieved a restructuring of the destructive internalised dyadic relationship, once she is freed from the sadomasochistic pleasure of control over the persecutor and the infantile need to be loved, she will have to learn to adopt in reality that proper physical and emotional distance which she needs to protect her.

And why would this distance not also apply to the parents? All the more to the parents, who stand at the origin of those reactive character distortions that we have partly

corrected, but unfortunately never completely. The scars remain and the parents, who have not changed with us in the meantime, are always particularly capable of reopening them!

But it is not possible to achieve absolute and total forgiveness of the old persecutor, that «giving to excess» evoked by the word's etymology («forgive» is a Germanic translation of the Latin perdonare, which is itself based on the intensifying Greek prefix ὑπηρ, *hyper-*) or according to the Christian tradition, nor is it right to suggest it. Perhaps it really does not belong on this earth and we must resign ourselves to our limitations, and those of our history.

ABSTRACTS AND KEY WORDS

Traumatic scars and maternal function. FILICIDE. Destructive maternal actions, which in extreme cases may result in filicide, reveal the importance of traumatic experiences in early infancy and particularly of primitive death anxiety and of alienated pathological identifications (maddening objects). It is especially in relation with a child that the past lives again in the present, even more specifically if it is recalled by «the crying of the child». Interesting points of contact emerge between cases in which the violent acts seem to become irrepressible, so as to maintain unity in order to face the re-presentification of an internal persecutory (almost delusional) chaos, and cases in which the acting is controlled with difficulty while assisting at the beginning of a psychotic disintegration.
KEY WORDS: Filicide, early childhood traumas, death experiences, maddening objects, sensory and emotional fragments residual to trauma, threat of psychotic disintegration.

CICATRICES TRAUMATIQUES ET FONCTION MATERNELLE. **LE FILICIDE.** En déterminant l'explosion de comportements maternels destructeurs, jusq'aux cas limites de filicides, on note l'importance des cicatrices de traumatismes précoces de l'enfance, en particulier des angoisses de mort primitives et des identifications aliénantes pathogènes (objets « maddaning »). En fait, c'est surtout dans les relations avec un fils que le passé revient chez le présent, encore plus précisément s'il est évoqué par le «cri d'un enfant». Également émergent des points suggestifs de contact entre les cas où l'acte semble devenir irrésistible pour garder l'unité par rapport à la re-présentation d'un chaos interne persécuteur (presque hallucinatoire), et les cas où l'acte violent est dûrement contôlé tout en assistant à un début de désintégration psychotique.
MOTS-CLÉS: Filicide, traumatismes précoces de la petite enfance, vécus de mort, objets «maddaning», fragments sensoriels et émotifs residuels au traumatisme, menace de désintégration psychotique.

CICATRICES TRAUMATICAS Y FUNCIÓN MATERNA. FILICIDIO. A determinar la explosión de conductas maternas destructivas, llegando a casos de filicidio se revela la importancia de las cicatrices de traumas infantiles precoces y en particular de angustias de muerte primitivas y de identificaciones alienantes patógenas (objetos maddening). Es sobre todo en la relación con un hijo, efectivamente, que el pasado retorna en el presente, más específicamente si evocado por el «llanto del niño». Emergen además puntos de contacto sugestivos entre casos en que la actuación parece llegar a ser incoercible en mantener la unidad frente a la re-presentación de un caos interior persecutorio (casi alucinatorio) y casos en los que la acción violenta es fatigosamente contralada mientras se asiste a un comienzo de desintegración psicótica.
PALABRAS CLAVE: Filicidio, traumas infantiles precoces, experiencia de muerte, objetos maddening, fragmentos sensoriales y emotivos residuales al trauma, amenaza de desintegración psicótica.

TRAUMATISCHE NARBEN UND MUTTERFUNKTION. DIE KINDSTÖTUNG. Bei der näheren Bestimmung des Ausbrechens von zerstörerischem mütterlichen Verhalten bis hin zum Extremfall der Kindstötung zeigt sich die Bedeutung der Narben frühkindlicher Traumata und im Besonderen der Urangst vor dem Tod sowie der entfremdenden pathologischen Identifizierungen («maddening objects»). Gerade im Umgang mit einem Kind kehrt die Vergangenheit in die Gegenwart zurück, umso spezifischer, wenn sie durch das «Weinen des Kindes» evoziert wird. Zudem zeigen sich eindrückliche Berührungspunkte zwischen Fällen, in denen das Handeln unkontrollierbar zu werden scheint, um angesichts der Re-Präsentation eines (beinahe halluzinatorisch) heimsuchenden inneren Chaos die Einheit zu wahren, und Fällen, in denen die gewalttätige Handlung während einer Begleitung der beginnenden psychotischen Desintegration mühevoll kontrolliert wird.
SCHLÜSSELWÖRTER: Drohende psychotische Desintegration, frühkindliche Traumata, Todeserfahrungen, Kindstötung, maddening objects, vom Trauma verbleibende sensorische und emotionale Fragmente.

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