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**Early Childhood Loss as a Predisposing Factor in
Female Perpetrated Homicides**

by
Susan Marie Crimmins

A dissertation submitted to the Graduate Faculty in Criminal Justice in partial fulfillment
of the requirements for the degree of Doctor of Philosophy,
The City University of New York

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This manuscript has been read and accepted for the Graduate Faculty in Criminal Justice in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Part I Purpose of the Study and Method

Chapter 1 Purpose of the Study

Lethal violence in the 1990's is of key concern to society in general, as well as to policy makers and researchers including those in the field of criminal justice. While the overall homicide rate in the United States has shown a slight decline in the last decade, Uniform Crime Reports indicate that between 1985 and 1989 arrests of females for homicide increased 13% (U.S. Department of Justice, 1990). Accordingly, within New York State between 1988 and 1991 new court commitments for women, who were convicted of murder and manslaughter, increased by 30% (New York, Department of Correctional Services, 1992).

As with any phenomenon that becomes a focus of attention, studies of women who have killed have concentrated upon identifying demographic information (Goetting, 1988; Daly and Wilson, 1988). This is an important foundation as we now know that a majority of women who kill are from ethnic minorities, have not completed high school, and are from the lower socioeconomic strata (Browne, 1987; Mann, 1990). Characteristically, when a woman kills, the event is categorized as an act of passion or self defense (Sparrow, 1970; Browne, 1987) and less often as an act of insanity (Resnick, 1969). Also, it is known that when women kill, approximately two thirds kill family members with the most common event being the killing of a spouse or partner (Jones, 1980; Daly and Wilson, 1988).

Although our knowledge about the women who have killed has increased, our understanding of why they killed remains limited. Explanations for why women kill

partners has largely fallen under the auspices of the "battered women's syndrome," where fighting back has become the more prevalent response to being provoked or abused by men. (Walker, 1989; Browne, 1987; Mann, 1990). In addition to this subgroup of women who kill partners, there are also women who kill children (Silverman and Kennedy, 1988; Goetting, 1988b), women who kill other females (Goetting, 1988a) and women who kill strangers/acquaintances (Mann, 1990). Minimal, if any, research has been conducted with these groups of female homicide offenders to shed light upon their reasons for killing or to identify life history experiences which may have predisposed them to consider homicide as a realistic option.

Unfortunately, existing research and current literature has provided only glimpses of the motivations for women killing. For example, within "self defense homicides" little is still known about why a battered woman, sometimes after many arguments and years of abuse, finally exhibits lethal violence. Is the homicide an unintended outcome or is there something distinctive about why the homicide occurred when it did? Have all women who killed their partners been previously battered or are there other "reasons" why women kill partners? When women kill children is it indicative of a psychiatric condition or are there other substantive "reasons?"

These types of questions are complex and require careful examination of peoples' motivations and behaviors. One way to explore motivations, is to ask the women themselves. In this research, finding out more about women who killed was guided by attempting to understand women's early social experiences, particularly those that involved various losses and their resulting effects upon personality development and interpersonal relationships. Exploring the existence and access of social supports that enhanced or hindered the impact of these losses also was integral in this research. These same early

losses then were re-examined to see if the threat of their re-appearance related to the context of the homicide event.

This study used an existing data set obtained from a National Institute of Drug Abuse (NIDA) funded study conducted by National Development and Research Institutes, Inc. (NDRI), which examined the relationship between drugs and homicide among women who have been incarcerated in the state of New York for murder or manslaughter. A secondary analysis of these data, including the women's detailed, narrative description of the homicide event, was conducted. This research adds to the growing body of literature concerning female perpetrated homicides by identifying predisposing factors in women who killed, as well as factors distinguishing the various kinds of homicide they committed. Such information enables professionals in mental health, public health and criminal justice fields to view female perpetrated homicides in a less monolithic fashion, which may ultimately enhance early prevention and intervention efforts as well as sentencing dispositions.

In social science research, an attempt has been made to explain criminal behavior in women (Adler, 1975; Baskin & Sommers, 1993; Carlen, 1988; Chesney-Lind, 1986; Heidensohn, 1985). No explanation, however, offers an understanding of the women's experiences, perspectives or reasons that would explain the act of homicide. We do not know from the literature whether women kill because they are whimsical, enraged, impassioned or desperate. Existing literature in criminology and sociology has its limitations in explaining female perpetrated homicide, as it stops short of linking the person with her experiences in life and the effects of those experiences upon personality development and resultant behavior. For instance, Meda Chesney-Lind's research (1987) suggested that experiences of both physical and sexual abuse were significant contributors to female delinquency. She examined girls' reactive tendencies to escape the pressures and

tensions of an unhealthy home environment, but did not go on to explain how these experiences may influence a girl to adopt violent behavior of her own, and thus stopped short of examining this possible link among violent women.

Notable exceptions are those, who in their violence research, have focused upon situational exchanges as they pertain to one's role and investment in "saving face" within a particular public domain such as in a marriage, at a bar, or on the street (Luckenbill, 1977; Sommers & Baskin, 1993; Wolfgang, 1957; Hepburn, 1973; Steadman, 1982). We also see Levi (1980) examining homicide as a method of conflict resolution, as he relies heavily upon earlier works (Luckenbill, 1977; Simmel, 1955) to support his position that intimates are emotionally trapped into committing the act. The rigidity and inflexibility in the offender's perceptions of the relationship are the unique components in the homicidal act (Levi, 1980).

How we understand peoples' ability to relate or connect with others both in families and in society, as explained by Hirschi's social bond theory (1969), is influenced by how others connected with them during early life (Bowlby, 1973; Mahler, 1979). Borrowing from literature in social psychology and psychology (Bowlby, 1973; Mahler, 1979; Terr, 1990; Herman, 1992) we know that early social communications and experiences, particularly traumatic ones, have an effect upon personality development. Retzinger views separation as a social-emotional alienation whereby "conflict results from lost or threatened emotional bonds" (1991a, p. 38). Retzinger (1991a, 1991b) however, also agrees with theorists Kohut (1971), Lewis (1971), and Katz (1988) that anger emerges from feelings of shame and humiliation, which emanate from an early period in personality development. Consistent with a developmental perspective in looking at homicide, Humphrey and Palmer (1980) in a study of 272 male homicide offenders found that childhood losses were linked

with victim offender relationships. The greater the losses, the more likely these men were to kill an intimate.

Another theoretical position closely related to this research is expressed in the "spousal-homicide syndrome" proposed by Showalter, Bonnie & Roddy (1980). In a study of 17 cases they revealed that killers had withstood extensive parental rejection and psychological abuse as children, and subsequently entered relationships with extreme dependency needs. Repeated frustrations or conflicts were interpreted as rejections by the offender, who, in a state of severe ego regression, committed the homicide as a primitive attempt to possess the object.

Most recently Ogle, Maier-Katkin & Bernard (1995) proposed a theory of homicidal behavior among women that emphasizes the effects of cultural, structural and societal strains upon women. This strain, coupled with women's tendency to internalize negative affect (i.e., their feelings of aggression), results in an "over controlled personality" that erupts periodically into lethal violence. While this is an appealing proposition because it attempts to address reasons for killing, it does not seem to be applicable to many of the women in this study who exhibited few controls for their aggression while growing up. Instead, the violence that these women grew up with seemed to serve as a model for their demonstrating their own violence.

Keeping a developmental view in mind, this study explores early childhood losses and their resultant effect upon personality development. The fact that these women reported having few or no social supports in their lives to mediate the impact of their losses is the foundation for understanding how trauma was imprinted upon their lives. The effects of their losses are examined not only for the immediate results in childhood, but also are examined in the long term context of developing self esteem and interpersonal

relationships. In Chapter 2 I describe the original data set and explain the method used in this study. Operational definitions for all the categories are presented, and I give examples of the qualitative coding that developed from the analysis of these data.

Part II sets the stage for understanding the development of self during times of trauma. The theoretical bases for proposing that fear of loss is a core catalyst in female perpetrated homicides are presented in this section. These theories include: theories of attachment, object relations and self psychology. These theoretical perspectives are integrated and woven throughout the chapters in this section, each of which deals with a particular type of loss that characterized the lives of the women. Chapter 3 discusses the deaths and separations within the women's families during childhood that were categorized as loss of object. In Chapter 4 the influence and effects of growing up in families that are alcohol- and drug-abusing are presented. Chapter 5 covers the violence that many of these women were exposed to in their families, as well as the effects the violence had upon their self esteem and capacity to develop future interpersonal relationships.

Part III establishes the foundation for understanding the killing committed by these women from a survival perspective of preserving self. Chapter 6 addresses the prescription for lethal violence. While there is no one factor that triggers killing, there are several high risk indicators and circumstances that are likely to culminate in lethal acts. These indicators also pave the path for hypothesizing that earlier losses are re-activated in behavioral or interactive ways at the time of the homicide that influence the commission of the act. Finally, Chapter 7 concludes with a summary of the key points that were presented in the study, and provides recommendations for early interventions and preventions in the lives of those women who are experiencing similar circumstances.

Chapter 2 Method

The FEMDREIM Study

The data for this study were accessed through an existing NIDA-funded study entitled "Female Drug Relationships in Murder" (FEMDREIM), which was conducted at NDRI. I was Project Director of FEMDREIM and was granted permission to use the data set for this dissertation (see Appendix B). Data consist of semi-structured, conversational interviews with women who have been convicted of murder and manslaughter in New York State, as well as women who were on active parole supervision in New York City for similar crimes. The sample was three part in design. The first component consisted of all females incarcerated in New York State correctional facilities for murder and manslaughter as of March 31, 1992. The second part of the sample included all females convicted of murder and manslaughter who were admitted to prison from April 1, 1992 through May 31, 1993. The final component of the sample consisted of females who were under active parole supervision in New York City for murder and manslaughter as of February 1, 1993.

Four hundred forty three women who met the above mentioned criteria were identified by the Department of Correctional Services (DOCS) for possible inclusion in the FEMDREIM study. A total of 300 women who were convicted for murder/manslaughter were contacted for the FEMDREIM study. The remaining 143 women were unable to be contacted for interviews for the following reasons: they had died or were terminally ill; they had been released to upstate parole, which was not a part of the identified sample due to limited staff resources; they were severely psychiatrically impaired; they had absconded; they had not shown for several scheduled appointments; they were in segregated housing units for disciplinary reasons. Two hundred and seventeen women agreed to be interviewed, while 83 women refused to participate. This yielded a response rate of 72%.

Two cases had incomplete information obtained during the interview and could not be used in final analysis.

Of the 215 women who completed interviews, 129 (60%) admitted that they had committed the homicide. Since these women gave more complete and detailed information concerning the homicide event, their cases were included in the FEMDREIM sample. For this dissertation, 50 of these cases were selected by a random number generator for analysis. Eight of the cases were not used for analysis because: two of the women were intellectually limited to the extent that they were unable to understand the questions being asked of them; three women had little or no recall due to memory impairment (a result of prolonged drug abuse); two women's privacy was compromised in the interview setting (e.g. in a parole office there was no private space and the interview had to be conducted with others passing by and interrupting with questions); one woman exhibited incoherent thought processes. An additional eight cases were selected by a random number generator, to replace the eight that were rejected; these were reviewed and found acceptable for analysis.

In addition to interviews, official record data were available for FEMDREIM analyses. The Department of Correctional Services (DOCS) in New York State provided an Emergency Or Crisis (EOC) report for each listed subject. This report provided demographic data as well as a narrative account of the Instant Offense (IO) or homicide. Official record data, however, were not included in this analysis as these records did not report detailed information pertaining to the homicide, and descriptive material about the subject and the event was nonexistent.

The research was exploratory, using semistructured, conversational interviews. This design allowed greater insight into the feelings and perspectives of those women who

killed than was available in existing research. Similar to the reasoning Browne (1987) used in her research with battered women who kill, it was decided that

A tightly structured format would have been inadequate to obtain the breadth of responses desirable for exploratory research or to establish a detailed picture of the context in which the actions occurred...The semistructured interview schedule allowed for the systematic collection of information, while at the same time giving the women an opportunity to fill in details and background that we otherwise might not have known to ask (p. 193).

Exploratory research "looks for patterns, ideas or hypotheses rather than research that tries to test or confirm hypotheses" (Vogt, 1993, p.87). Fields of study, such as homicide, where there has been relatively little research about women and where few definitive hypotheses exist, benefit from this type of research due to its ability to embrace information in its totality (Patton, 1990). It is most appropriate when attempting to learn about the many different facets of a particular phenomenon, in this case female perpetrated homicides. As Selltiz, Wrightsman & Cook (1976) have reported, exploratory research allows great flexibility in uncovering patterns or insights, due to the richness and depth of responses, which then pave the way for more precise investigation or for developing hypotheses in subsequent research.

Question design on the FEMDREIM schedule was both open- and close-ended. It is important to note that in categorical, open-ended questions, feeling states were elicited whenever possible from respondents. Topical areas such as life history information concerning childhood, family, loss, drug use, illegal activity, witnessing violence, self harm, physical and sexual harm (as both victim and perpetrator), as well as a detailed narrative description of the homicide event were included in the schedule.

Reliability concerns for the exploratory design were addressed during the development of the interview schedule and staff training, according to instructive method guidelines provided by Fowler and Mangione (1990). Language for the interview was

carefully selected, so as to avoid judgmental wording, the possibility of influencing of responses, and to ensure gender sensitivity. The interview schedule questions and language were memorized by interviewers to provide some consistency in the asking of questions. Role playing among staff eliminated the likelihood of asking leading questions. Probes were reviewed and standardized for all open-ended questions, and staff were trained to understand that subjects' responses were to be recorded regardless of whether the response "fit" a particular question being asked. To ensure that staff were doing what was asked of them, audio tapes of interviews were reviewed randomly throughout the course of the interviewing phase of the project.

Interviewers were trained in content areas such as domestic violence, rape, child abuse and post traumatic stress disorder so that issues of interviewer bias would be addressed and minimized during training sessions. Interviewers were also trained regarding various strategies to encourage subjects to disclose personal information. All coding of responses was done separately and did not appear on the interview schedule, so as not to influence either the interviewer or the subject in responding. All staff were trained in the coding of responses. A random selection of interviews were double coded to compare consistency among coders. These cases were then reviewed to identify problem areas where staff might require additional help or training. Key variables (e.g. role, motive, circumstance) were also double coded by senior staff to ensure reliability.

With regard to validity, or maximizing the likelihood of more accurate responses, the interview questions were designed with a retrospective reconstruction in mind. This means that questions were grouped within specific time frames to guide the subject in remembering particular periods of her life. The interview schedule began with introductory, warm up questions which addressed basic demographic information (e.g. date of birth, race/ethnicity, education). The subject was then asked to focus upon childhood and

growing up, followed by questions pertaining to adult life and activities, and then finally asked to focus upon the homicide event itself.

Retrospective studies have been criticized concerning their accuracy, as people often describe past events within the context of their present situations (Widom, 1989b). Because accessing the subjects' current perceptions was the intent in gathering these data, information was considered valid if the subjects were *willing* and *able* to offer their perceptions. To maximize the likelihood of subjects responding *willingly*, interviews were conducted in private areas; subjects were protected by a Federal Certificate of Confidentiality and were informed that their responses would not be shared with any other inmates, corrections officials or parole personnel. They were also reminded that participation was totally voluntary, and that they could refuse any question asked of them without consequence. Interviewers explained to subjects that the research may eventually help other women who were in similar circumstances. A number of internal consistency checks also were included in the design to ensure a better chance of honest responses. In an attempt to *enable* respondents' honesty, categories and response times were selected which were not difficult to recall (e.g. childhood vs. adulthood and a few times vs. often).

Every effort was made to minimize social desirability, another criticism of retrospective studies (Widom, 1989b), by training staff to ask non-judgmental questions and to refrain from reacting, either positively or negatively, to subjects' responses. Because subjects *did* report socially undesirable things to interviewers (e.g. involvement in illegal activities, prior arrest record, and role in the homicide), it seemed that reporting information in order to be viewed favorably was not a key concern in this study. If the need to answer in a socially acceptable manner did appear in response to a particular question (i.e. asking if subjects hit their kids), at worst there was an under reporting of this behavior. Also,

subjects always had the option to refuse any particular question, which they did on occasion, leading us to believe that they gave candid responses whenever possible.

The schedule was piloted with 15 women who completed parole for homicide offenses or whose backgrounds included violence and drug usage. Revisions of the schedule were made during and after piloting with these women. For example, language changes were made so that questions were less stilted and more conversational in nature. Also, staff had omitted perpetration of sexual harm by women as a question to ask because of our own bias, and we added this item after piloting. Whenever subjects permitted, interviews were audio taped to ensure accuracy in recording subjects' responses.

There are certain limitations of these data when it comes to external validity. Because only incarcerated offenders are in the sample, and we know that a predominant number of these offenders represent ethnic minorities and the lower socioeconomic class (Browne, 1987; Mann, 1990), we cannot generalize findings to all women who commit homicide. There may be a distinctively different set of factors which characterize women who kill and are not convicted. A second limitation is that the sample selected for this dissertation consists of women who not only killed, but admitted that they did so and were able to discuss it. Therefore, findings may not be generalized to those women who deny their role in a homicide. Also, since only New York State-convicted female offenders are in the sample, it is difficult to generalize to women offenders in other states.

Secondary Analysis

A secondary analysis was conducted of the 50 randomly selected cases for this dissertation. These 50 women were representative of the entire FEMDREIM sample with regard to demographic characteristics. Race/ethnicity of the women is 64% (n=32) black,

20% (n=10) white, 8% (n=4) Hispanic and 8% Other. Education is divided into those who held no degree or diploma, 54% (n=27), versus those who had completed high school/GED or higher, 46% (n=23). Mean age at the time of the homicide is 27.5 years. Marital status at the time of the homicide revealed that only 20% (n=10) of the women were married, while the remaining 80% (n=39) were single, divorced or widowed.

Specifically, these 50 cases were subjected to qualitative analysis in order to examine the assumption that early childhood loss combined with the reawakened threat of loss, is a trigger mechanism in female perpetrated homicides. Data were organized by entering all narrative responses into a file (one for each subject), so that patterns of loss within a case were noted. Situations of loss were categorized by loss of self, loss of object, loss of object love and loss of status (Strean, 1991).

Loss of self referred to actual threats to one's vitality (life) by another human being or condition which presented itself. Many of these women were involved in situations where their lives were in jeopardy in childhood and adulthood. Examples of this throughout the women's stories were depicted by their describing situations of self defense where they thought they would be killed. **Loss of self** also was defined as a subject's identity being jeopardized due to repeated acts of **verbal, physical and/or sexual harm** to the extent that her sense of self was reduced to a "zero state" (Yochelson and Samenow, 1976). In this condition, self perceptions were tainted by repeated exposure to harm over extended periods of time to the extent that subjects believed that harm was inevitable and deserved because they were such bad people. In turn, frequent harm to self precludes the self from developing interpersonal relationships which are nurturing and growth enhancing (Herman, 1992).

Verbal harm was measured only by asking about verbal abuse. Due to the vague definition used in trying to capture this sub category of harm, there are limitations in analyzing this type of harm to self. For example, some subjects responded that they had been yelled at by someone and this counted as verbal harm, while others spoke of repeated belittling and humiliation at the hands of others throughout their life span and this, too, depicted verbal harm. The range of verbal harm reflected by this item is quite broad, which rendered it difficult to make definitive statements about verbal harm with this sample. Indicators of **physical harm** to self were measured by a modified version of the Conflict Tactics Scale (Straus, 1989). **Physical harm** was divided into less serious harm and serious harm. Less serious harm included behaviors of throwing things, slapping or spanking, pushing or shoving, while serious harm was depicted by kicking, punching or biting, beating up, threatening with a weapon and using a weapon. Frequency measures ranging from "never" to "a lot" were used to record how often subjects experienced these types of harm. They were also systematically asked who committed the harm and how old they were as children when it occurred. A majority of the women experienced serious harm on a frequent basis throughout both their childhoods and adulthoods. Another indicator of **loss of self** was **sexual harm**, which was characterized by inappropriate sexual touch and/or forced sexual penetration. The inappropriate touch was defined as fondling or groping, or actions which the subject was forced to watch or perform on the abuser, while forced sexual penetration was defined as rape. The same frequency measures as used with physical harm were applied and interviewers also recorded who committed the sexual harm and ages of subjects. Subjects also talked about the most upsetting experience of harm and its impact upon them.

The **loss of object** category referred to having had a significant relationship, such as with a parent or close relative, which ended or changed due to circumstances of physical separation. Indicators of this type of loss which were reported included death,

incarceration, separation or divorce of parents. Subjects were asked to describe the impact that the circumstance of losing someone close to them had on their lives. Age of subject at the time of this loss and the relationship of the person to the subject was also obtained. The potentially negative impact upon self development when experiencing an object loss, particularly during childhood, is well documented in the psychology literature (Ainsworth, 1979; Bowlby, 1973; Wolfenstein, 1975). Supports within families often were revealed when subjects told with whom they felt the safest or most secure, as well as when they described their childhoods in detail. All too often the person(s) with whom they felt the **safest/most secure** was someone whom they lost in any of the above mentioned ways. Thus, connections or attachments made were repeatedly broken in the lives of these women at early ages.

In particular, mother loss was a prevalent example of object loss which emerged from the data. Women who have lost their mothers to death or who have been separated from them for extended periods of time, without the advantage of supplementary social supports, grow up with an emptiness which they sometimes spend their entire lives trying to fill by being involved with others who couldn't possibly meet their needs (Edelman, 1994). Often their emotional vacuum then fills with anger or rage which builds as a result of holding in feelings of pain for lengthy periods of time (Edelman, 1994; Zulueta, 1993). The women in this study frequently discharged their emotions in a violent manner as a result of not having developed or discovered other outlets for expressing their feelings of loss.

The category called **loss of object love** was seen as the absence of love within a significant relationship while growing up, to the extent that the subject was always seeking the approval or love of others. In a situation where **loss of object love** occurred, the quality of the relationship between the subject and other was altered significantly due to the

other person's extended emotional absence. Prevalent indicators of **loss of object love** were when the subjects' mothers were preoccupied with alcohol, drugs or mental health difficulties to the extent that they were emotionally unavailable to the subject during childhood years. Other examples were evident when a subject came from a large family where there were numerous children (i.e. eight to twelve siblings). Often the subject felt cheated and resentful that siblings had all the attention or perceived themselves to be the designated unfavored child or "blacksheep" of the family. As in other categories, all subjects were asked their age when this event occurred and the impact that the event had on them.

The impact of a parent's alcoholism or drug addiction upon family members has been well documented in the literature (Krystal, 1970; Wood, 1987). Children who grow up with a parent who is addicted to a substance, often are quite insecure and emotionally impoverished as a result of living in an unpredictable environment during formative years (Wood, 1987). Their ability to self soothe during times of distress is impaired, as the child has never had that experience of comfort from the parent figure. As a result, the child often becomes involved with drugs and the drug becomes the soother or numbing agent to quell one's fears. Thus, the relationship that develops is with a substance rather than a person (Krystal, 1970). Many of the women in this study had seriously impaired object relations and suffered from a lack of love during their childhood years. A majority of these women were motherless, due to their mothers using alcohol or drugs on a regular basis, or being involved with partners who were addicted. The mothers were involved with partners to the extent that they had no emotional energy to spare for their children.

Another type of loss which effected subjects was **loss of status**. This was defined as relinquishing some freedom, which is considered developmentally important and tied in with feelings of self esteem or success. Indicators of **loss of status** included a

subject becoming pregnant as a teenager, subject left school, home or place of residence (e.g. ran away, foster care), subject joined a gang. While other types of losses may have caused a subject to experience a loss of status (i.e. changes in the composition of the family, such as older siblings leaving home or a parent's illness, which resulted in the subject taking on parental responsibilities) these were not registered in this study as a loss of status because another type of loss immediately preceded it. Whenever these instances occurred, the prior loss was coded and the secondary loss of status was explained within the narrative text of the prior loss. Age at time of **loss of status** and its impact upon the subject were also recorded.

Trends of loss across cases were registered through the above mentioned categories (i.e., **loss of self**, etc.), and the significance of these losses were captured by recording stories told by subjects. Throughout the analysis the age of subjects was noted because theories of psychological development (Bowlby, 1973; Wolfenstein, 1975) suggest that the earlier a significant loss occurs in the life cycle, the more likely the child will have difficulty in coming to terms with the loss. With age as a core organizing factor in examining the key aspects of a subject's life, a story about the individual began to unfold to the extent that I was able to identify some of the stressors and supports which characterized the subject's life (both in childhood and adulthood) within the context of loss prior to committing the homicide.

Although many of the subjects experienced similar types of losses, the impact of these losses varied among subjects. In determining the impact of a loss, multiple factors were considered. In addition to age, other factors (that are well documented in the literature), served to either aggravate (stressors) or mitigate (supports) the effects of these losses. These factors included: socioeconomic class (Carlen, 1988; Miller, 1986), neighborhood environment (Baskin and Sommers, 1993), social support systems such as

family, clergy, mental health counseling, police (e.g. Terr, 1990; Edelman, 1993; Herman, 1992), prior history of violence (as both victim and perpetrator) (Widom, 1989a and 1989b; Zulueta, 1993), witnessing of violence (Widom, 1989a), alcohol and drug usage by the subject and within the subject's family (Krystal, 1970; Wood, 1987; Black, 1981).

The data pertaining to the homicide event then was recorded in the file. In describing the **homicide event**, women discussed **threats** that they believed **triggered** the event. These threats ranged from psychic to physical manifestations of feeling that they ultimately could not survive. For example, a psychic threat was exhibited by Lisa S. in the following:

I was home in the house alone constantly with the baby, who had colic and I was in a situation that I was not prepared for which I knew nothing about. I never knew nothing about bonding, or for instance to talk about everything, I was so stressed out and depressed and frustrated that I didn't want to hold her. I would just pick her up and put her back into the crib. I just felt that, I felt repulsed, I guess that's just too strong of a word, but in a way I just didn't want anything to do with her. [meaning her daughter] It was depression which I realize now, the depression and mental breakdown I was going through. There was this one young nurse that I felt that I can talk to. She left, she told me that she was going on vacation and that she won't be back for 2 weeks. I just felt like 'oh no' the only person that I can talk to and she's going, I know in 2 weeks I'm not going to be able to cope, I knew it. That's when that weekend when I started hawking and everytime I picked up the baby she started crying and I said, 'she must hate me,' and now I realize from psychology that the baby was just picking up on my own frustration. I didn't know it at that time. I was convinced that this child hated me. It was my mother and me all over again.

I noted that **threats of loss** were either described in the narrative or in subsequent questions, which covered the victim offender relationship, involvement in drugs or alcohol at the time of the homicide, and motive and circumstances of the event. I also reviewed specific questions about **threats of loss** made by the victim as part of the analysis. This involved questions such as "did the victim threaten you prior to the homicide?," and "did the victim hit you prior to the homicide?"

Answers to specific questions, which pointed to linkages between early childhood losses and later threats of loss that may have triggered the homicide, and statements made by subjects that related the early losses to feelings just prior to the homicide (those appearing anywhere in narrative text) were then extracted from the data. These data were classified as part of patterns of loss that supported the above stated proposition being studied. These data and remaining data, which did not support linkages in patterns of loss, then were examined to determine whether other thematic trends emerged that could then be categorized. As a result of analyzing all qualitative data, multiple patterns emerged and additional categories were created to capture the essence of these themes. Themes were sorted into two major groupings: situations which occurred during the subjects' lives, and reactions or methods of coping with these situations that the subjects exhibited. The two thematic groupings were comprised of numerous categories that are listed below.

Coding guides were devised and continuously reworked and reshaped to capture the trends being revealed. In the initial coding sequence only losses as defined above were listed as categories for possible coding. After reading through all the data, however, other recurrent themes emerged in addition to items of loss. An example of how the coding process unfolded is given here for illustrative purposes. Coding for each of the categories discussed herein followed a similar process. **Violence** was listed first as a broad category that appeared throughout data. From examining data it became clear that violence was an integral part of the lives of these women during both childhood and adulthood. Then data were reviewed to determine the particulars about the violence that occurred. Following several reviews of the data that contained the theme of violence, I revised the category to **family violence**. In its final form of being narrowed down to capture the essence of **violence**, it ended up being divided into two separate categories: where the subject had **learned that violence was a normal part of life**; and when **violence was used as a means of self protection**.

In community and more often in the family environment, subjects **learned that violence was a normal part of life** and came to expect that it would always be there as part of interacting with others. During childhood a great many of these women had witnessed physical harm occurring within their families on a regular basis and sexual harm occasionally. It was not uncommon to hear from these women that physical exchanges took place between family members on a daily basis. When it came to using **violence as a means of self protection**, more than half of these women demonstrated that this was a way of life rather than an atypical situation encountered. Often they were exposed to situations of harm and were unable to avoid these types of encounters due to the environments in which they lived. They were accustomed to living with violent encounters where they needed to defend themselves from lethal harm.

Social isolation and/or rejection also was a common situation among these women's experiences as children. They often did not fit in socially with friends or family and felt on the periphery of things to the extent that they often spent a great deal of time alone. Sometimes, they were forbidden by their parents to have friends, or had to remain at home and were not allowed to socialize. Then, as young adults they became involved in relationships where isolation/rejection was prevalent (e.g. battering/abusive relationships). Often subjects talked about their feelings of loneliness while growing up, despite the fact that some may have been surrounded by family members.

Rage was a familiar condition for these women who were subjected to the above mentioned experiences throughout their lives. A reaction of **rage** was determined to be a somewhat pervasive state of being for these women, which typically was mobilized at the slightest injustice perceived. This was clearly distinguished from anger which was a momentary or passing feeling that could be anchored or controlled. These women talked

about their rage as being an integral part of their lives and personalities. Often, they used it as a way to define self. Frequently, an **explosive temper** was often the product of uncontrolled rage. This would occur after situations of slight provocation or challenges of "being dissed" by others. This, too, served as a self definition for many of these women.

Instead of outbursts of rage, other subjects sometimes remained silent and did not talk about the losses or trauma that they endured. Often they explained that there was no one to whom they could turn to cushion life's blows. Thus, there was an **absence of voice**. Many of these women said that there was nobody to talk to in their childhoods when distressed. The marked absence of social supports, particularly within the family, added to issues of social isolation, but more importantly they contributed to a muteness in these women. Talking was not something that was readily available to them as an option for coping, primarily because of the absence of another to whom they could talk. Still, other women who did speak out about harm done to them because someone was there for them, learned that this was not a good thing to do; When telling others about their hardships, these women often experienced **negative consequences for speaking up**. They were punished or beaten or threatened that they would be killed for telling what had happened to them. This was another message to ensure that silence was the preferred way of coping. Then, there were those who spoke up and were disbelieved, or if they were believed they were ignored, and the abuse or trauma continued. These subjects experienced a sense of **betrayal when using their voices** which exacerbated the harm already done. This betrayal confirmed the fear that, in fact, no one cared what happened to them, or if someone did care, they were powerless to do anything about the harm.

Without adequate social supports and with repeated exposure to experiences of loss and trauma, these women tried to help themselves, in a number of mostly maladaptive ways, to escape the pain of their reality: In trying to achieve a numbing effect or in trying to

feel good, **drug usage** was introduced. Women were asked questions about their alcohol and drug usage including age when they started using, frequency of their usage, whether they felt addicted to or dependent upon the drug, and some of the things that may have been going on in their lives which influenced their drug use.

When they were unable to care for themselves economically or if they were trying to please a partner in an effort to hold onto him/her, they often engaged in **illegal activities**. Common illegal activities included selling drugs; acts of trading sex for money, drugs or favors; participating in robberies; and stealing. Again, women were asked the age when they started participating in a range of illegal activities and the frequency of their participation.

About half of the women attempted to get some kind of **treatment**, either drug or mental health, in an effort to help themselves. Most of these attempts provided temporary respite from their pain as they were short term, time limited endeavors which were not sufficient to address the complexity or longevity of their distress.

Suicide attempts were also a familiar course of action for subjects in trying to avoid further pain. Again, most of these attempts provided a modicum of temporary relief and soothed for a short period of time. Subjects acknowledged feeling worthless, frustrated and hopeless at these times. They believed that they would be better off dead because at least they would be out of pain.

Many of these women showed **strong dependency needs** to the extent that they would have done, and did do, a great deal to hold onto a relationship, even if it was an unhealthy one. With their vulnerabilities heightened as a result of broken attachments and their judgment impaired, they often struggled with issues of **codependency**. That is,

these women often were emotionally tied into a partner who was a substance abuser or who was abusive to them. Typically, at the time they were codependent they did not realize it or recognize it as such. Poor self esteem and a tendency to view self as worthy and deserving of pain were key elements in these women remaining in these relationships.

All of these themes were instrumental in understanding the fabric of these women's lives and to determine the key operative characteristics which influenced the paths taken by these women. Throughout the process of analyzing content, the categories and the coding guide remained flexible and open. This was especially true when examining what people had said, since individuals expressed underlying feelings in a variety of ways. As Straus and Corbin (1990) have noted, an open mind and an ability to add to or change coding guides was crucial in conducting this qualitative analysis.

Techniques used in content, narrative and grounded theory analyses were all instrumental in uncovering common themes in the lives of these women during data analysis. When examining these data, it was necessary to stay close to the material, so that ultimately it would speak for itself. As Janesick (1994, p. 215) explains "staying close to the data is the most powerful means of telling the story, just as in dance the story is told through the body itself." Analysis of these data required great fluidity and flexibility from this researcher, as the process was often similar to a dance, with back and forth swaying motions from theory to data to theory again. Each movement involved checking and rechecking the links between what theory proposed and what the data said, so that theory could be expanded or reconceptualized to reflect what emerged from empirical evidence. It was also important to check and recheck the substance of subjects' narratives to be sure they were reflected in the categories for coding texts. Categories then had to be periodically reviewed and revised to refine definitions, as well as to ascertain their relationships with

theoretical tenets. All of these procedures were the essence of analyzing the lengthy and complicated stories which subjects told about their lives.

When conducting qualitative analyses it is imperative that the researcher accept an interpretive role in analyzing data (Riessman, 1993). The richness and complexity of qualitative data lends itself to interpretation. As acknowledged by Wolcott (1990), there is no single correct interpretation when analyzing data. When reporting about others' lives, it is important to strike a balance between facts as they have been presented and how the researcher has interpreted or explained them (Stivers, 1993). "Validity in qualitative research has to do with description and explanation, and whether or not a given explanation fits a given description. In other words, is the explanation credible?" (Janesick, 1994, p. 216).

In writing this dissertation I have attempted, whenever possible, to use direct quotes with the hope of capturing the women's voices without misrepresenting them. Indirectly, I have been allowed to witness a part of their lives, and believe it is my responsibility to convey the authenticity of their experiences in a representative fashion. From a constructivist perspective, this, in turn, ensures both the credibility and confirmability of the information gathered in the study (Lincoln & Guba, 1985; Denzin, 1994).

In terms of the dependability or reliability of the information which was offered by these women, one must be aware that "all forms of representation of experience are limited portraits" (Riessman, 1993, p. 15). It is possible that being in prison or being on parole colored some of the stories told, that some message may have been lost during transcription, or that in retrospectively telling the stories of their lives, parts were embellished or diminished. Nevertheless, these women chose to speak at that point in time

to offer their narrative perspective regarding lived experiences. Phenomenologically, "narrative constitutes reality" (Young, 1987). It is that snapshot of narrative reality which was captured in this dissertation.

As far as limitations, whether this information is transferable to understand other convicted women who have killed remains to be seen. Interviews with women who have killed are rare as a research method, as evidenced by a lack of empirical data. Thus, even more rare are secondary analyses of these data. It is certainly possible that conversations with women who have killed but were not convicted would be substantially different than the ones which occurred in this sample. It is a recommendation that additional research be conducted using the conversational interview method as a means to gain more detailed information about those who have committed lethal acts of violence.

Explanations of the data were formulated using this researcher's clinical expertise, personal experiences and professional training. I am a licensed psychotherapist who specializes in treating people who have experienced much loss and violence in their lives. It is not by accident or coincidence that I became involved in a dissertation study involving loss, trauma and violence. Perhaps it is best to digress for a moment to frame my own life experiences within a "reflexive" context (Altheide & Johnson, 1994) as ethnographic researchers often do.

My life has been devoted to finding bridges or links between seemingly incongruous things in people, including within myself, in an attempt to understand who people are and what makes them whole. In uncovering the layers of my emotions, I have had to come to terms with my own rage and feelings of destructiveness in dealing with past traumas. During this process of self examination I've often questioned what triggers a person to step over the line and put violent feelings into action. In part, this led me to

become a clinician in order to understand not only why people do the things that they do, but also to help them find constructive ways to handle their destructive feelings. As a clinical social worker I was trained to begin where my client is, and to constantly be aware of separating what is mine vs. what is the client's. I have applied this to my research endeavors as well.

In conducting this dissertation, I have had to be open to many possibilities in listening to what the women studied endured and what they did with their pain. In listening, I've had to poke around in old wounds, theirs and mine, and hear things I didn't want to hear and see things I didn't want to see. This time, instead of finding just the similarities between "us and them," I had to also look at what has made me different from them, some blessings which I hadn't previously acknowledged. This dissertation has not been a matter of building bridges, but crossing them, to view life from the other side (see Behar, 1993). The view is most unsettling. I learned that there was no one loss which changed the course of their lives. Just as in my own life, no one event had caused my life to proceed in the direction it did. Rather, a series of misfortunes caused them to walk down roads that I had bypassed. Without my brother as an anchor, I might have drifted into some of the same ways of living as these women. His death four years ago gave me the conviction to explore my own voice and self, and the encouragement to continue this journey alone.

Part II Introduction: Self and Trauma

Loss is a natural part of life and its effects are not necessarily pathological. For the women in this study, however, the effects of their losses were harsh and long-standing given the overall impoverished quality of their lives and paucity of their social and emotional supports (Wolfenstein, 1975; Finkelstein, 1988; Tennant, 1988). Typically, the losses often became traumatic events, as the lack of appropriate care and concern was so profound for the women who had experienced them. Part II will discuss the various types of losses the women experienced during their childhood years, as well as the factors that impeded effectively coping with these losses.

Traumas are events that cause a "...fundamental change in our world view--how we view ourselves, other people, and the world around us" (Emmons & Shepherd, 1994). Generally, traumas experienced during early childhood prohibit a child's learning from progressing in a developmentally appropriate fashion (see e.g. Erikson, 1968), as the child is investing energy in protecting self from harm rather than being open to embracing new opportunities or experiences (Terr, 1990; Herman, 1992). From prior clinical experiences and from reviewing the victimization literature, I have seen that experiences of early childhood traumas often have a long-term impact upon personality development. Traumatic experiences such as physical/sexual abuse, parental neglect, and loss may be linked to the formation of reactive problems in adulthood. The problems that often occur as a result of early traumas include mental health difficulties, involvement in criminal activities and difficulties in interpersonal functioning (Bowlby, 1973; Wolfenstein, 1975; Terr, 1990; Herman, 1992).

When childhood trauma is linked to later adult difficulties, it is contingent upon two factors: the disposition of the child and social supports. A child's disposition may be either resilient or vulnerable when approaching her environment. Much of her approach is based upon how she makes sense of the world in its relationship to her existence, which is largely based upon prior experiences of how she has been treated. Social supports may exacerbate or reduce a child's sense of vulnerability. This depends upon whether social supports are available and the quality of those supports. These factors influence the range of coping behaviors that are available to the child (see e.g. Luthar & Zigler, 1991; McLeod & Kessler, 1990; Finkelstein, 1988; Cohen & Wills, 1985). Research findings have indicated that resilient children are those who have, among other things, the following characteristics: a realistic evaluation of people; insight into social situations; the ability to provide one's own structure; the ability to ask for help when needed; clarity of perception (Werner & Smith, 1982, p.65).

Coping with and recovery from traumas are shaped by one's sense of self and the reactions and interventions of others. For children, the sense of self is in the process of developing (see e.g. Bowlby, 1973; 1988; Erikson, 1968), therefore their need to rely upon adults is much greater than their ability to function independently. That children should be able to turn to adults in times of stress and crisis is an assumption which is taken for granted and should be as natural as taking one's next breath. However, when adults are themselves too unpredictable and chaotic, and unable to respond in an emotionally supportive manner, children often are left to fend for themselves (see e.g. Black, 1990; Briere, 1992; Finkelstein, 1988). Thus, when this happens, an emotional environment of support is lacking and the concept of encouraging a child to reach out to others in times of trouble is not introduced. As a result, the child learns that the world is not a warm place where one can count on others in times of distress, and becomes vulnerable to poor

adaptation because of a lack of exposure to role models with coping strategies (see e.g. Luthar & Zigler, 1991; McLeod & Kessler, 1990).

If I include the broader concept of a communal self, then it is also important to acknowledge the deterioration of structural factors in our society that contribute to a growing sense of despair (i.e. poverty, decline of two parent families), particularly among black cultural minority groups, and the accompanying damage this has rendered upon self development (West, 1994). A message, incorporated often by children with limited socioeconomic resources is that they are unworthy and undeserving of having or seeking support in times of distress (Turner & Marino, 1994; McLeod & Kessler, 1990). Without community and cultural acknowledgement of a child's needs for support, a child incorporates little hope that her needs, feelings or wishes are important in the scheme of the world. This sense of unworthiness contributes to and serves to reinforce the overall growing sense of despair that is characteristic of the larger community of family, culture and neighborhood. In essence, a person cannot offer support to others if it has not been offered to her. The ability to develop and feel empathy is absent, if feelings of one's self have never been acknowledged or addressed.

To tell the stories of these women in a way that allows for concise conceptual development, this study divides their lives into topical areas. Thus, artificial demarcations are made in an attempt to look more carefully and to explain more fully the various traumas that impeded the emotional and social development of these women. Each of the chapters in Part II focuses upon a particular type of loss that occurred and resulted in trauma, as well as the lack of social supports which characterized these situations and influenced the way the women lived their lives. Chapter 3 examines major separations or disruptions in attachments during childhood, including death, divorce and incarceration of parental figures. Chapter 4 focuses upon the effects of growing up in alcohol- and drug-abusing

families of origin. Chapter 5 looks at the physical and sexual violence that characterized the women's childhood years. In each chapter I discuss, the effects of growing up in families where separations, drug abuse, and violence were widespread, and social supports were nonexistent, integrating theories of attachment, object relations, and self psychology with comments by the women. These psychological perspectives contend that early experiences are incorporated into how one perceives and anticipates future interactions with others, and therefore are a crucial foundation to understanding some of the resulting maladaptive behaviors of these women (see e.g. Kohut, 1971 & 1977; Horner, 1991a; Bowlby, 1973).

Attachment

Attachment to others is a powerful emotional connection, which is cemented during the first few years of life as infants bond to their primary caregiver. Infants bond with adult caregivers essentially for support, protection and comfort (Bowlby, 1988).

During the course of healthy development attachment behaviour leads to the development of affectional bonds or attachments, initially between child and parent and later between adult and adult. The forms of behaviour and the bonds to which they lead are present and active throughout the life cycle... (Bowlby, 1973, p.39).

A person's capacity to develop healthy relationships depends upon her ability to reciprocate in roles of caregiver and careseeker. Her ability to reciprocate is contingent upon the quality of her early attachment relationships (Bowlby, 1988). For example, if a child has not experienced warmth, love and concern during her early years, she becomes mistrustful and guarded in her relationships with others. Her ability to relate to others as individuals is tainted by her early experiences to the extent that all people are viewed with emotional suspicion. Behaviorally, what started out as a reaction to a lack of caring then becomes a routine way of relating in interpersonal relationships (Sroufe, 1985). One important way that attachments may be disrupted is through separation and loss of the adult caregiver.

In normative development when a person experiences separation and loss, there is time-limited anxiety and mourning following the events. A great deal of research with very young children has documented significant depression and/or aggression being exhibited when separation from the primary caretaker has occurred for extended periods of time (see e.g. Bowlby, 1973; Ainsworth, 1979). During the process of healthy mourning there is a "withdrawal of emotional investment in the lost person" and emotional efforts are redirected toward preparation for establishing a new relationship (Bowlby, 1973, p. 25). Mourning involves experiencing a range of emotions regarding a loss, which allows one to detach or disengage from the person who is gone. Although there is disagreement regarding the age when children become capable of mourning (see e.g. Bowlby, 1973; Furman, 1964; Nagera, 1970; Wolfenstein, 1975), there is consensus about how the process unfolds.

Children grieve differently from adults, and express their feelings in ways that are appropriate to their age and stage of development. The capacity to mourn is largely determined by cognitive development, ego structure and maturity. It is important to note that there are both aggravating and mitigating factors which could influence the child's coping with severe losses, such as social supports, natural abilities and physiological predispositions (see Widom, 1989; Wolfenstein, 1975; Finkelstein, 1988). Recently, empirical evidence has supported the link between the quality of one's early attachment relationships with how one perceives and develops their own social support network later in life (see e.g. Flaherty & Richman, 1986; Bowlby, 1988).

Object Relations

Object relations refers to how people relate to others based upon intrapsychic representations of others, which were established as a result of cognitive development and

actual life experiences (Horner, 1991a). In other words, how we perceive and relate to others is based upon how they have treated us. If treated well, children are able to move toward a healthy adjustment, as they have taken in the goodness of others. "This capacity for healthy emotional autonomy comes from the child's internalization, making part of the self the good parenting that once was supplied from outside" (Horner, 1991b, p.36). This is referred to as object constancy. If not treated well, the intrapsychic process is a bit more complex.

Even when children are neglected or abused by parents, they cannot separate from them because they still need them to survive. Paradoxically, the child needs the parent more if the parent is neglectful, and internalizes the bad aspects of the parent, rather than admit that the parent is bad (Wood, 1987). This is done as part of the child's attempt to gain some control or mastery over terrifying and destructive elements. Thus, a child would rather believe that she, herself, is bad and undeserving, than believe that her parent is capable of doing her harm.

To the extent that the others are 'bad'- neglectful, abusive, unempathic, exploitative- the parts of the psychic structure that are linked to them are split off from the psychic core and from each other. This inhibits further growth and individuation and causes the individual to become stuck or frozen, in pathological patterns of behavior and self-other relationships learned with parents. It also depletes self-esteem, interferes with the experience and expression of the 'true' self and stimulates feelings of fragmentation, unreality and hopelessness (Wood, 1987, p.38).

Children who have experienced disrupted attachments during early life without adequate supports, also usually have difficulties in their object relations and in developing relationships with others. Given these difficulties, poor self esteem is a natural consequence.

Self Psychology

Self refers to the whole person, "body ... as well as ...psychic organization and its parts" (Jacobson, 1964, p. 17). How one perceives self and whether one values self is also known as self esteem. Self esteem is shaped by how others who are important to you (i.e. family, friends) treat you, particularly during younger years when the self is in a critical stage of formation. Mastery of social experiences builds positive self worth, while a series of experiential failures contributes to frustration and a fragmented or diminished sense of self. Kohut (1977) refers to the "nuclear self" which is comprised of basic ambitions and ideals, as well as talent and skills. Damage to the nuclear self, usually due to inadequate parenting, impairs one's emotional development and subsequently impedes one's ability to overcome future injuries to the self. Aggressive or destructive impulses then develop because of a lack of "optimal" empathic responses from the "self-object environment" (Kohut, 1977, p.116). A "narcissistic rage" develops as a protective response from injurious threats to the self. Thus, the creation of self is linked intimately with self-object relationships (Kohut, 1977).

Erikson (1968), too, emphasized that a sense of basic mistrust reflected early frustrations, which were not satisfied in a predictable fashion that fostered security. This lack of security created an opportunity for massive self-doubt in one's self and others in terms of having basic needs met. Thus, one's own emotional survival was tenuous and dependent upon some whimsical formula within relationships. Similarly, Gilligan (1982) has referred to a female sense of self which is rooted in "connectedness" to others; Self worth is measured by the ability to make and sustain relationships which reinforce one's sense of purpose and reason for being. Thus, if connectedness is the basis for existence and survival, self esteem for females seems dismal in cases where early relationships are impaired.

If the self-object relations are damaging ones, the child does not have the opportunity to experience empathic responses from others (Kohut, 1977). In order for a healthy self to emerge from a child, she must be exposed to parental empathy and emotional responsiveness. Without calming reassurance from external sources, such as parents, the child's capacity to self-soothe is thwarted (Wood, 1987). During times of crisis, the healthy self relies upon internal representations to calm anxieties or calls upon existing supports in an attempt to quell distress. If neither of these are available, the self may then turn to maladaptive methods of coping, such as substance abuse or suicide attempts (see e.g. Krystal & Raskin, 1970). This is not to say that one's self is fatalistically sealed by early childhood experiences, rather that one becomes vulnerable to familiar pains and patterns of coping with them. If lack of empathy is characteristic of one's growing up, without any intervening experiences to the contrary, the more difficult it is to turn around and care for or trust someone later in life. It also becomes more difficult to believe one's self worthy of good things and respect from others. This appears to have been the typical experience for the women in this study.

Because identity formation is vulnerable to and dependent upon consistent and positive early relationships, it is important to examine the quality of these early relationships for the women in this study. These relationships were usually characterized by one of two extremes. Either there was a strong disapproval of expressing negative emotions (i.e. rage, despair) while insisting all is well, or there was a blatant disregard of emotional distress as life's everyday functions continued.

For 82% (n=41) of the women, multiple traumas occurred during their childhood years, sometimes simultaneously (e.g. parental alcoholism and violence), which undoubtedly increased the likelihood of deleterious effects. Social supports could intervene

to balance the negative, but unfortunately, social supports were not part of these women's childhood experiences. Exemplifying the notion that social supports were minimal or nonexistent for these women, they reported becoming silent about their troubles, because no one was there to listen to them. From the 50 women we learned that 68% (n=34) had experienced a silencing of their "voices."

Silencing of "voice" was accomplished in three distinct ways: 48% (n=24) of the women experienced an absence of support figures, which resulted in their having no one to talk to about their troubles; 24% (n=12) experienced negative consequences such as beatings or threats of harm if they used their voice and spoke about their trauma; and 30% (n=15) of the women spoke up about their pain, but then experienced betrayal by others either because no action was taken to protect them or there was minimization of their experiences and feelings. Being silent about one's pain and losses has been shown to be detrimental to one's growth and development (see e.g. Landerman, George & Blazer, 1991; Kranzler, Shaffer, Wasserman & Davies, 1990). It is apparent that the multiplicity of stress factors and the lack of social supports that characterized these women's lives contributed greatly to their vulnerability and inability to process experienced traumas.

Absence of social supports and an inability to rely upon others in times of need, as well as to request the assistance of others when in need is a common thread that weaves throughout these women's' lives, regardless of the types of trauma they endured or situations they encountered. Repeatedly, the women mentioned chronic loneliness and isolation as they spoke about their lives, although no specific questions were asked that addressed these topics, indicating that social supports were a chronic deficit throughout their life span. Key to understanding the impact of these various traumas is the notion that they will be repeated or reenacted throughout one's lifetime unless one is able to have adequate opportunity, support and resources to address their effects.

Chapter 3 Loss of Others in Childhood: Disruptions of Attachment

Loss of others during childhood (a.k.a. object loss) was defined by looking at significant others who died, left home due to divorce or a relationship that was not working out, and/or who were arrested and subsequently incarcerated. While there are other losses of objects that could and did occur (see Parkes, 1987) in the lives of the women in this study, the intent and focus herein is to capture the physical loss of important others, both permanent and temporary. Because physical separations from key family members typically disrupt the equilibrium of family life, these disrupted attachments were examined for their impact upon subjects during various stages of their childhoods.

Of the 50 women, 84% (n=42) experienced the loss of a significant family member during childhood. Childhood is defined from birth to age 18. Slightly more than half of these women, 55% (n=23) lost their fathers and 29% (n=12) lost their mothers through death, a severed relationship, or arrest. There are distinct differences in how these types of losses may affect a child's developmental processes (see e.g. Kliman, 1990). They are summarized here and will be discussed separately within this chapter. One quarter of the women experienced their first loss before five years of age, a significant fact since this is a key period of personality development (see e.g. Bowlby, 1973; Erikson, 1968). Seventy-five percent experienced their first loss before the age of 12. Just more than half of the women, 52%, experienced multiple losses due to separation during childhood years. Of the women who experienced multiple losses, slightly more than half experienced their second loss prior to the inception of their teen years.

There are many types of losses which we all experience as we go through life, both permanent and temporary. In order for a person to experience feelings of loss, first

attachment to someone and the ability to miss someone must occur. Bowlby (1973) suggests that this ability develops between ages six months and a year, emphasizing that children this age often look for mother in the most recent place she appeared. A child's most profound and first social experience is usually with her mother, or mothering figure. Prolonged separation from a mother during infancy and toddler years may result in the child exhibiting signs of depression and/or aggression (see e.g. Ainsworth, 1979). Without adequate substitute mothering in place, the child may not be able to mourn the loss in a way that allows her to attach or connect positively with others in the future (Furman, 1974).

Older children, between the ages of six and twelve, often develop magical thinking when a parent dies. Mythical beliefs, such as because the child was bad or wished that the parent would go away, are common notions as to why the parent died. Adult reassurance and support at this stage can greatly reduce the likelihood that the child will develop poor relationships with others and low self esteem as a result of the parent's separation (Furman, 1974; Gardner, 1984). Loss experienced during adolescent years may disrupt the entire cycle of identity development, including managing feelings and issues of sexuality, autonomy, values, adequacy and competence. Adolescents already are grappling with feelings of alienation, isolation and low self esteem as they come to terms with these issues; loss of a parent during the teen years may only serve to exacerbate an already complicated stage in the process of development. Since internal personality formation is in flux, the reliance upon adequate external supports to assist the ego in handling the impact of loss is particularly important during these years (see e.g. Laufer, 1966; Blos, 1967).

Reactions to losses of death and separation vary in expression and intensity, depending upon whom or what was lost, but typically one grieves to some extent, usually appropriate with one's developmental capabilities (see e.g. Bowlby, 1988; Erikson, 1966), and then moves on with life. Those who never successfully mourn a childhood loss are

those who have experienced a plethora of aggravating factors or the absence of supportive factors, which prohibit their being able to invest emotional energy in other relationships. This results in the likelihood of the child becoming emotionally stuck or "fixated" at the point in time when the loss occurred (Wolfenstein, 1975; Parkes, 1987). For the child who becomes "fixated" in emotional development because she does not have available to her the tools or resources to process a loss, the loss is etched into memory as a turning point where life then changes and her perceptions and behaviors are clouded by the loss experience. Thus, without having a "secure base" from which to operate, one is unable to develop positive or healthy attachments with others (Bowlby, 1988).

The opportunity to mourn rests primarily with one's network of social supports beginning with family (typically parental figures) and extending to community and social institutions (Furman, 1974; Finkelstein, 1988; Kranzler, et. al., 1990). If one grows up in a dysfunctional family, such as a violent or drug abusing one, there is little likelihood that emotional support is available because the family is immersed in its difficulties. Add to the picture, the unspoken code of silence and loyalty to family that exists in dysfunctional families, (see e.g. Black, 1982; Zulueta, 1994) and it is easy to envision that loss of a family member only serves to upset further the tenuous balance that characterizes these families.

The ultimate impact of the loss is seen to reflect the nature of extra-familial support, the surviving parent's character, the quality of the child's development before the death, the nature of the family dynamics prior to the death, and the dynamics of the grieving process itself. (Finkelstein, 1988, p.7)

Thus, it may not be the loss, per se, that a child becomes distressed about, but the accompanying complications of disrupted living due to the loss. For example, surviving parents may be consumed with their own grief and lack their own social supports, to the extent that they may be unable to comfort their child and are emotionally unavailable (e.g. Laufer, 1966; Furman, 1986; Kranzler, et al., 1990; Finkelstein, 1988).

For illustrative purposes, the following pages will examine snapshots from the lives of five women, who experienced loss of object during their childhoods and then additional trauma due to a lack of appropriate social supports. Deborah expressed how life deteriorated for her following her mother's death, and how the effects of losing her mother were compounded because of her father's reaction.

When I was nine, my mother died of pancreatic cancer. Childhood was nonexistent when my mother died because it was just my father. He drank and stuff and he wasn't there for us. It disrupted my life, my life was going a certain way. Then after she died it changed things. It left a great impact on things. I became withdrawn and there was no home situation. I started doing things that I would not have done if she was alive. I started not going to school, and hanging out. I started using alcohol.

In addition to Deborah's father's drinking, there were other examples of how her home life changed to a "no home situation" after her mother's death. Deborah's sister was placed in a school for the mentally retarded. Thus, a family of four suddenly became a family of two. Deborah also acknowledged that the quality of the relationship she had with her father deteriorated after her mother's death when he began to verbally abuse her.

The verbal abuse from my father, especially when he was drinking and stuff. He would call me fat cause I was a little heavy set. I was overly sensitive and I would cry and stuff like that. He would say that I was stupid and my friends were stupid, basically emotional and belittling kinds of statements.

Deborah also reported that her father fondled her sometimes when drinking, and explained that he was never there for her emotionally or mentally due to his drinking. She stated that "sometimes I have feelings of guilt and shame and that comes from my childhood." She stated that the good part about growing up with him was that he was into working and being self sufficient, but that the bad part was he didn't ask people for help. Deborah identified this as part of her own personality in not asking others for help, although she later came to realize that one can't always do things alone.

Deborah also mentioned that she began abusing alcohol regularly following her mother's death. It seems, however, that even daily usage of alcohol couldn't shield Deborah from her life's pain or extricate her from being in a relationship with a possessive and abusive partner. She tried to kill herself ten different times between the ages of twelve and thirty, because she was "thinking that life wasn't worth living and stupid stuff." Deborah said these attempts were related to others trying to hurt her, "...emotionally like with my father. The things that he'd do, I would feel frustrated about that." It seemed that Deborah had never learned how to remove herself from an abusive father nor how to deal with his abuse in a constructive way. She did not separate from her father, rather she continued to live with him and then became involved with abusive men. Although she tried to block her pain with alcohol and other drugs, they only served to entrench her further into remaining in a bad situation. Thus, the lifestyle that Deborah became accustomed to was one of alternating pain and abuse, then attempts to escape the pain with numbing agents.

Deborah said she wanted things to change, "to move or something...", but her lack of ability to separate from her father, or to ask others for help resulted in her actions becoming drastic ones. Deborah's pent up rage about sustaining years of abuse were directed inward, and she did not know how to deal with her overwhelming feelings of depression, nor did she realize that she could have asked someone for help. Deborah ended up setting fire to the home she shared with her father, while under the influence of crack and alcohol and feeling quite depressed. Her father died in the fire.

Phyllis, too, spoke about her reaction to her father's death and the impact it had upon her childhood years. She lost both parents when her father died, because her mother then had to work to support the family. In addition to Phyllis suddenly being physically separated from her parents (one permanently and the other during daytime hours), Phyllis

also absorbed a message that she had to be emotionally independent and "strong" in order to not upset her mother.

I had a good family life. I was rather lonely being an only child and my mother had to work, that's when my father died, when I was nine, it was lonely. I was there when my father had a heart attack. I grew up at that point. I remember waiting outside the hospital. I was alone with him. Mother went to the store. I ran next door and called the ambulance when he fell down and I helped him and my mother came in the same time the ambulance came and we went to the hospital with him. They wouldn't let me in... said I was too young. So I remember pulling rocks up outside the emergency room so I could see him and they called me back in the hospital and one of the nuns said your mother has something she wants to say, and I knew then that he had died. The nun told me, 'you have to be strong for your mother,' and it was like from that moment on I was strong. It took me years to cry. A year later when my grandfather died, that's when I really cried cause we had to go back to the cemetery and it was like going through it all over again.

As a result of the changes imposed by her father's death Phyllis experienced subsequent isolation and loneliness that soon became a part of her everyday living. In an attempt to master the changes in her life, Phyllis developed a coping mechanism of pseudo-independence that served to distance her from others and resulted in further isolation. Upon reflecting about her marriage, Phyllis reported that her dependency needs were great. This acknowledgement appeared to be consonant with Phyllis' perception of her parents' relationship. She described her parents as "my father was very assertive, he was a police officer. My father is the strong one and my mother is the weak one." It seemed that Phyllis assumed the emotional stoicism of her father following his death, only to realize later in life that she really did not feel strong. Instead, Phyllis then reverted to assume the same "weak" emotional stance that she perceived her mother had in her own marriage. Phyllis explained:

I think my dependency on my husband as an adult came from losing my father so young and I think trying to handle everything by myself came from growing up so independently within the structure of my family trying to be strong and handle everything, and not ask for help when I needed help.

The lack of social and emotional supports at the time of her father's death, the change and disruption in family routine, plus the belief that Phyllis held about her need for

emotional composure, arrested and constricted Phyllis' emotional development during her latency years. As a result, Phyllis' voice was silent when she needed assistance because she did not have the experience of relying upon an "auxiliary ego" (Furman, 1986) to aid her in adapting healthily to her childhood loss. There was no one with whom she felt she could speak about her loss. Thus, her loss became much more than just the death of a loved one. It became an assault on her feelings and how she behaved (e.g. Brown, Harris & Copeland, 1977), which then impacted who she was and her sense of self. Instead of getting help or support from others, her problems were "swallowed" and internalized. Whenever Phyllis encountered situations where she felt too much anxiety, she managed these feelings by overeating, which resulted in her developing a weight problem. This further diminished her self esteem and caused her to be shy and socially ill at ease among peers, particularly males. When asked about any serious hurt that may have been done to her, Phyllis responded:

Verbal abuse from the boys in school. I used to use diet pills, all my life I was afraid of being fat, when I had to get up to give a book report I used to cry. I didn't want to get up there cause of everybody, and when they got to me, they'll do it more. I realize that now. It made me very shy.

Phyllis related that this experience of boys making fun of her had lasting effects:

I think it made me dependent. I think it made me stay in a relationship that wasn't healthy for either one of us because we were too dependent upon each other.

Because she was insecure and had experienced a great deal of loneliness and rejection throughout her childhood years, Phyllis' unresolved dependency needs contributed to her holding onto an abusive, alcoholic husband. With impoverished internal resources and no external supports, Phyllis later, as an adult, was overwhelmed by the demanding medical needs of her sickly child. In her effort to remain independent, or to be different from her mother whom she perceived as weak, she inadvertently caused the death of her child by trying to care for him herself without involving doctors. This behavior is

typical of pathological mourning in that the person who is threatened with later loss, denies or ignores the warning signs of a troubled relationship, insisting that this time she can be special and worthwhile enough to prevent a loved one from leaving. She typically reactivates the cycle of loss by holding onto something that is already over (Wolfenstein, 1975; Edelman, 1994).

Since Phyllis' sense of self had already been silenced after her father died by her having to squelch her own feelings, her vitality was contingent upon holding onto someone else. In Phyllis' situation, however, her choice of a partner did not reflect a man of strength. He was alcoholic and unable, also, to recognize a sick child's needs. He was unable to assist Phyllis during her desperate time of needing an "auxiliary ego" (Furman, 1986) to save her child, and he repeated a similar self absorption that Phyllis' mother had already exhibited. His emotional absence reinforced Phyllis' own sense of emotional nothingness and lack of vitality.

Both of these women lived and grew up in a home where surviving adults were so preoccupied with their own problems that the women reported feeling isolated and lonely following the loss, and believed they did not have the opportunity, nor the permission, to express these feelings to anyone.

Grief doesn't vanish just because we try to lock it up in a sealed drawer, yet that's the way many of us are encouraged to cope: ignore the pain, and it'll go away....Ultimately, the thing that makes you crazy isn't that your mother [parent] died,....but that you can't talk about it. (Edelman, 1994, p. 11).

Their inability to use their voices to request assistance or help for themselves or for significant others, resulted in drastic consequences for them and those whom they loved. They not only lost an important other, but also they lost themselves, too, as a result of self being fragmented and reduced to nothing. Patterns of maladaptive coping were evident throughout both women's lives, as they attempted to deal with various stressors. Thus, it

was not the loss of a parent per se, which brought about deleterious effects, but the lack of supports and ensuing methods of coping that were their downfall.

Separations Other than Death

From listening to the voices of the women, it appears that loss of object through death was not the worst hurt, although Deborah and Phyllis both clearly elaborated that the death of a parent had effected their lives. Instead, separations from those still living or threats of this kind, such as a parent leaving due to divorce, appeared to be harder to endure during childhood. These kinds of separations were perceived as more rejecting and more difficult for a child to understand.

More disturbing to a child than death are threats of abandonment that parents may make when expressing their own feelings of anger and rage. Threats to abandon have a more serious and prolonged effect upon a child than actual acts of abandonment or loss, as the impact of rejecting threats extend into and interrupt the development of future interpersonal relationships (Bowlby, 1973).

Threats to abandon a child make her...intensely anxious about any separation, however routine it might appear to others, and also intensely angry with her parent for threatening her so. Moreover failures to respond helpfully when a child is in distress, combined with repeated and impatient rejections, lead her to be deeply suspicious of everyone else. (Bowlby, 1988, p.86)

One illustrative example that Lisa S. offered demonstrates the deep and lasting effects that threats of abandonment had upon her throughout the course of her life.

One time when I was four, my mother made roast beef and I never did like roast beef. I kept stalling and stalling, trying not to eat it, it was getting cold. All of a sudden she said you don't have to eat it. So I was surprised, usually it got shoved down my throat. So we went out for a ride, way out it was dark and trees. I don't remember how I got outside of the car, but I did, and I was out on the road alone and they shut the doors, locked the doors and rolled up the windows and told me that they were leaving me. I was terrified. That was their first time of threatening to leave me or send me away somewhere. I remember that when I got back into the car

and we went back home, I had to eat that cold roast beef that had been sitting there for awhile. It wasn't the food that got to me, it was the fact that they left me out there by myself and was threatening to leave me....I guess I'm afraid of being abandoned. I think that one incident had a lot to do with it, because after that I was threatened to be sent away. I'm so worried about being perfect, I'm compulsive.

Lisa S. grew up with a mother who threatened abandonment repeatedly throughout her childhood. When Lisa S. was asked about what emotions, thoughts or behaviors came from growing up in her family she said:

Insecurity, I have a hard time with relationships. In a relationship the most important thing to me is security. Not necessarily financial because I have never had it. A lot of things that I have lacked in my childhood I'm trying to make up for as an adult. I know that abusive relationships is just not it, I know all the warning signs. Because of my childhood, I have a hard time with women. I never talked to women until I came to jail, most of my friends were men.

Compounding Lisa's fears of abandonment and sense that she did not matter as a human being, was her pervasive sense of social isolation as she was growing up.

I grew up way out in the country, it was my step-father's family. I was constantly in the house and never went out. The only time that I went out is with the family to do shopping and church and that's about it. I didn't have any friends.

This kind of isolation coupled with persistent and long-standing verbal threats of abandonment and dehumanization from her mother, contributed to Lisa S. becoming dependent in her relationships with men. Lisa S. had a history of becoming involved with men who were abusive and possessive, and in her desperate need to connect with others, she compromised any remaining self-esteem that had not been annihilated by her mother's tortuous abuse.

After my first marriage I was determined that I will not be in an abusive relationship anymore, but I failed to distinguish the difference between physical and emotional. I felt that while my husband was being emotionally abusive, at least it wasn't physical, so that wasn't so bad and I can deal with it. He used to make me mad by bringing in his trashy magazines and I used to jack him up for doing that, we always got into fights. Because my husband was a wimp and a push over, so all that anger I would just take it out on him, and I was very abusive.

From Lisa's repeated experiences of victimization, first by her mother and then by several men in her life, she finally became the aggressor. The act of a victim identifying with the aggressor is a well known coping behavior for managing pent up rage and pervasive feelings of worthlessness (see e.g. Miller, 1984; Zulueta, 1994), and will be discussed more fully in Chapter 5. Similar circumstances of feeling victimized, berated and reduced to nothingness were operative and re-enacted at the time of the homicide, when Lisa S. perceived that her infant daughter hated her too, as evidenced by her incessant crying. Lisa's act of silencing her child was symbolic of her earlier wishes to silence her mother's continuous threats.

The thought of not being wanted and its partner feeling of being unlovable are fears that plague everyone at some point or another in life. For those who have had unhealthy or disrupted attachments, however, these fears are more the rule than the exception. Mishne (1979) points out that abandoned children may suffer from lack of empathy, depression, feelings of emptiness, delinquency, addictions, uncontrolled rage, pathological lying, hypochondriacal preoccupations and grandiose fantasies of self. Separations, which are not death but are permanent in nature, can be more difficult to integrate as the person is still alive (see e.g. Tennant, 1988). This indicates that there may be hope to change or alter the damaging nature of the relationship, and, as a result, the child may experience trouble in mourning the loss, because she holds onto the idealized parent whom she hopes will return someday (Mishne, 1979). "The daughter mourns not only what was lost, but what will never be--and, if [the parent] didn't offer protection and support..., the daughter also grieves for what she once needed and never had" (Edelman, 1994, p.23). As Carmen illustrated:

When I was little I lived with my mother but she was always rejecting me for some simple reason that she always would bring me to a friend's house or my grandmother's house. It effected me very badly. I still regret it today. I wonder why my mother didn't never want to take care of me. There's probably some kind

of reason behind it. And she wanted to kill me when she was carrying me. My aunt told me that. She was under a lot of stress.

Carmen not only lost her mother, but under the care of her aunt, she was sexually molested. During the interview, Carmen spoke about her verbal silence finally erupting. She became behaviorally out of control, when she was eight years old, which was her only way of getting attention for the abusive things that were happening to her.

I had a nervous condition when I was eight... I had to live then with my aunt... her friend would sexually abuse me.....I was hyper, I would either try to hurt somebody or hurt myself. I would never express to my aunt what the problem was so I would go completely out of control.

Carmen's ways of coping were clearly maladaptive as she began using alcohol on a daily basis at 14 years of age and tried to kill herself four times between the ages of 12 and 15.

...cause I felt I was a nobody. I just felt like I didn't belong, cause I'd been through too much and I felt like I wasn't worth anything...when I was young, people were trying to harm me, so I felt like I could do the same.

Carmen was vulnerable to an extreme in needing the attention and love of others because of her childhood rejections, and she put herself repeatedly in situations of harm to gain affection from others. Carmen would cope with stress by drinking and numbing her emotions. When Carmen would drink, her judgment about social situations was impaired. This was the case when she committed the homicide, as Carmen stated "if I didn't touch a drink, it would have never happened."

Abrupt, non-death, separations also leave their own unique sense of pain upon the person being left as evidenced by Lisa M.'s story of her father leaving home.

My childhood was pleasant, fun, all that fun stuff until age 12 when my mother divorced my father, that had an effect on me. She never told me. I missed him

coming home one day cause I always met him. I asked her 'where's my daddy?' She said you can catch him at the bus stop. I went to the bus stop. He had a bag in his hand. I asked when he's coming back, he said soon. Weeks went by. Another man moved in the house. I was devastated.

Compounding Lisa M's sense of loss was the fact that she came from a large family of seven siblings. She was valued and deemed special by her father, which only served to intensify her pain of losing him. Again, Lisa M. described how her life changed drastically after her father left home:

We were a close knit family, although we fought amongst ourselves, we always stuck together. I was happy until the age of 12. Once my father left everything went sour. My father was always there to pamper me, we had our little talks. I didn't want to be part of the family anymore. Everything I did, it was out of rebelliousness, rebelling, spiteful.

In terms of coping mechanisms, Lisa mentioned that she began using alcohol on a daily basis at the age of 14, and states that she has had mental health problems. Specifically, "I explode, I have this bad temper. I'm scared to death." While Lisa acknowledged that she was high at the time of the homicide, she felt that it would have happened sooner or later, because

....I don't like being threatened in any way...I was in my right state of mind, although I had alcohol and drugs in me. I think it's all due to my temper that I have. It's an outrageous temper.

Lisa's way of coping was maladaptive and precluded a healthy adjustment with others. Sufficient social supports and role models were not available to her when she needed to process her father's leaving home, and her rage began to build and accumulate. Lisa, herself, acknowledged that she should have gotten help at the time of her father's departure:

...Had I seeked the help that my mother knew I needed back when I was twelve, had I went to see that psychologist on that weekly basis, I don't think this homicide would have occurred. I needed to seek help at an early age, the more I needed, the more I rebelled.

Although Lisa's mother was still at home, she apparently was unable to enforce Lisa's participation in counseling. It is likely that Lisa's mother was overwhelmed in caring for eight children as a single parent, and could not afford Lisa the individual attention that she needed under the circumstances. Since Lisa never learned to channel her rageful feelings appropriately, it is not surprising that mixed with alcohol and drugs, the outcome was a fatal one.

"When an unmourned death is your paradigm for loss, later separations have an evil way of echoing back to that earlier one " (Edelman, 1994, p.91). This is another way of stating that vulnerability is carried with you throughout the life cycle.

Later loss reactivates early loss selectively, depending on who dies or leaves the second time, the cause of that loss, the timing in the [child's] life, and the proximity in time to another major loss. When loss mimics the upheaval of earlier dysfunctions in the family, the reactions triggered are those used from an earlier time or first loss (Edelman, 1994, p.94; see also Persson, 1980).

To summarize, loss at a particular developmental stage and the surviving parent's ability to cope are leading factors in a child's successful adaptation (Werner & Smith, 1982). For many of the women in this study, healthy attachments were disrupted or preempted by the circumstances that governed their childhood years, and their lack of social supports cemented the lasting effects of their traumas. These women, too, were betrayed by those who should have protected them, and their voices, even when exercised, were to no avail. Their learned, maladaptive methods of coping with harm and trauma, in turn, exacerbated the women's difficulties and left them vulnerable to becoming involved in additional situations of harm (Herman, 1981; Zulueta, 1993).

Chapter 4 Alcohol or Other Drugs in the Family

In addition to the kinds of loss just described, there are other losses that were also prevalent in the lives of these women. In this chapter I discuss the implications of growing up in a family where parents incorporated alcohol or drugs as part of their lifestyle. Essentially, if parents are preoccupied with abusing substances then they are less likely to be emotionally available to their children and as a result the children may experience a **loss of object love**.

Of the fifty women, 70% (n=35) grew up in families where alcohol and/or drugs were used daily or often by a parent or parental figure. [Often was coded if the woman used descriptions such as: heavy drinker, got plastered on weekends, was out of it a lot.] Specifically, 18 of the women had fathers who met this criterion; nine of the women's mothers met the criterion; six women had both parents meet this criterion, while two women had a parental figure (e.g. aunts, uncles) who qualified in this category. For 27 of the women (77%), alcohol was the substance used by a parent; four of the women reported alcohol and other drugs as the substances used, while the remaining four women had other drugs (e.g. marijuana, cocaine, heroin) as the substances used by parents. The earliest age of the women when substances were being used frequently by their parents ranged from birth to age 18. The median age was four years old. It is significant that three-fourths of the women were six years old or younger when their parents were actively abusing alcohol and/or other drugs. Both alcohol and illicit drug usage will be treated synonymously in this text as their detrimental effects upon family life have more similarities than differences (Black, 1990; Wood, 1987).

While recent research literature is replete with information regarding the effects upon children who grew up in alcohol-or drug-abusing families, there is a lack of

agreement as to significant differences between groups of children of alcoholics (COA) and adult children of alcoholics (ACOA) (Sher, 1991). However, there is consensus among researchers regarding the negative effects of children growing up in dysfunctional homes (Hadley, Holloway, & Mallinckrodt, 1993; Bennett, Wolin & Reiss, 1988; Wood, 1987; Brown, 1988).

...family dysfunction leads to significant adult self-representation and interpersonal impairment, especially difficulties with trust and intimacy, and a belief in the self as unworthy and the essential unreliability of significant others. (Hadley, et.al., 1993, p.354)

Growing up within a dysfunctional home as a result of a parent's alcoholism or drug addiction has been well documented in the literature (e.g. Woititz, 1983; Black, Bucky & Wilder-Padilla, 1986; Wegscheider, 1981; Sher, 1991; Black, 1990). Some of the effects that children experience include: a disrupted schedule of daily routine, fear of the alcoholic parent's unpredictable behavior, lack of safety and security, a sense of isolation and shame, low self esteem, and reversal of roles (e.g. Hadley, et.al., 1993; West & Prinz, 1987; Wood, 1987; Wurmser, 1981; Black, 1990; Wegscheider, 1981). Ultimately, Black (1990, p. 5) suggests that children who were raised in families where alcohol usage was a problem "experienced loss on a chronic basis. That loss may have been due to physical abandonment, emotional abandonment or both." The losses resulted in a childhood that was interrupted or nonexistent, due to the stressors inherent in having a dysfunctional parent figure.

When parents consistently invest their energy in alcohol or an illicit substance, object relation theorists (e.g. Horner, 1991a) would characterize the situation as the child experiencing a loss of object love. This typically means that parental energy has been preoccupied with an object or substance to the extent that the needs of the child are greatly ignored. Thus, the parents' relationship with a substance precludes their ability to have an

emotional, and sometimes a physical relationship with their child. Alcoholic parents are emotionally needy people, who often turn to their children with the hope that they will fulfill their wishes and demands (Black, 1990; Hadley, et.al., 1993). Children, however, have needs too and typically look to their parent(s) to provide for them. In a drug abusing home, children typically sacrifice their own emotional development to meet the alcoholic parent's narcissistic needs, and the child's self concept is distorted in the service of maintaining attachment to the powerful parental figure at all costs (Jacobs, 1991).

To acknowledge or admit that the parent is incapable of meeting these needs, when the child is utterly dependent upon this adult for survival, is far too overwhelming for the child. Instead, when a child learns that she cannot depend upon a parent to be there for her, there is often an internalization of the bad object (i.e. the parent), so that the child comes to believe that she, herself, is bad and undeserving of love and nurturance (Wood, 1987). This seemingly paradoxical effect is a defensive maneuver, which allows the child to continue seeing the parent as good and able to meet her needs if only she could improve enough so that the parent would deem her worthy. While the parent is then "protected," the self esteem of the child is sacrificed by her believing that there is something wrong with her. The toll of incorporating all the bad elements, such as rage and being ignored, precludes a sense of inner security and self worth from developing (Fairbairn, [1943] 1981; Kohut, 1984). Although not all children who grow up in alcoholic families develop poor self esteem and seriously impaired relationships with others, research findings have demonstrated that those who manage to fare better with fewer patterns of maladaptive behaviors are those who have a network of social supports (e.g. Ohannessian and Hesselbrock, 1993; Williams and Corrigan, 1992).

Because 75% of these women were six years old or younger when alcohol or drugs were introduced into their homes, their self development and relating to others was

impaired. When discussing the effects of growing up in a drug abusing home, I will be interweaving the perspectives of attachment, object relations and self psychology herein with narratives offered by six of the women because how one sees self and relates to others is intertwined. The accompanying lack of social supports that characterized the women's experiences is noted also, as this is the precursor to their developing maladaptive coping mechanisms.

To illustrate parental preoccupation with alcohol and/or drugs to the degree that a child's sense of safety and/or security was compromised, we can look to Maureen's childhood. Maureen's mother used cocaine and heroin on a daily basis, and was typically unable to provide her with a safe environment. During one of the many unsafe times in Maureen's childhood at age 13, she tried to kill her mother's lover:

She brought this strange guy home. We were living in a one bedroom apartment and she wasn't home at the time and he tried to make a pass at me. He asked for sexual favors from me and I cut him with a knife cause I was very upset.

In addition to being exposed to unsafe encounters with her mother's male friends, Maureen also reported that while growing up she felt safe or secure with "no one, maybe my sister, but she's younger than me. Other than that I didn't feel safe with nobody." Maureen also stated that her father "...was never there from the time I can remember." Without protection from adults, Maureen was vulnerable to repeated acts of harm throughout her childhood, as her mother's lifestyle with drugs continuously re-exposed her to danger. Maureen succinctly illustrated what it was like to grow up in an unpredictable environment and the lasting impression it has made upon her:

My mother used coke and dope on a daily basis since I was eight years old. I wouldn't know what was going to happen from day to day or minute to minute. I could never be sure that today would be like yesterday. So I really wouldn't know. It made me very bitter inside...very emotional and I hurt every day over something different that I can remember from my past.

As a result of growing up in an environment where she could not feel safe, Maureen adapted by paradoxically continuing to put herself in situations where personal safety was an issue. By this I mean she began prostituting daily at the age of 13, as well as robbing and stealing to get money, instead of avoiding situations that most people would perceive as dangerous. These maladaptive coping behaviors allowed Maureen to survive in the only way that she knew how. Maureen described having mental health problems during her early teen years. "I used to close up. I wouldn't talk to anybody. I wouldn't eat. I would just sit in a corner by myself."

For Maureen, speaking up was futile if no one was there to listen. Her mother's repeated disregard for Maureen's safety was a message that Maureen interpreted as her own voice or wishes were unimportant at best. At age 16, Maureen involved herself in yet another situation where her physical safety was compromised, and this time she killed the person who was trying to harm her.

Another example of how initially adaptive coping mechanisms were transformed into maladaptive ways of relating was illustrated in Edna's story. Edna grew up in a family where alcoholism was prevalent. Her father was an alcoholic and unable to protect Edna during times of crisis, as he was either absent from home or had violent outbursts when he was there. Edna elaborated that her childhood was greatly effected by alcohol, as evidenced by the confusion she felt due to patterns of unpredictability within her home.

Well I had an alcoholic father. He'd live with us for a year or two and be gone for two to three, then come back for a year or two and be gone a year or two. So my family life, I'd have to say, wasn't a very happy life. My mother tried to do the best she could for us, to see that we had the things we needed. My father, with his alcohol problem, when he was there he was mean to my mother. He wasn't to us kids, just my mom. So it was very unhappy because of him coming and going I never knew when he'd come back. He'd come back sometime in the middle of the night and then he'd end up staying with us. So I had a very unhappy childhood. There was a lot of violence and a lot of unhappiness. He took a gun after us. It was very confusing to me. I never knew from one day to the next what was going to happen. What my life was gonna be about because of the way my father acted. I

was very confused. There were times I'd be in school and they'd call me down to the office and tell me you can't go home. What do you mean I can't go home? You can't go home. Your mother is going to be here in a little while. My mom would come. Your dad has been drinking and he's going crazy. He's going to hurt somebody. And I wasn't allowed to go home. So I was very confused. It was very upsetting.

Edna not only had to contend with the unpredictability her father's drinking caused, but she also had to deal with alcoholism among her seven siblings. Edna was between the ages of five and ten when she experienced a situation of terror, fear and lack of safety due to her older brother's drunkenness.

...we were held at gun point. My brother was a very sore loser in whatever, card games, anything. He didn't like to lose. So he was playing a game of checkers with somebody and he lost. He took the board and dumped it over. Then he went upstairs and got the gun, and he told everybody get upstairs. When we got upstairs he forced us to sit there. We couldn't lay down or go to bed or nothing but just sit there all night with a gun on us. My sister was out on a date that night, and it just so happens that they had car trouble and she didn't get home that night, and he was telling us that the first person that comes into the house was going to get shot. I knew my sister was out and I was scared to death that she'd come home and get shot. He kept us like that all night long. I was so afraid that I could hear the pulse in my ears racing. The next morning he finally let us come down cause he got hungry. He let us come down but we weren't allowed to leave the house. My sister was there with her baby. He opened the front door and pushed the baby out in a carriage. He pushed it out in the snow and it turned over. When he did that my mother and I ran out the back door to the neighbors and called the police. That's how that stopped. We had him arrested.

Despite the chaos and danger that seems to have been a part of her daily life as a child, Edna emerged as a protector of others, particularly when it came to family members. Although Edna would protect others, it was by using violence that she conveyed a sense of protection, for this is what she learned in her own family. Violence, manifested in physical hitting and fighting, was perceived to be an adaptive mechanism for Edna to express her feelings of rage toward others who attacked her family. Violence became an expression of love to Edna.

I would fight with other kids at school, mainly because they would be bothering friends of mine, so I would be defending friends. Sometimes it was because they'd

say something about one of my family members, but it was not me. I don't remember ever it being just me. It was usually they'd be talking about one of my family members...

While it seemed that Edna could protect others by being violent, she looked to men for protection rather than believing that she could take care of herself. In terms of coping, Edna never learned to value herself as a little girl, and she observed her role models expressing care for another by behaving violently. Her first marriage at age 17 did not last long, as her husband wasn't violent toward her and she questioned his true feelings for her as a result.

My grandmother was beaten by her husband. My mother was beaten by my father. When I got into my first marriage my husband never beat me. He wasn't jealous of me. He never beat me and I used to question did he really love me?

Edna began using alcohol on a daily basis when she was 23, following in the pattern of her father, two older brothers and an older sister. In her twenties, Edna tried to kill herself more than ten times because she was

...tired of living. I would get the feeling of being just alone. That nobody cared. By neglecting me I would feel hurt emotionally and mentally. I would feel uncared for.

Because she felt isolated and unloved, Edna left her first marriage and married a man who was jealous, an alcoholic and physically abusive toward her.

...so then when I met my second husband, he was very jealous. So I said this guy really loves me, and I was attracted to him, so we ended up getting married. I suffered a lot of abuse being married to him. Until finally it just got a little carried away and got my nerves really bad and I'm here [in prison].

Both Maureen and Edna reported experiencing a pronounced lack of safety and security in their own homes as a result of alcohol or drugs being a major part of their families. When safety and security are compromised because of the unpredictable environment created by having an alcoholic in one's home, children are filled with

uncertainty, broken promises and fear. With the presence of alcohol/drugs in the home, all too often physical and/or sexual abuse are present as well. Both Maureen and Edna were victims of such multiple abuse.

More commonly, there is emotional abuse which accompanies the alcoholism (e.g. Black, 1990; Woititz, 1983). When fear is an integral part of daily living, a child's normal developmental processes are inhibited because the child's energy is being devoted to survival and protecting self, as well as her alcoholic parent (Terr, 1990; Wood, 1987; Herman, 1992). In her fearfulness the child learns that her world is a chaotic one where reliance upon others is not a good thing, because there is more disappointment than there is fulfillment of promises and expectations, as well as the possibility of lurking danger (Black, 1990; Wegscheider, 1981; Woititz, 1983). Maria recalled the fear she felt after her father would come home from drinking:

It used to terrify me cause he came in arguing all the time. Everytime we knew it. We'd be up with my mother watching TV and here he comes, what are the kids doing up? Be quiet and those types of things. I used to resent when he came home because he would drink Friday night. Then Saturday he'd sleep. I always remember going in his room and oh that smell, cause he used to drink gin and it smelled when you went in the room. It would hit you at the door. Then I remember everything would be fine Saturday. We'd go for a drive. They had land and we'd go out to a place that was a farm. After he got up he was okay. Then he'd do some work around the house and then that Saturday night he was back to the bar. I don't think it really bothered my mother so much that he'd go out on the weekends cause he spent time with us. I think what bothered her most was that she'd be minding her damn business and here he come. Because he went out and got drunk and here he comes back to the house. We sitting there and having fun. Nobody's bothering him and he comes in after drinking and disrupts the whole family. I never saw him like beat my mother but he used to push her. When I was four or five years old that was beating to me cause I'd be scared and I never knew what was going to happen. It terrified me when he used to drink.

Typically in an alcoholic family children focus upon the comforts of physical security, when it exists, as this is the most tangible and concrete way of reassuring themselves that

everything will be okay (Black, 1990). Maria explained that she got all material comforts and physical security from growing up in her family.

I always felt secure and protected, except on the weekends during the time that my father was drinking. I always felt secure and protected. I never wondered about what are we gonna eat? Were we going to have money to do things? Was I gonna have new school clothes? Things like that I didn't worry about because I knew I was gonna have them. They taught me the good things. To enjoy things out of life.

She viewed her mother as a positive role model who was financially independent from Maria's father. All of these good qualities, however, were overshadowed by a cloud of emotional impoverishment, which enveloped Maria as a result of her father's alcoholism during five years of her childhood. At age 16 Maria began using cocaine daily and a year later, crack became her daily partner. Maria was charged with the negligent death of her son, as she was too high and involved in the drug culture to realize that he had medical needs.

My son's death resulted from me being under the influence of crack so much that I didn't want to go out. I had three babies at the time..Let's put it this way, if I wasn't getting high I would have been taking him to the doctor.

But Maria's negligence of her children was evidence of a long standing pattern as she talked about their emotional demands and how she ignored their needs, the same way that her own parents had ignored her emotional needs. As learned in her own childhood, Maria thought that if physical needs were being met, she was providing adequate care for her children.

After I'd been getting high all night long until the wee hours of the morning, here come the kids. Okay, I'd get up and fix their breakfast. Alright then I want to go to sleep. I don't want to be bothered. So I'd set them down with toys or cartoons and I want to go to sleep for awhile. No sooner did I close my eyes then somebody is fighting with somebody. Now I understand that it was attention that they wanted from me, that they didn't get all day long. Really because I'd be with them, but I was somewhere else. You know, I was high. So they figure it was morning. It's a new day and I'd get up. I wasn't high and to them I acted normal, but I was still high. I'd be depressed and I'd be tired. So when they'd start fighting I'd get up and

start cussing....A couple of times I'd feel really bad because I was getting high. I'd go in the bathroom. I figured I'd fed them, and bathed them and sat them down with a coloring book and crayons and no sooner than I'd get in the bathroom and they're fighting again. Then I didn't know that they just wanted me. Then I figured they just wanted to disturb me getting high, so I'd come out and start, 'you bitches.' I said that rarely to them, but I said it enough times, I think too many times. That was a typical thing with them.

Children who grow up with a parent being addicted to a substance, as Maria did, often are quite insecure and emotionally impoverished as a result of having lived in an unpredictable and unempathic environment during formative years (Wood, 1987). The impact this has upon self development is drastic. Given that the child experiences little love or nurturance from others, she comes to feel undeserving and questions her worthiness as a human being. The child's ability to self soothe during times of distress is impaired, as she has never had that experience of comfort from the parent figure. Alcoholic parents are unable to "mirror" responses of calm to their children due to their own shaky sense of self (Kohut, 1971). Therefore, their distress is transmitted to the child, who paradoxically attempts to then soothe the parent without success. In times of crisis, the child has no model for calming herself, and anxiety is unmanageable.

Prevalence of anxiety among adult children of alcoholics has been well documented in the literature (e.g. see Mathew, Wilson, Blazer & George, 1993; Brabant & Martof, 1993; El-Guebaly, Staley, Leckie & Koensgen, 1992). Typically, the children are exposed to maladaptive and self destructive patterns, which are either "modeled or prescribed" by their parents (Wood, 1987). Feelings of self depreciation are likely to exist, particularly among females who have grown up with an alcoholic father (Berkowitz and Perkins, 1988). Feelings of anger, which emanate from frustrated longings for nurturance, often become part of a chronic condition (Potter-Efron & Potter-Efron, 1991), and may be masked by outward feelings of shame and embarrassment (Hadley, et.al., 1993; Wood,

1987). Magnolia described some of the feelings that growing up with drug abusing relatives evoked in her.

I used to be very depressed watching them nod when I was a child. In the beginning my mother and uncles they were ale alcoholics, they used to drink ale every morning and all day long. I used to be very depressed and embarrassed behind it. Especially knowing that the violence would come next. One of my little cousins almost died from eating a methadone biscuit that my aunt had left around, that effected me cause she was taken away. They said that they didn't supervise very well and little children shouldn't be left in the household. I guess that's why it took me until the age of 21 to really start taking a drug. The smell of alcohol gives me flashbacks because of my family, if I smell it on someone I get turned off.

Although Magnolia did not use drugs until she was 21 years old, a boyfriend then introduced her to cocaine, which she began using on a daily basis. Magnolia said that the main reason she used cocaine was because "...it was a drug that my family didn't take and I was scared to death of my boyfriend." With regard to her personality, Magnolia said:

I've developed a different personality from using cocaine, I was an inhaler. I used to be very shy and one of those people that used to stay in the corner and didn't go out much. Cocaine would make me more bolder and bring me out. I just didn't fear anything that I used to before I had started sniffing cocaine. I was able to see a whole lot happening, a lot of violence that took place, like homicides....a boyfriend was committing a great deal of crimes, and my tolerance, I wasn't as apt to bug out and go berserk from what I saw him doing, I was able to put up with a lot.

Coping strategies that allow the child to survive the brutality of living with dysfunctional parents often become solidified, and are difficult to abandon in adulthood even though new and different situations may be introduced (Black, 1990). So although many might consider using cocaine as a maladaptive way of coping, for Magnolia it was an effective tool that enhanced her ability to deal with the violence she encountered from being with a violent partner. Generally, children who grow up in drug abusing families do not have the flexibility to adapt to various situations with a range of responses. They sometimes then seek situations that are familiar to them, however unhealthy and maladaptive they may be, in order to find solace in predictable behaviors. Magnolia

explained that "...tolerance of violence, a lot of depression still, a coldness..." were all the result of growing up in a drug abusing, dysfunctional family.

I'm not an intimate person, I don't know how to be, I've never had the family bonding to know what caring and love entail, so I have a hard time giving it to my children. I don't have total respect for family. I learned that it's not a good feeling to be abandoned from past experience and I wouldn't do that to anybody else.

Magnolia was able to tolerate a great deal of violence and abuse, once she altered her emotional disposition with cocaine. This was not without a price, however. It seemed that Magnolia desperately wanted someone to care for her, so she became involved in a relationship with a man who was violent and had a criminal record. On a day when she used cocaine, Magnolia accompanied her boyfriend on a "business" trip, which resulted in a shoot-out. Magnolia was charged with killing a man, who was seeking revenge upon her boyfriend.

Alcohol- and drug-abuse characterized homes also may breed mistrust of others due to repeated failures in trust relationships. Although alcohol and other drugs are ingested by an individual, their toxic effects reach far beyond the individual's parameters and touch all who come in contact with the person. It is common that families become preoccupied with the alcohol- or drug-abusing individual to the extent that their entire lifestyle revolves around this person's problem (Black, 1990). Thus, a child's ability to connect emotionally with others is tainted by her early and most predominant experiences of mistrust and breached promises. Many of the women had seriously impaired object relations and suffered from a lack of love during their childhood years. A majority of the women were motherless, some directly due to their mothers using alcohol or drugs, and others indirectly as their mothers were involved with partners who were addicted. The mothers' codependency upon their partners precluded their having emotional energy to spare for their children. Both Maureen and Magnolia lived with mothers who were unable to provide

emotional safety for them due to their own drug abuse, while Edna and Maria's mothers were bystanders to the destruction that alcoholic partners rendered upon the family. Without parents to rely upon for security or emotional nourishment, children in alcohol- and drug-abusing families frequently resort to behavioral measures to gain the necessary attention from adults (see e.g. Black, 1990). For the child who grew up within a home where little emotional warmth was shared, interpersonal relationships are fraught with difficulties during adulthood.

The adult child of an alcoholic often demonstrates extremes in behavior ranging from withdrawal from an intimate to aggression toward the intimate upon whom there is a dependency (Wood, 1987). This is consistent with descriptions of attachment difficulties observed in female adult children of alcoholics (El-Guebaly, et. al. 1993). These types of dysfunctional attachment behaviors serve to keep or create an emotional distance from others and to perpetuate the social isolation that began in the childhood family of origin. Social isolation is a predominant characteristic of growing up in an alcoholic- or drug-abusing family. It serves to insulate family members and ensure that secrets are kept within the family (Black, 1990). Often, children in the family are forbidden to associate with friends or to spend time outside of the home. Starting when she was 13 years old, Michele's father drank alcohol daily. When asked the effect this may have had on her she said,

It had too much effect. My father used to beat me up all the time. This man would beat me up for nothing, create problems that weren't there. He was a pain... I didn't have friends. We weren't allowed to have friends, father wouldn't allow it. My mother and father worked themselves to death and we were always stuck in the house. It wasn't fun. We were very sheltered. My father kept us in the house after school. He said you go nowhere.

Without the social support of having someone to confide in, such as a parent or friends might provide, Michele resorted to maladaptive behaviors that were both self defeating and

self destructive. Michele felt that she received only negative emotions and behaviors from growing up in her family.

The abuse started when I was three. When I was 13, I tried to kill myself cause of my father. Suicide...the negative parts [of living with my family] made me into a negative person. I felt like I wasn't good enough. I felt like I was born to be nothing. My self esteem was down totally. I tried to kill myself every year since I was 13, every year. Everytime my father would beat me up real bad I would try to kill myself, every year, its like one incident really gets out of hand and that man really beat me up.

It is a sad but all too common phenomenon that Michele identified her father, despite his abusing alcohol and physical abuse toward her, as the person with whom she felt the safest or most secure.

...cause I'm a daddy's girl. No matter what my father did wrong, I was daddy's girl, cause he's the man of the house, he's the man.

Michele's norms for safety within relationships were distorted by her relationship with her father from a very early and impressionable age. It is not surprising then, that she became involved and remained with a man who was abusive and unfaithful. While visiting with him, Michele was confronted by his other girlfriend who was intoxicated. A physical altercation occurred and Michele ended up stabbing the other woman to death. Although Michele knew that he had been "cheating" on her, she later reflected from her prison cell:

If the man's cheating, kick them to the curb, leave him alone. Men are going to cheat. Some men are good but there are others that can't be celibate when they're not around you. If they can't be celibate, they're not good enough to keep, cause you're gonna end up right here. The situation would never have happened if he had just been a man. I'd like to see a lot more self esteem groups and work on your childhood. A woman needs to learn about how she can be by herself and basically be independent without a man [something Michele's mother was never able to accomplish and therefore, not able to teach Michele], cause if they feel like they need this man in their lives, they're gonna always depend on that man for everything and once something threatens that relationship they feel like they have to take the other person's lives. There should be something for a woman to build up her self esteem and her independence so that she don't need a man.

Emotions, like shame, also contribute to reinforcing the social isolation of growing up in an alcoholic family. Lorraine talked about the effects that having alcoholic parents had on her being a child and having social relationships.

[My childhood] was alright until I was 10. Then my mother took me out of school to watch my younger sister and brother. Mother had a bad reputation in town, alcoholic, was with a lot of men. My father also was alcoholic and very abusive toward my mother. Both [my] parents were alcoholics. You couldn't bring your friends home. It was shameful all the way around... anytime my father beat my mother, that was the worst part of my childhood. If he didn't do that probably my whole life would be different...I think I became like my father, thinking like he did. Like you don't forgive others. Never let it go. I would get emotionally disturbed by others' behavior and unforgiving.

Lorraine expressed her anger by being aggressive and violent toward others, just like her father, and began using alcohol daily at age 12, only to graduate to daily use of cocaine and crack during her mid-thirties. She stabbed a man to death following an encounter where she felt he would not let her leave the relationship. Lorraine said that "if I had stayed clean and not gotten into drinking and drugs," the homicide would not have occurred. With her addictions and lack of forgiveness, she was never able to resolve things or to move on with her life. Her parents were not good role models in this sense. Lorraine's life became an endless repetition of abusive encounters, where she would exert her control by using physical force. When Lorraine was in a situation where she could not win or gain control, she killed and viewed it as "another bad situation" from she had to extricate herself.

Given early negative experiences of attachment with alcoholic parents and the unspoken message that neediness is not tolerated, the child attempts to split off the emotional longings for love and nurturance. The end result is sacrificing self to hold onto another. The child perceives that the object [parent] must be kept alive and can only do so by the child meeting its physical and psychic needs at any cost (Wood, 1987). However, when these feelings inevitably surface, the "adult child" ends up selecting someone who is likely to recreate and fulfill the role of the alcoholic parent. In her wish to "make right" or

rehabilitate the parent, the adult child sets herself up for further rejection. "When adult children feel trapped, once again, in a dangerous, sadomasochistic world, they may reactively identify with the perceived aggressor and become abusive, exploitative, and/or neglectful themselves" (Wood, 1987, p. 69).

Certainly this was true for Edna, Maria, Magnolia, Michele and Lorraine in regard to the men with whom they had relationships and in their inability to manage their own aggression. Their emotional needs were expressed through abuse of substances and an unhealthy dependency in relationships. Pervasive social isolation and a learned silence about asking for what they needed only served to reinforce the cycle of poor self esteem that had been initiated in their families of origin. The combination of emotional neglect resulting from growing up in a drug abusing family and the accompanying violence that characterized these families cannot be underscored enough. The next chapter explores some of the deleterious effects that violence in the home brought for these women.

Chapter 5 Family Violence

The acts of personal violence that characterized the women's childhood years were examined by looking at experiences of physical harm, sexual harm and the witnessing of these types of harm within their families. As mentioned in Chapter 2, physical harm encompassed acts ranging from hitting behaviors to using a weapon while sexual harm ranged from inappropriate touch to forced penetration.

A majority (91%) of the acts of physical harm, sexual harm and the witnessing of physical and/or sexual harm, which 45 of the women experienced, occurred with family members. Of these women 82% had experienced multiple acts of harm (i.e. physical and sexual harm or witnessing physical harm and experiencing physical harm). Of the total sample of 50 women, 78% experienced acts of physical harm as a child, 52% experienced acts of sexual harm and 72% witnessed acts of physical or sexual harm. The modal earliest age for experiencing physical harm is five years old and the median age is eight years. The modal earliest age for experiencing sexual harm is eight years, while the median age is nine years. The modal earliest age for witnessing physical or sexual harm is five years and the median age is five and a half years. Earliest age of harm is unable to be calculated for five of the women as the age was either missing or not reported. While physical and sexual harm are distinct entities, the effects of having survived either are dealt with conjointly in this chapter. Their resulting impact upon personality development and the capacity to form interpersonal relationships are more similar than different (see e.g. Browne and Finkelhor, 1986; Briere, 1992).

Violence in families has received growing attention in the last few decades (see e.g., Straus & Gelles, 1992; Straus, Gelles & Steinmetz, 1988; Browne & Finkelhor, 1986), but the effects of violence, both immediate and long term, upon self-development is

a relatively new area of research (see e.g. Herman, 1992; Terr, 1990; Zulueta, 1993). The damage done by sustaining harm is often deep, painful and scarring. When the harm occurs within one's own family, rather than outside of the home, the effects can be much more damaging because a betrayal of safety and trust is involved (Herman, 1992, p. 55). When a child gets hurt, home is the place where she usually seeks safety and security. If hurt is occurring in the home by someone whom the child should be able to trust and rely upon, the child's sense of safety with others is distorted and her sense of self-esteem diminished. Without first establishing a foundation of basic trust in another person, it is difficult to create and maintain healthy interpersonal relationships throughout life (see e.g. Erikson, 1968).

The occurrence of harm or abuse in families is usually not a one-time event. Rather, it is a pattern of behavior that characterizes families who are dysfunctional in their communications and ways of relating with each other (see e.g. Straus & Gelles, 1992). It is not uncommon to find that alcohol use often plays a part in violent situations. For example, the previous chapter noted that it was expected that drinking typically would precede violence in the homes of Michele, Maria H., Lorraine and Edna. I will be discussing the effects of long-standing or chronic trauma instead of one-time events (see e.g. Terr, 1990) because this was the norm or typical scenario in the lives of these women.

In this chapter the terms harm, abuse and trauma are used interchangeably based upon their similarity in meaning. A definition of a traumatic event according to DSM IV (1994, p. 424) is given here as a reference point for further discussion of trauma.

...direct personal experience of an event that involves actual or threatened or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

The wear and tear that abuse renders upon a child's psyche is contingent upon a number of factors, including the nature of the trauma, its duration and intensity, as well as how others have reacted to it (Zulueta, 1994, p.174). As part of a dissociative process the child learns to separate emotions from actions or events which are too painful. This defense is used frequently by victims of trauma (Herman, 1992; Terr, 1990), and has characteristically been documented during times of war. In war times, the victim often reports a "numbing" that occurs following the killing of another (Lifton, 1973). In cases of abuse in the home, this "disavowal" of painful or distressing stimuli permits the child to collude with the parental perception that all is fine despite the reality of being harmed. The payoff for this distortion is the fantasy of parental love/security, which is "guaranteed" if the emotions are squelched. Disavowal becomes the developed defense against the meaning of an external perception (Basch, 1982). Reality is intact, but its meaning is not accepted.

For as long as you are not allowed to see something, you have no choice but to overlook it, to misunderstand it, to protect yourself against it in one way or another (Miller, 1984, pp. 9-10).

Ultimately the toll that long-term abuse takes upon the child results in her taking action to protect herself by becoming emotionally numb to various stimuli, whether pleasant or unpleasant in nature. During times of harm she dissociates from her feelings in an attempt to prepare herself for dealing with the onslaught of terror, pain and fear that accompanies the trauma (see e.g. Terr, 1990; Herman, 1992). Trauma breaches attachments with others to the extent that a sense of alienation and disconnection pervades every relationship.

Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation. (Herman, 1992, p. 51)

When trauma is long-standing, the child's personality deviates more in terms of repetitive re-enactments. She may relive and re-experience aspects of the original trauma in

dreams, thoughts, actions, memories, or vivid sensations and images (Horowitz, 1986; Herman, 1992). The threat of annihilation or destruction that characterized the trauma exists long after the actual danger has passed. Lifton (1980) has spoken about trauma leaving an "indelible image" upon a person to the extent that it may haunt for years after it initially presents itself. Part of the haunting commonly is manifested in these behavioral re-enactments. Sometimes difficult to recognize, these re-enactments may simply involve a tendency to continue becoming involved in abusive attachments. For example, Abby witnessed repeated acts of physical harm between her parents when she was between the ages of three and eight:

...my father was always being arrested, always fighting, back and forth to jail, I heard the stories...it was hell on high wheels, I saw the drinking, a different man everytime. I didn't like my mother, she almost killed my father. They had an argument and she stabbed him with a bayonet.

Abby was also sexually abused by her mother's male friend when she was five years old, in addition to witnessing acts of incest between siblings:

...the most confusing and disturbing was when I used to watch my brother and sister. I couldn't understand why my brother and sister was having sex. That troubled me a lot.

As a result of being exposed to all the violence, Abby actively sought to be involved in situations and relationships of violence and abuse. She participated in a gang when she was 12 years old and engaged further in abusive behavior.

...gang wars was an escape for some of us and a need for some of us, something would happen at home, probably got a beating and would run out of the house and see someone in the wrong turf, that was a good enough reason to fight.

During her late teen years and then as a young adult, Abby continued to be involved with boyfriends and a husband who physically and sexually abused her numerous times.

Another example of repetitive re-enactments of previous trauma was evident when listening to Cathi's account of abuse. Cathi was deeply scarred by the sexual violence that characterized her childhood years. She spoke about the long term impact of being sexually abused during childhood by her stepfather when he was drinking.

When I was 13, I woke up to find him standing over me feeling my breast. He tried to say he was fixing the covers....I was suspicious of men, or even male peers, didn't trust them.

Unable to distinguish safety from danger in interpersonal relationships and having a need for connection and caring, Cathi was vulnerable to further situations of abuse. Despite her mistrust of men, Cathi, at 17, found herself involved with a boyfriend who raped her. Both of them had been drinking at the time, although Cathi believed that neither of them were drunk. This confirmed her existing fears regarding relationships.

I was really afraid of close relationships. I always thought they wanted something, my body.

Her interpersonal relationships were not all that were damaged by the sexual harm she had endured. Cathi's self-esteem and judgment were also quite poor. She had never been protected from harm while growing up, and as a result was unable to take appropriate measures to protect herself from harm throughout her life. Instead, Cathi resorted to harming herself in an effort to prevent others from hurting her, "...because I felt if I did, they wouldn't." In her first attempt Cathi, while under the influence of alcohol, cocaine and heroin, tried to jump out of a window because "I was sick of it all." The second attempt was "...over a man, we were fighting, I was too afraid to hurt him, so I tried to do it to myself."

Traumatic events are powerful because of their ability to inspire overwhelming feelings of helplessness and terror. In an attempt to master feelings of being overwhelmed,

a person's symptoms often become disconnected from the origin of trauma and take on a life of their own.

Repetitions of such behaviors as self-anesthesia and dissociation, and of such primitive defenses as splitting and identification with the aggressor, lead to large scale personality problems. (Terr, 1990, p.268)

Thus, multiple behavioral re-enactments can ultimately end up shaping the way a person lives her life. In addition to being numb, a concurrent lack of empathy begins to take hold, as it is difficult to be sensitive to the pain of others when you are caught up in your own survival. Kohut (1985) stated that empathy involves others making an effort to understand self. Parents who are themselves deficient because of their own emotional deprivation are unable to offer empathy to their children's developing sense of self. When emotional needs are consistently unmet, attachments to others are disrupted and self esteem does not develop in a healthy way. If empathy is an extension of self, then the child who has a poor sense of self is unable to feel compassion for others. When 'self-objects,' such as parents, lack empathy, the child often develops an insecure sense of self as a result of feeling low self worth, isolation and rejection. Such feelings often generate additional feelings of rage and despair that later erupt into violent, aggressive behaviors (Zulueta, 1994).

Rather than mourn the loss of body integrity or emotional attachments gone awry, the victim often masks feelings of sorrow with feelings of revenge or forgiveness. Ultimately, revenge feelings are the mirror of the actual trauma with roles being reversed. Revenge is the only way imaginable to restore her sense of power and integrity (Herman, p.189). For an example of how one woman adopted a stance of identifying with the aggressor and acted upon her feelings of revenge, I will share Mara's story. During Mara's childhood she experienced a great deal of violence within her family. She recounted one experience with her mother when she was seven years old.

When my mother tried to cut me in my face and I did like this [she demonstrates by putting her hands in front of her face], and she cut my two fingers and she had to take me to the hospital because it wouldn't stop bleeding and I had to get stitches on my hand. I think it made me feel that in order to have a relationship, it had to be fighting.

Mara continued to explain how violence was a part of her everyday life. Typically, Mara's mother and stepfather would become violent when drinking:

..a lot of violence come, because my mother and my stepfather used to fight all the time. So I got a lot of violence from that. That's why I used to beat on my husband so much. My mother always used to make us kiss her, we had to kiss her before we go to bed or leave the house and that used to get on my nerves. It effected me where I didn't like anybody kissing on me.

At seventeen years of age Mara was married to a physically abusive man and reported one of the most upsetting experiences with him:

...he was trying to beat me to death and he tried to burn my face with a straightening comb. He tried to push my face down into boiling hot water and tried to put me in a tub of hot scalding water.

Mara had developed few coping mechanisms to deal with her pain. Although her drug usage started in her pre-teen years as occasional, by her early thirties Mara used crack on a daily basis. Still, drugs were not an effective tool for numbing Mara, as evidenced by her several attempts to kill herself. At 13, Mara tried to drink bleach because "I just always hated being alive, I always wish that I was never born." As a result of being victimized, Mara then became the victimizer:

What happen was being with him and beating me so much, with my next husband I was now the violent one, beating on him, stabbing him, shooting at him and throwing things at him and setting him on fire.

As a result of effective numbing or dissociation, the traumatized child often puts herself in repeated situations of increasing danger with an unconscious desire to master the trauma in a way not previously allowed (Terr, 1990; Herman, 1992). Because she is

removed from her feelings, originally as a way to protect herself from harm, it is difficult for her to form conscious and accurate assessments of danger. Without appropriate antennae to pick up danger signals in her social environment, she often encounters situations that those not exposed to chronic trauma would veer far away from. In situations of chronic trauma a sense of self is lost in terms of self comfort or physical calm. Instead, a state of hyperarousal is operative. This was appropriate and adaptive when the initial trauma occurred, but it becomes maladaptive where the victim is always anticipating the next blow even if the original perpetrator is long gone (Martinez and Richters, 1993).

...children who develop in this climate of domination develop pathological attachments to those who abuse and neglect them, attachments that they will strive to maintain even at the sacrifice of their own welfare, their own reality, or their lives (Herman, 1992, p.98).

One example of a tendency to remain pathologically attached is evident in Anna's story. At the hands of her mother, Anna suffered great shame and humiliation coupled with physical abuse during her childhood years.

When she would beat me for no reason. Like the house wasn't clean. All the responsibilities were thrown on me. I was the baby-sitter, I was told to stay out of school and take care of my brother regardless if there were others in the house. I had to do it. This one particular time I didn't want to do it (clean) cause I was always doing it and when she came home she questioned me and I told her. So she took a broom, in front of her boyfriend, which was her husband at the time, so I guess he was my stepfather. She made me strip naked and beat the hell out of me. That's when I ran away and never came back. I never went back after that. I was 13...

When trauma occurs during adolescence, it interrupts the three adaptive tasks of this stage of life: formation of identity, gradual separation from the family of origin and venturing out into the greater social world (Herman, 1992, p.61). The psychic scars from the physical abuse stayed with Anna into her future relationships.

It did effect me cause whatever love I never got from my mother I was always trying to get from somebody else.

As a result, in adulthood Anna became involved in relationships with men where she would do anything to try to keep their attention and what she perceived was love. Anna's vulnerability in needing love clouded her selection of potential partners. She ended up with a man who physically and sexually abused her while they were using crack. Anna attempted to alleviate her pain by jumping off a fire escape when she was twenty two:

I was on PCP, going through changes with my mate. Everytime I thought I was being loved, I wasn't. I just got tired of being used.

Traumatized people who are unable to dissociate automatically from their feelings may attempt to produce similar numbing effects by other means. One common method is using alcohol or narcotics, as described previously by Mara and Anna. Another example is Abby who began using alcohol regularly as a young child (before age seven) to cope with her pain of being sexually abused and witnessing physical harm between her parents.

There was so much there. It was there everyday with my mother and my father, seeing my guardians do it. The main reason I started using was because of my surroundings and depression, not knowing which way to go or who to ask.

These altered states of "psychic numbing" (Lifton, 1979, 1986, 1991) not only keep trauma away from consciousness, but also preclude the integration of the trauma into existing parts of self so that healing may occur.

At the heart of every trauma is a betrayed sense of self trust as secrecy and silence become the visible remnants of abuse. When voice has been rendered silent, "repetition is the mute language of the abused child" (Herman, 1992, p.110). As discussed in earlier chapters, it appeared that after learning the "rules" of trauma, the women's voices became silent. This is similar to homes characterized by separations and alcohol abuse, all of which are indicators of dysfunctional family living. Trauma can be dehumanising, as it makes a person feel worthless, but how others relate to the victim and recognize her pain

serves to either alleviate or exacerbate her feelings of pain. The lack of available social supports in the lives of these women appeared to be an integral factor in dealing with trauma as illustrated by Michele's comment of frustration when talking about her abuse:

I said 'where the fuck is everybody...life sucks. 'It did. You start getting yourself all messed up cause some pastor felt like he wanted to have fun with you from age three. All those years your father abused you. They make you feel like you're e nothing, the whole nine yards, there it is....I seen a shrink at my request cause I didn't have no one to talk to.

Other women reported learning to be silent after being threatened. Patty W. was threatened with death should she speak about the harm done to her. Specifically,

When I was home from school one day and my mother had to go out for awhile, my older brother came in my room and forced me to have sex with him. I didn't want to so he beat me up a little at first and said he'd kill me if I ever told anyone.

Another woman, Tanisha, reported that her silence about being abused was indicative of her fear of losing parental love:

my uncle penetrated me a few times when I was between the ages of six and nine ...with my uncle when he decided to do what he wanted to me, it put fear in me. He told me not to tell cause my parents wouldn't love me anymore. It effected me a lot, sex was, it ended up being just sex, not love, then drugs entered the picture. I know why what I did, it was because of sex abuse that happened to me.

To compensate for her lack of voice and speaking up about her pain, Tanisha offered that she began taking pills at age 16 in an effort to cope.

Tuinals made me powerful, bold, expressive, I wouldn't talk much except when I took these pills. I could be something I wasn't. They made me feel powerful. When I felt like this I felt like nothing would happen to me. I felt strong.

Still others, who spoke up about their traumas, found that their words fell upon deaf ears, as they were not believed or their feelings and concerns were diminished by emotionally

uncaring responses. Abby indicated that the betrayal of her "voice" involved her mother's disbelief about her being sexually abused:

He used to pick me up from school. My mother's male friend took me to the roof and tried to put his penis in my mouth. I went and told my mother, she beat me, said I lied that her friend wouldn't do that. I was 5 years old.

Maureen experienced both threats of harm from her abuser and disbelief by her mother when she was raped by her mother's boyfriend.

The most serious was when I was 14 years old with my mother's boyfriend. I was asleep in her bedroom. She had went out and he came in and at first he was just sitting and watching television, so I just fell back asleep. Then I realized something, that he was taking off my clothes. When I opened my eyes he smacked me and told me don't say anything or he'll kill me or kill my mother. I was trying to fight him but he was really, really big. He raped me and I didn't tell my mother because I didn't know what she was going to say or what she was going to do. So it just went on and on for a period of two years. Then one day I just finally decided to tell her cause I was tired of it and, like I thought, she wouldn't believe me. She didn't believe me. So I just walked out of the house and I told her that as long as he stayed there, I would never come back there.

After experiencing trauma it is important to have a social network that enables one to process what has happened. The greater the social supports are, the greater the chance of ameliorating the effects of the trauma (Cohen and Wills, 1985). Specifically, social environment (both availability and utilization of social supports) may determine whether a trauma victim develops a psychiatric condition (DSM-IV, 1994) known as Post Traumatic Stress Disorder (PTSD). Children, especially, are vulnerable because of age-appropriate developmental constraints (i.e. immature egos), and have been shown to develop PTSD after experiencing various kinds of trauma (Pynoos, Frederick, Nader, Arroyo, Steinberg, Eth, Nunez and Fairbanks, 1987). Fitzpatrick and Boldizar (1993) and Martinez and Richters (1993) have found that being victimized and witnessing violence were significantly related to reporting PTSD symptoms. Healing can only occur when a safe and supportive emotional environment has been established. In order to achieve this

environment, their needs to be adequate existing social supports that are accessible (Herman, 1992). In their research, Martinez and Richters (1993, p.32) found that

Parents from the most violent homes were significantly less likely to agree with their children about their children's distress symptoms. To the extent that this reflects a genuine lack of parental awareness of the children's symptoms, it may place their children at an additional disadvantage for coping....Children whose parents are unaware of their stress symptoms may be at heightened risk for developing maladaptive coping responses, and for overgeneralizing initially adaptive distress reactions to situations and contexts in which those responses are maladaptive.

The most striking finding of Martinez and Richter's research was the extent to which parents underestimated levels of distress in their children. Because the women in my sample could not rely upon parents or other adults for safety and social support, their sustaining trauma often resulted in a narrowing reliance upon the external world in an attempt to be safe. Although designed to be self protective, their constrictiveness forced an excessive dependency upon those who existed in the inner circle of their lives, however unhealthy they may be. Social isolation is a natural outcome as the traumatized person feels less safe with most others. When the traumatized person withdraws to protect herself, her chances of developing PTSD symptoms become much greater (Berman, Kurtines, Silverman, Ramos Wolf, Galliano and Dunn, 1994). There is a diminished capacity for a person to make plans, trust her own judgment, and move toward the future. The human quest for immortality and sense of connectedness with the community of the human race is thwarted because when a child is traumatized she only has a sense of the present and the past, both of which are extremely painful to her.

In addition to a distorted sense of time, the traumatized person is also lacking a balance of affect or emotional life. There is emotional vacillation between experiencing the intrusion of painful affect and trying to ward it off by numbing out (Herman, 1992, p. 47). She alternates often between exacerbated feelings of isolation and anxious clinging to others, for while she desperately needs others, she has learned the hard way that others

cannot be trusted. Thus, her "... capacity for intimacy is compromised by intense and contradictory feelings of need and fear" (Herman, 1992, p. 56). Because of this contradiction, the survivor of trauma often vacillates between intense expressions of rage and an inability to tolerate any aggression whatsoever. Anger and withdrawal are typical emotional extremes for those abused. The person's inconsistent behavior is the exact paradox that displayed itself in the original trauma.

Self hatred becomes the method to avoid condemnation of her abuser in an attempt to maintain the attachment. Thus, relationships are preserved at the expense of the self. This continues long after the abuse ends and becomes a part of the woman's personality structure. This is what she has learned relationships are about. In order to keep someone around, she has to sacrifice self. Thus, she has no capacity for self care or self soothing. In times of distress the abused child is very much dependent upon external sources for comfort. Emotionally, the child experiences great anxiety, rage and despair, which often extends into adult life (see e.g. Browne & Finkelhor, 1986) Another woman, Charlotte, was physically abused by both her parents, and also witnessed physical abuse between her parents when they were drinking. Charlotte recounted:

...one time when my mother was beating me up, she got me on the bed. Her diamond ring turned around on her hand and she hit me in the face. The diamond literally went into my eye. She thought that she had blinded me. It stopped her from hitting me for a very long time.

Charlotte also elaborated about her stepfather sexually abusing her, starting when she was eight years old.

I think that initial time that my stepfather approached me, it was the summertime and I was home from school and he had asthma very bad, so he stayed home. When it was very humid out, he couldn't breathe. I never really had a relationship with him at all. It was like, he would yell at me and I would say a couple of words under my breath or he would smack me or something. He was in bed watching television and he had said to me, why don't you come in and watch TV with me? I thought that he must like me, maybe he was trying to be my friend. As much as I didn't like him, I wanted him to like me. I said okay and took my clothes off. I was

dressed and he said take off your shorts and stuff and come lay down and I did. He lifted up the cover and he had no clothes on and he had a giant erection. He said to me do you want to touch this and play around with it to know what it feels like and I said no I want to go outside and play. At that time I was 8 years old and I didn't even know what sex was. I knew that it was something wrong, but I didn't know what it was. As I got older I started to realize what he was doing and why he fondled me...I'm sure it did effect me, number one, I don't trust men.

Beginning at age twelve, Charlotte tried to kill herself three different times because:

...I didn't like myself and I was very unhappy and I guess I was trying to get away from things that I didn't know how to deal with, I didn't have any coping skills. I had absolutely no coping skills and no living skills. I didn't know how to talk to anyone about anything, even the person that was hurting me.

Given her mistrust of men, Charlotte seemed to compensate for these feelings by marrying a police officer, a public symbol of safety. This could be viewed as Charlotte's attempt to break with repetitive re-enactments and try to leave her traumatic past behind. However, her husband also was abusive toward her.

...my husband and I were fighting in the house. I got away from him for a second and the phone rang and it was my girlfriend. I said send the cops because he had really... I had black eyes and I was bleeding all over the place. She did, she called the cops and sent them to my house...

Besides the actual abuse that Charlotte endured, she was then betrayed after speaking up and trying to get help for herself.

...we lived in an apartment building at the time and when the police came, because he was a police officer, he went out into the hall and talked to them. He told them I had been released from the psychiatric center for the weekend and like I was a psychopath. They didn't give me enough medication before I left and I just got a little crazy and the cops just left me there.

Charlotte expressed that as a result of this experience she doesn't trust cops. The larger issue is that a potential system for help had failed her. Given that Charlotte was socially isolated from others because she had a jealous husband, she was unable to rely upon social relationships as a possible refuge from harm.

My husband worked shifts like four to twelve, stuff like that. I wasn't allowed to have any friends, well I didn't have any friends. If he would call me on the phone or something, or if the phone was busy, at that time the only way you can get through, because years ago they didn't have call waiting. If he couldn't get through he would call the operator and tell the operator to cut in that it was an emergency. When he got me on the phone, he wanted to know who I was talking to. If I went to the store while he was home and if I went out to buy cigarettes, he knew how long it would take for me to buy the cigarettes and then to get home again. He was extremely paranoid and extremely jealous.

When self no longer exists, the roots of violence are born (Zulueta, 1994). Deprivation, loss and abuse can so deplete the self that defending itself becomes of paramount importance, whatever the cost to the 'other' (Zulueta, 1994, p.xii). As Miller (1984, p.98) states, "...if their psyche is killed, they will learn how to kill - the only question is who will be killed: oneself, others or both." While taking back power is a step toward healing, exhibiting violence is not a form of healing. Those who have been traumatized, however, are easily misled by the seeming power of violence.

In the next section, I describe with numerous illustrations how acts of lethal violence were used by the women in an attempt to regain a sense of power, vitality and dignity in their lives.

Part III Introduction: The Consequences of Trauma and Lack of Social Supports

In this final section I present the essence of the research findings and suggest some recommendations for future directions. The previous section illustrated the key components of losses that characterized the women's lives. The three chapters concerning distinctive types of losses also demonstrated how losses were not the sole factor in shaping how the women continued to live their lives. From their reports, the women appeared to receive the message that their needs and feelings were unimportant to those whom they loved the most (i.e. parents, family members), even in the face of experiencing upsetting circumstances such as death, alcoholism and violence. In their own childhoods, the women learned that they were unimportant entities who were not valued for who they were, but for how much they could fulfill parental needs.

There was no one, single, factor that led these women into actions of lethal violence. Rather, their early years were characterized by various kinds of losses that were followed immediately by gross insensitivity to their emotional needs. This was typically the result of inadequate parenting and a paucity of social supports. Subsequently, these women never learned to cope with their problems in a healthy fashion. Instead, they became involved in maladaptive lifestyles such as using alcohol and illicit drugs as a means to numb their emotional selves. Without the benefit of exposure to other lifestyles and social experiences, they relied more and more upon their narrow network for meeting their increasingly overwhelming needs. When unpleasant feelings of hurt, fear or anger emerged, they did one of two things: they suppressed their feelings either through learned defensive maneuvers (i.e. dissociation) or artificial means (i.e. drugs), or they expressed their feelings with an intensity that was disproportionate to the situation. As a consequence

of their poor self perceptions and limited social relations that followed their experiences of loss, these women demonstrated a marked vulnerability when attempting to find others who would care for them.

Because they had rarely received love without some kind of complication or condition placed upon it, they were unable to recognize that they deserved something better. Again, tragic circumstances, which happen to all people, became lifestyle patterns for these women who bounced between both ends of the caring spectrum. Either these women withdrew from others or they became enmeshed with others. Either they aggressively fought for what they needed or they passively acquiesced to receive the emotional crumbs from others who bullied them. Both emotional balance and ego maturity were foreign to them, as they never had the role models to demonstrate these characteristics.

Finally, without any external sources or relationships to acknowledge that they might be worth something, these women succumbed to a ravaged sense of self esteem, believing that they deserved all the violence and neglectful behaviors that were delivered to them. Since they were still alive, however, some sense of self preservation or resilience remained. Chapter 6 examines the likelihood that killing was a form of self preservation for these women as a reaction to the presence of a threat. For many of the women the threat was reminiscent of earlier threats to which they had succumbed or had negotiated poorly for themselves. The threats ranged from physical to psychic, but all were posed as a challenge to the women's sense of vitality. Chapter 7 concludes this research by offering recommendations for early intervention and prevention efforts with women who have similar life histories.

Chapter 6 Prescriptions for Lethal Violence

This research has suggested that a majority of these women killed when their thresholds of tolerance were violated by a threat of loss, which was reminiscent of earlier episodes of psychic abuse. Repeated enactments of psychic abuse over extended periods of time resulted in psychic death. Psychic death or "soul murder" is a

...dramatic term for circumstances that eventuate in crime - the deliberate attempt to eradicate or compromise the separate identity of another person...trauma imposed from the world outside the mind that is so overwhelming that the mental apparatus is flooded with feeling. The same over stimulated state can result as a reaction to great deprivation. The terrifying too-muchness requires massive and mind-distorting defensive operations for the child to continue to think/feel/live. The child's sense of identity (that is, the emotional maintenance of the mental images of his/her self) is threatened (Shengold, 1989, pp.2 & 24).

The threat of recurrent losses reminds the person of earlier childhood losses. As a defense mechanism to preserve one's sense of self, homicide is perceived as an inevitable, moral course of action (Katz, 1988). Chapter 5 discussed the implications of unresolved trauma finding itself in involuntary replays or repetition of the original trauma.

In these behavioural re-enactments of the trauma, the subject may play the role of the victim or the victimiser; it is this particular consequence of psychological trauma that is a major cause of violence, one that is still too often neglected or denied, even though it is often at the root of what appears to be cold or unprovoked violence occurring many years after the original trauma (Zulueta, 1994, p.169).

Thus, it appears that the violence is unwarranted, but the person has really stored it in her psyche. The old pain has been registered and re-activated by some new, but familiar circumstance or cue. Weathering the early trauma had resulted in the formation of scar tissue that was vulnerable to tear, given a reenactment of similar, emotionally damaging experiences. As a result of this early damage, inadequate ego development coupled with minimal or no existing supports had rendered many of the women emotionally dependent upon another for survival. Already prepared for an attack, due to a vulnerable state of

heightened arousal, they lashed out in a violent rage when the environmental cues were reminiscent of the original trauma (Zulueta, 1994; Herman, 1992).

People who kill in spite of the inhibitions and penalties that confront them are people moved by strong passions. The issues over which people are prepared to kill must surely be those about which they care most profoundly (Daly and Wilson, 1988, p.12).

Survival is a fundamental need that is often taken for granted in postindustrial society. Skills for survival vary, but the essence of staying alive remains the same. Because the will to survive is not visible and often exists in the unconscious, it is probably easier to tap into its importance by examining the question of mortality (Lifton, 1979).

The impact of one's mortality being called into consciousness is sobering. In all people there is a tendency toward repressing the realization that life, as we know it, is a finite process. Philosophical constructs of the meaning of death are relevant to female perpetrated homicide. Freud's conceptualization of a "death instinct," is applicable to homicide in that:

the death instinct represents the organism's desire to die, but the organism can save itself from its own impulsion toward death by redirecting it outward. The desire to die then, is replaced by the desire to kill, and (wo)man defeats (her)his own death instinct by killing others (Becker, 1973, p.98).

Pathological adult mourning is characterized by an "...unconscious yearning for the lost person; unconscious reproach against the lost person combined with conscious and often unremitting self reproach" (Bowlby III, 1973, p.15). The contention herein, is that similar dynamics of ambivalence, yearning and reproach, characterize the "soul murdered" individual, who commits a homicide. In the homicide transaction the ambivalence, once in balance, is upset by an actual threat of loss. This threat is reminiscent of the psychic murder, and the scale of ambivalence tips toward reproach with all the forcefulness and

power of memories and previous losses compounding its intensity. The result is a reality distorted by a painful past that is recalled by an imminent threat.

A significant proportion of rejected and abused children grow up to perpetuate the cycle of family violence by continuing to respond in social situations with the very same patterns of behavior that they had developed during early childhood (Bowlby, 1988, p.92).

An act of homicide may be understood as a person's attempt toward vitality and symbolic immortality (Lifton, 1979). The contention that remaining alive is not sufficient for one's sense of vitality, but that *feeling* alive is the essence of one's being, supports the notion that homicide is a quest for renewal and an act of transcendence. This parallels the position of "... suicide as always containing a vision, however desperate, of revitalization" (Lifton, 1979, p. 6). For these women, the *feeling* of being alive had been annihilated early in their lives. Paradoxically, killing allowed these women to transcend their "emotional deaths" by reasserting their own life force. Zilboorg (1943) relates that the threat of self destruction and accompanying fear of death are defended against by a mobilization of aggression toward the "enemy" or threat. Although a natural question arises about consequences of one's aggression (i.e. incarceration), the punitive results of imprisonment are dismissed in lieu of acting on behalf of a "moral cause and sense of righteousness" (Katz, 1988).

Homicide is the ultimate challenge of preserving the "good" (Katz, 1988). The "good" which is at risk may be symbolized via petty, inconsequential actions (such as an argument), but the underlying motive is to protect the self, one's esteem/worth, or a significant other. All of these are translated into one's sense of vitality and livelihood, which is deemed at stake due to the presenting threat.

Sacrificial violence does not particularly seek the neat end of death; rather, it attempts to achieve the existentially impossible goal of obliteration, of annihilating or wiping out the victim (Katz, 1988, p.33).

When self is in a precarious position, as in the situation of conflict, the only recourse for survival is to destroy the impending threat. It follows that "... the impassioned attacker is destroying (her)his victim only to create something for (her)himself" (Katz, 1988, p.32). That "something," happens to be a sense of vitality or livelihood which may be easily snuffed out by such an impassioned, ominous threat which is reminiscent of days past and prior losses. This supports the view that homicide was a mechanism of self preservation that protected these women from confronting their own mortality. With a skewed sense of mortality, because they had faced "mini deaths" many times throughout their childhood years in various ways, the women also resorted to drastic measures to maintain their vitality.

Distortions existed in the women's perceptions of vitality when it came to self and interpersonal relationships, as a consequence of their early rejection and abuse. This resulted in their repetition of relationships that fostered dependency. As mentioned earlier there were three significant areas of loss that created a vulnerability or a fragile sense of self in these women and weakened their thresholds for violent actions. Threats that resulted in the loss of self, loss of object and loss of object love (Strean and Freeman, 1991) were all potential triggers for homicidal behavior in most of these women, whose identities were compromised by psychic deaths that occurred following the initial losses. Although loss of status (Strean and Freeman, 1991) was also examined as a factor, it appears that it was a co-morbid indicator rather than a predictive one. Factors that resulted in their resorting to lethal violence were built upon years of frustration, prior experiences of using violence as a means to "settle" disputes, and a desperate wish to alter their life situations, either immediately or long term.

Most of these women had already lost the love of others and love for themselves on numerous occasions. To any of us "the most serious threat is the real or imagined loss of a person we need, whose love we consider essential to our survival" (Strean and Freeman, 1991, p.31). Because they had experienced emotional despair many times, the homicides could be conceived of as a last attempt to secure some sense of self preservation, even at the cost of another's life.

A weak sense of self and a low self-esteem, with their origins in deprivation, loss and abuse, all contribute to human violence. When cultural and parental conditions fail to give us a sense of worth, the self knows only how to survive. The 'other' must become the 'object' of a self that needs to be in control. Reminders of inner weakness and pain must be banished, even at the cost of destruction of the self or dehumanisation of the other (Zulueta, 1994, pp.134-135).

Major Research Findings

The homicides were classified into four major groupings based upon a content analysis of the information that the women reported about their lives. Illustrations of women's homicides that were in each group are provided to demonstrate that there were, indeed, a number of factors that contributed to each killing. It is important to keep in mind that there is an overlapping of factors between the groups. The first two groupings encompassed various prior losses being related to the homicide event and accounted for 68% (n=34) of the women.

The first group was identified as "loss directly related to the homicide," and consisted of 30% (n=15) of the women. Women were classified in this group if they made direct statements linking the killing to prior incidents of **loss of self** or physical or sexual abuse. This was usually obtained from their statements made within the narrative pertaining to the event. It was also extracted from the follow-up questions where they were asked about their feelings just prior to the homicide and whether they had ever felt this way before in their lives. For example, Carmen reported having flashbacks to "...my aunt's boyfriend.

It was starting like that when I was a child and getting ready to get molested." In regard to her killing a 75-year-old, "good friend" Carmen explained:

We was all drinking and he was in the house with us and then something occurred and we started arguing. My friend said, 'why is you all arguing?' Cause he was the kind of person who liked to sexually abuse people. He used to sexually abuse little kids too, and teen-agers he would try too. He was older than me. Well, when I was drinking something occurred, some flashback when he tried, you know. He stopped treating me like a grandpa would, like I told them at the board [meaning the parole board]. He treated me like he was a grandfather and I didn't want to disrespect him but he's just constantly, you know he's the kind of man that just constantly wants to touch women. So we continued arguing and arguing and all of a sudden he just hit me, you know. Tried to hit me in my face. I asked him why is you hitting me and I started getting flashbacks of when I was young for being abused. So he said he was going out on the fire escape and we're still arguing and he's still carrying on. I was under the influence of alcohol but I didn't mean to... He was standing by the fire escape, right there where the bar comes around and the stairs is right there. So he said something to me and he tried to strike me again and that's when I shoved him. I didn't mean to shove him so he'd fall off the fire escape, but he slipped and his feet went off the step and I was trying to grab him and it was too late.

Another example of direct linkage to earlier abuse was illustrated in Cathi's story. Cathi killed her boyfriend during a violent exchange that was all too familiar to her. During the course of a fight she experienced a flashback to earlier, childhood trauma and completed the event with a very different ending.

We were getting high that day (also for the past three days and nights.) The main thing he was out of a job and he was miserable. He would pick and pick on me. He would start an argument just to jump on me. Some friends came by and I copped a half a gram of coke, two spoons of heroin, two 40 oz. of Old English and a bottle of 151 proof rum. He had speedballs and mixed the rum with the beer. I could see him change. He couldn't drink or do coke at all. When I saw his attitude change, I hid everything, the beer, the rum. I knew that with change came violence. He started to accuse me of liking his friend. I had a blackout. I can remember being in a fog.

I went to the store and he was waiting downstairs, staring at me. He had a look on his face like he hated me. I was just fed up with him and all the beatings and all. I felt so down and lost. Everything was going wrong. Nothing was right. I remember being on the ground with him standing over me with a garbage can. I hurt. I knew he did something to me but I didn't know what. When I came to I was terrified. I jumped up and ran into the house. He followed me. I picked up a butcher knife. He said, 'give that to me bitch.' I screamed at him, 'leave me alone.' I was crying. He was gonna kick my ass. I ran out of the house. I tried to run to a friends' house, and tried to get to a phone to call police. He came up behind me. I turned around and held the knife up so he'll see it. He said, 'give me the knife.' I

wouldn't. I know he beat me with the garbage can lid. I wouldn't give him the knife. I just kept stabbing at the air to keep him away. He lunged at me and came up on it. I seen the same look on his face the time my step-father was straddled over my mother choking her- he had that look on his face. I thought he was going to kill her. I jumped on him and he fell off.

Still, another woman, Tanisha, shared her belief that she killed as a result of pent up rage that emanated from years of sexual abuse. Because Tanisha never told anyone that her uncle sexually abused her when she was six years old, she explained that rage had built up in her over the years. A vulnerability was evident in Tanisha's ability to protect herself from danger, as she later was sexually abused by a neighbor and boys on her block during her latency years. This only served to fuel her rage and the sense that others could get their way with her. Tanisha killed her ex-boss, while under the influence of pills and alcohol, and stated that

It was related to my incest. I know that now. I was a walking time bomb...I was mad at the world, at anybody. I think I just internalized so much. He was the man, everything that was done to me, he was it. I just snapped. He was my ex-boss. We were hanging out. I went to use the bathroom. He made a dirty comment. I don't even know what he said. I just grabbed a knife and stabbed him. I didn't see him, I saw my uncle, the guy upstairs, the guys down the block. I felt like I had a sign that said, 'do what you want to me.' He became everybody. I always wondered if they told one another what they did to me, even though they didn't know each other...he was just everybody. I seen my uncle's face, I was six years old again.

Drugs served to block Tanisha's painful memories of abuse, but they did not serve their intended purpose the day she killed her ex-boss. Tanisha also reported how she felt before, during and after killing this man.

I was so freaking angry, things were just falling off my shoulders. I said, no more, no more...everybody who ever touched me, was dying, all the abuse was dying, all the incest was dying...just numbness, total numbness. I didn't know if it happened or didn't happen. I don't know. I wonder, maybe it was the drugs that made me feel the anger. I really don't know. I didn't feel the pain when on drugs, I didn't have to think about the memories.

In terms of what could have prevented her from killing this man, Tanisha said:

Having someone to talk to about the sex abuse. If the teachers were more aware, nobody knew, nobody knew nothing...don't let that anger eat you up, it's not your fault...somebody died because of you, don't do it. In school you have to get to those quiet kids that sit in the corner not doing anything. I was one of those quiet kids. Nobody ever asked is anything wrong. It was always [stuff] on the outside they paid attention to, nothing on the inside.

It was evident that Tanisha felt that social supports were lacking in her life to the extent that she had nowhere to turn with her pain. Between home and school, essentially the world of a child, Tanisha learned to blend in and become quiet rather than make anyone notice her, although a sense of vitality was her desperate yearning.

As Herman (1992) describes it, victims of trauma experience two stages in being "broken." In the first stage the victim relinquishes her inner autonomy, world view, moral principles or connection with others for the sake of survival. Krystal (1978) referred to this stage as "robotization." The second occurs when she loses the will to live. An example of psychic death or being broken is shared here by listening to Charlotte's decision to kill herself and her two children:

When I had first woke up that day, I had allowed myself to come to a situation, where I had completely become financially reliant upon my common-law husband, who was the father of my two youngest children....I was an emotional prisoner, having no self esteem. The only thing that I can think that I can do is take care of the house and raise my children. I had felt this before in my first marriage....I was living in a beautiful triplex condominium, my children went to private school. They had private karate lessons, private swimming lessons. I had a brand new car, and in exchange for all of that, I was like almost being held like an emotional hostage. Anytime I wanted to go out to do anything, I had to okay it by this man who was supporting me. In the meantime, he was going out with a friend, well, a girl who had befriended me knowing that I had been living with him. She had been sleeping with him for two years even before I had separated from him. This whole thing had climaxed into like I had found out, I had told him that I don't care, that I'm going to move, that I will go on welfare. I'm not going to be a fool for you, cause even though I didn't live with him I was still having a like married life with him. We went on vacations together, we went to the movies together, we went out to dinner three times a week with the kids and I was still sexually active with him.

So when I had woke up that morning I was drinking and trying really not to drink, and not using the tools of Alcoholics Anonymous (AA). Instead of picking up the phone and calling somebody when I wanted a drink, I would just drink. The next day I would get up and start all over again, and I'd be up for a couple of days and I'd drink again. My whole life was just a complete turmoil, and I got up in the

morning, it was one of those days. It was a rainy day, it was one of those days where I just didn't feel like living. It just seemed like I had all of these things, I had anything that anyone could ask for and I was miserable. I got up in the morning and I decided that it was going to be one of those days that I was going to drink. I went to the liquor store and bought a few bottles of liquor, and I honestly have no recollection of what happened that day, absolutely none. [So what happened did you pass out or something?] No, I was in a blackout, I was in an alcoholic blackout. I've always been a functional drunk, I can go to work or take care of my kids, or clean the house, and do everything under the influence of alcohol and have no recollection that I ever done it.

[Do you remember what they said or what they told you had happened?] They said that I, I've never spoken to my children's father, since the day that my son died and I was arrested. But they said that I put the car in the garage, which I never did. The car always stayed in the driveway. I pulled the car into the garage, I closed the door, I left the engine running, and I took my two children and tried to kill the three of us. It wasn't even that I was trying to kill myself, but I wanted to take them with me too.

Charlotte also mentioned that her drinking and taking valium effected her judgment to the extent that she was not thinking rationally and this triggered the killing:

My alcohol and drug addiction, some circumstances that was not in my control. But if I hadn't been drinking and drugging I would have realized it, that it was not in my control and I could have let it go or found another means of dealing with the pain besides drugs.

The second classification group involved 38% (n=19) of the women whose prior losses were primarily related to the homicide by virtue of the fact that they involved repetitive re-enactments of behaviors they had used in the past to cope with pain. Thus, their lifestyles were such that they were prone to revisiting situations that placed them in danger with people whom they should not have trusted. However, since their early trust in others was betrayed, their capacity for judging whom to trust was damaged severely.

For example, Helen grew up in the suburbs in a two-parent, Catholic family with two sisters. Helen was first raped by a stranger when she was eight years old and was too afraid to tell anyone what had happened to her. At nine years she began numerous suicide attempts and at age ten she began using alcohol daily:

I went astray because I was raped. It was three weeks before my Communion. I wasn't supposed to go to the store and I did, so I was afraid to say anything to anyone...I was just going to the store when a guy pulled up in a station wagon with a little kid and a puppy, dressed good, didn't look like, you know, a rapist. He asked me would I like a ride to the store. I got in the car. That's when I started to hurt myself at age nine...I drank floor cleaner, drank ceramic glaze, I burned myself, cut my wrist and neck and put my hand through the window... I wanted escape. It was from the rape, I didn't tell anyone for twenty one years. Kids, everybody used to drink. I just didn't want to feel.

When Helen was fourteen she was then gang raped:

guys were drinking alcohol, could have been doing other things too. They were angry at friends of mine. They grabbed me, tied me down and forced sexual intercourse on me. There were six or seven of them. This wasn't as upsetting as the first one.

By the time this incident occurred, Helen had learned that drugs were good numbing agents. She began using barbiturates daily. Apparently, Helen told no one about this incident either. One wonders how both rapes went unnoticed by others in her family, or by friends or school officials. Social isolation appeared to be a prominent factor in Helen's life. During her late teens, Helen's ability to gauge danger seemed to be greatly amiss, as she joined a group of bikers who verbally and sexually abused her at times. Yet, Helen reported that she carefully selected the men with whom she associated. However, she also stated about her boyfriend:

I was scared the time he threatened to kill me. He did push or shove me, but he went into a rage like I had never seen before. I was very careful of who the men were I would meet. My relations since I was a child were all very different. I was distant. Bikers are very possessive of their women, if they see you even talking to another girl, they'll curse you out.

When Helen killed a very good male friend who was like a brother to her, she once again had placed herself in the midst of danger:

We had camped the night before. Me and this fellow had set up the tent. He was under a lot of stress. He told me his first wife had gotten remarried and changed hers and his son's name. He got all upset. She had gotten an order of protection

against him. The first night everything was fine. We had a nice fire going. The next day he told me he never should have married his second wife. He thought she had a lot of money. He always had a temper. He wasn't drinking that night. He took one of my dogs and left. Said he was going to get the mail. He left at 4 PM and didn't get back till 9 PM. He came back with a friend who was drunk. All I asked him to do when he left was get some kerosene. They came back loud and boisterous. He wanted to wear my rambo knife. I asked about the kerosene. He started yelling. I asked for my knife back. He threw it on the ground. I went to pick it up, he pushed me into the tent. I went into the tent to put the knife in the knapsack so he wouldn't have it. He followed me into the tent and started to beat me up. He grabbed me around the neck. Both eyes were swollen the next day. I walked outside and asked him to leave. I took the two dogs.

I started to walk away. I took a pop shot, it didn't even penetrate the skin. He grabbed it and used it as a baseball bat. He broke my shoulder. He jumped on top of me, beat me again, choked me. I had a small knife, three inches, his wife was standing there screaming. He started to press my neck. I stabbed him three times in the arm. He got angry and started to bang my head. I stabbed him in the chest, figuring that would stop him, I guess. He got up and walked and fell against the tent. No one thought he was dead. No blood, he must have bled internally. I said let's call the paramedics. They said no, let's put him in the car. Troopers came and arrested me. Threw me to the ground. Put seven magnums and a shot gun under my neck. Said you move and we'll blow your brains out. They took me down and booked me. I kept asking them how my friend's doing. They kept saying the phone's busy. I asked them to make a call. They said you have to talk to us first. I was honest I told them what happened. They said you're under arrest. I asked them if I could go down and have my arm and elbow x-rayed. they said they'll do that in jail. I asked what I'm being charged with. They said second degree murder. I said what? he died? I started to cry. That's when I started to get suicidal again.

Violence is the result of attachments gone wrong (Zulueta, 1994, p.188). When children look to adults for comfort during times of distress, but find more pain, a sense of rage is born.

Returning to the origin of human defence mechanisms, what is now clear is that when subject to deprivation, loss or abuse, people can only survive by doing violence to their feelings. Pain and rage must be suppressed or denied in order to remain close to those on whom our lives depend (Zulueta, 1994, p.126).

However, in childhoods that are persistently characterized by various traumas and parental insensitivities to these traumas, this is not the case. Instead, children are vulnerable to repetitive reenactments of these traumas, which are symbolic attempts to secure and preserve their identity by attempting to resolve the situation in a different way. These

reenactments are precipitated by situations which mimic prior threats of loss that were vital to one's psychic and /or physical survival.

...their inability to soothe their child's pain took them back to the overwhelmingly painful feelings of their own past traumatic experiences and the murderous rage of those who feel annihilated by the other (Zulueta, 1994, p.180).

For example, in Chapter 6, Mara's story of physical abuse at the hands of her mother was reported. Mara also had all the responsibility for her siblings since she was the oldest. Rather than receive praise from her mother, she received all the criticism instead. Soothing was not something offered by Mara's mother, as she, herself, had never experienced it.

It was very rough because I was the oldest, my mother used to abuse me a lot, because she was abused when she was growing up. I had to be responsible for my sisters and my brothers. They did something wrong, I got the beating due to the fact that I was the oldest and she said they were copying off of me.

The inability to soothe cost Mara her child's life. Mara killed her seventeen-month-old son, as a result of her not knowing how to soothe his cries and her being unable to tolerate his having needs while she was on crack. Instead of working from the inside out, a "motherless daughter," like Mara, used addictions to heal herself from the outside in. A key issue is that she pushed her genuine feelings aside (Edelman, 1994, p.170).

The baby was sick, he had been sick for a week. Anyway, what happened was, the night before I was up getting high all night. So in the morning he started crying, I gave him his bottle but he still kept crying, so I didn't want my daughter to come in the room, cause I know if she hear him crying she was going to come in the room. So I put some tape over his mouth and like I said, I was up getting high and I didn't realize, I was going to fall asleep for that long a period of time, cause I just meant to put the tape over his mouth until after she left. I fell asleep though, when I woke up and I went back to check on him, he had vomited. By him not being able to breathe through his mouth, the vomit in his mouth clogged up his nose and he died....

In situations of child abuse, the parent often resorts to projective identification in the raising of children. This means that the disowned aspects of the parent's self are put onto the child

who is then expected to fulfill them or be 'wiped out.' The child then becomes the hated aspect of the parent, which then has to be corrected or disciplined (Zulueta, 1994, p.118). Mara, unknowingly, looked to her child to be what she could not. When he failed her, she had to silence him.

The last two groupings of homicides involved almost one third of the women (32%, n=16), and analysis revealed that they were not related to loss. The third classification group of homicides involved 18% (n=9) of the women. This grouping was characterized as the drugs-violence lifestyle. Women who killed in this group were mainly involved with violence as a means of self protection throughout their lives. They had reported that they had "explosive, bad tempers" or were "angry" most of the time, regardless of their circumstances. Street violence was a common theme for these women. They also were involved in crimes such as prostitution, petty theft and drug sales. Involvement with using drugs on a daily basis was true for eight of these nine women beginning in their early teen years. The one woman who did not use drugs ended up with a partner who used cocaine daily, was a dealer and was abusive.

While these women also had losses in their lives, there were no evident links between their losses and their killings. The overall picture of extreme violence in families as a norm, was evident, but many of these women reported using drugs as a way to calm their nerves, rather than to completely numb their feelings. A typical scenario for this kind of homicide was Judith's situation:

Well, like my norm, I got up, I went to the avenue. I bought a pint of wine. I went to cop a dime bag of dope. Messed around on the corner, hung out for awhile. I got drunk, that was it, a fight broke out between me and another person. She pulled a knife and as you can see [she shows a large scar on her neck from a knife], I have been hurt before. I tussled the knife from her [did she cut you then?] No, this happened when I was 19. We just started fighting and I grabbed the knife and I stabbed her. We were drinking buddies prior.

Another example is Sandra's killing her "sugar daddy" while under the influence of alcohol and methadone:

We were sitting in the living room. I had just got back from my program and he bought me blackberry brandy and himself some wine. We were sitting there talking and he started going into some past things, started calling me lesbian, freak, bisexual. I told him to stop saying those things and the higher he got, he turned around and slapped me. I told him that I'm a woman of my word, when I say I'm going to do something I follow through. He didn't believe me till I hit him that time and then he looked at me and he tried to come back at me and then I said if he gets me I'm through cause he was like 6'2" and I panicked and I kept beating him. I beat him so bad that blood was gushing from the back of his head. I had blood all over me and I end up putting the mattress over him and setting the apartment on fire. Then the next day I came back, cause when I sobered up I couldn't believe what I did. So I came back to see if it was so. When I was there someone pointed me out as the last one they seen with him before he went upstairs. When they caught me I told the truth.

These kinds of homicides are relatively new in the literature (see e.g. Brownstein, Spunt, Crimmins and Langley, 1994), where the woman has killed largely due to a lifestyle of drugs and violence. They require further examination to determine exactly how these lifestyles began and whether the term "street violence" is more of an influential factor than any type of dysfunctional family situation.

The last classification of homicides, 14% (n=7) was characterized as miscellaneous. There were few common elements in these women's lives to depict them as a distinctive group, other than that social isolation and loneliness were pervasive in all of their lives. This group was most likely to kill a non-family member (i.e. six of the seven killed strangers or boyfriends). Fighting and arguing just prior to the homicide was also evident in six of the cases, and drugs were involved in four of these situations. Only two of these women had violence as part of their lifestyles prior to the homicides. Overall, the women in this group offered less qualitative information than women from the other groups. It is possible that they may have been re-classified into one of the three groupings had they talked more in their interviews. Therefore, it is difficult to determine if this group

represents some other phenomenon occurring when women killed, or if in fact, they truly belong in one of the existing groups delineated in this research.

Chapter 7 Conclusion and Recommendations

After conducting this research it seems that the reasons why many of these women killed are complex and multidimensional. A culmination of factors ultimately contributed to changing the course of these women's lives, so that their options for emotional survival were eliminated and lethal violence became a self preserving act of vitality. While this is not a morally acceptable reason for killing, it sheds light upon some of the circumstances that contributed to the women being in this position in the first place.

In summary, this study explored early childhood losses and their resultant impact upon personality development. The fact that these women reported having few or no social supports in their lives to mediate the impact of their losses was the foundation for understanding how trauma was imprinted permanently upon their lives. Blatant disregard of these women's childhood needs was so profound, that their voices were silenced and their spirits broken at very early ages. These women, too, were betrayed by those who should have protected them. Their voices, even when exercised, were to no avail. The learned, maladaptive methods of coping with harm and trauma (e.g. drug and alcohol abuse), in turn, exacerbated the women's difficulties and left them vulnerable to becoming involved in additional situations of harm. Pervasive social isolation coupled with their learned silence only served to reinforce the cycle of poor self esteem that had been initiated in their families of origin. Self was sacrificed in an attempt to remain connected to a larger social community called humanity.

When self no longer existed, the roots of violence were born (Zulueta, 1994). Periodic expressions of rage became assertions of vitality in an attempt to keep self alive. Deprivation, loss and abuse so depleted the self that defending itself becomes of paramount importance, whatever the cost to the 'other' (Zulueta, 1994, p.xii). As Miller (1984, p.98)

stated, "...if their psyche is killed, they will learn how to kill - the only question is who will be killed: oneself, others or both."

Although losses were present in most of the women's lives, these were not the most influential factors contributing to a "do or die" mindset. Coupled with numerous losses was the severe absence of social supports during moments of need or crisis. It is not only that people were not there to comfort them, but also that when parents or responsible adult figures were present, they ignored or dismissed the cries for help. After awhile, these women learned to not cry. Instead, they fought or became submissive. When pain became too overwhelming, they resorted to using drugs for "numbing" or "bolstering their courage." When drugs let them down, they tried to mutilate themselves or kill themselves, as a way of fending off more assaults by others.

The concept of transgenerational dysfunction applies to most of these women's lives. Where were the parents when these women, as children, needed a safe haven or a comforting sense of reassurance? Most of them were caught up in their own difficulties that they had never found ways to resolve. Thus, social isolation and rejection became the best friends of many of the women in this study. Partners who ended up abusing them at least paid attention to them, something many of them had not experienced during their childhood years. That these women were invisible within their families and in society, prior to committing a lethal act of violence, spoke volumes as to society's tendency to look the other way when something unpleasant presented itself.

Recommendations

The women, themselves, were asked "if you could speak to other women who are in a situation such as yours before the incident occurred, what would you tell them?" The

most popular responses addressed the issues of harm to self and the need to use their voices. Almost half of the women, 48% (n=24) said that women should find someone with whom they could talk. They recommended counseling, therapy and support groups as possible vehicles toward resolving relationship difficulties and building self esteem. They thought that women needed to be taught to care for themselves instead of catering to their partners. Judith reported:

Don't allow anger from childhood to be taken out on other people. Try to seek help or talk to other people before it's too late.

Another 22% (n=11) of the women said to get out of abusive relationships. Ronnie explained:

I would say when you're in a relationship where you're going through mental and physical abuse to get out of it. You have to more or less get a grip on yourself. No matter what, they aren't worth it.

The homicide classification proposed herein, allows us to acknowledge the growing phenomenon of women killing before the fact, as it stimulates the thinking of mental health and criminal justice professionals in our attempt to make sense of acts which appear on the surface to be senseless. From these women's stories we can assume that the intervention of listening can never begin too early in one's life. On levels from the individual, to the community, to the world at large people's pain needs to be heard. There needs to be permission to not only speak about the problems that occur in families, such as alcohol and drug abuse and violence, but also adequate community networks and resources to handle them. Cooperation among health, mental health, law enforcement, religious, legal and school systems within and among communities needs development and strengthening.

Additional research is needed in the area of loss, trauma and homicide to ascertain a more finely tuned understanding of the different ways that severe trauma and a lack of

social support contribute to acts of violence. It is important to examine these factors with other women and men who have killed, to see if the foundation is similar to what these women reported.

Unless the deficits of the living are heard, they cannot be acknowledged. If unacknowledged then they ultimately cannot be addressed. Perhaps we will learn from this research that silence does not always mean that all is fine. It is my hope that this research will serve as a foundation for rectifying these failures in families and society, so that the voices of these women and those who follow will finally be heard.

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