

**MOTHER, MADONNA, WHORE**  
**THE IDEALIZATION AND DENIGRATION**  
**OF MOTHERHOOD**



ESTELA V. WELLDON

FOREWORD BY JULIET MITCHELL

**KARNAC**

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Estela V. Welldon

**KARNAC**  
LONDON      NEW YORK

Much is owed to friends and colleagues, but it does not compare with the debt I owe my patients. It is to them that I dedicate this book, in gratitude, and also in the hope that it will help others who are suffering or might come to suffer from the painful predicaments of my patients.

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Published in UK 2004 by  
H. Karnac (Books) Ltd.  
6 Pembroke Buildings  
London NW10 6RE

ISBN: 1 85575 341 3

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Published in US by Other Press LLC.

Printed and bound in Great Britain by Lightning Source UK

[www.karnacbooks.com](http://www.karnacbooks.com)

## FOREWORD

Men are perverse; women neurotic: Estela Welldon was one of the first—perhaps in her field, *the* first—to question the status of this psychosocial truism. Because of her work as a psychiatrist specializing in sexual perversion and her professional and personal contacts with the feminist movement she came to see this division as arising from a particular male ideology. Women could not be seen to be perverse because the model for perversion was male. This nonrecognition of female perversion has left countless women in unacknowledged distress and their children in possible danger. In *Mother, Madonna, Whore* Welldon sets out her argument that female psychophysiology gives a completely different pattern to perversion. At the centre of female perversion is the perversion of motherhood.

The source of both male and female perversion may lie in a disturbed infant/mother relationship but the aims of subsequent adult perversion in the two sexes differ. Both attack the mother who abused, neglected or deprived them but women will attack this mother as she is internalized in her own female body or found within her own mothering. The hated one is identified with and lies thus within or in the baby who extends the self as once the perverse woman was her own mother's extension. Consequently the typical perversions of women entail self-mutilation or child abuse.

iv        Welldon argues that to understand the perverse woman we need to know something of her mother and her mother's mother. Perversion of motherhood is the end product of serial abuse or chronic infantile neglect. The reproduction of mothering is also the reproduction of perverse mothering. The adult woman will turn her infantile fear and impotence into cruel dominance—violence or hatred against someone weaker—the prostitute's client or the mother's child. Welldon's perspective is to try to make sure no-one should any longer either idealize or denigrate motherhood; instead social policy and psychological understanding should locate it as the place at the centre of human difficulty: for worse as certainly as for better. The odds are stacked with enormous weight on both sides of maternity: it is the site of wonder and despair; of spontaneity and hard work.

Welldon treads the ground of her crucially important thesis with great sensitivity. Her compassion comes not from sentiment (with its attendant amorality) but from effort—the enormous effort of understanding another person, be they perverse, “normal” or neurotic. It is after all not only men, but women—radical feminists among them—who have unquestioningly idealized motherhood. A fascinating thesis, a generous perspective on women and men, *Mother, Madonna, Whore* is also an act of courage.

*London, September 1991*

JULIET MITCHELL

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## PREFACE

This book was first published in the U.K. in October 1988. At the time it aroused much interest and controversy since it brought to notice aspects of female psychopathology which had been previously ignored or undiagnosed. The first reaction was incredulity and disbelief. Assumptions were made that once again "the blame was put on women" and the book was immediately banned from feminist bookshops. This initial reaction changed rapidly after the book was read and the message was understood. Some women who were in difficult predicaments and under stress because they felt incapable of meeting the demands of motherhood had been unable to get appropriate professional help because "mothers don't do those things"—an example of the extreme idealization of motherhood. Now, I am glad to say, this situation is improving.

The first dent in certain old-fashioned assumptions about the problems of some mothers was made in the sixties when doctors were finally obliged to recognise that the people who battered their babies were often their mothers. This recognition prepared the way for serious professional consideration of my clinical findings, showing the considerable range of sexual perversions from which women can suffer and analysing their causes, many of which derive from faulty mothering. Everyone of course understood the manifestations of male

vi sexual perversions but since the same actions were by and large not observed in women it was assumed that lacking a penis women could not have perversions. This was another instance of women's problems being overlooked because it was assumed that what was good enough for men was good enough for women. My work showed that women not only can have perversions but also that they express them through the whole body. A resort to self-inflicted injuries in order to achieve revenge and relief from sexual anxiety is not uncommon. Anorexia nervosa, bulimia and self-mutilation, all mainly associated with women, could often be considered as the equivalent of male perversions.

The media responded to the book in a very positive way. For example, it was nominated by a leading journalist as Book of the Year 1988. From the several constructive comments I would like to single out the following passage from a review in *New Statesman and Society* (December 1988) . . . "Although it is now accepted that an abused child tends to become a child abuser, even professional opinion seems reluctant to draw the full implications. Diverse theories about women (feminist and reactionary) seem to unite in regarding women as victims, the objects rather than perpetrators of violence, ignoring that being a victim, far from precluding victimising, may actually entail it." An editorial in the *British Medical Journal* in May 1990 entitled "Women Who Sexually Abuse Children" demonstrated that the main points had been accepted into the received wisdom of "the Establishment."

The ideas in the book rapidly gained ground with the profession in the U.K. and achieved some currency in the U.S.A. However, very few copies of the book circulated in America and so I was glad to accept a proposal from Guilford Publications for an American edition. Maybe this will lead to a still wider circulation. I hope so, since the reasons which impelled me to write the book in the first place remain valid: there is still a great deal of room for improvement in the understanding and treatment of women who suffer from perversions.

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The book, I hope, speaks for itself. Its imperfections are my own responsibility. It is by no means the last word on the

subject: its strength, such as it is, lies in its having been the first word. But all ideas have precursors and I am grateful to the many people from whom I have learnt. I have acknowledged my main debts of scholarship in the body of the book but I would also like to thank, through this Preface, the many other people whose comments over the years, orally and in print, have contributed to my own insights, and in this category I include, above all, my patients. vii

*London, September 1991*

ESTELA V. WELLDON



## ACKNOWLEDGEMENTS

Every author constitutes a one-parent family, and, of course, I have sole responsibility for my child. But this particular child has had many aunts, uncles and grandparents. Some have taken great pains to help; others have assisted unknowingly. Some have contributed to the gestation of the project; others have encouraged its development; and still others have given it a degree of coherence and polish which I could not have achieved on my own. Some, indeed, have influenced the project at every stage of its many-layered development: I have been greatly sustained by Dr Earl Hopper, whose confidence and important insights have been crucial; Gregorio Kohon has also been a perceptive and constructive commentator throughout.

If this book can be said to have had a beginning, it sprang from the decision in 1978 of the Chairman of the Portman Clinic, Dr Mervin Glasser, to make me responsible for the first seminars at the Clinic on female perversions. My experience at the Portman of diagnosing and treating problems relating to perversions and criminality showed me how many more male than female patients there were, and this helped to set me thinking. The resulting ideas formed the subject of numerous discussions with my colleagues at the Portman Clinic, and I am grateful to them all for their illuminating comments. These ideas expanded and took form in a lecture on 'motherhood and sexual perversion', which many of my colleagues — amongst

x them Luisa Alvarez de Toledo, Pamela Ashurst, Fern Cramer-Azima, Maria Dufau-Catt, Florencio Escardo, Zaida Hall, Louise Kaplan, Moises Lemlij, Adam Limentani, Terry Lear, Norman Morris, Marisa Pastorino, Jonathan Pedder, Malcolm Pines, Bart de Smit, Frank Tait, Patrick Woodcock, and Monica Zureti — read with discernment. I would especially like to thank Dr Janine Puget for her comments and support. An invitation in 1985 to deliver the same lecture at The Menninger Foundation at Topeka, Kansas, where I had received much of my formative training, took my understanding a stage further. I am particularly grateful to Drs Ramon Ganzarain, Bonnie Buchele, and Larry Kennedy for their generous comments and for putting me in touch with much recent relevant literature.

I must acknowledge an influence of a different sort, but no less potent. I have several women friends who have nothing to do with this profession, but who nevertheless have had a major influence on whether or not I persisted, in the midst of distractions, self-induced and otherwise, with so ambitious a project. They, in particular, Helena Kennedy and Georgia Brown, have made me feel in a vivid way that they are interested in my conclusions, and I am grateful to them all whether this was their intention or not.

In the final stages of this curious process of turning thoughts and experiences into a well-baked cake with precisely defined slices or chapters, a special contribution was made by Sally Belfrage, who knows how to put together a book and what it is to be feminine in the modern world.

Facts must — and, I hope, do — underline presentation, style, and argument. Margaret Walker and her team of the Tavistock Clinic library have given generously of their time, and I have benefited from their enormous experience, good humour, and lasting patience. Over the years others have helped my accuracy, like the clerical staff at the Portman, notably Judy Wilkins. Many of them knew what I was aiming for almost before I did.

There may be some, eminent or otherwise, who have not been adequately acknowledged in this note. I beg their pardons and can only say that the material in this book belongs to many people.

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I HAVE FOUND MYSELF recalling a remark made to me a long time ago by a man given to reflections on the oddities of the human race. He thought it remarkable that, even though the two sexes had looked at each other throughout all recorded time, they still seemed unable to understand each other. I wonder if this sour half-truth is not partly justified by the tendency of each sex to project on to the other its expectations of its own kind? In a world where it has been the prerogative of men to teach and to write books, this would partly account for the continued poverty of our understanding about the predicaments of women. It is not that women have been neglected, rather that false assumptions have been made and women as well as men have been ready to accept them. However, these assumptions may have different origins.

Psychoanalysis gave us access to the unconscious mind and to the motivations underlying our actions. Then we optimistically believed that we had been enriched in our understanding of the opposite sex and were nearer to a mutual self-knowledge. This proved to be a premature assumption; the search for this enlightenment is still in a developmental stage.

2 Freud — the originator of all these invaluable discoveries — though a genius, was as a man unable to convey a full understanding of the complexities in the libidinal developments of the two genders. He made the Oedipus complex, based on the male model, the bedrock of normal libidinal development. According to Freud, this complex occurs in the phallic stage, between the ages of three and five. It is based on a dual desire: firstly for the parent of the opposite sex, and secondly for the death of the parent of the same sex, which will then enable the boy to possess his mother. The child fears the father's retaliation for these murderous wishes; castration seems the unavoidable outcome. The only satisfactory way to resolve castration anxieties is to renounce the incestuous object, so the Oedipus complex comes to an end and the boy enters the latency period. This is a traditional theory which is still used by many practitioners, not only in relation to normal sexuality but also in the understanding of its perverse manifestations.

This theory has two main foci: firstly the phallus as *the* genital organ, and secondly the position of the child in a triangular relationship in which he first tries to conquer his mother, but eventually has to accept a position outside the parental unit. It was first applied to the boy's libidinal development, but was soon transplanted to the girl's. A 'parallel' situation to that in boys was created in girls with the inception of 'penis-envy'. The girl enters into the Oedipus complex directed by the castration complex. She changes not only her sexual object from mother to father, but also her wish for the penis her mother never gave her for a wish to have a baby by her father. *The symbolic equivalence of penis and baby was created.*

Freud himself thought that female sexuality was a 'riddle'. He asked his women colleagues to enlighten him about their own sexuality since he thought they had the advantage of being suitable 'mother-substitutes' during the transference process with their patients. This was in itself an odd request since, as Schafer has noted, '. . . He [Freud] continued to neglect the essentially androgynous role of the psychoanalyst in the transference . . . There is little evidence of Freud's having been alert to or impressed by maternal transference to the male

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analyst — or, for that matter, by maternal counter-transference on the part of the male analyst' (1974, p. 477). And later: 3

*Freud was not prepared to think about mothers very far . . . he showed virtually no sustained interest in their subjective experience — except for their negative feelings about their own femininity and worth and their compensatory cravings to be loved and impregnated, especially with sons . . . It seems that he knew the father and the castrate in himself and other men but not the mother and the woman. (p. 482)*

The response of Freud's female colleagues was overwhelming. Many women psychoanalysts were stimulated to come forward with new ideas full of originality and richness, some agreeing and others disagreeing with Freud's postulations. It was most unfortunate, though, that these were not heard as voices of legitimate female self-assertion, but instead were taken as voices of dissent. Among the first to speak out was Horney who, in her paper 'On the genesis of castration complex in women', says ' . . . an assertion that one half of the human race is discontented with the sex assigned to it and can overcome this discontent only in favourable circumstances — is decidedly unsatisfying, not only to feminine narcissisms but also to biological science' (1924, p. 38).

Many papers and books have recently been published showing that women psychoanalysts made important contributions, Riviere (1929), Brierley (1932, 1936), and Payne (1935) among them. At the same time Deutsch (1925, 1930) and Lampl de Groot (1928, 1933), and later Brunswick (1940) — all women psychoanalysts, acknowledged the influence of the pre-oedipal mother and noted Freud's failure to pay sufficient attention to the obvious effect the archaic, powerful, controlling mother has on the child (see Barglow and Schaefer, 1970).

For their part, Horney (1924, 1926, 1932, 1933), Muller (1932), and Barnett (1966), rather than simply seeing the little girl as lacking a penis, wrote about her experiencing vaginal sensations and impulses that made her feel feminine from the beginning. From her own clinical experiences with adult

- 4 women, Greenacre (1950) developed the view that vaginal awareness is present in females well before puberty.

These professional women offered important insights about the functioning female body and its symbolic operation in a woman's inner world. Together they can be said to have established an alternative theoretical system. But it was to no avail. The psychoanalytical world of ideas by then belonged to men — the supremacy of the phallus had won unlimited, unquestionable, and irrefutable acceptance. Traditional psychoanalysis seemed not to be influenced by what these women had to say, although their ideas about their own territory were so much more sophisticated and innovative than what men had previously said. Within the psychoanalytical movement these ideas appeared in obscure papers which attracted little attention. Indeed, women psychoanalysts were relegated to practice in their field as 'mother-substitutes' and caretakers of patients; they were not supposed to postulate new theories. Whereas the penis is considered as an anatomical reality, the term 'phallus' is used as an embracing symbol meaning all power; such was the dominance of men in the world of ideas and philosophy, it became natural to accept the superior power of the phallus. The women's theories have been revived only in the past two decades, mostly as a result of pressures from the women's movement rather than from the world of psychoanalysis. Before then women had to listen to and acquiesce in the theories of the male masters. Other workers in this field still refer to the disagreements over female sexuality between Freud (1905, 1931, 1933) and Jones (1927), but their female contemporaries' ideas are treated with ignorance or patronizing indifference.

The relative positions of the two sexes in society are very different, as clearly indicated by Erikson: 'Woman, through the ages (at any rate, the patriarchal ones), has lent herself to a variety of roles conducive to an exploitation of masochistic potentials: she has let herself be confined and immobilized, enslaved and infantilized, prostituted and exploited, deriving from it at best what in psychopathology we call "secondary gains" of devious dominance' (1968, p. 284). Or, as Schafer puts it, '. . . human sexuality is indeed *psychosexuality* . . .

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Psychosexuality means mental sexuality, that is, a sexuality of meanings and personal relationships that have developed and been organized around real and imagined experiences and situations in a social world . . . This centring on ultimate procreative genitality explains some of the imperfections of Freud's psychology of women . . .' (1974, pp. 472-3, author's italics).

It is only within the past fifteen years that important theories about female sexuality and perversions postulated by female colleagues such as Chasseguet-Smirgel (1985a, 1985b) and McDougall (1986) have been published and taken seriously by our profession. They have had an enormous and welcome influence on both ideas and practice.

Within the traditional psychoanalytical framework — that is, Freud's theories — perversion in males is viewed as the result of an unresolved Oedipus complex which has castration anxiety as its central and main component. When the oedipal male reaches manhood, he is unable to reach genital primacy with a person of the opposite sex, since his mother is still in his unconscious mind, and he feels in extreme anxiety of being castrated by his father. He then denies the differentiation of the sexes and creates a phallic mother.

The traditional theory with its 'imposed parallelism' between boys and girls was abandoned by other investigators in the light of the systematic studies of observations of the mother-baby unit and the awareness of the importance for both sexes of the period of attachment to the mother, the so-called 'pre-oedipal' phase. This phase is currently thought to account for perverse psychopathology of males, in which the psychogenesis is deeply related to intense fears of being either abandoned or seduced by the mother. There is still no acknowledgement of female perversion, though the evidence is that male perversion is often the result of early faulty mothering. Why is it so difficult to conceptualize the notion of perverse motherhood and other female perverse behaviour according to a separate, completely different psychopathology which originates from the female body and its inherent attributes? Male assumptions have made it difficult to understand some female behaviour, including female perversions, sometimes to the

- 6 extent of denying all evidence that female perversions exist. Perhaps the reason why the female experiences identified in the chapters that follow have only rarely been diagnosed is that there is a long tradition of seeing women's sexual development as parallel to men's — whatever was considered normal for men was supposed to be so for women.

This book is a study of the neglected area of female perversions, based on twenty years of clinical work with women patients. Before we come to the detailed argument, it is important to recognize that there is a difference between the everyday and psychoanalytical uses of the term 'perversion'. Whereas ordinarily the word is supposed to be pejorative and carries moral implications, in psychoanalysis it means simply a dysfunction of the sexual component of personality development. (In contrast, 'deviation', a term often used interchangeably with 'perversion', implies a statistical abnormality; it describes an act not *usually* performed in certain circumstances within a given cultural milieu. I must stress that I use 'perversion' in the psychoanalytical sense. This is very different from a classical neurotic or psychotic condition, which is why I shall insist on using the term 'perversion', for it defines the existence of some specific and characteristic features. However, Storr, among other authorities, prefers to use the term 'deviation' when referring to perversion. He says: 'It is the compulsive substitution of something else for heterosexual intercourse in circumstances where the latter is available which chiefly characterizes the behaviour we call sexually *deviant*' (1964, p. 13, my italics).

Perversion is 'any form of adult sexual behaviour in which heterosexual is not the preferred goal', as simply described by Rycroft (1968, p. 116). The definition of perversion varies slightly from author to author. For I. Rosen (1979a, p. 32) it should always include the final pathway of sexual discharge leading to genital orgasm, whereas Laplanche and Pontalis have a more comprehensive view: they see perversion as encompassing 'the whole of psychosexual behaviour that accompanies such atypical means of obtaining sexual pleasure' (1973, p. 306). The former descriptions fit men. However, they become almost impossible to apply to women since they

sometimes use the function of 'heterosexual intercourse' for perverse aims. It is well known that the definition of 'true sexual perversion' should always include the participation of the body. In other words, fantasies about bizarre or perverse actions are not enough to be labelled as perverse. The 'body barrier' means that the individual must use the body for the perverse action. However, I believe that the term 'body' in the definition of perversion has been mistakenly identified exclusively with the male anatomy and physiology, specifically with the penis and genital orgasm. How could we otherwise have overlooked the fact that women's bodies are completely taken over in the course of their inherent functioning by procreative drives, sometimes accompanied with the most perverse fantasies, whose outcome materializes in their bodies?

Since men had appealed to perversion as a way to deal with the fears of losing their penis, women were left in a position in which perversions were not available to them. As women do not have a penis, so the argument went, they must have a different type of Oedipus complex and castration anxiety. Hence the then popular view that 'Women can't have sexual perversions since they don't possess a penis' was seldom questioned. Freud theorized that the Oedipus complex was resolved in little girls when they fantasized having Daddy's babies inside themselves. Developing his ideas, we could say provocatively that 'Women can't have perversions because they can have babies.'

In trying to describe perversion, I shall place the main emphasis on understanding the perverse individual. We shall look at some landmarks in psychological development, and I shall speculate on how these link with the form and content of the perverse action. At the same time we shall have to bear in mind that, in both sexes, perversion involves a deep split between genital sexuality as a living — or loving — force and what appears to be sexual, but actually corresponds to much more primitive stages where pregenitality pervades the whole picture.

In male perversion this profound split is between what the individual experiences as his anatomical maturity, and his mental representations of his body in which he sees himself as a