Disclaimer:
The beginning of this effort revolves, on the surface, around a hypothesis as stated by author A.P. Wolf as part of a casebook-podcast. At this point I have no information as to whether Mr. Wolf is still of the same opinion as he was at the time of the podcast. It is not my aim to criticize Mr. Wolf nor to discredit him in any way. I included his hypothesis and my thoughts on it as this served me to tackle a number of points to lead me where I wanted to go.

Getting Pathological
- an attempt on the incomprehensible

by Cazard

At the end of the casebook podcast 'A Diseased and Vile Creature' author A.P. Wolf revealed a rather astonishing opinion about the murder of Mary Kelly to me, the listener: he propagated the idea that it might have been 'a botched abortion.' (1)
After my two initial reactions, which were asking aloud 'wot?', followed by a split second-long wondering about how wrong exactly an abortion can go, I understood, of course, that what was meant was the cover up of a botched abortion that had resulted in Kelly's death. Eventually what I wanted to do is to congratulate Mr. Wolf on his sanity.
Speculations are a huge part of what all interest and inquiry about the Whitechapel murders is about. Some have over the while become primed to spot out the even most subtle speculation hidden within an argument, alerting to it to an extent that sometimes feels like reprimand, and they're right in pointing it out, in the end, though, even where facts are abundant for display, and here they're not, we'd be only linking dots would we not employ imagination as well; linking dots alone can fail quickly where the human psyche is involved, and even quicker if the one psyche we seek works quite a little different than the average. In this spirit I'd humor Mr. Wolf's hypothesis and ask the questions: how would that actually have played out and how did you arrive at this idea in the first place?
Since we're not seated in front of each other right now, and since I haven't had opportunity to read his elaborations on the subject I'll have to try for myself. I'm leaving aside the matter of Mary Kelly's alleged pregnancy at the time of her murder as argument, as it's only the hypothesis itself that interests me right now – for all I know the question has been cleared up and she wasn't, and since the podcast has aged A.P. Wolf might have discarded the idea altogether in the light of this; it's something else I want to get at. So let's imagine a person or persons performing an abortion at Miller's Court and, as it happened occasionally, killing Mary Kelly in the process, without wanting to. Surely not an enviable position to find oneself in. What to do. There have been these murders. I will mask this as a Ripper murder, so no one will even look in my direction, the abortionist or quack doctor direction. And I'll make it look really bad [this might be something I decide in the midst of it, which might have me making it increasingly more ghastly in the process]. And then I really better leave.
For the sake of following the hypothesis I'd be willing to buy that someone might have this bright idea, probably while having to deal with a good amount of panic. As a reply to the question *why*

anyone had been willing to go to such lengths it is a little unsatisfying, but again, we're dealing with humans. One might point out that abortions gone very wrong were not all that uncommon, and even one that resulted in the death of the client was not unheard of; which could lend strength to the position that the responsible person/s might have wanted to reflect attention from this possibility. So, fair enough, I can buy that. What the propagator of this idea still has to explain to me is the perp's apparent extensive knowledge about the workings of a pathological mind.

This demand might in itself prompt the question how I can possibly assert what has been found on the scene as the display of a mind that has to be labeled 'pathological' with such confidence, which is indeed what I'm doing, it's one of the very, *very* few things about the whole case I'm positive about, which makes questioning it the more important, and the answer to which is what this little musing is to be about.

As a means on the way to this, another thing I can buy, though already with greater difficulty, would be the perp's profound understanding of the escalation nature of the series; whether one believes in it or not today is irrelevant, it's precisely what we find at display here – even if, as some suggest, we'd be dealing with unconnected murders, this is how a series escalating looks like - and if the botched abortion hypothesis is to be followed than we'd have to assume that the hapless abortionist subscribed to it. It's a bit of a challenge to believe any such person offering abortion services in that time and, notably, place would be able to pride her/himself with such insights into the psychological aspects of the crimes – this might be presumptuous on my behalf, it is possible that to many escalation seemed as obvious as it is to me. That still covers only the Why. As to the specifics of the How, this is where I stop humoring. Not only do I have to buy that the poor, wretched abortionist would have to have access to how the results of what a pathological mind [for briefness sake] has in mind as per actions would look like – to an extent that brings her/him pretty close to actually belonging to this category her/himself – s/he would also then have to do it, and in such a fashion. Forget the little matter of not wanting to be suspected of killing by conducting an abortion in favor of accepting to be suspected of being the Ripper, if ever there was a link made leading to me. It is easy enough to describe a motive and a model of how an action was executed. But one should bare in mind that there's a difference between, say, evasive actions in order not be caught for theft, or even the shooting of a person on the one hand, and carving up the body of a human being to the degree of Mary Kelly's on the other. It's not just 'that thing you'd do.' I'd boldly challenge anyone to get me a larger number of hardened criminals with a history of violence, even murderers who fall outside the spectrum of pathological killers; who'd simply and coldly do it 'on command', so to speak – those who can, I'd argue, need to be looked at within a medical context; we'd include them to those we think of as people with whom 'there's something wrong.' Well, possibly those, who'd do it for a very specific purpose, like money, too.

And that just concerns maximal mutilations *per se*; it doesn't yet include some of the specifics of what was found at Miller's Court. When we hear 'senseless killing' or 'murder without motive' then what we hear is simplifying. There *is* a motive and there is a sense, it's just one we either haven't established yet or it's one for us, for me the individual, hard to grasp. Importantly, there is also motive in the specifics, in the details of the How. There is a motive for placing a breast and an organ under the victim's head, and the same goes here as well: I might not have established to motive for this specific detail, or I might not be able to understand the motive even if it looks me in the eye. The objection to this, in the context of the frantic abortionist, well, if we grant her/him all the understanding listed above, s/he might have thought cutting off a breast and placing it under the head together with an organ might be just the sort of thing a deranged killer does. Again, if I'd arrest her and get this statement I'd still clarify her/his whereabouts at the time of the other killings with some urgency. You have to go through the mutilations: the right thigh is often described as having been 'skinned', while in fact it was more than that, the flesh had been carved off to the bone. That is quite a laborious act. The placing of parts of Mary Kelly's body on the table, of other parts between her legs, of others under her head are a narrative. I'll later try and propose thoughts on handling, moving and placing 'some of her' as in relation to 'much of her', especially concerning proximity. In short, to be calling it doubtful that even the most imaginative abortionist in distress would come up

with all of this is putting it mildly.
In this light I'm already only little interested in how one can arrive at such an idea in the first place, except for one possible reason. Granted that such ad hoc abortions took place, granted that they were pretty rough and that some of them went horribly wrong. That alone is not enough to even suspect this had taken place at Miller's Court, and to my mind the idea that Kelly had been pregnant, which had been ghosting around for a while, might have been the major contributor. Yet it's still not enough to form this to a proposition. 'Rough abortions took place, sometimes ending in death, therefore Mary Kelly's death was caused in this way.' As stated I have not read A.P. Wolf's or anyone else's elaborations on the idea, so I'd be still curious to know what exactly is said above this claim. I tried, and I can't come up with anything. So the one reason that I can think of as lying at the bottom of it, provided I neglect the possibility of someone forwarding an alternative idea for the mere and merry sake of it – which, unfortunately, happens – is the one I want to congratulate A.P. Wolf on [please understand that the whole above is an example and I do not want to hark upon Mr. Wolf]. Yes, it is a sane thing to do, to seek out an explanation that doesn't involve a profound sickness one can't even begin to comprehend. It is the sane thing to do to look at facts and times and connections alone and not to *imagine* anything beyond those points. It is the sane thing to do to remove oneself from the possibility that what's been done has been done for any other reason than the practical, the comprehensive. It is still the sane thing to do so by means of going way out there, by fetching it far, very far indeed, perhaps it is the more sane the more you do it. Unlike so many others, who look at it and see they not only might, but absolutely *have* to descend into rather unpleasant depths, because the question of motive might make this an imperative. It might be wrong, but it is sane to walk away from the presence of insanity. And from his participations in the podcasts one can tell that A.P. Wolf, while often to my mind being a little presumptuous, is a sane person.

Turning insane: words matter
There is a game one might 'play' with children suspected of having *'a problem.'* [Anyone interested, I might be able to dig out study examples, but *please* grant me some time for this.] It involves a doll, I believe it's sometimes called, rather inaptly, medicine man: the doll is basically a patient with removable torso-cover, and inside there all the good organs in their appropriate places [needless to say, we're talking plastic here]. The task for the child is simply to take out organs in whatever order or fashion it chooses. While for the child this is a surgeon/patient-game, it is observed what exactly the child is doing with the organs it has removed, is operating on, transplanting: what does it do with an organ? Where does it put it? Does it lay out the organ in an order together with others, does it provide a special place for it, similar to a bowl or table, intermediate to transplantation? Does it handle the organ, and if yes, how, and for how long? Does it place or move the organ somehow in relation to the rest of the body? Where will the organ be put back in? Will it be put back in at all? Critics of the experiment and of whatever conclusions will be drawn from it can argue all day long about the implications and to what degree they're reliable. They should meanwhile not refuse that it should well be entertained that there's a difference between an orderly operation, where an organ is taken out, placed into an intermediate medium and finally be put back in [or a 2nd organ as per transplantation], and the removal of organs that are than lined up on a leg or assembled in the crotch area [or forbid, placed under the head], perhaps after being intensively fondled. Debates greeted and expected, I'd argue that this is where a layman's intuition corresponds well with a psychiatrist's suspicions.
I mentioned this because it's one of the things that popped into my head quite immediately after the first time I read about the specifics of what had been done in that room. It is also suited to be a frame for the question *what is pathological*? And within this context, was the perpetrator of the Whitechapel murders a pathological killer? What does the term mean?
It isn't hard to guess that my answer to the second question is yes. But the term itself, often so casually used, needs reflection. As it is with many others it may mean something different, or is used in a different way, when used by my neighbour or the news agent than, for instance, by a

forensic psychiatrist. Just think of the general use of the word 'schizophrenic', a use that has departed from the specific meaning in psychiatry. If you for instance hear or read the term '*psychotic* killer' in the news, what are you imagining? Obviously 'psychotic' is derived from 'psychosis'. So is the murderer in question suffering from psychosis?
I wouldn't advise you to bet on it, to take it for granted, and to view him [for simplicity's sake let's refer to a man, as the vast majority of serial murderers are men] in this very reserved light. Rather ask yourself whether you know anyone who's been diagnosed with psychosis. Alternatively, visit the psychiatric wards, although medication will pose a hurdle in seeing the disorder.
Explaining the diagnosis would take a lot of space, and I'm frankly not the best person to do it. What should interest us at this point is detection. A position when a diagnosis can be made in the first place. If you ever had to deal with someone diagnosed with psychosis, be it a family member, a colleague, a stranger, my guess it you'd probably know, although perhaps not as a specific diagnosis. Of course, beginnings are usually small, so if it's about a family member, the progress of whose disorder you'll be able to observe, it'll take some time for you to come to a conclusion over a few perhaps minor disturbances, not to mention some readiness. Typically, in any case, time, as relatively we have to see it, won't be too long before you'll ask yourself whether your loved one shouldn't perhaps see a doctor.
Let's pause here and move to an observation made by Martin Fido. When naming his suspect 'David Cohen', a name given to the man due to the responsible instances not being able to determine his real name, he met the objection to a literally 'raving lunatic' as being the killer – people would have noticed, how could such a person have lured in anyone, etc. - by means of a comparison to Jeffrey Dahmer [I personally would have added that a raving lunatic of Cohen's proportions would have been noticed in any context and is therefor to be expected not to have been raving all his life].(2) Mr. Fido rightly reminded us that Dahmer had never exhibited any loss of control prior to his arrest. Keep in mind that we're talking many years here. Indeed, even in a situation facing imminent possible discovery, the scandalous moment in which policemen brought Konerak Sinthasomphone back to Dahmer's doorstep before, under the impression they were dealing with a sane, sensible and honest [*white*] person and the vehement protesting of two [*black*] women, they even ushered the [*Asian*] boy back in, where he became his 13th victim, even in this for him very hairy situation, Dahmer upheld facade. It was not until the moment when the game was definitely up he abruptly lost it, literally starting to howl, turning into a *raving maniac*.
Not only was Mr. Fido able to completely silence the objection, to my mind he was also highlighting this aspect of time, and it is consistent with many serial killers – not all of them, do not search for a solid, uncrackable rule here [right now we're talking what are called the organized serial murderers]. But many continue with murderous activity that is not precisely part of our natural programming beneath the surface of normality for quite a number of years. Gacy living the life of a contractor within a community knowing his name well, part-time clown and rubbing shoulders with politicians, meanwhile adding corpses under the very house he lived in. Bundy, campaigning for a politician, maintaining relationships with women he never harmed. And there it is, the image of the serial killer as the friendly, inconspicuous neighbour, never seeming suspicious. Although he most probably did quite a few suspicious things, displayed potential give-aways. Altogether, though, they didn't *look* dangerously insane.
To be sure, Dahmer is almost too good an example, and we don't see the same reaction upon arrest from others [Gacy protesting his innocence, Bundy taking over his own defense probably in a ditch for spotlight more than hope for success]. The answer to that will never be satisfying; serial killers, like anyone else, are individuals, complex individuals. But the time issue as relating to the ability to uphold a facade is a constant with organized serial murderers. If we remain with the term 'psychotic' for a little longer we have to ask what distinguishes: what enables the serial killer, and perhaps other people with an altogether different set of problems, to maintain this balance? Because your sibling, diagnosed with psychosis only months after the first manifestations had been established, was clearly not able to do that.

Keeping face: 2 models

Two explanation models as a suggestion, one perhaps supporting the psychosis-idea [though potentially also others], the other rather leading away from it.

The first one we could title 'outlet'. Different from your sister, a serial killer might be able to hide a psychosis as a base for his activities [if we buy into it] in the manner seen above basically *because* of these activities. For one reason or another he was able to 'channel' *it*. The killings, and everything they entail, their ritual, their details [→ motive for the detail as well as the overall action] function as an outlet, allowing the killer to remain as 'normal' as can possibly be outside these activities. A self-feeding loop, if you will.

In principle I have no problem with this model, except for having to accept that a psychosis actually *can* be conditioned this way; it'd warrant quite a bit further study. In the very least I'd argue that if this were so, then a psychosis as base for a disturbance leading to serial murder, this serving as an outlet and thus enabling the subject to maintain a facade of normality, and this so for many years, would not merely be another 'species' of psychosis in the context of what you can observe on the wards or with your sister, it'd altogether be an entirely different *genus*.

The other model is quite a bit harder to get across. Perhaps you played it, the cafe game. You sit in a cafe and look around at all the other tables, and, using your extensive amateur set of knowledge, you try and see all theses strangers in the light of their 'afflictions', their symptoms – let's see, in which category can I put that gentleman over there, what oddities does this lady display, the cat over there with the annoying tension in his leg... etc. Once having fun this way, why not applying it to the people one knows better. You can spend quite some time doing this [probably at some point stopping and recoiling with horror when, out of habit, picking the geezer in the mirror]. As with the ants on the ground you might end up seeing deviations from health and sanity all around you. I'm not suggesting for a second that this is an illusion. There's still a finger wriggling on a single hand of mine, waiting to represent the fifth definitely and completely sane person I've met in person.

The point is that what we call insanity is an in-your-face extension of properties we carry in ourselves. The basis of this assumption can be added to the clarification of what people really mean when they say 'senseless killing' or 'without motive'; cause and effect is a very concrete and powerful principle. Not knowing the cause doesn't mean that there is none, and more so, rest assured there is. The same here. There's no such thing as a mental disorder popping into existence out of nothing. The debate about respective relevance of genetic predisposition and individual experience notwithstanding, and naturally naming predisposition as being a cause to an effect as well, we also *are*, to put it as Oliver Sacks did, our biographies, and there needn't be a discussion about whether what we experience is leaving a toll on us. If we accept experience as a denominator in a later development of a mental illness we, again, have to look at the details by means of *why*. Why this particular reaction, why in its form. The idea I'm getting at is illness as being a resort. I'm happy to debate the genetics/experience question at any time, I believe the answer to be a combination of both, with either contributing cluster having more weight depending on case, it isn't my aim to decide it here. Here I boldly maintain that traumatic experiences, particularly made as a child, will have dramatic consequences.

When describing mental illness as possibly – this meaning that I leave room for this not always being the case – being a resort, I'm driving at, say, a psychosis as developed as a means for survival, for enduring. A strategy initially serving to deal with an intolerable reality that ultimately goes wrong, turning against the afflicted. In other words, we not merely *can* get mentally ill, we have the *capacity* for it – the difference in the particular being, we have room for maneuvering, we have routes of escape that eventually need attention themselves.

It is, as pointed out, normally a pretty obvious matter when it comes to an outright psychosis. But the same principle goes for lesser 'outright' phenomena; hence the cafe game. When it's about areas, conglomerates of oddities, difficulties, little hells, bigger hells, of problems we, whether we're psychiatrists or not, will have larger troubles when wanting to define *illness*.

The neurotic psychiatry: a disaster in progress

I've been using the word 'problem' repeatedly, and quite consciously so. Facing the two fat branches of psychosis and neurosis we're left a bit in the woods with a vast array of rather unhealthy facets – indeed the application of *symptom* is rather shied away from where it concerns anything not decisively ordered either into neurosis or psychosis. This is represent in the disastrous differentiation frequently made in contemporary psychiatry between *illness* and *other problems*. I'm quoting verbatim here. I've heard this naming it in this precise way in two different countries by professionals who were to my best knowledge not acquainted with another. It is disastrous, because anyone not diagnosed with a defined *illness* is more or less left to her/his own devices; and I'm going so far as to say that this is very much so due to helplessness on behalf of the professionals. Which for the person in question means – what? The next best resort one can think of might be a counselor. A rather extensive field, so let's pick the therapist. In more than one European country this is only paid for by insurance as per a particular time frame, i.e. numbered sessions. Which means it is demanded that by the time this frame is filled and the number of sessions is up the *problem* is removed, the person is cured, pardon me, re-adjusted. The more complex the set of problems is, the more severe they are, the less likely it is that a rather pressuring set time-frame is helpful, the less likely it is that the therapy will be successful to its utmost. In short, since psychiatry said it isn't illness it is therefor less severe, here we grant you a limited number of sessions with a therapist, get your shit together, and if you can't in this time, pay for yourself. Perhaps get rich in the meantime, so you can.

The most scandalous bit in this is of course the assumption that what has to be dealt with is 'less severe'. This is never worded like this, of course, otherwise I'd like to challenge the decision maker [the legislator] to make a definition in each particular case. The disaster doesn't end here. For even an extensive length of granted therapy might not be enough for the possible detection of *problems* of very severe nature. And even where they're made, it won't always end in a successful referring back to those dealing with *illness*. First we'd have to have a therapist able to detect a disturbance that can potentially endanger either the patient or others, or both. Then we need psychiatrists who'll be willing to pick up the thread where they'd left it [quite a matter, arrogance is, sadly, a disease in itself where it comes to many psychiatrists]. Finally we'd need the patient to be willing to go back to where s/he might have been *rejected* in the first place.

Before all of that we need a troubled person to seek help to begin with. Try and picture this scenario:

a deeply troubled person, a proverbial loner, disturbed in ways few are taking seriously and to degrees only he can sense, becomes somewhat preoccupied, perhaps out of morbid fascination, with serial killers. Sooner or later he'll come across the often citied similarities as regarding behaviour prior to killing, detection and detention. And to his utter surprise, and perhaps horror, this troubled loner is able to conduct some ticking-off as in reference to himself: intensive complications in relation to parents – tick. Bed-wetting – tick. Compulsive preoccupation with dead things – tick. Anti-social tendencies [whatever *that* might entail] – tick. Lack of empathy – tick. Fascination with fire, with burning things – tick. God forbid, cruelty to animals – tick. To be on the safe side, what ever you may pick as the typicals. And the troubled loner, however sick he might feel over it, detects what can be summed up as those 'typicals' in himself, he can recognize himself as a potential serial killer, as a serial killer by recipe.

Never mind what those typical features really are, but you'll ask yourself, right, how often does *that* happen, someone turning on such a capacity for self-diagnosis. And indeed, one can expect the tendency to be rather of trying to avoid this altogether, to being *not* aware, to be denial or never contemplating it consciously in the first place. The point here is that there certainly *are* individuals with whom a few or a few more of these features could be observed – and often aren't – and who will not become serial killers. Or, importantly, might, or might turn onto other but also destructive paths. Aggression is in this realm a reaction, but where will this aggression be directed at: the self or others? Or perhaps both, though looking through the history you can make a rough yet clear separation. Dipping back into the late 19th century for a second, the case of Mary Eleanor Pearcey is an exception in many way as to how to look at it. The author Sarah Beth Hopton introduces the

possibility that the murder wasn't premeditated and is in fact to be linked to a neuro-psychiatric 'outset' [as I interpret her].(3) My own, careful, first suspicion after listening to her account of what happened and thinking about it leads to the possibility of a postictal psychosis, which has in a few cases been linked with temporal lobe epilepsy, from which Pearcey suffered, and which had sparked a very sudden outburst of violence, the result of which – the death of a person – had a tremendously traumatizing effect, which would explain Pearcey's odd subsequent behaviour, as well as her amnesia covering the time, should we believe her; a fugue-state. It's a first idea, and I'm still treading on thin ice here.

Normally the decisive question is where the rage is going to be directed at. With theories in mind that extensive aggression addressed at others to the extend of murder can ultimately lead to self-destruction [the 'fuse blowing'] one should add, for such cases, in what sequence will it be directed at self or others. As so often the answer might supply little satisfaction, as it is once more determined of the entire sum of who the person in question is. But – one can almost make a rule out of it, imagine anything people can be capable of and be sure, it's somewhere out there – it is easy, following all that, to imagine people out there who'd fit everything that can add up to Serial Killer, and the one sole thing that has them not to be one is that the aggression, whatever the decisive reason, is directed inward. As vague as it is, but that's basically the answer to the question, rather exasperating in effect to my mind, 'why did *he* kill, *I* was mistreated by my mom, too!'

Notably any examples of *problems* that might not provoke psychiatric treatment, and ever so often won't, must be taken context-based, as they mean different troubles of different degrees to different people – keep in mind that on the most severe end we have to count in the deception about who his mother was as a contributor of what turned a child [no one is born a killer] into the Ted Bundy we now all think to know, especially *because* you will hear again and again just how little sense this makes as an explanation to most people – it doesn't, not on its own. It's one contributor. In itself it doesn't present itself to many people as of severe impact, but it is. Interestingly, James Kelly was faced with a similar revelation.

Add that *problems* are rarely coming in solo, but drag others with which they become entangled. A clinical depression is a diagnosis in itself, but it is one that can accompany various others. Thus if we name, for instance, any form of self-abuse that is kept hidden and in itself might not pose as a threat to what looks to unwitting outsiders as a normal life as long as it can be upheld [… does that ring a bell?], excessive fixations, ticks and what have you, they can mean little more than what they'd imply to any psychiatrist or psychologist in themselves alone, or a lot more when viewed in the context of other symptoms. Symptoms, there we have another of these words – traditionally in use with illness. And perfectly suited here as well, where a more or less functional life is not made impossible. Sometimes one might find complexes of attitude and behaviour that escape the classical definitions as they form whole images, an entire tableau. A cinematic narrative of one's own life, say, I believe everyone can instantly understand the term, but an extent from where it is not possible for the subject to return from will probably prove unhealthy. Or preserving the child in you. This one deserves special attention.

The Boy-Man: don't preserve the child in you

Normally when we say this we are describing something rather benevolent. We *mean* something benevolent, that is. Playfulness, the ability to go a little crazy, the lust for the free use of imagination, a lot of things we associate with children and see lost with too many adults. Many of which we also associate with, say, actors, for whom they are assets. I submit that there's a fallacy involved here. I'd say that none of these abilities are reserved solely for children in the first place, that a lack of them does not describe adulthood and the perceived 'preservation' is one of abilities that *should* continue into adulthood, as they're of immense value. They have little to *do* with age, in the long run. In reverse you could as well say a child has gained a piece of adulthood by mastering the ability to walk.

Preserving *too much* of the child in you already taints the image; for me the whole idea of childhood in the adult smacks of compulsion and the inescapable, not of freedom, and it deserves

attention because it is thoroughly unhealthy. It describes something a person has not been able to *grow out* from. When someone reacts with violence to what s/he perceives as a [to others rather incidental] violation of a right, beating someone to a pulp for being called a name, a by-stander might call the person a Neanderthal, but that might well be unfair to the Neanderthal. It is and looks brutal, and it is in effect childish. 'You're stupid' – bang.

But violence of such sort is not the only exhibition betraying the face of a child that does not belong into the adult. The fictional example of Norman Bates might serve as an example for trying to convey it. The actor Anthony Perkins was directed by Hitchcock to think of Norman as The Boy-Man, and indeed that is much indicated already in the original novel. I'm much impressed by the understanding in this. And this particular base-problem can be found in a large array of very complicated sets of *problems*, both in- and outside the set criteria for mental illness. And yes. It can be found with many, if perhaps not even all serial killers.

What, first of all, causes the child to become stuck, continue into adulthood? You can *identify* it according to what adulthood *means* to you, but how come in the first place? If we're talking disturbance outside what we can pinpoint as definite result from genetic cause [such a tricky question, still] we will trace much of it, if not all, back to childhood *problems*, even if we're starting from a decisively anti-Freudian position [which might mean we'll end up pro-Freudian; the man was not harvesting ideas from the thin air]. Sure enough, a trauma can originate in a post-childhood event, but the life-period much more vulnerable to a much larger range of potential trauma-inducers is childhood. Events that can easily traumatize a child will often not traumatize a more or less healthy adult. In fact, one way of looking at childhood is as a time of a multitude of potential trauma inducers through which one has to pass, and good luck. The reason why we're so prone to carry the effects of a dramatic event in childhood for such a long time forth is that there's a significant advantage in this most vital learning period – the child seeing the mother's reaction to a snake and is henceforth meets snakes with special care – but in adulthood this should be combined into a position from where to judge relative to what is experienced. The downside of this advantage for us is the manifestation of trauma. And there is a rather unsettling chain of re-traumatizing implied in this with those who, perhaps rather than keeping the child in this respect captive, are kept captive by the child. It implies that the person struggling with this problem is *set* for re-traumatizing. It is a chain, because not only will the person have problems with handling a situation similar to that s/he been traumatized by, s/he will also be set to reacting to a potential threat of being traumatized, even if it bares no resemblance to the original trauma, in a disproportioned manner. It is very unsettling, because one can't even begin to identify all the possible triggers that can be. One might take this as a careful attempt to explain [not *excuse*] amok, for example.

The Boy-Man [to settle on a sex more relevant in the whole discussion] is therefore a potentially dangerous person, either to himself or others, and sometimes the latter following the former. This is by no means to mean now that anyone falling into the category *is* a danger; otherwise we'd have to incarcerate half the population on the ward as preemptive action. But the Boy-Man certainly is a factor with many, perhaps most, perhaps even all the most severe disturbances. And mind you, how often is this factor alone be valued worth an entry in the DSM. It is not a defined illness. It might be recognized as a factor to be dealt with in a number of defined illnesses. But it is also a major factor in many complexes not defined. And it would have to be discovered first.

The same for many other *factors*. A preoccupation with 'dead material.' Not meant is the professional preoccupation, of course. This in itself, if identified, can be guessed to be much more alarming to anyone treating or assessing a person. A child, or an adult for that matter, can be caught intensely watching and even probing roadkill, and it might be nothing but curiosity. You catch him regularly doing that, and you might want to have a word. There's also the question of what 'probing' is, and what it's for – a few words about that in the context of what I call the 'fingertip-feel.'

Summing it up, there are complexes of disturbance that lie outside of the set criteria for illness, and that need to be dealt with as seriously, as they might prove to be as severe. To those who judge a psychosis to be clearly a more severe problem than what s/he discards as *problems*, the vast, vast majority of suicides are committed by people who are *not* psychotic [which you can turn around in

the whole context of directed aggression: are the majority of compulsive murders committed by psychotics?]. A severe depression *is* identified as illness, but I'm making this point to say that psychosis is not the 'king of disorders.' I also remind of the difference between observed psychosis and murderers who are able to keep their urges hidden and *function*, of many serial murderers who cannot be defined psychotic, but who harbor such complexes leading up to serial murder, and who can in principal can be prevented.
I've met too many psychiatrists for whom the definition of *illness* appears to be 'can be treated with medication'. Meaning, if meds don't show an effect with a problem it's not an illness. Also known as arrogance out of all proportions. Relatively recently Joanne Moncrieff had her book 'The Myth of the Chemical Cure – A Critique of Psychiatric Drug Treatment' published, in which, among many other examples, she advised to a position towards anti-depressants I've arrived at by observation of friends suffering from clinical depression myself: not to take their effectiveness for granted.(4) Perhaps even that they don't work. Certainly that many of them don't work, and I had to arrive at this conclusion by the hardest lesson there can be in this context. More down to the issue here, the assertion that if what you're struggling with falls outside 'medical jurisdiction', so to speak, because you don't [because you can't] treat it with drugs, is a blow in the face of many people who'll have to continue suffering for decades to come. In essence, it's recapitulation on behalf of the psychiatric profession. As detailed above, you're left to your own devices more or less, to what is expected from *you*, to what you're able to yourself, with little and sometimes no reflection on whether you're really able to. Potentially, what might be created is people who might fall later into the category of illness [a defiance of what physicians know to be the better course, prevention before dealing with an illness], people who'll become suicides, people who'll have increasing difficulties with dealing with the one life they have, people running amok and even perhaps people who'll commit serial atrocities.

The tipping point: model 2 revisited
All this might read as a critique of contemporary psychiatry, and by all means be welcome; I've seen much room for improvement there in 3 countries, one of which the state had already *been* more desirable within my lifetime. But mainly all the above reaching up to my introduction of the two models is still part of Model 2.
Remember, what concerns us here most are cases where severe complexes of disturbance that are shaped into severe actions remain hidden from the outside beholder to an extent that what this beholder is looking at seems to be a normal, functioning life, and this so continuously for many years. Remember that this does not apply to a sprouted psychosis.
The problem with such complexes gets bigger where it's completely out of the hands of medical professionals and authorities to begin with. Where

- the subject concerned does not believe or even contemplates s/he is in need of help
- his/her conditioning runs contrary to seeking help
- this conditioning is being *cherished*, *fetishized*, becomes an intricate part of his/her life

and all of the above together. And, as s/he is successful in keeping all this a complete secret, without anyone there to say there is help needed.
You can end up with an extreme, *unbelievable* mess of a human life that not only falls through the grid of medical criteria but also completely avoids detection.
And it might sit right next to you at the neighbour desk. For instance, serving on a telephone helpline.
Following all this, the conclusion first to be made is *no*: pathological does not necessarily equal psychotic, although it can. The distinction is important to be made, as it too often is marbled together – the *psycho*. The term 'pathologic' can mean a lot, it is perhaps to this degree a little helpless. 'Psycho' as a short for psychopath, and some might falsely mistake it to be a short for psychotic.
In consequence, if we allow ourselves for now to think of 'David Cohen' as Jack, assuming with good reason that he wasn't raving prior to his detention, that is prior to the immediate time before

his detention, then of course we cannot define him as a psychotic killer. The state in which he was in the end might very well *be* counted into that spectrum. He'd been tipped over. By whatever it was. For if we observe what seems a sudden transition from a state that causes no attention to one that warrants detention we can be damn sure something happened to trigger this event. It doesn't have to follow afoot, mind you. What we observe can only be the visible, the transition itself is likely to be longer. And as for the trigger? A very literal overkill? I said that I'm treading thin ice with my still young idea about Mary Eleanor Pearcey. But if any about this idea is right her erratic behaviour and descent into subsequent increasing delusions can be explained by a murder she didn't want to commit, that constituted an immense trauma. And this fits with a person who probably should not be defined a killer, as personality. What then with a killer? Our notion that a killer is emotionally detached from the murder s/he commits might be very wrong. What if the killer achieves an utmost of what he wants? The literal overkill? Although we'd have to stretch ourselves to call it a trauma, we might look at something similar in effect.
And before this transition, before he's tipped into what we can recognize without difficulty as *madness*, the raving, the aggression against everyone around, as recorded about Cohen, before the length of this transition, for the time he's unrecognized for what he is, he's been in a margin area, as it corresponds with those severe complexes of *problems* that might not be identified by even a contemporary psychiatrist as demanding – secure – attention.
Whether model 1) or model 2) applies is to be decided.

Time travel: trans-relating into the 19th century
Frequently discussions are held regarding whether our now 21st century take on human psychology can be applied to the late 19th century at all. Those opposed to the attempt rightly state that where social factors are concerned, and they *are* concerned when it's about a serial murderer, things have changed dramatically. It is pointed out that an individual's intake of the world around her/him produces quite *different* worlds if we compare back then and now. How that individual responds to the facets that makes his/her world are different. That is undoubtedly true, but the way the argument is often stretched makes me wonder if my opposite doesn't try and describe different species of human being. If we're taking this argument at face value in the context of serial murder for a moment we'll arrive at a rather damning picture: that something about our society, or rather societies, has steadily gone wrong, with all the emerging serial killers, and that might not even be a bad idea to have. One would have to go further, though, and ask what specifically had gone wrong with Northern America, as the overwhelming majority of serial killers in history had held U.S. passports. Actually people do try and find answers to that. Although the true number might still not compare, we'll probably have troubles with finding it in regards to, say, the former Soviet Union, however. Remember that one of the reasons why Andrej Chikatilo had been caught so late was that it was plainly official policy that such a kind of criminal simply didn't exist in the Soviet Union. As for the Whitechapel fiend, he's often described as the '1st modern serial killer', but I'd like to caution. He might be the first to be identified, and I'm not even sure about that. It has been pointed out that at another time given these murders might not have featured as prolific in the newspapers, some of which are said to have been able to take off *because* of their reporting on the crimes.
Regarding the point of profound differences comparing 20th/21st centuries with the 19th, here's my objections: we would have to make the same differentiation along the thousand years leading up to our present millennium. There are changes along those, too, continuously. Where do we begin? Where do we set the mark, signifying where differences are too big? Has each decade fostered a different 'kind' of serial killer? There were *all* different, as being different human beings, the details of their crimes being different, and they all had things in common, starting with what earned them the title. Yes, we change with the ages we live in, and it's as with wildlife ignoring national borders, the demarcation of decades and centuries, as much sense they make in correspondence with planetary seasons, are arbitrary in this sense.
As for the social differences, and the differences they pose in the individual, the answer to that has two edges. When we assess serial murder in its social context, as we must, we must begin, as I was

attempting to do in length above, with illness, with pathology and with mental deviation in its social context. Anyone who'd argue that things have progressed for the worse in this respect since then up to now, and we're merely talking potential causes for mental distress now, appears to view Victorian England through rosy glasses, and I'd think that not a single person who occupies her/himself with the Whitechapel murders does, as the setting to begin with is one of outrageous social imbalance that doesn't really compare to the inequalities of wealth distribution within one European country today [solely based on the amount of money a few have as compared to the great rest, it does, but not in terms of what is granted to a way of living for those with the short straw; at least we do have some social security nets to catch the fallen]. Of course the conditions back then provided abundant possibilities, probabilities even for causing mental distress, mental disorder, *problems*. And, no surprise here, among this Cast of Thousand, as Chris Scott called it, among all those suspects and victims and witnesses and marginally involved and hardly involved at all people, all these characters we meet, we meet, again and again individuals who had been or would become an inmate in an asylum, and quite a few others who didn't but counted mental problems to their history. And that's just those we know about, because they feature in this story. Sometimes we might look about in our present world and think, blimey, there seem to be more and more crazy people around, but it never had been any different. If *today* we see people getting ill at least partly as a result to social circumstances, rest assured, back then there were as many reasons, as many potential causes. Not to mention the means and ways by which was *responded*: speaking of criticizing contemporary psychiatry, go into detail about the measures back then. And, importantly, while on the face we can emphasize the differences, we're still talking about the same species here, and the range by which to react mentally is only that wide. If a particular detail about a symptom corresponds only with a particular detail in its time, then it's exactly that, a detail; the overall problem is by large the same. Illness, disturbance. Something is intolerable, Mind is seeking a way out. Genetic predisposition is also not a new phenomenon, we just *learned* more about it.

In the Elizabethan era the common idea about mental illness was called the Three Degrees of Relief:

first it's tears [emotional turmoil]. If the tears won't bring relief, it'll be madness. If madness won't do it, it'll be death.

Which is pretty much the premise for the character of King Lear.

As simplified as this might appear, it actually isn't all that different from how we understand it today, albeit we more often count out death.

One should also state that we're not exactly talking about ancient Egypt; the descendants of many of this cast can still be sought out with comparably greater ease. It's not *that* far back in history.

Secondly, one shouldn't grant the serial killer, by turning the argument around, to define an age in reference to him. So much for the 'first modern serial killer'. With as much common ground we can find to title a category this way, a serial murderer naturally stands out, and that'd be *stands outside*, in more than one way. We can sum them up as standing outside the society he lives in, and in quite a graphic, quite an extreme way. So graphic and extreme in fact that we might be tempted to say he stands outside his time. Not in a manner of being ahead or behind it. All in all, the attention we give a case of one person killing another member of his own species, as certain as some morbid fascination will play into it on the whole, wouldn't be granted if it were considered a 'normal' thing. Give or take, murder is somewhat normal in our world, and thus frequent, but there's an intuitive understanding that compulsive serial murder is unlike a murder principally motivated by want for enrichment, wanting to remove a witness or hate towards the very individual self that is murdered. Motivation is everything where the culprit is concerned, and where the causes that contributed to a personality about to engage on the call of his inner motivations end we meet extremes. I've argued above that the differences in social structures and the individual forms of response don't really hold up to the claim that we won't have access to the nature of these crimes from today's perspective. I'd go farther and say that extremes of these sorts shouldn't be measured by the same standard to begin with. Indeed, now as back then this nature, the expression in detail, was and is hard to comprehend for most people. Hence the willingness to call them crimes without motive. It's a motive of a

different sort than those we're easier used to. They stood out and outside as much back then as they do today. Extremes do that. Combining both objections, and we're looking at essentially the same phenomenon.

The health of afflicted theories: what do we allow ourselves?
The question is in the end: do we have access? Is at least an approach possible, where we deal with such extremes? In the beginning of this modest musing I called even a far-fetched set of measures used to explain something extraordinary, something seemingly incomprehensible in ordinary, comprehensive ways, by means of replacing it with something more ordinary and comprehensive [in comparison], a sane reaction. Mind you, sometimes there might be the sheer will to introduce something New and Unorthodox as an alternative for the sake of it involved. But if you look at a number of these alternatives, even before they fold onto themselves – the botched abortion, the Masonic/Royal conspiracy, the punishing or message-sending mob - they all have the image of one or more perpetrators at their middle who, albeit committing something that looks to us at least in its expression insane, are a lot closer to being sane as what we have to confront when talking serial killer. They're means to explain the whole matter from the point of sanity. Of a relatively comprehensive motive. Covering up after the abortion-mess, removing the blackmailing witnesses to a monarchy-threatening scandal, being the atrocious ways of organized crime. Horrible still, yes, but at least we're back on the safer ground of not having to deal with something both far more complex and far more elusive. In principle, as they say, *'everything's possible...'* [usually followed by a wink], in principle we can imagine it all. We can imagine a cartel of some sort, probably involved with, if not consisting of the Whitechapel/Spitalsfield Landlords Inc., their thugs leaving the message in streets and yards, perhaps even going a little more far than instructed. We can imagine, supported by the theme endlessly repeated in major motion pictures, a gruesome reaction on behalf of over-zealous royal supporters – although we should have asked from the outset why on earth those folks would have wanted to create such an attention over such a span of time instead just dumping the threat in the Thames one by one. We can imagine the abortionist in an oops-situation, deciding to cover up his/her mistake by means of masking the affair as an insane killing, with all the insight needed for the details of an insane killing to make it look like the mess left by the expanded mess of a mind a la Jack, a layout of flesh and organs serving mere practicality, as that'd be just the sort of thing you do under the circumstances, not minding that if one were ever found out it wouldn't be for accidentally killing someone, but possibly for savagely murdering not one, but a number of women. Yes. Everything's possible. Wink.
It is not as easy to at least try imagining what a disturbed mind means in connection with these killings – and that with so much that corresponds with other disturbed minds responsible for compulsive serial murder. Can we get anywhere trying?

The 'fingertip feel': the fetish of dead matter.

DISCLAIMER: since writing this piece I learned that I'd fallen into a trap in regards to Francis Tumblety. Tim Riordan made an excellent case in reputing many allegations made against Tumblety, some of which are mentioned below. As it concerns the following section, this regards: Dunham's story: it transpires that Mr. Dunham had personal reasons for presenting this story, not before suspicions had been made, and made very public and popular, against Tumblety as the Ripper. The story is most likely fabricated. There is no evidence that Tumblety hated women or even just spoke ill of them. The collection of uteri most probably never existed.
Death as a result of Tumblety's remedy: this, too, appears to be unfounded. The ingredients of the herbal medicine Tumblety had given the patient who later died had been analyzed following the death, and had been found harmless and not possibly relating to the patient's death. The patient had returned to his old doctor before dying, where he was submitted to bleeding, a practice that was reliable to do much harm to an already weakened patient.
I t should be noted that Tumblety was gay, and that many, if not most of his problems arose from

contemporary opinions in regards to homosexuality.
It should also be noted that Littlechild, whose letter, when found, gave rise to more recent excitement over the 'suspect', was of the opinion that gay people were sexual sadists, an opinion he also found necessary to express in regards to Oscar Wilde.
Until I'm able to re-write this passage in order to lead to my point, I'll leave it like it is with this disclaimer heading it.

Before we re-enter that room at Miller's Court let's go on a brief excursion to look at one of the most colourful suspects, Francis Tumblety. A colonel identified by the name of Dunham alleged how he and others had dinner at Tumblety's once back in America. After what appeared to have been an anti-women rambling Tumblety led his guests to his office where he presented them with jars of medical specimens, according to the colonel about half of them where human uteri.
Tumblety, I should say, is not my favourite suspect, but I certainly do understand why he's been, and for some still is, under consideration. Following his career as a quack doctor [the occupation always has the stress on the quack; those who believe JtR to have possessed medical skills and name Tumblety for falling into this category should keep that in mind. He received his 'training' from what we'd call a pharmacist today and was to advertise himself later as an 'Indian herb doctor' – this neither demands particular anatomical knowledge nor skills with scalpel and knife], it is hard to develop much of a sympathy for him. And with all his flamboyant self-presentation as a military figure [equally falsified] and idiosyncrasies he's easily what one would call a 'wacko', a 'loony', or a 'stay-away-from-him-child-Mr. Tumblety-hasn't-got-all-in-his-cabinet' if one lived in the same street. And aren't those who are a 'little funny in the head' those first suspected after a murder in the neighbourhood. Not to say that the guy was harmless. Near-deaths and death can be attributed to him as a result of his quackery. Not quite the same as compulsive serial murder, and the way he'd proven himself to be dangerous is the way quack doctors are dangerous by principle.
In any case, I'd say the man qualified for calling him somewhat deranged. Are the uteri a sign for this, too? Clearly, if you want to get yourself across as a doctor you'll need equipment and accessories to show for it. That goes as well if the first person to convince is yourself. Body parts or possums in jars shouldn't surprise. Of course, if we're already here you've crossed the line into funny-land. But if we're to believe Dunham then the uteri clearly dominated. And this with a man who'd repeatedly expressed his despise for the female sex. With the overall pretense as a background and this recurring theme of antagonizing women running parallel, the jars indicate an obsession. A focus, an intense preoccupation. I would submit that these jars weren't merely collecting dust on the shelves, but that he'd frequently look at their contents, perhaps even take them out, and perhaps even touch them. I'm deliberately fetching far. If the whole story isn't fabricated then I'm positive about the looking. The uteri becoming *objects*, but objects with a specific significance. And the person harboring this preoccupation experiences a near tangible connection, a sensual response.
I call it the 'fingertip feel'. I'm a fan of visual representation, and one suited exhibit is a still from the set of David Cronenberg's 'eXistenZ'. Cronenberg directing actor Jude Law in the 'Chinese restaurant'-scene. The moment is about how to finger the amphibian dish, and it is the director's hand that demonstrates the way we later watch the actor touching the dish before, reluctantly, taking it into his hands: the back of the hand turned outwards, and it's the middle- or ring finger doing the probing. Although in the actual scene the feeling that accompanies this is disgust, the image of the fingertips probing this way is an apt illustration for sensual preoccupation with an object. Our whole skin is an organ, but it's our hands, our fingers and ultimately our fingertips by which we probe most actively. Consequently they play an important role in a fixation with objects. With touching. In the case of such a fixation the sensation is enhanced, or more precisely, it is altered. What is felt is different than what would be felt by a person without this fixation. It is part of a *'communication'* between person and object. The word fixation should be taken at its most literal: total focus.
When we talk 'objects' here, we mean dead objects, dead matter, but not any ordinary object on the

table – although such fixations frequently occur with more ordinary objects that have been thus fetishized. But in the context of all that is discussed here, the ultimate dead matter is the one that once lived, that had once been part of something living. It is vitally different from other inanimate objects in that it once was animate. In any case, we're talking about *organic* matter.

The fingertip feel doesn't have to relate to touch alone. Smell can work in a similar way. Was it Jung who once suspected Hitler of being 'a sniffer', of 'liking to smell dead things'? Meant was dead matter. Whether this applied to Hitler or not, the reality of this in the more ordinary would for example be people who develop a habit of smelling the dirt under their fingernails.

Everything lies on a scale. At the far end of it, where sensation grows large and wild we have phenomena like necromancy, we have the extreme of the extreme: Bundy, who stated that he revisited the corpses of his victims left in a certain place to 'have sex with them'; he added that he only stopped when the bodies had 'putrefied too much.'

One of the many questions that are frequently discussed concerns ideas about what the Whitechapel murderer did with the organs he took away. One recurring idea is that he ate them. If the letter and half kidney sent to George Lusk had indeed come from the killer, and if he'd been telling the truth about what he did with the other half, then this seems to be in support of this possibility. Others suggest that he might have been satisfied with 'dishonoring' his victims this way and got rid of what he'd taken soon after. Most common is the notion that he took them as trophies. All these ideas deserve consideration, and both cannibalism and trophy collection have since featured with some serial murderers. I have another suggestion that can also apply in combination with eating and trophy keep, but on which I'd like to focus, and it's to do with the same intense preoccupation I suspect Tumblety of in respect of his uteri collection, without wanting to suggest that he's the killer; as I said I don't favour him as a suspect.

It's been pointed out that those organs that had been taken away with other victims, the uterus, a kidney, had been left at Miller's Court, and that this constitutes a difference. In Mary Kelly's case it was the heart that had been taken away. I would suggest that this difference was in fact incidental, and that it was, like the whole extent of what happened in that room, determined by location. That what he did with the organs on the other occasions might have been essentially the same as what he did in Mary Kelly's room, only that he had no opportunity to do it to this extent until then. That the *handling* of the organs itself was of utmost importance to him, not only purpose, to transfer them from one place to another or to take them away for the ultimate purpose of eating or collecting them, but *handling* them was of immense sensual significance. This doesn't exclude the other suggested purposes, and that he did take one organ away from Miller's Court, the heart, might either imply that he wanted to extent the sensation, repeat it with one part later, or conclude it with eating it, or keeping it as a trophy, or all of it together. As the mutilations grow with each victim, and as the relation to body parts is a different one compared with people who'd be shocked by the idea of holding a human organ in their hand for any other purpose than medical study, I suspect that it is *highly likely* that these organs represented objects of strong sensual preoccupation for this man, and this leads me to believe that after each murder he would handle them in some relative secure location, for the purpose *of* handling them. Handling and intensely looking at them.

The location of Mary Kelly's room now opened much more extensive possibilities to him. Which, by the way, gives the idea that he might have changed from the streets to an indoor scene for this very purpose some credit. And here we see that the organs were not merely handled and placed *somewhere*, arbitrary that is, but they were placed purposefully, deliberately. An arbitrary placement could perhaps be accepted for what we find between Kelly's legs and on the table. But not for what we find underneath her head. It has been suggested that the killer had actively displayed his victims, had staged them, for the doubtful benefit of the eyes of those finding them. If that were true then this would be an important aspect for trying to assess him, as he would have had the public in mind, similar to an author who thinks of his readers while writing, and in this case it would be likely that one or more of the many letters sent in his name are genuine. However, with none the street-victims there is any evidence for this. They were killed where they'd been found, they lay on the ground because they've been killed, and unless the killer would have had a lair for the purpose of killing

before discreetly disposing them, and unless he'd have accepted the additional risks of being seen in one location in connection with the victims he would have had to lure into such a place, leaving them where he killed them was simply the only option. This makes the reading of entrails placed over a shoulder as meant for public display on purpose an either or. Evidence we don't see for this route of explanation.
The idea is more tempting with Mary Kelly, as no doubt can be about the significance of this placing in the killer's mind. The temptation is deepened by having her defaced head turned towards us, the photographer, the door: had the killer turned her head this way in a macabre detail addressed to those to come? This has been expanded to view the posture of her whole body in the same manner. But again one should caution oneself. Evidently the body laying on the back is a necessity for the murderer's post mortem-activities. If we see a tendency of display towards the door side of the room, it's a natural given with the perp more likely to have been situated on this side of the bed, as there's hardly any space between bed and wall on the other. As for the head tilted towards us, you have a head down on the bed, especially during and after activity with the body, and especially after you placed something under that head, and the head will tend to either side. What would we read into the head tilted the other way. Finally, it might be an effect caused by angle, but her right leg appears to be slightly more elevated than the left, enlarging the chance to which side the head would lean. Be it as it may, although whether the killer had an audience in mind is certainly important, the question whether we're looking at staging is again, at least in this particular context, a rather academic one.

Her parts near the whole of her: a suggestion and a different order
Try and combine the notion of dead matter-fixation, of intense preoccupation, of handling and looking at it, with Mary Kelly's room. It is no longer the organs of the victim alone, cut away from her and taken to another location. It is no longer that highly significant object alone. It is it, and the rest of her still present. It is *it*, the part of her, and it is her as the rest of her. It has been separated from her, but it is still seen in connection with her.
It can be re-applied.
She can be re-arranged.
Remember that game, the plastic 'patient', the little organs one can take out? Will the child be a professional surgeon? Or will it place the organs somewhere *special*?
When we're talking about a 'mind in disarray', we're talking from our perspective. The mind itself might perceive a very specific order by which it looks and acts. Venture into the reasoning of a schizophrenic, for example. But this applies to many other manifestations of an attacked, of a disturbed, of a destroyed psyche as well. We see a mess, disorder, the incomprehensible, but for the mind in question there is sense, there might be purpose, literally method to the madness. We wonder about motive, as it eludes us, but motive is there. In the killing, and in the details. Again, we needn't go all this far to understand the principle of this: most of us had moments in which they acted irresponsibly, sometimes perhaps very irresponsibly, and our tendency is mostly to provide a good reason for even a completely irrational action, towards others and towards ourselves, to justify ourselves, if for an action that didn't make the least sense. The term 'rationalizing' is coined expressively for this process. In my eyes the way I acted makes perfect sense. I might later realize by myself just how wrong I was.
Imagine what would be if you don't. And then work your way forward, until you reach first a fetish-like obsession with dead matter, and finally the organs of someone you just killed. You've might have just arrived at Miller's Court.
All the 'Why Did Hes' and 'Why Didn't Hes' emerging on the message boards and in discussions in books, podcasts and elsewhere have to be tackled with a psyche in mind that might act according to a different order than we commonly encounter. If the whole truth were out, we'd probably see a lot of things that won't make the least bit of sense to us, but sense they do make. 'Why didn't he do this or that' is a question asked from the ground of sanity, of the practicalities by which we maneuver our 'normal', relatively healthy lives, and we're dealing with a life here that is not alike. Ultimately

we might be destined to fail determining the 'Why This Way'. Or are we? As for certainty, yes, probably. But can we approach it? Do we have access? Why can I be so confident, now, almost 126 years later, in calling the man we know as Jack the Ripper a pathological killer? The sum of all the details of what we know is one answer. But the facts from which this sum rise, and all what they imply, would be a dead, immobile construct without an intuition to go with it, to be carefully applied in order to find routes for any sensible interpretation. No science is a good science without the support of imagination. Albert Einstein was an outstanding scientist because his genius consisted also of high capacity for intuition. An intuition that needs control, it goes without saying. One would go nowhere, discover nothing, without it. As with discovering the workings of the smallest and the stars, our capacity for an intuition for what is unlike ourselves serves us in the realm of the abnormal, the dark and disturbed as well.
Just come back from it, will you.

Aug 9th, 2014

References:
(1): A.P. Wolf, Casebook podcast 'A Diseased and Vile Creature', casebook.org → podcasts
(2): Martin Fido, 'David Cohen' essay excerpted from Casebook Message boards, May 27th, 2000
(3): Sarah Beth Hopton, Casebook podcast 'Mary Pearcey and Jill the Ripper'; Sarah Beth Hopton's forthcoming book on Mary Eleanor Wheeler Pearcey is called 'Woman at the Devil's Door'
(4): Joanne Moncrieff, 'The Myth of the Chemical Cure – A Critique of Psychiatric Drug Treatment'