Revenge

Narcissistic Injury, Rage, and Retaliation

Edited by
Salman Akhtar and Henri Parens

JASON ARONSON
Lanham • Boulder • New York • Toronto • Plymouth, UK

Chapter Three

Revenge and Reparation

Thoughts About the Treatment of a Boy and His Family

Barbara Shapiro

I am delighted to have the opportunity to discuss Mrs. Novick's riveting presentation about a complex patient, family, and therapeutic process. Reading her contribution, and perusing the literature regarding revenge, has made me realize how frequently I have missed various aspects of revenge and its henchmen in my own work and supervision. Despite the fact that revenge, in all its variations, is deeply embedded in human nature and culture, the psychoanalytic literature is relatively sparse. We have missed a part of human nature that has been a major theme for writers, artists, filmmakers, and storytellers over the centuries. Revenge themes repeatedly emerge in creative and religious endeavors, such as Greek plays, Eastern and Western literary classics, mythologies and folk stories of multiple cultures, fairy tales, religious writings, opera, artistic masterpieces, movies, and children's literature (Beattie, 2005; Rosen, 2007; Berke, 2012). Wanting to get back at someone who has hurt or humiliated you is normal and natural. Revenge is rooted in our need for fairness and justice. Children of all ages are keenly aware of what they think is fair. Recent observational research on morality reveals that babies as young as three to six months of age demonstrate nonverbal understanding of fairness, justice, kindness, and meanness (Bloom, 2010; Hamlin et al, 2011; Hamlin, 2013); the same is true of some primates (de Waal, 2013).

Families and societies need just and effective consequences for hurtful actions—a law of the house or of the land—to avoid random vigilante-style justice and idiosyncratic revenge. Families that for the most part are kind and respectful and that have reasonable and relatively consistent limits and expectations provide a structure in which children generally don't need an

extreme of revenge dynamics. The same is true in larger groups and societies. We are all profoundly shaped by the culture(s) in which we develop and live our lives (Akhtar, 1999; Siassi, 2006; Tronick, 2007). Societies, cultures, communities, and micro-cultures differ in the acceptability of vengefulness and revenge, both in degree and in form. In general, most societies based on 'an eye for an eye and a tooth for a tooth' limit the scope of revenge to that which is perceived within that society to be equivalent to the hurt. Also the revenge is episodic and does not take over the life of the individual (Rosen, 2007). Of course, there are cultures, just as there are individuals, in which revenge becomes a primary and chronic motivator for action (Beattie, 2005; Siassi, 2006).

We all have our vengeful fantasies and acts. The question is the degree to which the desire for revenge takes over psychic function, the self, and relationships. There is a big difference between a child who is sporadically vengeful, and a child like 'Ali,' from Mrs. Novick's chapter. Ali's rage and revenge were intense and ongoing. As powerful organizers of his developing self and character, his rage and vengefulness posed a significant threat to the present and future well-being of himself and others.

Revenge, in moderation, serves a function in the competitions and rivalries of human relationships, from childhood on; that sort of revenge that is short-lived and episodic. Malignant revenge takes over the person. It has momentum; it is self-organizing and self-reinforcing. Eventually, it takes on a life of its own. Its henchmen are malignant narcissism, envy, self-righteousness, and omnipotence. Eventually self-righteousness and omnipotence nullify guilt, and revenge becomes ego syntonic as it deflects feelings of weakness, sadness, helplessness, and loss (Rosen, 2007).

The form of revenge differs with psychic structure, age, executive function, degree of sadomasochism and malignant envy, family dynamics, and social/cultural forces. Revenge stays within bounds when it is integrated with compassion, love, gratitude, kindness, respect, and the ability to acknowledge and repair hurtful words or acts (Gabbard, 1996; Tronick and Weinburg, 1997; Akhtar, 2012; Berke, 2012). When the capacities for repair, compassion, and kindness are impaired, the stage is set for revenge to become malignant.

We are not born chronically vengeful. Certainly, some babies have more innate aggression, and/or more innate vulnerabilities. However, an overabundance of revenge usually rests on a bed of varying combinations of hurt, abuse, shame, humiliation, parental hostility, hatred, and neglect. All or some of these factors may be transgenerational, and result in narcissistic injury and developmental trauma in the infant and growing child (Gabbard, 1996). The child feels, and is, helpless. She experiences helpless rage, feels herself to be worthless, nothing, bad. She hates others and herself. This often starts early in life, in the non-verbal sphere, and then stays there, dissociated. Early

traumas and neglect can then be compounded later by destructive family dynamics, ongoing trauma, and community and societal dysfunction. The infant may show avoidance or freezing behaviors. By the beginning of the second year of life, one can see the child ragefully attacking herself and others, alternating with sulking, hostile withdrawals. Other times the child is terrified, regressed, and fragmented (Fraiberg, 1982). She becomes envious of others who have the power, and power and control become the currency of human relationships. If trauma has not entirely stripped the child of self-agency and aggression, she develops a compensation of omnipotence. The core self is hollow, hated. Narcissistic rage and omnipotence protect against terrible sadness and fragmentation, self-annihilation. Revenge provides proof of power and the pride of forcing a primal justice. Self-righteousness dissipates shame and guilt; narcissism becomes malignant; rage becomes hatred; envy becomes destructive malevolence; and revenge provides agency, mission, power, and meaning. And we all need agency, a sense of control, and meaning. If there has been familial trauma, without rescuers, the stage is set for mistrusting everyone—paranoia. There is disgust with one's self, which becomes subsumed into a disgust with the world (Horowitz, 2007). All this takes place in the crucible of the family, community, and society, in which transgenerational and interpersonal identifications, dynamics, and traumas may feed the rage and revenge (Siassi, 2006).

It is important to see the strength as well as the vulnerability in Ali's rageful attacks and vengefulness. We must remember that rage and revenge are strong responses, employing aggression and self-agency. In contrast, other children and adults who have experienced significant trauma may be cowed into a selfless compliance, a conviction of total unworthiness, and a concomitant erosion of self-agency. And rage and revenge (in fantasy or act) is also stronger than resentment, in which helpless rage is subsumed into an obsequious compliant reaction formation (Beattie, 2005). Hatred and revenge are as relational as love. We take revenge on a person or a group of people. When all we can think about is getting revenge on someone, we are tied—attached—to that person, in an intense internalized object relationship (Rosen, 2007). We are besotted with hatred, obsessed with contempt. We lovingly fall in hate, and we don't let go (LaFarge, 2006). This could be viewed as a version of Fairbairn's concept regarding the exciting-rejecting object (Fairbairn, 1952, 1963; Beattie, 2005; Rosen, 2007).

At what age does one first see actual revenge? Certainly there is a developmental line. Revenge requires some executive function and some degree of mentalization. Mentalization has to be sufficient to have a degree of understanding the other person's mind, as well as the effect on the other person of the vengeful act. Let me give an example from my practice. A traumatized mid-latency-aged boy, whom I will call L, regularly attacked me, physically and verbally, with a meanness of spirit. Gradually, the physical and verbal

attacks disappeared, and the rage and sadomasochism were expressed and worked through with puppets and other play. One day, I was unavoidably late for L's appointment—I had not been late before. I walked past his father, who was in the waiting room, and the father told me L was in the bathroom. I asked him to tell L that I would be in my office with my door open. In a few minutes, L appeared at the door, holding something behind him. He had an evil smirk on his face. Before I could get up from my chair, L went to the shelf where I always kept my coffee cup, with coffee in it (he knew this), and opened the paper towels which he had held behind his back. Inside the paper towels rested a medium-sized nicely formed bowel movement. Before I could move, L put the bowel movement into my coffee cup. His initial attacks were impulsive and out of control. They were also mean—a sort of proto-revenge. But the bowel movement in the coffee cup was a plotted and well-executed revenge for my being late. He knew that I valued the coffee cup and enjoyed drinking coffee, so in this instance mentalization, executive function, and non-compassionate empathy were intact.

Revenge can be active, attacking, aimed toward someone, or withdrawing, passive, turning away from someone. Active vengeful attacks are obvious. We may not recognize withdrawing actions as vengeful. Sulking is one example. The child or adult in a deep and lasting sulk achieves considerable power and revenge (Berke, 2012). Think how hard it is to ignore a loved one who is mired in an obvious and petulant sulk. We might pretend to ignore the sulk, but really it fills our minds and the relationship. A deep and prolonged sulk is highly effective in controlling the minds of others. It takes over, sometimes to the point of erasing the selfhood of others. Pride makes it difficult for the sulker to give up, give in, and forgive (Steiner, 1996). The children's book *Spinky Sulks,* describes this phenomenon beautifully (Steig, 1988). Other examples of withdrawn and passive revenge include the silent treatment, cutting someone dead, gas-lighting, leaving abruptly, and hanging up on someone. Also, in some instances, suicide, masochism, self-defeating acts, and depriving someone of the pleasure of your success achieve vengeful purposes.

Revenge is on a spectrum of hot to cold. Hot revenge is, well, hot. It doesn't involve much executive function. It is immediate, stormy, impulsive, and poorly planned. Cold revenge is carefully planned, and executed so as to have the pleasure of getting back at someone without being caught. This requires a high level of executive function. Rould Dahl describes this in his children's books, such as *Matilda,* and Dav Pilkey in his *Captain Underpants* children's book series (Dahl, 2004; Pilkey, 2013 as one example). Another more extreme example is Poe's (1846) story *The Cask of Amontillado*, in which the revenger coldly and carefully plots the painful demise of the man he hates. The narrator of the story says:

> The thousand injuries of Fortunato I had borne as I best could; but when he ventured upon insult, I vowed revenge. You, who so well know the nature of my soul, will not suppose, however, that I gave utterance to a threat. At length I would be avenged; this was a point definitely settled—but the very definiteness with which it was resolved, precluded the idea of risk. I must not only punish, but punish with impunity. A wrong is unredressed when retribution overtakes its redresser. It is equally unredressed when the avenger fails to make himself felt as such to him who has done the wrong. (310)

This sort of totally cold revenge described by Poe requires a quite high level of executive function, along with a lack of or dissociation of conflict, guilt, or the sort of moral masochism that would involve getting caught as punishment. The plotting of the murderous revenge is entirely ego syntonic. Young children are not capable of this degree of coldness. The capacity for this sort of revenge would likely first be seen in mid to late latency, and perfected in adolescence and adulthood.

Finally, malignant revenge is sticky. It has a life of its own. It keeps its wounds green, and itself interferes with healing. This makes the therapeutic work very slow and difficult, and prone to negative therapeutic reactions. Slowly, gently, the underlying worthlessness, sadness, losses, envy have to be unveiled and integrated without increasing shame and humiliation. It is difficult to give up chronic vengefulness toward a particular person or group without a terrible loss of pride (Steiner, 1996).

Let us turn to Ali as an illustration of the development and treatment of malignant vengefulness. Ali was born into a family with malevolent ghosts and intergenerational trauma on both sides. The parents, as Mrs. Novick puts it, were loving but 'soul blind' (Novick, 2013). His traumatized mother, who wanted only girl babies, held him in her arms for the first three months of his life, protecting him, in her perception, from her husband and his family. This unbearable tension in the mother and the family would have been felt by the infant. When Ali was four months old, his mother became pregnant. It is not easy to have a baby and be pregnant, and then to have two babies only thirteen months apart. Also, the mother now had two boys, and she wanted girls. From Ali's point of view, it is not easy for a thirteen-month-old to understand and bear the presence of another baby even in the best of circumstances. The brother was not circumcised, and this was an emotionally and culturally pivotal issue with the parents. Ali's aggression toward his brother is understandable from many perspectives.

When Ali was only two years old, the parents sought help because of his intense temper outbursts and unremitting aggression toward his brother. Transgenerational traumata had left their marks on the next generation. Ali's developing sense of self and his object relationships, both real and internalized, and his identifications, were deeply affected. This is the soil of hurt, rage, envy, shame, and helplessness, in which rage took root and grew,

choking out development of other spheres with a resulting relative emptiness of the self. The ghosts of hostility, spite, and revenge weighed heavily in this family. At the same time, Ali got away with murder, and his parents catered to his wishes, as there were no age appropriate limits or expectations. The lack of limits further fed compensatory omnipotence, which grew wildly.

Ali was caught in a war in which his core self, especially gender identity and role, became a focus of parental dispute. His mother wanted him to be a girl, rejected his boy self, and bought girls' sweaters even when Ali did not request them. His father wanted Ali to be a boy, and rejected his girl self. Ali's parents were trapped by their ghosts, and Ali was trapped in the middle of ghastly ghostly wars. He became the tool by which his parents unwittingly took their revenge on one another. Ali requested girlish things, but it is not clear how strongly this came from Ali, how much was to please his mother and meet her vision of him, and how much was to oppose and take revenge on his father. Additionally, his previous therapists disagreed about how to handle his gender identity and role behavior. One, found by the mother, advised letting Ali express himself. Another, found by the father, advised taking away and forbidding all girlish activities. The parents had their allies. The system was split, polarized, at war. How terribly confusing for everyone. One can see how making sense of Ali's own gender identity and Ali's own gender expression is now a sensitive and difficult area for therapeutic work. This was not a naturally developing girly boy (Corbett, 2009). Meanwhile the actual child was not seen, heard, or known. He could, however, force others to see him and make his story known by utilizing attacking and vengeful behaviors. One can see how revenge, in certain forms, serves the important function of making one's story known.

The family dynamics had the characteristics of schismogenesis, described by anthropologist Gregory Bateson (1972), in which people or groups dynamically respond to attacks with counterattacks, distortions, and ever increasing polarization. The word itself, of Greek derivation, literally means the creation of division. This dynamic process gathers its own momentum, perceived differences are destructively magnified and fortified, and oppositional positions spin out of control. Clearly communication, understanding, and 'agreeing to disagree' are rendered impossible. This dynamic in Ali's family, teamed with other intrapsychic and family dynamics, fed the wounded green monster of revenge, begetting more revenge. Everyone, parents and children, actively participated in a sadomasochistic drama. By the age of ten, when Ali and his family started treatment with Mrs. Novick, he had eight to nine years of experience in terrorizing others physically and verbally. At the same time, he was terrified, and full of self-loathing. Certainly he had strengths: he was very bright, witty, and capable of love and attachment. And the parents, although psychologically deaf, loved him, and had consistently sought treatment for his problems.

After treatment started, Ali improved. His initial mindless, empty, inhibited play, along with his need to control and his vengefulness, are consistent with what we often see in a traumatized child. But he and Mrs. Novick were able to connect, which means that Ali was able to connect. And the parents also connected with Mrs. Novick in a therapeutic alliance. Eventually as a result of Mrs. Novick's work with the parents, they placed more limits on Ali's behavior, introducing some rule of law and justice. Then a year and a half later, all hell broke loose. Ali again became physically and verbally attacking, and had to be physically restrained in the sessions. The parents wanted to quit. This was a negative therapeutic reaction which could have turned into a total impasse.

What are some of the factors that were operative in producing and then resolving this negative therapeutic reaction?

- *First*, there was a break in the treatment, which had been going well. As we all know well, demons tend to rush in during breaks.
- *Second*, the family was on vacation, and sometimes the worst times in troubled families happen during those vacation times. We don't know what happened there.
- *Third*, Ali was approaching adolescence, and was also transitioning to middle school. One can wonder if perhaps his testosterone levels were starting to rise.
- *Fourth*, the parents had talked with Mrs. Novick about termination at some point. Did Ali know or sense this, or overhear his parents talking? Did he try to keep treatment going by regressing to terrorism?
- *Fifth*, Mrs. Novick had to physically restrain Ali. Perhaps this physical contact further reinforced the dynamic of dominating and being dominated—a sadomasochistic solution, perhaps with erotic and sensual components. Was this too exciting and terrifying? Did the restraint feed Ali's internalized representation of Mrs. Novick as an exciting/rejecting object (Fairbairn, 1952, 1963)?
- *Sixth*, presumably an important factor in Ali's previous improvement was that the parents were better able to set limits and expectations as a result of their work with Mrs. Novick. Now Ali was exploding with rage and revenge. It seems that his very sense of self was threatened. The omnipotence was compensatory. Without omnipotence, who was he? And who was most responsible for this change? Mrs. Novick was the one encouraging his parents to set realistic limits, and of course Ali would have known this. So perhaps he took revenge in a desperate attempt to reestablish his control and dominance.

I assume Mrs. Novick helped the parents establish compassion and kindness along with limits, and reparations as consequences for destruction. Compas-

sion, kindness, gratitude, and reparation counterbalance malignant narcissism and revenge. However, malignant narcissism and envy often hate goodness, kindness, and support. The very goodness weakens compensations and defenses against sadness, pain, helplessness, and loss, and evokes further envy and revenge. In this world, one either controls or is controlled. Looking at this another way, the parents and Mrs. Novick probably preferred the 'good' Ali to the 'bad' Ali. But his envious, contemptuous self may have felt scorned, under attack, and abandoned. Did he fight for the life and recognition of that powerful aspect of his self? And then one day Mrs. Novick had it. She 'fired' Ali. And it worked. How often do we do that openly? Over time, Ali's behavior subsequently improved. He eventually came back to the analysis. This was his choice. He gave Mrs. Novick a hug (love and gratitude, and reparation for both of them). And the analysis was restarted, with a different feel.

What factors and actions helped resolve this looming impasse? I am curious about Mrs. Novick's feelings and thoughts before, during, and after 'firing' Ali. Something shifted in her, and in the transference-countertransference matrix. It was clear that something had to give. Was this in part a counter-revenge? Was it an enactment that enabled Ali and his family to shift their internal and familial dynamics? Enactments, even when they don't ever reach the level of conscious awareness, can be powerful forces for positive as well as negative change.

How about the progress report that Mrs. Novick wrote when the parents wanted to quit? Perhaps this move gave the parents a concrete and coherent narrative which they could hold and read at home. These were parents who seemed prone to repress, dissociate, disagree, distort, and project, probably during the parental sessions, and in their memory of the sessions, and in discussions with one another of what was said. The report could have helped to correct those distortions, provide narrative meaning, and also would have been tangible evidence of Mrs. Novick's thoughtfulness and of the therapeutic alliance.

The parent work was now in earnest. We learn that the parents had participated before in the parental work, but now they had to work on and change their parenting 'for real.' Ali did not have Mrs. Novick to absorb and contain his tumultuous feelings in the analytic sessions. The parents started to see Ali's self-hatred and sadness. This showed psychic change in both Ali and his parents. Ali was feeling the vulnerability beneath the omnipotence and revenge and his parents were seeing it and hearing it. I think this was made possible by the previous year-and-a-half of work before Ali got fired. Perhaps then the firing opened up a system that was closing, creating a developmental nodal point, and then transformation. Things shifted. Perhaps the whole system, including the analysis, the analyst, the patient, and the parents, had become a closed system—stuck (Novick, J. and Novick, K. K., 2003). A

closed system would have been a breeding ground for malignant never-ending revenge to keep its wounds green. When a system is stuck, inflexible, and closed, someone or some thing has to introduce a change. Otherwise, in a different story, Captain Ahab is pulled to his death, linked to the dying Moby Dick with a harpoon, taking everyone with him (except for Ishmael) (Melville, 1851).

Mrs. Novick took a stance in reality. She showed Ali that she believed in his strengths and his ability to make a choice. She gave him control over a choice, a choice of *HIS* treatment, his actions. She also put a stop to the continued intense sadomasochism in the analysis. We want our patients to express themselves, but sometimes the intensity and power of enacted sadomasochism in this sort of patient is itself tremendously exciting, and reinforces the same solution again and again. This could apply to Ali intrapsychically, and/or to the parental and family dynamics, identifications, and projections. I think the good analytic work of the first year-and-a-half laid the foundation for the resolution of the impasse. Ali loved Mrs. Novick. By the time of the impasse, Ali had internalized new loving relational schemas, good self and object representations. These new representations were present, side by side with the grandiose and hateful/hated representations and relational schemas (Gabbard, 1996). But although these loving and hating schemas were present, they were perhaps still somewhat split off, dissociated, from one another. However, it was now possible for Ali to make a choice, intrapsychically and developmentally, as he now had internalized loving as well as hateful relational schemas. Mrs. Novick changed the rules. Her show of adult power could have been both feared but also longed for. Most children do not really want to feel like and be regarded as monsters. We become monsters when that becomes our total and inflexible identity, as exemplified in the children's book *The Odious Ogre* (Juster, 2010).

The family work was pivotal. And the work Mrs. Novick did, I think, illustrates the kind of work that is required in these terribly traumatized families. Mrs. Novick commented that the mother left her analysis on her husband's command, and the good thing was that this took away the opportunity to split her transferences and to sequester her pathology into her parenting. I think this is absolutely right on. This sequestering of pathology when the parents are in their own treatment is not an unusual problem in working with children. Collaboration between the analysts involved can be helpful here. All analysts involved with individuals in a family system have to be sensitive to how malevolent ghosts can escape the analyses and become expressed and dissociated in various family relationships. But we must also open our minds to the idea that the analyst working with children, especially in traumatized families, needs to utilize considerable ongoing psychodynamic work with the parents—exploring, clarifying, interpreting, being a new developmental object—as well as the more usual supportive and educational

work with the parents (Novick, J. and Novick, K. K., 2005). This is essential, transformative work. It is my impression that Mrs. Novick did this sort of work beautifully, and that this work was necessary to go beyond what otherwise could have been an unresolvable impasse.