



Beyond retribution: Working through revenge fantasies with traumatized young people

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ABSTRACT

This article examines one segment of trauma-specific treatment: the process of working through revenge fantasies with traumatized children and adolescents. The authors, both drama therapists, summarize theories about the etiology of the wish for revenge, examine the sociopolitical context of its occurrence, and expand upon the theory of identification with the aggressor to include the dynamic of role reversal with the perpetrator. They explore theories of affect regulation, mentalization, and creative enactment as a framework for offering suggestions for facilitating both the expression and containment of revenge fantasies in therapy. The authors offer three case examples of working through revenge fantasies within individual and group therapy modalities.

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"We killed our parents because it was the only way for us to live with any dignity, the sole method to escape atrocities which society refused to recognize, measure or remedy, and most of all, to find the singular route open to us to achieve personal autonomy, relevant sanity and 'justice' worthy of the name. . . . To fail to try to understand me, or to have compassion for me, is to close yourself to the most unknowable chambers in the souls of your own children."

(Harrison, 2008, p. 278)

"My mom told me that if anyone ever hits me, I should hit them back."

"I let people hurt me before, and I'm not going to be a victim ever again."

"He called me a bitch, so I fucked him up."

These statements, and countless variations of them, have all been uttered by our child and adolescent clients over the years, often as a justification for violent actions in response to peers, teachers, parents, and others involved in their lives. For many of these young people, being "dissed," or disrespected, becomes the ultimate call for vindication. Evolutionary studies point to the capacity for revenge as a universal human trait that has been passed on through generations of natural selection (McCullough, 2008). It is at the heart of large-group combat, intercultural violence, and more individual forms of acting-out and acting-in. In the current cultural climate in which the media in general, and reality television pro-

gramming in specific, glorifies conflict and relational aggression as a suitable response to minor injury, there is a prescient need to examine effective therapeutic approaches to minimizing the use of revenge as a response strategy.

For traumatized people who have been victimized by the hands of others, dealt life-altering blows to their senses of self, future, and relationship, the desire for retribution is often quite common (Bayer, Klasen, & Adam, 2007; Horowitz, 2007; Orth, Montada, & Maercker, 2006). Despite the ubiquity of their expression, there are surprisingly few writings that bring focus to the presence of revenge fantasies in the clinical space. We will approach this issue by examining existing theories about revenge in the context of atrocity and disaster, making links to the current cultural and political context in the United States, where we and our child and adolescent clients reside. In this paper, we will outline approaches to working through revenge fantasies within the framework of a trauma-specific treatment process, and make suggestions for doing so with methods drawn from the creative arts therapies.

Children and revenge

Revenge, which is defined as retaliation in response to a perceived injustice committed against a person (or a group with whom that person feels identified), may initially present in fantasy but is realized in action. Studies have demonstrated that, in a typical developmental trajectory, children around the age of nine are able to engage in a decision-making process about retaliatory behavior. In doing so, they are able to take into account such factors as whether the harm was purposeful, the type of retaliation desired, and the age difference between the perpetrator and the victim (Bloom, 2001).

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There have been numerous studies devoted to understanding the emotions of anger and rage as expressed by children. It is important to distinguish revenge from these two powerful feeling states. In [Hardy and Laszloffy's \(2005\)](#) conceptualization, anger is the spontaneous affect that arises in response to a perceived offense. Just as it manifests quickly, it should also dissipate readily when given a forum for safe expression and the proper validation. However, when anger is suppressed over time, because it is not safe for the child to express it or because she lacks the necessary pathways for that expression, the anger is transformed into the more pervasive and sustained emotion of rage. These authors assert that when rage remains suppressed, it can in turn lead to violence and revenge-seeking.

Neurologically, the plotting of an act of revenge is largely a function of the goal-directed centers of the brain's left prefrontal cortex. In [McCullough's \(2008\)](#) words:

People who have been harmed by another person are goaded into revenge by a brain system that hands them a promissory note certifying that revenge, when it comes, will make them feel good. Upon receipt of the promissory note, the left frontal cortex goes to work to develop a plan for obtaining revenge. When avengers actually see their transgressors experiencing the pain they've planned for them, they get the pleasurable jolt the seeking system has promised. (p. 146)

However, those who engage in enacting revenge find the rewards to be short-lived. After the pleasure fades, they are often left feeling empty and depressed as they come to terms with the fact that the pursuit of revenge did little to change the traumatic events. [Herman \(1992, p. 189\)](#) wrote, "revenge can never change or compensate for the harm that was done. People who actually commit acts of revenge, such as combat veterans who commit atrocities, do not succeed in getting rid of their post-traumatic symptoms; rather, they seem to suffer the most severe and intractable disturbances."

As a result of numerous high-profile school shootings, the United States Secret Service and Department of Education undertook a research initiative that studied 37 acts of targeted school violence involving lethal weapons that occurred in American schools between the years of 1974 and 2000 ([Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002](#)). Among their findings, almost all of the attackers had perceived themselves to have experienced a major loss prior to the attacks. Several had been the victims of longstanding and severe bullying and harassment. Sixty-one percent reported that revenge was a primary motive in their choice to engage in violence.

Those children who grow up, like many of our clients, with chronic neglect, trauma, and attachment disruptions (Type II trauma; [Terr, 1994](#)) often struggle with impaired abilities to self-regulate, modulate intense affect, manage impulses, and assume the perspective of others ([Lewis, Amini, & Lannon, 2000](#); [Stien & Kendall, 2004](#); [van der Kolk, 2005](#)). For those children who lack internal controls, the bounds that separate fantasy and reality are easily blurred, and the space between imagined and enacted revenge can be fleeting ([Marans, Berkman, & Cohen, 1996](#)). [van der Kolk \(2005\)](#), in discussing chronically traumatized children noted:

These children tend to reenact their trauma behaviorally, either as perpetrators (e.g., aggressive or sexual acting out against other children) or in frozen avoidance reactions. . . .they organize their relationships around the expectation or prevention of abandonment or victimization. This is expressed as excessive clinging, compliance, oppositional defiance, and distrustful behavior. They also may be preoccupied with retribution and revenge. (pp. 406–407)

As was recently uttered during a group therapy session by one particularly insightful adolescent client, who has spent a lifetime exposed to traumatic abuse and neglect, "I have to learn to stop and

think. Because of everything that's happened to me, my body just reacts and I don't take time to think about the situation."

Without the proper support, chronically traumatized children struggle to find a context for their victimization. Many subscribe to what [Stien and Kendall \(2004\)](#) call "malignant belief systems," in which hopelessness, despair, and hatred become organizing principles that guide future action, including retributive violence. For these children, verbalization of their affect and experience is particularly challenging and often does little to deter their powerful internal reactions in response to traumatic cues. As [Irwin \(2006\)](#) wrote, "For them, words may seem no more than air" (p. 97).

Origins of the revenge fantasy

There are multiple views regarding the ontogeny of revenge fantasies in the context of trauma. [Freud](#), in his 1920 essay "Beyond the Pleasure Principle," was the first to identify the phenomenon of repetition compulsion, in which a person repeats or relives through action that which she cannot bear to remember. A common denominator in traumatic situations is the feeling of powerlessness that can pervade. As [Lisak \(1995\)](#) wrote, "At the nucleus of almost every episode of abuse is the experience of having one's will and boundaries overwhelmed by someone more powerful" (p. 260). In these instances, the desire for revenge can be viewed as an attempt to counteract the powerlessness, shame, and isolation that the victim felt at the time ([Lafarge, 2006](#)). [Sofsky](#) wrote:

The need or desire to take personal vengeance on others is not only a futile attempt to defend oneself against the deep losses and traumata of childhood but a means to experience oneself as not being alone, much more powerful than one actually is (which includes the ability to destroy others) and immortal. ([Sievers & Mersky, 2006, p. 248](#))

When children seek revenge against someone who has hurt them, they wish to disavow their inability to act ("failed enactment"; [Lifton, 1988](#)) and instead experience the aggressor's capacity to control the situation. In addition, fantasies of retribution serve as an attempt at survival as they "anticipate the trauma's repetition with a ready supply of justifiable rage in stock" ([Thomas, 2004, p. 307](#)). In this sense, vengeance serves not just as a reworking of the past, but also as rehearsed form of protection of self and others for the future.

An important factor in the revenge dynamic is the victim's attempt to compensate for or disguise feelings of shame ([van Noort, 2003](#)). Shame, the emotion of the exposed self ([Krugman, 1998](#)), stems from an experience of inadequacy coupled with perceived public exposure. It is an intensely uncomfortable affect state that is common for trauma survivors ([Bloom, 2001](#)). The word shame is derived from the German root *scama*, which means, "to cover oneself" ([Dutton, 1995](#)).

Many traumatized children experience any form of emotional arousal, whether pleasant or unpleasant, as a source of shame. As [Stien and Kendall \(2004\)](#) point out, there is a neurological basis for this phenomenon. Trauma serves to desynchronize communication between the left and right hemispheres of the brain. Generally, more negative affects such as fear are processed in the right hemisphere while more positive states are in the domain of the left hemisphere. Diminished hemispheric integration can lead to an impaired distinguishing and appraisal of emotional states, such that affect can either be experienced as a more threatening state of generalized arousal or a sustained sense of emotional deadness.

Gendered responses to shame may help to explain why boys are more frequently engaged in externalized acts of revenge following trauma. [Pollack \(1998\)](#) asserted that, "while most girls may be shame-sensitive, boys are shame-*phobic*: they are exquisitely

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