

Suicide and Homicide

By Jane S. Hall

Shame and rage are the twin offspring of cruelty, and partners in crime. They are born together, they flourish together, and often they are buried together, imprisoned in fear until they can break out of their chains. Unless they have been softened by kinder and more tolerant relationships, they will explode into new acts of cruelty and the cycle will begin again. Rage is painful, but shame can be far more so—that is why we so often use rage to protect ourselves from feeling it. And at its most fearsome shame is immensely destructive—even to the point of death. Suicide and homicide, real or symbolic, may be less the outcome of rage than of its more private and less bearable sibling, shame. I begin with a 1976 poem by Anne Sexton, who, as you know, killed herself.

Red Roses

*Tommy is three and when he's bad
His mother dances with him.
She puts on the record,
Red Roses for a Blue Lady
And throws him across the room.
Mind you she never laid a hand on him
Only the wall laid a hand on him.
He gets red roses in different places,
The head that time he was sleepy as a river,
The back, that time he was a broken scarecrow
The arms, like a diamond had bitten them,
The leg, twisted like a licorice stick,
All the dance they did together,
Blue Lady and Tommy.
You fell, she said, just remember you fell.
I fell, is all he told the doctors
In the big hospital. A nice lady came
And asked him questions but because
He didn't want to be sent away, he said, I fell.
He never said anything else although he could talk fine.
He never told about the music
Or how she'd sing and shout
Holding him up and throwing him.
He pretends he is her ball.
He tried to fold up and bounce
But he squashed like fruit.
For he loves Blue Lady and the spots
Of red red roses he gives her.*

At the same time that this poem horrifies us, it shows us in heartbreaking detail how the Tommys of this world survive. Tommy needs his mother, and in his helplessness he must tolerate her abuse somehow and still maintain his sense of her love. His attempts to make her cruelty into a dance are both heroic and pathetic, but even more tragic is his attachment to such a painful love—perhaps the only kind that he will ever know, and one that he will never fully relinquish. After all, however “bad” she may be, she is permanently etched in his mind. People who have suffered abuse or neglect, whether physical or psychological, carry a triple burden. As victims they are shamed and enraged by deliberate humiliation and by the awareness that it is a beloved other who chooses to inflict it. As witnesses they are shamed and enraged by their inability to prevent the destruction that they are forced to watch. As abusers in their identification with those who abuse them, they are shamed and enraged by the cruelties in which they feel themselves complicit. Shame keeps itself secret. So people who have been abused often hide that experience, even from themselves. When Tommy grows up, Blue Lady will have become a very private part of him, along with the terrifying seductions of the roses they exchanged, the red roses of love and pain.

Unless Tommy can find someone to tell about Blue Lady—someone who can help him release his rage and his shame from their prison in a way that does not wreak the havoc and the loneliness he fears, someone with whom he can gradually learn to exchange less cruel flowers, Tommy will continue to see love as the exchange of thorns. As long as Tommy and Blue Lady are one, he will carry out her agenda as he perceives it. He will bury his feelings and camouflage them with compliance as long as he can, but when life's pressures become too great, or the shame and the pain of his recollections surface too sharply, the exchange of red roses will begin again—in ways that run the entire gamut from nastiness to murder, or even suicide—at home, at work, in a diner or at a gas pump, or on a bus with explosives strapped to his chest, converting his shame into the red roses of death. He will surely find ways to repeat his abuse.

Sexton's Tommy is a fantasy, a figure of poetry. His abuse is metaphorical. For the real Tommys, though, the story is not always so literal and is, therefore, more com-

plicated. Psychoanalysts once tended to hear stories like Tommy's as the projection of a child's own innate aggression rather than a causative reality. Today, we are becoming ever more aware of how many children are maltreated, tortured, and even murdered by their caretakers (Berliner, 1958; Steele, 1994). We know too that even normal, momentary narcissistic injuries can profoundly shame and enrage a child, converging as they do with the instinctual life that throughout development, and in all of us, includes wishes to devour, expel, and murder. Growing up is hard enough even with "good enough"

parents, and without them the normal calamities of life become tragedies. Finally, if we are honest we know that we have our own cruelties, our own angers, our own abusive moments, and in that sense, some of the shame and anger is our own—a knowledge that only adds to their burden.

Shengold (1989) says that the essence of psychoanalytic work with someone who has suffered abuse or neglect is to diminish the power of the link to the internalized, primal destructive parent by enabling the patient to form an emotional tie with the analyst, and perhaps with others, that is meaningful—a relationship with a separate person, an other who can care and be cared about, love and be loved, without doing physical or emotional violence at the same time. I would add that analytic work also allows the good qualities of a "bad" object to surface. That way reparation and forgiveness can occur, and the original object representations can be softened in the context of a new object to identify with and internalize.

For this to happen, the therapist must be able to bear the tragedy with her patient, and to identify with him empathically. She must not distance herself when she hears terrible things, yet she must always respect the boundary between self and other; if she does not, her identifications with him will become as much of a problem as his identifications with his abuser. Abused patients especially test the therapist time after time before they feel safe enough to begin trusting. This may take years of tiptoeing in. The way the therapist handles stories of torture and abuse, both physical and psychological—without getting tangled up in her own shame and rage and without recourse to denial or blame—is a model for her patient who will have to convince himself that it is a reliable one.

But this is a hard job. What happens when we hear the kind of stories that the Tommys of our practices tell us? Like my patient Peter, whose father beheaded the family dog with an ax to appease a neighbor while his children looked on? Along with all the other horror, we feel shame—stories like these bring up the impotent rescue and destruction fantasies of our own childhoods. Why else would we identify with the helpless maltreated children and animals if we did not ourselves experience the pain and loneliness we imagine them feeling or that we've felt ourselves? And is not shame beneath it all? Shame at the loss of our once experienced feelings of omnipotence?

Rage diminishes the impact of shame, and distracts us from it. How many of us have scolded the butcher when we overcooked the roast, or raged at a spouse for failing to understand something that isn't even clear to us? Or yelled at a child, and then buried the shame of our impatience with a careful lecture on his misbehavior? Shame is with us all the time

and we have a lot of ways to keep from facing it.

As analysts we know that it doesn't work to hide behind diagnostic categories when we fail to connect with a patient, yet we try, often shaping the patient to the diagnosis. We call our patients names: "Oh, she's borderline," we say. "Oh, he's a psychopath" or "Oh, she's a malignant narcissist!" It may be true, but we know that it doesn't help. Our impotence shames us—in real life as in the consulting room. We feel just as helpless in the face of the daily newspaper, yet we go on reading. We live in the only country that condones capital punishment. We fill our prisons with mentally ill people (see *Guilty by Reason of Insanity* by Dorothy Otnow Lewis) and are only recently seeing to it that the white collar or turtleneck criminals we all know are joining them. Arrogance and spite, revenge and envy, and the huge rage are all defenses against the deep and hidden shame that we all try so hard to ward off. But, are we in fact secretly or unconsciously embracing what is looking like a new value system? One based on greed, extravagance, cut-throat competition, disdain, cynicism? Or is this the "compromise of integrity" that Leon Wurmser (1981), quoting Rangell, discusses in his chapter on shamelessness? Hollywood feeds us our

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dreams and we savor their bloody, “crime does pay” message. We deny the shame of our wastefulness as we burn more electricity, use more paper, spend millions on barmitzvahs as the homeless block our way on the street.

We human beings feel that we could not continue if we really faced our shame—but the truth is that we will not continue if we do not. We live with the constant threat of terror, and our murderous rage at our own helplessness may be expressed vicariously in a fascination with the violent crime and even in the atrocities committed by our elected governments.

In some way, our work protects us from times that to many of us feel deeply shameful. We work through our shame, guilt, fantasies of rescue, and defensive omnipotence in each and every treatment. We are challenged to face up to our past humiliations, and to transcend them. We have endless chances to grapple with them afresh, and also to use them in the service of our shame-ridden clients—if we can take those chances.

It is often in transference, countertransference, and enactment that abuse and the shame it engenders are first

discovered—by patient as well as by therapist. Sometimes it is not discovered at all, due to denial, or repression, or, as Shengold (2000) suggests in his work on soul murder, the impossibility of letting go of the internalized bad object. “Is there life without mother?” he asks.

I am trying to show how an experience as “quiet” and private as shame can be deeply associated with destruction and death, even to the point of suicide or homicide. Although our clinical practices do not ordinarily include serial killers or violent criminals, or, we hope, suicides, we work every day with patients who methodically kill the chance for loving, intimate lives—their own and others’.

In reviewing my own work over the years I think of Ben, who was sexually abused by a psychotic mother. In his efforts to protect himself he refused to wash—he went to school encased in dirt and shit, for weeks at a time. “Stay away from me” was his message; “I am filth.” What a depiction of the stigmatic shame of abuse. Years of analysis modified his defenses and he began to grow again, out of the polluted soil in which he had been planted—but he remained a stunted tree.

My patient Richard clung to his mother as though he were her double—or her. She began the killing of both of them with her drugs and her promiscuity, and he continued where she left off. He calmed his anxiety with placydil, her drug of choice, and then turned to amphetamines to give him the energy he needed to win, in fantasy, her adoration. But the shame he carried kept undermining his life as a successful designer. When he came into therapy he expressed in merciless teasing both his hostility towards me and his love (one Valentine’s day he gave me a chocolate-covered tool kit), in a perfect balance that kept him safe from any real intimacy. He taunted, seduced, agonized, performed, and finally cried out his disgust with his past and the despair he felt. What he couldn’t do was let his mother go. By the time he had begun to realize in his analysis that there was such a thing as a benevolent “other,” it was too late.



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He had destroyed himself trying to replace the intimacy he feared with anonymous sex in men's rooms and at the baths, and he died from complications of AIDS, his life a long-drawn-out homicide/suicide.

But above all, I think of Peter, whose analysis I ended after five years of sadomasochistic enactment. Peter was one of the seven children who watched his father behead their dog with his ax. Red roses, the psychological kind, were Peter's stock in trade. He was a master of hurt. His came from a country in which revenge was an art, with an exacting code. He drove his wife to divorce; he abandoned his children. He betrayed every obligation he undertook, large and small. He didn't pay his taxes and built up enormous debt, he repeatedly let his clients down, he walked out on his partner; he even stood up his golf foursome.

Procrastination was his trademark. Holding on to his anal gifts was his way of holding on to an abusive/neglectful caretaker, the sister twelve years older who had made his toddlerhood a long humiliation. Yet the harsh miseries of the toilet training in the outhouse of his family's impoverished Baltic farm were the only attention he got. He played it out in fantasy and translated it into reality, although his sister's teasing about his tiny penis made him ashamed of his normal exhibitionism, and he retaliated by appearing impotent all through his life. Yet with all his multi-determined teasing/procrastination, he always paid me on time. I know it was partly to keep the game going and partly to portray me to both of us as a high-priced prostitute. But I hope that it was also to keep me in sight.

Underneath his soft-spoken manner, underneath his affability, underneath his thoughtfulness, Peter hid a murderous rage that covered the shame of his brutal early childhood followed by his family's immigration to this country when he was six. His outward docility and masochism evoked the sadism of others, as it had his sister's. He kept getting himself into trouble, yet he nevertheless managed to hang onto a façade of innocence. In disguised form he repeated again and again the neglect, poverty, and cruelty of his childhood—exactly the context in which shame and rage, as in the killing of the dog, are welded together.

"It's so different here," Peter said once about his experience of childhood. "A child walks into a room and they say, 'How cute.' It is so foreign to me. There it was the opposite—your ears are too big, your penis so small, another mouth to feed. You wear a grass skirt as a child.

All in the same bed, dirt, smells, ugliness. We had no fat people. Bone skinny! To survive you need a clan but everyone is really out for himself. Images of my house—dirt floor, livestock below, outhouse if it was not too cold. I work hard to stay away from the emotions of that time. . . . I picture screaming in agony—hopping around to allay physical pain, flailing, screaming pain, smashing the wall—but I don't feel angry. I picture a cliff—clinging to a rock. A web holds me back—saves me from killing—myself or you. I feel tears coming." But his affect was flat and the tears did not come.

Peter desperately wanted the analysis to be more than just a game, but he was afraid to let it be. "Maybe I'm just fooling us," he'd worry when he came to sessions on time for a whole week. Over our five years together he vacillated. For a while he'd offer what looked like reflective insight, bring in interesting material, make connections; then he would go on strike. He would miss a week or two or three, and then come very late for appointments. I tried to analyze his actions, but it didn't help. "Yes, I know I'm avoiding this, but I just can't help it," he would say. I would feel disappointed and angry; he had so much potential and yet he destroyed, over and over, his chances—and mine—to do the work that might have softened the vicious self and object world in which he lived and that he externalized in action. He pushed others away to stave off the rejection and belittling that he anticipated, and I could identify with his loneliness and the shame he felt. But, after awhile, I became a nag: "In order for you to get something out of this, you have to be here," I'd scold, and we both knew that I was enacting his secret fantasies.

Peter talked about himself as both a mummy and a monster. The "mummy" was wrapped securely and felt no pain (binding infants was the custom in his country of birth); the mummy could not fragment; the mummy was safe; the mummy was him, wrapped as a baby—and the mummy was also his mum, who had nursed him but who had been emotionally drained by her difficult life and barely available. By being her he could be with her. The "monster," on the other hand, "devoured raw meat, chewed up anything in sight like an alligator. He dismembered corpses. He smelled rotten from rolling in feces, he was a killer."

Peter kept this sadistic monster/father imago hidden, but he also held onto it tight. His monster side frightened him, but it empowered him too, and we worked hard on interpreting his hidden grandiosity and the shame it

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covered of the impotence, rage, and abandonments of his childhood. The monster came forth in dreams and for brief moments on the couch. But mostly the mummy was in charge, and the mummy by definition couldn't be touched. The more Peter recognized the importance of the feelings that came up in occasional unguarded sessions, the more he began to withdraw.

He also began to see his pattern—of seducing us both into hope, and then disappearing. Nothing I could do changed it. He was intent upon and fixated in the sadomasochistic game that Coen talks about. He says that “the excitement of the game denies the seriousness of the intended destructiveness” (1988, 51–52) Nothing altered Peter's game. He killed every bit of momentum, every bit of connection, that we were able to cajole into being. His emotional killing sprees inside and outside the analysis continued. Finally I ended the treatment. After five years of empathy, interpretation, confrontation, and even losing my cool, I repeated an ultimatum I had delivered twice before: either be here or not. The first two times he did try to come to his sessions—but then began the pattern again. The third time he made his usual, run-of-the-mill excuses and we had our final session two weeks later. Was this a way of killing him back? Protecting myself? Probably both. Many would say I had been masochistic to continue for so long. My own shame about this case has to do with my engagement in the sadomasochistic game we played. It always takes two. And if I couldn't keep myself from getting involved in it, how much harder was it for Peter, whose entire template for relationships it was? What right did I have to scold? If, on the other hand, I claim that I could or should have done better, what kind of grandiosity would that be? That I, Jane, should by some definition mean more to Peter, be more important to Peter, be more influential upon Peter, than the people who with axes and belts and shit branded themselves upon his soul? Doesn't that, in some way, diminish and dismiss the anguish of his growing up? Maybe I should never have recommended analysis in the first place. But what else was there?

A funny thing about this work is that in spite of everything, new attachments form. And they formed here. Another funny thing about it is that those new objects endure; when we're lucky, they survive their own destruction. Peter goes on killing and being killed—emotionally, that is; Peter is one of the Tommys who has never physically damaged anyone. Peter and I killed each other when

we ended the analysis, and a little bit of ourselves, too, but neither of us has died.

I have not let go of Peter. He has a corner of my mind that is all his own, and I'm sure that I have a corner of his, from which he hears me quietly rejoice in his new success in a new job and a new city—still challenging his secret shame. And I think it's that way, too, with Ben, Richard, and the other brave souls who have crossed my threshold and grappled with their demons. Overcoming shame means accepting imperfection and learning to live with it productively. Maybe this is good enough. ■

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