

expressing our need to exact revenge maintains the myth that our prisons are centres of rehabilitation. We deny the reality of what we do, just as the drug addict must live in denial to maintain addictive behaviour.

We need criminals because we need to feel the satisfaction of knowing that some 50,000 men and women are locked up and are suffering right now.

Frank and I have philosophised about prisons, addiction and revenge for some years. There is a lot of time to talk in a prison. Frank has just completed his diploma course as an addictions counsellor. We mused together about prisons as cen-

tres of revenge which are really just part of the landscape of the underworld of our collective inner journey. Frank sighed and voiced what everyone working with addicts knows: 'What we deny about ourselves, drives us.'

Until all those involved in the prison industry admit that what they actually do is to exact the collective need for revenge on criminals and until we all admit that this is so, prisons will remain warehouses of despair for our fellow human beings. We have made them scapegoats to feed our craving for vengeance on ourselves to expiate the crimes we have committed in our inner world.

Revenge and Learning Disability

Valerie Sinason

With the hope of peace in Northern Ireland many newspapers have pinpointed the accumulative historical anguish of 'revenge' killings. Within mainland England it was the Jacobean period that experienced such trauma as a result of the civil war. The powerful 'revenge tragedies' became the main theatrical way of dealing with an experience in which, as in Northern Ireland, neighbour was pitted against neighbour or family member against family member.

The literary way of trying to come to terms with such experiences included the

theme of incest as both a metaphor and consequence of civil war — self versus self within the same society. Tourneur's 'Revenger's Tragedy' is one of the most famous of this genre, and the issue of revenge as a response to loss and hate is made clear in the opening line, with Vindice, the Revenger, holding his dead love's skull on stage and angrily crying 'Go royal lecher! Greyhaired adultery!'. Other characters in the play similarly unite their feelings of loss and trauma in a need for revenge. Spurio the bastard allows the incestuous kiss of his stepmother to 'pick

Valerie Sinason is a consultant child psychiatrist practising at the Tavistock Clinic.

open hell' out of hatred for his illegitimate conception and his step-brothers. Within the same play we can see the way trauma is translated into revenge — sometimes for externally valid reasons, sometimes for internal reasons.

Freud sees revenge largely as a response to trauma in aid of catharsis and takes care to show the unconscious complexity that can be involved. He shows how a woman carrying out an aggressive posthypnotic suggestion 'invented a story of a wrong done to her which called for revenge'. From this unusual situation he extrapolates on the way people need to bring 'psychical phenomena of which one becomes conscious into causal connection with other conscious material. In cases in which the true causation evades conscious perception one does not hesitate to attempt to make another connection, which one believes, although it is false.' In other words, revenge can be an illusory way of gaining control over an inexplicable scenario we find ourselves in, as well as a conscious activity.

These psychic combinations of loss, murder and sexuality, conscious and unconscious activity, are very potent when it comes to the issue of learning disability and revenge.

First of all, whilst some mild or moderate learning disability is caused by societal deprivation, severe or profound learning disability is organic and afflicts the individual without choice. Children and adults afflicted in this way can sometimes fantasise that their deficit is a result of an act of murderous hatred by a parent, a sexual attack in utero by a parent and can thereby sometimes wish to take revenge on their parents, themselves and society

for such a hurt.

I have been regularly surprised by the ubiquity of the fantasy in such patients that the sexual activity of parents is to blame for their deficit. Two people have joined together and created a handicap and therefore the coupling itself becomes an object of attack in addition to the hated a dyad can evoke in the one who feels excluded.

John, aged 13, was referred for compulsive and aggressive masturbation. He angrily enjoyed sticking his penis in school games, toys and books. In therapy he said 'They (meaning his parents) made me come out silly and I am going to give all the toys Downs syndrome'. In penetrating and, in his fantasy, contaminating the toys, he was giving vent to a need to revenge himself on his parents for the attack he fantasised that they had made on him.

A young man with a severe disability verbally attacked young women in his peer group. 'Why should I go out with normal men's leftovers?' he pronounced. He projected his hatred at his own disability onto women and took revenge on himself in them.

Sometimes the revenge takes the form of exacerbating the original handicap and creating a secondary handicap. Furious and ashamed by his severe speech defect, for example, Steven exacerbated it to the extent that no-one could understand him. Tragically, in taking revenge on his voice for letting him down, Steven was detracting from the communication he was capable of. A secondary handicap had resulted that was more severe than the first.

However, the response of revenge in the learning disabled child is more than

matched by the response of society towards this group. The biological need for two people to come together and create healthy intelligent children means that disability becomes an unbearable proof that we are not in control of creation. The pain this causes is defended against by stigmatising, hating and revenge.

The German psychiatrist, Johannes Meyer-Lindenberg, has documented the way German psychiatry concretely followed such a course. An estimated 100,000 mentally ill or handicapped patients were murdered by the Nazi regime under the guise of 'a merciful death'. The disowned hatred in that terminology was soon to be found in the Nazi 1942 circular which spoke contemptuously of 'creatures unworthy of life'.

In our current society the hard-won right for women to choose not to give birth to babies they are not emotionally ready for can carry, hidden within its liberalism, an attack on disability. Mildly, severely and profoundly mentally handicapped children have taken in the meaning of amniocentesis. Only in the last few years have I really been able to take on board the terror some of my child patients have of being killed: their profound and sophisticated knowledge of their own unwantedness. Michelene Mason wrote in a letter to *Child: Care Health and Development*, 'I was a few days old when the

seriousness of my disability was discovered. I can remember the change in the attitude of the people around me from calm and loving to panicky and hostile. A message clearly and firmly slipped into my unconscious saying that people would prefer it if I died.'

David Cook's brilliant and pioneering novel *Walter*, about a learning disabled man, shows how mother and handicapped son struggle with their knowledge and fear of each other's hatred. 'Walter was like a puppy, licking her hands for approval, like a stray dog at the dog's home who, if she did not take him home, would be put down . . . If only Walter had been born a dog and not a human child, how easy it would be to end her sense of responsibility. A vet with a pill or an injection, administered while she protested love and kindness, could free her'.

Knowledge of the level of social, parental or staff hatred and vengefulness can make the handicapped child more vulnerable to physical and sexual abuse. It is even harder to say 'no' when you are physically dependent for survival on others and know they wish you were dead.

Organic damage is a blow for the child, the family and society. In almost every culture it represents a trauma. Yet if we understand the process that turns trauma into hatred and revenge we can minimise the secondary tragedies that occur.

Further Reading

David Cook, *Walter*, Penguin, 1980

Michelene Mason, 'Letter' in *Child: Care, Health and Development* Vol 7, 1981

J. Meyer-Lindenberg, 'The Holocaust and German Psychiatry', in *British Journal of Psychiatry*, Vol 159, 1991

Valerie Sinason, *Mental Handicap and the Human Condition*, Free Association Books, 1992