

# How Narcissistic Injury May Contribute to Reactive Violence: A Case Example Using Stanley Kubrick's *The Shining*

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## ABSTRACT

*To many observers, reactive violence can present as a puzzling phenomenon. Offenders often report experiencing cognitive distortions during the event. Offenders may have no history of violence, yet crime scenes are often described as “horrific.” When violence manifests, the motive often seems vastly disproportionate to any precipitating factor. Reactive violence is fueled by intense emotions, although they may not be evident before or during the event. How best to reconcile these findings and provide a parsimonious and coherent explanation? Psychoanalytic theory can illuminate the psychological processes that may underlie reactive violence. In particular, how narcissistic injury can generate impulsive aggression in vulnerable individuals. I draw upon Stanley Kubrick's film *The Shining* to study the phenomenon. While *The Shining* is a fictional horror film in which a family is tormented by supernatural forces, I argue that the horror does not emanate from paranormal sources; rather, it is found within human psychology. Copyright © 2016 John Wiley & Sons, Ltd.*

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On October 24, 2014, 15-year-old high school student Jaylen Fryberg shot five classmates, killing four, and then fatally shot himself, at Pilchuk High School in Marysville, Washington. During the shooting, Fryberg was described by witnesses as being “calm” and “methodical” (Keneally & James, 2014), as well as having “a blank stare” and “staring at the victims as he shot them” (Denver, Worland, & Frizell, 2014). Fryberg was a wrestler, football player, and homecoming prince at the school; he was described as “generally happy,” “a really nice kid” and “not a violent person” (Botelho, 2014). Fryberg's attack was unanticipated and the apparent motive seemed vastly disproportionate to his behavior

(one of Fryberg's victims was a girl who turned him down when he asked her out on a date).

Violence may be categorized in different ways. One of the most frequently used typologies is the instrumental versus reactive dichotomy (Babcock, Tharp, Sharp, Heppner, & Stanford, 2014; Bijleveld & Smit, 2006; Blais, Solodukhin, & Forth, 2014; Hanlon, Brook, Stratton, Jensen, & Rubin, 2013). Instrumental violence (also known as predatory or proactive violence) is typically unprovoked and premeditated; it is initiated by the offender to achieve a particular objective and violence can be secondary or even incidental (Miller & Lynam, 2006; Salfati, 2000). Furthermore, the offender's emotions usually play a minimal role (Meloy, 2006; Miller & Lynam, 2006). Instrumental violence provides a means to an end, such as an armed robbery or a politically motivated assassination. When reactive violence (also known as expressive violence) occurs, there is usually some precipitating provocation, stressor, or threat that generates intense emotions within the offender, resulting in impulsive aggression (Miller & Lynam, 2006; Mizen, 2003; Salfati, 2000). This type of violence lacks any material objective; the purpose is to retaliate, punish, or destroy in reaction to feeling humiliated, helpless, powerless, and/or experiencing perceived injustice (Miller & Lynam, 2006; Salfati, 2000). Reactive violence typically involves a single and serious offense against a known victim, usually a spouse, relative, or caretaker (Simpson, Grimbos, Chan, & Penney, 2015), and includes "crimes of passion," "road rage" incidents, and "revenge" killings. Based on the earlier definitions, Jaylen Fryberg's behavior would most likely be categorized as reactive violence.

Reactive violence is usually associated with psychopathology. Common diagnoses include: intermittent explosive disorder (Coccaro, 2012); antisocial, borderline, narcissistic, or paranoid personality disorder (Lobbestael, Cima, & Lemmens, 2015); and psychotic disorders (Douglas, Guy, & Hart, 2009; Felthous, 2008). Some individuals may be mentally ill but external protective factors (e.g., social support) provide psychological stability and they may not exhibit aggression until years or even decades after illness onset (Simpson *et al.*, 2015). In some cases there is no known history of psychopathology, although the individual likely has sub-clinical traits or is prodromal. These latter instances likely represent initial episodes during which psychologically vulnerable individuals encounter situational factors that trigger violent reactions.

To many observers, reactive violence can present as a puzzling phenomenon. Offenders often report experiencing significant cognitive distortions during the event, including: having no recollection of it; viewing it from outside his or her body; or believing it was another person who behaved violently (Cartwright, 2002; Hanlon *et al.*, 2013; Koolen, Poorthuis, & van Aken, 2012). Offenders may have no history of violence, yet when it does occur their behavior is notable for extreme physical attacks involving choking, blunt force, beating, and stabbing, with a focus on the victim's face, head, and torso (Salfati, 2000; Santtila, Häkkänen, Canter, & Elfgrén, 2003; Thijssen & De Ruiter, 2011). Crime scenes

are often described as exhibiting “overkill,” as well as being “horrific” and/or “brutal” (Cartwright, 2002). Reactive violence typically either lacks a motive because nothing is gained by the behavior or the motive seems vastly disproportionate to any possible precipitating provocation, stressor, or threat (Babcock *et al.*, 2014; Mizen, 2003; Salfati, 2000). Although reactive violence is fueled by intense emotions, they may not be apparent to the offender, or to others, preceding or during the violence (Cartwright, 2002; Hyatt-Williams, 1996). How best to reconcile these findings and provide a parsimonious and coherent explanation? A theory capable of illuminating the psychological processes that underlie reactive violence may have the most utility. Psychoanalytic theory offers a model of personality and psychopathology that can integrate divergent or incongruous experiences, as it is essentially a theory of how the human mind reconciles competing motivations (Brenner, 1982).

In this paper, I draw upon Stanley Kubrick’s (1980) film *The Shining* as my data source. This may seem unusual, as *The Shining* is a fictional horror film in which a family is tormented by malevolent supernatural forces. Yet, there are several reasons why *The Shining* can be used to study reactive violence. First, film can be very useful for pedagogical purposes (Bostock, 2011; Champoux, 1999; Stoddard, 2012). Film is an exceptionally rich medium that provides vivid examples through which an instructor may demonstrate how to apply psychological theories and observe psychological concepts; this process may improve information retention through visual and emotional associations to the content (Champoux, 1999). Next, a film may be particularly useful in training settings where ethical and/or legal concerns about confidentiality and/or privilege may prohibit the release of, or access to, patient or offender information. A film provides a readily available source of case details. Finally, I argue that the horror found in *The Shining* does not emanate from a haunted hotel; rather, it is found within human psychology. From this perspective, the seeming supernatural phenomena that occur can be explained using psychoanalytic theory, making the film applicable to clinical and forensic cases involving reactive violence.

## APPLYING PSYCHOANALYTIC THEORY TO REACTIVE VIOLENCE

When psychoanalytic theory is applied to cases of reactive violence, a distinct pattern emerges (Cartwright, 2002; Menninger, 2007; Shukla, 2014). A precipitating event occurs which the individual experiences as a narcissistic injury. For certain psychologically vulnerable individuals, this triggers intense, unarticulated affective states dominated by humiliation, shame, and rage. Mature psychological defenses fail to dissipate the unbearable affects, overwhelming the individual’s capacity to cope. The individual regresses to less complex modes of psychological functioning, resulting in cognitive impairments (e.g., perceptual distortions, delusions, dissociation, and disordered thinking) and primitive defenses dominated by projection and splitting. In this regressed condition, the individual often feels

controlled, persecuted, or attacked by an external source and attempts to protect him or herself through any means necessary, including violence. From the offender's perspective, violence is defensive: he or she is trying desperately to escape from a catastrophic threat.

### *Narcissistic injury*

Everyone's self-esteem is influenced by external events and personality factors. Self-esteem is typically elevated by success, approval, and validation and diminished by failure, disapproval, and rejection (Orth & Robins, 2014). A narcissistic injury is a blow to one's self-esteem. Narcissistic injuries are inevitable and ubiquitous. Life is a series of narcissistic injuries: we do not always attain what we want, nor accomplish what we set out to do. Everyone has physical and intellectual limitations, makes mistakes, and runs into obstacles. A narcissistic injury can provoke feelings of disappointment, sadness, failure, anger, guilt, and/or embarrassment. The ability to tolerate narcissistic injuries and learn from them, rather than be devastated, is an important psychological achievement (e.g., Bernstein, 2007).

Individuals with certain personality styles (e.g., obsessive, paranoid, psychopathic, narcissistic) may be more vulnerable to a narcissistic injury's effects due to their sensitivity to criticism, disapproval, and perceived slights. The narcissistic injury confronts them with qualities or traits they associate with badness, inadequacy, and/or weakness. Furthermore, they feel exposed. Although the precipitating event may appear trivial, to vulnerable narcissistically injured individuals it can seem catastrophic. Thus, they have extremely intense emotional reactions dominated by shame, humiliation, and rage.

It is clear that most individuals who experience a narcissistic injury do not become violent. Yet it is equally clear that when reactive violence does occur, the offender is likely to be a psychologically vulnerable individual who recently experienced a blow to his or her self-esteem. Theoretical and empirical findings appear to support this statement. The theoretical foundation was built by Kohut (1972), who argued that narcissistic injury, shame, humiliation, rage, and aggression are closely related. Indeed, he coined the term "narcissistic rage" to identify a particular type of aggression that results from a desperate need to undo a narcissistic injury and remove its source by whatever means possible. Kohut described narcissistic rage as a "deeply anchored, unrelenting compulsion" (1972, p. 380), notable for its "utter disregard for reasonable limitations" (p. 382). Baumeister, Smart, and Boden (1996) concluded that when individuals with inflated self-esteem suffered a narcissistic injury, they were more likely to become hostile. Bushman and Thomaes (2011) demonstrated that when an individual's grandiose self-image was challenged, he or she felt shamed and became aggressive. Lee (2014) and Kernis (2005) found that individuals with inflated and unstable self-esteem are prone to aggression in reaction to a perceived threat or provocation. Stucke and Sporer (2002) found that elevated narcissism was a significant predictor of anger and aggression after

a narcissistic injury; their results also indicated that aggression was always directed toward what the individual believed was the narcissistic injury's cause.

### *Regression*

The mind mobilizes implicit psychological coping mechanisms called defenses to protect a person from strong feelings, manage stress, maintain self-esteem, and/or bring behaviors into conformity with social conventions (McWilliams, 2011). When internal and/or external demands strain an individual's coping capacity, he or she becomes susceptible to the defense known as regression. Regression can impact any mental function and results in a developmentally earlier, less complex mode of functioning. In essence, the overwhelmed mind attempts to conserve resources by reverting to a less demanding mode of functioning. Regression is rarely global or permanent; in most instances, specific psychological functions are impacted until the stressor is reduced or removed, at which point functioning returns to its pre-morbid mode. Additionally, significant contact with reality can be retained even in severely regressed, floridly psychotic, individuals (Marcus, 1992).

Just as some individuals may be more vulnerable to a narcissistic injury, some people are also more susceptible to regression due to their personality organization. Personalities may be categorized hierarchically based on level of organization (normal, neurotic, borderline, and psychotic), with each level having its own degree of maturity, integration, stability, complexity, and resilience (Kernberg, 1970; McWilliams, 2011). In response to a narcissistic injury, someone with a more organized personality will feel disappointment, embarrassment, and/or anger. He or she can usually identify and express these emotions and use mature defenses based on sublimation to manage them. Furthermore, the individual has a cohesive, stable, and realistic sense of self that prevents denigration and avoids aggrandizement. Thus, he or she does not succumb readily to regression. Regression is more likely to occur in an individual whose personality is less organized. This would include a low-functioning neurotic and someone whose personality is organized at a borderline level. Such an individual likely has difficulty differentiating feelings or experiencing gradations of feeling, which makes regulating emotions problematic. He or she typically uses less mature defenses and also has a poorly integrated, unstable, and unrealistic sense of self. Thus, the individual is more susceptible to regression.

In most cases of reactive violence, it appears that a psychologically vulnerable individual's more mature defenses are unable to dissipate the intense, unarticulated, humiliation, shame, and rage that result from a narcissistic injury. He or she then experiences severe regressions to his or her cognitive and defensive functioning. First, transient cognitive impairments are likely involved in reactive violence (Cartwright, 2002; Hafner & Boker, 1982). The individual may experience hallucinations, stupor, dissociative fugue states, and delusional ideation. Thoughts can become exceedingly concrete, overgeneralized, personalized,

polarized, paranoid, and subject to predicate logic. These cognitive impairments leave the individual in a highly precarious psychological state, because without the ability to accurately represent one's own perceptions, thoughts, and emotions, each is more readily split off, projected, and/or behaviorally enacted (Cartwright, 2002).

Next, when a psychologically vulnerable individual's mature defenses are overwhelmed, he or she regresses to less mature defenses, such as denial, withdrawal, projection, splitting, and behavioral action. Initially, the individual may try and deny there is a problem (e.g., "I'm fine" or "everything is okay"). As the individual begins to feel overwhelmed, safety and relief are sought through withdrawing emotionally and/or physically from whatever feels threatening (Cartwright, 2002; Steiner, 2006). However, withdrawal is problematic when the stressor is internal: where does one go? Since the narcissistically injured individual cannot escape from his or her own intolerable qualities and traits this leads to dissociation, splitting, and projection (Cartwright, 2002; Menninger, 2007). The individual may become prone to blackouts and/or fugue states. Contradictory thoughts and feelings may be "split," resulting in people and events being perceived in extreme or one-dimensional ways. For example, a previously caring friend or loving relative abruptly becomes ungrateful, dishonest, unreliable, untrustworthy, and/or malevolent. The individual may also project his or her own disowned traits and qualities, including aggression, onto an external source. Should this occur, the individual may feel persecuted or threatened by the external source (Cartwright, 2002; Menninger, 2007). Ultimately, behavioral action (violence) may become the only means for the individual to protect him or herself.

### *Violence*

When violence occurs, it appears to be a desperate attempt by the psychologically vulnerable, regressed individual to protect him or herself from a perceived threat (Cartwright, 2002; Kernberg, 1992; Menninger, 2007). Violence demonstrates the individual's frantic need to eliminate an external source that inflicts humiliation and pain. In that moment, due to splitting and projection, the victim is not seen as a caring friend, innocent bystander, or a loving relative, but an exceptionally dangerous threat. Violence becomes the only way the individual can protect him or herself from perceived catastrophe (Cartwright, 2002).

Several factors likely contribute to why a particular individual behaves violently. These factors need to come together in a specific way, at a specific time and place, in order for reactive violence to occur (Cartwright, 2002). First, there is an external stressor that either chronically or acutely challenges the individual's self-esteem. This stressor may seem trivial, but to the vulnerable individual it is deeply painful and humiliating as it forces him or her to face intolerable qualities and/or traits. Second, the individual has difficulty accepting



limitations and/or tolerating disappointing experiences. As mentioned, life is a series of narcissistic injuries. Successful psychological adaptation involves the ability to tolerate deficits, mistakes, foibles, and failures, and the resulting disappointment. Third, the individual, unable to cope, experiences severe regressions in his or her cognitive and defensive functioning. Individuals functioning at a borderline level are more likely to behave violently (Gacono, 1990; Newhill, Eack, & Mulvey, 2012; Raine, 1993; Ross & Babcock, 2009). Finally, according to Menninger (2007), “there is desperation, a sense there is no possibility of a reasonable solution to the perceived dilemma, and no possibility that the individual could maintain mastery/control over his life. For an individual to explode with uncontained rage, there must be a substantial sense of hopelessness” (p. 127).

### THE SHINING: A SYNOPSIS

Jack Torrance (Jack Nicholson) is hired as the winter caretaker for the upscale Overlook Hotel in the Rocky Mountains. The hotel is a summer resort, only open for six months (May–October), and it requires someone to provide routine maintenance during the winter. The hotel is reportedly built on a Native American burial ground and a previous caretaker supposedly developed “cabin fever,” murdered his family, and then killed himself. Jack moves into the hotel with his wife Wendy (Shelly Duvall) and young son Danny (Danny Lloyd), intending on staying for the six months (November–April) during which the hotel is empty. Jack describes himself as a writer; he believes the caretaker’s job will provide an opportunity to write a book. Danny appears to have telepathic and precognitive abilities that allow him to communicate mentally with other people and see glimpses of the past and future; these abilities are referred to as “shining.” We are led to believe the Overlook Hotel itself can “shine,” and that there are malevolent supernatural forces within the hotel capable of influencing its inhabitants’ thoughts and behaviors.

Jack soon struggles from writer’s block. As the weeks go by, Jack becomes frustrated by his inability to write. He emotionally and physically withdraws from Wendy and Danny, and behaves increasingly erratically and hostilely. As Jack succumbs to the hotel’s supernatural influence, he encounters various ghosts, including Lloyd, the bartender, and Grady, the former caretaker who murdered his family. Grady suggests to Jack that Wendy and Danny need to be “corrected” harshly. Jack then attempts to kill Wendy and Danny with an ax, although he is interrupted by Dick Halloran (Scatman Cruthers) a hotel employee who can “shine.” Halloran, worried about the family, returns to the hotel to check on them. Jack kills Halloran, and then resumes pursuit of his family. While chasing Danny, Jack gets lost in the hotel’s outdoor hedge maze and freezes to death. Wendy and Danny escape by using Halloran’s snow mobile.

## A CASE FORMULATION OF JACK TORRANCE

What happens to Jack Torrance during the course of *The Shining*? Specifically, what provokes an attempt to murder his family? Initially, Jack does not appear to suffer from a mental illness and there is no evidence that he was diagnosed previously with a psychological disorder. Jack is a recovering alcoholic and there is some evidence that when inebriated he may become capable of violence (e.g., Jack once dislocated Danny's shoulder in a misguided effort to punish him). However, at the point in time depicted in the film Jack is sober; furthermore, there is certainly nothing to suggest he has homicidal tendencies. There does not appear to be any motive for his behavior.

As I will demonstrate, Jack Torrance is a "grandiose" narcissist with unstable self-esteem who experiences his inability to write as a massive narcissistic injury. Jack identifies himself as a writer and takes the caretaker's job specifically to write a book. Thus, when the process stalls it is not just a case of "writer's block," but a tangible marker of failure: Jack may not be the writer that he imagines himself to be. Jack's grandiose self is so tied to being a writer that he is unable to cope with this possibility and regresses severely, with deleterious effects on his psychology. Jack hallucinates, seeing various "ghosts," develops paranoid delusions, and blames his family for causing his failure. This culminates in reactive violence to remove the perceived threat to his grandiose self.

Jack is a "grandiose" narcissist with unstable self-esteem. Individuals who struggle with issues related to their identity and self-esteem are typically described as "narcissistic" (McWilliams, 2011). Narcissistic individuals tend to give greater priority to their own needs and interests than to those of other people. Narcissists are preoccupied with their appearance and compare their knowledge, skills, attributes, and status to others; thus, they have a tendency to idealize (in order to feel special or important) and devalue (in order to feel superior). They typically maintain their self-esteem through material objects and validation from other people.

Narcissistic personalities appear to exist on a continuum, ranging from "grandiose" to "vulnerable" (Dickinson & Pincus, 2003; Miller *et al.*, 2011; Russ, Shedler, Bradley, & Westen, 2008; Wink, 1991). "Grandiose" narcissism reflects traits related to grandiosity, control, and dominance, whereas "vulnerable" narcissism reflects more defensive and insecure traits. Most narcissistic individuals believe various qualities and traits are "bad" and possess a pervasive sense of inadequacy. "Grandiose" narcissists seek to conceal their felt deficiencies by creating a grandiose sense of self that manifests as arrogance, vanity, exhibitionism, superiority, entitlement, and contempt (McWilliams, 2011; Wink, 1991). The grandiose self is a façade, however, so the narcissist fears that mistakes, foibles, uncertainties, and limits to knowledge and skills will be revealed ("exposed"). Since no one is perfect, the façade is likely to be breached in the course of daily living. When this occurs, the grandiose narcissist experiences it as an injury (McWilliams, 2011; Steiner, 2006).



Jack's narcissistic personality is probably organized in the borderline range (Kernberg, 1970; McWilliams, 2011). Borderline organization is indicated when an individual's psychological functions are impacted significantly by deficits and conflicts. Emotional interference easily compromises the individual's thought processes. He or she demonstrates poor affect regulation, has a poorly integrated and unrealistic sense of self, possesses an unstable value system that can lead to maladaptive and inappropriate behaviors, uses primitive defenses, and lacks the capacities for trust, reciprocity, and commitment (Hörz *et al.*, 2009). These impairments result in fluctuating reality testing, mood lability, behavioral impulsivity, tumultuous relationships, a checkered work history, poor judgment, and difficulty coping with daily challenges without symptom formation (e.g., depressive episodes) and/or substance use (Hörz *et al.*, 2009). Most significantly for the purpose of this paper, an individual whose personality is organized at a borderline level has unstable, poorly anchored, self-esteem and will exhibit heightened reactivity, defensiveness, and aggressiveness toward potential threats to his or her sense of self.

Jack is preoccupied with his own needs at the expense of those of his wife and son. For example, during the job interview with Mr. Ullman, the hotel's general manager, Jack subsumes his family's preferences under his own. When Ullman notes that a possible drawback to the caretaker job is a sense of solitude and isolation, Jack responds "That just happens to be exactly what I'm looking for." Ullman then asks how his wife and son will react to living in the hotel over the winter; Jack barely pauses before saying enthusiastically "They'll love it!" However, Danny is clearly reluctant and Wendy's effort to convince her son that it will be fun seems just as much an attempt to convince herself.

Jack is indifferent, and at times contemptuous, toward his family. During the family's car ride from Boulder to the hotel to begin the job, Jack appears sullen and emotionally distant. When Danny says he is hungry, Jack scolds him for not eating breakfast. Jack perks up when Wendy asks if this is where the Donner Party became stranded. Given the chance to show off his intellect and "correct" his wife (a term used later in the film as a euphemism for murder), he informs her it was farther west in the Sierra Nevada mountain range. Jack also lacks empathy. When Ullman shares the gruesome details of how a previous caretaker murdered his family and then committed suicide, Jack barely has any reaction, saying merely "That is quite a story."

Jack clearly thinks of himself as a writer. During the interview, Jack is introduced to another character as a school teacher; Jack clarifies quickly that he is "formerly a school teacher." Jack states that he is a writer and teaching was only a way to make money, as if being a teacher is beneath his dignity. Jack's identity as a writer appears to be part of a grandiose sense of self. We have no evidence that he has attained any success through his writing. In fact, it is likely Jack has experienced a series of personal and professional failures (i.e. narcissistic injuries) that lead to escalating feelings of frustration, shame, and anger, culminating in the events at the Overlook Hotel. Jack is either running from something or

has nowhere else to go. Jack reports that he was formerly a teacher. Did he quit? Was he fired? It is not clear why the family moved from Vermont to Boulder, Colorado. Although the family has lived in Boulder for several months, they do not seem to know anyone and there is no indication that either Jack or Wendy is employed. The caretaker job appears to be Jack's last chance. At one point while at the hotel, he derisively asks Wendy if she would prefer that they be back in Boulder where he could shovel driveways or work at a car wash.

The caretaker job would appear to be a menial role for Jack. However, the Overlook Hotel's grandeur appeals to his grandiose self and can be used to enhance his self-esteem. The hotel is a lavish and exclusive resort: Ullman explains that "all the best people" have stayed there, including presidents, royalty, and celebrities. Not surprisingly, Jack chooses the immense Colorado Lounge as his writing room instead of somewhere more modest and practical. Hess (2010) noted how the hotel's opulence contrasts starkly with the family's ordinary, cluttered apartment in Boulder: "The two buildings represent the gulf between Jack's omnipotent narcissistic self and his actual, rather drab, reality" (p. 411). When grandiosity is activated, the farther the individual has to fall when it is confronted by reality (Shengold, 1999).

There is tremendous pressure upon Jack to write something. Yet, Jack's ambition likely exceeds his talent. As mentioned, there is no evidence that he has actually written anything. Furthermore, the writing process is likely very conflicted for him (e.g., Britton, 1994). Jack tells Wendy that he has "lots of ideas, but no good ones." The result is that for over a month, he is unable to write. Jack experiences this as a failure and narcissistic injury. He has the perfect conditions to write, yet he cannot do so; he probably will never write the "Great American Novel." When May comes around and he has not started, let alone finished, his book, he will be exposed and feel humiliated.

A mature and adaptive response would be to feel disappointment, recognize one's limitations, mourn the loss of an aspiration, and identify more attainable goals based on a realistic appraisal of one's capabilities. Jack is unable to do these things. For him, the situation is intolerable and he is unable to articulate his distress. He initially seeks relief through withdrawing emotionally and physically. Since Jack cannot escape either his own psychology or the situation, he experiences an agitated depressive episode: he has insomnia; appears disheveled; and is very restless. He wanders aimlessly, throwing a tennis ball against the walls.

As internal tension builds further, Jack's coping capacity is overwhelmed and he suffers severe regressions in his perceptual and thought processes, as well as his defensive functioning. According to the film's timeline, this begins in early December. As Jack stands looking over a miniature reproduction of the hedge maze located in the hotel, the scene dissolves into an aerial shot of the actual maze outdoors, with Wendy and Danny in the center. Psychologically, this indicates a blurring of reality for Jack. The film's music swells until it reaches a discordant crescendo, suggesting some psychological break has occurred. We later see Jack typing. Although it may seem as if he has broken through his writer's

block, it is a regressive, manic effort to cope with the underlying tension. We learn subsequently that his “manuscript” actually consists of hundreds of pages of the same sentence typed over and over again: “All work and no play makes Jack a dull boy.”

Jack’s regression continues, with evidence of splitting, stupor, paranoid ideation, dissociation, and hallucinations. In one scene, Wendy enters the Colorado Lounge and expresses sincere curiosity about, and interest in, Jack’s work; she also offers to bring him food. Jack obnoxiously orders Wendy not to interrupt him when he is in the room and then cruelly barks at her: “Why don’t you start right now and get the fuck out of here.” In a chilling scene, Jack stares unfocused and unblinking into the distance with a menacing look on his face. Such stupor may be understood as Jack attempting to defend against surging sadistic impulses. In another scene, Danny, understandably frightened by his father’s increasingly bizarre behavior, asks Jack if he would ever hurt him. Jack responds in a paranoid tone: “Did your mother ever say that to you?”

In fact, Jack is losing his ability to contain violent impulses. Wendy awakens Jack from a nightmare in which he reports murdering her and Danny with an ax; aggressive dreams are correlated with aggression in waking life (Schredl & Mathes, 2014). During this scene, Danny walks into the room, dazed, scratched, and bruised. While the film indicates Danny was attacked by a ghost, the more plausible scenario is that Jack attacked Danny while in a dissociated state. The scene in which Danny is attacked begins with him playing on the floor down the hall from room 237. A tennis ball rolls to a stop in front of him: the tennis ball Jack was throwing around the Colorado Lounge. As Danny walks down the hallway, the door to room 237 is open and a key is in the lock. Wendy subsequently reports that Danny told her a “crazy woman” in the room attacked him. Freud (1920) offered an interesting, although perhaps dated, interpretation: a boy may change the sex of his abuser to understand his being beaten as an expression of love.

Jack then experiences a series of hallucinations. First, he sees Lloyd the bartender. There is no alcohol on the premises, but Jack imagines drinking bourbon. While a hallucination may seem random and/or bizarre, its content may be connected meaningfully to an individual’s psychology (Arlow & Brenner, 1969). Lloyd is a projection that allows Jack to cope with the situation. Lloyd’s subservient manner serves a defensive function aimed at controlling Jack’s shameful qualities and traits. Furthermore, alcohol was once an important coping mechanism for Jack so it is not surprising that he would want to resume drinking in his regressed condition. Addicts typically manage unpleasant feelings, including depression, rage, and shame, through alcohol and drugs (Dodes, 1990).

Another hallucination involves Jack seeing a woman naked in a bath tub. She rises and approaches him. As they embrace, she transforms into a rotting hag who mocks Jack with cackling witch-like laughter. The contrasting images likely symbolize the seductive yet rejecting Oedipal mother. Furthermore, as

mentioned previously, Jack idealizes the hotel and uses it to enhance his grandiose self. According to Shengold (1991), when idealizations collapse the individual may feel narcissistically injured as well as betrayed or deceived by the pre-Oedipal mother. Kernberg (1984) argued that beneath narcissistic rage lies potent Oedipal and pre-Oedipal conflicts. Notably, this hallucination occurs after Wendy accuses Jack of hurting Danny.

Jack also hallucinates seeing Grady, the former caretaker who murdered his family. Grady states that Danny is a “naughty boy” and recommends that Jack deal with him and Wendy in the harshest possible way. Jack can neither tolerate his inability to write nor accept that he is not the writer he believes himself to be; this prevents him from taking responsibility for his situation. Instead, he blames Wendy and Danny for his feelings of failure and humiliation (e.g., “I’ve let you fuck up my life so far, but I’m not going to let you fuck this up”). In Jack’s regressed and increasingly desperate condition, violence becomes his only option for protecting his grandiose self. For grandiose narcissists, the survival of the grandiose self is paramount (Fonagy & Target, 1999). The proximate cause seems to be Wendy’s insistence that they leave the hotel to find a doctor for Danny. Jack cannot abide the thought of leaving the hotel (which fuels his grandiose narcissism) and responds with furious indignation. He couches it in righteousness about his responsibilities at the hotel (although Wendy is the only one ever shown doing actual caretaker work). When Jack threatens to kill Wendy, she manages to immobilize him temporarily. This is yet another failure and narcissistic injury. Jack, struggling to keep feelings of impotence and worthlessness at bay, hallucinates hearing Grady’s voice emasculate and shame him for his inability to kill Wendy. In perhaps the film’s most infamous scene, Jack, in a rage-fueled manic state, attempts to kill Wendy and Danny with an ax. Interrupted by Dick Halloran’s arrival, Jack murders him and then chases Danny into the outdoor hedge maze. Jack, psychotic and disoriented, is unable to find Danny, becomes lost, and freezes to death.

## SUMMARY

In this paper, I use psychoanalytic theory to provide a parsimonious and coherent explanation of the psychological factors and processes that may underlie reactive violence. Such violence is most likely to occur when a psychologically vulnerable individual experiences a narcissistic injury; this breaches a grandiose façade and exposes qualities and traits he or she associates with inadequacy and weakness. Deficits, mistakes, foibles, and failures are felt to be intolerable. Intense, unarticulated emotions, dominated by shame, humiliation, and rage, overwhelm the individual’s coping capacity and he or she regresses to less complex modes of psychological functioning. This results in cognitive impairments and primitive defenses. In this regressed condition, the individual feels threatened, persecuted, or attacked by an external source. From the offender’s perspective, violence is a desperate attempt to escape from a catastrophic threat. This

understanding may help explain why offenders experience cognitive distortions, why the violence is often sudden and ferocious, and why the motive typically seems vastly disproportionate to any possible precipitating provocation, stressor, or threat.

## NOTES

1. The film does not provide much information about Jack's personal history. Stephen King's (1977) novel, upon which the film is based, does provide biographical details (e.g., physical abuse by father, brother's death in Vietnam, alcoholism) that add some context to Jack's psychology and behaviors. My focus is on the film. One purpose of this paper is to use the film as a concise, engaging, pedagogical resource. Furthermore, sometimes a clinical or forensic psychologist needs to formulate pragmatically using the information that is available.

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