

MASOCHISM: A BRIDGE TO THE OTHER SIDE OF ABUSE

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ABSTRACT

Masochism is a useful and meaningful term that can and should be rescued from the theoretical morass in which it has been buried. Victim-blaming connotations stemming from its historical linkage to the motivational concept of pleasure in pain disappear when masochism is reframed as an outcome of dissociation rather than of volition. In concert with an ever-increasing understanding of the centrality of dissociation in various types of psychopathology (Ross, 1986; Beahr, 1982; Davies & Frawley, 1994; Putnam, 1997; Waite, 1993; Watkins & Watkins, 1997), this article presents a view of masochism as dissociation-based. It also describes the emergence of masochism from attachment need (specifically, attachment to the abuser); and how the interaction of attachment need with dissociation is at the heart of the syndrome. It then shows how masochism contains the seeds of its own transcendence.

Recent research (Dell, 1997) and theory (Blizard, 1997; Blizard & Bluhm, 1994) suggest that Dissociative Identity Disorder (DID) and Dissociative Disorder NOS (DDNOS) are heavily laden with masochistic (self-defeating) psychopathology. Although masochism is not limited to these diagnoses, dissociative processes appear to be central to the development of masochistic psychopathology.

While masochism can be defined simply in behavioral terms, as the tendency to be abused or tortured by oneself or others, it has often been defined motivationally: the person enjoys suffering or pain and therefore invites or pursues it. The term was coined around the turn of the century by Dr. Richard von Krafft-Ebing who defined it as "the *wish* to suffer pain and be subjected to force" (Caplan, 1985, p. 19; italics added). Underscoring the importance of unconscious motivation, Freud (1955, 1961) furthered the idea of a wish for, as well as pleasure in pain, relating it to a sexualized wish to be beaten. Subsequent mental health literature expanded the scope of the hypothesized origins of the syndrome, departing from an earlier emphasis upon superego aspects of masochism to include other matters such as cultural and interpersonal issues (Horney, 1937), early pre-

oedipal issues (Menaker, 1979), and narcissism (Stolorow, 1975), to name a few. However, for the most part, the literature has not departed from the basic premise of pleasure in pain. As a result, the term became overinclusive; almost any unfortunate circumstance or behavior could be ascribed to masochism on the basis of the observer's assumption that it was wished for and therefore self-induced (Maleson, 1984). This has left a formidable potential for the diagnostic misuse and abuse of the term. For instance, diagnosing battered spouses as masochistic not only suggests that they brought the violence upon themselves, but that abusers are not responsible for their behavior.

LET'S NOT THROW OUT THE BABY WITH THE BATH WATER

This motivational aspect of the diagnosis has too often led to harmful victim-blaming, including unempathic and retraumatizing interpretation by clinicians. In approximately the past two decades this potentially damaging theoretical bias has been exposed, and the term has fallen into disrepute. In *DSM-III-R* (American Psychiatric Association, 1987), masochism was linked to *Self-Defeating Personality Disorder*; and this new diagnostic term was placed in the appendix. Both terms were removed from *DSM-IV* (American Psychiatric Association, 1987). This solution, however, threw the baby out with the bath water, implicitly leaving a large and important realm of psychopathology underemphasized by its omission.

A key issue in a discussion of masochism is that of responsibility for harm. Who is responsible for the maltreatment of the person who has been labeled "masochistic"? As noted above, the label of masochism has often been used to blame the victim, which can then leave the responsibility of the perpetrator unaddressed. Obviously, the perpetrator is responsible for the harm done. To paraphrase an analogy offered by Camille Paglia (1992, p. 52), if I drive to New York City, leave my keys on the hood of my car and my car is stolen, I will certainly prosecute for theft. However, I probably could have saved myself the trouble if I had locked the car and taken the keys with me. This aspect of victimhood needs to be explained (without exonerating the perpetrator), and the topic of this aspect of victimhood is masochism. This paper

offers a dissociation-based perspective on masochism. Understanding this aspect of victimhood in terms of dissociation eliminates the victim-blaming.

MASOCHISM IS DISSOCIATION-BASED

Many of the hallmark characteristics so often found by writers about masochism are also symptoms of traumatic abuse: passivity (Horney, 1937), lack of will, and symbiotic enmeshment (Menaker, 1979), a sense of being blameworthy and unworthy, and hypnotic-like feelings of helplessness and tendencies toward revictimization (Shainess, 1970). Long before the recent literature on trauma, these symptoms of traumatic stress were described in the psychoanalytic and psychological literature about masochism (Menaker, 1979; Shainess, 1970), but without recourse to the vocabulary of dissociation.

It could be that the connection between masochism and trauma has not been generally made because the term, masochism, has become so politically charged. To illustrate how powerfully the term was banished, Davies and Frawley (1994), who broke ground in introducing a psychoanalytic approach to the treatment of adult survivors of child sexual abuse, refrained from the use of the word in their text because they did not want to introduce a politically-charged and potentially provocative term that would distract the reader from their primary message (Frawley-O'Dea, personal communication, 1996).

The repetitive, driven quality of much masochistic behavior lends itself to observers' interpretations that the abuse is desired, invited, even pursued. One theme of some recent theoretical approaches (Benjamin, 1988; Menaker, 1979; Kafka, Weber, & Howell, 1988) is that the masochist is not seeking pain or punishment per se but tolerates it in context of something else that is desired. For instance, attachment need can take priority over the avoidance of pain. However, even a desire for attachment would in itself be insufficient to sustain the quantity and intensity of abuse that is often sustained by masochists. The pain would be intolerable and priorities would be reordered. It is dissociation of the pain that makes the abuse tolerable and that, together with attachment need, drives the masochistic solution. The dissociative phenomena associated with this process include depersonalization, derealization, amnesia, identity confusion and alteration, and isolation of affect. Although isolation of affect has traditionally been thought of as an obsessional defense, Freud (1894/1962) noted the importance of this defense in hysteria, describing it as involving the separation of the incompatible idea from its affect. Freud's descriptions of hysterics' symptomatology are consistent with those of disorders that have more recently become considered to be sequellae of trauma and child sexual abuse, such as dissociative disorders, borderline personality disorder, and somatoform disorders, (Lowenstein, 1990; Herman, 1990).

Masochism can range across different levels and kinds of psychopathology, from "moral" or superego-driven masochism to sadomasochism, to severe dissociative disorders. It is the author's thesis that all of these masochistic organizations are dissociation-based. Possibly, the less severe involve more "normal" dissociation (such as hypnosis and absorption, and more permeable internal boundaries) while the more severe, (such as in Dissociative Identity Disorder [DID] and related forms of Dissociative Disorders Not Otherwise Specified [DDNOS]), are characterized by "pathological" dissociation, in which amnesic boundaries between identity states are impermeable, conforming to the taxon described by Putnam (1997, pp. 65-67). Despite these differences in severity or type of organization, it is in large part dissociation that makes masochism possible.

MASOCHISM ADAPTIVELY PRESERVES ATTACHMENT

Bowlby (1969) presents evidence that the human infant is hard-wired for attachment in the service of survival. According to his theory, the need for proximity to an attachment figure is adaptive because it provides protection to the infant against predators. Bowlby (1983) emphasizes the significance that separation carries for humans as a signal of increased risk. How then is the risk of separation handled when the attachment figure is also a predator? What happens when survival is predicated upon attachment to a dangerous object? Here aggression and attachment, which are both necessary for survival, are contradictory. Which one gets priority? Van der Kolk (1987) has observed that attachment behavior is often increased by threats from the attachment object. Threat from the attachment figure increases the need for protection. Abuse can increase separation anxiety. As Bowlby (1973) points out, the 'clinginess' of a child who has been separated, and/or who fears abandonment is a concrete attempt to guarantee the availability of the attachment figure by maintaining proximity. One way for the child to deal with attachment to a punitive, dangerous figure may be to split off constellations of representations of the abused self, the abusing attachment object, and the accompanying rage and pain, so as not to impede attachment.

Among the four patterns of attachment (secure, anxious-resistant, anxious-avoidant, and disorganized) outlined by Bowlby (1988), it is the anxious-resistant style of attachment that may serve as a substrate that can then be elaborated in some types of masochism. In the anxious-resistant pattern, the child tends to be clingy and is anxious about separation and exploration (Bowlby, 1988). Coe, Dalenberg, Aransky, and Reto (1995) describe the corresponding adult "preoccupied" attachment style: These persons are preoccupied with the attachment object; they are anxious and hypervigilant with respect to abandonment and tend to be "compulsively seeking and providing care and intimacy" (p. 144).

These authors linked attachment styles to dissociation styles. They found that scores reflecting preoccupation with the attachment figure were positively related to the Absorption subscale on the Dissociative Experiences Scale (Bernstein & Putnam, 1986). They cite previous research (Collins & Read, 1990; Halzon & Shaver, 1987) which has associated parental inconsistency with the anxious resistant pattern and that neglect and abuse have often been confounded in the trauma literature.

THE MASOCHISTIC RESPONSE TO TRAUMA

Trauma is often defined in terms of its capacity to overwhelm (Spiegel, 1990). It is overwhelming when the person from whom protection is sought becomes the person from whom protection is needed (Shengold, 1989). The result can be traumatic bonding (Dutton & Painter, 1981), in which the victim bonds with the idealized aspects of the abuser, while tuning out the abusive aspects, along with the terror. Frequent repetition of these patterns can breed cumulative trauma (Kahn, 1974) and reinforce traumatic bonding.

As a case example, Joe, who had long been traumatically bonded to his mother, recalled an experience in which his mother suddenly changed before his eyes – from being his beloved protector to becoming his attacker. When he was six, his parents separated, and his father left the home. One day Joe saw his father in the park and joyfully ran up to him. Upon seeing them together, Joe's mother accosted them and went into a rage at her son, verbally lashing out at him, then shunning him for speaking to his father. Joe was devastated. While this child had previously endured many unbearable situations, he reported that at that moment, for the first time, he felt overwhelmed with the feeling that the world was no longer safe and that he was unworthy. Those feelings stayed with him for a very long time, remaining dissociated from thoughts about his mother, to whom he consciously felt very attached, and toward whom he felt no conscious anger.

Attack, threat, or even frightening separation (Bowlby, 1973) normally elicits feelings of anger. In such an event the child needs to have his or her anger at being separated, frightened or hurt recognized and accepted – to have a way of connecting the traumatic moment with a safe relationship. If this does not occur, or if the child is also exploited as a provider of nurturant and parental functions, this can breed even more anger. The child's ability to stay attached may depend upon the dissociative compartmentalization of aggression, rather than its experience or expression. The child's own angry behavior and experience, rather than that of the predator, is now unconsciously identified by the child as the threat. The child's inexpressible terror, pain, and helpless rage may be dissociated. This may be associated with the development of a protector self-state which vigilantly monitors the child's behavior, and/or state that embodies the disowned feelings, or a protector/persecutor that embod-

ies both aspects. The attached, caring, needy self remains in consciousness while the enraged, vindictive aspects of self-experience have been excluded from focal awareness. The "good" segment of self is enthralled, often unawares, as if unconsciously spellbound by a rageful, persecutory self-state, trying to avoid the provocation of others through pre-emptive internal persecution or self-criticism. In contrast, the rageful persecutory self-state must be aware of the ordinary conscious self to control it. Dreams are often useful in clarifying the characters in this internal theater as well as those who may have come or may come out and play roles in the external world (Barrett, 1994, 1996). For instance, one masochistic, and temporarily suicidal patient had a dream about two women who looked very much alike. One of them was trying to strangle the other. This could be interpreted as the protector and/or persecutor itself silencing the "good" conscious self, or vice versa.

THE PROTECTOR/PERSECUTOR

The function of the protector/persecutor self-state is to protect attachment. This favors psychic and physical survival. This self-state supports survival by monitoring behavior which would be threatening to the attachment figure. It has often been noted that the persecutor appears to start out as a protector and then turns into a persecutor. The fact that protection may require the vigilant monitoring, even persecution, of the ordinary self in order to curtail its potentially attachment-threatening behavior is what makes for the dual role of protector and persecutor (Howell, 1996; Goodman & Peters, 1995; Blizard, 1997).

The normally conscious self may depend upon the protector/persecutor's parent-like function for providing safety (Beahrs, 1982). While the normally conscious self may become dependently attached to other people, the protector/persecutor is counterdependent. Whereas the protector/persecutor monitors the aggression of the normally conscious self, the same is not true in reverse. Among the problems that this psychic organization can spawn is that this monitoring activity on the part of the protector/persecutor (which holds the rage) can "feel good" and is therefore reinforced; its aggressivity can become cruel "sport." In this way, the protector may increasingly become persecutory.

Because the protector/persecutor is dissociated and not available to the ordinary conscious self, the masochist may be drawn to abusive, persecuting and antisocial others out of a need for resonance. Brothers (1995) calls this an alter ego selfobject – a selfobject that confirms a sense of likeness with other human beings. Since the part of the self seeking resonance is dissociated, the alter ego selfobject fulfills that need for a sense of likeness (p. 63). Furthermore, it will be harder for the masochist to separate from the abuser: the 'locking in' effect of projective identification (in which the victim may project his or her own dissociated rage onto

the abuser), is another reason that abuse begets more attachment behavior. In projective identification, a person locates a dissociated aspect of the self in another person, and then, often rather passionately interacts with the dissociated part. In my opinion, projective identification, which is often described rather magically in the psychoanalytic literature, is premised upon dissociation.

Unfortunately, anger and fear of abandonment can each elicit the other, activating the protector/persecutor. This is one of the reasons that when things go badly for masochistic people, they can become more and more rigidly self-punitive as opposed to comforting themselves. The self-blame about which we hear so often follows from the trauma-induced assumption that the person's own behavior is the only relevant behavior to be modified.

To illustrate, Jill was usually extraordinarily competent. While talking about an injurious event, her mood state and demeanor would markedly shift. She would become verbally inaccessible, mute. When she became able to say anything at all, the first words out of her mouth would be "It's all my fault." She would blame herself for anything and everything. The injured self-state, including feelings about the injurer, had been dissociated and was generally unreachable in any immediate way. Only the blaming part could speak.

REVICTIMIZATION AND TUNING OUT DANGER CUES

Since attachment is kept in focal awareness and aggressiveness which could otherwise protect and serve the self is not available to self-experience, the dissociatively adapted individual feels quite vulnerable. This magnified vulnerability in combination with the fact that danger cues are not available to consciousness often makes the masochist quite susceptible to declarations and promises of love and caring by unsavory types of people. These persons have not had much experience with real caring. They often can not tell the difference between the fools' gold of false promises and the real gold of sincere caring. Revictimization is an inherent risk of this type of psychic organization.

The masochist often really does not properly assess oncoming danger, and as a result, he or she experiences it as unavoidable. Kluft (1990) has described this extreme vulnerability to revictimization as the "sitting duck syndrome." As a result of dissociation, the masochist is often deprived of a vital source of information for self-defense or avoidance of danger. This can also give us a different understanding of the behavior of a person who tenaciously hangs onto an abusive relationship – so often seen as clear evidence of the desire to be punished. To the contrary, the past abuse was so intolerable, so unbearably repugnant, that it could not be assimilated and awareness of it has been banished from ordinary consciousness (Freyd, 1996). From this point of view of the processing of danger cues, instead of seeking abuse, the masochist is "subject" to it.

Waller, Quinton, and Watson (1995) propose that the

"blocking out" of danger may be more complicated than is initially apparent. They suggest that the "blocking out" occurs not because the threat is not noticed, but because the threat schema activates a second, dissociative schema. They found that women with higher levels of dissociation were slower to identify threat-related information, although no less accurate, given time. Presumably, people with a history of trauma would have experienced such danger as unpreventable, such that their best recourse might have been a dissociative escape. Thus, the illusion of escape through dissociation may be rewarding, creating a chronic dissociation that perpetuates the perception of helplessness that has been learned in certain situations. This may be another way, in addition to that described earlier, in which dissociation is a mediating mechanism in depression as well as in masochism.

IDEALIZATION AND THE HOPE FOR HOPE

The masochist lives in a world of idealization. This idealization can operate defensively both in splitting and reaction formation. In splitting the object is viewed omnipotently as totally good and all-powerful as a way of protecting and preserving it against contamination from destructive feelings. In reaction formation the idealization serves as protection from guilt about aggressive and destructive feelings (Kernberg, 1974). Both worlds of outer and inner horrors may be excluded from consciousness. This kind of idealization is behind the hopeful illusions and denials that the masochist maintains so tenaciously. Out of this idealization and longing for protected attachment, the masochist invents a kind of hope for hope, an illusion of hope. Real hope, in the sense of an expectation of mutuality and affirmation is unlikely. This is because of both the unassimilated sense of damage of the self and the probable dearth of experiences of real tenderness. This attitude of hopefulness, then, is really an illusion, based on idealization.

While the masochist has dissociated aggression, agency, and will, what she or he has not dissociated is attachment need. While idealization and the dissociative tuning out of danger cues is part of what gets the masochist in trouble, the illusion of hope holds in place the possibility for the development of real hope. The hope for hope in the masochistic psyche is like holding the place of a person invited to a dinner party until he or she can get there.

With the price perhaps of having become a victim and/or a "wimp," the masochistic person has a time-tested method of survival which keeps open the possibility for attachment. This organization of self allows for the hope for a better form of relatedness. Thus, the illusion of hope, with good psychotherapeutic treatment and/or life experiences, can serve its function of holding in place the possibility for the development of real hope. Having retained the capacity for attachment, the healing masochist may also have the capacity to take it in, at least to some degree, when an honest, caring, interpersonally – rewarding relationship is encountered.

THERAPY

To treat masochists, the therapist needs to be able to understand the dissociative nature of the masochist's dilemma and to observe and empathize with the protector/persecutor and its underlying purpose of protection. In so doing, the therapist should keep in focus the importance of protecting the patient's sense of attachment in the therapeutic relationship.

The case of Jane illustrates the kinds of pitfalls that exist for therapists treating masochists. As a child, Jane had had a history of physical and emotional neglect and abuse; as an adult, she was abused by her spouse. Unfortunately, the therapy became a many-years-long re-enactment of the original abuse. Jane's experience of being abused was replicated in her therapy, wherein her therapist unknowingly retraumatized her by making frequent interpretations that she unconsciously wanted to be abused. Seemingly unaware of her prosocial attachment longings (which motivated her tendency to hang onto abusive relationships), he interpreted her having sadomasochistic longings to abuse and be abused instead. Perhaps the muffled rage that he must have sensed from her about his interpretations confirmed the latter for him.

Even if the therapist was technically correct in some of his interpretations, it seems that his theoretical views expressed in the context of a unified self set a rejecting clinical tone. The therapist missed the opportunity to ally with the protector/persecutor, to empathize with how much the patient needed protection, and to protect the patient's sense of attachment in the relationship. By implicitly criticizing the protector/persecutor self-state and the affects of aggression and rage held by it, he achieved the opposite of his intended effect. The result was the increase of Jane's rejecting beliefs about herself and her self-persecutory behaviors, including suicidality.

In contrast, in Jane's new treatment, the focus is on the positive aspects of her aggression and on the positive functions of her protector/persecutor. Gradually, she has become able to express aggression, both playful and blunt, and her general welfare has improved.

An important part of the therapeutic task at hand is premised on the understanding of masochism as dissociation-based. Interpretations based on inaccurate conceptualizations may prove non-emphatic and retraumatizing. Helpful communications will emphasize the positive aspects of the protector/persecutor in maintaining survival and upholding the hope for attachment. It can be recognized that the child may have found it necessary to create a protector/persecutor and to dissociate aggression. It can also be recognized that the protector/persecutor has functioned and may still, in many ways, function to provide and preserve the possibilities for attachment. However, since the individual is now an adult, the protector/persecutor can do its job

better by curtailing the behavior of real abusers rather than by excessively curtailing the behavior of the self.

An awareness and recognition of the former pain which had been shunted out of awareness can emerge, and a mourning process can begin. As it becomes more accessible to experience, the pain of having been damaged and abused (by others as well as oneself) in a kind of repetitive, senseless torture becomes more and more bearable by the entire person. The senseless self-torture and the vulnerability to having been tortured in the past can become true suffering in which the person acknowledges that he or she has been damaged and that it hurts terribly. There can then emerge the knowledge that the willingness and capacity to bear the former, often repeated, pain and abuse is part of what has made possible the potential for current positive developments. The protector/persecutor has indeed performed a very valuable function. The increasingly healing "masochist" can take credit for his or her strength and basic hope for hope that was required to endure this suffering. Then a tender new hope, an attachment longing that expects to be met, can emerge. ■

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