

MASOCHISM

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7 / The Narcissistic- Masochistic Character

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THERE IS AN OLD CHINESE CURSE: "May you live in interesting times." These are analytically interesting times, in which, more than ever before in the history of psychoanalysis, accepted paradigms have been called into question, and a congeries of new and old ideas compete for attention and allegiance. In intellectual history, such periods of enthusiastic creative ferment have led to the development of new ideas. Sciences make their great advances when new techniques lead to new experiments, when new data contradict old theories, and when new ideas lead to new theories. Since the early 1970s, much of the interesting creative tension in psychoanalysis has focused on the crucial role of preoedipal experiences and the centrality of issues of self or narcissism in character development. I propose that masochistic defenses are ubiquitous in preoedipal narcissistic development and that a deeper understanding of the development of masochism may help to clarify a number of clinical problems. I suggest that a full appreciation of the roles of narcissism and masochism in development and in pathology requires that we relinquish whatever remains of what Freud referred to as the "shibboleth" of the centrality of the Oedipus complex in neurogenesis. I further suggest that masochism and narcissism are so entwined, both in development and in clinical presentation, that we clarify our clinical work by considering that there is a narcissistic-masochistic character and that neither appears alone.

The problem of reformulating our ideas was foreshadowed over half a century ago, when Freud (1931), in speaking of the intensity and duration of the little girl's attachment to her mother, wrote:

The pre-Oedipus phase in women gains an importance which we have not attributed to it hitherto. Since this phase allows room for all the fixations and repressions from which we must trace the origin of the neuroses, it would seem as though we must retract the universality of the thesis that the Oedipus complex is the nucleus of neurosis. But if

anyone feels reluctant about making this correction, there is no need for him to do so [p. 225].

Freud then went on to reveal some of his own difficulties in accepting his new findings by stating that those who are reluctant to make this clearly necessary revision need not do so, if they are willing to accept a redefinition of the Oedipus complex to include earlier events. He said:

Our insights into this early pre-Oedipus phase in girls comes to us as a surprise like the discovery, in another field, of the Minoan-Mycenean civilization behind the civilization of Greece. Everything in the sphere of the first attachment to the mother seems to be so difficult to grasp in analysis—so gray with age and shadowy, and almost impossible to revivify, that it was as if it has succumbed to an especially inexorable repression [p. 226].

Perhaps this is an indication of Freud's and our own difficulty in accepting the breadth of theoretical revision that our data may require. The fact is that in his posthumous work, "The Outline of Psychoanalysis," (1938) he again stated without reservation that the Oedipus complex is the nucleus of neurosis.

It is questionable whether it was ever the case that most analytic patients presented with primary oedipal pathology. Edward Glover in his "Technique of Psychoanalysis," published in 1955, was already lamenting the scarcity of cases of classical transference neurosis. He referred to "those mild and mostly favorable cases which incidentally appear all too infrequently in the average analyst's case list" (p. 205). I suspect that few of us have ever seen many cases of "classical transference neurosis," and yet it has been difficult for us to give up the accompanying clinical idea, so dear to Freud, that the nucleus of neurosis is the Oedipus complex. I in no way depreciate the immensity of the discovery of the Oedipus complex and its vital role in human affairs. But we need not share Freud's reluctance to place the Oedipus complex in perspective as one of a number of crucial developmental epochs, and not necessarily the one most significant for our understanding of narcissistic and masochistic pathology, and perhaps not even for understanding neurosis generally.

Kohut's (1971) self psychology represented the most radical attempt to date to address, and resolve, the various dissonant elements in psychoanalytic developmental research, clinical experience and general theory. As I have written elsewhere (1983), I believe it is this exposure of some of the major unresolved problems of psychoanalytic work that accounts for much of the passion—positive and

negative—that was generated by self psychology. For more than a decade, psychoanalysis has been productively preoccupied with developing a new understanding of narcissism in the light of our newer emphasis on preoedipal events. The scientific and clinical yield of this investigation has been high, and it should prompt us to apply these methods to other of our metapsychological and clinical formulations that are a bit fuzzy. Prominent among these are the concepts of masochism and the masochistic character.

Our major ideas concerning masochism date to an earlier period of psychoanalytic thinking, when the focus was on the Oedipus complex. The cultural climate of psychoanalysis was different then. A reexamination of masochism at this time, using our newer ideas of separation-individuation, self-esteem regulation, the nature of early object relations, and so on, might help clarify our understanding of masochistic phenomena.

REVIEW OF THEORIES AND DEFINITIONS

The literature is vast, and I will mention only a few salient points. The term *masochism* was coined by Krafft-Ebing in 1895 with reference to Leopold von Sacher-Masoch's (1870) novel, *Venus in Furs*. The novel described, and Krafft-Ebing referred to, a situation of seeking physical and mental torture at the hands of another person through willing submission to experiences of enslavement, passivity and humiliation. Freud (1920) used Krafft-Ebing's terminology, although in his early writings on masochism he was concerned with perversion masochism with clear sexual pleasure attached to pain, and only later was he concerned with the problems of moral masochism in which humiliation and suffering are sought as part of the character formation and without evident sexual satisfactions. Freud postulated several explanations for these puzzling phenomena:

1. It is the nature of physiology that an excess of stimulation in the nervous system automatically leads to experiences of both pain and pleasure.
2. Masochism is a vicissitude of instinct; sadism or aggression, a primary instinct, turns against the self as masochism, a secondary instinctual phenomenon.
3. Masochism is defined as "beyond the pleasure principle," a primary instinct, a component of the death instinct, a consequence of the repetition compulsion, and thus an independent, automatically

operating regulatory principle. Masochism as a primary instinct is, in the course of development, directed outward, and as a tertiary phenomenon, is redirected inward, as clinical masochism.

4. Moral masochism is the need for punishment, consequent to the excessive harshness of the superego. Persons feeling guilty for sexual, generally oedipal, forbidden wishes seek punishment as a means of expiation.

5. Masochistic suffering is a condition for pleasure not a source of pleasure. That is, masochists do not enjoy the suffering per se; rather they willingly endure the pain as an unavoidable guilty ransom for access to forbidden or undeserved pleasures.

6. Masochism is related to feminine characteristics and passivity.

I think it is fair to say that Freud struggled throughout his lifetime for a satisfactory explanation of the paradox of pleasure-in-unpleasure. In "Analysis Terminable and Interminable," (1937) he wrote:

* / No stronger impression arises from resistances during the work of analysis than of there being a force which is defending itself by every possible means against recovery and which is absolutely resolved to hold on to illness and suffering. One portion of this force has been recognized by us, undoubtedly with justice, as a sense of guilt and need for punishment, and has been localized by us in the ego's relation to the super-ego. But this is only the portion of it which is, as it were, psychically bound by the super ego and thus becomes recognizable; other quotas of the same force, whether bound or free, may be at work in other, unspecified places. If we take into consideration the total picture made up by the phenomena of masochism immanent in so many people, the negative therapeutic reaction and sense of guilt found in so many neurotics, we shall no longer be able to adhere to the belief that mental events are exclusively governed by the desire for pleasure. These phenomena are unmistakable indications of the presence of a power in mental life which we call the instinct of aggression or of destruction according to its aims, and which we trace back to the original death instinct of living matter. It is not a question of an antithesis between an optimistic and pessimistic theory of life. Only by the concurrent or mutually opposing action of the two primal instincts—Eros and the death-instinct—never by one or the other alone, can we explain the rich multiplicity of the phenomena of life [p. 242].

The death instinct, as we all know, is an idea that never caught on.

The vast subsequent literature on masochism was well summarized by Brenner (1959), Stolorow (1975), Maleson (1984), and Grossman (1986), and a Panel of the American Psychoanalytic Association,

in which I participated (Fischer, 1981). I will not repeat these summaries, which succinctly convey the large array of functions and etiologies ascribed to masochism. Stolorow's paper deserves special note because he also concerned himself with the narcissistic functions of masochism, pointing out that sadomasochistic development can aid in maintaining a satisfactory self-image. I will, through the remainder of this paper, confine my discussion to so-called moral masochism, or, as some have referred to it, "psychic" masochism. I will not discuss perversion masochism, which I believe to be a developmentally different phenomenon. (See Maleson, 1984, p. 350, for a brief discussion of this issue.) Perverse fantasies, however, are common in persons of very varied personalities.

While many definitions of masochism have been attempted, Brenner's (1959) definition has remained authoritative. He defined masochism as "the seeking of unpleasure, by which is meant physical or mental pain, discomfort or wretchedness, for the sake of sexual pleasure, with the qualification that either the seeking or the pleasure or both may often be unconscious rather than conscious" (p. 197). Brenner emphasized that masochism represented an acceptance of a painful penalty for forbidden sexual pleasures associated with the Oedipus complex. He agreed that masochistic phenomena are ubiquitous, in both normality and pathology, serving multiple psychic functions including such aims as seduction of the aggressor, maintenance of object-control, and the like. Brenner believed that the genesis of the masochistic character seemed related to excessively frustrating or rejecting parents.

A somewhat different, highly organized view of masochism was put forth in the voluminous writings of the late Edmund Bergler. Because his theories seem to me relevant to topics that are currently of great interest, because they have influenced my own thinking, and because they are so little referred to in the literature, having been premature in their emphasis on the preoedipal period and narcissism, I will present a brief summary of his work. As long ago as 1949, Bergler stated that masochism was a fundamental aspect of all neurotic behavior, and he linked masochistic phenomena with issues of narcissistic development, or development of self-esteem systems. Bergler described in detail a proposed genetic schema out of which psychic masochism develops as an unavoidable aspect of human development. I will mention only a few elements that are particularly germane to the thesis of this paper.

1. Bergler assumed that the preservation of infantile megalomania or infantile omnipotence (we today would say narcissism) is of prime importance for the reduction of anxiety and as a source of satisfac-

tion—on a par with the maintenance of libidinal satisfactions. This formulation is not dissimilar to Kohut's many years later.

2. Every infant is, by its own standards, excessively frustrated, disappointed, refused. These disappointments always have the effect of a narcissistic humiliation because they are an offense to the infant's omnipotent fantasy.

3. The infant responds with fury to this offense to his omnipotent self, but in his helplessness to vent fury on an outer object, the fury is deflected against the self (what Rado (1969) termed retroflected rage) and eventually contributes to the harshness of the super ego.

4. Faced with unavoidable frustration, the danger of aggression against parents, who are also needed and loved, and the pain of self-directed aggression, the infant nonetheless attempts to maintain essential feelings of omnipotence and self-esteem, and in Bergler's terms, he "libidinizes" or "sugarcoats" his disappointments. He learns to extract pleasure from displeasure for the sake of the illusion of continuing, total, omnipotent control, both of himself and of the differentiating object. "No one frustrated me against my wishes; I frustrated myself because I like it." It was Bergler's belief that some inborn tendency made it easy and inevitable that a pleasure-in-displeasure pattern would develop. He insisted that this develops at the very earliest stages of object differentiation and perhaps, I would add, becomes consolidated during the disappointing realization of helplessness that occurs during the rapprochement phase of the separation-individuation process as described in Mahler (1972).

According to Bergler, these hypothesized early events of psychic development resulted in the "clinical picture" of psychic masochism, which was characterized by the "oral triad." The oral triad, a phrase he used many years before Lewin (1950) used the term for a different purpose, consists of a three-step behavioral sequence that is paradigmatic for masochistic behavior.

Step 1. Through his own behavior or through the misuse of an available external situation, the masochist unconsciously provokes disappointment, refusal, and humiliation. He identifies the outer world with a disappointing, refusing, preoedipal mother. *Unconsciously*, the rejection provides satisfaction.

Step 2. Consciously, the masochist has repressed his knowledge of his own provocation and reacts with righteous indignation and *seeming* self-defense to the rejection, which he consciously perceives as externally delivered. He responds, thus, with "pseudo-aggression," that is, defensive regression designed to disclaim his responsibility for, and unconscious pleasure in, the defeat he has experienced.

Step 2 represents an attempt to appease inner guilt for forbidden unconscious masochistic pleasure.

Step 3. After the subsidence of pseudoaggression, which, because often ill-dosed or ill-timed, may provoke additional unconsciously wished for defeats, the masochist indulges in conscious self-pity, feelings of "this only happens to me." Unconsciously he enjoys the masochistic rebuff.

This clinical oral triad, or, as Bergler calls it, the mechanism of "injustice collecting," is, I think, an excellent description of a repetitive sequence of events observable in almost all neurotic behavior. The term "injustice collector" was coined by Bergler, and later used by Louis Auchincloss (1950) as the title of a collection of stories. In Bergler's view, all human beings have more or less masochistic propensities. The issue of pathology is one of quantity.

THEORETICAL ISSUES

I would like now to explore some of the theoretical issues that have been raised in previous discussions of masochism.

Today there is little disagreement that we can explain masochism in terms of its defensive and adaptive functions without recourse to a primary drive. The extraordinary ease with which pleasure-in-displeasure phenomena develop, and their stickiness, suggests a psychic apparatus that is well prepared for the use of such defensive structures, but there is no theoretical need to call on a primary instinctive masochism.

What is the nature of the pleasure in masochism? The generally accepted formulation that the pleasure is the same as any other pleasure and that the pain the necessary guilty price, has the great merit of preserving the pleasure principle intact. There has always been a group of analysts, however, including Lowenstein (1957) and Bergler, who insisted, to quote Lowenstein, that "in the masochistic behavior we observe an unconscious libidization of suffering caused by aggression from without and within" (p. 230). The operating principle seems to be, "If you can't lick 'em, join 'em." Perhaps, more simply, one may speculate that the infant claims as his own, and endows with as much pleasure as possible, whatever is familiar, whether painful experiences or unempathic mothers. The defensive capacity to alter the meaning of painful experience so that it is experienced as egosyntonic has also been described in certain circumstances in infancy by Greenacre (1960) and Jacobson (1964). Green-

acre reported that babies under conditions of extreme distress will have genital, orgasmiclike responses, as early as the second half of the first year, and that these early events may result in ego distortions creating sexual excitation arising from self-directed aggression. This is similar to Freud's original formulation, and I think we must leave open the possibility that there is a dialectic here of excessive quantity changing quality.

From a different point of view, we may ask, What are the gratifying and constructive aspects of pain? We do not dispute every mother's observation that painful frustration, disappointment, and injury are inevitable concomitants of infancy. It is rare that any infant goes through a 24-hour period without exhibiting what we adults interpret at least to be cries of discomfort, frustration, and need. Even the most loving and competent mother cannot spare the infant these experiences, and, indeed, there is good reason to believe that no infant should be spared these experiences in proper dosage. It seems likely that painful bodily, particularly skin, experiences are important proprioceptive mechanisms that serve not only to avoid damage, but also, developmentally, to provide important components of the forming body image and self-image. There are many cases in the literature, summarized by Stolorow (1975), of persons who experience a relief from identity diffusion by inflicting pain upon their skin.

A typical pattern for borderline self-mutilators is to cut or otherwise injure themselves in privacy, experiencing little pain in the process. They later exhibit the injury to the usually surprised caretaking person, be it parent or physician, with evident satisfaction in the demonstration that they are suffering, in danger, and beyond the control of the caretaking person. A prominent motivation for this behavior is the need to demonstrate autonomy via the capacity for self-mutilation.

Head banging in infants, a far more common phenomenon than is usually acknowledged and quite compatible with normal development is also, I suggest, one of the normal, painful ways of achieving necessary and gratifying self-definition. Skin sensations of all kinds, and perhaps moderately painful sensations particularly, are a regular mode of establishing self-boundaries.

Hermann (1976) stated:

In order to understand masochistic pleasure, one has to recognize that it is quite closely interwoven with the castration complex but behind this link is the reaction-formation to the urge to cling—namely the drive to separate oneself. At this point, we have to go far back to early development. Our guess is that the emergence of the process of

separation of the mother and child dual unit constitutes a pre-stage of narcissism and painful masochism; normal separation goes along with "healthy" narcissism [p. 30].

Hermann then went on to describe that pain is a necessary concomitant of separation but is a lesser evil than the damage and decay of the self, which would result from failure of separation in infancy. He referred to a healing tendency within the psyche and the erotization of pain, which facilitates healing of a damaged psychic area. Hermann viewed all later self-mutilations, such as self-biting, tearing one's cuticles, pulling hair, tearing scabs, and the like as attempts to reinforce a sense of freedom from the need to cling: ". . . pain arises in connection with the *separation that is striven for*, while its *successful accomplishment brings pleasure*" (p. 30). Hermann viewed masochistic character traits as a consequence of failure of successful separation with reactive repetition of separation traumas.

Pain, it is suggested, serves the person's need for self-definition and separation-individuation and is part of a gratifying accomplishment. Mastery—not avoidance—of pain is a major achievement in the course of self-development; mastery may imply the capacity to derive satisfaction and accomplishment from self-induced, self-dosed pain. The tendency for such an achievement to miscarry is self-evident. The pleasurable fatigue after a day's work, the ecstasy of an athlete's exhaustion, the dogged pursuit of distant goals, the willingness to cling to a seemingly absurd ideal—all of these represent constructive uses of pleasure in pain and a source of creative energies.

All cultures at all times have idealized heroes whose achievement involves painful and dangerous feats, if not actual martyrdom. The achievement is not valued unless it is fired in pain. No culture chooses to live without inflicting pain on itself; even cultures seemingly devoted to nirvana-type ideals have painful rituals. Rites of passage and experiences of mortification, "baptism by fire," are means of assuring essential aspects of cultural and individual identity, and their effectiveness may be proportional to their painfulness and sharpness of definition. A circumcision ceremony at puberty is obviously a clearer marker of a stage in self-development and onset of manhood than is a Bar Mitzvah ceremony.

The question of aggression in the induction of masochism is interesting but, I think, not satisfactorily answerable at this time. Regularly in the course of development, aggression is distributed in at least five directions: 1) in legitimate self-assertion; 2) in projection; 3) turned against the self; 4) toward the formation of the superego;

and 5) used defensively as "pseudoaggression." The proportions vary, but in the narcissistic-masochistic character legitimate self-assertion is in short supply. I will not discuss here the many issues of the relationship of sadism to masochism, double identifications with both aggressor and victim, and so forth. It seems clear that experiences of frustration and the absence of loving care, whether in infant children or infant monkeys, induce self-directed aggression and mutilation. The usual explanations involve ideas of retroflected rage or failure of instinct fusion. These concepts are convenient, but not entirely adequate. Stoller (this volume) states that hostility, in retaliation for and in disavowal of early experiences of passivity and humiliation at the hands of a woman, is the crucial motivation in *all* perversions, not only masochistic perversion. (Hostility, in his view, is an important aspect of all sexuality.) Referring to the risks that perverts take, he says, "But the true danger that perversion is to protect him from—that he is insignificant, unruly—is not out there on the street but within him and therefore inescapable. It is so fundamental a threat that he is willing to run the lesser risk, that of being caught." Dizman and Cheatham (1970), discussing the Lesch-Nyhan Syndrome, have suggested a psychobiological basis for masochistic behavior in the postulate of a low threshold for activation of a mechanism that ordinarily controls tendencies toward repetitive compulsive behaviors and self-inflicted aggression.

At what stage of development do the decisive events leading to masochistic character disorder occur? It is clear from what I have been describing that I feel it is now evident that the masochistic conflicts of the Oedipus complex are reworkings of much earlier established masochistic functions. In the later character development, these defenses, by means of the mechanism of secondary autonomy (Hartmann and Loewenstein, 1962) function as if they were wishes.

AN ATTEMPT AT CLARIFICATION

If even part of what I have been suggesting is correct, then masochistic tendencies are a necessary and ubiquitous aspect of narcissistic development. I think there is convincing evidence that Freud was right—the pleasure principle alone is inadequate to explain masochism, nor does the dual instinct theory add sufficient heuristic power. If we add an instinct or tendency toward aggression, we still lack heuristic power. Our knowledge of early development and our knowledge derived from the studies of borderline and psychotic disorders make it abundantly clear that a newer theoretical perspec-

tive requires that issues of self-development and object relations be accorded their proper weight as crucial factors in early psychological development. Libidinal pleasures and aggressive satisfactions will be sacrificed or distorted if necessary to help prevent the shattering disorganizing anxieties that arise when the self-system is disturbed or the ties to the object disrupted. Whether one refers to Kohut's (1972) narcissistic libido, or Erikson's (1963) basic trust, or Sullivan's (1953) sense of security, or Rado's (1969) basic pride and dependency needs, or Sandler and Joffe's (1969) feelings of safety, or Bergler's (1949) omnipotent fantasy, or Winnicott's (1971) true self—all are ways of addressing the crucial issues of the organism's primary needs for self-definition out of an original symbiotic bond. In fact, Freud, under the unfortunately termed "death instinct" was making the same point. The organism will give up libidinal pleasure for the safety, satisfaction, or pleasure of maintaining a coherent self.

Let me summarize my view of the relevant issues:

1. Pain is a necessary and unavoidable concomitant of separation-individuation and the achievement of selfhood. Perhaps "Doleo ergo sum" (I suffer, therefore I am) is a precursor of "Sentio ergo sum" (I feel, therefore I am), and "Cogito ergo sum", (I think, therefore I am).
2. The frustrations and discomforts of separation-individuation, necessary events in turning us toward the world, are perceived as narcissistic injuries—that is, they damage the sense of magical omnipotent control and threaten intolerable passivity and helplessness in the face of a perceived external danger. This is the prototype of narcissistic humiliation.
3. The infant attempts defensively to restore threatened self-esteem by distorting the nature of his experience. Rather than accept the fact of helplessness, the infant reasserts control by making suffering ego-syntonic. "I am frustrated because I want to be. I force my mother to be cruel." Freud (1937), of course, often discussed the general human intolerance of passivity and the tendency to assert mastery by converting passively endured experiences into actively sought ones. The mastery of pain is part of normal development, and this always implies a capacity to derive satisfaction from pain.
4. Alternatively, one may consider that the infant, out of the need to maintain some vestiges of self-esteem in situations of more than ordinary pain, displeasure, failure of reward, and diminished self-esteem, will still attempt to salvage pleasure by equating the familiar with the pleasurable. Survival in infancy undoubtedly depends on retaining some capacity for receiving pleasurable impressions from

the self and object. We may theorize that the infant makes the best adaptation he can—familiar pains may be the best available pleasure.

5. What I am terming narcissistic-masochistic tendencies are compatible with normal development and with loving, although never unambivalent, ties to objects.

6. Where the experience of early narcissistic humiliation is excessive for external or internal reasons, these mechanisms of repair miscarry. The object is perceived as excessively cruel and refusing; the self is perceived as incapable of genuine self-assertion in the pursuit of gratification; the gratifications obtained from disappointment take precedence over genuine but unavailable and unfamiliar libidinal, assertive, or ego-functional satisfactions. Being disappointed, or refused, becomes the *preferred* mode of narcissistic assertion to the extent that narcissistic and masochistic distortions dominate the character. Nietzsche, quoted by Hartmann and Loewenstein (1962), said, "He who despises himself, nevertheless esteems himself thereby as despisor" (p. 59). One can always omnipotently guarantee rejection—love is much chancier. If one can securely enjoy disappointment, it is no longer possible to be disappointed. To the extent that narcissistic-masochistic defenses are used, the aim is not a fantasied reunion with a loving and caring mother; rather it is fantasied control over a cruel and damaging mother. Original sources of gratification have been degraded, and gratification is secondarily derived from the special sense of suffering.

7. It seems clear that the pleasure sought is not genital-sexual in origin, is preoedipal, and is the satisfaction and pride of a more satisfying self-representation, a pleasure in an ego function, the regulation of self-esteem. Psychic masochism is not a derivative of perversion masochism, although the two are often related. Exhibitionistic drives, pleasures of self-pity, and many other gratifications play a role secondarily.

8. Inevitably, when narcissistic-masochistic pathology predominates, superego distortions also occur. The excessive harshness of the superego is, in my view, a feature of all narcissistic and masochistic pathology and often dominates the *clinical* picture.

9. In any particular instance, the presenting clinical picture may seem more narcissistic or more masochistic. The surface may be full of charm, preening, dazzling accomplishment, or ambition. Or the surface may present obvious depression, invitations to humiliation, and feelings of failure. However, only a short period of analysis will reveal that both types share the sense of deadened capacity to feel, muted pleasure, a hypersensitive self-esteem alternating between

grandiosity and humiliation, an inability to sustain or derive satisfaction from their relationships or their work, a constant sense of envy, an unshakable conviction of being wronged and deprived by those who are supposed to care for them, and an infinite capacity for provocation.

Trilling (1963), in his brilliant essay "The Fate of Pleasure," based on Freud's "Beyond the Pleasure Principle," spoke of the change in cultural attitude from the time of Wordsworth, who wrote of "the grand elementary principle of pleasure," which he said constituted "the named and native dignity of man," and which was "the principle by which man knows and feels, and lives, and moves." Trilling referred to a

change in quantity. It has always been true of some men that to pleasure they have preferred unpleasure. They imposed upon themselves difficult and painful tasks, they committed themselves to strange "unnatural" modes of life, they sought after stressing emotions, in order to know psychic energies which are not to be summoned up in felicity. These psychic energies, even when they are experienced in self-destruction, are a means of self-definition and self-affirmation. As such, they have a social reference—the election of unpleasure, however isolated and private the act may be, must refer to society if only because the choice denies the valuation which society in general puts upon pleasure; of course it often receives social approbation of the highest degree, even if at a remove of time: it is the choice of the hero, the saint and martyr, and, in some cultures, the artist. The quantitative change which we have to take account of is: what was once a mode of experience of a few has now become an ideal of experience of many. For reasons which, at least here, must defy speculation, the ideal of pleasure has exhausted itself, almost as if it had been actually realized and had issued in satiety and ennui. In its place or, at least, beside it, there is developing—conceivably at the behest of literature!—an ideal of the experience of those psychic energies which are linked with unpleasure and which are directed towards self-definition and self-affirmation" [p. 85].

The model for Trilling here is Dostoevsky's "Underground Man," the provocateur without peer. One could add Melville's "Bartleby" as the other pole of the masochistic-narcissistic character who dominates through his seeming passivity. I believe that Trilling was, with his usual extraordinary perspicacity, describing at the level of culture the same shift we have experienced in psychoanalysis at the level of clinical practice. This new type that he described was the same new type with which psychoanalysis has been struggling now for years,

the so-called narcissistic-masochistic character. Trilling clearly perceived that this character type struggles to achieve self-definition through the experience of unpleasure. When this occurs within socially acceptable limits we have 'normal' narcissistic-masochistic character development. The narcissistic-masochistic character as a pathological type, of varying severity, is marked by the preferential pursuit of suffering and rejection with little positive achievement. Every quantitative gradation occurs between normal and severely pathological or borderline. The mildly neurotic "plays" with self-torture, while the borderline or psychotic may cause irreparable self-damage.

CLINICAL EXAMPLES

I would like now to illustrate this thesis with a clinical vignette and a condensed account of an analysis. Once again, I emphasize that I will not in this brief presentation elaborate a great many significant elements but will focus on a few of these relevant to the view I am suggesting.

Clinical Vignette 1

Miss A., a 26-year-old student, entered treatment with complaints of chronic anxiety and depression, feelings of social isolation, and a series of unfortunate relationships with men. She was the younger by three years of two sisters, who were the children of an aloof, taciturn, successful businessman father and a mother who was widely admired for her beauty and who devoted herself almost full time to the preservation of her beauty. Miss A. recalled having had in childhood severe temper tantrums that would intimidate the family, but in between tantrums she was an obedient child and an excellent student. Although she always felt cold and distant in her relationships, she recalled that almost up to puberty she had continued to make a huge fuss whenever the parents were going out for an evening. She couldn't bear their leaving her alone. When she began to date at age 14, this middle class Jewish girl chose lower class black boys for her companions and insisted on bringing them home to meet her parents. As a consequence, she and the father fought and literally did not speak to each other from that time until the father died when she was 16. By the time that she entered treatment, she had repeated several times the following pattern with men: she would become intensely involved with a man who she knew from the start was unsuitable. He

might be married, or someone who was intellectually her inferior, or someone she really didn't like. From the beginning of the relationship, she would be aware that this could not last. She would project this feeling and become intensely angry at the man because he, in her view, was unreliable and threatened to leave her. She would in her fury become increasingly provocative, finally bringing about the separation she both desired and feared. She would then become depressed and feel abandoned.

The repetition of this pattern was a major element in the transference. She was never late for an appointment, paid her bills on time, tried hard to be a "good patient," although she found it difficult to talk. She was convinced that I eagerly awaited the end of every session, the break for the weekend, or the start of a holiday because I was delighted to be rid of her, and she felt that she could not survive without me. (She had dreams of floating in space, isolated, and dreams of accidents.) On the surface, her idealization of me was complete, but dreams and other data revealed the anger and devaluation which permeated that seeming idealization. Idealization in the transference is, in fact, never in the adult pure idealization but is always merged with the hidden rage that the child experienced in the course of separation-individuation. She would never allow herself to take a holiday or miss an appointment, obviously to maintain the clear record that I was the one who did all the abandoning. This was analyzed at length. Midway in the analysis, in the spring of the year, she planned her summer holiday before knowing precisely what my holiday dates would be. We discussed her plan at length, and for the first time she felt confident and pleased about being able to go away on a self-initiated separation. Several weeks later, I mentioned in the course of a session that the vacation dates had worked out well because in fact my holiday would coincide with hers. She immediately was enraged and self-pitying that I would go away and leave her, and it became utterly unimportant that she had previously made her own arrangements to go away. Several things became apparent in the analysis of this episode.

1. A major portion of her self-esteem and self-knowledge consisted of her representation to herself of herself as an innocent abandoned martyr.

2. She felt a comfortable familiarity and control of her intimate objects only in the context of her ability to create a feeling of abandonment or to provoke an actual abandonment by the object. This was at its basic level preoedipal in nature and clearly reflected her sense of being uncared for by her narcissistic mother.

3. Additionally, this constellation represented the repetition of

oedipal issues, and in the transference she was also reliving aspects of her oedipal relationship to her father. All preoedipal constellations have another reworking during the oedipal phase, but that latter does not constitute all the recoverable content of the genetic constellation.

4. The intolerable frustration of the original infantile demands for love and union had led to narcissistic-masochistic defenses. What she *now* sought in her relationships, disguised as an insatiable demand for attention, was the repetition of the painful abandonment, but with the hidden gratification of narcissistic control and masochistic satisfaction. The demand for love had been given up in favor of the pleasure of rejection.

This is the paradigmatic sequence for narcissistic-masochistic pathology.

Clinical Vignette 2

A 40-year-old, successful corporate executive entered analysis because he had plunged into a deep depression following an accusation of minor wrongdoing in some financial maneuvers. In fact he was innocent of the charge, which had arisen out of an equally innocent error of one of his assistants. He had been officially cleared of any taint, and the whole matter was minor to begin with. However, this was one in a lifelong series of actually, or potentially, self-damaging provocations in important situations, which were further characterized by his inappropriate failure to defend himself with sufficient vigor in the face of the attack that followed his provocation. These incidents had regularly been followed by feelings of depression and self-pity, but this time the feelings were severe. He could not rid himself of the feelings that he had shamefully exposed himself to his colleagues, that his entire career would collapse, and that he would turn out to be a laughingstock with fraudulent pretensions to greatness. The presenting symptom thus combined masochistic, provocative self-damage, and self-pity with a sense of narcissistic collapse. I will present only a few relevant aspects of the history and treatment course. I will deliberately neglect much of the oedipal material that arose during the course of the analysis and that was interpreted; instead I will concentrate on earlier aspects of development. This will be a sketch, and many significant issues will not be elaborated.

He was the youngest of three children, the only boy and, as he acknowledged only later, the favorite child. He viewed his own childhood with great bitterness. He felt he had received nothing of value from his parents and that they had played no positive role in his

life. He regarded himself as a Phoenix—born out of himself, his own father and mother. These feelings of bitter deprivation—nobody ever gave me anything—had formed a masochistic current throughout his life. His mother had been a powerfully narcissistic woman, who saw in her son the opportunity for realizing her ambitions for wealth and status, cravings she unceasingly berated the father for not satisfying. The patient recalled little affection from his mother and felt she had used him only for her own satisfaction and as an ally against his weak, passive father. His father had been a modest success until the depression hit, when the patient was four, and both he and his business collapsed, never to recover. This probably provided a serious blow to whatever attempts at idealization may have been underway. The parents fought constantly, mother reminding father daily of his failure, and the boy remembered great anxiety that they would separate and he would be abandoned.

The sharp edge of his depression lifted shortly after analysis began, revealing a level of chronic depression and a character of endless injustice collecting and self-pity, covered by a socially successful facade of charm and joviality. He felt that although many people regarded him as a friend and sought him out, he had no friends and felt no warmth toward anyone. Perhaps he loved his wife and children, but he arranged his work schedule so that he would never have to be near them for any length of time. He felt isolated and lived with a constant dread that some disaster would befall him. The incident that precipitated his depression bothered him partly because he felt he was being hauled down by something trivial rather than by an episode fittingly grandiose. He battled endlessly with his associates in business, making wildly unreasonable demands and feeling unjustly treated when they were not yielded to. At the same time, he maintained a killing work pace and never asked for the readily available help that might have reduced his work load. He had a mechanically adequate sex life with his wife and fantasied endlessly about the beautiful women he wanted to sleep with. In fact, he was convinced that he would be impotent with anyone except his wife, and he never dared to attempt an affair.

Early in the treatment, he expressed two major concerns with regard to me. First, that it was my goal to make him "like everyone else." "I couldn't bear to live if I thought I was like everyone else. I'd rather be bad or dead than not be a somebody. Before I give up the feeling of awful things happening to me, I want to be sure I won't be giving up my sense of being special." Second, he was convinced that I had no interest in him, that I saw him only because I wanted the fee.

That suited him fine because he had no interest in me, but it worried him that I might not need the fee badly enough so that he could count on my availability for as long as he might want me. Interestingly, convinced then that I only saw him for the money, he was regularly late in paying his bills and would worry about the consequences but not mention it himself. When I would bring up his tardiness, he would feel a combination of terror that I was now going to be angry with him and throw him out and fury that I had the nerve to dun him for money, when everyone knew he was an honest man. Quickly, then, the transference, like his life, developed a variety of narcissistic and masochistic themes.

The early transference combined both idealizing and mirror forms. These narcissistic transferences are, in my view, always equally masochistic, since they are regularly suffused with rage and the expectation of disappointment. The idealization often is the façade for constructing larger, later disappointments. As adults, narcissistic-masochistic characters no longer have genuine expectations of their grandiose fantasies being met. Rather, grandiose fantasies are the occasion for re-enactment of unconsciously gratifying disappointments. The seeming insatiability of so many of these patients is not due to excessive need; instead, it represents their raising the demand for love, time, attention, or whatever to the level necessary to be sure it cannot be met. This man, for example, seemed to look forward to sessions, was friendly, felt that my most obvious remarks were brilliant, seemed happy to attribute to me all of the intelligent ideas that he had in the analysis. The other side of this coin, however, was his angry conviction that I used my intelligence totally in my own behalf and had no interest in helping him. He felt that all the work in analysis was being done by himself. A typical dream was of him and a guide scaling a high mountain, making remarkable progress but never speaking, and with him in the lead. In discussing this dream, he said, "All you do here is nudge me along. Why don't you help me more? The work is all mine. I can't bear the thought that anyone else has a part in anything I do." Fantasies of this sort have the double purpose of maintaining a grandiose, omnipotent image of himself and of maintaining an image of the totally refusing mother. The narcissistic portion of the fantasy requires the masochistic portion. "I give myself everything; my mother gives me nothing." A sense of grandiosity and a sense of self-pitying deprivation paradoxically are sides of the same coin, and neither can exist without the other. The narcissistic grandiose self as seen in the adult can never be the original germ of narcissism but is always tempered by the experiences of frustration, which then become part and parcel of the narcissistic

fantasy. "I am a great person because I overcome the malice of my refusing mother."

At a later stage of treatment, when I insistently brought up the issue of his feelings about me, he reacted fiercely, saying, "This is a process, not a human relationship. You are not here. You are not. There is just a disembodied voice sitting behind me." As I persisted and discussed how difficult it was for him to acknowledge that he received something from me and felt something for me, he reported, "I feel creepy. I have a physical reaction to this discussion." He was experiencing mild depersonalization, related to the disturbance of self and narcissistic stability, which resulted from the revival of remnants of the repressed affectionate bond toward his mother. The acknowledgment of this bond immediately induced feelings of terrifying weakness, of being passively at the mercy of a malicious giant. On the other hand, this masochistic, passive, victimized relationship to a maliciously perceived mother was an unconscious source of narcissistic gratification (I never yield to her) and masochistic gratification (I enjoy suffering at the hands of a monster). One could see much of this man's life as an attempt at narcissistic denial of underlying, passive masochistic wishes.

As further memories of affectionate interactions with his mother were recovered, he began to weep, was depressed, and dreamed that I was pulling a big black thing out of the middle of him, a cancer that wouldn't come out but that would kill him if it did come out. The analysis, which had been pleasant for him before, now became extremely painful, and he insisted that I was deliberately humiliating him by forcing him to reveal his stupidity, because I knew the answers to all the questions that I was raising with him and he did not. I enjoyed making a helpless fool out of him. He dreamed he was in a psychiatrist's office in Brooklyn, which for him was a term of derogation, and receiving a special form of treatment. "I was hypnotized and totally helpless. People are ridiculing me, screaming guffaws like a fun house. Then I run down a hill through a big garage antique shop." In another dream at this time he was driving a huge shiny antique 1928 Cadillac in perfect condition. "As I am driving, the steering wheel comes apart, the right half of it comes off in my hand, then the big black shiny hood is gone, then the radiator cap is gone." He was born in 1928. At this time he also developed a transitory symptom of retarded ejaculation, which was a form of actively withholding the milk he insisted was being withheld from him.

The revival of repressed positive ties to his mother threatened his major masochistic and narcissistic characterological defenses. His entire sense of being exceptional depended on his pride in having

suffered unusual deprivation at the hands of mother, and his entire experience of being loved and favored by his mother had been perceived by him as a threat of passive submission to a superior malicious force. He perceived this turn in the treatment as endangering his life of narcissistic and masochistic satisfactions and exposing him to the hazards of intimacy, mutual dependence, and a genuine recognition of the extent of his unconsciously sought-for bittersweet pleasure in self-damage and self-deprivation. The increasing recognition of a bond to me was accompanied by an exacerbation of the fantasy that I was the all-powerful, withholding mother and he was the victimized child. Lowenstein (1957) has remarked, "Masochism is the weapon of the weak—of every child—faced with the danger of human aggression." I would only emphasize that, indeed, every child, in his own perception, faces the danger of human aggression.

At this stage in treatment his injustice collecting surged to new refinements. Frequent requests for appointment changes, complicated dreams to which I did not have magical, brilliant interpretations, the fact that he was not already cured, my insistence that sessions had to be paid for—all of these were proof of my malicious withholding and of his innocent victimization. The injustice collecting, partly a result of fragile and fragmented self- and object representation, is also a guilt relieving, rage empowering, reinforcement of masochistic, and narcissistic defenses. These patients are indeed singled out for mistreatment by especially powerful figures to whom they have a special painful attachment.

After a great deal of working through, two incidents occurred that signaled a change in the transference. The first was that I had made an error in noting the date of an appointment he had cancelled. Instead of his usual reaction of outrage and indignation, he sat bolt upright on the couch, looking at me as if this were the first mistake I had ever made and said, "You mean, you make mistakes too?" The second incident occurred a few weeks later. After a particularly resistant session, I said, "I wish we could better understand your relationship to your mother." He was again startled and said, "You mean you really don't know the answer?" I assured him that I did not and that we would have to work it out together. He now began to acknowledge my reality as a human being, fallible and yet concerned for his welfare. Increasingly from this point the case tended to resemble that of a classical neurosis, although with many, many detours to deep masochistic and narcissistic issues.

One could further discuss the nature of the Oedipus complex in this type of patient, from this point of view, but that is beyond the scope of this paper.

SUMMARY

I have attempted in this chapter to suggest, on the basis of genetic hypotheses and clinical data, that the themes of narcissism and masochism, crucial in all human psychic development, achieve their particular individual character at preoedipal stages of development. Furthermore, narcissistic tendencies and masochistic defenses are intimately and inevitably interwoven in the course of development; so interwoven, in fact, that I further suggest that the narcissistic character and the masochistic character are one and the same. I think the vast literature on these entities may become more coherent when considered from the point of view of a single nosological entity—the narcissistic-masochistic character.

In any particular person either the narcissistic or masochistic qualities may be more apparent in the lifestyle, as a result of internal and external contingencies that may be traced and clarified in the course of an analysis. A closer examination, however, will reveal the structural unity and mutual support of the two characterologic modes, despite the surface distinctions. Neither can exist without the other. Interpreting masochistic behavior produces narcissistic mortification, and interpreting narcissistic defenses produces feelings of masochistic victimization, self-pity, and humiliation.

The analysis of the narcissistic-masochistic character is always a difficult task. I hope that our changing frame of reference and the beginning elucidation of the genetic and clinical unity of the seemingly disparate pathologies may help to make our efforts more consistent, coherent, and successful.

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8 / Masochism and the Repetition Compulsion

John E. Gedo

IN RECENT YEARS, psychoanalysts have devoted much thought to the question of *how* analysis cures (e.g., Kohut, 1984), without paying similar attention to the more basic problem of *what* exactly needs to be cured through psychological measures. More than 60 years have passed since Ferenczi (Ferenczi and Rank, 1924) proclaimed that the analysis of both symptoms and "complexes" had been superseded by a technique giving equal weight to all aspects of the personality, but our nosology has not kept pace with advances in other areas of psychoanalytic theory. To be sure, those who undergo analytic treatment are self-selected individuals seeking to improve their adaptation—by obtaining profit or pleasure, if you will, or through the avoidance of pain or loss. Hence, for the practitioner, diagnostic considerations seem to have little pragmatic significance and have generally been subordinated to concerns about analyzability (e.g., Erle, 1979; Erle and Goldberg, 1979, 1984).

A basic postulate of psychoanalytic psychology is that of exceptionless psychological determinism (Freud, 1901); from this it follows that avoidable pain or loss comes about only through the operation of preexisting mental dispositions. In other words, in a fundamental sense, any maladaptation is "masochistic." It may be pertinent to note in this connection that in his late work, beginning with "Beyond the Pleasure Principle" (1920), Freud assumed the operation of a permanent force he called "primary masochism." Although he defined this term narrowly as the operation of entropy, in a clinical context it is understood as a self-damaging "drive" that prevents the attainment of pleasure aims. Although recently theoreticians have seldom classified masochism as a drive, Freud's concept still appears to be useful in focusing on the inevitability of conflict between certain innate dispositions and one's conscious adaptive goals.

In everyday discourse, we tend not to take primary masochism into account; we are more likely to speak of masochism when we encounter repetitive maladaptive behaviors that strike patient and