

MASOCHISM REVISITED:
A Character Defense to Bind Primitive Fear

by

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Krafft-Ebing originated the concept of masochism in 1895 describing it as a sexual perversion in which erotic pleasure was gained through submission to, or the active seeking out of cruel or humiliating behaviors by a beloved other. (1) Since then, the definition of masochism broadened to include chronic and repetitive self-defeating behaviors and character traits that lead to or perpetuate suffering, failure, and humiliation. (2) Close to one hundred years since its first description, authors continue to debate whether the "masochist" truly derives pleasure from pain. (3) A basic modification of personality theory may help lay this question to rest and, more generally, explain the motivation underlying masochistic behavior and other character pathology. It is my intention to show that the purpose of character defenses, in this case the perpetuation of pain, is to supply the developing person a psychic structure to bind primitive formless fears.

Borrowing from the works of previous philosophers, Freud proposed early on that pleasure and unpleasure are the dominant forces motivating human behavior. (4) As his observations of people continued over many years he found himself in the position of trying to understand and explain why infants and children seem to give up the "pleasure principle" in favor of the "reality principle".

In at least two monographs he credited the ego as the responsible agent in effecting the transition. (5, 6) Freud came the closest to explaining the actual basis for the shift in Beyond the Pleasure Principle (1920) when he suggested it was due to "self-preserving instincts of the ego." Paraphrasing Freud in Essays on Ego Psychology, (1964) Heinz Hartmann claimed that, (8)

"If the infant finds himself in a situation of need, and if attempts toward hallucinatory gratification have proved disappointing, he will turn toward reality, and the repetition of such situations will gradually teach him better to know reality and to strive for those real changes." (p. 289)

Such a theory suggests that people naturally and continually strive toward living in ever more realistic ways. Scholastic achievements, awards of recognition, participation in Olympic Games, and countless less well known accomplishments provide evidence that people often do strive to gain mastery over difficult tasks and challenging situations. Still, when one looks at how we human beings typically function in the world it is clear that our tendency still more commonly is the opposite. It is our nature to pursue "pleasure", and "indulgences of the heart" and we give up the tendency to live according to these wishes only when forced by parental and societal influence.

Even if the pursuit of "pleasure" and the avoidance of "unpleasure" are indeed the forces that motivate human behavior, why then would anyone attempt to perpetuate or exaggerate their pain? The pain experienced by "masochists" is very real, sometimes excruciating. Yet living with known but at least familiar pain is, perhaps understandably, more comforting than living with a subjective

sense of profound, faceless, and seemingly endless torture. Rather than assume that people with masochistic tendencies represent an exception to all other human beings in their capacity to derive "pleasure from pain," it is more plausible to assume that the pain they experience is less disturbing than what would otherwise be felt, namely, raw and primitive panic. From this perspective, masochistic traits and all other character traits develop in response to the most profound emotional need: to minimize the experience of fear.

The Basis for Fear as the Dominant Motivator of Human Behavior

A newborn's physiology is mostly developed and in working order at birth. Its character, by contrast, is just beginning to form. In the first year or two, long before an infant has the capacity to speak or think logically, it is already fully capable of experiencing pain and lesser discomforts as well as the precursors of pleasure. The shaping forces of anyone's characteristic ways of being, the roots of character, are the sum of all preverbal experiences. Many of these experiences are objectively distorted and differ from reality, since the capacity to understand does not exist at birth and begins to develop only slowly in the first couple years after birth. The infant's character is, therefore, overwhelmingly shaped merely by what it feels. Its early life experiences are totally unpredictable, not understandable and not even somewhat controllable. Thus, the experiences inevitably create a subjective sense of terror in a manner that Bar-Levav (1988) claims to be typical for everyone's earliest beginnings. (9)

"A vague but powerful sense of impending doom in the face of the unknown that was us and everything about us is every person's first experience after

birth, always completely out of consciousness. Since we exist in that situation before we have any comprehension of anything, including time, it is a timeless experience. It is felt as eternal. The entire experience has absolutely no meaning for us, no direction, no framework, only dread."
(pp. 232-233)

As days and weeks pass the newborn very gradually adapts to its particular environment. The repeated experience of fear also gradually dampens as it emerges out of normal autism. Generally, moments of comforting contact that the infant has with its caretakers, with objects about it, or even with itself temporarily lessen the subjective sense of fear and bring relief. A crying, jumpy baby, therefore, becomes quiet and settles down when picked up and held in firm, calm arms. When by chance it finds the corner of the crib, where it can be touched by surrounding objects such as stuffed animals the infant similarly feels subjectively more secure. With no sense of self yet developed, the infant does not "recognize" its thumb as its "own." Yet, when by chance thumb and mouth meet, powerful and immediate solace is usually provided. Such behavioral events become reinforced. For brief periods even very young infants feel less exposed, more whole, more complete. The tugging, pulling, and rocking of young infants similarly provides the original physiologic "knowledge" that contact brings safety. These are the first means of coupling with oneself. Either such "self-coupling" (9) or coupling with other people or things provides infants with the earliest experiences of "pleasure" and largely determines what adults eventually know to be pleasurable.

As infants and young children grow and become increasingly aware of externality, they surrender some of the tendency towards living in a self-coupled state. This occurs because details of external reality that are incorporated lessen the dread of powerlessness and nothingness. It also occurs because reality intrudes and is forced upon them daily. They simply cannot remain autistic when reality or parental interventions dictate otherwise. Still, an infant can more easily and more quickly summon its own thumb (and other body parts), as well as its ruminative thoughts and feelings, than it can summon its Mother. When the mothering person is not immediately available at moments of panic, at least a delusional association with her is. These are very common, developmentally advanced forms of self-coupling that reliably lessen fear and provide solace.

The "masochist" uses hurt in this way. Some authors have suggested, for example, that masochists associate pain with mothering, (10, 11, 12, 13) such that pain itself functions like a transitional object. This may result from a tendency by Mother to respond most quickly or reliably to her child when it is in pain, or because Mother was experienced as either pain inducing or as neglectfully cruel. In each of these scenarios, maintenance and the summoning of pain preserves an affectual connection to the internalized part-object. Such basic character expectations determine the transference shadings projected onto therapists. From a broader treatment perspective, however, it is imperative to realize that for "masochists" the experience of being hurt or in pain is a way of maintaining a self-coupled and essentially autistic-like state.

The more mature, consistent and competent Mother is, the more an infant eventually trusts itself into her care, and the greater is its tendency to reach towards her and later, towards all other humans. The less nurturing, reassuring

and satisfying Mother is, the more an infant remains with itself or pulls back into itself finding self-coupled means of providing "comfort". As the infant develops, these typical ways of living form the skeletal structure of its character. Once established, such a structure is generally fixed for life since the structure itself reduces or minimizes the experience of fear. In a sense, character structures supply the holding and the contact originally furnished by Mother and by her surrogates. Acting "unmasochistically" in a manner that is "out of character", would therefore, at first be experienced as being unheld, abandoned, and is certain to raise anxiety.

Psychotherapeutic attempts to help patients replace pain and hurt with the solace of healthy human contact therefore require a careful balance of two factors: (1) The use of pressure to intrude between the patient and his or her pathologic adaptation, and (2) sensitive timing and careful titration of such interventions to minimize the likelihood that the patient rejects such intrusion as hostile.

Therapeutic work with Barbara illustrates these points. She had been in combined individual and group therapy for three years. Like most people, she dreaded being placed in a group particularly at a point when she had become increasingly withdrawn and isolated in her life. When she began this course of treatment she had become estranged from some family members, childhood friends, neighbors and work associates. She had hysterical tendencies and viewed herself often as a victim. These tendencies were consistent with a reconstructed picture of her mother as being relatively blind to her emotional needs and seeming to need exaggerated affectual information to recognize Barbara's feelings.

Barbara's father was somewhat warmer and more engaged with her, but despite his tough exterior, he was essentially weak and ineffectual in helping her

face the challenges of reality. Consequently, Barbara's narcissism was rarely contested when she was a child and she typically withdrew into herself with hurt and indignation when events occurred that were not to her liking. Not surprisingly, this also was her typical tendency during her first couple of years in the group therapy setting. When directly challenged about anything, Barbara's face would contort as she quickly closed her eyes or looked away and withdrew. Attempts to reverse her withdrawal touched an underlying panic and rage which further distorted her features. Firmly and steadily her therapists redirected her focus away from her feelings and outward to the people and reality about her.

Barbara rarely spoke spontaneously in group although she teared frequently in response to others' words. On one occasion when she appeared eager to speak, a therapist approached her lending her a hand to do so.

Therapist Barbara, you look eager to speak.

Barbara I am. I've wanted to talk to Sam for awhile now 'cause he hurt me.

Therapist O.K., talk to him.

Barbara(Looking at Sam with her head cocked slightly away from him) You are always saying hurtful things so I don't want anything to do with you...(Barbara pauses and looks away.)

Therapist (Attempting to redirect Barbara back to Sam) What did he say to you? What did you hear? (Gently) Look at him, Barbara.

Barbara He said something many... (She looks away and down)

Therapist Barbara, talk to him.

Barbara (Barbara raises her head and tentatively begins to speak directly to Sam) Many group sessions ago when I was just starting therapy and had a lot of trouble talking, you were so insensitive and critical (she becomes tearful, looks down and then away as the pace of her

speech picks up) and you're like that all the time and so now I have this block against you even if sometimes...

Therapist (Noticing that Barbara again "lost sight" of Sam as he was, rather than as she felt him to be, the therapist says evenly) Barbara, do you see him? See, that's Sam. He told us he's going to Brazil tomorrow. He just talked about the plane trip. Do you see him? He's a real person.

Barbara (pause). Yes.

Therapist (Gently) Really? Do you really see him?

Barbara Yes, sort of. (She pauses, shifts in her chair and looks at the therapist)

Therapist No, then you don't see. Look at him. (Barbara looks again towards Sam, takes a deep breath as if to reorient herself to the reality of the moment and focuses on Sam.) Do you like him?

Barbara (She pauses, looks straight at Sam and with even paced speech continues.) I don't wish you anything bad, but I don't like you.

Therapist (To Barbara) Take another breath.

Note: Sam is visibly engaged with Barbara and appears somewhat hurt.

Therapist (To Sam) What do you feel?

Sam (Sam begins to speak in a slow, steady pace keeping good eye contact with the therapist.) I know I'm afraid. I want to defend myself even though I know I don't really need to. I'm glad I'm not letting my anger get the better of me, and can consider what she said about me. (pause) I'm trying to remind myself that Barbara said what she did because it was important for her. And yet I'm trying also to look at what she said about me. (Sensitive to his difficulty in being fully objective and thoughtful when still feeling hurt, Sam pauses and takes a deep breath.) Actually, I don't think I can do that right now but I know I'm not dismissing what she said. (He turns his head and looks directly at Barbara). Mostly, I

guess I'm happy that this time you are talking to me so directly. I know you're being straight with me. (pause) Sam. Tell her why.

Sam Why? Because we are in the same group room and share a lot of time and life here together every week. 'Cause we sort of live here together, and even though it's not very pleasant to hear what you said, it's much better than your dismissal of me.

Therapist(To Barbara). What's your reaction?

Note: The tension so noticeable in Barbara's face when she is under the sway of strong feelings, particularly hurt, is now absent.

Barbara (Long pause). I guess I'm sad. I don't like the monotone in his voice but I do like what he's saying. I can see that I'm at a point in therapy and in my life where I can't seem to easily forgive people who hurt me and I don't want to have anything to do with them. (Barbara turns to Sam and now comfortably speaks directly to him) I can also see you're not always the way I've felt about you.

In a manner that was characteristic for her, Barbara spoke in Sam's presence without being truly engaged with him. Instead, she started out ruminatively self-involved with her narrow image of him as a "hurter." The therapist made six interventions in an effort to redirect Barbara to Sam, a man who may have been impatient with her at some point in the past but who had also demonstrated an obvious caring interest in her over time and in the present. She had grown increasingly isolated in her real life because she generally did not dare step back from her distorted vision of friends and family members whom she felt had also "hurt" her. She typically continued to evaluate the reality of their involvement with her on the basis of past hurt. She remained self-coupled with her hurt which grew greater daily as her real life contacts dwindled. Barbara naturally resisted efforts to push her hurt aside and did so only with the continued support, intrusion, and steadying pressure of the therapist.

In contrast to Barbara who tended to view others as responsible for hurting her, Tim also experienced relationships as hurtful but tended instead to blame himself. Indeed, because he so readily reacted according to his life-long pattern of blaming himself for what others said and "did" to him, he effectively alienated himself from others. Those involved with him would often tire of his preoccupation with self-effacement, and distance themselves from him. This generally reinforced his self-image as being one who is unliked, defective or unwanted. Though he often was quite helpful and giving to others, this pathologic spiral left him emotionally and actually isolated.

He nonetheless opposed attempts to help him reverse this pattern, experiencing such efforts as threatening and embarrassing. Again sensitively applied pressure was needed for him to go beyond his hurt.

One such instance occurred when a group member of Tim's spoke of her upcoming marriage and addressed Tim directly.

Karen Tim, I was thinking about who I most wanted at my wedding from this group and I thought of you. I don't know how to say it exactly, but I feel especially close to you. (Karen pauses as the hint of a shy, slightly embarrassed smile crosses her face) Beyond the fact that we have the same profession and bump into each other outside of therapy sometimes, I feel a special kinship with you. You've been helpful to me here often and I'm...I'm thankful for our relationship. I know I want you at my wedding.

Tim (In a manner that sounds reflective and thoughtful, despite some fidgeting, Tim speaks directly to Karen) I...I know I may just be paranoid, but I can't help but feel that you only invite me because you found my advice to you useful when we've met in court occasionally.

Note: Karen appears surprised and mildly hurt and Tim's shoulders begin to curl over slightly as his face tightens and his eyes seem to lose contact with Karen.

Tim... I just find it hard to believe that the invitation is genuine even though it may be. I've been told, and can see how self-centered I get in this group. (A self-pitying, hurt tone becomes more evident in his speech) I don't see myself as very involved with people here and it's embarrassing to me...(now sounding hurt and emotionally withdrawn from Karen, he continues) ...maybe it's just paranoia. I hope you mean it.

Karen (Karen looks bewildered, more hurt, and somewhat at a loss for words) Well, I do mean it.

Therapist (Tim is sitting with a characteristic sullen posture. In an effort first to help him alter his physical stance, the therapist gestures towards Tim in a friendly manner.) Come forward a bit in your chair. (Tim slides forward in his chair and immediately folds his arms and stiffens. (Recognizing Tim's physical tightening, the therapist says gently) Tim, you are not under attack. Take a look around. (Tim unfolds his arms, looks around and takes a breath as his posture softens) I suspect you didn't mean to push Karen away from you? True?

TimHuh? No, I just was responding to her references to the contact we had at court...

TherapistTim, take another breath. I think you're very anxious at the moment. (Pause)

Tim(With pressure still in his voice) ...I don't blame her. She was trying to be considerate...

TherapistTim, I suggest you stop. (pause) Take a look at Karen. (Pause) What did she say to you?

Tim (Tim looks at the therapist then at Karen. He pauses and more slowly continues.) She said that she thought about having me at her wedding because we share the same profession and I've been helpful to her. (Tim pauses and his face now begins to appear pained)

TherapistAnything else?

TimI'm embarrassed. I must have missed the boat again.

Therapist (The therapist quickly interjects aware of Tim's tendency to be self-deprecating and in doing so to lose contact with others) Careful, Tim. Keep your eyes with her. If you like, ask her what she said.

Tim(Still somewhat embarrassed but his voice soft) What did you say, Karen?

Karen(With a calm, slightly sad voice, Karen responds) I said that beyond the fact that we share professions, you've been open with me in here, that I'm thankful for our relationship and well, basically, that you're important to me and that's why I want you at my wedding.

Tim(Tim's eyes soften and become moist as he speaks to Karen) It's very sad how I miss these things. I'm embarrassed...and touched. (Long pause as several tears run down Tim's face) I know I would love to be at your wedding.

Frightened by Karen's open, loving contact with him, Tim retreated to the "safety" of a hurt position. Living like a victim -- unwanted, neglected and unloved was more familiar to him and represented a central feature of his character. Though he was genuinely saddened on this occasion for having missed the love in Karen's words, like countless times before he initially resisted efforts to help him make contact with others. In trying to undo his characteristic way of being, it was paramount to both hold Tim firmly in the process with Karen as well as help him observe and reflect upon the uncharacteristic exchange with her. On this occasion he did not remain "coupled" with his hurt even as his anxiety flared.

What both Barbara and Tim lacked was the ability to routinely take in and integrate the solace of real human contact which was often far more available to them than they were able to appreciate. Each in his or her own way

frequently avoided genuine involvement with others by preoccupying themselves, that is coupling, with their initial feeling reaction. Both had subjectively learned long before that Mother was less reliable than what emanated from within them and they "trusted" their feelings above the reality around them.

Giving up the self-image of being a "victim" or an "undesirable" is a complex matter. Patients sometimes seem to hold onto their self-image tenaciously even when they show the capacity to leave it behind. Nonetheless, as such corrective experiences are repeated over time, an attendant shift in Barbara's and Tim's self images is likely to also occur. Since the self-image is a reflection of how one feels about oneself, the repeated challenge to these archaic feelings slowly causes them to yield leading to a readjustment in how each actually sees his and her "self".

Summary

In contrast to the classical definition, the "masochist" is best understood not as deriving "pleasure from pain" but rather as employing an extreme measure, the perpetuation of pain, to lessen the experience of horrible, preverbal fear. Fear is the dominant motivator of human behavior and a myriad of unique means are used by individuals to effectively dampen the experience of it. The newborn achieves this through moments of contact with objects, with others and even with parts of itself not yet "recognized" as its own. As these typical ways of lessening fear are repeated over time in early psychic development, they form the skeletal structure of one's character. Since character structures ultimately supply the contact and holding originally furnished by Mother and her surrogates, patients resist efforts to help them change even damaging character adaptations such as the summoning and perpetuation of pain. As shown in the two clinical vignettes, therapists must firmly and sensitively intrude between patients and their pathologic adaptations to effect character change and allow for a working through of the earliest preverbal fears.

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Abstract

Character defenses, in general, and a masochist's perpetuation of pain, in particular, are described as supplying developing infants a psychic structure to bind primitive fears. Psychotherapeutic work that endeavors to change this pathological adaptation, therefore, must sensitively intrude into the masochist's system of "coupling" with pain. Clinical examples illustrate these concepts.