Masochism: A Bridge to the Other Side of Abuse (revised)

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While masochism can be defined simply in behavioural terms, as the tendency to be abused, hurt, or humiliated by oneself or others, it has often been defined solely in ascribed motivational terms: The person enjoys suffering or pain and therefore invites or pursues it. The term “masochism” was coined in the early 1900s by Dr Richard von Krafft-Ebing who defined it as “the wish to suffer pain and be subjected to force” (Caplan, 1985, p. 19; my italics). Later, underscoring the importance of unconscious motivation, Freud (1919e, 1924c) furthered the idea of a wish for, as well as pleasure in, pain, relating it to a sexualised wish to be beaten. In later papers, he continued this emphasis, but added erotogenic masochism (erotic pleasure in pain), feminine masochism (women are by nature masochistic), and moral masochism (superego related). Some subsequent mental health literature expanded the scope of hypothesised origins of the syndrome. This literature departed from the earlier emphasis upon the imputed erotogenic, feminine, and 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, the use of the term in the literature, for the most part, did not substantially deviate from the basic premise of pleasure in pain. Following this premise, the term became so over-inclusive that the observer’s assumption that an unfortunate circumstance was wished for and therefore self-induced could be used to categorise the person as “masochistic” (Maleson, 1984). This left a formidable potential for diagnostic misuse and abuse. For instance, diagnosing people who have experienced domestic violence as masochistic not only suggests that they brought the violence upon themselves, but that abusers are not responsible for their behaviour.

Let’s not throw out the baby with the bath water

This motivational aspect of the diagnosis, the idea that the person enjoys or wants suffering or pain, has too often led to harmful victim-blaming, as well as to narcissistically injurious and un-empathic interpretations by clinicians. For example, too many patients who have reported to their therapists experiences of
being abused or massively humiliated in relationships, have been told that they must have wanted to be treated in this manner—that they were masochistic. Granted, the repetitive, driven quality of much of behaviour of many such people may lend itself to observers' interpretations that the abuse is desired, invited, even pursued. However, to say that a person wants to be abused on the basis that it occurs begs the question. In approximately the past twenty-five years this potentially damaging theoretical bias has been exposed, and the term fell into disrepute. (In DSM-III-R the term, masochism, was changed to Self-Defeating Personality Disorder; and this new diagnostic term was placed in the appendix. Both terms were removed from DSM-IV and were no longer included in DSM-IV-R (APA, 1987, 1994).) This solution, however, throws out the baby with the bath water, leaving a large and important realm of problems in living unrecognised and underemphasised. Perhaps other possible explanations for this particular problem in living could not be explored because the term, masochism, had become so politically charged. Yet the behaviour that fits the term is not infrequent; it deserves an explanation; and the people who people who protect themselves through what might be termed "masochistic behaviour" and who seek psychotherapy should be offered appropriate psychotherapeutic intervention.

Who is responsible for the harm?

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 labelled "masochistic"? The label has often been used to blame the victim, and this can then leave unaddressed the responsibility of the perpetrator. Obviously, the perpetrator is responsible for the harm done. To paraphrase Camille Paglia, (1992, p. 52) if I drive to New York City, leave my keys on top of my car and my car is stolen, I will certainly prosecute for theft; but I probably could have saved myself the trouble if I had locked the car and taken the keys with me. This aspect of victimhood, of leaving oneself unprotected, of trusting others to behave well in circumstances where this cannot be rationally expected, needs to be explained (without exonerating the perpetrator), and the topic of this aspect of victimhood is what has been called masochism. This paper offers an attachment and dissociation-based perspective on masochism. Understanding this aspect of victimhood in terms of dissociation eliminates the victim-blaming.

Masochism is post-traumatic and dissociation-based

Why do some people who have been abused stay with their abusers, when many other people would run the other way? What is it in their past, or even near present, experiences that would compel them to stay? (Here I am addressing only emotional, not economic reasons.)

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One theme of some recent theoretical approaches (Benjamin, 1988; Kafka, Weber, & Howell, 1988; Menaker, 1979) is that the person is not seeking pain or punishment per se but tolerates it in the context of something else that is desired. For instance, attachment need may take priority over the avoidance of pain. However, as will be elaborated later in this paper, even a desire for attachment, would in itself be insufficient to sustain the quantity and intensity of abuse that is often sustained, for the pain would be intolerable and priorities would be reordered.

In my view, it is the dissociation of self-states containing unbearable experience that makes the abuse tolerable and that, together with attachment need, drives the masochistic solution. These dissociative mechanisms include depersonalisation, derealisation, amnesia, identity confusion and alteration, and isolation of affect.

**Attachment, attachment patterns, and masochism**

Bowlby presented evidence (1969, 1984) that the human infant is hard-wired for attachment in the service of survival. According to this theory, the need for proximity to an attachment figure is adaptive because it provides protection to the infant against predators, as well as providing regulation of states of fear. Bowlby emphasised the significance that separation carries for humans as a signal of increased risk (1988, p. 30). 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 fear and attachment, which are both necessary for survival, are contradictory. Threat, even from the attachment figure increases the need for protection, even if, in a way that seems paradoxical, the protection is needed from the attachment figure. Thus, attachment behaviour is often increased by threats from the attachment object (Van der Kolk, 1987). And abuse from the attachment figure can increase separation anxiety in relation to that person. As Bowlby (1973) pointed out, the "clingyness" of a child who has been separated, and/or fears abandonment is a concrete attempt to guarantee the availability of the attachment figure by maintaining proximity (p. 213). 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 figure, and the accompanying affects of fear, terror, and/or rage, so as not to impede attachment.

Of the four patterns of attachment (secure, anxious-resistant, anxious-avoidant, and disorganised) originally outlined by Bowlby and his colleagues, the anxious-resistant pattern of attachment might underlie some behavioural and motivational patterns that are then 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, pp. 124–125). Coe, Dalenberg, Aransky, and Reto (1995) describe the corresponding adult "preoccupied"

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attachment state of mind. Here the person is preoccupied with the attachment figure; they are anxious and hypervigilant with respect to abandonment and tend to be “compulsively seeking and providing care and intimacy” (p. 144). When these authors linked attachment patterns to dissociation styles, they found that scores on preoccupation with the attachment figure were positively related to the Absorption subscale on the DES. They cited previous research (Collins & Read, 1990; Hazan & Shaver, 1987) that has associated parental inconsistency with the anxious resistant pattern and note that neglect and abuse have often been confounded in the trauma literature. This finding is consistent with the concept of the dissociative continuum.

In more recent years of attachment research the fourth attachment pattern, called disorganised—disoriented, was identified (Main, 1995; Main & Morgan, 1996; Main & Solomon, 1986). Disorganised attachment, in which one part of the child is activated for approach while another part is activated for retreat, is associated with maltreatment or gross insensitivity on the part of the caregiver. When the child faces the dilemma of seeking safety from a caregiver who is simultaneously feared, her attachment strategies are likely to become disorganised, such that multiple, segmented, incompatible working models of attachment develop.

Disorganised attachment as well as anxious resistant/preoccupied attachment are the most likely underlying states of mind for many people with masochistic tendencies. One commonly found outcome of a disorganised attachment pattern as children reach school age is the development of markedly controlling attachment strategies (Lyons-Ruth, 2001). These children may either become bossy or extremely compliant and helpful to the parent. In my view, many of those who exhibit extremely compliant strategies may develop what would later be called “masochistic tendencies”. Underlying disorganised attachment is compatible with the dissociative dynamics so often characteristic of masochism.

**Masochism and trauma**

Many of the hallmark characteristics so often found by those who write about masochism: 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 revictimisation (Shainess, 1970), are also symptoms of traumatic abuse. Long before the outpouring of recent literature on trauma appeared, these symptoms of traumatic stress were described in the psychoanalytic and psychological literature about masochism (Menaker, 1942; Shainess, 1970), but without recourse to the vocabulary of trauma and dissociation. Even Freud’s early descriptions of the symptoms of those he saw as suffering from hysteria are consistent with those of disorders that have more recently become considered to be sequelae of trauma and child
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sexual abuse, such as dissociative disorders, borderline personality disorder, and somatoform disorders (Herman, 1990; Lowenstein, 1990).

Trauma is often defined in terms of its capacity to overwhelm (Herman, 1992; Spiegel, 1990). It is likely to be overwhelming when the person from whom protection is sought, becomes the person one needs protecting from. One pattern often found in adults is described as “traumatic bonding” (Dutton & Painter, 1981), in which the victim bonds with the idealised aspects of the abuser, while tuning out the abusive aspects, along with the terror. Next we turn to how a similar pattern develops in childhood.

**Tuning out danger cues and revictimisation**

The person who has learned to rely upon dissociative strategies in order to maintain attachment to a frightening attachment figure is often unable to properly assess oncoming danger, and as a result, experiences it as unavoidable. Kluft (1990) has described this extreme vulnerability to revictimisation as the “sitting duck syndrome”. He studied patients who were the victims of therapist—patient sexual exploitation, noting, “virtually every one . . . had a masochistic character structure” (p. 289). What these patients, who had all been previously incestuously abused, had learned in common in childhood was that their needs were not important and that what was important was gratifying the needs of others. Because of their dependency on the abuser they developed a misperception of the abuser as good, and following this, a failure to recognise danger cues about dangerous people.

As a result of dissociative processes that originally functioned self-protectively, the person is often deprived of a vital source of information for self-defence or avoidance of danger. This can also give us a different understanding of the behaviour of a person who tenaciously hangs on to an abusive relationship—so often wrongly seen as clear evidence of the desire to be punished. On the contrary, past abuse at the hands of an attachment figure who was supposed to be caring, was so overwhelmingly intolerable and was such a contradictory experience to the attachment relationship, that it could not be assimilated and awareness of it became unavailable to ordinary consciousness (Freyd, 1996). From this point of view of processing danger cues, instead of seeking abuse, the person is “subject” to it.

Some empirical support for Kluft’s formulation is offered from a different perspective by Waller, Quinton, & Watson (1995). They 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 chronic trauma might well have experienced such

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danger as unpreventable, such that their best recourse would have been a dissociative escape. Thus, repeated escape through dissociation of unbearable experience is often rewarding, not only because of the illusion of escape, but physiologically as well. This may lead to the development of a functionally autonomous dissociative pattern that perpetuates the perception of helplessness that pertained in the original circumstances. Because the dissociative pattern is relied on, it becomes harder for the person to learn from experience. 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.

Because attachment is what is most salient and because vigilance for danger, along with emotions, such as anger, that might otherwise be protective are not available to self-experience, the person who is dissociatively adapted in this way is more vulnerable. This magnified vulnerability in combination with the fact that danger cues are not available to consciousness, often makes the person who has developed what might be called masochistic strategies quite susceptible to declarations and promises of love and caring by unsavoury types of people. Because they have not had much experience with real caring, such dissociatively compromised people are often unable to tell the difference between the fools’ gold of false promises and the real gold of sincere caring. Revictimisation is an inherent risk of this type of psychic organisation.

The protector–persecutor

There is an impressive literature on children’s dissociative responses to trauma, abuse, and neglect (e.g., Bromberg, 1998, 2006, 2011; Fairbairn, 1952; Ferenczi, 1949; Freyd, 1996; Kalsched, 1986; Kluft, 1990; 2013; Putnam, 1988, 1997; Ross, 1989, 1997). These include ways that the child orientates around the abuser’s needs and becomes unaware of his or her own needs.

The development of a protector self-state(s) is often part of this picture. The child’s ability to stay attached and to maintain survival and sanity may depend upon the dissociative compartmentalisation of many emotional states of mind, but often anger or rage, even terror. In addition, the terrified child may develop an illusional protector self-state to help provide a modicum of security and sense of safety (Beahrs, 1982). This may develop into a more elaborated protector self-state, that vigilantly monitors the child’s behaviour.

The fact that protection may require the vigilant monitoring of the feelings, thoughts, and behaviour of an attachment-oriented self, which is the one usually in consciousness, is what makes for the dual role of protector and persecutor (Blizard, 1997; Goodman & Peters, 1995; Howell, 1996). It is often noted that as the child becomes older some of the protector self-states become persecutory. If we remember that the child can only imitate the behaviour she has seen and experienced, and that a copy cannot be better than the original, it

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is understandable that for a maltreated child, protector states may become persecutory (Howell, 2003).

The child’s own behaviour and experience, rather than that of the abuser, is now identified by this protector–persecutor self-state as the threat. The attached, caring, vulnerable self remains in consciousness while the enraged aspects of self-experience have been excluded from focal awareness. The protector–persecutor now “holds” the anger and the rage. The “good”, attachment-oriented, non-angry, non-threatening segment of self is then attached to and enthralled, as if spellbound, by the persecutory self-state. An important part of the job of the persecutor–protector is a monitoring that often amounts to “pre-emptive” internal persecution of this “masochistic” self-state.

Among the problems that this psychic organisation, in which the protector–persecutor holds the rage and anger, can spawn is that the “protection” on the part of the protector–persecutor (that holds the rage), can “feel good” and is therefore reinforced: its aggression can become cruel “sport”. In this way, the protector–persecutor may become increasingly persecutory.

Because the protector–persecutor is dissociated and not available to the ordinary conscious self, the person may be drawn to abusive, persecuting, and antisocial others out of a need for resonance. Brothers (1995) calls this an alter-ego self-object—a self-object that confirms a sense of alikeness with other human beings. Since the part of the self that is seeking resonance is dissociated, the alter ego self-object fulfils that need for a sense of alikeness (p. 63).

Unfortunately, anger, rage, and fear of abandonment can each elicit the other, activating the protector–persecutor. As discussed earlier, the experience of being endangered makes it harder to separate from the abuser who is an attachment figure: Even though the abuser is causing the danger, her or his identity as an attachment figure becomes more salient, because of the danger. As a result, when things go badly for them, people who have learned to rely on dissociated protector–persecutor self-states often become rigidly self-punitive, as opposed to comforting or caring for themselves. The self-blame we so often hear about follows from the trauma-induced assumption that the person’s own behaviour is the only relevant behaviour to be modified.

To illustrate this, my patient, Jill, who is usually extraordinarily competent in her work and social relationships, will often, while talking to me about an injurious event, markedly shift in her mood state and demeanour. Suddenly, she becomes verbally inaccessible, mute. As soon as she is able to say anything at all, the first words out of her mouth are often “It’s all my fault.” She blames herself for almost everything that has gone wrong. Feelings about herself as injured, which might include her right to self-care, as well as feelings about the injurer, are often not available to her. Only the self-blaming part of her self is able to speak.

Dreams are often useful in adumbrating the self-states that are characters in this internal theatre as they appear both intrapsychically as well as in the exter-
nal world. (Barrett, 1994, 1996). For instance, one patient who was temporarily suicidal 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–persecutor itself silencing the “good”, attachment oriented conscious self.

Idealisation and the hope for hope

Often people who have been abused and silenced in early attachment relationships develop highly idealised views of other potential attachment figures. This idealisation can operate defensively both as splitting and reaction formation. In splitting, the object is omnipotently viewed as totally good and all-powerful as a way of protecting and preserving it against contamination from destructive feelings. In reaction formation the idealisation serves as protection from guilt about aggressive, destructive feelings (Kernberg, 1975). Both worlds of outer and inner horrors may be excluded from consciousness. This kind of idealisation is part of what is behind the hopeful illusions and denials that the masochist hangs on to so tenaciously. Out of this idealisation and longing for protected attachment, a kind of hope for hope, an illusion of hope is invented. 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 idealisation.

While the person who has developed what might be called masochistic strategies has dissociated self-states that contain aggression, agency, and will, what she has not dissociated is attachment need. While idealisation and the dissociative tuning out of danger cues is part of what gets the person in trouble, the illusion of hope holds in place the possibility for the development of real hope. The hope for hope functions in a way that is similar to 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 person who has developed “masochistic” strategies has a time-tested method of survival, which keeps open the possibility for attachment. This organisation 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 person is likely to have the capacity to take it in, at least to some degree, when an honest, caring, interpersonally rewarding relationship is encountered.

Therapy

To offer a therapeutic relationship to people who use what might be called masochistic strategies, the therapist needs to be able to understand the disso-
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that might be called erstand the disso ciative nature of the person’s dilemma and to observe and empathise 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, who is highly dissociative but whose psychic structure does not rise to the level of DID (dissociative identity disorder), illustrates the kinds of pitfalls that may present when the therapist addresses the patient’s tendencies to be abused, hurt, or humiliated by others or the self. As a child, Jane had had a history of physical and emotional abuse and neglect; and as an adult, her spouse abused her. Jane, who is currently in therapy with me, reported the events of her previous therapy, that she feels was more damaging to her than helpful. Unfortunately, the therapy in question had become a many-years-long re-enactment of the abuse that occurred in her family of origin. Her earlier childhood abuse was replicated in her therapy wherein it seems that her therapist unknowingly injured her and triggered her by his frequent interpretations to her that she unconsciously wanted to be abused. His interpretations angered and insulted the persecutor–protector self-state, which was then in conflict with the vulnerable attachment-oriented self-state usually in consciousness, and which was then mobilised into punitive action. In the “unified self” vernacular, one would say that Jane became more and more self-punishing.

It seems that the therapist’s traditional theoretical views of masochistic psychodynamics expressed in the context of a unified self set the rejecting clinical tone, as well as mobilising the protector–persecutor. That is, his interpretations mobilised into action the very problematic psychodynamics that he was trying to treat. This therapist missed the opportunity to ally with the protector–persecutor, to empathise with how much the patient needed protection, and to protect the patient’s sense of attachment in the relationship. By implicitly criticising 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 behaviours, including suicidal ideation.

In contrast, in Jane’s current therapeutic relationship the focus is on the positive function of her protector–persecutor. This has enabled the dissociative barriers to become increasingly permeable. 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 is premised on the understanding of masochism as dissociation-based. Non-empathic and injurious interpretations may be based on inaccurate conceptualisations. helpful communications will emphasise the positive aspects of the protector–persecutor in maintaining survival and upholding the hope for attachment. Exploration of the ways in which the development of the persecutor–protector was helpful in the past is accepting of the affect contained by this self-state and serves as a bridge in the

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therapy for the patient’s (across self-states, or as a whole) increased acceptance and awareness of these angry feelings. As the protector–persecutor is increasingly brought out of exile into current awareness, the patient becomes less dissociatively structured, better able to assess danger cues, and better able to express appropriate dissatisfaction or anger.

An awareness and recognition of the former terror and rage that had been shunted out of awareness can emerge and a mourning process can begin. As it becomes clearer that the dangers of the past that had necessitated this dissociative organisation are past, torment from the persecutor–protector is eased. As it becomes more accessible to experience, the pain of having been so wounded and abused—by others as well as oneself—becomes more and more bearable by the entire person. The seemingly 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 harmed 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 current positive development. The protector–persecutor has indeed performed a very valuable function. Now, the increasingly healing person 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.

**Note**


**References**


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