

Type	Masochistic
<p>General</p>	<p>The masochist is a depressive who still has hope</p> <p>Core belief (magical thinking) that through pain something important is achieved (that otherwise is forbidden) or something even more painful is averted;- -suffering, complaining, self-damaging and self-depreciating - an unconscious wish to torture others with one's pain - the anguish of feeling non-existent or alienated is profoundly worse than any temporary physical discomfort - does not connote a love of pain or suffering</p> <p>Subtypes: Moral masochistic self-esteem depends on suffering; unconscious guilt disallows experiences of satisfaction and success. Relational masochistic relationship is unconsciously believed to be dependent on one's suffering victimization.</p>
<p>Affect, Drive, Temperament</p>	<p>Childhood trauma and maltreatment create contrasting dispositions in children of different sexes: girls masochistic; boys sadistic (by identification with the aggressor) - conscious sadness and deep unconscious guilt - anger, resentment, indignation see themselves as suffering but unfairly, victimized.</p>
<p>Defenses</p>	<p>Reflect the effort to master an expected painful situation by provoking an expected punishment that will relieve the anxiety and provide reassurance about one's power at least the time and place of one's suffering is self-chosen a process called passive-into-active transformation.</p> <p>Repetition compulsion beliefs such as: whenever things are calm, a storm is about to break Dimensions of masochistic acting out: 1) Provocation use of guilty power over helpless impotence provoke until the Other's behavior supports their conviction 2) Appeasement (message: I am already suffering, so please withhold any further punishment!) 3) Exhibitionism (message: Pay attention, I am in pain!) 4) Deflection of guilt (message: See what you made me to do!)</p> <p>Moralization more interested in winning a moral victory than in solving a practical problem. Denial deny being abused and protect the perpetrator</p>
<p>Object relations/ interpersonal</p>	<p>Self-defeating behavior is always very object related is meant to engage others in the masochistic process Unconscious belief: If I suffer enough it will turn out good for me! (people will pay attention and take care of me). Theme people were there for the patient when he/she was in deep enough trouble. Unresolved dependency Please, don't leave me! I'll hurt myself in your absence! Fear abandonment more than pain - the only time when a parent was emotionally invested in them was when they were being punished. Teasing combination of affection and cruelty can also breed masochism suffering the price of relationship</p>

	<p>Attach to friends of the misery-love-company type Tend to recreate abusive relationships. May swing from masochistic to paranoid orientation. 1) paranoid I'll attack you before you attack me! 2) masochistic I'll attack me first so you don't have to do it! The paranoid sacrifice love for power The masochist sacrifice power for love.</p>
Self	<p>Comparable with that of the depressive unworthy, rejectable, guilty, deserving of punishment Plus sense of being needy and incomplete - permanent state of dread, almost always unconscious, that an observer will discern their shortcomings and reject them for their sins - feeling that one is doomed to be misunderstood, unappreciated and mistreated Grandiose and scornful exalted in their suffering and scornful of those lesser mortals who could not endure equivalent tribulation with as much grace Self-esteem is enhanced by bearing misfortune courageously - Sly smile when mistreated - feel sadistic pleasure in defaming their tormenters so soundly Fight back by not fighting back exposing their abusers as morally inferior for showing their aggression</p> <p>Projection project badness into others and then behave in a way that elicits evidence that the badness is outside rather than inside (similarities with the paranoid) but they need others as the repository of their sadistic inclinations</p>
Transference/Countertransference	<p>Transference Masochistic patients tend to reenact with the therapist the drama of the child who need care but can only get it if she is demonstrably suffering. The subjective task of the masochist is to persuade the therapist that - needs to be rescued - deserves to be rescued but they dread that the therapist is - uncaring, distracted, selfish, critical, abusive - will expose, blame and abandon May be more or less conscious ego-syntonic/ego-alien according to the level of personality organization</p> <p>Countertransference Countermasochism and sadism Supportive/empathic strategies that work with a depressive person are counterproductive with a masochistic one in that they invite regression. The more pronounced the suffering, the more giving the response; the harder therapist tries, the worst things gets. Just try to help me I'll get only worse!</p>
Therapeutic implications	<p>- face-to-face relationship (lying on couch can be perceived as dominating and humiliating and reenacting a sadomasochistic dynamic). - emphasis of the real relationship as well as on the transference needs an exemplar of healthy self-assertion do not model masochism, no use of therapeutic self-sacrifice - avoidance of all traces of omnipotence in the analyst's tone - avoid of buying into guilt and self-doubt (powerful pressure from masochistic clients to embrace their self-indicting psychology). Show that you respect yourself and enjoy good things. - no expression of sympathy; no you poor thing! but How did you get yourself into that situation? The Ego-building approach runs contrary to the patient's belief that only</p>

	<p>helplessness elicits warmth.</p> <ul style="list-style-type: none"> - no rescue; treat them as grown-ups - do all the above when the alliance is established; don't go too strong, too fast - consistently exposing irrational beliefs makes the difference between a transference cure the temporary reduction of masochistic behaviors based on the idealization of and identification with the therapist's self-respecting attitude and a deeper and lasting movement away from self-abnegation.
<p>Differential Diagnosis</p>	<p>Masochistic vs. Depressive</p> <p>Both coexist in many persons but usually one dominates. Treatment should be directed towards the dominant dynamic.</p> <p>If one treats a depressive person as masochistic, one may provoke increased depression and even suicide.</p> <p>If one treats a masochistic person as depressive one may reinforce self-destructiveness.</p> <p>The predominant depressive person needs to learn that the therapist will not judge, reject, abandon and will be available when he/she suffers (unlike the internalized object).</p> <p>The predominant masochistic person needs to find out that self-assertion not helpless suffering can elicit warmth and acceptance and that the therapist unlike the parent who could be brought to reluctant attention only if a disaster was in progress, is not particularly interested in the details of the patient's current misery.</p>

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