

Masochistic and Sadistic Ego States: Dissociative Solutions to the Dilemma of Attachment to an Abusive Caretaker

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ABSTRACT. A theory describing the development of alternating, dissociated, victim/masochistic and perpetrator/sadistic ego states in persons who grew up with abusive primary caretakers will be proposed and a paradigm for treatment will be derived from the theory. Alternating ego states can be observed throughout the spectrum of dissociative disorders, from Borderline Personality to Dissociative Identity Disorder. Dependence on an abusive caretaker creates a series of relational dilemmas for the child. To maintain attachment, abuse must be dissociated, but to protect the self from abuse, need for attachment must be disavowed. Disorganized attachment may result. Incompatible internal working models, using parallel masochistic and sadistic defensive strategies, may be developed and elaborated into ego states. Masochistic and sadistic defenses are ultimately maladaptive, because they require dissociation of need for either self-protection or attachment. Each defensive attempt at resolving a relational dilemma leads to another impasse, a change in defensive strategy, and perhaps a shift in ego state. When alternating ego states are understood as evolving from defensive schemas developed to negotiate the dilemmas of attachment to an abuser, the following therapeutic techniques can be derived: (1) identifying adaptive needs and maladaptive defenses, (2) interpreting ego state switches as attempts to resolve relational dilemmas, (3) gradually bridging dissociation between states, (4) using transference and countertransference to understand relational

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patterns, and (5) cultivating more adaptive interpersonal skills within the therapeutic relationship. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]

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This article will propose a theory of how alternating, dissociated, masochistic and sadistic ego states develop in persons for whom the primary caretaker was an abuser, there were not significant benign relationships, and abuse was severe and chronic. A paradigm for treatment based on that theory will be presented. For these patients, the caretaker may have been alternately nurturing and cruel, or the primary form of contact may have been physical or sexual abuse. The child is caught between the Devil of abuse and the deep blue sea of abandonment, thereby making it impossible for the child to be attached and self-protective at the same time (Blizard, 1997a, b; Blizard & Bluhm, 1994). The paradoxical demands of survival in an abusive relationship create a series of relational dilemmas (Prior, 1996), leading to development of dissociated ego states with masochistic and sadistic defenses.

Surviving child abuse can result in a number of outcomes in terms of adult psychopathology, depending on a host of variables, including the qualities of significant attachment relationships, and the severity, chronicity and age of onset of trauma (Briere & Conte, 1993; Chu, 1998; Chu & Dill, 1990; Herman & Schatzow, 1987; Kirby, Chu & Dill, 1993; Terr, 1991). Relational dilemmas will be most acute when abuse is inflicted by a primary caretaker. If no significant benign relationship is available to provide an alternate attachment template, then masochistic and sadistic defensive strategies may become the primary modes for interpersonal relating. Howell (1996, 1997b) offers an elegant formulation of how masochistic or sadistic personality organization can develop as a dissociative adaptation to childhood trauma and disrupted attachment, in contrast to earlier psychoanalytic conceptualizations of desire for punishment or pleasure in pain.¹

DEVELOPMENT OF DISSOCIATED MASOCHISTIC AND SADISTIC EGO STATES

Alternating Ego States in Dissociative Spectrum Disorders

This paper will describe how alternating, dissociated, masochistic and sadistic ego states may form a common psychodynamic structure throughout the

spectrum of dissociative disorders, from Borderline Personality Disorder (BPD) (Kernberg, 1975, 1992; Howell, in press), to Dissociative Identity Disorder (DID) (Putnam, 1989, Ross, 1989), in those persons who were abused by a primary caretaker.

“Dissociation” has been variously defined (Putnam, 1997; Ross, 1989), and appears to be a complex phenomenon to which biological and defensive processes may contribute (Liotti, 1999). There is mounting evidence that peritraumatic dissociation is an automatic response (Coons & Milstein, 1986; Kluff, 1984, 1990; Putnam, 1989; Putnam, Guroff, Silberman, Barban & Post, 1986; Ross, 1989; Ross, Norton, & Wozney, 1989; Spiegel, 1984) resulting from an underlying biological process (Krystal, Bennett, Bremner, Southwick, & Charney, 1996; Nijenhuis, 1999; Nijenhuis, Van der Hart & Steele, in press; Perry, 1999). However, to avoid associations to significant memories, *the maintenance of dissociation* requires much mental monitoring and maneuvering (Braude, 2000); in other words, psychoanalytic defenses, such as avoidance, repression, denial, projection, compartmentalization, and splitting, ad infinitum. Explanation of the variation in dissociation among abuse survivors will require further study. The thesis to be developed here is centered on the active, organizational process of dissociation of internal working models of attachment (Liotti, 1992, 1999).

To enable discussion from a psychodynamic viewpoint, and include the varying degrees of dissociation seen in BPD and DID, this paper will rely on two compatible definitions of ego state: (1) An organized system of behavior and experience whose elements are bound together by some common principle, and separated from other states by a more or less permeable boundary (Watkins and Watkins, 1997); (2) A specific, consistent mental organization, dominated by a particular affect, linking particular self and object representations (Young, 1988).

BPD may be better understood as a dissociative disorder (Bromberg, 1998; Howell, in press; Ross, 1989). If dissociation is broadly defined as “a disjunction of the association between related mental contents” (Barach, 1991, p. 118), then the splitting between ego states described by Kernberg (1975, 1992), can be viewed as dissociative. Splitting is an ambiguous term (Pruyser, 1975) involving a distinction between the splitting of self- and object-representations and the splitting of the self. The key point is that where representations of self and other normally would be coherent wholes, they are split, and thus dissociated.

Citing the common history of childhood abuse and neglect, several scholars have proposed that BPD and DID be considered chronic forms of post-traumatic stress disorder (PTSD) (Herman, 1992; Herman & van der Kolk, 1987; Ross, 1989; Terr, 1990; Van der Kolk, McFarlane, & Weisaeth, 1996). Histories of traumatic, childhood abuse were found in 50 to 81% of patients

with BPD and 85 to 100% of patients with DID (Putnam, 1997). There is significant diagnostic overlap between BPD and DID (Dell, 1998; Putnam, 1997; Ross, 1997). Historically, the psychoanalytic literature has not formulated BPD as a trauma-based disorder (Howell, in press). More recently, child abuse has been cited as a factor in the development of BPD (Gunderson & Sabo, 1993), and of masochistic and sadistic states (Kernberg, 1992).

In BPD, there is continuity of memory and identity between ego states, but striking discontinuity in mood, perception of the other, and defensive posture, with lack of awareness of the significance of this divergence between states (Howell, in press). In DID, two or more ego states are experienced as distinct identities, and separately assume control, with amnesia between states, (American Psychiatric Association, 1994). Among the hallmarks of BPD, often leading to concurrent diagnosis with DID, are alternation between idealization and devaluation, unstable relationships, and recurrent self-mutilating behavior. If these are viewed as signs of conflict between alternating masochistic and sadistic ego states, then therapy can focus on needs for attachment or self-protection, without labeling bewildering behavior in BPD with a diagnostic term that often induces contemptuous resignation in therapists. Similar therapeutic techniques can be used with trauma-based disorders throughout the dissociative spectrum. Then, it becomes less advantageous to quibble over diagnosis, than to assess the degree of dissociation, so that bridging of ego states can be paced to prevent decompensation.

Dissociation as a Response to Attachment to an Abusing Caretaker

Even when the caretaker is abusive, the child must maintain attachment (Bowlby, 1969/1982) creating an utter dependence for survival on the same person who threatens bodily and/or psychic integrity (Fairbairn, 1952; Main, 1981). This dilemma may cause children to develop a disorganized/disoriented (D) pattern of attachment (Main & Hesse, 1992; Main & Solomon, 1986, 1990), and construct multiple, incompatible, working models of self and the attachment figure (Liotti, 1992, 1999; Main, 1991).

The concept of DID as an attachment disorder (Barach, 1991) was in contrast to previous thinking that dissociation was primarily a result of exposure to trauma (Coons & Milstein, 1984, Kluft, 1984, 1990, Putnam, 1989; Putnam et al., 1986; Ross, 1989; Ross et al., 1989). Bowlby (1980) observed that emotionally neglected children become detached from internal and external signals, ordinarily serving as stimuli for attachment behavior, in order to defend themselves from crying out for help and experiencing abandonment. Barach proposed that children whose primary caretakers were detached or dissociated would develop detachment as a defense. If these children were exposed to “ac-

tive" abuse, they would be likely to use dissociation to detach from the overwhelming, painful affect of trauma.

Liotti (1992) countered that, when the caretaker is consistently rejecting, the probable outcome would be avoidant attachment, which is a coherent pattern, and, unlike D attachment, would not likely result in dissociation as Barach (1991) inferred.

In contrast to Barach's thesis, Blizard and Bluhm (1994), and Blizard (1997a, b) proposed, from an object-relations and attachment theory perspective, that dissociation is used as a defense to *preserve* attachment to an abusing caretaker. Rather than simply becoming detached, the child would dissociate conflicting memories, self-states, and object representations in order to segregate experiences of caretaker nurturance from those of abuse. This would allow the child to preserve a representation of the caretaker as a caring figure to whom attachment could be maintained, while simultaneously sustaining a separate sense of self as powerful, but detached.

From a cognitive perspective, Freyd (1996) suggested that memory for abuse would be dissociated to enable the child to continue behaving such that the *caretaker* would maintain attachment to the child. The notion that abuse would be dissociated to preserve attachment was supported by Williams' (1994) finding that the inability of adult women to recall corroborated childhood abuse was directly related to the closeness of their relationship to the perpetrator.

In support of Barach's contention, uninvolved caretaking in infancy was the strongest predictor of dissociative symptoms at age 19 (Ogawa, Sroufe, Weinfield, Carlson & Egeland, 1997). However, over 90% of BPD patients reported childhood abuse *and* neglect (Zanarini, Dubo, Lewis, & Williams, 1997). Since parental neglect often contributes to occurrence of abuse (Barach, 1991), it would be difficult to conclude that one causes dissociation in the absence of the other without further study.

Development of Dissociated IWM's: Disorganized Attachment

Liotti (1992, 1999) suggests that, in response to inexplicable, frightening, and dissociated attachment behavior on the part of the caretaker, the child is likely to construct multiple, incoherent, internal working models of the self, corresponding to disorganized/disoriented attachment. If there are other stabilizing relationships, and no abuse, one of the various models of self and other may predominate, with development relatively unimpaired. If exposure to disorganized, dissociative relationships continues, without significant maltreatment, a mild dissociative disorder, with switches among models of the self in reaction to interpersonal stressors, but no amnesic barriers between ego states, may develop.

If there is serious maltreatment, the child cannot integrate irreconcilable experiences of the abusive caretaker into a single, coherent internal working model of attachment. The child develops multiple, incompatible, segregated internal working models of the attachment figure that become the basis for development of dissociated ego states. Congruent memories of experiences are compartmentalized with compatible internal working models and are segregated from incongruent experiences. An amnesic barrier is maintained between incompatible models of attachment, which become increasingly dissociated. This process is analogous to “dissociative, state-dependent compartmentalization” (Putnam, 1997, p. 71), and “parallel processing” of memories (Freyd, 1996, pp. 89-92).

Liotti (1992, 1999) suggests that disorganized/disoriented attachment may consist of rapid shifts between dissociated, anxious and avoidant attachment patterns. He proposes that these compartmentalized internal working models, with their corresponding memories and modes of behavior, become the distinct ego states observed in dissociative disorders.

Victim and Perpetrator Ego States: Anxious and Avoidant Attachment Patterns

A variety of internal working models of self *vis a vis* various attachment figures may develop. For the sake of simplicity, this paper will focus on the two self-and-object representations that enable the maintenance of attachment to an abusive, primary caretaker. As these representations of the self, the object, and the pattern of attachment develop from early experiential models, they are elaborated through continuing experiences of care and abuse from the caretaker, and through defensive maneuvers which are necessary for the child to minimize bodily harm, maintain attachment, and preserve psychic integrity.

The early internal working model which operates to maintain attachment to the abusive caretaker does so by incorporating experiences of nurturance and by dissociating awareness of pain, abuse and danger (Young & Gerson, 1991). Because anger at the caretaker and attempts at self-defense are often met with retribution, this internal working model becomes adaptive by turning anger inward, remaining passive when abused, and placating the caretaker in order to minimize abuse. With time, this model of self and object may develop into a victim/masochistic ego state with an anxious/preoccupied attachment style (Ainsworth, Blehar, Waters & Wall, 1978; Alexander, 1992; Alexander & Anderson, 1994; Dutton, 1998).

In contrast, the internal working model that assimilates experiences of abuse operates in the service of self-protection. An avoidant/dismissive attachment style is developed (Ainsworth, 1978, Alexander, 1992, Alexander & Anderson, 1994, Dutton, 1998), which functions as a dissociative defense against

abandonment (Barach, 1991; Bowlby, 1980). Under the current formulation, however, this attachment style would alternate with the preoccupied style, rather than being pervasive, as Barach suggests.

In BPD, when the masochistic ego state is active, the abusive introject functions as a harsh, punitive superego (Howell, 1997a). When the sadistic ego state is activated, the victim role is projected onto the object. Rageful behavior may be experienced as being “overtaken,” and its implications may be disavowed (Howell, in press). In DID, the introjected, abusive object becomes a sadistic, perpetrator, ego state which is experienced as a separate identity from the masochistic ego state (Blizard, 1997a, b).

***Boundary Confusion: Internal Dissociation
in Response to External Intrusion***

Paradoxically, while development of masochistic and sadistic ego states requires the generation of intrapsychic dissociative boundaries, these states may derive from the loss of self-other boundaries. To survive in a relationship with an abusive caretaker, the child must continually focus on the abuser’s facial expressions, body language, and desires, until there is almost no awareness of one’s own thoughts, feelings and bodily cues. This narrowing of focus is comparable to the “freeze” state of an animal threatened by a predator (Nijenhuis, 1999; Nijenhuis et al., in press), and the robotic compliance and hypervigilance observed in abused children (Perry, 1999). The process was aptly described by Ferenczi (1949):

These children feel physically and morally helpless . . . the overpowering . . . authority of the adult . . . *compels them to subordinate themselves like automata to the will of the aggressor, to divine . . . his desires and to gratify these; completely oblivious of themselves, they identify themselves with the aggressor.* (p. 228)

Internally, the child suppresses or dissociates his own thoughts and emotional states. His total focus on the abuser creates the illusion that he feels the abuser’s feelings. Externally, the abusers in the family do not clearly perceive the child as separate (Bowlby, 1984). They project their own feelings, treating the child as an object or extension of themselves (Adler, 1985; Kohut, 1978), making the child feel he is the source of the abuser’s feelings and actions. Ferenczi continued, “The most important change, produced in the mind of the child . . . is *the introjection of the guilt feelings of the adult*” (ibid.).

This boundary confusion sets the stage for the adoption of masochistic defenses. The child’s concentration on the caretaker maximizes her ability to appease the abuser. Introjecting responsibility for the abuse reinforces the illusion she can prevent it. But, inevitably, she is unsuccessful. She may then adopt a

sadistic defense by introjecting the aggressor, perceiving herself as in control and exhilarated.

Relational Dilemmas: Preserving Attachment or the Self?

In the long run, neither masochistic nor sadistic defenses fulfill the basic psychic needs for attachment to a consistent object, protection from bodily or emotional injury, and rationality and justice in the world. Because these needs cannot be met simultaneously or reliably, abuse survivors are caught in a series of inherently unresolvable, relational dilemmas (Prior, 1996).

Each attempt to resolve a relational dilemma typically leads to a defensive solution, which in turn contains another dilemma, leading to a vicious cycle of masochistic and sadistic defensive strategies, each presenting another intolerable relational dilemma, as outlined in Figure 1.

Typically, masochistic defenses are used to preserve attachment, for example, rationalization that abuse is justified, introjection of guilt, dissociation of memory of abuse, idealization of the abuser, and turning anger toward the self. As these repeatedly fail, sadistic defenses may be adopted, with disavowal of need for attachment, introjection of the abuser, and projection of pain and weakness onto a victim. The following case example illustrates the cycle of alternation of masochistic and sadistic ego states, as each dynamic structure is recruited to defend against the next impending threat.

Case Example: The Cycle of Relational Dilemmas

(All cases discussed are composites of patients with identifying details significantly altered.) Sarah, a patient with DID, attempts to resolve a series of relational dilemmas internally by alternating between sadistic ego states modeled on her mother and older brother, and masochistic states representing her childhood roles with each of them. In a typical sequence, she might feel terribly alone. A masochistic child state, “Sally,” seeks contact with a sadistic mother ego state through re-enacting sexual abuse, the primary form of “affection” from her real mother. While this imagined closeness would temporarily satisfy her need for attachment, she couldn’t tolerate the powerlessness and shame. To regain power, Sally might switch to a rebellious, teenage, male ego state, clearly an introject of her older brother, Jim. In this sadistic role, she could feel powerful by discharging anger and dismissing the need for attachment to an abusive mother. But, unable to face the aloneness of this position, “Jim” might seek attachment to a vulnerable object by raping and torturing a little girl ego state, “Jamie.” Sometimes this just precipitated flashbacks of what Sarah’s real brother had done to her, but other times might actually be re-enacted as sexual self-abuse. While this could provide the illusion of both power and protection against abandonment, “Jamie” would be terrified, and

FIGURE 1. RELATIONAL DILEMMAS. A series of relational dilemmas are shown on the left with the corresponding defensive solution to the right. The resulting dilemma is shown next on the left, leading to another defensive solution, on the right.

RELATIONAL DILEMMA	ATTEMPTED SOLUTION
Child is abused by primary caretaker, cannot maintain safety and attachment at same time	Child seeks to appease abusive caretaker, but abuse continues—attachment is not safe
Child seeks rationality and justice, but abuse is unpredictable, disproportionate to any misbehavior	Child rationalizes that he/she is bad, deserving of punishment, but unworthy of being loved
Child feels undeserving of love, withdraws from relationship, but being alone is intolerable	Seeks reconciliation through punishment, but pain is devastating, humiliation and rejection recur
Desperately seeks to mollify abuser, but can't reconcile caretaker malice with need for attachment	Denies injustice, dissociates pain, memory of abuse, anger, adopts MASOCHISTIC STANCE
Persists in placating abuser, but powerlessness is intolerable, can't contain dissociated pain, outrage	Denies need for attachment, introjects abuser, feels powerful, has developed SADISTIC STANCE
Expressing power and anger may bring further abuse as retribution. Rage risks destroying the caretaker. Neither abuse nor abandonment is tolerable.	Child turns anger toward self, introjected abuser becomes punitive superego or perpetrator ego state which punishes victim/masochistic ego state
Masochistic state maintains attachment, but unable to defend from abuse, sadistic state protects against abuse but risks abandonment	Child switches back and forth between masochistic and sadistic ego states, and plays out relational dilemmas intrapsychically or interpersonally

Sarah would feel horrified that a part of her could wish to be so violently perverse. She would withdraw, feeling unworthy of love, wish for death, and her aloneness and despair would begin the cycle again.

***Adaptive Needs, Maladaptive Behaviors,
Masochistic and Sadistic Defenses***

The attempts to resolve relational dilemmas, described in Figure 1, and illustrated above, are intended to meet adaptive needs for attachment, self-protection, rationality and justice. But the defenses marshaled in their service require dissociation of the alternate needs, resulting in maladaptive behaviors.

These adaptive needs, and the maladaptive behaviors and defenses characteristic of masochistic and sadistic ego states are summarized in Figures 2, 3 and 4.

By comparing masochistic and sadistic defenses, it is apparent that they are almost the converse of one another. Ironically, in both ego states, power to protect the self is sought via maladaptive control of the other, either directly, in the sadistic state, through domination, or vicariously, in the masochistic state, by total preoccupation with the object's needs. Both ego states rationalize that abuse is deserved. Where the masochistic state tries to balance the scales of justice by devaluing the self and idealizing the abuser, the sadistic state does the reverse.

The structure and organization of the patient's adaptive needs, the related masochistic and sadistic defenses, and the corresponding maladaptive consequences can serve as a template from which treatment techniques can be derived.

Dissociative Defenses Within and Between Masochistic and Sadistic States

Masochistic and sadistic defensive strategies are inherently dissociative. Because the masochistic defensive structure focuses on maintaining attachment, and dissociates the need for self-protection, it must be kept separate

FIGURE 2. ADAPTIVE NEED: ATTACHMENT. The maladaptive behaviors and defenses employed to preserve attachment are shown under the corresponding ego states.

MASOCHISTIC EGO STATE	SADISTIC EGO STATE
ADAPTIVE NEED: ATTACHMENT	ADAPTIVE NEED: ATTACHMENT
MALADAPTIVE BEHAVIOR: seeking attachment as victim of abuse	MALADAPTIVE BEHAVIOR: seeking contact through control, violence or abusive sexuality
DEFENSES	DEFENSES
Introjects sadistic object as harsh superego or abuser ego state	Projects need for attachment onto object or victim ego state
Introjects abuser's anger at autonomy, becomes dependent to maintain attachment	Disavows need for attachment, maintains attachment by seeking dependent object
Idealizes abuser, dissociates danger cues, as these could negate belief in ability to maintain attachment	Devalues empathy and kindness from others, as these could evoke need for attachment and vulnerability to rejection

FIGURE 3. ADAPTIVE NEED: SELF-PROTECTION. The maladaptive behaviors and defenses marshalled to protect the self are shown under the corresponding ego states.

MASOCHISTIC EGO STATE	SADISTIC EGO STATE
ADAPTIVE NEED: SELF-PROTECTION	ADAPTIVE NEED: SELF-PROTECTION
MALADAPTIVE BEHAVIOR: seeks power to protect the self only through ability to please or pacify the abuser	MALADAPTIVE BEHAVIOR: controls or harms other to protect self (The best defense is a good offense)
DEFENSES	DEFENSES
Focuses completely on abuser's moods, desires, and thoughts; dissociates own needs and ability to protect self	Hypervigilant for betrayal; projects own malevolence onto others and interprets their needs and wishes as threatening
Dissociates danger cues from abuser; these could negate inflated belief in ability to placate abuser	Projects vulnerability and fear of being harmed onto others; adopts attitude of omnipotence
Introjects abuser's anger at self-determination; rationalizes wish to control self as bad	Devalues object's ability for self-determination; creates dependence in object to maintain control

from the sadistic organization, which does the reverse, severing awareness of the two horns of the dilemma. But both these needs are imperative for survival, so, paradoxically, each defensive formation makes a provision for the conflicting need.

In the masochistic defensive structure, the self is protected by absorption in—and appeasement of—the abuser. In order to maintain attachment, the object is idealized. The abusive aspects of the object are dissociated from its internal representation and are introjected as a sadistic ego state, which often serves to protect the self by anticipating abuse and controlling behavior (Blizard, 1997b). In the hope of protecting the self from abandonment, a controlling object is often sought out.

Case Example: Idealizing the Abuser

Claire was frightened of her husband, a detective, who had recently absconded with her files, recorded her phone calls, and taken away her checking account. She was filing for legal separation and yet spoke in therapy of her wonderful sex life with her husband. When the apparent contradictions in her

FIGURE 4. ADAPTIVE NEED: SENSE OF RATIONALITY AND JUSTICE. The maladaptive behaviors and defenses utilized in creating a sense of rationality and justice are shown under the corresponding ego states.

MASOCHISTIC EGO STATE	SADISTIC EGO STATE
<p>ADAPTIVE NEED: SENSE OF RATIONALITY AND JUSTICE</p> <p>MALADAPTIVE BEHAVIOR: adopts martyr role, accepts responsibility for abuser's actions, seeks to atone for 'sins'</p> <p>DEFENSES</p> <p>Outrage at injustice is disavowed or dissociated</p> <p>Introjects abuser's rage at weakness; devalues own vulnerability as bad</p> <p>Rationalizes that abuse was deserved because of inherent badness</p> <p>Idealizes abuser (Better to be a sinner in a world ruled by God than a saint in a world ruled by Satan)</p>	<p>ADAPTIVE NEED: SENSE OF RATIONALITY AND JUSTICE</p> <p>MALADAPTIVE BEHAVIOR: projects blame for own actions, manipulates others to justify sadistic behavior</p> <p>DEFENSES</p> <p>Hypervigilant for criticism and abuse</p> <p>Projects own weakness and vulnerability onto object, devalues victim; identifies with aggressor</p> <p>Rationalizes that abuse is provoked or deserved by the other</p> <p>Idealizes self; uses sense of grandiosity and entitlement to justify rage; puts self above law</p>

behavior were pointed out, she would protest, "I want to reconcile with Ken. He's a good father. I'm afraid of being alone. I should put my feelings aside for the sake of the family. I need to learn how to make him feel more secure, so he won't be so suspicious of me."

In the sadistic defensive structure, paradoxically, attachment is maintained by dismissing need for attachment and projecting it onto a weak object who is kept dependent. The abuser is introjected, without modification, so that the perpetrator ego state may be such an exact replica of the external abuser that the patient may have difficulty distinguishing between the two (Blizard, 1997a, b).

Case Example: Masochistic and Sadistic Relationships

Juan was raised by a widowed aunt who needed him to fill her emotional emptiness and used him to soothe her sexually. She inflicted severe corporal punishment for the tiniest offense. She kept him isolated from family and friends in the depressed factory town where they lived, and abandoned him at

age 15, when she could no longer control him. As an adult, Juan reenacted his relationship with his aunt by seeking out women who needed him to take care of them but who were in turn rejecting and ungiving. In this masochistic ego state, he maintained his attachment by absorption in their needs, and his fear of abandonment prevented him from standing up to them. To protect himself, he would shift to a sadistic ego state and seek out one of his 'slaves' to enact sexual domination fantasies without being tied to an ongoing relationship. While dismissing his need for attachment in his ongoing relationship, he could maintain control over his 'slaves,' substitute sex for attachment, and be assured that they were available to him on demand. In therapy, he complained that he had no sense of who he was, that everyone wanted him for what he could do for them, and that his sexual affairs felt compulsive and empty.

Masochistic and sadistic states can be seen as almost mirror images of each other, with hypervigilant focus on the other, and dissociation of experiences of the self. In the masochistic position, the locus of control and awareness is in the other, with experience of self defensively recast from the abuser's perspective. In the sadistic stance, locus of control is in the self. Awareness is divided between the other, as potential abuser or victim/object, and self. But awareness of the self is divided again. Signals of pain, humiliation, and fear are received, but are immediately projected onto the object.

The dissociative structure of masochistic and sadistic ego states depends on illusions that the self is only seeking attachment and contains no self-protective anger, or experiencing anger but denying the need for attachment. Neither state can be maintained indefinitely. Every attempt to resolve a relational dilemma requires denying one need while seeking to meet another, leading to a subsequent dilemma, a change in defensive strategy, and a switch to the opposing ego state, in an endless cycle.

TREATMENT

Treatment of patients with alternating masochistic and sadistic ego states can present quandaries, entanglements and impasses. What began as a dissociative solution for surviving the dilemmas of attachment to an abusive caretaker has developed into a defensive structure that offers illusions of safe attachment or detached self-protection, but in reality perpetuates attachment in abusive relationships. The dissociative nature of these defenses prevents perception of whole objects and acknowledgment of needs for *both* attachment and self-protection.

Because the traumatic history can evoke fear and distorted perceptions in interpersonal situations, the therapeutic relationship may precipitate volatile transference enactment, possibly potentiating countertransference reactions.

A relational approach to therapy (Davies & Frawley, 1994) offers a safe framework within which to observe the patient's abuse-based attachment patterns, and explore more adaptive ways of relating. Much of the work of bridging dissociated ego states and comparing transference projections to reality can take place within the real therapeutic relationship.

The therapeutic processes outlined below can help to clarify the underlying defensive structure of alternating ego states, illustrate past and present interpersonal relationship dynamics, and provide a safe framework within which the patient can explore healthier patterns of relating.

- A. The dynamics of victim and perpetrator states can be unraveled by observing patients':
 - 1. adaptive needs for attachment, self protection, and rationality,
 - 2. relational dilemmas, and
 - 3. defenses with their maladaptive consequences.

- B. Transference enactment and countertransference responses may reveal:
 - 1. the patient's roles in past abusive relationships,
 - 2. how perceptions of self and other were shaped,
 - 3. the derivation of defensive strategies,
 - 4. current interpersonal dynamics.

- C. Comparison of past and present relationships can help the patient determine whether:
 - 1. current defenses made sense under prior abusive conditions,
 - 2. contemporary relationships present similar no-win situations, and
 - 3. more adaptive behaviors are safe now.

The reader is cautioned that if masochistic states are prevalent, a person continuing to live within an abusive relationship may benefit little from therapy, unless they leave or the partner enters treatment and stops abusing. If sadistic ego states prevail, the patient may be functioning primarily as a sociopath, and would at best be preoccupied with manipulating the therapist.

Identifying Adaptive Needs, Defenses and Maladaptive Consequences

The goals of therapy are integration of dissociated ego states, synthesizing split perceptions of self and other, and development of effective skills for meeting needs for both attachment and self-protection. The therapist can function as “. . . a relational bridge over which different parts of the self . . . learn of each other's existence, history, and functions. . . the therapist attempts to speak empathically to all conflicting developmental and defensive needs” (Schwartz, 1994, p. 200).

The therapist must appraise the patient's tolerance for awareness of the opposing ego state. Early on, it may be more effective to work within separate ego states. Too much confrontation with ego-dystonic attitudes and behavior may either reinforce dissociative defenses or break them down and lead to decompensation. Establishing rapport can begin during history-taking, by observing the patient's varying modes of interacting, and making supportive reflections about the adaptive needs and predicaments addressed by the presenting ego state. Later, empathic observations may be made about both sides of the dilemmas. As the patient feels safer in the therapeutic relationship, there will be more appreciation for the purpose of the alternate ego state. Historical interpretations will be useful only after the patient has developed sufficient observing ego to view himself within that context. Figure 5 outlines steps that can be used to interpret defenses, minimize resistance and build adaptive skills.

Observations about fear of abandonment will be more readily accepted by masochistic states, whereas discussion of need to self-protect may prompt fear of retaliation and defensive idealization of the perpetrator (Howell, 1996,

FIGURE 5. INTERPRETING DEFENSES. Steps for interpretation are shown in column I, with examples relevant to attachment in column II, and to self-protection in column III.

Therapeutic Step	Attachment	Self-Protection
1. Affirm the adaptive need the patient is trying to meet.	"It's important to you to have close friendships."	"You're wary of people who might take advantage of you."
2. Describe the defense and its adaptive purpose, attachment or self-protection.	"You fear being rejected, so you seek out possessive people to feel they need you."	"You don't want to be exploited, so you watch for signs of insincerity."
3. Affirm that the defense was the best solution available during prior abuse.	"As a child, the family rejected you, so your father's jealousy made you feel wanted."	"Growing up, many of your family mistreated you, so you learned to watch for betrayal."
4. Point out the maladaptive consequences of the defense in the current situation.	"Your possessive friends seem to stifle and isolate you."	"Your wariness makes it hard to know who's dangerous, and who just has annoying flaws."
5. Suggest alternative means of maintaining attachment, protecting the self, or making rational sense of the world.	"As an adult, you can choose your friends. Could you start noticing who isolates you and who fosters friendships."	"It's important to observe people. When you notice inconsistencies, we could discuss the implications in therapy."

1997a, b). Sadistic ego states may better receive interpretations about need to protect, as any mention of fear of aloneness will likely heighten the sense of vulnerability and provoke resistance. For a detailed discussion of treatment of malevolent ego states, see Blizard (1997b), Goodman and Peters (1995), and Watkins and Watkins (1989).

Initially, the therapist should take an active role in this process, so that the patient does not end up feeling literally defenseless. Later, the patient can be engaged in discovering her own adaptive needs, the maladaptive consequences of her defenses, and exploring alternatives.

Understanding Ego State Shifts

Addressing the maladaptive aspects of a masochistic defense may trigger a sudden switch to a sadistic ego state, or vice versa, which may unnerve the therapist and leave the patient unable to remember what was being considered a moment ago. When ego state changes are regarded as shifts of defensive tactics to escape relational dilemmas, then apparently unpredictable mood swings and irrational transference reactions can emerge as meaningful defensive maneuvers.

Observing that the preceding defensive tactic may have permitted self-protection but risked abandonment, or vice versa, enables exploration of:

1. The consequences of the defense that led to the shift in ego state,
2. The two sides of the dilemma, and how they're approached by each of the ego states,
3. Why this shift in defensive strategy was necessary historically,
4. Whether fear of abandonment or abuse is realistic in the present circumstances.

Placing the dilemma within the historical context of powerlessness may help to relieve the patient's self-condemnation over participating in, experiencing pleasure, or failing to escape abuse. Feeling justified, she can begin to perceive her present situation more realistically, without dissociating major facets of it. Contrasting the lack of viable alternatives in the past with her current life situation permits discovery of more adaptive means for attachment and self-protection, while maintaining awareness of potential threats.

Bridging Dissociated Ego States

Effective interpretation of switches between ego states must take into account whether the dissociation between ego states primarily segregates working models of interpersonal relationships, as in BPD, or creates a separate

sense of identity, agency, and history, as in DID. There may be amnesia for traumatic memories in either case. To maintain functioning and avoid flashbacks, decompensation, or suicidal impulses, dissociative barriers must be broached gradually (Fine, 1991). The patient should be taught techniques for containing memories and managing the extent of sharing between ego states (Kluft, 1993, 1996, 1997).

In BPD, the significance of the behavior and uncharacteristic affect of the alternate ego state may be denied. The patient may experience a loss of agency or identity, expressed as “I felt out of control, as if I wasn’t myself.” Confrontation too early with ego-dystonic behavior may break down defenses, leading to depression, suicidal impulses or termination of treatment.

In DID, communication between states may cause intense reactions, because masochistic and sadistic ego states are often entangled in internal dynamics that mirror the relationships of the child with abusive caretakers. Perpetrator ego states may be perceived of as separate persons, outside the physical body (Blizard, 1997a, b; Young, 1992), increasing the danger that one ego state may try to “kill” the other. A sadistic state may deem a masochistic state too vulnerable, inviting exploitation. She may abuse the victim state to reassert control and disown her own fear. The victim state may collude with the perpetrator state’s abuse to reaffirm the attachment between them. Or in the worst case, if the offending ego state is recognized as a part of the self before there is sufficient ego strength to understand its purpose, death by one’s own hand may be seen as a deserved punishment for abhorrent behavior.

Gradually helping ego states to acknowledge the adaptive roles of other states, within the historical context of their origins, helps the patient accept contradictory aspects of the self. This provides a framework within which masochistic and sadistic ego states can begin to appreciate the contributions of one another to survival, allowing integration of dissociated affects, perceptions, needs and memories into a more adaptive defensive structure.

Transference and Countertransference

In projective identification, perceptions, affects and needs that are not consonant with the prevailing ego state are projected onto the object. The patient behaves as if his disowned characteristics were part of the object, subtly manipulating the therapist to experience the unacceptable feelings and impulses. “Patient and therapist become the inevitable participants in transference enactment, each unwittingly playing a role written from the patient’s past” (Baker, 1997, p. 214). The patient’s transference enactment may illuminate the dynamics of the active ego state, while the therapist’s countertransference reactions may reveal the disowned ego state.

In a masochistic transference, the patient tends to be dependent and idealizes the therapist, onto whom the abuser role is projected. Anticipating punishment or abandonment, the patient may be overly compliant, denying hurt or anger toward the therapist, unable to self-protect except by withdrawing. By accepting maltreatment as deserved, the patient risks becoming a “sitting duck” for a truly abusive therapist (Kluft, 1990).

Countertransference reactions to a masochistic state make it easy to miss seeing how the patient endangers herself, and be seduced into crossing therapeutic boundaries to rescue her. Conversely, the therapist may be maneuvered into contempt for the patient’s failure to self-protect, and collusion with her belief in martyrdom.

In contrast, in a sadistic transference, the patient appears self-sufficient, dismissing of the therapist, defiant, hypervigilant, and belligerently self-protective. The patient may become an ‘expert,’ projecting vulnerability, and making the therapist feel incompetent. In response to fear of rejection, the patient may intimidate the therapist. As one patient declared, “My fantasy is to kill you and myself so we can spend eternity together.” The risk to the therapist’s safety must continuously be weighed against the patient’s ability to contain acting out (Hall, 1989).

Because the natural response is to focus intently on a sadistic person’s perceptions and expectations, it is easy to be manipulated into a masochistic role, placating the patient, or failing to set therapeutic boundaries. Conversely, when bombarded with sadistic projections, the therapist may feel outrage, lose objectivity, become unable to interpret the vulnerability beneath the defenses, and retaliate sadistically.

CONCLUSIONS

For persons who grew up with abusive primary caretakers, caught, as if between the Scylla of abuse and the Charybdis of aloneness, masochistic and sadistic defenses offer only fleeting relief from the swirling vortex of relational dilemmas. Maltreatment must be dissociated to perpetuate attachment, while fear of abandonment must be disavowed to protect the self, an inherently maladaptive defensive strategy. A new therapeutic paradigm, based on understanding adaptive needs, relational dilemmas, and defenses in their historical context, provides a framework for attachment and self-protection to be perceived concurrently and pursued adaptively.

NOTE

1. While pain or humiliation may be paired with sexual stimulation in the process of sexual abuse and thereby become a conditioned stimulus for sexual arousal, that is beyond the scope of this paper.

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