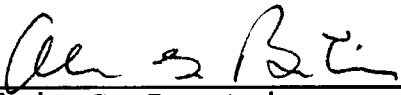
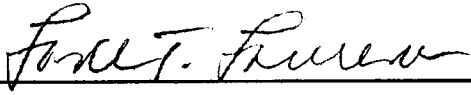
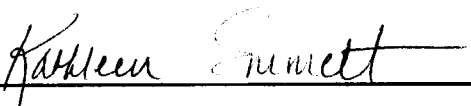
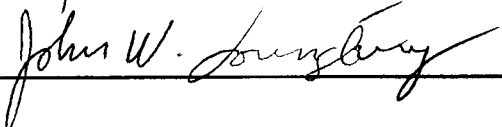


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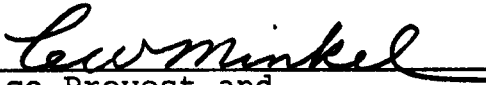
I am submitting herewith a dissertation written by Elizabeth Merle Bragdon entitled "Autonomy and Masochism in Women." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.


Alvin G. Burstein
Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:


Vice Provost and
Dean of The Graduate School

AUTONOMY AND MASOCHISM
IN WOMEN

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Elizabeth Merle Bragdon
December, 1989

To a woman I love and admire,
Eleanor Cook Bragdon
My mother.

ACKNOWLEDGEMENTS

One of the most important things I learned from this endeavor is how absolutely true it is that to act autonomously does not mean to act alone. In the manuscript I explore the distinction between autonomy and independence conceptually. But in my daily life since the inception of this project I have lived this lesson. My "teachers" have been an almost unbelievable number of people who gave freely of their time, intellect, expertise, companionship and patient, thoughtful support. Because of the significance of their gift, I wish to thank by name as many as I can.

First of all, I would like to extend my appreciation to my committee. My chairman, Al Burstein, has provided tremendous support, guidance, and structure throughout this effort, while allowing me much latitude in exploring this subject of genuine interest to me. I am grateful to Lance Laurence for his thoughtful discussion of theoretical issues, and for his reliable concern for my well-being. Kathy Emmett's presence was valuable as a woman and a scholar who contributed genuine interest in the research, careful readership, and incisive questions and commentary. Thanks also to John Lounsbury who in the early stages of this project provided invaluable guidance in research design and statistics, and hands on assistance with data analysis.

Other faculty have contributed to this endeavor. Thanks to Sandra Loucks for thought-provoking discussion, for taking genuine pleasure in my accomplishment, and especially for her friendship. I am very grateful to Charles Cohen, a virtuoso thinker whose seminar on women and depression contributed significant insights and introduced me to Buytendijk and Chassaget-Smirgel. I appreciate the generosity of Richard Ryan at the University of Rochester who provided literature and instrument consultation. Warmest thanks to Jack Barlow for being such a fine intellectual mentor in all respects.

Laurie Beevers, Saroj Chand, Liz Elliot, Elaine Erickson, Pauline Eastham and her associates, Diane Humphries-Barlow, Maryjane Keim, Robert Levy, Steve McArthur, Anne McIntyre, Wes Morgan, Laurie Morrison, Wilhemina Simmons, Karen Swander, Nan Willis, Demaris Young, Howard Friedman and the staff of Ridgeview Psychiatric Center, Margeret DelMonaco and the staff of Overlook Mental Health Center-Maryville, Pete Watrous and staff at Cherokee Mental Health Center, Selestine Atkin at U.T. Psychological Clinic, and many friends mentioned elsewhere most generously assisted with the data collection.

Needless to say, I am tremendously grateful to the women who gave time and candor to participate in this research.

Janet Carnes has been wonderful in helping with computer problems and many of the niggling details of this process. Thanks to my undergraduate assistants, Charlie Jenkins, Melissa Moore, Julie Wood, and Richard for their help with collation, data entry, and scoring. I am grateful to Tim Hulsey for his SPSS consultation, and special kudos to Jules Griffith for being a topnotch "right-hand woman" in the day-to-day management of this project. Along with countless near-graduates, I am indebted to Ann LaCava whose resourcefulness, availability and buoyant spirit make "manuscript hell" more than bearable.

Many friends have contributed to my intellectual and personal growth, and general well-being during these tough seven years. From philosophical debate to furniture moving, care and feeding to celebration, I am delighted to reflect on all the ways they have enriched my life. Thank you Joyce Cartor, Chuck Jones, Bethany and Russell Keith, Judy Finley, Debra Bond, Mavis Bryant, Joanna Williams, Mike Hawthorne, Bob Castino, Connie Cole, Kathryn White, Ken Wahlers, Kristy Kirby, Bill McGillvray, Trish Ridgeway and Jim Kimball, Kate and Harry Wagner, and New York City mensch, Phyllis Rabine. I am deeply indebted to Jim Koretz, who has been a committed, generous friend through thick and thin. Also deserving special appreciation are Laurel Goodrich who "hears" better than anyone I know, and Marilyn Dapkus who has fed me, clothed me, humored me and allowed me to trash

her apartment as an out-of-town boarder in the final stages of this work.

My family, a tribe of academic types, has been tremendous throughout this project and should know how important their understanding and interest have been. My parents, Douglas and Eleanor Bragdon have been spontaneous and generous with all manner of material and emotional support. Grad school alumni Edith, Andy and Carole Bragdon have offered welcome advise and encouragment. And thanks to Ben for being the world's greatest kid.

Finally, I come to two people without whom this endeavor certainly would have been more time-consuming, anguished and perhaps impossible. Karen Josvanger has kept abreast of every aspect of this study since its beginning. She made herself ever available to think with me, anchored me when I started to drift into irrelevancies, opened her home for weeklong writing binges, and painstakingly edited the manuscript. Yet her place in my life extends far beyond this - one could never ask for a truer friend. There is no adequate way to express my gratitude to Michael O'Connell, a beacon in the darkness, (structure) monkey on my back, the toughest kid on the block who helped me fight the demon "Binky". We won.

ABSTRACT

The primary aim of this study was to investigate the hypothesis, derived from a large body of theoretical literature, that disturbances in the development of autonomy are a central feature of masochism in women. Two sets of research questions were investigated. The first explored the relationship of masochism, measured by the Self-defeating scales of the Millon Clinical Multiaxial Inventory-II (MCMI-II) and the Personality Diagnostic Questionnaire-Revised (PDQ-R), to autonomy related variables, using the General Causality Orientation Scale and the Structured Analysis of Social Behavior (SASB) Intrex Introject Questionnaire. The second set of questions concerned the relationship of masochism to family of origin characteristics assumed to be relevant to the development of autonomous functioning in the individual. These characteristics were assessed using the Family Environment Scale (FES). The above named instruments were administered to 135 women engaged in outpatient psychotherapy.

Significant findings supported two of the hypotheses tested with respect to autonomy-related variables. Evidence of masochism was found to be related to a weaker autonomy causality orientation in the study's participants and to a stronger impersonal causality orientation. No significant relationship was found between masochism and the

participants' endorsement of a control causality orientation. Contrary to prediction, a significant negative relationship was demonstrated between masochism and the SASB measure of controlling attitudes toward the self, suggesting a more complex relationship between masochism and introjected attitudes than hypothesized. No significant relationships were found between masochism and the family of origin variables. In conclusion, the study supported the hypothesis that problems with autonomy-related factors are related to masochism in women, but further research is necessary to investigate the nature of introjected attitudes toward the self and etiological influences.

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INTRODUCTION

Feminist folksinger, Holly Near, once told her audience that she had stopped trying to sing the blues because, "the words to the blues that have written for women are real hard to get behind....it goes something like this: Beat me, kick me, I'll go anywhere you want me to and I won't mind." Her solution? She wrote her own blues number, wailing, "Get off me baby. Get off and leave me alone."

Her comments in word and song capture the echo of a deeply engrained cultural truth. Traditional blues tell us that willingness to suffer and submit as the price of love have somehow been accepted as women's lot. Holly's song speaks to women in an era of "raised consciousness" newly determined to take responsibility for self-definition and assertion of their own needs and wants. But for a large number of women "get off and leave me alone" are hard words to get behind.

An emerging paradox in today's society is that despite more than fifteen years of renewed feminist activity, including consciousness-raising, assertiveness training, and political activism, all focused on freeing women from culturally induced roles, women in the 80's are flocking to books, lectures and groups that speak to a propensity to subjugate the self to the other. While such formats often avoid the use of the term "masochism" in favor of more

politically neutral phrases ("co-dependency", "women who love too much", "relationship addiction") the dynamics discussed essentially reflect the psychoanalytic theory of masochism.

Two ideological issues seem to have interfered with broadbased, effective study of this complex phenomenon. The first is an explanatory emphasis on sexist socializing forces which tend to endorse a social learning theory view of masochism. A second issue lies in problems with the term itself. Through historical association with early psychoanalytic models of healthy feminine adjustment, "masochism" has acquired connotations seen to promulgate the oppression of women. Furthermore, the much disputed "pleasure in pain" notion associated with the term is often seen to support a narrow-minded, "victim blaming" attitude toward women with these problems.

A basic assumption underlying this study is that masochism in women is not described with sufficient precision as the adherence to culturally prescribed norms for feminine behavior. This may be an accurate description of the phenomenon from a sociological standpoint, but fails to take account of the psychological mechanisms by which socializing events are transformed into the fabric of an individual's experience and definition of "self", for good or for ill. Because the family serves as the first and primary agent of transmission of culture, examination of how

early experience with family members may become internalized in personality structure and dynamics is an area worthy of study. Internalized psychic reality generates a sense of identity, as well as the forces and expectations which determine behavior and relations with others. A one-sided insistence on addressing the phenomenon as purely sociological does little to further understanding of the highly personal issues involved in a woman's overcoming the effects of what may well reflect deleterious cultural values.

There are several writers, including feminist psychological researchers and clinicians, who address in more comprehensive a fashion how an orientation towards self-sacrifice and suffering may frequently become ingrained in the development of female identity. Some use terms other than masochism to describe this orientation, e.g. "the Selfless Syndrome" (Lemkau & Landau, 1986). Perhaps coining a new term is desirable at this point in time if we cannot remove the offensive connotations of the old. The rather homogenized term, "Self-defeating Personality Disorder", however, seems to have sacrificed information for political safety. Psychopathology, whatever its form, is ultimately self-defeating. A more incisive term, suggested by University of Tennessee professor, Charles Cohen (personal communication, 1987), might be "Self-Abnegating Personality" which gets at the heart of the masochistic problem:

sacrifice of attention to one's own wants, needs, ambitions or even the awareness of these, in a fruitless attempt to become the perfect "other." Jessica Benjamin (1988) more eloquently describes this as acceptance of a lack of "subjectivity", a willingness to offer recognition to the other without expecting it in return, and clearly ties this idea to gender arrangements in our culture (Benjamin, 1988).

Whatever the problems associated with nomenclature, it would be pointless to abandon accumulated clinical knowledge about masochism derived through a long history of psychoanalytic endeavor. It is from this body of knowledge that the present study proceeds.

In a recent colloquium (Panel, 1987)presenters Howell, Kafka and Weber defined masochism as a relational disorder characterized by an addictive need for attachment at any price. They identified two major clusters of symptoms: (1) developmental difficulties in the capacity for attachment manifest in object hunger, separation anxiety, obsessive preoccupation with the partner's failings, splitting, and conscious but unexpressed rage, and (2) deficits in autonomous functioning, including impaired initiative and assertion of will, and a faulted sense of entitlement. The present study aimed to systematically investigate the latter cluster by systematically exploring the relationship of masochism to autonomy-related variables and to family of origin characteristics predicted to influence autonomous

development in a broad sample of women engaged in outpatient psychotherapy.

CHAPTER I

REVIEW OF THE LITERATURE

The 1987 edition of the Diagnostic and Statistical Manual (DSM-III-R) published by the American Psychiatric Association introduced "Self-Defeating Personality Disorder" as a research diagnosis. Its essential character is taken to be the individual's pervasive pattern of self-defeating behavior which may include his or her tendencies to avoid or undermine pleasurable experiences, to become drawn to situations or relationships in which he or she will suffer, and to prevent others from providing assistance. This diagnostic category is a revised version of the previously discarded Masochistic Personality Disorder (DSM-II, 1968), renamed in order to avoid some of the implications of the term masochism, especially classical psychoanalytic views of female sexuality and of early psychoanalytic instinct theory.

Despite the use and evolution of the concept of "masochism" in the psychoanalytic literature since Freud's early writings, investigation of this psychological concept has attracted virtually no empirical research aside from clinical case studies. Indeed, until the past decade, perhaps because increasing sexual tolerance brought the concept of perversion into question, the term "masochism" had become little used in general psychological nomenclature

outside psychoanalysis. Within the field of psychoanalysis, however, clinical writing on the concept has had a rich history and has resulted in continually evolving theory in an attempt to better understand the phenomena which the term masochism has come to describe. Maleson (1984) points out that in this evolution the very definition of the term has become overly general and inexact. It has come to refer variously to a presumed motivational pattern for specific acts, a sexual perversion and its derivatives, a pathological feature of many forms of disorder, a specific character style, and an inevitable, ubiquitous aspect of normal development. Perhaps because of the construct's complexity, and the diffusion of interpretation about what manner of thing it represents, it has been more a concern of clinical scholars than of empirical researchers.

Presumably because of the clinical utility of the concept, interest and controversy have increased since inclusion of "Masochistic Personality Disorder" in the DSM-III-R was first proposed. The debate over this proposal was heated (Caplan, 1984; Collins, 1985; Virsida, 1985; Herron & Herron, 1985; Russ & Grossman-McKee, 1985; Shainess, 1987). It appears that outside (and to some degree within) psychoanalytic circles, the word masochism continues to carry the original connotations provided by Freud (1919) of representing the experience of libidinal pleasure in pain, despite the fact that the majority of theorists concerned

with the problem have redefined it in significantly different terms. Further incendiary associations originated with Freud's and Deutsch's (1930) hypotheses that normal, well-adjusted adult women were ipso facto masochistic. Although more contemporary psychoanalytic writers have eschewed such a notion (e.g. Blum, 1977), connotations which may be regarded as sexist have continued to live on and possibly lead to bias in the treatment of patients.

The Clinical Literature on Masochism

Prior to Freud, masochism became the subject of scientific study by writers interested in sexual perversion. Krafft-Ebing (1900), a descriptive classifier in the Kraepelinian tradition, first coined the terms "sadism" and "masochism" after the Marquis de Sade and Leopold Sacher-Masoch, each of whom novelized accounts of their particular sexual deviation. Krafft-Ebing grouped both sadistic and masochistic patterns under the term *algolagnia*, the perversions in which sexual pleasure is derived from the inducing or receiving of pain. As his interest was in developing a medical nosology for the perversions, *algolagnia* was treated as a disease entity, to which some segment of the population was likely to fall prey.

Freud undertook the task of discovering the intrapsychic dynamics of masochism, a task which by his own admission he never completed to his satisfaction. In the

course of his theorizing, he developed two well elaborated theories of the phenomenon, paralleling the general evolution of his thought.

The first model is most clearly explicated in his paper, "A Child is Being Beaten" (1919) and concerns itself specifically with masochism as a sexual perversion manifest in the masturbatory beating fantasies of patients. Based in his earlier structural theory, masochism is seen to be a particular expression of libidinal instinct. Sadism is seen to be a natural aspect of the libidinal drive, and masochism as sadism "turned around on the self". This arises, he suggests, as the result of unresolved Oedipal conflicts which produce an unconscious sense of guilt and need for punishment. Fear of castration and guilt over incestuous wishes are thought to result in the beating fantasy, a compromise formation embodying both sexual pleasure and feelings of guilt and shame. Structurally, rather than the superego effecting a renunciation of this libidinal striving, which would be the outcome of normal development, the superego becomes the source of libidinalized attack.

Freud initiated the study of masochism as a character problem with "The Economic Problem of Masochism" (1924). In this paper he departed from his earlier focus on masochistic sexual perversion and eroticized superego punishment for Oedipal crimes. Here he elaborated two associated syndromes: that of "feminine masochism", seen as

pathological only when it reflected a feminine identification in men, and "moral masochism", which led to later study of the "moral masochistic character". Freud's formulation of this disorder remained tied to his dual instinct model of psychological functioning. He conceptualized moral masochism as representing unconscious pleasure in suffering derived from the fusion of the libidinal and death instincts. It is noteworthy that in this paper, Freud shifted from his earlier emphasis on a sadistic superego to a masochistic ego for which "The suffering itself is what matters," (p.166).

In step with an increasing interest in psychic structure (e.g. id, ego, superego) in contrast with instincts, theorists identified with the ego psychology school of psychoanalysis further developed the theme of the "masochistic ego". These theorists expanded understanding of the concept of "moral masochism" by increasing emphasis on the defensive structure of the disorder, its typical object relational patterns, and the etiological or predispositional role of preoedipal experiences. Although a number of divergent views about the fundamental aim of masochistic dynamics developed, a number of authors focus on inhibited development of autonomous ego functioning based in early experience in the family, especially with the maternal object, as the prototypic masochistic pattern (Menaker,

1953; Bromberg, 1955; Berliner, 1947, 1958; Bieber, 1974; Panken, 1979; Stolorow & Lachman, 1980; Fenchel, 1983).

A number of theorists elucidate a model of personality structure in which the masochistic ego acts in response to the dictates of a pathological ego ideal (Bieber, 1974; Asch, 1976; Parkin, 1980). At this point it is advisable to discuss the concept of the ego ideal, its origins and functions. Because delineation of the concept and its relation to the superego remains a matter of theoretical debate (Chasseguet-Smirgel, 1985), a formulation salient to this discussion will be presented first.

Generally the ego ideal is regarded as a psychological structure embodying the idealized image of the self toward which the individual strives, and which regulates the development of interests, values, and aspirations. Several theorists take the origin of the original ego ideal as the internalization of the valued and envied aspects of the child's preoedipal mother fused with a primitive omnipotent self-image. Nunberg (cited in Chasseguet-Smirgel, 1985) describes ego ideal formation as resulting from the renunciation of instinct gratification out of fear of losing the love object. He suggests that

Whereas the ego submits to the superego out of fear of punishment, it submits to the ego ideal out of love... the ego ideal is an image of the loved objects in the ego (p.168).

In a similar vein, Annie Reich (cited in Chasseguet-Smirgel, 1985) suggests that formation of the ego ideal is

based upon the desire to cling in some form or another to a denial of the ego's, as well as of the parents' limitations and to regain infantile omnipotence by identifying with the idealized parent (p. 171).

A number of authors similarly link the ego ideal with the wish for fusion with the mother as a means of retaining her love and with the restoration of narcissistic equilibrium.

In normal development, the ego ideal should function to promote maturation by providing a model of the idealized parent with which the ego aspires to identify. Through the acquisition of real capacities, the integration of instincts and object relations, and narcissistic satisfaction resulting from partial realization of identification with idealized objects, the ego becomes closer to its ideal with consequent enhancement of self-esteem.

Ego ideal pathology is thought to ensue when the unconscious aim to regain fusion with the original maternal object is diverted from the course of ego development toward some other end. Chasseguet-Smirgel asserts that

this maturative ego ideal may be eclipsed, given a prompt to the hope of eliminating the margin between the ego and the ego ideal by other routes than those of development. The mother is able to play a fundamental role here by "misleading" the subject, that is to say, leading him away from the "normal" path of development....If the light-source (the ego ideal) is placed in an unsuitable position, phototropism will cause the plant to develop in a twisted fashion in the course of its growth. (1985, p.182)

Thus, a mother who responds to her child's exercise of initiative and new mastery with emotional withdrawal or other communication of injury or displeasure will become internalized not as a model whom the child can feel connected to through identification, but as an object demanding symbiotic and submissive behavior from the child as the price of a sense of security and loveworthiness. It is precisely this form of distortion of ego ideal functioning that numerous authors implicate in the development of masochistic dynamics.

Asch (1976) notes that the masochist is inclined to respond to her or his ego ideal as though it were an object, rather than an aspect of the self. The masochist's ego ideal remains dominated by a special kind of powerful mother, internalized in order to maintain a relationship with her. Asch sees the "need to suffer" as a reflection of libidinal strivings toward this object, epitomized by the "suffering martyr". Commonly this introjected object is one which demands self-abnegating, weak, helpless, suffering behavior as the price of approval and promised love. The masochistic individual responds to the demands of the ego ideal to sustain symbiotic fusion and consequent feelings of self-worth.

Separation through the development of autonomy, on the other hand, is experienced as an overt act of hostility which may unconsciously be perceived as resulting in the

death of the loved object (Asch, 1976; Modell 1965; Andresen, 1984). Given this internal structure, should the individual focus on the development of abilities arising from one's own needs and wants rather than attention and submission to the ego ideal, anxiety will erupt as affects associated with destruction and loss of the object threaten to surface. Asch suggests that the child learns to protect the needed object by giving up the wish to separate, turning toward the self intensified aggression which would normally be neutralized in the separation-individuation process.

Recent developments in self psychological theory introduced by Kohut (1971, 1977) have facilitated a clearer understanding of how masochistic behavior serves to restore a cohesive sense of self in individuals whose self-representation has been rendered vulnerable by injurious experience in the preoedipal era. Robert Stolorow (1975; Stolorow & Lachmann, 1980) discusses how the masochist with self-structural deficits sustains merger with an idealized parental imago (essentially correspondent to the ego ideal) through submissiveness, self-denial and self surrender in his or her object relationships. Fantasied merger with this archaic idealized selfobject provides narcissistic sustenance and the loan of missing or defective psychic structure. This primitive arrangement serves as a substitute for the development of autonomous ego function that would ordinarily lead to reliable self and object

representations (Asch, 1975; Stolorow & Lachman, 1980; Schad-Sommers, 1982).

All of these theories point to the inclination of masochistic individuals to forfeit the development of autonomy, the experience and exercise of free choice, in favor of submissive, non-self enhancing relationships with others as a function of the psychic residuum of early experiences with demanding or controlling others. This psychic residuum is theoretically embodied in an internal relationship between the masochist's self and an introjected parental imago or ego ideal which must be appeased to forestall the experience of abandonment and/or loss of self-esteem and self-integrity. The internal sado-masochistic arrangement is replicated in the individual's relationships with other people in order to provide controls for behavior that is not internally regulated (Bieber, 1974), shore up defective self-structure through a self-selfobject relationship (Stolorow & Lachman, 1980) and/or strive to change a rejecting object into a perfectly gratifying one (Schad-Sommers, 1982). Whether through actual interactions with real people or a fantasied object or both, behavior is initiated and regulated according to the demands of some agency other than the ego. When this arrangement breaks down, the individual is prone to experiences of extreme helplessness, loss of affective control and self-disintegration.

Etiological Theories

Clearly these theories imply prototypic patterns of early experience. There is some difference of opinion about the etiology of masochistic pathology. Schach-Sommers (1982) describes two overlapping, composite pictures of the early maternal relationship she has commonly found in masochistic patients. The etiological scenarios described by most theorists are consistent with one or both of these. In the first she describes a childhood relationship with a mother figure who is hostile and rejecting of the child. Persecution of the child coupled with induction of humiliation and shame is obscured by an element of seductiveness by the parent in the guise of oversolicitousness, devotion, and self-sacrifice. Other authors describe bullying and teasing, physical abuse and other expressions of hostility and exploitation. They emphasize that such treatment in the hands of a critically needed parent predispose the future masochist to love, not mistreatment, as is often supposed, but a mistreating object (Loewenstein, 1957; Fenchel, 1983; Bieber, 1974; Berliner, 1958; Bromberg, 1955; Parkin, 1980).

The second etiological picture involves a mother who treats the child as a narcissistic extension of herself. Gratification by these mothers is not contingent upon the child's need state but on the mother's, which she may

project onto the child. She may implicitly or explicitly promise that the child is "the chosen one" and act to discourage separation and sustain an intense symbiotic tie. Maternal sadism may arise in the form of narcissistic rage. Schad-Sommers cites the example of mother who hit her child when he cried, disappointed by this "proof" that he did not love her. Several authors discuss the traumatic failures in empathy by narcissistically preoccupied mothers, which lead to the child's continual narcissistic mortification and acceptance of the role of responding to the mother's needs at the expense of their own (Eidelson, 1948; Menaker, 1963; Bieber, 1974; Asch, 1975; Panken, 1973, 1979; Schad-Sommers, 1982).

Many authors address a tendency of the mother of the masochist actively, though perhaps subtly, to interfere with the child's ego development, such that the exercise of ego functions comes to be painfully conflictual, and the child comes to hate autonomous activity. This results from a pattern of maternal behavior towards the child composed of several elements. Fenchel (1983) and Schad-Sommers (1982) describe a rigid, controlling parent who, directly or through guilt induction, demands absolute compliance by the child with her wishes and demands, and prohibits differences of opinion and self-assertion. Others emphasize a lack of rational authority and parental acceptance (Nydes, 1963). In such an environment, expectations for behavior

are unclear and responded to inconsistently. Several authors describe a narcissistically impaired mother who subtly punishes or mortifies the child for autonomous behavior which fails to gratify the mother's need to feel indispensable (Bieber, 1974; Menaker, 1953; Parkin, 1980), and instead rewards weak, suffering and dependent behavior (Bieber, 1974; Bromberg, 1955). An especially prominent feature described by several theorists is the mother's tendency to prohibit the child's expression of affect, especially aggression and anger (Bromberg, 1955; Asch, 1975). Bromberg suggests that characteristically the child is pressured to exercise control over both aggressive and sexual drives before able to do so, and so is subjected to continual experiences of failure with consequent reductions of self-esteem. He states, "It must be remembered that the subjugation of the child to pain by these mothers is invariably accompanied by promises of acceptance, i.e. love," (p.804). Proffered hope is a crucial facet in the masochist's attachment to suffering. With a powerless ego, selfhood is not pleasurable and the mother becomes the sole source of pleasure and retains power over the child overlong in a parasitic relationship.

To summarize, the body of clinical theory agrees that masochistic dynamics arise from problems in the early mother-child relationship. As a child relating to a hostile, rejecting and/or narcissistically impaired mother,

the masochistic individual is subjected to conditions which crippled the growth of autonomous ego functioning and promoted the development of a degraded self-image. The maternal figure here described can be seen as the precursor to the "light source (ego ideal) placed in an unsuitable position" which distorts development, described by Chasseguet-Smirgel. The acceptance of self-abnegation and suffering as the cost of promised maternal love and approval becomes the internalized template for the masochist's future object relationships.

Masochism and Gender

The foregoing discussion of etiology is noteworthy in its emphasis on the mother's personality disturbance and pathological mothering without reference to any larger context. Much of the work which has been done to expand the etiological picture to incorporate the larger familial and cultural context represents an effort to understand the believed greater prevalence of masochism in women, and/or in the development of revised models of feminine personality in which women are not seen as inherently masochistic.

Masochism is not a disorder exclusive to women. The clinical literature documents numerous case studies of males manifesting masochistic dynamics, and in the research of Kass, McKinnon, and Spitzer (1986) and Reich (1987), no significant sex differences were found in the prevalence of

subjects meeting the criteria for classification for Masochistic Personality Disorder. It may be that the etiological patterns, developmental issues, and the manner in which masochistic dynamics are manifested in men differ in ways that have not been fully explored. Such gender differences may, in fact, lead to clinical underdiagnosis of the disorder in men. Despite such findings there is widespread view of this disorder as particularly salient for women. In the DSM-III-R, prevalence rates for the disorder are reported at female to male ratios ranging from 3:2 to 2:1 (DSM-III-R, 1987).

Given that clinical writing has more commonly described the disorder as it has been studied in women, and there is sufficient reason to believe that gender differences may be significant, one can argue that investigation of the phenomenon in its more familiar forms is merited at this early stage of psychometric research. Consequently, the concern of the present study is masochism as it occurs in women, for which the following discussion is pertinent. There are several writers, including feminist psychological researchers and clinicians, who have attempted to explore the conditions which place females at risk for developing these dynamics. Many write of the confounding effects of a cultural ideal for women which promotes selflessness, sacrifice and passivity as desirable attributes which may

frequently become ingrained in the development of female identity. Shainess writes

Masochism...is a cluster of personality traits more predominant in women because of societal restrictions and limitations that diminish their self-esteem and status. This is in addition to the fear and guilt-inducing childrearing practices of significant adults, which men also experience. Thus, women receive a double dose, so to speak (1986, p.267).

An especially prevalent perspective is the culturally-focused theories of etiology which look to the influence of patriarchal values and sanctions in the reinforcement of a "masochistic" cultural ego ideal for women. Contesting the traditional analytic theory of feminine masochism as a "natural", i.e. biologically inherent aspect of women's development, Karen Horney (1935) and Clara Thompson (1942) both sought to explain masochism in women as the result of socioeconomic inferiority and restrictions on adult self-realization, leading to increased dependence and ambivalently heightened vicarious living through love objects. This general orientation has won wide endorsement, especially in the wake of increased interest in women's development with the resurgence of feminism in the 1970's. Understanding the manner in which cultural stereotypes and the unavailability of other avenues for women's development may reinforce development of masochistic dynamics in women is significant for more fully understanding the particulars of how the disorder is manifested in women. Such

elaboration of the larger social context in which psychopathology arises may also provide balance to the perceived "mother blaming" focus of psychoanalytic theorizing.

Much theoretical writing of this ilk has been criticized as presenting a too one-sidedly sociological view of personality development. Barglow and Schaefer write

the cultural conditioning idea implicitly utilizes a behavioristic learning theory model for human behavior that is foreign to the psychoanalytic endeavor, which sees intrapsychic constellations as the final end-product of multiple complex actions between social institutions, rites, and beliefs, the individual's familial and social milieu, and his own drives, wishes, needs, and fantasies (1977, p.408).

Recent study of female personality provide a starting point for a more integrative understanding of the "multiple complex actions" of societal, familial and intrapsychic factors which may be entailed in women's vulnerability to masochism. Several contemporary theorists have focused on the course of gender identity development for women in the context of a primary identification with a same-sexed parent (Dinnerstein, 1976; Chodorow, 1978; Gilligan, 1982; Surrey, 1983; Miller, 1984; Kaplan, 1984, 1986). These authors argue that, while men establish a sense of self based on separation from an opposite sex mother, women develop a sense of self vis-a-vis identification with the same sex mother beginning in the preoedipal era, and so build an

identity based on an embeddedness in intimate relationships.

Chodorow writes,

Mothers tend to experience their daughters as more like, and continuous with, themselves. Correspondingly, girls tend to remain part of the dyadic primary mother-child relationship itself. This means that a girl continues to experience herself as involved in issues of merging and separation, and in an attachment characterized by primary identification and the fusion of identification and object choice. Boys are more likely to have been pushed out of the preoedipal relationship, and to have had to curtail their primary love and sense of empathic tie with their mother. A boy has engaged, and been required to engage, in a more emphatic individuation and a more defensive firming of experienced ego boundaries (Chodorow, 1978, 166-167.)

Following this line of thought, the aforementioned authors have criticized traditional theories of development based on a linear model of separation-individuation as inadequate to describe feminine development. They point out that existing theories describe maturation as a process of ever increasing separation and capacity to function independently from others which more accurately portrays the process of male development in which a sense of separateness and autonomy grows out of comparison with the mother that one is not. By contrast, the conditions of female development are marked by a cyclical process of mutual identification between mothers and daughters beginning early in life, whereby each responds to the feelings and experience of the other in a mutually affirming way. As a result, they suggest that women develop a core self-

structure and basic motivational thrust concerned with growth within a relationship, what they call "self-in-representation". In healthy feminine development, this self is also marked by increasing differentiation, but within a context of continued and increasingly complex engagement with others, rather than through increasing disengagement and self-sufficiency. As Kaplan (1986) writes,

Connection with others, then provides a primary context for action and growth, not a detraction from one's self-enhancement, as is implied in other theories...Engagement in this process in turn fosters the gradual evolution of a differentiated self, a self with its own clear properties, wishes, impulses and so on, but a self which achieves articulation through participation in and attention to the relational process. (p.235.)

In his essay on "Masochism and the Ego Ideal", Blum (1977) seems to anticipate the work of the foregoing theorists, suggesting that it is important to distinguish between superego origins, function, structure and content in males and females, and suggesting that the girl's fear of loss of love, rather than castration anxiety, is a powerful force for superego (including ego ideal) internalization. He further suggests that the motives and identifications of the little girl and her crucial, continuing relation with her mother require more detailed elucidation than they had received to date.

Extrapolating from Blum's theory and those of Miller, Kaplan, and their colleagues, one might surmise that ego

ideal internalization aids the development of the female child in the course of her individuation and continual renegotiation of her relationship with her mother. As the girl confronts separation anxiety in the course of practicing her emerging capabilities, she may aim to preserve her primary bond as well as internalize a guide for her behavior through this introjection of her experience of her mother. A mother who can maintain a nurturing stance while allowing and encouraging her daughter's individuating capacities will promote ego development and provide the core of an approving ego ideal. The security and guide thus provided by this internalization will support the child through subsequent revisions of her relationship with her mother and vis-a-vis her expanding relation to the preoedipal father and family. As the child acquires new capacities and experiences within this healthy maturational matrix, the child's ego ideal is incremented and remodeled after increasingly more realistic and varied identifications. This ego ideal serves as the basis for the development of self esteem in an integrated feminine identity.

This theoretical construction describes the adaptive qualities which emerge from maturational conditions in which both individuation and primary identification occur in relation to a same-sexed parent. Many of the same authors, however, point to the precariousness of this arrangement,

particularly within the existing cultural context. The development of masochistic dynamics can be seen to be one pathological outcome emerging from distortions in this caretaking arrangement, possibly gone awry in response to influences in the larger familial and social systems in which it functions.

In her work, Chodorow (1978) suggests that because mothers and daughters are the same gender, primary identification and symbiosis with daughters tend to be stronger than with sons, and to emphasize and retain narcissistic elements. In other words, mothers may tend to experience their daughters as an extension or double of the mother herself, with cathexis of the daughter as an "other" remaining a weaker, less significant theme. As a consequence she believes that women may be at greater risk for developing problems associated with boundary confusion and lack of separate identity.

Levy (1982), takes this analysis further to point out that the optimal mothering stance towards a daughter may be undermined by the social, psychological and historical conditions of our culture.

Female individuation is often pitted against female nurturing of others, and thus, "good-enough mothering" is particularly difficult to achieve in mother/daughter relationships, where pressures towards compliance to cultural prescriptions of female identity echo back and forth between mother and daughter (p.39).

She describes how the intense bonding in the mother/daughter relationship can function systemically to segregate nurturing from individuation, rather than to resolve their natural relational tension in an integrative way. This occurs when the dyad responds to developmental threats of separation by transmuting intimate bonding into "enmeshed binding."

She outlines four factors which may contribute to this binding process: (1) separation anxiety stemming from overidentification of mother and daughter, (2) cultural prominence of expectations for self-sacrificial nurturance in women (3) social psychological polarization of female individuation and female nurturance, and 4) daughters' inevitable identifications with mothers who are incompletely individuated as well as inadequately nurtured. With respect to this last condition, Levy suggests that women's identities may become damaged to the extent that they have internalized their mothers as victimized and deprived objects, often leading to a self-perpetuating cycle of inadequately nurtured, parentified children repeating a pattern of inadequate nurturing with their own daughters.

Blum similarly describes this pattern with particular attention to the problem of masochism. He cautions that maternal commitment to children, despite inherent frustration or deprivation, is not synonymous with masochistic renunciation, but rather represents sublimation

in the service of the maternal ego ideal and promotes sublimation and mastery in her child. On the other hand,

If maternal ambitions and aspirations are masochistic or narcissistic, they will lead the mother to misread the child's cues and will interfere with the child's development through inappropriate gratifications, restrictions, and demands (1977, pp.183-184).

This may in turn lead to the child's identification with the mother's masochistic tendencies. Blum, likewise, emphasizes the influence of the larger social context, including the girl's relationship with her father, the actual relationship between the parents, and the position of her mother in the family and society on the child's later identifications and feminine attitudes. He, too, has particularly drawn attention to the sociocultural forces which have historically imposed masochistic attitudes upon women.

From a more phenomenological point of view, Buytendijk (1968) describes how culturally-defined meanings for maleness and femaleness become enacted in the developmental milieu. He suggests that girls as they develop are confronted with pressure on all sides to renounce claim to "expansive" proclivities (e.g. exploring the unknown, getting a grasp on things, and dominating) identified with the opposite sex and to assume their "nature," that is, to identify with their mothers who represent their ambivalently regarded dependency. They are likewise discouraged from identification with their fathers or the qualities which

have been appropriated for males. Add to this circumstance that "maleness" obtains more conferred value within the culture. Buytendijk exemplifies with the observation by Deutsch that boys, expected to untie the apron strings are typically encouraged (by both parents) to stand together with the father in opposition to the mother:

....the boy is characteristically rather condescending toward his mother, he behaves protectively toward her and despises her a little, and it is interesting that the father in most cases shows himself well disposed to ally himself to the son in all this....(cited in Buytendijk, 1968, p.178).

Unlike Deutsch, Buytendijk recognizes this pattern as culturally relative, rather than of the natural order.

The ontological dilemma posed for the growing female child, then, grows not only from the developmental confinement imposed by the partialling of human qualities according to gender, but from her growing recognition that to be female and like her mother is to be "despised a little". Beginning in a disparaged state, women are posed with the problem of finding meaning and value in their existence as women. Buytendijk suggests that a culturally supported solution has been to discover value in reconciliation to her lot, i.e., to make a connection between acceptance of sacrifice and suffering, and transcendent "goodness" and so to achieve some degree of harmony with her social reality. Her self-esteem then can be rooted in her so-called "masochistic capacities."

Buytendijk ascribed to the more linear model of separation-individuation in which the girl aims to sever ties with the mother in favor of a connection with the father. He does not address more specifically how the masochistic resolution he describes also serves to maintain the girl's attachment with the maternal object in fact, as she encounters her within the traditional family described, and as a damaged introjected object within the girl's ego ideal, as Levy has more fully explored.

All of the authors cited above contribute some part to an understanding of how the cultural constitution of femininity becomes entwined in the developmental events the growing female experiences in real interaction with her mother, her family system, and extra-familial socializing forces. Their descriptions further elucidate a woman's susceptibility to the development of a masochistic resolution in the formation of gender identity when the conditions of growth are not optimal.

Nomothetic Research on Masochism

The research literature on masochism is highly limited in contrast to a fairly rich exploration of the subject in clinical writing. The present study aims to add to the existing body of nomothetic empirical work, described below, drawing upon the previously discussed theoretical writing for its hypotheses.

The two published nomothetic studies on masochism both concern themselves directly with the development and utility of this diagnostic category. Kass, McKinnon and Spitzer (1986), conducted a study designed to elucidate criteria for the Masochistic Personality Disorder in the DSM-III-R. The results suggested that masochistic personality is a frequently employed diagnostic category which is not significantly redundant with existing DSM-III personality disorders. Eight of the 10 draft items for defining the disorder were found to be highly correlated with clinical judgments of masochistic personality, and to have high internal consistency as an item set. While recommending further criteria development and research, the authors conclude that their data support the identification of masochistic personality as a distinct, clinically relevant diagnostic category.

In connection with this research, the "Self-Defeating Personality Disorder" was included as a provisional diagnostic category in the 1987 Diagnostic and Statistical Manual III - Revised. The criteria for diagnosis with the disorder are the presence of five of the following characteristics:

- (1) chooses people and situations that lead to disappointment, failure, or mistreatment even when better options are clearly available
- (2) rejects or renders ineffective the attempts of others to help him or her

- (3) following positive personal events (e.g. new achievement), responds with depression, guilt, or a behavior that produces pain (e.g. an accident)
- (4) incites angry or rejecting responses from others and then feels hurt, defeated, or humiliated (e.g. makes fun of spouse in public, provoking an angry retort, then feels devastated)
- (5) rejects opportunities for pleasure, or is reluctant to acknowledge enjoying himself or herself (despite having adequate social skills and the capacity for pleasure)
- (6) fails to accomplish tasks crucial to his or her personal objectives despite demonstrated ability to do so, e.g., helps fellow students write papers, but is unable to write his or her own
- (7) is uninterested in or rejects people who consistently treat him or her well, e.g. is unattracted to caring sexual partners
- (8) engages in excessive self-sacrifice that is unsolicited by the intended recipients of the sacrifice

(DSM-III-R, 1987, 373-374.)

The criteria include the proviso that these behaviors do not occur exclusively in response to, or in anticipation of, being physically, sexually, or psychologically abused, nor only when the person is depressed.

Reich (1987) employed a number of standardized instruments, including a modified form of the Millon Clinical Multiaxial Inventory (MCMI) and the revised Personality Diagnostic Questionnaire (PDQ-R), to test Kass, et al.'s conclusions. Reich's findings suggest that masochistic personality overlaps significantly with dependent, avoidant and borderline personality disorders.

He further notes that prevalence for the disorder is so high in both normal (5%) and outpatient (18.3%) populations, that he questions whether a relatively common personality trait is being measured rather than a syndromic disorder. On the basis of its high prevalence, and the overlap with existing DSM-III personality disorders, he argues against the addition of Masochistic Personality Disorder to the diagnostic system.

A problem inherent in Reich's prevalence argument is the implied adherence to a statistical model of normalcy rather than to a psychological model of healthy adjustment. Taken to a greater extreme, such an adherence would lead one to describe such a phenomenon as spousal violence, estimated by research as occurring in as much as 20%-50% of American families (Gelles, 1974; Walker, 1979; Strauss, 1977-78) as nonpathological - a position few clinicians are likely to endorse.

As regards the overlap with other DSM-III-R disorders, the disparity between Reich's results and those of Kass, et al. appear to be a function of design differences. While Kass, et al. examined overlap in prevalence of specific masochistic traits across Axis II diagnostic categories, Reich studied the number of patients meeting criteria for more than one Axis II category of which Masochistic Personality Disorder was one. Secondly, both studies used potentially unreliable methods for measuring Masochistic

Personality Disorder, calling into question the relative validity of each set of conclusions. Thus, disparate findings regarding diagnosis overlap may be an artifact of design and limitations in measurement technology at that time, and so must be viewed as inconclusive pending clarifying research. Furthermore, it appears premature to determine that the Self-Defeating category is redundant before evaluating its relative efficacy in describing the subgroup of individuals who might be otherwise classified, and reconsidering the heuristic boundaries between disorders created by the descriptive criteria presently in use.

Reich's research does, however, point to the lack of resolution as to whether masochism is best understood as a circumscribed personality constellation or a dynamic in personality functioning which is manifest in structurally different personality types.

An alternate research approach to that taken by the above investigators is to explore the relationship between the construct of masochism and theoretically related constructs which make up the postulated "nomological net" that has evolved on the basis of clinical observation. Such a study was conducted by Town (1977), who attempted to validate an original measure of masochism in relation to underachievement. The study resulted in contradictory findings, attributable in part to methodological problems. The author further concluded that underachievement is a

multiply determined phenomenon not simply and directly related to the personality variable of masochism. One might argue that while academic underachievement may theoretically relate to masochism, it bears too distant a relationship within the nomological net to be fruitfully studied given the current limitations of empirical research in the area. A more relevant construct suggested by review of the clinical literature is that of disturbed development of autonomy among individuals who manifest masochistic dynamics, the subject of this investigation.

Problems in the Definition of Autonomy

The word "autonomy" is derived from the Greek words "auto", meaning "self" and "nomos" meaning law; implied in its meaning is the idea of self-governance. Its opposite, heteronymy, refers to being controlled by external forces or compulsions, i.e., the relative absence of volition (Ryan & Lynch, 1989). In the history of its psychological usage, "autonomy" is associated and often confused with the construct of "independence", a term which more correctly implies self-sufficiency or non-reliance on others. Conceptually, however, it is certainly possible to be reliant on a provider without being externally controlled, and for a provider to support autonomy while still providing care. The intermingling of these two constructs has created a degree of confusion in the elaboration of models of

development. Clarification of the term "autonomy" has particular relevance for the subject matter of this investigation.

Hartmann (1950) used the term "autonomy" with reference to the degree to which ego functions operate independently from drive-related conflicts. "Primary autonomy" referred to ego functions which he believed operated in a "conflict-free sphere" from the beginning. "Secondary autonomy" described ego functions which develop out of conflict, but with maturation become increasingly distinct from their original point of conflict. The point of focus in this model is intrapsychic not environmental. Use of the term autonomy implies a form of volitional control by the ego and bears no straightforward relation to a condition of dependence on external objects.

Considered within the context of subsequent developmental models (e.g. Mahler, 1968; Kernberg, 1976; Kohut, 1977) which emphasize the influence of early object relations on development, the original emphasis on drive-related conflict has been superseded to some extent by an emphasis on mother-child interaction patterns and their influence on the growth of internal structure and capacities. With this theoretical shift from the intrapsychic to the interpersonal domain, the idea of autonomy becomes reconstrued in terms of the "self" as the source of initiative in contrast to an "other" (rather than

the ego in contrast to other intrapsychic agencies). Here one can see the manner in which the issues of autonomy and independence become bound up with each other and potentially confounded.

In general, these theories postulate that parenting figures provide a form of "ego coverage" for the child from the beginning of life while the child's capacities and "self" are developing. In addition to the influence of physical maturation, it is theorized that the child gradually builds ego and self functions by internalizing representations of his or her caretaker doing for the child what the child will come to do for itself. Kohut (1977) calls this process "transmuting internalization." For example, initially the infant lacks the capacity to reliably soothe itself when upset and relies upon the maternal object to fulfill this function. Through the processes of internalization, gradually the infant is able to perform this function for itself, and in so doing gains both some measure of autonomy, i.e. self-regulation, and some manner of independence from his or her mother than previously possible. Through much of development, the increasing acquisition of abilities allows for individuation, that is, the increased experience of the self as a separate entity, and the ability to differentiate self-experience from the perceptions and demands of others.

Because through most of childhood, individuation allows an ever increasing degree of functioning independent of direct parental care and supervision, autonomy and independence have easily been coupled together as the goals of healthy development. The need for a conceptual distinction between the two concepts becomes especially significant in understanding the developmental processes of adolescence. Blos (1967) suggests that individuation during adolescence involves the growth of autonomy with respect to internalized parental objects. "Individuation implies that the growing person takes increasing responsibility for what he does and what he is, rather than depositing this responsibility on the shoulders of those under whose influence and tutelage he has grown up" (p.168). This statement clearly refers to growth in self-directed volition, essentially an internal issue, and does not particularly refer to the nature or degree to which adolescents may choose to rely on external others.

The confounding of these two concepts has created controversy, however, in the literature on adolescent development (Ryan & Lynch, 1989; Steinberg & Silverstein, 1986; Hill and Holmbeck, 1986; Bretherton, 1987). Ryan and Lynch point out that frequently the term "autonomy" has come to be used as a label for freedom from parental attachments and the severing of parental ties. Their research, however, provides support for the idea that emotional detachment from

parental support is not necessarily conducive to the growth of adolescent autonomy, and may at times interfere with the consolidation of identity and the formation of a positive self-concept.

As previously discussed, some of the theorists concerned with the revision of models of feminine development have also been critical of traditional theories of separation-individuation in which the implied endpoint of development is competency to the extent to which one is able to function "autonomously." In their discussions, these authors clearly imply by "autonomy" independence and separation from others. Miller's (1984) discussion of the female child's growth of "agency-within-community" is more consistent with the understanding of autonomy proposed here. She describes the girl's development of "agency", that is "being active, using all of one's resources" within the context of imitatively "doing for" her mother and others as her mother "does for" her. This developmental scenario entails "doing" of a different character than typically described in developmental theories because it involves evolving interdependent connectedness rather than "separation" from others and independent task mastery. It also fosters, however, "increased powers and increased 'opinions' about how and what she wants to 'do'" within a broadening scope of action (1984, p.6). The salient point of her argument in the terms of the present discussion is

that autonomy grows within a relational context and need not imply an absence of interpersonal reliance.

The confusion evoked by misinterpretation of the concept of autonomy is evident in an article by Hare-Mustin and Marecek (1986) in which they criticize what they see as the phallocentric bias of viewing "autonomy" as an indicator of psychological maturity. Defining the term as the power to determine one's own best interests, and emphasizing its connotations of self-sufficiency and individualism, they criticize the quest for autonomy as promoting selfishness, the sacrifice of communitarian values, and diminishing capacity for intimacy. They further question whether its achievement by women is either possible or desirable. In the conclusion of their article, they suggest that "autonomy-relatedness" is a false dichotomy, and that our conceptualization of autonomy needs redefinition to incorporate women's more relational mode of self-definition and effectance. Rather than representing a new point of view, the analysis of these authors reflect the confounding of autonomy with independence and resultant misunderstanding as to whether the enhancement of autonomy as a prescribed outcome of psychological growth (and psychotherapy) means the devaluation of attachments and a morally-tinged preference for self-reliance over communal cooperation.

In fact, several psychoanalytic theorists, operating within a more traditional frame of reference, specifically

address the desirability of interdependency in adult life. Kohut (1980), protesting against the same psychoanalytic assumptions about maturity asserts that people continue to need empathically responsive selfobjects even at the highest levels of development. Fairbairn (1952) and Guntrip (1961) describe the path of healthy development as the evolution from infantile dependency to mature dependency. "Mature dependence", a state only realizable in theory according to Fairbairn, would be characterized by full differentiation of ego and object, a capacity for valuing the object for its own sake, and a capacity for giving and well as receiving. Guntrip pointedly states that

Maturity is not equated with independence though it includes a certain capacity for independence....the independence of the mature person is simply that he does not collapse when he has to stand alone. It is not an independence of needs for other persons with whom to have relationship: that would not be desired by the mature (1961, p.293).

"Full differentiation", however, implies freedom from control over one's volition by internal or external objects, which is consistent with the advocated definition of autonomy.

In conclusion, in this investigation the understanding of the concept of "autonomy" employed is that advocated by Deci and Ryan (1985) and operationalized in their instrument, The General Causality Orientation Scale. Their definition of autonomy refers to the experience and exercise of freedom and choice in relation to oneself and others.

The inhibited ego development, and faulted sense of entitlement and initiative theoretically characteristic of masochistic women seems most consistent with impairment in the development of autonomy implied in this conceptualization.

Rationale of the Study

The present investigation aims to demonstrate psychometrically that autonomy disturbances are predictable among women who may be judged to manifest masochistic character pathology to a significantly greater extent than among women who are not masochistic. A second aim of the study is to provide empirical support for etiological explanations of this development through examination of subjects' reports of the family environment in which they were raised.

While clinical scholars have attempted to elucidate these characteristics and their origins for decades, measurement technology inhibited empirical research in this area. The MCMI-II, a recently developed 175-item self-report inventory, includes a scale designed to measure masochistic personality trends. It can be used in conjunction with other measures to evaluate typical patterns of personality functioning, such as autonomy disturbance, theoretically presumed to be related to the construct.

In assessing disturbances in autonomy the investigator will attempt to address different aspects of this construct through subjects' responses to measures of habitual orientation toward the origins of behavior initiation and control, the degree of autonomy-giving versus self-coercion in their behavior toward themselves, and autonomy-related family dysfunction. The data are expected to demonstrate that masochistic dynamics in women will be accompanied by a tendency toward inhibition or disturbance in autonomous functioning. Furthermore, in consonance with etiological theory, masochistic women may be expected to have experienced a genetic family environment characterized by suppression of affective expression and independent self-assertion, and a high degree of control in the midst of disorganization.

CHAPTER II

METHOD

Participants

Participants recruited for this study were adult women aged 22 and older engaged in individual or group outpatient psychotherapy. A clinical population was chosen both to ensure representation in the sample of women likely to manifest masochistic personality dynamics, and to meet the requirements for use of one of the study's instruments (the MCMI-II).

Potential participants were contacted with the assistance of numerous psychotherapists and mental health agencies in the greater Knoxville area, including the University of Tennessee's Psychological Clinic and Counseling Center, three mental health centers, a Child and Family Services office, an employee assistance program, and twenty private practitioners in Knoxville, Maryville, and Oak Ridge. Potential participants were made aware of the research project by means of a letter offered to them by their therapist or made available in the waiting area of the clinic they attended. The letter explained that volunteers were being sought to participate in a study designed to further understanding of issues in emotional development especially pertinent to women. It explained what

participation would entail and its voluntary and confidential nature. Participants were also offered the option of receiving an explanation of the study's group results once the research was completed.

One hundred thirty-five women volunteered for and completed the instruments within the time period allotted for data collection. Respondents ranged in age from 22 to 66 years, with an average age of 35. Two respondents were black, one was oriental, and the remainder were Caucasian.

Nine respondents reported having obtained less than a high school education; 12 completed high school; 35 had completed some college, business school or technical school; 22 had completed 4 or more years of undergraduate education; 28 had completed one or two years of graduate education; 30 had completed 3 or more years of graduate education. Respondents' mean years of education were 15 with a standard deviation of 3 years.

Sixteen participants were students at the time of data collection. Twelve participants reported their occupation as "housewife" or "homemaker". Seven participants were unemployed. The occupational status of the remainder were rated according to the Occupational Categories and Occupational Prestige Scales (Siegel, 1971) ranging from scores of 14 (e.g. personal service attendants) to 78 (e.g. college and university teacher), with a mean score of 51 (e.g. computer programmer, office manager).

Of the 135 women who completed the research instruments, one was eliminated from the sample due to an invalid MCMI-II profile, because inclusion of this instrument was critical to the analyses of all research hypotheses. Four respondents made errors in the completion of the General Causality Orientation Scale; subsequently, their data was eliminated from analyses involving that instrument.

Measures

Masochism

Millon Clinical Multiaxial Inventory II (MCMI-II)

The primary measure of masochism used was the "Self-Defeating" scale (Scale 8B) of the Millon Clinical Multiaxial Inventory II (Millon, 1987). The MCMI-II is a 175 item inventory utilizing a True-False format which yields a profile of 22 clinical scales, of which the "Self-Defeating" scale (Scale 8B) is one. While the scales are consonant with DSM-III diagnostic categories, items were chosen to reflect a broad-based and systematic theory of psychopathology, with scale measures calculated and quantified using actuarial data to represent prevalence rates in the population with reference to sex and race. Consequently, the reference group upon which the instrument

was normed is highly similar to the sample for the present study.

Test-retest reliability of Scale 8B of the MCMI-II has been found to be more than acceptable, with stability coefficients ranging from .72 to .86. Subscale internal consistency for the instrument produced coefficients ranging from .81 to .95, with a coefficient of .90 for Scale 8b (Millon, 1987).

Millon has conducted construct validation studies comparing subjects' subscale scores with clinicians' ratings of subjects two highest Axis II diagnoses according to DSM-III-R criteria (Millon, 1987). Scale 8B scores above the cutting line corresponded to these diagnoses 66% of the time (true-positives), and of those not diagnosed as Self-Defeating, (true negatives) 94% fell below the cutting line. The "total predictive power" of Scale 8B equaled 91% of the cases studied.

Another study compared high-scorers on each of the MCMI-II personality scales with clinicians' ratings of these patients on a checklist of phrases describing attributes in the areas of behavioral characteristics, mood and affective functioning, cognitive style, interpersonal conduct, and self-perception. In describing patients whose highest or second highest MCMI-II scale was 8B, the attributes most often endorsed by clinicians are highly consistent with theoretical descriptions in the literature of masochistic

individuals, thus providing further evidence of construct validity.

Personality Diagnostic Questionnaire - Revised (PDQ-R)

The 11-item Self-Defeating Scale of the Personality Diagnostic Questionnaire - Revised (Hyler & Reider, 1987) was also used as an adjunct measure of masochistic tendency. The instrument, which directly translates DSM-III-R criteria into self-report items, is currently in experimental stages of construction. Subsequently, no reliability or validity information has yet been made available. There is no item overlap between this scale and the Self-Defeating Scale of the MCMI-II.

Autonomy

The General Causality Orientation Scale (ACI)

This scale was designed to measure an individual's perception of the sources of behavior initiation and regulation, called by its authors "causality orientations" (Deci & Ryan, 1985a, 1985b). The instrument yields three subscales which describe three causality orientations: Autonomy, Control, and Impersonal (ACI). An autonomy orientation reflects the experience of interest and choicefulness in the regulation of behavior. It reflects an ability to use the environment as a source of information which informs decisions made on the basis of personal goals and interests.

The control orientation reflects an attunement to external pressures or controls in regulating behavior, although these controls may represent internalized standards. Some initiating events inside the person have been found to function like external controls, equivalent to the introjects of psychoanalytic theory (Ryan, 1982).

An impersonal orientation is characterized by the view that forces in the world or within oneself are uncontrollable and unpredictable, and tends to be associated with feelings of helplessness and ineffectance.

The ACI consists of 12 vignettes depicting interpersonal and achievement situations, followed by three items. Each item represents each of the three causality orientations. The resulting 36 items are rated on a 7-point Likert scale indicating the degree to which the participant would endorse each motivational orientation. Responses are calculated to produce three subscale scores for each participant.

Subtest internal consistency coefficients range from .70 to .76. Test-retest reliability of the subscales over 2 months ranged from .71 to .78. Construct validation studies have demonstrated high correlations with measures of depression, social anxiety, self-derogation, self-esteem, and other theoretically related constructs. (Deci & Ryan, 1985a).

The Structural Analysis of Social Behavior (SASB)

An SASB Intrex Questionnaire was used as a second measure of autonomous functioning (Benjamin, 1977, 1980). The SASB describes interpersonal and intrapsychic experiences along perpendicular axes of autonomy and affiliation. Only the dimension of autonomy was utilized in this investigation. This dimension assesses the degree to which people experience relationships, either with themselves or others, as characterized by control vs. freedom. This dimension is expressed statistically as a "coefficient of control" computed from the sum weightings of the individual's responses along the autonomy axis.

The SASB data is derived from participants' responses to SASB Intrex Questionnaires on which they indicate their attitudes towards themselves or other people on 10-point Likert scales in response to such items as "To make sure I do things right, I tightly control and watch over myself" or "I feel free to let my basic nature unfold as it will". The version of the questionnaire used in this study was the 36-item "Introject" questionnaire, which evaluates participants' reported attitudes and behavior toward themselves.

Benjamin (1985) reviewed extensive research demonstrating the internal reliability and construct validity of the SASB assessment system in terms of percent variance and orderliness using a number of psychometric

statistical procedures, including factor analysis, circumplex analysis, autocorrelation analysis and canonical analysis. Dimensional ratings of items by naive judges provide evidence for a high degree of content validity.

Family Factors

The Family Environment Scale (FES)

The FES is a 90-item true-false scale designed by Moos (1974) to assess the social climate of a family along 10 dimensions. Four of these subscales considered relevant to the development of autonomy were employed in this study: (a) Expressiveness - the extent to which family members openly express feelings and actions; (b) Independence - the encouragement of self-sufficiency and assertion; (c) Organization - order and organization in the family context; and (d) Control - the rigidity of family rules and hierarchy.

Research has demonstrated subscale internal consistency ratings between .64 and .79, item-subscale correlations between .45 and .58, and test-retest reliability between .73 and .86 (Moos & Moos, 1986). Numerous construct validation studies reported by Moos & Moos (1986) have demonstrated positive relationships between FES subscales and numerous self-report and behavioral rating measures of related constructs.

Procedures

Women who volunteered for the study were provided with a manilla envelop containing a consent form, a form requesting demographic information, and the research instruments accompanied by explicit instructions. The measures were administered uniformly in the following order: (1) MCMI-II, (2) SASB, (3) General Causality Orientation Scale, (4) FES, (5) PDQ-R Self-Defeating Scale. The entire administration was gauged to take approximately one hour to complete. Consent forms were stored separately from participants' data, ensuring participants' anonymity.

Research Hypotheses

Level of Analysis of Masochism

Before turning to the specific hypotheses tested in this study, it should be noted that two points of view exist regarding how masochism should be conceptualized as a construct. The creators of DSM-III and those basing their research on this model (Kass, et al., 1986; Reich, 1987), as well as those clinical theorists who write about the "moral masochist" as a personality type treat masochism as a cohesive structural entity, thus as a categorical variable. Other writers (e.g. Kernberg, 1975; Stolorow & Lachman, 1980) view masochism as a dynamic which finds varied behavioral manifestation within a spectrum of structurally

different individuals, i.e. as a continuous variable. Accordingly, masochism as measured by the MCMI-II, was cast as both a categorical and a continuous variable in all the analyses of the hypotheses to follow. Participants who obtained a score on the MCMI-II Self-Defeating Scale of 75 or more were included in the category Masochistic Personality Disorder, in accordance with the instrument's guidelines.

Operational Hypotheses

Specific hypotheses under investigation in this study fall into two groups: one concerned with current evidence of autonomy disturbance as a pervasive feature of personality functioning; the other relating evidence of masochistic dynamics to reported characteristics of their family of origin which are posited to relate to the development of autonomous functioning.

Given the range of individuals who were likely to serve as participants in this research, the influence of demographic variables were controlled for by including age, educational level, and occupational status as covariates.

Hypotheses Pertaining to Autonomy Disturbance

Hypothesis #1: Evidence of masochistic pathology, as

measured by participants' scores on the MCMI-II Self-Defeating Scale and the PDQ-R Self-Defeating Scales, was predicted to be negatively related to autonomous

causality orientation scores on the General Causality Orientation Scale (ACI).

Hypothesis #2: Evidence of masochistic pathology on the MCMI-II and PDQ-R was predicted to be positively related to control causality orientation scores on the ACI.

Hypothesis #3: Evidence of masochistic pathology on the MCMI-II and PDQ-R was predicted to be positively related to impersonal causality orientation scores on the ACI.

Hypothesis #4: Evidence of masochistic pathology on the MCMI-II and PDQ-R was predicted to be positively related to evidence of self-controlling (as opposed to self-freeing) attitudes towards the self as measured by the Control Coefficient on the SASB Intrex Introject Questionnaire.

Hypotheses Pertaining to Family Environment

Hypothesis #5: Evidence of masochistic pathology on the MCMI-II and PDQ-R was predicted to be positively related to a family environment characterized by a low level of expressiveness as measured by the Family Environment Scale.

Hypothesis #6: Evidence of masochistic pathology on the MCMI-II and PDQ-R was predicted to be positively related to a family environment characterized by a low

level of independence as measured by the Family Environment Scale.

Hypothesis #7: Evidence of masochistic pathology on the MCMI-II and PDQ-R was predicted to be positively related to a family environment characterized by a low level of organization as measured by the Family Environment Scale.

Hypothesis #8: Evidence of masochistic pathology on the MCMI-II and PDQ-R was predicted to be positively related to a family environment characterized by a high level of control as measured by the Family Environment Scale.

Multivariate Research Issue

In addition to the single factor analyses proposed above, the relative contribution of each factor as well as the total amount of variance for all 8 factors in accounting for masochism was examined. This was accomplished by using the full set of measures listed above in a multiple regression analysis.

CHAPTER III

RESULTS

Introduction

The results will be presented in three parts. The first part will discuss the results of correlational analysis which examines the study's hypotheses from the vantage point of viewing masochism as a continuous variable. The second part will review the results of statistical analysis in which masochism is treated as a categorical variable. Finally, the results of multiple regression analyses will be examined.

Table 1 displays the ranges, means and standard deviations for each of the ten research variables and three covariates examined in the study. Table 2 presents the frequency distributions of participants scores on the MCMI-II and PDQ-R Self-Defeating scales. Examination of the MCMI-II distribution reveals a basically unimodal distribution with a range from 0 to 117 and median score of 71, as opposed to a theoretical range from 0 to 121, and normative median of 62. Consequently, the current sample appears to be fairly similar to the normative population for the instrument. The similarly unimodal PDQ-R distribution covers the entire theoretical range from 0 to 8, with a median score of 3.

TABLE 1

Ranges, Means, and Standard Deviations for All Variables

Variable Name	Range	Mean	Standard Deviation
Masochism			
MCMI-II	0 - 117	67.59	24.28
PDQ-R	0 - 8	3.13	1.84
Causality Orientations			
Autonomy	38 - 84	69.66	7.84
Control	21 - 73	47.70	8.93
Impersonal	12 - 80	44.29	12.67
Intrapsychic Control (SASB)			
Coefficient of Control	-1 - 1	.66	.39
Family Variables (FES)			
Expressiveness	15 - 66	33.64*	14.55
Independence	1 - 75	37.58	18.95
Order	20 - 70	49.34	14.38
Control	26 - 76	58.84	14.14
Subject Variables			
Age	22 - 66	34.66	7.41
Education	4 - 21	15.48	3.17
Occupation	14 - 78	50.56	13.70

* T-scores

TABLE 2

Frequency Distributions of MCMI-II and PDQ-R
Self-Defeating Scale Scores

<u>MCMI-II Self-Defeating Scale</u>		<u>PDQ-R Self-Defeating Scale</u>	
Scores	# Subjects	Scores	# Subjects
0-14	4	0	10
15-29	7	1	17
30-44	15	2	27
45-59	13	3	27
60-74	43	4	21
75-89	28	5	17
90-104	16	6	12
105-119	8	7	3
		8	1
Median Score	71	Median Score	3

Correlational Analyses

The correlational matrix (Table 3) presents the intercorrelations between each measure of masochism, autonomy-related variables, and family of origin variables. The numbers in parentheses below the first and third rows of figures represent partial correlations of masochism as measured by the MCMI-II and PDQ-R Self-Defeating scores with other research variables after the influence of the covariates of age, education, and occupational status have been partialled out. It should be borne in mind that because occupational status was not available in quantitative form for all participants (e.g. those who reported being students, housewives, or unemployed) the partial correlations are based on 33 fewer cases.

Point biserial correlations (Table 4) were computed casting masochism, as measured by the MCMI-II Self-Defeating scale, as a categorical variable. No major difference was found between these correlations and the Pearson product-moment correlations reported in Table 3, except that as expected some of the former were slightly lower.

It is also noteworthy that the two measures of masochism, the MCMI-II Scale 8B and the Self-Defeating Scale of the PDQ-R were significantly correlated at .62 ($p < .01$), suggesting that the two scales measure a similar construct.

TABLE 3
Correlations Among Variables with Masochism Treated as a Continuous Variable^{a,b}

Variables	1	2	3	4	5	6	7	8	9	10
1. MCMI-II Masochism	---	62**	-40** (33**)	12 (02)	55** (45**)	-27** (19)	04 (03)	-06 (01)	-15 (03)	19* (23*)
2. PDQ-R Masochism		---	-29** (24*)	11 (03)	41** (36**)	-25** (11)	-07 (02)	-02 (09)	-18 (10)	07 (19)
3. ACI Autonomy			---	14	-40**	35**	-05	11	-01	-10
4. ACI Control				---	18*	05	-03	-01	-12	05
5. ACI Impersonal					---	-29**	07	-06	-21*	06
6. SASB Control						---	08	02	17	02
7. FES Expressiveness							---	39**	-13	-51**
8. FES Independence								---	-01	-39**
9. FES Order									---	39**
10. FES Control										---

^a Decimals have been omitted.

^b Figures in parentheses are partial correlation coefficients between masochism (MCMI-II) and autonomy-related and family of origin variables with covariates of age, education, and occupational status partialled out.

*p < .05.

**p < .01.

TABLE 4

Correlations Among Variables with Masochism (MCMI-II) Treated as a Categorical Variable^{a,b}

Variables	1	2	3	4	5	6	7	8	9	10
1. MCMI-II Masochism	---	58**	-30**	06	42**	-27**	01	-01	-15	06
2. PDQ-R Masochism		---	-29**	11	41**	-25**	-07	-02	-18	07
3. ACI Autonomy			---	14	-40**	35**	-05	11	-01	-10
4. ACI Control				---	18*	05	-03	-01	-12	05
5. ACI Impersonal					---	-29**	07	-06	-21*	06
6. SASB Control						---	08	02	17	02
7. FES Expressiveness							---	39**	-13	-51**
8. FES Independence								---	-01	-39**
9. FES Order									---	39**
10. FES Control										---

^aDecimals have been omitted.^bIn these point biserial correlations, masochism is treated as a categorical variable by partitioning subjects into Masochist and Non-Masochist groups. Classification in the Masochist group is determined by a score of 75 or greater on the MCMI-II Self-Defeating Scale.

*p < .05.

**p < .01.

Masochism and Autonomy Disturbance

Of the hypotheses pertaining to the relationship between autonomy disturbance and masochism, two of four were supported with significant correlations in the expected direction. Evidence of masochistic pathology as measured by both the MCMI-II and the PDQ-R Self-Defeating scales was significantly correlated at the .01 level with a weaker autonomy causality orientation (ACI Autonomy), accounting for 16% of the variance vis-a-vis the MCMI-II scale, and a stronger impersonal causality orientation (ACI Impersonal), accounting for 30% of the variance. Contrary to prediction, measures of masochism were significantly correlated at the .01 level in a negative direction with a tendency toward a controlling relationship with the self (SASB Introject control coefficient). Only 7% of the variance was accounted for by this association. No significant correlation was found between masochism and the strength of a control causality orientation.

Masochism and Family of Origin Characteristics

Only one of the hypotheses concerning the relationship of masochistic pathology vis-a-vis the MCMI-II to family of origin variables was supported. A tendency towards greater control in the family was positively correlated with the MCMI-II Self-Defeating Scale at the .03 level. Although the degree correlation was modest ($r = .19$), it was slightly

stronger ($r = .23$) when the contributions of the demographic covariates was removed. In either case, the relationship between these factors accounted for only 5% or less of the total variance.

Disorderliness in participants' family of origin (FES Order) also showed a significant correlation ($r = -.18$, $p < .05$) with masochism as measured by the PDQ-R , and approaches a significant negative correlation with the MCMI-II scale ($r = .15$, $p < .08$). When the influence of covariates is removed from these correlations, however, the correlations fall to .10 and .03 respectively, suggesting that these is an insufficient basis for inference about the relationship of these variables. Again, the amount of variance accounted for by the relationship between masochism and disorderliness does not exceed 4% in correlations using either masochism scale. Nonetheless, it is of interest that family orderliness is found to be significantly correlated in a negative direction with an impersonal causality orientation ($r = -.21$, $p < .02$), suggesting grounds for further investigation of this variable's relationship to the constructs under study.

Neither the degree of expressiveness nor encouragement of independence in participants' families of origin were found to be significantly related to degree of masochistic pathology, nor to any of the autonomy variables. Examination of the mean T-score for both Expressiveness and

Independence (Table 1, p.57) reveal that the study's participants tended to produce lower scores overall on these scales vis-a-vis the normal population on which the measure is based. This suggests that a lower degree of expressiveness and independence in participants' families of origin may be more generally characteristic of women in a clinical sample.

Analyses of Differences Between Groups

In order to approach the study of masochism cast as a categorical variable, i.e. in terms of a "masochistic personality disorder" or "masochistic character", the study's participants were classified in two groups: Masochists and Non-masochists on the basis of their scores on the MCMI-II Self-Defeating Scale. Classification was determined by whether an individual's score fell above a standard cutting line of 75, which would determine placement in the Masochist group. Subsequently, individuals whose scores suggested masochistic tendencies of insufficient strength to be considered indicative of a Masochistic Personality Disorder were classified as Non-masochistic. Both the mean (67.59) and the median (71) of the distribution fell close to this cutting line. Thirty-nine cases (27.45% of the sample) for whom data was missing were eliminated from the analyses. Eighteen of these met the criterion for inclusion in the Masochist group. Of the

remaining participants, 34 were classified as Masochists and 62 as Non-masochists.

The study's hypotheses were examined in relation to these groups using t-tests to test for the equality of means of the two groups on each of the research variables. In addition, a corresponding analysis of variance was conducted for each hypothesis in order to control for the influence of the demographic covariates previously mentioned.

Masochistic Personality and Autonomy Disturbance

Results of these analyses with respect to the autonomy-related variables are presented in Table 5. A pattern of relationships similar to that seen in the correlational analyses is evident, although some of the relationships were not significant at a $p .05$ level. The strongest relationship was found between classification as Masochist or Non-masochist and strength of an impersonal causality orientation ($t = -3.58, p < .001$). This relationship continued to be significant (F-value of 6.84, $p < .01$) after the influence of demographic characteristics was partialled out.

Significant differences between Masochists and Non-masochists on the variables of autonomy causality orientation (ACI Autonomy) and intrapsychic self-control vs. freedom (SASB) were found at the .05 level. Again, the finding involving the SASB was contrary to prediction, with

TABLE 5

Tests of Differences between Masochistic vs. Non-Masochistic
Groups on Autonomy-Related Variables

Dependent Variable: ACI Autonomy				
<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value^a</u>
Masochists	68.29	8.12	2.03*	1.92
Non-masochists	71.47	6.87		

Dependent Variable: ACI Control				
<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value</u>
Masochists	47.26	8.99	1.11	0.24
Non-Masochist	46.92	8.70		

Dependent Variable: ACI Impersonal				
<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value</u>
Masochists	50.62	13.61	-3.58**	6.84**
Non-Masochists	41.42	11.08		

Dependent Variable: SASB Control				
<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value</u>
Masochists	0.58	0.47	2.27*	2.78
Non-Masochists	0.75	0.25		

^a F-values represent tests of equality between masochists and non-masochists using age, education, and occupational status as covariates.

* p .05
** p .01

Masochist obtaining lower self-control scores than Non-masochists. The strength of these differences, however, fall below significance when the influence of age, education, and occupational status is taken into account.

Masochistic Personality and Family of Origin Characteristics

Table 6 presents the results of t-tests and analyses of variance with regards to family of origin variables. None of the hypotheses regarding family characteristics of Masochists vs. Non-masochists was supported.

Demographic Variables

T-tests were also computed to determine whether significant differences existed between groups for the covariates of age, education, and occupational status. The Non-masochist group was found to have had significantly more education, with a mean of 16.27 years compared to a mean of 14.71 years for the Masochist group ($t = 2.52, p < .013$). Occupational status also differed significantly, with Masochists obtaining a mean occupational prestige score of 45.26 in comparison to a Non-Masochist mean of 53.79 ($t = 3.15, p < .002$).

Multivariate Research Issue

In an effort to identify the relative contribution of each factor in accounting for masochistic pathology, multiple regression analyses were conducted using the full

TABLE 6

Tests of Differences between Masochistic and Non-Masochistic
Groups on Family of Origin Variables

Dependent Variable: FES Expressiveness

<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value^a</u>
Masochists	36.94	14.84	-0.99	0.09
Non-Masochists	33.81	14.75		

Dependent Variable: FES Independence

<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value</u>
Masochists	40.68	20.67	-.89	2.08
Non-Masochists	37.00	18.55		

Dependent Variable: FES Order

<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value</u>
Masochists	44.85	15.22	1.96	0.99
Non-Masochists	50.86	13.89		

Dependent Variable: FES Control

<u>Group</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>t-value</u>	<u>F-value</u>
Masochists	58.29	15.20	0.22	0.01
Non-Masochists	58.97	14.13		

^a F-values represent tests of equality between masochists and non-masochists using age, education, and occupational status as covariates.

* p .05

** p .01

set of measures and casting masochism both as a continuous and as a categorical variable. The results of these analyses are presented in Table 7.

When masochism was treated as a continuous dimension using all available data, two variables were found to contribute a sufficient amount of the variance to be worthy of note. The best predictor of masochistic pathology from among the variables studied was the strength of an impersonal causality orientation (ACI Impersonal), which contributed 30% of the variance. The second most powerful factor proved to be the strength of an autonomous causality orientation (ACI Autonomy), contributing an additional 4% of the variance.

When masochism is considered as a personality disorder, the strongest predictor of classification in the Masochist group rather than the Non-masochist group was again participants' impersonal causality orientation scores, here contributing roughly 17% of the variance. Occupational status ranked as the second strongest predictor, contributing approximately 3% of the variance.

TABLE 7

Results of Stepwise Regression Analysis to Predict Masochism

Criterion Variable Analysed: Masochism ^a				
Step	Variable Entered	R	R ²	R ² Change
1	ACI Impersonal	.55	.30	.30**
2	ACI Autonomy	.58	.34	.04**

Criterion Variable Analysed: Masochistic Personality Disorder ^b				
Step	Variable Entered	R	R ²	R ² Change
1	ACI Impersonal	.4166	.1735	.1735**
2	Occupational Status	.4476	.2003	.0268**

^a Masochism treated as a continuous variable based on MCMI-II Self-Defeating Scores.

^b Masochism treated as a categorical variable, classified according to an MCMI-II cutting line of 75.

* p .05
 ** p .01

CHAPTER IV

DISCUSSION

Clinically based theory of masochistic personality functioning has evolved to considerable sophistication over the last several decades, but without the complement of systematic nomothetic clinical research. One can only speculate as to the reasons for this lack. Perhaps it is due in part to the term's involvement in sexist controversy. Possibly, too, contemporary changes in diagnostic nomenclature play a role. It is also probable that the complexity and "murkiness" of the construct has impeded its empirical investigation beyond the consulting room. The climate has begun to change, however, with simultaneous developments in personality measurement technology and renewed interest in a personality phenomenon that retains clinical utility even in the face of socio-political dissension.

As Cronbach and Meehl (1955) point out, the construct validation of psychological tests and of the psychological concepts they are designed to measure are conducted in tandem, as both test and psychological theories entail inferential attributes for which no adequate criteria exist. The validation, then, proceeds by viewing the construct in terms of a "nomological network" of lawfully interrelated propositions involving observable properties or quantities.

These propositions embody varying degrees of inference and of definiteness, depending on the stage of the research and of the theory. Learning more about a theoretical construct is a matter of elaborating the nomological network in which it occurs, or of increasing the definiteness of its components. The purpose of the present study is to contribute to these initial investigatory efforts to validate the construct of masochism within the psychometric research paradigm. Specifically, this study aims to investigate postulated theoretical "links" between masochism and the construct of autonomy.

In the body of psychoanalytic writing on masochism, impaired autonomy is frequently discussed as a central and critical feature of the disorder. The literature describes autonomy disturbances in the dynamic functioning of masochistic individuals, and the etiological familial patterns of autonomy malformation. The link between the masochist's upbringing and her present dynamic functioning is often conceptualized in terms of internalized early relationships, especially a faulty relationship with the maternal object, embodied in the hypothetical psychic structure of the "ego ideal". This structure serves as a template which comes to organize the individual's expectations and valuation of oneself in relation to others, and in the case of the masochist is believed to involve impediments to the development and exercise of autonomy.

The present study was designed to capture the relationships between masochism and these components of disturbed autonomy. The hypotheses break down into two categories: those concerned with participants' current disturbances in autonomy and those concerned with possible etiological factors in participants' families of origin.

The Measurement of Masochism

As previously mentioned, existing measures of masochism are in early stages of development. Cronbach and Meehl (1955) explain that the measures of a construct accrue validity conjointly with the construct they are purported to measure in the course of investigation. Within this context it is meaningful that the two measures of masochism employed, the "Self-defeating" Scale of the MCMI-II, and the "Self-defeating" Scale of the PDQ-R, were significantly correlated with each other ($r=.62$, $p < .01$). Given the absence of item overlap, this suggests that a common, coherent psychological phenomenon is being measured by the two scales.

An additional measurement issue involves the conceptualization of masochism as a continuous versus a categorical variable. While both measures used in this study are constructed around the categorical nosological system of DSM-III-R, the MCMI-II scales permit assessment of personality traits as continua. Because of the theoretical

uncertainty as to whether masochism is best understood as a categorical or a continuous variable, in the data analysis of this study it was cast in both forms. The aim here was not to settle this debate, but to allow for the emergence of relevant patterns of relationship between the variables in either case. Nonetheless, the unimodal frequency distributions presented in Table 2 (p.58) for both measures of masochism suggest that the phenomenon may be better represented as a continuous "trait" than as a circumscribed "disease" entity.

For the purpose of construing masochism as a continuous variable, correlational analyses were run. Masochism was analysed as a categorical variable, i.e. a "personality disorder", in the analyses of variance. The differences in outcome resulting from this division were negligible. For some measures significant (albeit weak) relationships were found when masochism was cast as a continuous variable, but not when cast as a categorical variable. These differences are believed to stem from limitations inherent in categorical analysis. Participants were assigned to Masochist and Non-masochist groups on the basis of their MCMI-II scores. Data from the women scoring in the upper end of the "non-masochist" range were averaged into their group mean. These participants might be considered to exhibit "masochistic trends" that fall short of a personality disorder, but may bear as much or greater

resemblance to women in the Masochist group as to low scorers in the Non-masochist group. Thus aggregation is likely to have diminished the sensitivity of the analyses to detect a meaningful relationship between variables. Because even when the two sets of analyses produced different results these differences were clinically irrelevant, all results will be discussed together under the section pertaining to the hypothesis in question.

Relationships Between Masochism and Autonomy Disturbance

Four hypotheses were tested in connection with the notion that autonomy disturbance is a central feature of masochistic pathology. The data strongly support two of these hypotheses relating masochism to causality orientation. These results will be discussed first. The third causality orientation hypothesis was unsupported. The fourth hypothesis regarding intrapsychic control was not supported, though an unanticipated significant relationship was found in the opposite direction from that predicted.

Autonomy Causality Orientation

It was hypothesized that masochism as measured by the MCMI-II and PDQ-R Self-defeating scales would have a significant negative correlation with an Autonomy Causality Orientation. The predicted relationship was found. This important finding directly addresses the central theoretical

tenets relating masochistic pathology to an impaired capacity for autonomous functioning. An autonomy causality orientation involves using the environment as a source of information underlying freely made decisions about one's behavior. Masochistic women were found to be less likely than other participants to experience this sense of freedom and choice in the regulation of their behavior, a finding entirely consistent with theoretical descriptions of the masochist as believing herself unable to determine how to behave on the basis of established preferences and self-interest. She may, in fact, have difficulty discerning what her own wants and needs would be. Instead, her behavior has become tied to a compulsion to abnegate the "self" in favor of abeyance to others' (perceived) needs and demands in order to preserve a sense of connectedness and loveworthiness.

Impersonal Causality Orientation

Another important contribution to the same aspect of clinical theory was the demonstration of a positive association between masochism and an impersonal causality orientation. In fact, the relationship between masochistic pathology as measured by both Self-defeating scales and the Impersonal Causality Orientation scale of the ACI was the statistically most powerful finding of this study. These results suggest that masochistic women in the sample were

far more likely than non-masochistic women to experience their behavior as beyond their intentional control, to see themselves as incompetent and unable to master situations, perhaps believing outcomes to be independent of their efforts. This description is consistent with clinical descriptions of the masochist's degraded self-image and sense of vulnerability to victimization.

It is also logically consistent that this finding is reciprocal to the negative relationship found between masochism and an autonomy causality. While relative independence between the three subscales of the ACI have been demonstrated, Deci and Ryan's research (1985) has shown a modest negative correlation ($r = -.249$, $p < .001$) between the Impersonal and Autonomy dimensions, a finding which is theoretically coherent. In the present investigation the two scales were even more highly correlated at $r = -.40$ ($p < .001$). Presumably, the less sense of internal volitional control one experiences over one's choices and behavior, the more likely one is to feel helpless in determining one's fate.

Control Causality Orientation

It was also predicted that masochism would be positively correlated with a "control causality orientation", described as a tendency to organize one's behavior with respect to initiating or regulating events

either within the environment or oneself. According to Deci and Ryan (1985), highly control-oriented people do things because they think they "should", or in response to controlling events such as deadlines, surveillance, or extrinsic reward. While this orientation may result in either compliant or defiant behavior, its hallmark is the reliance on (real or imagined) inducements to motivate behavior, rather than personal interest and initiative.

A control orientation was predicted to capture two aspects of masochistic functioning. First, it was believed to represent what has been described as the masochist's proclivity to attune and submit to what she perceives (accurately or not) to be others' needs and demands rather than her own, and to rely on actual sado-masochistic relations with others to provide controls for behavior that is not internally regulated. Secondly, research by Ryan (1982) and Plant and Ryan (1985) has shown that some internal events, e.g. the thought, "I have to do that to feel worthwhile," function more like external controls than like informational inputs which inform the choice process characteristic of an autonomy orientation. They liken these internal initiating events to the introjects of psychoanalytic theory. With relation to masochism, it was expected that this form of evidence of a control orientation paralleled the appeasement of the ego ideal by the

masochistic ego, which becomes the model for external object relationships.

Contrary to prediction, no significant relationship was found between measures of masochism and of a control causality orientation. The failure of the data to support this hypothesis may result from various features of the instrument, rather than faultiness of the theory.

For example, the General Causality Orientation Scale (ACI) contains a predominance of vignettes (eight of twelve) to which the participant responds which describe employment-related situations. One vignette involves a parenting issue and only one involves a close personal friend. One might speculate, especially in light of "self-in-relationship" theories of feminine development, that masochistic women may operate most frequently out of a control orientation within the domain of close personal relationships, which parallels formative relationships with early caretakers, rather than within the achievement sphere. Indeed, research by Paulhus (1983) supports the hypothesis that the relative patterning of causality orientation may be tied to the domain of activity, and more accurately measured by domain-specific instruments.

A second artifact of measurement which may have influenced this finding is the nature of specific items on the control scale itself. Of the twelve responses, three involved being motivated by external rewards, four involved

controlling others' behavior or inducing them to control themselves, three involved attributing blame for negative outcomes on external factors or others, and only one involved allowing one's behavior to be controlled by others' conduct. While high ratings on such items may have been found to correlate meaningfully with a number of related constructs in the general population, few are likely to be characteristic of a masochistic individual's report of their probable responses.

For example, it seems unlikely that most masochistic women, inclined towards self-derogation, would report the attribution of blame for negative outcomes to others. They are probably more likely to rate themselves as incompetent, or to defensively endorse the more socially responsible attitude. Secondly, while masochistic behavior often has the effect of controlling other people, it is unlikely that the masochist perceives herself as intentionally and forthrightly taking a controlling stance. Also, given the masochist's typical sense of non-entitlement, she may have been ambivalent about highly endorsing items related to external reward. Had the instrument been characterized by more responses reflecting submission to or "going along with" others, it is likely that masochistic women would have obtained higher scores on this scale.

Thirdly, although Ryan and his colleagues have found, as previously mentioned, that internal events can function

in a manner similar to external controls, the Control Orientation scale presently contains no items which directly tap such internal controlling events, and in fact revision of scale to include such items is under consideration (Ryan, 1989, personal communication). In light of the importance placed on the masochist's compulsive responding to introjects in psychoanalytic theory, this omission is likely to contribute to non-significant findings between this measure and the measures of masochism.

In summary, while there is theoretical similarity between the "control causality orientation" described by Ryan and his colleagues (Deci and Ryan, 1985), the actual instrument of measurement appears to tap aspects of a control orientation less clearly related to masochistic functioning.

Intrapsychic Control

The introjective aspect of autonomy disturbance was also measured using the SASB Intrex Introject Questionnaire. A negative significant correlation was found between coefficients of control on the SASB and the degree of masochistic pathology on the MCMI-II and the PDQ-R Self-defeating scales. This SASB questionnaire is designed to measure introjected attitudes toward the self presumed to reflect the individual's internalization of significant others' attitudes. The control coefficient represents the

extent to which individuals experiences themselves as self-restraining as opposed to "letting themselves be". For the ease of discussion, this dimension will be referred to as "intrapsychic control". The finding of significantly lower coefficients of control for masochistic women is opposite of what was predicted. It was postulated that masochists would feel more internal compulsion to carefully monitor and manage their behavior in compliance with the dictates of internalized standards or demands, and less able than participants with lower masochism ratings to freely choose a course of conduct (whether it be adaptive or not) on the basis of personal want or need. The data suggests that this hypothesis is wholly incorrect, or at best, is too simple a formulation to account for the masochist's internalized attitudes toward herself.

The finding of a tendency in the opposite direction of that predicted requires careful consideration of what the SASB control coefficient represents. While a high control coefficient may reflect the tendency of an individual to be dominated and controlled by internalized demands and expectations, the items contributing to a high rating may not comprehensively capture the nature of the masochist's ego ideal.

The SASB model of personality is circumplex in form. Participants' responses to each Intrex questionnaire item is plotted along two perpendicular axes: (1) the continuum from

self-control to "letting oneself be", and (2) the continuum from self-love to self-hate. The coefficient of control collapses scores along the second continuum to obtain an index of the degree of self-control reported for each participant. While it appears logical to expect the opposite of self-controlling attitudes to be autonomous attitudes, examination of the circumplex model shows this to be a spurious assumption. Items falling in the quadrant of the circle representing high self-love and low self-control, e.g. "I comfortably let myself hear and go by my own deepest inner feelings," are consistent with an autonomous attitude. However, items in the quadrant representing high self-hate and low-self control, e.g. "I just let important personal matters, choices, thoughts, issues slip by without paying much attention," are more reflective of self-neglect and passivity. Nonetheless, strong endorsements of such items reduce a participant's control coefficient. Although it is not possible to determine without further analysis, it may be that masochistic participants' control coefficients may be lower than those of non-masochists by virtue of stronger endorsement of items in the "self-neglecting" quadrant. This might be understood theoretically as the internalization of non-empathic, neglectful attitudes by early caretakers who failed to foster in the child attention to her own wants and needs. Endorsement of such items would also be consistent with descriptions of masochists'

sacrifice of self-enhancement in favor of submission to others.

It should be noted that the predictive power of masochism for intrapsychic control (as measured by the SASB) was weakened when participants' age, years of education and occupational status were controlled for. The meaning of this finding is unclear, particularly when one considers that each covariate alone had little predictive value. Furthermore, post hoc analyses add little to its interpretation, revealing such facts as that the difference between 15 and 16 years of education had an impact. What these findings do suggest is that the variable of "intrapsychic control" as measured by the SASB, like the variable of "control causality orientation" measured by the ACI bears a less easily understood relationship to masochism than hypothesized, and warrants further elaboration and clarification.

Summary

The data overall support the study's overarching proposition that masochistic pathology is related to disturbances in the autonomous functioning in women. "Masochistic" women in the sample were more likely to report less of an autonomous causality orientation, and more of an impersonal causality orientation than relatively less masochistic participants. The significant, but unexpectedly

negative finding with respect to "intrapsychic control" fails to provide evidence for the postulated relationship with masochism. It may, however, imply a less obvious intrapsychic link between early formative relationships and current disturbed autonomous functioning deserving of further study.

Masochism and Family of Origin

Based on etiological theories of masochism, four scales (Expressiveness, Independence, Organization, and Control) from the Family Environment Scale were predicted to relate to the development of masochistic pathology. These scales were chosen because of their believed congruence with family of origin characteristics thought to facilitate or inhibit a child's development of autonomy. The analyses involving the four scales will be reviewed separately, followed by a general discussion of methodological issues which may have influenced the results obtained.

Expressiveness

It was hypothesized that masochistic dynamics in adult women would be found to be negatively related to the degree of expressiveness common to their families of origin. The Expressiveness scale of the FES is designed to measure "the extent to which family members are encouraged to act openly and to express their feelings directly" (Moos & Moos, 1986,

p.2). It is characterized by such items as "It's hard to 'blow off steam' at home without upsetting somebody," and "We tell each other about our personal problems." The freedom within the family spontaneously to express personal feelings and wishes, and to act in accordance with them was postulated to facilitate the development of an individuated sense of self and volition. This form of development is presumed to be impaired in masochistic individuals.

The data did not bear out the prediction that masochism would be significantly negatively related to family of origin expressiveness. It is noteworthy, in fact, that the expressiveness scores for this entire sample of women in therapy tended to be depressed (average T-score of 33.64) relative to general population norms. This could imply that low expressiveness in one's family of origin is a characteristic more generally related to emotional difficulties for which women seek treatment. Thereby, failure to obtain the predicted findings may not invalidate the idea that this variable is significant for the development of masochism, as much as it suggests that family expressiveness may not discriminately predict a masochistic outcome. In other words, it may be a non-specific cause of emotional disturbance.

Independence

The dimension of independence in the family of origin was also predicted to be negatively related to masochism. The FES Independence scale is purported to measure "the extent to which family members are self-assertive, are self-sufficient, and make their own decisions" (Moos & Moos, 1986, p.2). It contains such items as "There is very little privacy in our family," and "Family members almost always rely on themselves when a problem comes up." This definition of the independence dimension reflects the previously discussed confounding of the concept with that of autonomy. Nonetheless, or perhaps even more so, a negative correlation with masochism was anticipated. The Independence scale did not, however, relate significantly to measures of masochism.

Examination of the scale's content may provide some clues as to why this hypothesis was not supported. Of the nine items on the scale, three concern the issue of self-reliance. Only one, however, clearly states that self-reliance is openly encouraged. In light of clinical theory which suggests as a child the masochist was typically rewarded for dependent behavior, one would expect a masochistic women to respond negatively. The other two self-reliance items, e.g. "Family members almost always rely on themselves when a problem comes up," may or may not be

considered characteristic of the masochist's family. The children of a narcissistically preoccupied mother, for example, may discover that despite their mother's self-perception as caretaking, she is not always reliable in addressing her children's problems and so they are left to devise their own solutions.

Four of the nine items on the scale refer more directly to separation and boundary issues. The "privacy" item cited above is an example. While certainly such items answered as to indicate separation problems in the family would be anticipated by masochistic respondents, again, such responses may not discriminate between masochistic women and women manifesting other forms of psychopathology. As Chodorow (1978) suggests, boundary problems are likely to be quite common among women because of their primary relationship with a same-sexed caretaker. While this may not generalize to the entire family, it is possible that respondents could be prone to extrapolate from their experience as females in the family to the unit as a whole. Again, the average scores on this scale for the sample (T-score of 37.58) fell more than one standard deviation below the population mean.

Organization

Based on clinical writing which suggests "a lack of rational authority" (Nydes, 1964) in the masochist's family

of origin, and the likelihood of capriciousness in the behavior of the primary caretaker, it was expected that the family of origin of the masochist would be characterized by a relative degree of disorganization. The failure of the environment to provide a clear structure and expectations is presumed to interfere with the child's ability to internalize strategies for effective organization of her own behavior. Consequently, it was hypothesized that measures of masochism would be related negatively to a scale of family organization.

The FES Organization scale is described as measuring "the degree of importance of clear organization and structure in planning family activities and responsibilities" (Moos & Moos, 1986, p.2), and is characterized by items such as, "We are generally very neat and orderly," and "Each person's duties are clearly defined in our family." A slight, negative non-significant correlation was found between scores on this scale and MCMI-II Self-defeating scores of $-.15$ ($p < .09$) and a similarly modest significant correlation with the PDQ-R Self-defeating scale of $-.18$ ($p < .04$). A similar trend was found when masochism was treated as categorical variable.

This finding is weaker than had been expected. This may have resulted again from features of the scale itself in combination with a faulty research hypothesis. With regards to scale content, while the majority of items do refer

directly to the planning, division of labor and a clear sense of expectancies about family functioning, a number of items are most directly concerned with such matters as the degree of household neatness, etc., rather than the existence of regular routines and procedures. High scores on this scale, therefore, may to some degree reflect a quality of rigidity in household organization. While a capricious, disorganized family functioning may interfere with the development of autonomy, it is perhaps equally likely that a rigidly organized household may communicate expectations for absolute compliance, and in so doing undermine the child's capacity to think and plan for herself. Without further analysis, it is impossible to interpret this finding more definitively; however, it is possible that a non-linear relationship exists between the variables.

It is interesting to note that the FES Organization scale was significantly correlated in a negative direction with the Impersonal Causality scale ($-.21, p < .02$), which as previously discussed was significantly correlated with both scales of masochism. This suggests that the factor of family organization bears some relation to the subject matter and warrants further investigation.

Control

The degree of control characteristic of participants' families of origin was hypothesized to relate positively to masochistic pathology. The FES Control scale is said to measure "the extent to which set rules and procedures are used to run family life," (Moos & Moos, 1986, p.2). The scale's items seem to reflect an equal emphasis on the relative presence of a controlling authority ("There is one family member who makes most of the decisions,") and the existence and rigidity of rules ("Rules are pretty inflexible in our household.") Some clinical writing on the etiology of masochism emphasizes the influence of a rigid, controlling parent who demands absolute compliance. Such a parent and the rules they may devise for a child's conduct may be organized around the parent's needs and wants, or some abstract sense of propriety rather than an empathic sensitivity to the growing child's needs. In this circumstance, parental expectations of compliance may discourage the child from learning to think critically or to exercise initiative. Expectations may also prove to be inconsistent with a child's developmental capacities at any given point in time, and lead to repeated traumatic narcissistic failures which will diminish the child's sense of competency and interest in mastery.

A significant but modest correlation was found between the MCMI-II Self-defeating scale and the FES Control scale in the predicted positive direction ($r = .19$, $p < .03$). Surprisingly, the association became slightly stronger ($r = .23$) when the covariates of age, education, and occupational were included in the analysis. The predicted relationship did not hold at all with use of the PDQ-R Self-Defeating scale ($r = .07$, $p < .42$), nor in the analyses in which masochism was treated as a categorical variable for reasons that are difficult to discern. Again the strength of these relationships is less than predicted, perhaps in part due to the general methodological issues regarding use of the FES to be discussed in the next section.

Methodological Issues in the Use of the FES

All of the significant results concerning FES factors and masochism were founded in correlational analyses in which masochism is treated as a continuous variable. The results of the analyses of variance (masochism as a categorical variable) were all non-significant. This is not surprising for two reasons: first, the results of the correlational analyses, while significant, were for practical purposes rather weak, and secondly, as previously discussed, the aggregation of participants into two distinct categories was presumed to diminish sensitivity to any extant relationship. Thus, the general weakness of the

findings involving FES variables calls into question the validity of the study's etiological hypotheses. In evaluating these it is important to more generally consider the appropriateness of the instrument for measuring the family variables of interest.

The FES is a well-researched instrument, whose use has shed light on family characteristics of substance abusers, disturbed adolescents and delinquents, abusive families, schizophrenics, eating disordered individuals, and psychosomatic families (Moos & Moos, 1986). Nevertheless, its conceptual focus presents some problems for investigating the questions posed here about participants' early family life. From the perspective of social ecological theory, Moos & Moos treat the family as a unitary entity rather than as a group of separate individuals whose roles and behavior patterns may vary considerably. Instructions for the instrument suggest that should respondents feel that a statement is true for some family members and false for others, they should decide which response would be accurate for the most members.

While useful in other research, this strategy may have presented problems for the present investigation. Besides not directly examining characteristics of the participants' specific relationships with early caretakers, it makes no distinctions in characteristics along gender and generational lines. An obvious example of how significant

data could be lost here is the hypothetical case of a family in which males were encouraged to be independent and females were not. Should the number of males in the family exceed the number of females, the participant would accurately rate the family as high on the Independence variable, although this may not reflect her personal experience. Several theorists previously discussed (e.g. Chodorow, 1978; Buytendijk, 1968; Levy, 1982) have described the significance of such gender differences in developmental patterns for later personality functioning.

The lack of generational distinctions may similarly misconvey a participant's developmental experience. Consider, for example, the scenario of a mother who freely confides her feelings and problems to a daughter who she experiences as a narcissistic extension, but is unable to respond empathically to her daughter's concerns and feelings when they differ from her own. Depending on the characteristics of other family members, this particular child may have adapted to subtle cues to keep her feelings to herself in an environment where expressiveness appeared to have been condoned.

It seems especially likely that this social ecological approach to assessing family characteristics would dilute the measurement of what Moos and Moos call "relationship dimensions", here including Expressiveness and Independence, which may be more specific to gender, generational, or

individual roles. The "system maintenance dimensions" of Organization and Control, on the other hand, since they are more descriptive of family group functioning, may more succinctly capture the participants' early experience.

Summary

Four dimensions of participants' family of origins were chosen because they were believed to reflect etiological influences on the development of autonomy, and therefore to relate significantly to evidence of masochistic dynamics. The data provide limited support for the hypotheses that masochistic women will describe families characterized by greater authoritarian control and less organizing structure.

While the dimensions of Expressiveness and Independence did not discriminate between masochistic women and the rest of the sample, it is noteworthy that mean scores on these dimensions for the entire sample were lower than the general population means, allowing no specific conclusions to be drawn about the importance of these factors to the development of the specific disorder under study.

The interpretation of all results from the FES, and especially from the Expressiveness and Independence scales, should be considered in light of possible shortcomings the instrument's format presents for the investigation of this study's particular questions. The global nature of the information obtained about the family of origin may not be

closely enough related to the more specific conjectures about etiology in clinical writing, which primarily concern the mother-daughter relationship. Subsequently, it is difficult to conjecture about the validity of etiological theory on the basis of these results. As an exploratory exercise, the findings do suggest that further investigation into the significance of authoritarian control and level of household organization in the original family for the development of masochism is warranted.

Other Findings

The demographic variables of age, years of education, and occupational status were included in the statistical analyses; the impact of these variables proved to be relatively minor and their theoretical importance is not completely discernable from this study. Occasionally, the inclusion of demographic variables weakened the relationships between masochism and other measures to below significant levels. In the instances in which this occurred, however, these correlations were weak enough to begin with as to make the importance of demographic factors uninterpretable.

No significant difference in age was found between the women classified as Masochists and those as Non-masochists, suggesting that neither generational differences nor stage of adulthood greatly influences the manifestation of this

disorder. This finding is somewhat consistent with the theoretical contention that the ego ideal is largely established by early adulthood.

A statistically significant difference was found between Masochists and Non-Masochists on the number of years of education. The difference of less than two years between the mean years of education for each group, however, render this finding clinically irrelevant.

The demographic variable of occupational status had some particularly relevant influence on the data. A significant between groups difference was found in the occupational prestige means. The Masochist group obtained a mean score of 45, the equivalent of a secretarial or foreman's position; the Non-masochist group's mean score of 54 is equivalent to the jobs of librarian or actuary. Furthermore, analysis of variance results suggest that occupational status relates positively to Impersonal Orientation scores.

A similar finding was revealed in the multiple regression analyses. These analyses were conducted to determine the relative contribution of all the autonomy-related and family of origin variables studied in predicting the presence or degree of masochism rated by the participants on the MCMI-II Self-defeating scale. The demographic variables of age, education, and occupational

status were also included to determine their relative predictive influence.

While in general the multiple regressions contributed little new information to previously obtained results, in the regression analysis which cast masochism as a categorical variable, occupational status was found to be a significant predictor, accounting for approximately three percent of the variance.

These findings are a little difficult to interpret for a number of reasons. One is that the occupational prestige scale was included as a rough measure of social economic status; however this use neglects the reality that women's social class is still often defined in this culture by their husband's occupation. For example, a women working as a part time bookkeeper for her physician husband's practice could be misplaced at a lower SES level than her actual living circumstances warrant. Furthermore, 39 participants who described themselves as students, housewives, or unemployed could not be classified according to the scale used, changing to some extent the data pool on which this analysis was run. The slightly different findings for two regression analyses may actually be attributable to this fact.

These reservations aside, it appears that lower occupational status bears some meaningful relationship to masochistic pathology. The causal direction of the

relationship, however, cannot be inferred from this data. It is possible that masochistic women may have greater difficulty competing in the work sphere, or completing education and training programs, or may more commonly choose to divert their energies to friends and family relationships rather than demanding vocational pursuits. Alternately, women from lower economic brackets may be subject to the influence of sub-cultural differences which are more often facilitative of masochistic development, for example, upbringing in a family and community which endorses more traditional, submissive roles for women, or which for economic reasons creates greater reality-based constraints on individual freedom and pursuit of goals. In such cases, a woman's impersonal causality orientation may more clearly reflect the degree to which her reality is being controlled by forces beyond her influence. Examining the links between socioeconomic factors, impersonal causality orientation and the incidence of masochism may be a fruitful avenue for further research.

Implications

The major implication of this study is that theoretical descriptions of masochism appear to merit serious examination. The high intercorrelation of two measures of masochism supports theoretical inference that masochism represents a meaningful, coherent psychological construct

worthy of further investigation. Refinements in measurement technology will inform and be informed by increasing specification of the construct's domain and attributes.

In particular, the present study supports the clinically derived proposition that the disturbance of autonomy development is a relevant feature of the disorder. Although only an initial exploration, this exemplifies the kind of research into masochism which is currently needed. As previously discussed, clinical writing has provided rich and sometimes contradictory accounts of masochistic personality functioning. To obtain scientific viability and lend the nomological network specificity and logical consistency, such idiographically derived theory requires additional validation through systematic research.

Furthermore, the diagnosis of masochism is finding its way again into the nosological system used by researchers and practitioners outside of the psychoanalytic tradition. A more integrative understanding of the disorder based in the supportable tenets of psychoanalytic theory is desirable to provide conceptual depth to developments in descriptive psychiatry and render the diagnosis heuristically more valuable for the larger mental health community. Obviously, clarification and refinement of our understanding of masochism has implications for its treatment.

The present study's support for the significance of autonomy issues in masochism opens the door for further

investigation into the interrelationships between these two constructs. The findings with regard to the "control causality orientation", for example, point to the desirability of investigating whether the masochistic individual's mode of apperception and response to her environment is domain-specific, or if instead, clinical theory is mistaken or misapplied with respect to this causality orientation's meaning.

The unexpected finding of a negative relationship between masochism and "intrapsychic control" measured by the SASB is another spur to further research because of the potential validation such an instrument offers for the inferential intrapsychic "link" between genetic experience and contemporary behavior. Follow-up research using SASB measurement technology could prove to be highly instructive in systematically comparing a number of dimensions of the construct, both intrapsychic and interpersonal, because of the system's comprehensive and sensitive address of subtle psychodynamic concepts.

The investigation of hypotheses regarding family of origin characteristics raised more questions than it answered. These questions suggest the need for clarifying research with respect to three general issues. The first issue concerns whether there are specific familial predictors for the development of masochism. Alternatively, dysfunctional families predisposing to an

array of psychopathological outcomes may be too essentially similar to allow discovery of specific determining features. This would imply that while one may make inferences about the nature of a masochist's family of origin, one may not be able differentially to infer that a child in a particular family will become a masochist rather than a depressive, a narcissistic disorder, and so forth.

Secondly, results of the family of origin analyses suggest that some variables, such as the family's degree of authoritarian control and of household organization, may not bear as direct or linear a relationship to masochism as was hypothesized, but may nonetheless be meaningful. In further investigation, it would be advisable to construct hypotheses allowing for a more fine-grained analyses of these dimensions and examination of non-linear patterns in the data.

The third category of issues regards measurement technology. Possible shortcomings of the FES with regard to the particular questions under study have already been reviewed. In light of this retrospective analysis, some modification of the methodology is warranted in future research. If one were to pursue further use of the FES for the sake of continuity, it might prove instructive to examine the intercorrelations of masochism scores with specific FES scale items. If discernable patterns of relationship appear to exist, it may aid the interpretation

of the present findings and their implications. Otherwise, it would be advisable to use an instrument which takes closer account of generational and gender differences in the assessment of family characteristics, or attends to person-specific variation. It may also be fruitful to consider instruments, such as the SASB Intrex Questionnaires, which permit examination of interpersonal dynamics within specific relationships, e.g. mother-daughter interaction.

Further research should also take account of demographic factors which may be lawfully interrelated with autonomy variables and/or masochism. In this study, occupational status in particular was found to have a significant impact on the findings, but the character of its impact was uninterpretable. It is impossible to discern whether variations vis-a-vis the Occupational Prestige Scale reflect basic differences in socioeconomic status, or features more directly related to participants' work experience. Furthermore, probable direction of cause and effect could not be evaluated. For example, masochistic women may have greater difficulty advancing in employment; conversely, successful work experience may help women overcome masochistic tendencies. Careful examination of these issues could be of considerable clinical and theoretical significance.

It must be borne in mind that the generalizability of this research at present extends only to women receiving

clinical outpatient services. A further caveat in this regard is consideration of the cultural milieu (i.e. southern, white) in which the study was conducted, although the sample clearly spanned a broad cross section in terms of social class. Future research to determine the consistency of these findings with non-clinical samples, other racial and cultural groups, and men is highly desirable. Research with men, in fact, should prove to be especially informative, as much of the theory used to support the predictions of this study refers directly to issues tied to the developmental vicissitudes of feminine identity.

Another general direction for construct validation research is investigation of the relationships between masochism and other theoretically relevant constructs. A particularly salient "link" in the network is the quality and stability of the masochist's attachments. As discussed in the literature review, the masochist's pathological ego ideal development is believed to result from her feared loss of attachment to a crucial, but unreliable maternal object. Self-abnegation and sacrifice of autonomy in later object relations is seen as a strategy to forestall abandonment and convert destructive or rejecting objects into gratifying ones. Consequently, one might expect to see interrelationships between masochism, autonomy dimensions, and measures of separation anxiety and/or anaclitic depression as studied, for example, by Blatt (1974).

Particularly in light of the debate in descriptive psychiatry as to whether masochism overlaps too extensively with other disorders, e.g. Dependent and Borderline Personality Disorders, it may be especially timely to investigate variables which theoretically differentiate between these groups in comparative studies. This returns the discussion to the question of whether masochism is best understood as a continuous or categorical phenomenon. Presumably, as the body of research into masochism expands, the nomological network comprising the construct will take more definite "shape" and consequently determine which conceptual framework lends the most heuristic value.

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