

Feature: The Narcissistic-masochistic Character

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In the past 20 years, the psychology of narcissism has been explored in great depth. A major thrust of psychoanalytic theoretical and clinical effort during this period has been the investigation and clarification of our understanding of the concept of narcissism and the development of techniques for the treatment of pathologic narcissism. Although various explanatory descriptions of both the “normal” development of narcissism as an integral part of the individual personality and its multiple pathological versions continue to differ significantly among varying analytic schools,

there is little doubt among psychoanalysts that narcissistic development is a core feature of mental development as a whole and the pathologies of narcissism have been explored in detail. I will, therefore, omit any attempt to recapitulate a detailed description of newer knowledge of narcissism.

A parallel concept, masochism, has only recently begun to receive comparable attention, and it remains the case that masochism is relatively unexplored. I will attempt to focus my comments on enhancing our understanding of masochism. I will continue to maintain my position that masochism and narcissism are developmentally, functionally, and clinically intertwined. I will emphasize that from a psychodynamic perspective, the concept of the narcissistic-masochistic character provides clarity to our understanding of masochism, one of the most puzzling characteristics of human beings. However, diagnostically it is long past time to acknowledge the existence of the masochistic personality disorder. This became clear during a case conference at the N.Y. State Psychiatric Institute when a resident pre-

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sented a patient whose pathology clearly fit the criteria suggested in the *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (DSM-III-R) for Masochistic Personality Disorder,¹ but discovered that she was unable to provide this patient with a proper diagnosis because Masochistic Personality Disorder was not included in DSM-IV and none of the personality disorder diagnoses that are provided adequately describe this patient. I suggest that the reasons for that exclusion are sociopolitical rather than psychiatric or psychodynamic.

To sum up my position, masochistic traits develop as an attempt to repair the painful memories of early child experience that are an unavoidable concomitant of narcissistic development. In the course of development, the underlying narcissistic pathology may become less visible as the masochistic defensive responses to narcissistic injury dominate the patient's mental life.

Freud² was seriously handicapped in his considerations of narcissism and masochism by the unavailability of our more recent interest in and knowledge of issues

of self-representation, self-object relationships, attachment, mentalization, self-definition and self-esteem, and the difficulties (or impossibility) of fitting these concepts within the dominant framework of a libidinal instinctual point of view. He also failed to distinguish clearly between narcissism as an aspect of normal development and narcissism as pathology. In fact, it is only rather recently that the term narcissism has lost its automatic connotation of pathology. Wilhelm Reich was probably the first to stress the centrality of the narcissistic aspect of development in both normality and pathology. For Reich,³ the maintenance of narcissistic well-being took priority over other needs during personality development, and avoidance of narcissistic injury was the major initiator of the defensive structures that constituted character. Otto Kernberg has added immensely to our detailed knowledge of the pathological variant forms of narcissism.

It was a major contribution of Kohut to recognize that in the narcissistic personality disorders, what previously had been thought of as the limited or absent capacity

of these individuals to form transferences, was better viewed as the specific nature of the transference when narcissistic pathology was dominant. From the point of view of self psychology, early empathic failures of the caretakers lead to a defect of the self that cripples the capacity for forming mature self-self-object ties. These patients' transference responses are characterized by infantile unconscious idealizing and mirroring tendencies that are themselves a result of the raw grandiosity and exhibitionism of the immature self structure. The consequent inability to separate self-representations from object representations accounts for a continuing attempt to use objects as parts of missing self structure. The resulting damaged capacity for empathy and the inability to recognize the therapist as an individual, separate from one's own needs and fantasies; that is, the inability to sustain reasonably mature self-self-object ties, gives the initial impression of an absence of relationship in the transference.

In Kohut's view, the capacity of the analyst to immerse himself empathically in the patient's inner world leads to transference

regression to early narcissistic needs, and provides the opportunity to build missing self structure that will lead to the patient's increasing ability to separate self from object and to appreciate the object, and through these experiences to begin to construct new structures of the self. Normal growth resumes from this point of its traumatic interruption.

Kernberg's views are significantly different. Kernberg emphasizes that adult pathological narcissism is not simply an altered version of normal narcissism, nor is it a result simply of a self-defect. Rather, it represents the defensive construction of a pathologic grandiose self consisting of a conglomeration of one-sidedly positive aspects of self and object and superego, with the negative aspects of self projected onto others, thus leading to a hostile, devaluating attitude toward others. This pathologic self-structure probably arises under childhood conditions inadequate warmth and approval and excessive idealization. The superego of the narcissistic character, consisting only of remaining harsh and aggressive components, is unremittingly cruel as a consequence. Under these circumstances, rage is an inevitable defensive consequence of any effort to establish insight or to help the patient to recognize his own hated and rejected parts of his self. Any recognition of the analyst as separate and helping will elicit rage, which is a cue to the achievement of analytic work, rather than a failure of empathy. Naturally, the pace and intensity must be regulated to allow the treatment to continue. It is apparent that Kohut and Kernberg differ sharply both theoretically and in clinical recommendations; there is yet no resolution to this debate.

The various disputes among theorists notwithstanding, what has emerged from these important investigations has been a renewed sense of the primacy of our understanding of self-esteem regulation and the varieties of stages of self-object differentiation, and the internalization of self and object representations that enrich our psychoanalytic work.

Edmund Bergler,^{4,5} in a series of works, emphasized that narcissistic needs operated as a third drive, along with libido and aggression, and that the individual would under many circumstances sacrifice libidinal satisfactions for the sake of narcissistic well-being.

In contrast to this enormous advance in our understanding of narcissism, masochism, although immanent in the lives of



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many individuals, has not received comparable psychiatric and psychoanalytic attention. Although DSM-III-R¹ included the Self-Defeating Personality Disorder as a pathologic entity among the group of "proposed diagnostic categories," the diagnosis has been dropped from the DSM-IV. Apart from the political issues and the fear of some that the diagnosis of masochistic personality disorder would be used as a weapon against women in court, a group of psychiatrists objected on the grounds that the concept of masochism only described the consequences of some general psychological maladaptation.

Some analysts, notably William Grossman,⁶ have put forth similar views. This view is sharply at variance with what most psychoanalysts are concerned with in their use of the term masochism, as well as being contrary to Kraft-Ebbing's original description of the man who required social and sexual humiliation and degradation to experience loving feelings. For analysts, the connotations of masochism include what we believe to be either a pleasure in, or some other variety of a need for, painful experience beyond what life supplies in the course of ordinary neurotic maladaptations. In support of this view, two studies,^{7,8} neither of them methodologically impeccable, tend to demonstrate that when operational definitions of masochistic character traits are used in studying groups of outpatients, psychiatrists can identify these traits with considerable confidence and can distinguish the masochistic character from other personality disorders.

At the fall meeting of the American Psychoanalytic Association in 1979 at a panel on masochism,⁹ there was general agreement that masochistic phenomena were ubiquitous and not confined to pathology alone, that masochism serves multiple functions in development, and that there was a group of individuals whose neurotic lives were dominated by their masochist propensities, thus distinguishing them from those other neurotic characters whose behaviors were also self-damaging. This has been the view of those who have urged the inclusion of the masochistic character or Masochistic Personality Disorder in DSM-V.

SELF-DEFEATING PERSONALITY DISORDER

I will, for our purposes, use the description for masochistic personality disorder given under the heading "Self-Defeating Personality Disorder" in DSM-III-R.

A. A pervasive pattern of self-defeating behavior, beginning by early adulthood, and present in a variety of contexts. The person may often avoid or undermine pleasurable experiences, be drawn to situ-

ations or relationships in which he or she will suffer, and prevent others from helping him or her, as indicated by at least five of the following:

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 (eg, new achievement), responds with depression, guilt, or a behavior that brings about pain (eg, an accident).

4. Incites angry or rejecting responses from others and then feels hurt, defeated, or humiliated (eg, makes fun of spouse in public, provoking an angry retort, then feels devastated).

5. Rejects opportunities for pleasure and 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, eg, helps fellow students write papers, but is unable to write his or her own.

7. Uninterested in or rejects people who consistently treat him or her well, eg, is unattracted to caring sexual partners.

8. Engages in excessive self-sacrifice that is unsolicited by the intended recipients of the sacrifice.

B. The behaviors in "A" do not occur exclusively in response to, or in anticipation of being physically, sexually, or psychologically abused.

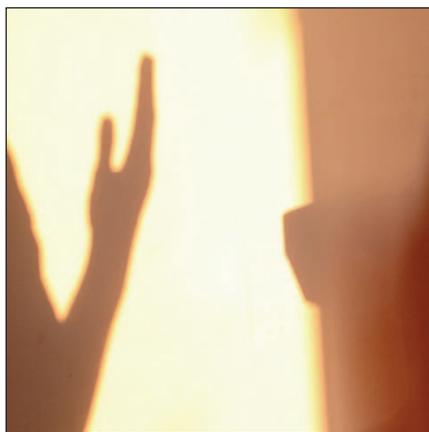
C. The behaviors in "A" do not occur only when the individual is feeling depressed.

These criteria describe four different kinds of traits:

1) a pursuit of victimization and defeat, which may be described as the desire or need to feel that another is in control of important aspects of one's life or one's own self and that the other uses that control to bring about feelings of humiliation, helplessness, and loss

of pleasurable opportunities. This may be described as the object-relational aspects of masochism.

2) A pursuit or compliant acceptance of painful and humiliating circumstances and an exaggeration of the pain experienced. This acceptance or pursuit of pain, and an emphasis on its intensity, is accompanied by an avoidance of experi-



There is a self-centeredness, a conviction of one's plight in life

ences that might be pleasurable, and an inability or unwillingness to recognize or acknowledge the affective tone of pleasurable experiences if they do occur. This may be described as the affective component of masochism.

3) A readiness to succumb to guilt, flatness of affect, and depression after a positive achievement, and to disproportionate depression after a defeat. This describes the superego portion of the masochistic syndrome.

Finally, 4) there is a self-centeredness, a conviction of one's special plight in life, the satisfaction that accompanies the feeling that no one else suffers as much as the masochistic individual. This is the narcissistic component of masochism. These four components are always interrelated, never appearing in isolation.

VIGNETTE

I would like now to present a clinical vignette in an effort to illustrate a bit more vividly the clinical characteristics of the masochistic character. I will try to describe in some detail the dynamics of what I have been referring to as the narcissistic-masochistic character. What I wish to convey by that title is the idea that masochistic (that is, pain-dependent) and narcissistic features are always intimately intertwined in these patients, and it is useful theoretically and vital clinically to keep this linkage in the forefront of our thinking.

Mr. A., a successful professional man in his 40s, had been aware all of his life of his tendency to self-pity, his fear of asserting himself, his inordinate fear of the anger of others, and his own need to be liked. These traits had harmed him professionally in many ways. He was often afraid to put forth good ideas that he thought might be controversial, and then suffered the private outrage of watching the success of others who were esteemed for the ideas that he had not laid claims to when he could have. He was afraid to fight for his appropriate rights with his colleagues, he was often depressed as he felt unfairly injured, and his successes were immediately deflated in his own mind. However, accompanying this self-deprecating and unassertive façade was an unremitting grandiose fantasy life and an equally powerful sense of entitlement. He believed his needs should be met magically as reward for his superiority; and he should not have to ask for what he wanted.

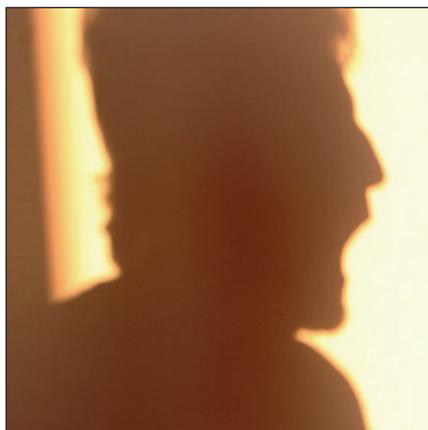
One morning as he was leaving his house to go to work, he asked his wife for an extra goodbye kiss. His wife, probably sensing the passivity and desire for child-like care that was hidden in the innocent request, teasingly refused to give him the extra kiss. On his way to work, he forgot about the incident and was immersed in his activities at the office, when he took a phone call from his wife. She said that it had not been very nice of her not to kiss him as he was leaving the house, and she

was sorry. He gracefully accepted the apology, and the conversation was brief. A few moments later, he found himself becoming increasingly depressed, and furious that his wife should have treated him so badly that morning. He obsessed through the day about how cruel and cold she was, how little she understood his needs, how he would not spend the rest of his life being humiliated by this woman who did not appreciate and gratify him. He alternated during the day between feelings of depression, as he thought of how unlucky he was to be the target of such mistreatment, and subsequent feelings of proud rage when he thought of how he would not take any more of it.

When he returned home, his wife was in a benign mood, but he immediately began the attack that he had planned. He told her how injured he had been by what she had done that morning, how this was only the latest in the endless series of injuries that she meted out by her coldness, and that he could not stand it anymore. The wife was at first apologetic, pointing out that she had already said she was sorry that morning, but when that had no effect in calming him, she herself became increasingly enraged and distant and told him that if he felt as he said, they could call it off right there, and she left the room and refused to speak further. At that moment, his rage and pride collapsed, and he found himself fearful, depressed, and willing to do anything to appease her.

The episode is trivial in itself, but there are several things I would like to emphasize about it. First, this was only one event in an endless series of events in which this man was able to come away with feelings of hurt, depression, humiliation, and helplessness, often at the expense of any ordinary assessment of reality. The sense of his being unfairly singled out for injustices provided a major color to the pattern of his life. Second, he was not consciously aware that he had been injured until his wife called him to apologize. It was her call that gave him the inner license to

claim that he had been the innocent victim of her malice; he had in fact not been bothered by the refusal of the kiss, understanding that no harm had been intended. Her apology allowed him to give a new construction to the event, and to develop his feelings of injury and depression, followed by his feelings of retaliatory outrage. I emphasize this, because it goes to the heart of the issue of masochism: the desire to



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feel narcissistically injured and humiliated, and the often ingenious creation of opportunities for feeling aggrieved, not just the occurrence of injury through adaptive incompetence. Third, having garnered his injury, he went through a sequence of feelings: a grandiosely inflated sense of exquisite and special hurt and self-pity, followed by the inappropriately timed and dosed feelings of rage and attack, eliciting a counterattack, which is then followed by deflation and depression. I want to point to the fact that he was not content to get a second apology from his wife, a considerable victory in most marital battles. Rather, he continued his offensive to the point where, finally, his wife reacted with her own anger, and then he felt weak, fright-

ened, defeated, and depressed; one might say he was narcissistically mortified and masochistically gratified.

I believe this vignette includes the four components that I mentioned earlier. From the object-relations point of view, he was determined to cast his wife in the role of powerful torturer of a helpless child. Affectively, he demonstrated an affinity for feelings of humiliation and rejection, as he leaped to the opportunity to feel injured as soon as he was given a cue to indicate that he had been injured; he had not figured it out himself. His aggression, termed “pseudo-aggression” by Bergler, was unconsciously designed to elicit an interpersonal defeat rather than a victory. His depression and his final defeat are also evidences of the operations of a conscience that insists upon his accepting guilt for his passivity and punishment for his attempted aggression.

NARCISSISM AND OBJECT RELATIONS

In attempting to understand these behaviors, I will lean heavily on ideas drawn from the discussions of narcissism and object relations theory that have been prominent in our literature in recent decades. More specifically, I have adapted my model for understanding masochism from the work of Bergler,^{4,5} who regarded masochism as the basic neurosis from which all other neurotic behaviors derive. As long ago as 1949, when the role of the self was much less defined than it is today, and the shibboleth, as Freud² referred to it, of the Oedipus complex as the nucleus of neurosis, was still largely unchallenged in American psychoanalysis, Bergler attempted to understand the masochistic character in terms of the role of narcissism in character formation and the significance of pregenital object-representations. I will distill from his voluminous writings a few ideas that seem to be especially pertinent to this discussion, recasting them in current psychoanalytic language. Bergler divided his explanation of masochism into a genetic schema — a hypothesized se-

quence of events in early childhood — and a clinical picture, that is, an observable set of neurotic behaviors. The former, the genetic schema, obviously is intended to explain and amplify the clinical picture.

Genetic Schema

1. Bergler, anticipating Kohut by several decades, assumed that the preservation of the infantile sense of omnipotence, narcissistic well-being, or the cohesive sense of self is a primary psychological task of the very young baby. This task is so important that libidinal satisfactions will, if necessary, be relinquished in favor of the maintenance of narcissistic intactness and safety and the avoidance of the intolerable anxiety that accompanies a disturbance of narcissistic security.

2. This narcissistic need is constantly frustrated by the exigencies of ordinary babyhood. With the best mother in the world, the baby is by its own omnipotent standards frequently frustrated. The loving mother who provides milk within minutes of the baby's cry has, from the baby's point of view, frustrated and challenged his omnipotent fantasy that all satisfaction should be provided magically the instant a need is felt. This failure of fit of mother and baby is to one or another degree an unavoidable part of babyhood and constitutes the first narcissistic humiliation, leading over time to a modification of the earliest fantasied omnipotent and autarchic self toward inclusion of object representations.

3. The infant responds with anxiety and rage to this threat to his narcissistic well-being. In his helplessness to vent his fury effectively in the outside world against an object, he suffers an additional injury to his self-esteem and perhaps, via retroflected rage, begins to structure the harsh superego that forms a significant part of the psyche of all narcissistic-masochistic characters.

4. Finally, in this scenario, as the helpless child experiences repeated instances of unavoidable frustration, compounded by the anxiety aroused by his anger at beloved and needed parents and by the pain-

ful state of inexpressible impounded rage, he is driven to seek a compromise that will permit him to accept his dependent tie to the object, while retaining some portion of his omnipotence and self-esteem. He does this by learning, through fantasy, to "sugar-coat," or, if you prefer, to "libidinize," his disappointments. For the sake of the continuing illusion of omnipotent control of himself and the differentiating object, the child learns to extract some pleasure from his unpleasurable loss of omnipotent control. In effect, he says to himself, "No one frustrated me against my wishes; I ordered the frustration myself because I like it. If I cannot get what I originally wanted, I will learn to like what I got and will disappoint myself by myself."

Clinical Sequence

Bergler suggested this genetic schema to attempt to understand the clinical sequence that he felt, and I agree, is paradigmatic for the masochistic character. There are three steps to this sequence of injustice-collecting.

Step 1. Either through his own provocation, or by his misuse of an available external opportunity, the masochist arranges to experience disappointment, rejection, and humiliation. He reproduces in his external world the disappointing, powerful, refusing pre-Oedipal mother of his inner world. At the same time, through the mechanism of pleasure-in-displeasure, the masochistic individual is able, unconsciously, to extract some form of satisfaction or pleasure from his conscious pain.

Step 2. Having garnered the sought-after injustice and completely unaware of his role in engineering his rejection or defeat, the masochist responds with righteous indignation and defensive rage to the refusing or humiliating object. Close examination, however, reveals that the rage is not genuinely intended to right a wrong or to gain a victory. Its purpose is to demonstrate to his own accusing inner conscience that he was not guilty of the charge of having wished to be injured and

the even worse accusation that he enjoys the injury. "How can anyone believe that I enjoy defeat? Look how furious I am at my enemies." Because the motivation of this rage is the desire to quiet conscience, rather than to achieve positive goals in the external world, the expression of the anger is often inappropriate in timing and dosage, thus leading to further actual defeats.

Step 3. After the defensive aggression peters out, the person succumbs to depression and self-pitying feelings of "This only happens to me."

Bergler referred to this three-step sequence as the "mechanism of injustice-collecting," a phrase picked up by Louis Auchincloss for the title of a collection of short stories. The brief vignette described earlier illustrates this mechanism, and, although not explicit, the mechanism of injustice collecting is clearly described in the Masochistic Personality Disorder of DSM-III-R.

DISCUSSION

In the absence of alternatives, the assurance of continuity and familiarity, even with a disappointing object, is safer and more reassuring than confronting the danger of a total break of attachment. In fact, any form of attachment is preferable to abandonment. This may be an infantile version of the "Stockholm syndrome" — one forms attachment to whomever is in power at whatever cost to one's own desires and needs and self-esteem. In effect, any sense of continuing safety through the maintenance of an attachment to an object of power and control becomes the primary pleasure need, overriding the usual sources of pleasure and safety. It is of note that in Sacher-Masoch's novel, the hero is convinced of his lover's love for him only as long as she has a dedicated interest in humiliating him. When she begins to find that game uninteresting to her, he feels he is no longer loved.

We should also not underestimate the exquisite pleasures of self-pity, which these individuals demonstrate in abun-

dance, and which is another source of satisfaction derived from masochistic defeat. The consuming fantasies of vengeance, conscious, and unconscious, although in reality rarely carried through successfully, are yet another source of the secret pleasures to be derived from masochistic injury. I suggest that a significant portion of the secret satisfactions of the psychic injury that the masochist endures derives from the repeated unconscious demonstration to an imagined audience of “look how badly I am treated.”

My major thesis concerns the interweaving of narcissistic and masochistic elements in the patients we are considering. The infant's frustration and pain are experienced most importantly as injuries to the vital sense of an omnipotent self, threatening intolerable feelings of helplessness and passivity. It is to avoid this sense of impending annihilation attendant upon threatened damage to the self that the infant achieves the creation of a new, now masochistic, fantasy of his omnipotent powers, and he reasserts some sense of control by making his suffering egosyntonic. “I am the one who forced my mother to be cruel. I like to be frustrated.” With situations in which the failure of gratification exceeds some limit, the damaged self is incapable of genuine assertion, loved and loving objects are perceived as always disappointing, and, defensively, the gratification that can be derived from disappointments takes precedence over what are usually considered the “normal” sources of satisfaction and pleasures. Being disappointed or humiliated becomes a preferred mode of narcissistic assertion.

For the narcissistic-masochistic character, this pride and sense of being special rests on the conviction of having suffered unusual deprivation from a cruel parent, whereas any experience of being loved is felt as a threat of submission to a powerful malicious force. The treatment difficulties that these aims pose are reasonably apparent. In any particular instance, the presenting clinical picture may seem

more narcissistic or more masochistic. The surface may be full of charm, preening, dazzling accomplishment, or ambition. However, only a short period of analysis will reveal that in both instances they share the sense of deadened capacity to feel, muted pleasure, an inability to sustain or derive satisfaction from their relationships or their work, a constant sense of envy, an unshakable conviction of being wronged and deprived by those who are supposed to care for them, and an infinite capacity for provocation.

The intimate and inevitable linkage of pathologic narcissistic and masochistic tendencies has significant clinical consequences. Because the narcissistic transferences — idealizing or mirroring — that occur in these patients are always contaminated by latent unconscious expectations of disappointment and consequent rage, much of what appears as idealization of the analyst represents escalating expectations that will inevitably result in disappointment. In disagreement with Kohut, pathologic narcissism in adult patients, no matter how deep the apparent regression, does not represent a return to early normal developmental stages but is always distorted by the early disturbances of self development and the multiple subsequent defensive layers. Regression in analysis does not represent an accurate recapitulation of developmental events. It carries with it the entire later developmental history that created the pathologic structures.

In practice, this means that masochistically savored disappointments will always be a significant aspect of the transference, requiring interpretation. Furthermore, every interpretive effort will, unavoidably, carry with it a portion of narcissistic humiliation that is seized upon by the inner conscience as grounds for additional humiliation and punishment and masochistic abasement. This is so because all effective interpretations, no matter how carefully and empathically and blamelessly offered, carry a connotation that the individual's previous

conduct of his life has in some way been inadequate, defective, or child-like and narcissistic characters will respond with apparent rage and masochistic self-pity.

SUMMARY

Our knowledge of narcissism has advanced during the past 2 decades. Our interest in masochism as a theoretic and clinical entity has only begun to gather momentum. Developmentally and clinically, narcissistic and masochistic pathology are so intertwined that their theoretic and clinical unraveling requires specific attention to their linkage and the predictable forms of response to interpretation.

It is, therefore, useful to think of the narcissistic-masochistic character as a clinical entity. In this condition, pathological narcissistic tendencies are unconscious vehicles for attaining masochistic disappointment; and masochistic injuries are an affirmation of distorted narcissistic fantasies. Consistent interpretation of these conflicts and defenses, in the usual setting of benign empathic understanding, is desirable for the treatment of these patients.

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