

The Masochistic Character (Phallic Exhibition Given Up for Masochistic Behavior)

Elsworth Baker, M.D.

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The American College of Orgonomy

Erotic demands may be made from any erogenous zone at any stage of development. Frustration of these demands leads to a destructive impulse against the frustrating person mixed with the corresponding sexual demand. This is sadism. When this impulse is again blocked, it turns inward against the self and becomes masochism. This is what has happened to the masochistic character. While one may look upon the average neurotic as a cripple, he is ambulatory and can do a good deal for himself. The masochist, in contrast, can be considered a bedridden cripple because he must depend on others for any release of tension, no matter how slight.

Although the masochist strives for pleasure as everyone else does, a disturbing mechanism specific for masochism causes his striving to fail: every pleasure sensation, when it reaches a certain level of intensity, is perceived as a threat (fear of punishment). The pleasure sensation is then inhibited by this mechanism and turned into unpleasure or pain. Behind this is his intolerance of expansion and movement which renders it impossible for him to discharge tension. For this reason he suffers more than any other neurotic. Masochistic characters are not common, but masochistic symptoms in other neuroses are extremely frequent. During the end phases in therapy every patient goes through a masochistic period, depending on the therapist for relief, that is, to make him burst.

The greatest damage to children is caused by contradiction between or inconsistency from the parents. Either leads to immobilization of the child, and is a vital factor in masochism. Also prominent is guilt resulting from a conflict between love and hatred for the same object. Dynamically, it corresponds in intensity to an inhibits aggression. Through the solution of masochism, Reich proved the death instinct does not exist. 1

Characteristics and Symptoms

There are several key traits which make up the masochistic character and single him out from other anal types. Neurotics will often show one or more of these traits, but a full-blown masochist has them all and they give his character its peculiar stamp. The clinical diagnosis of masochism is made only when all the traits listed below are present.

First, there is a constant whining and complaining which mirrors an inner sense of chronic suffering, always present and real.

There are several reasons for this trait. Foremost is the fact that the anal holding (armoring) is of an especially spastic type, really an expression of the mother's anal permissiveness and the father's prohibition; hence, a constant letting go and holding back, or push and stop, push and stop. (This spastic holding is in contrast to the compulsive holding which is much tighter, a consistent "stop," as it were.) The push and stop stymies and freezes the masochistic character; he is trapped and immobilized between two counter-directives and cannot free himself. He must therefore coerce and provoke people around him to do it for him. That is why he resorts to the annoying habit of nagging and complaining to those closest to him. He torments them into striking back at him, because this behavior gives a little relief from tension and also puts the person who strikes back in a bad light. He then has justification to hate and provoke further in an endless, vicious circle.

Disguised exhibitionism also plays the role here. The masochist is caught between the mother's encouragement to show off anally and the father's opposition to it. (The mother herself clamps down on the later phallic display.) The complaining becomes an oblique way of showing off and drawing attention. Since proud display is forbidden, he turns it into the opposite, as if to say "See how miserable I am; you don't love poor little me!"

The second trait, the compulsion to torture others, is really an offshoot of the first. Provocative in the extreme, it is designed to wring from the object some violent relief of tension, like getting someone to puncture a tightly blown-up balloon. The masochist is really asking for decompression, not pain, but is willing to suffer the pain of only the unbearable tension can be abated. He longs to be relieved of his load, but dares not seek relief directly lest dire punishment befall him. Someone else must take the responsibility and accept the guilt.

Another typical feature of masochism is the awkward, atactic behavior. Outwardly the masochist is both physically and socially clumsy, while inwardly he feels painfully stupid and ugly. This too stems partly from repressed exhibitionism, but it also reflects a very specific tension in the psyche and the genitals. This peculiar spasticity is the essence of the masochistic character, stuck in a "bog" between counter-commands. He is the most helpless and the most immobilized of all the character types and is totally dependent outside sources for relief from his tension. The push-and-stop nature of the armoring leads to this characterological ataxia; it pervades every level of his functioning.

The fourth characteristic is a variant of the second; it is a chronic need to damage and derogate the self. Like all anal types, the masochist has had to give up phallic exhibition and slip back to an earlier (anal) libidinal position. His anal structure makes him feel inferior and ashamed because his ego ideal is still phallic. The shame adds to and reinforces his suffering, for the more he wishes to

exhibit, the more he must repress and the smaller he must make himself. So he proclaims his insignificance, loudly, and even behaves as if he were stupid and retiring. He does not dare to risk punishment by asking for love directly, but can only show how miserable he is and hope that the love object will respond. Behind this pattern of behavior, he always is fearing rejection and disappointment.

Because of his helplessness the masochist has an intense fear of being abandoned which he expresses in an excessive demand for love. This is the fifth of his special traits.

Somatically, he is oversensitive to cold because he is chronically contracted at the skin surface by anxiety. He is unable to expand by himself and so cannot relieve the contraction. He clings to the warmth of the bed and craves constant contact to warm and protect him. His need for love (warmth) is as boundless as it is unattainable. Oral fixations may heighten the insatiability of his demands, but play no role as such in shaping the masochistic structure. However, at an anal level, too much coddling as well as too little love may lead to this sort of excessively demanding behavior. In line with this trait, there is another feature specific for masochism; i.e. skin erogeneity. In fact or in fantasy, the skin undergoes beating, pinching, burning, piercing, shackling; the goal being warmth, not pain. (Also present is the need for decompression noted above.) The masochist feels cold because chronic tension and spasticity contract the surface blood vessels. Body contact with the love object, or any kind of skin activity, relieves anxiety by expanding the bio-system.

Finally, there is the masochist's specific sex behavior, stemming from all of the above traits and set in the framework of his anal character structure. The anal orgasm has a flat curve of excitation with no sharp rise and no acme. Owing to the push-and-stop nature of his armoring, the masochist takes hours to masturbate. He is wont to hold back ejaculation and begin anew over and over again because he cannot stand any strong excitation (expansion). Finally the ejaculum flows out instead of spurting and he is left with a joyless, miserable feeling. The activity is typically pregenital and may include rolling on his stomach, kneading and squeezing the penis between hands or thighs, and fantasies of being tortured or degraded.

Heterosexual experience is similar, with typical holding back whenever excitation mounts. An anal libidinal organization never permits full orgasmic discharge and release of tension. It produces more anxiety which further hinders adequate discharge, so that tension keeps mounting in the organism. The masochist, trapped between permission and prohibition, dares not take an active role in relieving the tension, on the penalty of castration. For this reason he cannot stand the pleasure feelings of mounting sexual excitation (expansion of the biosystem). Passive beating fantasies convert this pleasure to unpleasure and at

the same time spare him the responsibility of the punishable active role. Decompression, not pain, is again the goal. He merely accepts the pain as a necessary precondition for relief of tension and for escaping castration.

Corollary to all this is the masochist's special way of perceiving end pleasure itself. To his intensely spastic organism it seems a kind of bursting. But since bursting equals castration to him, the longed-for orgasm itself comes to mean execution of the highest penalty. This explains, too, why any sharp rise in pleasure becomes intolerable and must be changed into pain.

Bioenergetically, pleasure is functionally identified with expansion of the organism, while anxiety is a contraction against pleasurable expansion. The cardinal trait of the masochist is that he cannot tolerate any expansion of his biosystem (i.e. pleasure). Expansion immediately becomes a danger signal; to which he responds by clamping down in contraction. The pattern mimics his early experience when he was caught between parental counterdirectives. He preserves the early experience energetically and characterologically in a crippling intolerance of expansion (pleasure) and a total dependence on outside sources for relief. The somatic counterpart of the psychic situation is severe spasm of the pelvic floor, anus, and genital.

To review briefly, the masochist presents:

- 1.** A chronic sense of inner suffering with constant outward complaining. This comes from having no satisfactory outlet and experiencing a constant state of tension from a simultaneous inhibition and encouragement of his efforts to let go. The tension of the masochist is greater, for example, than that of a compulsive, because in the former there is a push and then a stop while in the latter there is no push, just inhibition. Complaining shows the self as miserable and is masked exhibitionism.
- 2.** A tendency to torture others, on a superficial level, nastiness serves to justify hatred by getting other people angry and showing them in a bad light. On a deeper level the masochist releases tension by means of anger and attack from outside himself.
- 3.** Awkwardness and clumsiness. These symptoms stem from the great physical tensions of the masochist.
- 4.** A tendency to injure and deprecate himself. He appears stupid or remains quiet and mild in a corner. This is a defense against the exhibitionism which has been forbidden.

5. A fear of being left alone or deserted and an excessive need for love. This is due to the masochist's minimal ability to expand by himself. He requires another person to cause expansion of energy out to the skin (a field reaction). His skin is cold and he wants it to be warm; he is contracted and cannot expand and is therefore never satisfied. Clinging also comes in here and lying in bed does too.

6. An impulse to have the skin injured (beaten, burned, etc.). This activity brings energy (warmth) to the skin.

7. In sexual behavior, release with low excitation (squeezing and pressing without friction movements) and prolonged masturbation, avoiding orgasm to keep down sensation. In intercourse, a masochist is seldom erectly potent, and if he is, he is reluctant to move the penis in the vagina. The genitals function at an anal level and genital feelings are intolerable because they entail marked increase in sensation. The pelvic floor is spastic, as are the anal sphincter and genital.

Genesis

The conflict between sexual desire and fear of punishment is the cause of every neurosis. The masochistic character, based on a peculiar spastic attitude in both psyche and genital, immediately inhibits any strong pleasure sensation and thus changes it into unpleasure. This constantly nourishes the masochistic character reactions.

The suffering sensation is created mainly by the conflicting behavior of the mother and father. The mother shows excessive interest in the child, especially in his excretory functions; she watches him, even his excretory movements, keeps him near her not only without repressive training but, in fact, with encouragement in elimination. This leads to an erotic fixation of the child's interest on excretory functions and a sticky relationship to the mother. The father's attitude is just the opposite. It includes violence and beating for soiling. Thus, there is a contradiction between the parents, with the mother praising and the father punishing excretion. The child develops an anal fear of the father together with an anal fixation on the mother. So he depends on the mother for permission and cannot obtain gratification himself without fear of punishment. This fear is identified with the release and gratification afforded by evacuation, which is punishable. So he learns, in effect, to beat himself to obtain relief.

The masochist does reach the phallic stage, but only at the level of exhibitionism. Then he is slapped down severely by the mother. This is another contradiction, within the mother this time, instead of between the parents. Exhibitionism which was not only permitted but encouraged at the anal level is forbidden at the phallic

level. Thus the phallic level is given up and the child returns to the anal level, with the chronic tension of being dependent on outside sources for relief. He functions on the principle that "you must relieve me; I am helpless."

In masochistic perversions there is the threat of castration as the phallic level is approached with concomitant beating. Since it is only beating and not castration he suffers, the beating relieves the castration fear and allows some sexual release.

The suffering of the masochist is real, objective, and not subjectively desired. Self-degradation is a mechanism of protection against genital castration. Self-damaging acts are an acceptance of milder punishments as protection against castration. The fantasies of being beaten are the only remaining possibilities of relaxation without guilt.

Therapy

The first object of therapy must be to turn the masochism back into the sadism from which it started. When the patient attempts to force the therapist into displaying qualities that will justify his hate, he must first be encouraged in order to develop some ability for self-expression. As the sadism returns, infantile genitality and castration fears will reappear, together with great anxiety. All increases in sensation will cause anxiety, and this must be clearly explained and sympathetically repeated. If the patient will accept the therapist as a partial safeguard against his anxiety, it is easier to get him to express the anal rage, kicking, and squashing that he is inhibiting. He will probably retreat toward masochism repeatedly, particularly when orgasmic sensations or movements awaken his anxiety.

Therapy for masochists is one of the most difficult of problems for a therapist, largely because even at the most advanced stages of therapy the masochism will reassert itself. The general progress of treatment requires, first, the conversion of masochism back into sadism; second, the usual progression from pregenitality to genitality; and third, the elimination of the anal and genital spasticity which is the acute source of masochistic suffering and inability to bear pleasurable sensation. Genital anxiety must be eliminated as well as the need to put the therapist in a bad light. This must be exposed as a masked aggression.

Footnote

1. Cf. Wilhelm Reich, "The Re-Emergence of Freud's Death Instinct as DOR Energy," *Orgonomic Medicine*, II, No. 1 (April 1956). Here Reich postulates evidence of Freud's death instinct in DOR energy.