Pain, Aggression, Fantasy, and Concepts of Sadomasochism

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ABSTRACT

Traumatized infants and children may exhibit syndromes of aggressive, pain-seeking, and self-destructive behavior resembling the so-called sadomasochism seen in adults. Three hypotheses are offered to account for the repetition of sadomasochistic phenomena in childhood and later character disorders: 1) pain and painful affects are sources of aggression; 2) the need to control aggression plays an important role in the development of psychic structure; 3) child abuse and trauma impair the ability to use fantasy for the mastery of impulses. Difficulty in expression and control of aggression are central issues in character disorders

… children have become the main subject of psychoanalytic research and have thus replaced in importance the neurotics on whom its studies began. Analysis has shown how the child lives on, almost unchanged, in the sick man as well as in the dreamer and the artist; it has thrown light on the motive forces and trends which set its characteristic stamp upon the childish nature…
FREUD (1925, p. 273)

INTRODUCTION

There is a growing consensus among psychoanalysts that there are many combinations of pleasure and pain, or unpleasure, in fantasy and behavior, which can be labeled "sadomasochism," and that there is a variety of developmental routes to these syndromes (Grossman, 1986b); (Kernberg, 1988a); (Maleson, 1984); (Novick and Novick, 1987); (Panel, 1988). Only the obligatory combination of something pleasurable with something unpleasant, particularly the seeking of sexual excitement and satisfaction in pain or humiliation, characterizes all the traits, symptoms, and behavior referred to as sadism and masochism. This wide spectrum of phenomena includes self-injury in infancy, perversions and perverse fantasies, and unconsciously motivated behavior that leads to apparently accidental suffering and "bad luck." It has become clear that there is no single, well-defined entity, syndrome, disease, or pathogenic agent that lies at the core of all the neurotic, characterologic, psychotic, and perverse behavior that we call "sadomasochistic."

One sense in which the meaning of the term sadomasochism seems to be specific is the simple descriptive sense of a conscious or unconscious fantasy that is similar to sadistic or masochistic perversions, which are the behavioral enactment of fantasies (Grossman, 1986b). The deliberate pursuit of manifestly aggressive, destructive and self-destructive behavior is also frequently called sadomasochism (regarding usage, see Maleson [1984]). This loosely descriptive, nontechnical usage of the term "sadomasochism" is followed in this paper, because the papers referred to here use the term with varying meanings.

It might be more correct to speak of "the sadomasochisms" in the same way that we speak of the depressions and Bleuler spoke of the schizophrenias. These terms imply some common surface characteristics, possibly with some interrelated etiological features. The idea of different interruptions of some common pathways to behavioral expression might also come to mind—the idea of sadomasochistic fantasies as a "final common path." However, sadomasochistic fantasies vary greatly in their content; the differences have been linked to different kinds of integration of ego and object relations (Kernberg, 1988a), (1988b).

Are there factors underlying sadomasochism(s) that might be thought to provide a foundation for the linkage of pleasure and pain throughout life? Freud's (1924) idea of "erotogenic masochism" suggests this possibility, as do formulations involving underlying physiological functions that join sexual pleasure and pain. There is evidence supporting the view that mechanisms leading to the association of pleasure with painful experience are present in everyone (Solomon, 1980), although organized and expressed differently in different people. In addition, the rapidly growing literature on the early and late sequelae of trauma and child abuse documents the accompanying disturbance of physiological, affective, cognitive, and memory functions relevant to an understanding of sadomasochism.

From our clinical, psychoanalytic perspective, an examination of the development of the drives, ego, and object relations provides a view of the way diverse kinds of experiences, affects, appetites, and satisfactions can be joined as a result of conflict resolution and patterned experiences with important figures in a person's life. The search for the sources and precursors of "sadomasochism" has brought to light important phenomena of infancy and childhood associated with childhood illness and child abuse. To be comprehensive, formulations of the origins of sadomasochism would have to account in some measure for the sadomasochistic phenomena occurring in the wake of trauma both in childhood and in adult life.

As data have accumulated from many sources, it has become clear that there is no satisfactory conceptualization that is general enough to unify the entire range of observations while retaining a psychodynamic orientation. At one extreme, there are data from child observations of the apparently preconflictual automatic repetitions of destructive and self-injurious behavior in infancy. Analogues of these phenomena occur in some of the symptoms of the post-traumatic disorders of adults. On the other hand, there are the clinical formulations concerning the self-destructiveness associated with unconscious guilt (Freud, 1924) and "entrenched suffering" (Schafer, 1984) in adults.

The purpose of this paper is to consider the range of so--called sadomasochistic phenomena, and to sketch a model that takes into account diverse observations from clinical psychoanalysis, infant observation, the study of abused children, and traumatic experiences of adults. Such an integrative formulation—to be something other than a reconstruction of early infantile fantasies—would have to begin to bridge the conceptual divide between the mental life of early childhood and the complex mental structures of neurotic adults and adults with perversions and severe character disorders. In addition, it would have to find a place for new discoveries about the physiological effects of trauma and their role in the mechanisms of repetition. However, as has always been the case in psychoanalysis, the aim is to find a psychological conceptualization that will lead to an understanding of the role of mental conflict in these problems. I shall offer formulations from the viewpoint of pain, aggression, the capacity for fantasy, and object relations.

THREE HYPOTHESES ON FANTASY, AGGRESSION, AND PAIN IN SADOMASOCHISM

For the beginning of a psychoanalytic framework for the exploration of what is loosely called sadomasochism, I suggest three basic hypotheses.

The first hypothesis is that mental organization (or structure) acquires some of its most important characteristics as the child learns to express and regulate aggression. As this occurs, the development of (unconscious) defenses against aggression contributes to both ego and superego formation. A corollary is that disturbances in the resolution of conflicts related to aggression may

lead to distortions of ego and superego development and to stereotyped repetition of aggressive behavior.

The second hypothesis is that pain and painful affects are "sources" of aggression. This idea involves a number of complex theoretical questions, not the least of which are the reasons for employing the idea of an aggressive drive and the relationship of drives and affects. Consideration of these issues would lead in other directions than those to be explored here. The essential point for this discussions is that bodily experiences are a "source" for an aggressive drive in the same way that libido has a "source" in bodily experiences. The word "source" in these instances refers to the somatic locus to which personal experience assigns the sensations associated with sexual and aggressive arousal. From this viewpoint, the aggressive and sexual drives are more similar than they are usually considered to be.

The third hypothesis is that the psychological effects of trauma, whether in infancy or adult life, are best understood in connection with the development and functioning of the capacity to fantasize. Fantasy formation is an important and complex function that both contributes to and is dependent on ego integration. I suggest that to the extent that fantasy formation is possible, some transformation and mastery of traumatic experience is possible. Severe trauma impairs the capacity for fantasy (Fish-Murray, et al., 1987), leading to a failure to transform the traumatic experience through mental activity. Instead, repetitive behavior and intrusive imagery that repeat or attempt to undo the traumatic experience are possible consequences. In addition, or alternatively, inhibitions, avoidances, and withdrawal may be attempts to avoid painful, repeated occurrences of a traumatic state. Repetitions in fantasy may contribute to the mastery of trauma, a function ascribed by Freud (1920) to the traumatic dream.[1]

These formulations diminish our interest in questions about the "nature," "essence," and "origins" of sadomasochism. The problems of sadomasochism are more usefully conceptualized as the problems of the development and management of aggression in relation to psychosexual attachments and the development of psychic structure. If this is so, we need to consider, in terms that are also relevant to the formulation of later intrapsychic processes, the ways in which traumatic experiences contribute to the development of aggressive impulses and their transformations.

The development, expression, and regulation of affects are factors whose importance for understanding trauma and its effects have long been recognized by analysts (see Krystal, 1978). Because of this, I shall mention them only in passing. My purpose is not to minimize or neglect these important issues, but rather to contribute to a psychological conceptualization of the way such factors are expressed in the mental life as we study it clinically in psychoanalysis.

TWO SCHEMAS OF OBJECT RELATIONS AND SADOMASOCHISM IN INFANCY

The considerations outlined above were first presented in response to observations reported at meetings of the American Psychoanalytic Association in a Workshop on the Vulnerable Child in 1983 and in a Panel on Sadomasochism in Children (Panel, 1985); (Grossman, 1986a).[2] Reports that contributed to these ideas included observations on premature infants who had been subjected to procedures that, although they were lifesaving, were also painful; observations of family interactions between children and parents in which abusive parental behavior could be seen; observations of play by children whose histories were known to have involved abuse, sometimes of a sexual kind; therapy with children and families in which child abuse had occurred (Galenson, 1983), (1986), (1988); (Glenn, 1978), (1984); (Herzog, 1983), (and in Panel, 1985); (Panel, 1985); (Ruttenberg, in Workshop, 1983). Some psychoanalytic data from child and adolescent analyses were reported as well.

In all of these cases, the traumatized children had also become, in some fashion, provokers of attacks on themselves and attackers of others. Some longitudinal studies correlating trauma in childhood with aggressive behavior were also presented. The cases were dramatic and at times startling in their documentation of the fact that from early infancy on, there is a capacity to respond to traumatic treatment with destructive and self-destructive behavior.

The phase-specific conflicts occurring in connection with feeding, toileting, birth of siblings, and sexual activities have long been known as possible origins of common traumatic experiences. In addition, an overview of data on children severely traumatized in other ways suggests two broad developmental constellations, each having a different significance for the development of sadomasochistic syndromes. In one type, events external to the child's relations with its caretaker require management of a painful or traumatic situation by the caretaker, and psychological mastery of the experience by the child. In these cases, the pain or trauma organizes the object relations.

The second constellation consists of situations in which the object relations were the source of the pain, whether mental or somatic. While in the first constellation, the relations between parent and child are shaped by outside forces, in the second group, something in the relationship between the participants is the source of pain or painful affects—fear, disappointment, dejection, and so on—for the child.

The most dramatic example of the first constellation is the "neonatal pain syndrome" described by Herzog (1983), who has written extensively on the subject of abuse and trauma in infancy and childhood. The neonatal pain syndrome occurs in some premature infants who are subjected to painful procedures during the first months of life. A small number of these infants develop self-injurious behavior and provoke others to hurt them. Herzog describes two such infants. One child, Marta, was eight weeks premature. She was placed on a respirator, intravenously fed, had catheters in place, and was tied down. Later, she was noted to be hyper-responsive to stimulation. At six weeks of age, she seemed irritable and appeared to be angry and to glare at the nurse and her mother. At follow-up over a period of months, she was reported to attack other children. She also tried to provoke others, including her parents, to hurt her, and when she could speak, she was explicit in her requests. Herzog explores the disturbed relationship between Marta's father and her depressed mother, from the time of the pregnancy until they separated when she was twenty-two months old. Reviewing the literature on the factors that may be assumed to bias neurophysiological development, Herzog discusses the possible interplay between these factors and the disturbed family interaction. Marta was still preoccupied with pain and with causing pain in her fantasies at twenty-eight months of age. However, her mother, who had formed a new relationship with a supportive man, did not comply with her requests to be hurt. In contrast, Herzog describes a similar child and her single mother whose relationship was organized around hurting one another.

Illness, medical treatment, and painful experiences of other kinds in infants and older children may make demands on the mother and other caretakers for some modification of the painful ordeal. The effects of these traumatic incidents can be greatly modified by sensitive care, even in the intensive care nursery (Gorski, 1983). The object relations are organized by the need to respond to these situations. It is of considerable interest that a relatively small proportion of children develop the markedly disturbed responses to the care in the premature nursery.

The various studies of children in this constellation show that the way the painful experience is elaborated in the mental life of the child and the way it functions in the child's relationships depends a great deal on the parental response. Parental guilt and depression, or angry responses to the child's provocative reactions to pain and discomfort, can stabilize self-destructive and

provocative behavior in the child. For this reason, the relationship between early trauma and later psychological development is not a simple one.

Subsequent object relations and their attendant conflicts reflect the fantasies that evolve in the effort to deal with painful experience and the role of significant objects in it. This could be seen in the analysis, described by Glenn (1978), of a child with an anal fissure at the age of two years who later produced pain by withholding her stools.

In a general way, these childhood experiences organized around pain fit the classic model of trauma. The organizing situation, and presumably the experience, is one of being overwhelmed and helpless while being subjected to pain. In the traditional model, the response is an effort at mastery followed by the elaboration of fantasies serving libidinal gratification. The activities may involve direct sexual satisfaction and may be elaborated, in any case, as sexual fantasies.

The second constellation, in which the relationship with the parent or some other person is the source of pain is exemplified by the common forms of child abuse. For example, Herzog (Panel, 1985) described an extreme example of an infant boy whose mother forced him into painful sexual activities with her, activities which he tried to initiate later with both children and adults. Fraiberg (1982) has also described some dramatic instances of this type. She suggested that such behavior is the outcome of primitive modes of defensive adaptation. Defensive reactions, such as selective avoidance of the mother, may appear as early as three months of age. Before a year old, children may laugh giddily and kick in response to mother's aggression, as well as throw their toys provocatively. Fraiberg also discusses a "defense" she calls "transformation of affect." This is seen in the description of a mother feeding her nine-month-old son. As the baby sucks, the mother takes the bottle out of his mouth and holds it up, allowing the milk to fall into her own mouth. To the astonishment of the observers, the child laughs and kicks his feet excitedly. The author remarks: "This game is repeated six times in the course of the feeding. It is intolerable to watch" (p. 628). Other children showing a "defense" called "reversal" bump, fall, and bang their heads without apparent experience of pain. One child with this defense not only destroyed her toys but also tore her toenails until they bled. Her mother had been schizophrenic. At three, the child played with dolls, speaking in the voices of persecutors and persecuted.

Children whose usual relationship with some other person is the source of pain (physical or mental) are also familiar to us in the common pathogenic experiences of later childhood that we often hear about in analysis. For them, sadomasochistic fantasies are both the vehicle and the product of the resolution of conflicts generated in the object relations.

Describing these two constellations emphasizes only the initial organizing conditions, and certainly oversimplifies matters. However, this approach has the advantage of highlighting the range of parent-infant interactions, and the possible roles of parents as helpers or instigators in traumatic events of infancy. The trauma of painful experience in childhood includes some experience of the parent or caretaker. When the mother is the cause, or experienced as the cause, the hatred of the mother, a fantasy (or other representative of the experience), and aggression toward the mother are traumatic components of the painful experience. Isaacs (1929) emphasized the role of privation leading to frustration in the evocation of aggressive wishes and fantasies toward the mother, which in turn became projected and led to perceiving the mother as being sadistic.

These more dramatic examples may serve as models for thinking about the effects of less traumatic and more varied interactions. Complex variations occur in which some defect in the child—congenital or birth-related—may initially cause little discomfort to the child. For the mother, on the other hand, the damage to the child's appearance or function may be a severe narcissistic injury

and may lead to depression or rejection of the child (Lax, 1972). The extent to which such reactions occur or are manageable may depend to a significant degree on the father's attitudes toward both mother and child. Therefore, we can see that relationships between infants and their parents may be organized initially around factors beyond the ordinary, but that the significance of such events for later development depends on the evolving meanings of these factors to parents and child. These interactions are elaborated in the mental life of the child along "final common paths" of fantasy structures and behavior.

ON THE ORIGINS OF SADOMASOCHISM

The observations mentioned above involve infants and children who have been subjected to painful and aggressive treatment and who go on to provoke the repetition of similar experiences, as well as inflicting them on others. These children behave in ways that resemble some adult behavior that is called sadomasochistic. Are the phenomena of infancy and those of adult life simply analogous, or are they manifestations of some similar processes occurring at different stages of development? Is the source of the sadomasochism that is studied on the couch in psychoanalysis by and since Freud (1919), (1924) to be found in these florid cases of abuse in infancy, or do we need to look elsewhere to account for psychoanalytic clinical findings?

According to one line of thought, we may find the "origins" of later, so-called sadomasochism in infancy. For example, some of the infants described by Fraiberg and Herzog showed the evolution of sadomasochistic behavior after the period of trauma. It is also possible that the abuse of infants is responsible for severe and intractable forms of sadistic and masochistic behavior in later life.

Loewenstein (1938), (1957) described a far more benign version of an infant's teasing game which he named the "seduction of the aggressor." He had observed an eleven-month-old girl "being jokingly scolded by her grandmother for putting her thumb in her mouth. The baby would, with visible fright, observe the stern face of her grandmother; but as soon as she saw the grandmother smile, she would start to laugh and put her thumb back into her mouth, with a naughty and provoking expression— When the prohibition became serious, however, i.e., when the grandmother's face remained serious, the child burst into tears" (Loewenstein, 1957, p. 214). Loewenstein used the term "protomasochism," since he believed this playful teasing between children and adults contained the "essential elements" of later masochism and served as its prototype.

Adopting Loewenstein's term, Galenson (1988) suggested that there is indeed a "protomasochism," and the idea of a developmental line has been considered by others. Such ideas suggest a unitary disposition or even an origin of some kind occurring early in life and undergoing a sort of evolution. A related, though more fundamental, conception is Brenner's (1982a), (1982b) suggestion that masochism of some degree is universal as an accompaniment to superego formation. Some disposition of this kind might be an explanation for the commonplace transient and later unconscious masochistic fantasies found in a wide variety of patients.

Considerable evidence suggests, however, that there are many sources of sadomasochistic phenomena, that they can develop at any age, and that they are derived from many factors in development (see also, Blum, 1978). Moreover, it is evident that many different kinds of phenomena are considered "sadomasochism" so that the term has only the most general sort of significance.

An earlier review (Grossman, 1986b) concluded that the term "masochism" lacks specificity except when used to refer to a scenario combining some kind of sexual gratification with something (generally thought to be painful or) unpleasurable, and presented in conscious or unconscious

fantasy, or in manifest perversions that are the enactment of such fantasies. Although one might use the term masochism to refer to the behavior that is a disguised expression, that is, a derivative, of such fantasies, this usage becomes confusing since the behavior usually has other, perhaps more significant, meanings and value as well. The same considerations apply to "sadomasochism."

From a purely descriptive point of view, there are many similarities in the activities that are self-destructive or harmful to others throughout childhood and adult life. The same kinds of behavior can disclose a wide variety of meanings in different people and in the same person at different times.

Since terms like masochism and sadomasochism cannot be used precisely, it is not surprising that the search for the origins of sadomasochism reveals a lack of specific precursors for this final outcome which itself lacks specificity. This is the reason that most commentators agree that there are many precursors, many pathways, and many outcomes on the road to the sadomasochistic spectrum.

Consequently, over the years, psychoanalysts offered many motives to explain why children and adults displaying masochistic phenomena of neurotic, perverse, or characterological types might want to seek out experiences of pain or unpleasure. The following is a partial list: the sensation of pain was a source of pleasure "in itself"; it created excitement; it brought relief of tension; it gave a sense of reality; it avoided a fantasied other pain; it prevented punishment; it paid for another pleasure, such as sexual gratification; it avoided true pain and passivity; it served to manipulate a more powerful person; it was a means of inflicting suffering on others; it maintained magical control; it protected loved objects from destruction; suffering for a valued goal, or at the hands of an admired, feared or loved person, may be a source of great narcissistic satisfaction.

This list shows that the unpleasure might in some cases be required as a condition for pleasure, or that obtaining pleasure might be a way of making unpleasure acceptable in object relations of different kinds. It is also evident that what is considered pain or unpleasure is sometimes in the eye of the beholder.

The essential points are the following.

1. What appears unpleasurable to an observer may be pleasurable to the patient. Even what is unpleasurable for a person in one respect may be pleasurable in another.

2. There are motives for self-injury that serve to control aggression and to win over or control the love object, rather than to bring pleasure (Loewenstein, 1938), (1957), (1972).

3. Such apparently painful activities may also become sources of pleasure and serve sexuality.

4. The decisive issue seems to be whether aggression is turned against the self because of love, fear of object loss, or threat from a feared, powerful person or, instead, because these dangers have been internalized. That is, the formation of the inner control against aggression involves the internalization of representations of the relationship, an identification with the threatening adult directing its aggression toward the self. This is the model of superego formation.

5. Behavior patterns and styles of object relatedness may appear to be stable from childhood onward, although their meaning changes in the context of advancing development. Therefore, the multiple meanings noted evolve because experiences that are painful at one time in

development may become the subject of fantasies, perhaps even providing pleasure, at a later time.

6. Physical pain has a meaning, a fact that has a great deal to do with pain tolerance. Imagined "pain" in fantasies may represent a particular relationship, among other possibilities, and may reflect the effects of fantasy formation under the impact of superego formation. Therefore, fantasies of pain may bring conscious pleasure, while serving an unconscious need for punishment. However, the enactment of those fantasies may be avoided because the real pain associated with the enactment is unacceptable.

Although the considerations outlined here argue against the idea of a common source of sadomasochistic phenomena in childhood, these studies do have relevance to clinical work with adults. By providing indications of the forms the primitive mental life may take, the observation of infants and children can show how sexual and aggressive conflicts develop in relation to one another at various ages. In an overview from a developmental viewpoint, Glenn (1985) outlined issues at different stages of child development that may lead to sexualized self-directed aggression. His outline of the developmental sources of so-called sadomasochistic phenomena might be correlated with the different motives for combining painful and sexual experiences that one can discern with clinical observation.

Glenn's observations do not support the idea of a true "developmental line" for "sadomasochism." In other words, traumatic experiences both in early infancy and at later ages may be the basis for eventual aggressive and self-destructive behavior. On the other hand, children with similar painful and traumatic experiences in infancy fare differently because of their varied object relations and conflict resolutions in later childhood and beyond.

Supplementing the data derived from infant studies, clinical study of older children by Novick and Novick (1987) demonstrates the variety of conflict and object relations leading to sadomasochistic behavior at different ages. Roiphe (1991) describes the relationship between a tormentor and his victim in a nursery drama, illustrating erotized aggression in teasing before the age of two.

PAIN AND AGGRESSION

The stereotyped, automatic, and urgently repetitive character of the destructive and self-destructive behavior developing out of the painful situations of childhood and child abuse often seems to be unresponsive to interpretation. Concepts like the "repetition compulsion" and the "economic point of view" address the possibility that the explanation for these behaviors is not to be found solely in the person's mental activity and conflict (A. Freud, 1967). These concepts draw our attention to factors that form the foundation on which psychological organization and conflict are developing and will develop and function. A related view suggests that very early mental development builds ego structures and a cohesive self, while later mental development involves conflict among structures and its resolution. According to the formulations to be developed here, an essential feature of the pre-ego/post-ego distinction is the extent to which the capacity for fantasizing mediates the generation of behavior, rather than behavior being a re-enactment of what has been experienced passively.

The same observations that lead to concepts of precoflictual or nonconflictual factors point to the possibility of some physiological effects, either in the form of "imprinting" or "neurophysiological biasing" (Herzog, 1983). Although such terms lack specificity and we have no clear idea of what we might mean here by organicity, there is still much to encourage attention to organic factors. There is a growing literature demonstrating the lasting effects of severe trauma in both infants and adults. The evidence shows that severe psychological trauma produces longlasting or permanent

physiological and psychological change (Fish-Murray, et al., 1987); (Herzog, 1983); (Kolb, 1987); (van der Kolk and Greenberg, 1987). It is important to remember, in any case, that these considerations bring us to a point where it becomes difficult to differentiate the physiological and psychological determinants of mental function. After all, learning and training, too, have an organic side to them. On the other hand, interpersonal and psychological factors play an important role in physiological function. In addition, what makes a trauma a trauma is, to a significant extent, determined by psychological factors, by what the situation means to the person involved. In effect, when we come to a consideration of the consequences of trauma, especially in infancy, we cannot assume that the physiological basis for psychic function is operating as it does in the average healthy adult. Although we can say little about organic and physiological factors from our clinical point of view, it is helpful to be alert to the points in our psychological explanations at which such factors may become relevant. We are at such a point when we discuss the interactions of trauma, drives, and ego organization.

The meaning and the effect of traumatic situations depend on such factors as ego and self development and the capacity for self-regulation. The character of the fantasies and the nature of the fears and wishes all play a role. Superego development and the allocation of authority, too, will determine not only what is traumatic, but how traumatic it is and what resources are available for the management of these experiences and their psychological components. Implicit in these considerations is the idea that when we say economic factors are important, we recognize that ego functioning depends on conditions like the state of arousal, need, and drive intensity. In childhood, the availability of caretakers to help regulate these conditions is especially significant. However, in both children and adults, maximal developmental attainments of functional capacity are not necessarily maintained under stress or even under most ordinary circumstances. Therefore, it is imaginable that some state of affective arousal could be so great that ordinary levels of ego function cannot be maintained.

The interrelationships of fantasy, pain, and aggression provide a psychological focus in this vast psychosomatic subject of how traumatic experiences operate and produce such tenacious effects. I shall discuss, first, a relationship between pain and aggression and, second, the way fantasy helps to master trauma or is stunted by it.

A consideration of the way pain becomes a focal point, as either something to be suffered, something to inflict on others, or a source or vehicle for pleasure, leads to the problem of the relationship between pain and the drives, specifically, aggression. I suggest that one of the ways that pain becomes a *goal* in the object relations of sadomasochistic syndromes is through its relation to aggression. It is true that various ways that pain and pleasure are connected are important and give some support to the idea of "erotogenic masochism" (Freud, 1924); (see also, Solomon, 1980).[3] However, clinical data suggest that the process of mastering the hostile aggression associated with pain and painful affects organizes the psychological mechanisms required to cement the object relations in sadomasochistic character pathology and related syndromes. Observations of development and pathology (Galenson, Glenn, Herzog, and Ruttenberg in Panel, 1985); (Galenson, 1986), (1988); (McDevitt, 1983); (Roiphe, 1991) are consistent with this formulation and indicate that it may be of value in understanding "normal" development.

The hypothesis I suggest is as follows: pain and painful affect (anxiety, shame, guilt, humiliation, fear) are ordinarily occurring sources of the aggressive drive, though perhaps not the only ones (Grossman, 1986a), (1986b). Accordingly, any somatic pain might be thought of as a somatic source of the aggressive drive, much as stimulation of the erotogenic zones can be regarded as sources of libido. The erotogenic zones are not the *cause* of sexual stimulation or the sexual

impulses in the sense of being literally generators of those impulses. They are, however, the places that are normally sources of pleasurable sensations when stimulated and are normally stimulated during child care. In addition, erotogenic zones normally figure in sexual fantasies as sites of pleasurable activities and sensations. Pain and painful affect figure similarly in aggressive fantasies and experience. Whatever the associated physiological mechanisms may be that contribute to the tenacity of the attachment to pain, psychological development organizes the formation of fantasy structures to regulate the responses to pain and the attendant aggression. The affectionate and sexual relationships with other people are the matrix for this process.

Both pain and unpleasurable affect are obviously commonplaces throughout life. In childhood, pain arises from external and internal sources in the ordinary course of care. We have, therefore, an arousable and inevitably stimulated source of the aggressive drive which can be either mitigated or intensified by maternal care throughout the course of development. Although no special circumstances are required for its arousal, special circumstances lead to special necessities in relation to the management of pain, anger, and aggression by the child and by the caretaker.

Pain and painful affect evoke aggression toward those people who are perceived as the perpetrators. To preserve the relationship, the expression of aggressive impulses directed against other people who are more powerful, gratifying or dangerous, threatening, and in control must be modified in some way. In some cases, sexual activity is utilized, as are other pleasurable experiences. Sometimes, the sexual activity itself may be a part of an enforced relationship, and its pleasurable quality may be ambiguous. In childhood, as well as in the traumatic situations of later life, pleasure-unpleasure fantasies become another vehicle for the management and channeling of aggression, leading to some familiar forms of sadomasochistic fantasies.

At any age, the need to control aggressive impulses evokes the development of defenses against aggression. Whatever else this may entail in the earliest stages of development, the capacity to experience pleasure in connection with unpleasure is a universal disposition from infancy onward, although with "changing psychical coatings" as Freud (1924) said. This is probably one reason that we see traumatic situations provoking sadomasochistic phenomena at any period of life (see Blum, 1978).

An added complication arises from the fact that insofar as the child's angry and aggressive responses to pain may be upsetting to the caretaker, it is possible that the latter may respond with anger or aggressive actions in turn. This is a powerful process by which painful and aggressive interactions become entrenched and repetitive. Consequently, the person is repeatedly involved with others in sexual and aggressive struggles of dominance and possession that are reflections of impaired self-object differentiation. The caretaker has the double task of relieving the sources of distress and helping with the benign management of aggression.

Patients whose behavior expresses conscious or unconscious fantasies that are organized around aggressive conflicts may try to force anyone who is supposed to be a helper or an authority, to collude in some fashion in forcing, controlling, or hurting them. Although the motives for seeking or inflicting pain may vary, as noted earlier, the partner is often required to do things that he or she might ordinarily regard as reprehensible. The fact that the partner has to struggle against being turned into an attacker may become an essential factor in any of the person's relationships—assistance, management, treatment, child care, and marriage. For a variety of motives that increase in complexity during the course of development, the patients become increasingly skilled in understanding the sensibilities of their parents, helpers, and partners. Successful provocation cements the relationship and sustains sadomasochism. To paraphrase Theodor Reik, defeat is its own reward, or rather, self-determined defeat and victory may be identical. This is one more

instance of the way diverse kinds of experiences, affects, appetites, and satisfactions can be joined as a result of conflict resolutions patterned on experiences with important figures in one's life.

Such relationships have a remarkable stability. The cycles of aggressive excitement and relief, added to other associated satisfactions, help to preserve the object tie. Similarly, patients with significant sadomasochistic fantasies display "negative therapeutic reactions." They attempt to enact their fantasies in the transference, soliciting anger and abuse. This poses a serious threat to the analyst's neutrality, and may lead to a stalemate in an "interminable" treatment.

Defensive control of aggressive impulses supports the structure of the relationship and the formation of mental structures. Processes of identification and the concomitant internalization of both roles of the relationship are associated with the generation of unpleasurable affect, such as guilt, in relation to internal conflict, leading in turn to other kinds of defenses.

Patients whose transferences take the form of sadomasochistic fantasy enactments may, by their insistent invitation to attack, induce similar conflicts in the therapist. Sometimes in subtle ways, sometimes overtly, the therapist may be placed in a position requiring submission or some aggressive behavior. Many of the difficulties in the management of such patients arise when they arouse aggression in the therapist who must struggle against it. The capacity to provoke the anger of the therapist who threatens or punishes, or must find satisfactory defenses, keeps the self-destructiveness as a source of a number of satisfactions. Even in the best of treatments of such patients, the therapist will at some time gratify and thus reinforce the patient's self-destructive method of obtaining satisfaction. At times, the therapist's hurtfulness is unconscious or rationalized as realistic, neutral, or in the best interests of the patient. In the childhood recollections of such patients, as well as in their accounts of prior treatment, we often hear of help and treatment, realistically necessary, whose administration appears to have been accomplished with a certain sadistic satisfaction.

This model of the role of aggression in mental development and treatment is familiar, since it is based on Freud's (1923), (1930) formulations concerning superego formation and the way the aggressiveness of the child increases the severity of the superego. In particular, superego functions are based in part on the internalization of the authority for control of aggression as personified by the parents. However, if we include the superego precursors of turning passivity into activity and the identification with the aggressor, the model seems to fit throughout development as a model of mental structure formation, from the most primitive to the most complex.

The various disruptions of ego functioning associated with trauma, as noted earlier, coupled with the aggressive conflicts outlined here, contribute to impaired superego development. With the elaboration of fantasy and conflict, the occasions for pain and unpleasure, for painful and unpleasurable affects, change throughout development, just as do the danger situations (Freud, 1926) and the calamities (Brenner, 1979).

Ever since "The Economic Problem of Masochism" (Freud, 1924), psychoanalytic discussions of masochism have had more to do with the superego issues associated with the concepts of moral masochism and the negative therapeutic reaction than with perversion. Derivatives of unconscious sadomasochistic fantasies, such as humor (Dolley, 1941) and teasing (Brenman, 1952), are thought to depend on processes of superego formation for their development. Therefore, in addressing what we think are the central issues of the management of aggressive impulses, we are not surprised to find differences depending on the degree to which the control of the drive depends on the differentiation of the self and object, and on the degree of integration of superego precursors (Grossman, 1986b); (Kernberg, 1984). In other words, it is a question of the ways in which the

authority for the control of aggression has been internalized. These differences in superego development appear to account for important differences between the so-called sadomasochistic phenomena of children and those of adults.

FANTASY AND THE MASTERY OF PAIN AND TRAUMA

The capacity to combine unpleasurable and pleasurable, especially sexual, aims in fantasy and action appears to be present all through life. Freud (1920) discussed children's fantasies as expressed in their play as a means of taking over the active role of the object who imposes pain or frustration. To this he added that the "artistic play and artistic imitation carried out by adults … do not spare the spectators (for instance, in tragedy) the most painful experiences and can yet be felt by them as highly enjoyable. This is convincing proof that, even under the dominance of the pleasure principle, there are ways and means enough of making what is in itself unpleasurable into a subject to be recollected and worked over in the mind" (p. 17).

In describing children with sadomasochistic behavior, I have tried to show that the ways pleasure and unpleasure, pain and aggression, are combined in their behavior resemble adult sadomasochistic fantasies and behavior. We can see that in some cases the behavior is first instigated by adults by means of sadomasochistic games. Even where nothing so consciously structured as a game is involved, parental activities expressing conscious or unconscious fantasies, for instance, in regard to feeding, bowel training, and masturbation, have a similar shaping influence. In effect, parental fantasy structures the relationship with the infant by playing out unconscious games. In other cases, the meaning and origin of specific behavior is less clear.

The specific forms of fantasy and behavior that issue from traumatic events depend on the point or points in development of drives, ego, and object relations at which the core conflicts develop and are reshaped. An important factor is the way in which these traumatic events support or limit developing ego functions and expand or restrict further developmental possibilities. Such "alterations of the ego" (Freud, 1937) may be conceptualized as lying on a continuum from organic impairments of nervous system function as a result of trauma, to the development of impulsive or inhibitory patterns of behavior and learning, to neurotic compromise formations leading to character traits and symptoms.

The role of parental fantasy in structuring the relationship with the infant has already been mentioned in connection with infant syndromes. The children I described earlier were subjected to situations in which the child's experience was narrowly channeled by a totally controlling environment with repeated experiences of helplessness and disregard of his/her feelings. In some of the cases involving frank abuse, there was a monotonous repetition of situations of torment, helplessness, enforced compliance, and a limitation of experience. These elements suggest that whatever neurophysiological factors are involved are given a form and a developmental path that, at least for a time, is organized by the caretaker and derives its reinforcement from pain and fear.

The most extreme forms of abuse are reminiscent of the model offered by Ferenczi's "Taming of a Wild Horse" (1913).[4] These are the infants who are overpowered and painfully controlled by the people who also tend them and provide them with whatever satisfactions they have. They are forced into patterns of interaction either by circumstances of medical care, physical or mental defects, or by disturbed parents and caretakers in whose fantasies the children are forced to take a prescribed part, in spite of and counter to their own needs. The patterns of their early ego development, object relations, and responses are shaped by these experiences that are so overwhelming that they may preclude all mental activity other than the effort to respond in some way to these experiences. With their limited ego development, young children may be able only to

repeat these experiences in imagery and action, i.e., according to the sensorimotor organization described by Piaget.

The mode of mastery is restricted by a limited capacity for mental elaboration and representation.[5] Thus, while normal adult mastery of experience relies on mental working over of experience and elaboration of plans and fantasies, this avenue will be less available the younger the child. Developing capacity for mental representation offers more possibility for the utilization of this method of mastery, as well as for the greater range of interpretation of the situation to be mastered. Greater symbolic capacity opens up the possibility of other adaptive responses. In the most immature cases, the patterns forced on the child will eventually achieve some mental representation and elaboration, unless the continuation of the traumatizing relationship interferes even further with ego development. (Herzog [Panel, 1985] has provided longitudinal data on children demonstrating both conditions.) At this end of the spectrum, the developmental problem, from the point of view of the ego, is to surmount the traumatic events from which helplessness prevents escape and to develop a capacity for mental representation and fantasy along with adaptive behavior.

There are analogues in the situations of complete helplessness suffered by adults in wartime and captivity, hostage situations, and concentration camps. The effects of this kind of treatment in adults are said to be lasting, too, which is one of the observations that suggest physiological change. In traumatic neuroses, the representations of the traumatic situations in dreams and fantasy undergo changes and are eventually repeated with distortions and elaborations, showing that they have become assimilated to the representational life. Similarly, adult patients who have been severely traumatized in childhood often behave in ways that seem to repeat the early patterns of object relations, and induce others, often unknowingly and helplessly, to repeat these patterns with them. At the same time, the fantasies embodying self- and object representations show that those patterns have found mental elaboration.

Whatever the organic substrate, the requirement for massive self-control and compliance with the powerful person in control is bound to instill methods of activity in response to impulses and to objects that are limiting to the satisfaction of libidinal and aggressive needs. To the extent that this way of looking at the problem is correct, it is not only that pain creates a change in the nervous system, but that the associated relations shape the "alterations of the ego" and the later forms of defense.

In addition to pain and helplessness, the traumatic situations of infancy involve poverty of opportunity for the explorations and gradual acquisition of the control of self-satisfaction that develops into creation of fantasies from the elements of experience. These are extreme instances of "soul murder" that Shengold (1974), (1979), (1989) has discussed. If the victims of trauma, whether adults or children, cannot turn enforced behavior patterns into mental activity that can in some way serve to overcome the painful experiences, compulsive repetitive action and ideation is evident. In the more brutally treated individuals, there may be little transformation of the traumatic experiences that are later re-enacted with monotonous repetition, with the subject in the role of victim or aggressor, perhaps alternately. Dissociative states are another means of walling off the memory of experiences that cannot be transformed through fantasy.[6]

We may see various versions of these phenomena in analytic work with older children and adults in whom mental elaboration of traumatic experiences involves representation of both the conflict with the other person and the inner effort of control. The fantasy elaboration of the childhood experiences takes many forms, including literary transformations like those of Sacher-Masoch and de Sade (see also, Shengold, 1989). Sadomasochistic perversions enact such transformations in

fantasy and turn the frightening or punitive adult of childhood into a sexual accomplice (Loewenstein, 1938); (Stoller, 1975). In these enactments, as in their characterological equivalents and derivatives, identification with the pleasure of the partner is an important factor. Havelock Ellis (1936) quoted a letter from a woman who wrote:

> *"I believe that, when a person takes pleasure in inflicting pain, he or she imagines himself or herself in the victim's place. This would account for the transmutability of the two sets of feelings." To which she added: "I cannot understand how (as in the case mentioned by Krafft-Ebing) a man could find any pleasure in binding a girl's hands except by imagining what he supposed were her feelings, though he would probably be unconscious that he had put himself in her place" (pp. 160-161).*

With the sort of model I have outlined in mind, we can see why it is, in fact, possible for attentive and thoughtful caretakers to modify the impact of traumatic illness, injury, and medical intervention. Similarly, we may understand both the mitigating effects and the limitations of later corrective developmental experiences. Where there is some opportunity for mitigation, the elements of experience of object relations and bodily sensations can be synthesized into fantasy. The fantasy becomes the mediator and the generator of behavior, our usual concept of the role of fantasy in development and daily experience.

This, then, is an outline of the role of fantasy in the mastery of traumatic experience, and the role of the child's relation to the abusing adult in the impairment of the functions of fantasy which include development of representational capacities and achievement of a sense of reality and reality testing. Insofar as fantasy is a crucial ego function, or rather a set of ego functions, we have here an important aspect of the role of the ego in the mastery of trauma, the impact of traumatic experience on ego function, and the alteration of the ego in the process.

SUMMARY

The term "sadomasochism" is currently used to designate a heterogeneous group of fantasies and behaviors that are characterized by pleasure obtained through hostile aggression and destructiveness. A more specifically psychoanalytic point of view uses the term for fantasies which are the expression of the obligatory combination of sexual satisfaction and its derivatives with aggression. In such fantasies, the person may be the one who acts aggressively or is the target of the aggression that leads to pleasure.

The three hypotheses outlined here place clinical and developmental issues of sadomasochism (loosely defined) in the framework of drives and structure. The hypothesis that pain and painful affects are "sources" of the aggressive drive provides links among psychoanalytic clinical observation, child development observation, and clinical, psychological, and physiological studies of affects. The hypothesis that stresses the role of aggressive conflict and defenses against aggression in mental structure formation and stereotypic repetition, compulsive and impulsive, contributes to understanding some of the phenomena associated with trauma and child abuse. The hypothesis that fantasy formation is a factor in the overcoming of trauma, but may be impaired by trauma, places psychoanalytic observations in a framework related to psychological studies of cognition and memory organization. In effect, these formulations on "sadomasochism" form a bridge between psychoanalytic clinical observation, child development observation, and physiological and psychological studies of the effects of trauma of various kinds.

At various points in the discussion, physiological factors have been mentioned because it appears that information from both psychological and physiological research are relevant to understanding particular problems. For instance, severe trauma in both infants and adults produces long-lasting

or permanent changes in psychological functioning that appear to have an organic basis. However, when we come to the interplay of physiological, psychological, and interpersonal factors in learning, memory, the attachment to pain, and the experience of trauma, the relationships are not easily sorted into primary and secondary. The issues of psychological organization and physiological functions come together, at some point, in considering both drive and ego activities. In traditional formulations, both the concept of the "repetition compulsion" and of the "economic point of view" address the possibility that some explanations of behavior require consideration of mental activity (conflict and object relations) and factors that form the foundation on which psychological organization and conflict develop and function.

It may be that hypotheses such as those offered here will be helpful in exploring the interface between psychoanalytic, psychological, and physiological studies of "sadomasochism" and trauma.

REFERENCES

BLUM, H. P. 1978 Psychoanalytic study of an unusual perversion. Discussion J. Am. Psychoanal. Assoc. 26 785-792

BRENMAN, M. 1952 On teasing and being teased: and the problem of "moral masochism." Psychoanal. Study Child 7 264-285

BRENNER, C. 1979 The components of psychic conflict and its consequences in mental life Psychoanal. Q. 48 547-567

BRENNER, C. 1982a The concept of the superego: a reformulation Psychoanal. Q. 51 501-525

BRENNER, C. 1982b The Mind in Conflict New York: Int. Univ. Press.

DOOLEY, L. 1941 The relation of humor to masochism Psychoanal. Rev. 28 37-46

ELLIS, H. 1936 Studies in the Psychology of Sex Vol. 1 New York: Random House.

FERENCZI, S. 1913 Taming of a wild horse In Final Contributions to the Problems and Methods of Psychoanalysis New York: Basic Books, 1955 pp. 336-340

FISH-MURRAY, C. C., KOBY, E. V. & VAN DER KOLK, B. A. 1987 Evolving ideas: the effect of abuse on children's thought In Psychological Trauma ed. B. A. van der Kolk. Washington, D.C.: American Psychiatric Press, pp. 89-110

FRAIBERG, S. 1982 Pathological defenses in infancy Psychoanal. Q. 51 612-635

FREUD, A. 1967 Comments on psychic trauma In The Writings of Anna Freud, Vol. 5. Research at the Hampstead Child-Therapy Clinic and Other Papers 1956-1965 New York: Int. Univ. Press, pp. 221-241

FREUD, S. 1919 'A child is being beaten': a contribution to the study of the origin of sexual perversions S.E. 17

FREUD, S. 1920 Beyond the pleasure principle S.E. 18

FREUD, S. 1923 The ego and the id S.E. 19

FREUD, S. 1924 The economic problem of masochism S.E. 19

FREUD, S. 1925 Preface to Aichhorn's Wayward Youth S.E. 19

FREUD, S. 1926 Inhibitions, symptoms and anxiety S.E. 20

FREUD, S. 1930 Civilization and its discontents S.E. 21

FREUD, S. 1937 Analysis terminable and interminable S.E. 23

GALENSON, E. 1983 A Pain-Pleasure Behavioral Complex in Mothers and Infants Presented at the meeting of the American Psychoanalytic Association, December 15.

GALENSON, E. 1986 Some thoughts about infant psychopathology and aggressive development Int. J. Psychoanal.. 13 349-354

GALENSON, E. 1988 The precursors of masochism In Fantasy, Myth, and Realty: Essays in Honor of Jacob A. Arlow ed. H. P. Blum, et al. Madison, CT: Int. Univ. Press, pp. 371-379

GLENN, J., Editor 1978 Child Analysis and Therapy New York/London: Aronson.

GLENN, J., Editor 1984 A note on loss, pain, and masochism in children J. Am. Psychoanal. Assoc. 32 63-73

GLENN, J., Editor 1985 A Developmental Approach to Masochism New York University Post-Doctoral Seminar, June 1

GORSKI, P. A. 1983 Premature infant behavioral and physiological responses to caregiving interventions in the intensive care nursery In Frontiers of Infant Psychiatry ed. J. D. Call, et al. New York: Basic Books, pp. 256-263

GROSSMAN, W. I. 1986a Dolore, aggressività e fantasia all'origine del sadomasochismo Rivista di Psicoanalisi 32 557-571

GROSSMAN, W. I. 1986b Notes on masochism: a discussion of the history and development of a psychoanalytic concept Psychoanal. Q. 55 379-413
HERZOG, J. M. 1983 A neonatal intensive care syndrome: a pain complex involving neuroplasticity and psychic trauma In Frontiers of Infant Psychiatry ed. J. D. Call, et al. New York: Basic Books, pp. 291-300
ISSAACS, S. 1929 Privation and guilt Int. J. Psychoanal. 10 335-347
KERNBERG, O. F. 1984 Severe Personality Disorders: Psychotherapeutic Strategies New Haven/London: Yale Univ. Press.
KERNBERG, O. F. 1988a Clinical dimensions of masochism J. Am. Psychoanal. Assoc. 36 1005-1029

KERNBERG, O. F. 1988b Sadomasochism, sexual excitement, and perversion Presented at the meeting of the American Psychoanalytic Association, December 17.
KOLB, L. C. 1987 A neuropsychological hypothesis explaining posttraumatic stress disorders Amer. J. Psychiat. 144 989-995
KRYSTAL, H. 1978 Trauma and affects Psychoanal. Study Child 33 81-116
LAX, R. F. 1972 Some aspects of the interaction between mother and impaired child: mother's narcissistic trauma Int. J. Psychoanal. 53 339-344
LOEWENSTEIN, R. M. 1938 L'origine du masochisme et la théorie des pulsions Rev. Française Psychoanalyse 10 293-321
LOEWENSTEIN, R. M. 1957 A contribution to the psychoanalytic theory of masochism J. Am. Psychoanal. Assoc. 5 197-234
LOEWENSTEIN, R. M. 1972 Ego autonomy and psychoanalytic technique Psychoanal. Q. 41 1-22
MALESON, F. G. 1984 The multiple meanings of masochism in psychoanalytic discourse J. Am. Psychoanal. Assoc. 32 325-356
McDEVITT, J. B. 1983 The emergence of hostile aggression and its defensive and adaptive modifications during the separation-individuation process Bull. Am. Psychoanal. Assoc., 31 273-300
NOVICK, K. K. & NOVICK, J. 1987 The essence of masochism Psychoanal. Study Child 42 353-384
PANEL 1985 Sadomasochism in Children Meeting of the American Psychoanalytic Association, December 22.
PANEL 1988 Four sequential panels on Sadism and Masochism in the Psychoanalytic Process at the meeting of the American Psychoanalytic Association December 14-18.
ROIPHE, H. 1991 The Tormentor and the Victim in the Nursery In Press.
SCHAFER, R. 1984 The pursuit of failure and the idealization of unhappiness Amer. Psychologist 39 398-405
SHENGOLD, L. 1974 Soul murder: a review Int. J. Psychoanal. 3 366-373
SHENGOLD, L. 1979 Child abuse and deprivation: soul murder J. Am. Psychoanal. Assoc. 27 533-559
SHENGOLD, L. 1989 Soul Murder: The Effects of Childhood Abuse and Deprivation New Haven/London: Yale University Press.
SOLOMON, R. L. 1980 The opponent-process theory of acquired motivation: the costs of pleasure and the benefits of pain Amer. Psychologist 35 691-712
SPITZ, R. A. 1966 Metapsychology and direct infant observation In Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann ed. R. M. Loewenstein, et al. New York: Int. Univ. Press, pp. 123-151
STOLLER, R. J. 1975 Perversion: The Erotic Form of Hatred New York: Pantheon.
VAN DER KOLK, B. A. & GREENBERG, M. S. 1987 The psychobiology of the trauma response: hyperarousal, constriction, and addiction to traumatic reexposure In Psychological Trauma ed. B. A. van der Kolk. Washington, D.C.: American Psychiatric Press, pp. 63-88
VAN DER KOLK, B. A. & VAN DER HARTO, O. 1989 Pierre Janet and the breakdown of adaptation in psychological trauma Amer. J. Psychiat. 146 1530-1540
WORKSHOP 1983 The Vulnerable Child Meetings of the American Psychoanalytic Association, December 15.

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[1] These ideas on fantasy and its role in the mastery of trauma have been developed on the basis of psychoanalytic considerations. However, an excellent recent review by van der Kolk and van der Hart (1989) shows that the psychoanalytic viewpoint, based on Freud's and Piaget's ideas, owes a great deal to Janet's conceptualization of trauma, dissociation, and automatism.
[2] This paper is a considerably modified version of Grossman (1986a).
[3] Solomon (1980) presents evidence showing that painful and unpleasurable stimuli, in both humans and animals, produce unpleasant sensations first, and are then followed by pleasurable sensations. The same reversal takes place for pleasure. In this way, secondary motives can develop in which the unpleasurable experience is

sought for its pleasurable after-effects, a mechanism that Loewenstein has described. The extent to which these processes can be shown to operate is truly impressive and provides a well-studied behavioral psychology basis with some probable physiological mechanisms associated with it. The nature of this process can be shown to account for some features of addiction as well as many other kinds of activities. So to this extent, the capacity for experiencing pleasure in unpleasure is, no doubt, truly universal. Similarly, the discoveries involving the release of endorphins in both sexual highs and painful experiences point in this direction.

[4] In a brief note, Ferenczi (1913) described how a noted trainer tamed a restrained wild horse by alternately striking him on the nose with some metal rings, and then speaking softly to him while feeding him sugar.

[5] The issues under discussion concern the broader issues of developmental theory in psychoanalysis today—the relationships between developmental deficit and conflict. This touches on the interesting question of whether we can conceptualize some kind of inner conflict, other than that proposed by Melanie Klein, in the early stages of development. I believe we should attempt to do this (see also Spitz, 1966). In the early cases, the issue seems to be self-control out of fear in conflict with the caretaker, but we know nothing about its mental elaboration. Presumably there is greater representation in fantasy of this self-control the more symbolic capacity there is. This early self-control generated out of fear and pain may perhaps be considered to be the precursor of inner conflict occurring at a presymbolic, sensorimotor level of development. It may not be conflict at the level of tripartite structure, but it may be conflict. The resolution of the conflict between impulse, the effort of control, and the interaction with the other person must have some kind of representation in memory, however primitive. It may be, however, that the representation is to be found only in the behavioral organization underlying character.

[6] See van der Kolk and van der Hart (1989) for an interesting discussion of Janet's ideas on these issues.