

# RELATIONAL SADOMASOCHISM

## THE MASOCHISTIC DEFENSE OF RELENTLESS HOPE

## THE SADISTIC DEFENSE OF RELENTLESS OUTRAGE

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# THE PATIENT'S RELENTLESS PURSUIT HAS BOTH MASOCHISTIC AND SADISTIC COMPONENTS

MARTHA STARK (1994)

HER RELENTLESS HOPE  
– WHICH FUELS HER MASOCHISM –  
IS THE STANCE TO WHICH SHE DESPERATELY CLINGS  
IN ORDER TO AVOID CONFRONTING  
INTOLERABLY PAINFUL REALITIES  
ABOUT THE OBJECT AND ITS SEPARATENESS

HER RELENTLESS OUTRAGE  
– WHICH FUELS HER SADISM –  
IS THE STANCE TO WHICH SHE RESORTS  
IN THOSE MOMENTS OF DAWNING RECOGNITION THAT  
THE OBJECT IS INDEED SEPARATE AND UNYIELDING

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I DO NOT LIMIT SADOMASOCHISM  
TO THE SEXUAL ARENA

RATHER, I CONCEIVE OF IT AS  
A "DYSFUNCTIONAL RELATIONAL DYNAMIC"  
THAT WILL GET PLAYED OUT  
– TO A GREATER OR LESSER EXTENT –  
IN MOST OF THE PATIENT'S  
"RELENTLESSLY PURSUED" RELATIONSHIPS

ESPECIALLY IF THE PATIENT HAS  
NOT YET COME TO TERMS WITH  
THE REALITY THAT THE WORLD  
WILL NEVER BE ALL THAT SHE  
WOULD HAVE WANTED IT TO BE

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**MASOCHISM AND SADISM  
ALWAYS GO HAND IN HAND**

IN OTHER WORDS  
THE "MASOCHISTIC DEFENSE OF RELENTLESS HOPE"  
AND THE "SADISTIC DEFENSE OF RELENTLESS OUTRAGE"  
ARE FLIP SIDES OF THE SAME COIN

THEY ARE BOTH DEFENSES  
THAT SPEAK TO THE PATIENT'S REFUSAL  
TO CONFRONT THE PAIN OF HER GRIEF  
ABOUT THE OBJECT'S LIMITATIONS,  
SEPARATENESS, AND IMMUTABILITY

AND MORE FUNDAMENTALLY  
THEY SPEAK TO THE PATIENT'S REFUSAL  
TO CONFRONT THE PAIN OF HER GRIEF  
ABOUT THE OBJECT'S REFUSAL  
TO BE POSSESSED AND CONTROLLED

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**MASOCHISM IS A STORY  
ABOUT THE PATIENT'S HOPE**

HER HOPING AGAINST HOPE THAT PERHAPS  
SOMEDAY, SOMEHOW, SOME WAY,  
WERE SHE BUT ABLE TO BE GOOD ENOUGH,  
TRY HARD ENOUGH, BE PERSUASIVE ENOUGH,  
PERSIST LONG ENOUGH, SUFFER DEEPLY ENOUGH,  
OR BE "MASOCHISTIC" ENOUGH,

SHE MIGHT YET BE ABLE  
TO EXTRACT FROM THE OBJECT  
- SOMETIMES THE PARENT HERSELF -  
- SOMETIMES A STAND-IN FOR THE PARENT -  
THE RECOGNITION AND LOVE DENIED HER AS A CHILD

IN OTHER WORDS  
SHE MIGHT YET BE ABLE TO COMPEL  
THE IMMUTABLE OBJECT TO RELENT

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**NOTE THAT THE INVESTMENT  
IS NOT SO MUCH  
IN THE SUFFERING PER SE  
AS IT IS IN THE PATIENT'S  
PASSIONATE HOPE THAT  
PERHAPS THIS TIME ...**

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**SADISM IS THEN A STORY  
ABOUT THE RELENTLESS PATIENT'S  
REACTION TO THE LOSS OF HOPE**

EXPERIENCED IN THOSE MOMENTS  
OF DAWNING RECOGNITION  
THAT SHE IS NOT  
- AFTER ALL -  
GOING TO GET  
WHAT SHE HAD  
SO DESPERATELY WANTED  
AND FELT SHE NEEDED TO HAVE  
IN ORDER TO GO ON  
IN THOSE MOMENTS OF ANGUISHED HEARTBREAK  
WHEN SHE IS CONFRONTED HEAD-ON  
WITH THE INESCAPABLE REALITY  
OF THE OBJECT'S SEPARATENESS  
AND REFUSAL TO RELENT

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ORDINARILY A PERSON  
WHO HAS BEEN TOLD "NO"  
MUST CONFRONT THE PAIN  
OF HER DISAPPOINTMENT  
IN THE OBJECT  
AND COME TO TERMS WITH IT  
FEELING ALL THAT SHE MUST  
IN ORDER ULTIMATELY  
TO MAKE HER PEACE  
WITH THE REALITY OF IT

IN OTHER WORDS  
SHE MUST GRIEVE THIS  
THWARTING OF HER DESIRE

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**BUT THE RELENTLESS PATIENT DOES SOMETHING ELSE**

AS SHE COMES TO UNDERSTAND  
THAT SHE IS NOT, IN FACT, GOING TO BE REWARDED  
FOR HER UNSTINTING SELF-SACRIFICE

AND POWERED BY HER CONVICTION  
THAT SHE HAS BEEN *HAD*

- DUPED, CONNED, VICTIMIZED, BETRAYED, REJECTED, ABANDONED -

SHE WILL REACT DEFENSIVELY  
- IN EITHER FACT OR FANTASY -

WITH THE SADISTIC UNLEASHING OF  
A TORRENT OF ABUSE DIRECTED TOWARDS  
EITHER HERSELF

- FOR HAVING FAILED TO GET WHAT  
SHE HAD SO DESPERATELY WANTED -

OR THE DISAPPOINTING OBJECT  
- FOR HAVING FAILED TO PROVIDE IT -

SHE MAY ALTERNATE BETWEEN ENRAGED PROTESTS  
AT HER OWN INADEQUACY AND SCATHING REPROACHES  
AGAINST THE OBJECT FOR HAVING THWARTED HER DESIRE

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WHEN THE RELENTLESS PATIENT IS CAUGHT UP IN  
HER HOPE AND EXPECTATION THAT GOOD WOULD SURELY  
BE FORTHCOMING WERE SHE BUT ABLE TO GET IT RIGHT,

IT IS CLEARLY A (MODEL 2) STORY ABOUT  
"DEFENSIVE DISPLACEMENT" OF "NEED FOR GOOD,"  
"ILLUSION," AND "POSITIVE MISPERCEPTION"

BUT ONCE THE RELENTLESS PATIENT IS CONFRONTED HEAD – ON  
WITH THE INTOLERABLY PAINFUL REALITY THAT WHAT SHE  
HAD BEEN ANTICIPATING IS NOT, IN FACT, GOING TO HAPPEN,  
THEN PATHOGENIC INTROJECTS BECOME ACTIVATED AND KICK IN  
VICTIMIZER AND VICTIM / ABUSER AND ABUSEE / SEDUCER AND SEDUCEE

SUCH THAT IT BECOMES A (MODEL 3) STORY ABOUT  
"DEFENSIVE PROJECTION" OF "NEED FOR BAD,"  
"DISTORTION," AND "NEGATIVE MISPERCEPTION"

THE "MASOCHISTIC DEFENSE OF RELENTLESS HOPE"  
IS THEREFORE A STORY ABOUT MODEL 2

THE "SADISTIC DEFENSE OF RELENTLESS OUTRAGE"  
A STORY ABOUT MODEL 3

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SO IF A PATIENT IN THE MIDDLE OF A THERAPY SESSION  
SUDDENLY BECOMES VERBALLY ABUSIVE,  
WHAT QUESTION MIGHT THE THERAPIST THINK TO POSE?

IF THE THERAPIST ASKS  
"HOW DO YOU FEEL THAT I HAVE FAILED YOU?"

AT LEAST SHE KNOWS ENOUGH TO ASK THE QUESTION,  
BUT SHE IS ALSO INDIRECTLY SUGGESTING THAT THE  
ANSWER WILL BE PRIMARILY A STORY ABOUT THE PATIENT  
AND THE PATIENT'S "PERCEPTION" OF HAVING BEEN FAILED  
– WHICH ADDRESSES THE "SUBJECTIVE TRANSFERENCE" –

THEREFORE BETTER TO ASK  
"HOW HAVE I FAILED YOU?"

WHICH SIGNALS THE THERAPIST'S RECOGNITION  
OF THE "FACT" THAT SHE HERSELF  
– SEDUCTIVELY AND UNWITTINGLY –

MIGHT WELL HAVE CONTRIBUTED TO THE  
PATIENT'S EXPERIENCE OF UPSET AND OUTRAGE  
– WHICH ADDRESSES THE POSSIBILITY OF BOTH  
"SUBJECTIVE TRANSFERENCE" AND "OBJECTIVE TRANSFERENCE" –

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THE THERAPIST MUST THEREFORE HAVE  
BOTH THE WISDOM TO RECOGNIZE  
AND THE INTEGRITY TO ACKNOWLEDGE  
THE PART SHE MIGHT HAVE PLAYED  
IN PRECIPITATING THE ABUSE

PERHAPS BY FIRST STOKING  
THE FLAMES OF THE PATIENT'S DESIRE  
AND THEN DEVASTATING  
THROUGH HER FAILURE  
ULTIMATELY TO DELIVER

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IN ANY EVENT  
THE SADOMASOCHISTIC CYCLE IS REPEATED  
ONCE THE – SEDUCTIVE – OBJECT  
THROWS THE PATIENT A FEW CRUMBS

THE SADOMASOCHIST  
– EVER HUNGRY FOR SUCH MORSELS –  
WILL BECOME ONCE AGAIN HOOKED  
AND REVERT TO HER ORIGINAL STANCE OF  
SUFFERING, SACRIFICE, AND SURRENDER  
IN A REPEAT ATTEMPT TO GET  
WHAT SHE SO DESPERATELY WANTS  
AND FEELS SHE MUST HAVE  
IN ORDER TO SURVIVE

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