Sado-Masochism as a Defense Against Merging: Six Case Studies

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This paper reports on several patients who use sado-masochism as a defense against an unconscious wish for and fear of merging. The sado-masochism can be expressed as a sexual perversion or in a difficult ungratifying interpersonal relationship. These relationships have some of the quality of addictions in that the patients have a compulsive need to continue them and find it extremely difficult to leave them. Therapy must focus on helping the patient become more separate, rather than on other problems which may also be present. Initially, the therapist needs to take an educational stance in regard to the process the patient must complete, rather than the more traditional analytic stance.

We have noticed repeatedly among our patients that many of them who have either the sexual perversion of sado-masochism (or domination-submission) or whose relationships have strong elements of this quality are basically engaged in these behaviors as a defense against merging with their partners. This thesis has a major influence on understanding their dynamics and, even more importantly, on the emphasis in their treatment. These patients often present very clear Oedipal issues such as trying to win over partners who are already attached, fears of winning in this competition, castration anxiety, a tendency to triangulate their relationships, either in reality or in subjectivity. Repeated attempts to interpret these Oedipal dynamics—even when they are understood and accepted by the patient—do not seem fruitful or sufficient to alter significantly their interpersonal problems. Analysis of anal issues—for example, the need to rebel and concom-

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mitant fear of authority—and oral issues—fear of rejection, dependency and rage at failure to receive nurture—are helpful but not ultimately sufficient.

We have found that for many of our patients it is essential to address ego psychological (separation-individuation) factors. The basic underlying issue is that these patients have failed to complete the process of separating from their mothers (Mahler, 1975). They do not have a sense of being separate individuals, differentiated from the Other. They have perhaps made attempts within the "practicing phase," but not nearly enough to establish a sense of separateness and autonomy. They have not totally given up their wish to merge with and to lose themselves in a significant other and to experience the blissful oceanic feeling of oneness that is described as "the normal psychosis of falling in love." Their pathology is that they wish to experience this state as permanent rather than transitory. Subsequently, along with their wish for this, they are simultaneously terrified of losing their identity if they become too involved. Their involvements have the same quality that addictions do in that they are enormously gratifying—they produce an incredible euphoria and a sense of wholeness and hence of strong dependency on the perceived source—while simultaneously producing a regression that is ultimately stultifying and which inhibits growth, creativity and excitement. This sense of torpor and lifelessness can become unbearable. The patients, because of the merged nature of their relationships, have a very difficult time removing themselves from what has become an ungratifying situation. So while they are involved, they must constantly create friction with their mates in order to maintain a semblance of boundaries and some feeling of aliveness. Their unconscious fear of merging brings about a need to create distance, which takes various forms. These can include constant bickering and/or fighting with their mates, repeated infidelities and choosing mates who are unavailable—unfaithful, unloving, workaholic, addictive or otherwise inappropriate. Sado-masochistic or domination-submission perversions in their sexual life can also be used to avoid a natural degree of intimacy, which to these patients would imply merging. Because of this wish for merging, the partner is often chosen because of a need for a connection, which preempts choosing one for more appropriate reasons. The partner is not really seen as a separate person and often cannot be described by the patient in terms of lovable or admirable characteristics. What the patient describes as love is actually little more than a "fix," the need for a connection. Thus, partners can be relatively interchangeable.

There is, of course, a continuum in the degree of merging and the degree of defensiveness against it. Some patients tend to merge for very long periods of time—years and even decades—and to lose their zest for life, before they begin to struggle to break this toxic bond. On the other end are