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Separation-Individuation, Internalized Shame and Perceived Parenting as Predictors of Relational Masochism

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İlişkisel Mazoşizmin Yordayıcıları Olarak Ayrışma-Bireyleşme, İçselleştirilmiş Utanç ve Algılanan Ebeveynlik

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ABSTRACT

Masochism has been used both as a descriptive and explanatory term referring to a sexual perversion, mental disorder, and personality organization in the literature. Although the term masochism has been avoided in certain fields, it conserved its place in the psychoanalytic literature with ongoing discussion around whether its etiology is preoedipal or oedipal. Recent formulations of masochism defined it as a self-defeating way of relating and as experiencing perpetual difficulties to thrive in life. Based on the discussion around the developmental sources of masochism, this study aimed at investigating the associations between relational masochism, separation-individuation pathology, internalized shame, parental rejection, and parental control. Self-Defeating Interpersonal Style Scale (SELF-DISS), Separation-Individuation Inventory (SII), Internalized Shame Scale (ISS), and Parental Acceptance-Rejection/Control Questionnaire-Short Form (PARQ/Control-SF) were used to assess these variables respectively. In order to measure the relationships between variables, data was collected through an online survey with the participation of 317 individuals between ages 18 and 76. The findings were revealed to be in accordance with the existing literature and study hypotheses. Regression analyses indicated separation-individuation pathology, an interaction of internalized shame and paternal rejection, and age as predicting factors of a self-defeating interpersonal style. Further analysis of mediation demonstrated internalized shame as a partial mediator between paternal rejection and self-defeating interpersonal style. Moreover, maternal control, paternal control as well as perceived conflict between parents and relationship status were also found to be predicting factors of other aspects of self-defeating interpersonal style. These findings are discussed in reference to existing literature on relational masochism and clinical implications along with future directions are presented.

Keywords: relational masochism, self-defeating interpersonal style, separation-individuation, internalized shame, parental acceptance-rejection, parental control

ÖZET

Mazoşizm literatürde bir tür cinsel sapkınlık, mental bozukluk ve kişilik organizasyonuna işaret eden hem tanımlayıcı hem de açıklayıcı bir terim olarak kullanılmıştır. Belli alanlarda mazoşizm teriminden kaçınılmış olmasına rağmen, etiyolojisinin preödipal veya ödipal olup olmadığı konusunda devam eden tartışmalarla birlikte psikanalitik literatürdeki yerini korumuştur. Yakın dönemde mazoşizm, bir özyıkıcı ilişkilenme stili ve başarma ve gelişmeye dair tekrarlayan bir zorlanma olarak tanımlanmaktadır. Mazoşizmin gelişimsel kaynakları etrafındaki tartışmaya dayanarak bu çalışma; ilişkisel mazoşizm, ayrışma-bireyleşme patolojisi, içselleştirilmiş utanç, algılanan ebeveyn reddi ve ebeveyn kontrolü arasındaki ilişkileri araştırmayı amaçlamıştır. Bu değişkenleri ölçmek için, Özyıkıcı Kişilerarası Tarz Ölçeği (SELF-DISS), Ayrışma-Bireyleşme Envanteri (SII), İçselleştirilmiş Utanç Ölçeği (ISS) ve Ebeveyn Kabul-Reddi/Kontrol Anketi-Kısa Formu (PARQ/Control-SF) kullanılmıştır. Değişkenler arasındaki ilişkileri ölçmek amacıyla çevrimiçi bir anket düzenlenmiş ve 18-76 yaşları arasındaki 317 kişinin katılımıyla veri toplanmıştır. Çalışma bulgularının mevcut literatürü ve çalışma hipotezlerini destekler nitelikte olduğu ortaya konulmuştur. Ayrışma-bireyleşme patolojisi, baba reddinin içselleştirilmiş utanç ile etkileşimi ve yaş değişkenlerinin özyıkıcı kişilerarası tarzı yordadığı bulunmuştur. Ayrıca, mediasyon analizi sonucunda içselleştirilmiş utanç algılanan baba reddi ile özyıkıcı kişilerarası tarz arasında kısmi bir aracı olarak bulunmuştur. Ek olarak, algılanan anne kontrolü, algılanan baba kontrolü, algılanan ebeveynler arası çatışma ve ilişki durumu da özyıkıcı kişilerarası tarzın diğer yönlerinin yordayıcıları olarak bulunmuştur. Bu bulgular ilişkisel mazoşizme dair mevcut literatüre dayanarak tartışılmış ve klinik çıkarımların yanı sıra gelecek çalışmalar için öneriler sunulmuştur.

Anahtar Kelimeler: ilişkisel mazoşizm, özyıkıcı kişilerarası tarz, ayrışma-bireyleşme, içselleştirilmiş utanç, ebeveyn kabulü-reddi, ebeveyn kontrolü

“The struggle itself toward the heights is enough to fill a man's heart. One must imagine Sisyphus happy.”

(Camus, 1942)

INTRODUCTION

Masochism has been referred to as a challenging issue both for the therapist and the individuals themselves in the psychoanalytic literature. Marked with relentless suffering in many aspects of life and in the therapy room, Horowitz (1990) refers to the resemblance of masochism with the myth of Sisyphus. Beginning with the postulation of the term masochism as a sexual perversion in which pain is a precondition to sexual pleasure (Kraft-Ebbing, 1906), soon later Freud generalized the usage of term to a characterological pathology. After Freud's instinctual theories on masochism, two major shifts in parallel to the paradigm changes in psychoanalytic theory were pertinent for the term masochism. The first major shift was with the rise of object relational theories and self-psychology perspective. From an object-relational perspective masochism was defined as the sole way of keeping related to the object and a compensation for early loss and deprivation. From a self-psychology perspective, the function of masochism as an attempt at regulating and holding together the injured self-esteem was on focus (e.g. Goldberg, 1993; Stolorow, 1975). The second major shift was in parallel to the paradigm change in the psychoanalytic literature from a one-person model to a two-person model (Holtzman & Kulish, 2012) in which the sadomasochistic drama of the individual was examined by including both parts' roles into the picture through the experiences of transference and countertransference in the clinical setting. The latest formulations of masochism integrate the issues mentioned by prior theories and define masochism as not mainly a sexual perversion but as a self-defeating and dysfunctional way of relating (Gabbard, 2000) or obtaining recognition (Benjamin, 1986; Ghent, 1990). Although masochism has been a tempting phenomenon to many theorists with its seemingly paradoxical nature around pain and pleasure, whether it refers to a single phenomenon is also discussed both within the psychoanalytic literature (Grossman, 1986) and other perspectives (Curtis, 2013). However, masochism as a descriptive term for a self-defeating way of relating and as an organization with a self-protective function has been acknowledged by many theorists.

Some theorists put emphasis on the masochist's need to relate (e.g. Berliner, 1958; Glickauf-Hughes & Wells, 1997; Novick & Novick, 1991; Panken, 1973) while others highlighted the need for individuation (e.g. Benjamin, 1986; Johnson, 1985; Menaker, 1969). This duality of separating and relating suggests that the underlying conflict in masochism may be related to the separation-individuation process. Mahler and colleagues (1975) with their postulation of a developmental theory were the first ones who shifted the focus from intrapsychic to a more relational one by referring to the conflicting needs of the human baby to relate and to separate. Mahler defined a certain period in human development where this conflict is apparent and subject to a resolution. In the literature, masochism was also discussed in relation to the phase of separation-individuation and its subphases of practicing, rapprochement or individuation (e.g. Cooper, 1989; Glickauf-Hughes & Wells, 1997; Johnson, 1985).

The other important issue in understanding masochism has been its function to protect self and regulate self-esteem. Although Freud discussed masochism in relation to guilt feelings stemming from an intrapsychic conflict, later focus was more on shame feelings originating from interpersonal relationships (Lewis, 1987) or a failure in realizing the ego-ideal (Chasseguet-Smirgel, 1985). Feelings of inadequacy, insufficiency, and a hypersensitive self-esteem as well as the submissive attitude by settling to an inferior position in relation to another has been suggested as defining features of masochism (e.g. Elise, 2012; Glickauf-Hughes & Wells, 1997; Menaker, 1969). Thus, shame, feelings of inadequacy and inferiority have been an important issue in the literature which is taken both as a descriptive and defensive component of masochism.

The issues of separation-individuation and inherent feelings of shame in masochism has been discussed by their developmental trajectories as well. Possible sources of these issues were discussed based on the clinical observations of masochistic patients and certain parental characteristics and parenting styles were proposed to be predictors of masochistic tendencies. These include early deprivation and loss, parents' rejection and shaming of the child as well as controlling and restricting parenting (e.g. Berliner, 1958, Bieber, 1966; Coen, 1988;

Menaker; 1969; Van der Kolk, 1989). These less than good-enough parenting styles were discussed in relation to certain developmental failures such as early and acute loss of omnipotence, dependency issues, and inability to develop a separate sense of self and agency while examining masochism.

The purpose of this study is to explore masochistic ways of relating and its associations with separation-individuation, shame feelings, and past parenting experiences. This study is expected to contribute to the literature as the first attempt at examining the self-defeating relating styles from a psychoanalytic perspective, in relation to separation-individuation and shame. Although there is a vast amount of theories regarding masochism based on invaluable clinical experience, an empirical investigation of the issue has not been attempted. This problem parallels a more general issue regarding the scarcity of empirical research of psychoanalytic concepts and theories. Furthermore, this scantiness also stems from another issue. Early formulation of masochism as a sexual perversion based on the derivation of pleasure out of pain led to usage of term in service of victim blaming in cases of abusive relationships, especially against women (Franklin, 1987, as cited in Glickauf-Hughes & Wells, 1997). Although a psychoanalytic understanding of the term no more defines masochism as a desire to suffer, this seems to be insufficient in preventing the exclusion of the term from psychiatry literature as well as other psychological theories of personality. The present study aims at an empirical study of masochism in relational terms in order to examine its complexity. The intention of this study is to help laying a bridge between detached perspectives which does not facilitate having a better understanding of patients who still suffer from self-defeating behaviors and are referred to as difficult to work with. The perspectives owned in the current study may be referred to as an object relational and self-psychology perspective regarding the research question. However, more recent relational perspectives on masochism are also mentioned and utilized while interpreting the results.

CHAPTER 1

LITERATURE REVIEW

1.1. MASOCHISM

Masochism, referring to a self-defeating pattern of behavior, is discussed in the literature as a trait, personality organization, and mental disorder. Several different conceptualizations as regards the presentation and etiology of this pattern have been articulated in the literature. These perspectives will be briefly introduced and discussed below.

1.1.1. History of the Concept

Masochism is a charged concept in terms of the variety of its formulations in the psychoanalytic literature. Named by Krafft-Ebing (1895) after Sacher-Masoch's novel *Venus in Furs* about a man's desire for enslavement to a physically and psychologically abusive woman, masochism was first defined as a sexual perversion in which one wishes to suffer pain and humiliation in the hands of another. The term masochism, which has been described as a search for suffering with a goal of an erotic genital satisfaction (Krafft-Ebing, 1895), was investigated from a psychoanalytic perspective which brought about new meanings and forms of pathology that focuses also on the non-sexual dynamics, such as moral masochism (Freud, 1924/1961) in which one aims at suffering wherever it comes from. Although the former focus was on the issue of sexual masochism, later theorists focus on the relational aspects of masochism and formulated it as a character pathology. Parallel to the paradigm shifts in psychoanalytic theory, masochism was also theorized from object relational, self-psychological, and relational perspectives. The object relational theories focused on masochists' intrapsychic operations in order to maintain the tie to the object while self-psychology perspective focused on self-protective and constructive function of masochism.

Lately, masochism was defined as being preoccupied with maintaining the attachment with the object (e.g. Glickauf-Hughes & Wells, 1991), acting submissive towards idealized, powerful but unresponsive and even cruel figures in relationships (e.g. Berliner, 1958; Van der Kolk, 1989; Kernberg, 1988; Benjamin, 1986), owning a self-sacrificing role in close relationships (Asch, 1988; Kernberg, 1988; Glickauf-Hughes & Wells, 1997), and being inhibited in pursuing one's own desires in life (e.g. Benjamin, 1986; Elise, 2012). Hitherto, sexual masochism and characterological masochism has been observed not to necessarily co-exist and their relationship is claimed to be complex (Glick & Meyers, 2013).

In the psychiatry literature, masochism was first defined as a sexual perversion in the first three editions of the *Diagnostical and Statistical Manual of Mental Disorders* (DSM). Later, a new category of psychopathology named Self-Defeating Personality Disorder (SDPD) was included in the revised version of the 3rd edition of DSM (DSM-III-R; American Psychiatric Association [APA], 1987), paralleling masochism in psychoanalytic literature, which was later removed from the diagnostic manuals.

The removal of the Self-Defeating Personality Disorder (SDPD) from DSM however does not rule out the clinical presentation and further discussion of the issue of relational masochism (Glickauf-Hughes & Wells, 1997). The debate of masochism still persists and centers around the questions including: (1) whether it is a sexual phenomenon; (2) whether it means deriving pleasure from pain; (3) whether it is sadism turning upon oneself; (4) whether it is etiologically preoedipal or oedipal (Glickauf-Hughes & Well, 1991). These unresolved issues and the scarcity of the empirical studies on masochism heightens the need for a better understanding and conceptualization of the term quantitatively. It is still crucial to proceed investigation in order to grasp the phenomenon of *not acting in one's own best interest* since it is also an important issue in the clinical setting where the masochistics are known to be the "difficult" patient (Valenstein, 1973) and prone to negative therapeutic reaction (e.g. Freud, 1924/1961; Kernberg, 1988; Glick, 2012; Markman, 2012).

This study aims at laying a bridge between the psychoanalytic theory and empirical studies and exploring the term quantitatively. For that purpose, firstly, psychoanalytic views of masochism will be summarized chronologically in three sections which will be followed by the history of the term in diagnostic manuals. In the last sections of this chapter, the issues around the term from different perspectives will be outlined for a comparison and clarification and the psychoanalytic etiology regarding parental characteristics will be presented.

1.1.2. Psychoanalytic Perspectives on Masochism

Firstly, Freud's formulations of masochism will be discussed in parallel to his everchanging theories that is followed by the object relational views on masochism by later theorists. In the third section, more recent views on masochism will be presented in relation to their formers.

1.1.2.1. Freud's Theories on Masochism

Masochism has been a tempting phenomenon for Freud since the beginning due to its seemingly contradicting nature with the pleasure principle. According to the pleasure principle, human beings seek to maximize pleasure while minimizing pain (Freud, 1920/1955). However, the masochists, which were first defined as the ones who seek pain and humiliation -in fantasy or in real life- were not seeming to be in accordance with this principle.

Freud used the term masochism in his studies with changing definitions and explanations of the underlying dynamics as his theory evolves in time. He first mentions masochism in "Three Essays on the Theory of Sexuality" (1905) in which he discusses human sexuality in a frame that defines drives as psychical substitute of biological, bodily needs. For Freud, the sexual and aggressive drives are the base for relating where humans experience love and hate through the gratification or frustration of these bodily needs. He equates any form of intense stimulation to sexual excitation in early years of life which is the base for the later confusion of

pain and pleasure. Masochism and sadism are explained through this perspective as component instincts. Sadism is suggested to be a primary component, having its root in aggression and associated with activity and masculinity. Masochism on the other hand, is a secondary component since it is a re-direction of the primary aggressive drive to the self. Although sadism and masochism are defined as component instincts in early years of life, a possible fixation ends in perversion in adult sexuality. Thus, masochism is first suggested as an original passive sexual attitude associated with female sexuality in opposition to sadism and as a fixation at the pain and pleasure confusion of infantile sexuality.

In "Instincts and Their Vicissitudes" (1915), Freud again emphasized that sadism is primary, and masochism is secondary that it is turning the sadistic aggressive drive against the self by passivisation. Masochist's gratification thus arises from an identification with the sadist which means the gratification process is vicarious instead of direct.

In time, Freud put Oedipal conflict in the center of his theories by emphasizing the importance of oedipal guilt in neuroses. Accordingly, in "A Child is Being Beaten" (1919/1955), he based masochism on the Oedipal conflict. Investigating his patients' fantasies in which "a child is being beaten," Freud draws the conclusion that these fantasies actually represent the incestuous wishes. The child being beaten in these fantasies are the patients themselves, beaten by their fathers as a punishment for their incestuous wishes.

In time, Freud (1920/1955) came into the conclusion that pleasure principle is not comprehensive enough to understand the human psyche and postulated "death instinct in "Beyond the Pleasure Principle". Accordingly, in his latest work on masochism named "The Economic Problem of Masochism" (1924/1961), Freud argued masochism to be not secondary but as primary just as he argued for sadism previously. Here, Freud claims that human beings are driven to come to a state of nonexistence, which is the aim of the death instinct, however this self-destructive force is normally tamed by the libido over the development. Yet correspondingly, an insufficiency in this transformation or re-orientation of this self-destructive drive leads to masochism, that the person behaves destructively towards self. More

importantly, in this work Freud postulated three forms of masochism: *erotogenic*, *feminine*, and *moral*. The *erotogenic* form of masochism is instinctual or in other words, it is the original masochism he previously mentions to be based on the physiological and infantile equivalence of pain and pleasure that they both are forms of arousal and stimulation. The *feminine* masochism is the form that he already conceptualized in "A Child is Being Beaten" (1919/1955) as rooted in the feminine Oedipal wishes towards the father. However most importantly, with the third form which he named as *moral* masochism, Freud (1923) integrated his previous ideas on Oedipal conflict and his structural model introduced in "The Ego and The Id."

For the moral masochist "the suffering itself is all that matters" (Freud, 1924/1961, p. 165). The moral masochist attempts at gratification of the oedipal wishes through seeking pain by any means: humiliation by an authority figure or the fate itself. Freud claimed that the instinctual self-destructive energy is bound to the harsh, critical and punishing superego which aims at the ego for the unconscious incestuous wishes. Although Freud still explained the pathology through Oedipus complex and sexuality in the center, with the postulation of the term moral masochism, he came to expand the idea of masochism from sexual to characterological.

Freud argued that the human beings seek an object in order to gratify instinctual needs (Glick & Meyers, 2013). However, his drive and intrapsychic conflict-focused theory was extended by later theorists with an emphasis on the idea that the relational needs of humans are innate itself. Thus, context and object relations began to be taken as an essential component while considering and formulating psychopathology. Masochism, in this sense, was no longer formulated through a closed, Newtonian analogue of psyche, but from an object relational perspective which sees mind as a more open system that is in relation to the outer world. Thus, masochism began to be considered as a result of the adaptation attempts of the individual to the outer world in his early relationships during development.

1.1.2.2. Post-Freudian Approaches

Freud put sexuality and Oedipal conflict in the center of masochistic pathology by defining it to be instinctual and defensive. Freud's focus on the Oedipal period has come to be criticized by later theorists with an emphasis on the influence of the preoedipal years (Glick & Meyers, 2013). Thus, some other authors, going beyond the one-person psychology perspective by including the object's role into the picture, attempted at an elaboration of the defensive function and preoedipal roots of masochistic tendencies. Masochism is thus defined to be a defense against the aggressive feelings towards the frustrating object (Reich, 1933), an adaptive response in order to protect the preoedipal oral attachment and cope with parental sadism (Berliner, 1958), a seduction of the aggressor (Loewenstein, 1957), an attempt at maintaining the love of the object and self-worth and an issue related to separation-individuation (Menaker, 1953).

Thus, from a more object relations perspective, masochism is claimed to be an effort to preserve the relationships and the love of the object. From a self psychology perspective, masochism has been discussed in relation to narcissism that the suffering of masochist has a narcissistic function in process of self-development and self-esteem regulation (Cooper, 1989; Stolorow, 1975). The contributions of these post-Freudian influential theorists to the understanding of masochism will be summarized below in chronological order.

For Reich (1933), masochism is a defensive barrier against the consequences of the aggressive feelings toward the frustrating and threatening objects. She emphasizes the importance of a deep disappointment in early relationships besides the feelings of not being loved and being deserted in the formation of masochism. She suggested that these contribute to a negative self-image as "If I am not loved, then I am not worthy of being loved and have, therefore, to be really stupid and ugly" (Reich, 1933, p. 254). As a result of the deep disappointments in the early relationship, the masochist unconsciously provokes aggressive behaviors in the other and then feels *right in hating* the other. Other characteristics that were used to describe the masochist is that they avoid direct

expression of aggression, suppress exhibitionistic tendencies, and try to elicit guilt in the other.

Horney (1937) takes masochism as a paradoxical effort to overcoming the pain of suffering by surrendering oneself to an excess of it which brings an opiate effect. She emphasizes the masochist's defensive strategy of avoiding the deep feelings of weakness and insignificance which anticipates the later ideas on masochism's narcissistic function.

Reik (1941) defines masochism by an emphasis on aggressive feelings. He explained masochism as covertly sadistic in which the masochist does the harm to oneself while it is actually aimed at the other. Thus, the hatred towards the other is turned upon oneself in the form of self-hatred, which he named as "victory through defeat."

Brenman (1952) describes the defense of projection as well as denial of one's own needs in masochism by saying that the giving role the masochist play is a result of their projected demands. The masochist gives the object what they themselves need which is experienced as a smothering and controlling act by the object.

Another influential formulation of masochism has been Loewenstein's (1957) description of it as "the seduction of the aggressor." Similar to Freud, he sees masochism as a result of the child's projection of their aggression. He still holds a more relational perspective by further seeing it as a defensive operation against the parent's aggression. He defines a form of protomasochism in which the children enjoy the horror stories or aggressive games with the adult, practicing the aggressive forces in the relationship while also being sure of the parent's love even if they are sometimes threatening.

Berliner (1958) formulated masochism as a responsive and defensive organization against the non-loving early objects. By non-loving, he does not only mean severe traumatic cases of cruelty and sadism but also milder forms of rejection and restriction. Masochism forms as an attempt to preserve the early, preoedipal attachment to the object while denying the sadism and cruelty of it. He defines masochism as a way of relating: a pathological way of loving that is directed

towards the hating and mistreating object. Berliner sees masochism from a different perspective in which he does not define it to be a projected or provoked aggression but as introjected from the sadistic object. He mentions the possibility of an empathic failure on the part of the object towards the infant that is forming a separate self which anticipates the ideas of Kohut as well as a reference to the importance of separation-individuation process in the formation of masochism. Thus, Berliner's view departs from Freud's in many ways. First, for Berliner the origin of masochism is not oedipal but oral. Furthermore, masochism is not a redirection of the inner energy forces of aggression towards the self in order to preserve the inner conflict and homeostasis but an adaptive response to the outer reality of parental hostility and ambivalence. Within this framework, the aim of the masochist in their self-defeating attempts is to maintain the attachment with the object and to elicit love from it. Accordingly, Berliner (1958) suggests that "The goal of the masochistic defense (denial and libidinization) is not suffering but the avoidance of suffering." (p. 44). Berliner's view of aggression is an object relational point of view which defines it to be responsive to the frustrated needs of the infant, while the drive theory sees it as a primary and already existing source of inherent energy. Thus, Berliner sees the masochist's manifestation of aggression by means of inducing guilt as an attempt at eliciting love and concern from the depriving object.

Eidelberg (1959) and Bergler (1961) highlighted the function of masochism to be maintenance of infantile omnipotence. Bergler (1961) defined seven types of infantile fears which are focused on bodily integrity and have a paranoid quality, such as the fear of being poisoned or the fear of being chopped to pieces. He suggested that the infant reacts to these fears and feelings of helplessness with anger; however, this anger cannot be directed towards the mother, and thus it is directed towards the self which is the basis of masochistic self-attack. Furthermore, it is suggested that the masochist derives a narcissistic gratification by the illusion of omnipotence that they themselves trigger and elicit the humiliation of the sadistic other, which is thought to be related to the later ideas on the relationship between narcissism and masochism (Glick & Meyers, 2013).

For Menaker (1969), the masochist perceives the deprivations in the early relationships as punishment for their bid for separation from the mother. Thus, the ego defends itself against the feelings of guilts and anxiety either by introjecting or projecting these feelings. One is either to attribute all fault to the self or to the world. Very interestingly, she gives the example of timber wolves in a fight, in which the victim during the struggle shows the most vulnerable part of its neck in order to display its submission and prevent further damage. Menaker suggests that this scenario resembles the masochistic submission in early relationships.

Panken (1973) focused his formulation of masochism on the early deprivation of the infant. He suggested that the masochistic self-harm may be based on the need for an attention and care from the object and the masochist has come to believe that they are most loved and cared for when they are suffering.

Kernberg (1988) attempted at a categorization of the masochistic character based on the level of organization. He defined masochism on a spectrum of level of organization from the most functional to least, that is depressive-masochistic personality disorder, sadomasochistic personality disorder, and primitive self-destructiveness and self-mutilation, , respectively. He suggested that certain levels of pain endurance for future gratification in sexuality and for example work life should be considered as "normal masochism," which is functional and necessary. Furthermore, he discriminates sexual masochism and postulates the idea of "pathological infatuation." Kernberg suggests that in pathological infatuation, a masochistic kind of bonding to an unavailable object and a narcissistic satisfaction derived from psychological submissiveness to an unfulfilled love are present.

In addition to the previous emphasis on masochism's regulatory function in the relationships on a preoedipal and oedipal level, Stolorow (1975) furthered its formulation to be related to self-development process. He claims that masochism has a narcissistic function, operating through self-debasement which enables the idealization of the object. The individual then identifies with this idealized parental imago and their imagined omnipotence, which aims at protecting and building a cohesive self-representation.

Cooper (1988) extends the link between narcissism and masochism by the postulation of a new character formulation named *the narcissistic-masochistic character*. He suggested that masochism and narcissism may appear to be distinct on the surface but share the same issues such as inability to experience pleasure and satisfaction in relationships and a sensitive self-esteem. Furthermore, he claimed that the identity of the masochist is formed around their suffering by experiencing themselves as the sufferer or the "innocent abandoned martyr" (Cooper, 1988, p.131).

Since Freud, in understanding masochism, the focus has shifted from oedipal stage to preoedipal period and from drive to object relations and integration of a coherent sense of self. While some theorists followed Freud by adopting his drive-focused perspective, some others put more emphasis on the role of object relations by emphasizing the function of masochism in preserving the early object bonds as well as the self. Within Freud's structural model and drive focused theory, some authors formulated masochism as an id phenomenon (Freud, 1919/1955, 1924/1961; Fenichel, 1925; Bak, 1946; Gero, 1962) while others highlighted the ego (Reich, 1933; Horney, 1935/2013; Berliner, 1958; Bergler, 1949; Menaker, 1953; Bieber, 1966; Panken, 1973) and superego operations (Freud, 1924/1961; Loewenstein, 1945).

To conclude, these formulations based on id, ego and superego may be summarized respectively as follows: (1) Masochism is a derivative of sexual and aggressive instincts, (2) Masochism aims at diminishing and defending against the anxiety of internal and external threats, (3) Guilt and a need for punishment against the id wishes is the determining factor in masochistic phenomenon. Furthermore, masochism has been formulated as an adaptation attempt to the early, abusive or rejecting environment by introjecting the bad parts of the object into the self and by being submissive as well as forming an identificatory bond with a powerful and idealized other which brings narcissistic satisfaction.

1.1.2.3. Recent Perspectives on Masochism

Around the beginning of 1990s, the psychoanalytic theory started to shift its focus from the drives and intrapsychic functioning of the individual to the context and interpersonal functioning (Kirman, 1998; Ringstrom, 2010). Consequently, although the previous formulations described above were still mostly preserved, the conceptualization of masochism as a way of relating became more pronounced.

The more recent conceptualizations of masochism are centered around ideas such as keeping the bond to the hurting object in order to protect self (Volkan & Ast, 2007) and to avoid painful feelings of loneliness (Gabbard, 2000; Novick & Novick, 1991); the issue of repetition compulsion in which one re-enact the traumatic ties to ancient objects (Van der Kolk, 1989), difficulty in mentalizing pain (Arnd-Caddigan, 2009; Rosegrant, 2012), perversion of the natural need of surrender (Ghent, 1990), and as a disorder of desire which is related to an unsuccessful process of separation-individuation (Benjamin, 1986; Elise, 2012). In this section, contemporary approaches to masochism will be discussed in detail under these themes.

Novick and Novick (1991) see masochism as a defense against the feelings of disconnectedness and loneliness; and suggest that this state, commonly described by the patients as "being dead," is more dangerous than suffering in a relationship. Similarly, Gabbard (2000) claims that for the masochist, being together is possible only when there is suffering; and that abandoning this pattern of relating means a total disconnection to them. Volkan and Ast (2007) suggest that the suffering of the masochist by keeping the painful ties to the object maintains the integrity and continuity of the self and prevents a possible breakdown. Again, Stark (2000) defines masochist's investment as not in the suffering itself but in the hope to obtain love from the object. If one endures the pain enough and tries hard enough, perhaps this time, they get the love of the object eventually. Stark (2000) depicts the sadist as the helpless and hopeless one that attacks, while the masochist is the hopeful one with the illusion of omnipotence and the one that refuses grieving by holding on to a relentless hope to get the love of the object. This portrayal was supported by Bach (2002) who defines masochism as a repetitive struggle to repair the relationship by a deep denial of loss. Glick (2012) further mentions that sticking

to the early painful attachments is essential for self-cohesion. This adhesion, in other words masochistic faithfulness, to the early object had been described by Rosen (1993) as *a search for a bad-enough object.*

Although Freud's view of masochism as a feminine-passive attitude and a result of death instinct is not supported by later theorists, his postulation of repetition compulsion (Freud, 1920) in which the individual repeatedly engages in certain behaviors that has been experienced as painful before, is still used in order to understand masochistic phenomena. The tendency to repeat the painful patterns of relating in masochism is also studied from a trauma theory perspective in which masochism is seen as "a result of posttraumatic dissociation" (Howell, 1996, p.434). Howell explained the vulnerability of the masochist for revictimization by an emphasis on the trauma-based dissociation in which one does not record the pain that is overwhelmingly painful and by the untouchable feelings of anger in the service of self-protection. She further claims that the trauma-induced self-image as bad, maintains the vulnerability for a reenactment of the abusive pattern.

Similarly, Van der Kolk (1989) defines and explains how repetition of trauma operates in case of masochism. He gives the examples of children as well as adults who develop very strong ties to their abusers, such as hostages or inmates of Nazi prison, wishing to marry their captors. Although it may seem as if these people "like" to be imprisoned or induced pain, the underlying mechanisms are complicated and different than that. Van der Kolk drew attention to that the individuals who had a relational traumatic experience in the past and been abused, are known to re-enact these experiences as Freud (1920) named it as repetition compulsion. In Van der Kolk's view, this is not just an attempt at mastery of the painful situation as Freud formulated it, since there is never a mastery or overcoming of the suffering but mostly, the re-experiencing of the familiar pain maintains the feelings of helplessness. In the re-enactment of trauma, one performs the role of victim or victimizer. Here, the person who is attached to as a source of safety becomes dangerous and threatening at the same time. In order not to lose the connection with the protector-aggressor, they accuse themselves and become desperately attached and obedient to this object. Harlow and Harlow's (1971)

studies also showed that a threat to the bond with the object of security and nurturance ends up at proximity seeking by the infant even when the source of the threat is the primary caregiver itself.

The same pattern may be thought to be operating during a threat of object loss in the adult relationships. The reinforcement of this approaching behavior in the abusive relationships are explained through the animal model of punishment-indulgence patterns by Walker (1979, as cited in Van der Kolk, 1989). The favorable and the painful stimulation in a relationship was defined to become associated with each other in three phases. For example, in the case of physical child abuse, in phase one, an excitation occurs as a result of threat prediction. In phase two, beating occurs and in phase three, a break is given in a calm and loving atmosphere. The sources of reinforcement are formulated as the excitement before and the peace of surrender after the violent event. Although this formulation is only applied to the extreme cases of abuse, the same process might be thought to be operating during a slighter case of rejection and threat against the object bond. It is also emphasized that the memory of the traumatic incident is often state-dependent and repressed out of the context. Thus, the memory of it only comes during a renewal of the situation which hinders a better decision making about the relationship while allowing the need for love dominating the fear of and avoidance of the painful situation.

Another recent formulation of masochism takes it as a matter of self-regulation and mentalization. Blum (1993) indicates that the difficulties with self-soothing skills, related to the separation-individuation process, play a role in the formation of masochistic perversion. Furthermore, alternative to the traditional definition of masochism as seeking pain, mentalization-based approaches see it as an inability to process and mentalize pain (Arnd-Caddigan, 2009). Mentalization is defined as the skill, that is acquired through development, which includes apprehending and reflecting upon different states of self and other as well as a sense of agency (Fonagy & Target, 2006). Accordingly, Arnd-Caddigan (2009) suggested that masochism may be a result of a failure to mentalize suffering, pain or anger that one experiences as well as of a damaged sense of agency. Similarly, Rosegrant

(2012) suggests that sadomasochistic relating is a result of an inability to symbolize one's experiences and appreciate the multiple perspectives on the issue, which is related to an inability to play. Furthermore, he suggests a disturbance in the fantasy and reality distinction for the sadomasochistically relating patient that one's fantasies about self and other are experienced as reality. He puts forward the idea that sadomasochistic relating is an inability to experience mutual loving as a result of abandonment fears that are rooted in the early relationships with the caregivers.

In relation to the idea of masochism as an inability to play, Ghent (1990) in his brilliant work defined masochism as a perversion of surrender and discuss his ideas in relation to Winnicott's (1954) term *false self*. Ghent (1990) introduced the term *surrender* which he discusses in juxtaposition with "masochistic submission." He claimed that masochism is actually rooted in a healthy and universal tendency and need to surrender which he defines as "a quality of liberation and expansion of the self as a corollary to the letting down of defensive barriers" (p.108). The individual longs for a yielding of the false self which is the "caretaker self" as Winnicott (1954) puts it, who acts in accordance to the other's needs or wishes. Thus, being able to leave the false self in the presence of other makes feeling alive and playing possible again. Ghent (1990) defined masochism to be based on the need to letting go, being known, recognized and penetrated. His contribution to the understanding of the masochistic pathology is valuable as the needs beyond relating and attachment is described in detail and in relation with former psychoanalytic ideas.

Masochism has also been discussed from a feminist perspective in which the degraded position of women in the patriarchal system is claimed to be influencing the development of masochistic ways of relating. In this respect, Benjamin (1986) and Elise (2012) define masochism to be a disorder of desire for women. The masochist's submissiveness is an abandonment of one's own desire and trying to fulfill the other's in order to keep the tie to the object. In addition to the fear of object loss as a motivator in this process, Elise (2012) claimed that feelings of shame and low self-worth stem from the girl's double oedipal defeat: both in her relationship with the father *and* her mother. Although the girl's first

erotic object is mother, her desire is ignored in the heteronormative family (Kernberg 1992, as cited in Elise, 2012), leading to her first defeat. This negation of the girl's desire is actually an important indicator of being a separate agent and accordingly, a threat against the male-dominated culture (Benjamin, 1988). The role of the differences in child-rearing practices between boys and girls in which girls are told to be "good girls" (Shainess, 1987) or as Elise (2012) puts it to "deflate" themselves and capabilities, are suggested to have a role in the formation of masochistic submission. Benjamin (1986) elaborates on this process by an examination of the relationship with the father of the masochistic patients who seeks an unavailable, non-loving but idealized object. In the conventional family, the father is seen as the autonomous, active, and powerful agent in the family and an identification with him means internalization of these important skills and characteristics. When the father is rejecting toward his daughter, this interferes with the identification and internalization process which leads to a relational masochistic pattern for the daughter, who seeks unavailable objects in the future.

1.1.3. Psychodynamic Etiology of Masochism

As addressed above, the etiology of masochism has been discussed widely in the psychoanalytic literature, attributing its roots to preoedipal and oedipal issues. The parental characteristics that contribute to development of masochistic tendencies are also discussed in the literature based on the cumulative clinical experience. In this section, the parental characteristics that are mentioned to have a role in the emerging masochism will be summarized.

First, the issue of control in the part of mother is addressed in the literature. Menaker (1953, 1969) and Panken (1973) refer to the mother of the masochist as one with a need to dominate and be superior. The mother's need to be in charge and in control is thus responded with an adaptation by being submissive in the part of the child. Accordingly, Blum (1993) depicted the mother-child relationship as a dominance-submission scene. The masochist's mother does not take no for an answer and insists upon her way to be applied. Blum gives further detail of this

scene by telling that the mother is not responsive or moved by the child's crying but becomes punitive and demands victory at the price of the child's individuality. Menaker (1969) summarizes how the mother's insistent attitude is heard by the child as "You dare not be yourself; you have not the ability to be yourself; you need me to exist." (p. 73). In this case, the future masochist adapts to this controlling behavior by rejecting their own agency.

In addition to the mother's perceived controlling behavior by the child, being neglectful has been discussed as an important determinant in development of future masochism. Coen's (1988) formulation of the sadomasochistic patient focuses upon the unresponsiveness of their caregivers. Blum (1993) also referred that the caregiver is not able to console the child by ignoring the child's distress which interferes with affect-regulation. The masochist's mother is unempathic and withdrawn in times of need which leaves the child unable to develop self-soothing skills by internalizing the mother's attempts (Coen, 1988).

From a wider perspective, the primary caregiver of the future masochist is portrayed to be ambivalent in terms of caregiving and accepting behavior. The mother is both withholding and engulfing at the same time (Panken, 1973), by not being there for the child's need but instead acting upon her own needs. This ambivalence of the mother is internalized by the child which affects their later experiences of close relationships to be ambivalent by being both comforting and threatening at the same time.

Furthermore, Holtzman and Kulish (2012), Bieber (1966), Glickhauf-Hughes and Wells (1997), and Van der Kolk (1989) discussed the mother's hostile attitude as contributors to later masochism. The caregivers may act aggressive and abusing towards the child both physically or psychologically by shaming, degrading and/or beating the child. Coen (1988) further suggests that in order to defend against her own destructiveness and rejection towards the child, the mother may sexualize these aggressive wishes which constitutes the base of sadomasochistic relating patterns. As well as unable to regulate their own aggression and destructiveness, the caregivers are referred to as incapable of providing a structure to the child's aggression (Benjamin, 1986). The dysregulation

of the aggression in the early relationships make it impossible for the child to be able to make use of their aggression as activity, will and desire (Benjamin, 1986).

The role of the father or a secondary caregiver is mostly underrated in the psychoanalytic theories. However more recent formulations mention the father's role in the development of character. The rejecting and ignorant attitude of the father has been discussed to be a contributor of masochism (Benjamin, 1986; Chabert, 2019; Holtzman & Kulish, 2012). If the father is absent or rejecting by being ignorant or hostile towards his daughter, a parental identification, that is essential for separation from the primary object and development of a healthy self-esteem, is not actualized. This perceived rejection of the father by the child thus hinders the process of separation and individuation and detains the child from developing a sense of agency, which paves the way to future relational masochism.

To sum up, the parents of the future masochists are depicted to be controlling, discouraging and/or punitive towards their child's assertive behaviors and attempts at individuating. Furthermore, they are perceived as rejecting by both being neglecting and hostile, thus not as available in times of need. The ambivalence, inconsistency, and unpredictable quality of parenting also detains the child from developing a self-regulation capacity and a sense of agency which are again the basic characteristics of masochistic pathology.

1.1.4. Diagnostic Approach to Masochism

Masochism is widely investigated in case studies and theories of psychopathology in psychoanalytic literature. Besides, the concept is also included in psychoanalytic diagnostic studies. In their book called *Object Relations Psychotherapy: An Individualized and Interactive Approach to Diagnosis and Treatment*, Glickauf-Hughes and Wells (1997) gave a comprehensive definition of masochism with distinct focus on its clinical overview, etiology, and object relations. They describe that masochist as "self-sacrificing, self- deprecating and overtly pleasing but inwardly willful, ambivalent, and angry" (p. 58). They highlighted the masochist's caretaking role in their relationships and their difficulty

in receiving which enable them to deny their own need for an idealized symbiosis and love. Glickhauf-Hughes and Wells (1997) supports the ideas of masochism as being related to difficulties in self-esteem regulation and separation-individuation. Relatedly, the masochist is defined to be prone to self-blaming in their relationships. Writing on the etiology of masochism they put emphasis on the role of early deprivation, being grown in an unpredictable environment and a lack of consistency in parenting. They define the masochists object relations as a re-enactment of their early relationships with narcissistic and non-loving parents which was actually an attempt at healing the ancient wound.

In *Psychoanalytic Diagnosis*, McWilliams (2011) discusses masochism on a spectrum by saying it has many degrees by giving the examples of serious self-mutilator to a workaholic. Here she suggests that the function of this various kinds of suffering is to feel alive and avoid feelings of deprivation from sensation. She highlights that the masochists do not enjoy pain and suffering, but they tolerate it by hoping for a greater good. However, in their most recent manual named Psychodynamic Diagnostic Manual (2017), Lingiardi and McWilliams mention masochism not to be a unitary construct referring to the variety of its origins and functions. Lingiardi and McWilliams (2017) summarize the psychoanalytic literature to be defining masochism in relation with sadism, narcissism, dependency, and paranoia. They discuss three types of masochistic dynamics, while indicating they may all include disowned sadistic aspects, associated with different types of personality themes: dependent, narcissistic, and paranoid. Associated with the dependent personality, anaclitic version of masochistic dynamics is claimed to be related to subordination of one's own need to others' and a strong need to keep attachment relationships, accompanying with a fear of loss. The second type of masochism, introjective masochism is mentioned in relation to narcissistic personality. Here, suffering is viewed as a precondition to being morally superior and virtuous. Suffering becomes a definition of self while the person's self-esteem depends on deprivation. In addition, a similar entitlement is seen in people who carries an unconscious idea that the world owes them in return for their suffering. Lastly, the masochistic dynamics paralleling paranoid themes focuses on an

anticipation of attack after a personal success. These individuals may be unconsciously inciting these destructions in order to establish control over them, which are indeed self-destructive enactments.

Masochistic pathology is also listed under Millon's (1996) evolution-based personality theory that documents several psychopathology patterns based on the dimensions of existence, adaptation, and replication. In these evolutionary terms, Millon describes the Aggrieved/Masochistic Personality (AAMasoc) to be protecting against stress by a pain-oriented strategy that is life-preserving rather than a pleasure-oriented strategy that is life-enhancing. The AAMasoc type is characterized by the reversal of pain experiences into desired states as a life-preserving strategy. He further suggests this type to be expressively abstinent, interpersonally deferential, and cognitively diffident who also have an undeserving self-image and discredited object representations. Millon further defined four subtypes of masochism: (1) virtuous, (2) possessive, (3) self-undoing, and (4) oppressed which were reported to have histrionic, negativistic, dependent and melancholic elements, respectively.

Although masochism has been widely used and accepted in psychoanalytic literature, it has been a controversial concept and have not been able to protect its seat in the psychiatry literature due to several reasons which will be discussed later. Masochism has been included in the first three editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as a sexual disorder, as a separate category than sadism. Sexual masochism was added in DSM-II (APA, 1968) as a sexual deviation. Its definition and symptoms were specified and expanded in the following editions of DSM (APA, 1980, 1987, 1994, 2000, 2013), listed as a form of paraphilia. Masochism was included in DSM-III-R in 1987 as a provisional personality disorder for the first time with the name of Self-Defeating (Masochistic) Personality Disorder (SDPD). However, due to insufficient evidence supporting the validity of it as a distinct construct, SDPD was not included in the further editions. Still, it is claimed that the elimination of masochism as a distinct disorder has a sociopolitical concern that is to prevent victim labelling and legitimization of abuse as well as associating the concept with femininity (Finke, 2000).

In DSM-III-R (APA, 1987), eight criteria were listed under SDPD which are:

> (1) chooses people and situations that lead to disappointment, failure or mistreatment even when better options are clearly available, (2) rejects or renders ineffective the attempts of others to help him, (3) following positive personal events responds with guilt or behavior that produces pain, (4) incites anger or rejecting responses from others and then feels hurt, defeated, or humiliated, (5) rejects opportunities for pleasure or is reluctant to acknowledge enjoying himself, (6) fails to accomplish tasks crucial to his personal objectives despite demonstrated ability to do so, (7) is not interested in or rejects people who consistently treat him well, and (8) engages in excessive self-sacrifice that is unsolicited by the intended recipient of the sacrifice. (pp. 373-374).

Five of these criteria were to be met for a diagnosis; the situations in which these behaviors were in response to sexual, physical or psychological abuse were excluded.

1.1.5. Terminological Issues

Although the psychoanalytic literature still recognizes the concept of masochism as valid and necessary in referring to chronic self-sabotaging tendencies in different domains (Glickauf, Hughes, & Wells, 1991), the social and cognitive perspectives seem to own a different perspective on the term. In the psychoanalytic literature, terms "masochism" and "self-defeating" are used interchangeably. However, the cognitive approaches in clinical psychology as well as social psychology seem to take these terms to be distinct phenomena at some level. Curtis (2013) suggested masochism to be under the umbrella term of "self-defeating behaviors" while making the distinction by claiming that masochism means "choosing to suffer," while self-defeating behavior refers to "behaviors leading to a lower reward-cost ratio (and specifically to a lower reinforcement-punishment ratio) than is available to a person through an alternative behavior or behaviors" (p.

2). It is suggested that, masochism differs from the other self-defeating phenomenon that in masochism the individual is aware of better alternatives that will lead to suffering less but still chooses the other painful way (Curtis, 2013). Other terms such as self-handicapping, self-destructiveness and self-sabotaging are also used in the literature under and around the term self-defeating (Curtis, 2013). A distinction between these phenomena seems necessary, considering the various types of self-defeating behavior, also mentioned in the psychoanalytic literature. Recently, Békés and colleagues (2016) reviewed the psychoanalytic literature on masochism in order to identify the defenses, conflicts and motives mentioned in 23 articles about masochism. Their systematic review with standardized measures revealed not just two but up to six distinct types of masochism defined in the literature, based on different constellations of defenses, conflicts and motives (See Békés et al., 2016).

The problem of intentionality while defining masochism appears to be stemming from the paradigm difference between the psychoanalytic and psychology literature and beclouds an integration and understanding of the phenomenon empirically. However, the definition of masochism as a conscious intention to suffer is unfortunate and demonstrates an insufficient understanding of the psychoanalytic perspective and its basic assumption of the existence of unconscious that indicates human mind's complexity and the subjectivity in decision-making processes. Furthermore, the sociopolitical concerns about the usage of term, that centers around the issue of victim-blaming and the former association of masochism with femininity, seem to be interfering with the recognition of and a possible consensus on the concept. Due to aforementioned issues, an empirical investigation of the concept has been avoided in the literature which can be inferred by the scarcity of studies on the problem of masochism.

Due to the confusion around the term masochism or self-defeating personality, it seems to be crucial to clarify the usage of term in the present study. This study will take the term masochism without a referral to or assumption of intentionality in suffering or deriving of pleasure from pain. In the current study, the term masochism refers to a self-defeating way of relating, that is defined in a

significant number of aforementioned theories on masochism. This self-defeating or masochistic patterns of relating is characterized by choosing and attaching to rejecting objects, trying to get this idealized other's approval by self-sacrificing, unwillingness or inability to leave a painful relationship based on a rationalization of the object's aggressive tendencies, and a defensive perception of self as all-bad and undeserving.

1.2. SEPARATION-INDIVIDUATION

Being related and avoiding object loss while developing a separate sense of self are the main issues and tasks of separation-individuation period in human development, postulated by the psychoanalytic theorist Margaret Mahler. These conflicting needs are mentioned as one of the main issues of masochism as previously discussed. Thus, masochistic phenomena should be considered in relation to problems during separation-individuation period and the period-specific tasks. In this section, a brief summary of Mahler's developmental theory of separation-individuation will be given and secondly this period's relationship with masochism will be discussed.

1.2.1. Separation-Individuation Theory

Mahler's work on the human development and her views on these developmental stages' role in the formation of character have been a vital contribution to the psychoanalytical literature. Her formulations on the first three years of life are based on her detailed and systematic observations of babies in interaction with their mother which paved the way to a better understanding of the preverbal periods of human life.

Mahler suggested that the human beings' physiological and psychological birth are separate events and the latter one is a slow and gradual one that unfolds through development post-physiological birth. She claimed that the process of psychological birth occurs throughout a period from the fourth/fifth to the

thirtieth/thirty-sixth months of age. Describing this process of psychological birth, Mahler suggested three developmental phases: (1) normal autism, (2) normal symbiosis, and (3) separation and individuation. The normal autism and symbiosis phases are described to be the forerunners of the separation-individuation phase. Through this 3-step process, the infant progresses from a symbiotic relationship with the mother towards a separate sense of self and identity. Separation-individuation process is depicted as literally growing up as well as growing away from the mother as the child blossom out bodily and mentally.

The first phase of *normal autism* takes place during the first month of life. Mahler used the metaphor of an egg in order to define the infant in the normal autistic phase. Here, the infant is in a total physical state of being and in a psychological fusion with the caretaker in which the aim is to ensure homeostatic equilibrium (Mahler et al., 1975). During this phase the infant is not able to differentiate between the inner and the outer world and is in a state of primitive hallucinatory disorientation as Mahler (1967) suggested. As a result, the gratification of the physiological needs by the outer world (the mother) is not differentiated from the inner attempts (e.g. urinating) and the infant feels omnipotent.

The second stage is *normal symbiosis* in which the infant realizes the existence of the caretaker as a distinct and outer source of gratification. In this phase, the infant is in an omnipotent fusion with the mother as a dual entity. The child's focus is shifted from the internal organs to the periphery of the body via good mothering, as the infant's tactile, visual, and auditory awareness develops (Mahler et al., 1975). During this period, the pleasurable-good and the painful-bad experiences begin to be differentiated by the infant. A good and consistent caretaker enables the child to differentiate the self and the non-self gradually. With the accumulation of these good and bad experiences, the child begins to develop a body image and the core of the self for the sense of identity to form around. (Mahler, 1967). An optimal state of symbiotic unity with the mother is necessary in order to master a healthy differentiation from the mother in the next phase of separation-individuation.

Mahler defines the separation-individuation process as constituting of four subphases in which two simultaneous tracks of development operate: separation and individuation. Individuation refers to an intrapsychic autonomy while separation refers to a more relational concept of psychological differentiation from the primary caregiver (Mahler et al., 1975). The four subphases that constitute the separation-individuation period are as follows: (1) differentiation/hatching, (2) practicing, (3) rapprochement, and (4) individuality and emotional object constancy.

During the first subphase of *hatching* the child's inward-directed attention shifts toward outside by hatching out of the symbiotic orbit with the caregiver. With the development of necessary motor skills, the infant now is able to distance themselves from the mother's lap while staying close to the mother. As they do so, they have access to differentiation of the familiar and the unfamiliar by comparing the mother's face with others (Mahler et al., 1975). The quality of the previous phase of symbiosis has crucial effects on hatching. When the symbiotic bond is experienced insufficiently by the child, the occurrence of the hatching may be delayed. Conversely, if the caregiver is too intrusive, the child may distance themselves earlier than expected (Mahler et al., 1975).

The second subphase is *practicing* which starts as the child is able to stand in an upright position and take their very first steps. The bodily developments enable the child to separate itself physically from the caregiver for the first time. During this phase, the child seems to be absorbed in their own activities however they still in need to "refuel" by turning back or checking in with the mother. The child's belief of omnipotence is at its peak during this phase, as they seem to gain the superpowers of the omnipotent mother by being able to walk and explore the outer world. The child's narcissistic investment is in their explorations and functioning in this new world they are in a love affair with. A fear of re-engulfment with the mother is also a characteristic of this phase and the child reacts with negativism in order to disengage from the symbiotic orbit. The child's escaping and being caught by the mother seem to be a way to process their newly emerging autonomy as well as to gain reassurance of the mother's care and presence.

The caregiver's response to the first attempts at separation and distancing is crucial during this period in order for the child to feel encouragement and joy in separateness. Some caregivers may treat the child as if they are already "grown up." Some others may have difficulty with letting the child to distance, thus may not be able to maintain a balance between intervening or allowing the child's attempts. In cases of both under-involvement and over-involvement, the child is expected to have disturbances in separating.

The third subphase of the separation-individuation period is *rapprochement* that takes place from the second half of age two. Developments in the cognitive skills and emotional differentiation facilitates the recognition of the child's separateness as well as the ongoing need for the mother's presence (Mahler, 1971). In this case, the child's former sense of omnipotence is deflated and a return to the mother is observable. The child's obliviousness towards the caregiver during the practicing phase is decreased and the child seeks closeness to the mother (Mahler, 1967). A characteristic of the rapprochement phase is the child's request from the mother to share new experiences and discoveries of the outer world. The child encourages the mother to share by putting toys on her lap or turning back to her after new discoveries and is able to experience the pleasure of this sharing with an increasing sense of separateness (Mahler et al., 1975). Furthermore, negativism of the child is heightened in order to protect the sense of autonomy besides the increased recognition of the need for the mother's love (Mahler et al., 1975). The main conflict during this phase is between the child's separateness and wish for their needs to be met without acknowledging and requesting from the mother. The child's conflicting wishes demonstrate themselves in clinging behavior and increased reactions to the caregiver's departures (Mahler et al., 1975).

During this period, the child is like a fledgling that awaits the mother's gentle, encouraging push in order to fly out of the nest (Mahler et al., 1975). Mother's availability is crucial for the child to identify with the good mother, to internalize the good mother-toddler relationship, and to gradually renounce the magical omnipotence.

The fourth subphase of *emotional object constancy and individuality* begins in the third year of life and doesn't have an ending point. During this phase, with the help of developing cognitive functions, the child is able to internalize the positive image of the mother and to function in her physical absence which is called "object constancy" (Mahler et al., 1975). Even in the mother's physical separateness or absence, the child becomes able to soothe themselves with the help of the inner image of a good mother. This image of the mother is constructed as a result of the consistent reparative interactions with the other during the earlier phases of separation-individuation. The child is now able to gradually unite the "good" and the "bad" aspects of the mother and internalize a whole representation of the caregiver rather than relying on the splitting mechanism that is a characteristic of former phases. Also, a more unified self-image and identity form (Clair & Wigren, 2000). The developing verbal communication helps affect regulation and other functions of the ego. Emerging superego precursors are also observable in this phase (Mahler, 1975). Negativism aiming at a sense of autonomy and intrapsychic separation from the mother continue during the individuality phase. Furthermore, it can be observed that some children reach out to their father in order to avoid a possible re-engulfment with the mother.

1.2.2. Separation-Individuation and Masochism

Mahler's understanding of psychological disturbance is based on the developmental stages and related tasks she defined. As each developmental phase is associated with certain conflicts and challenges, possible disruptions during these phases result in related pathology. Mahler (1968) suggested that psychosis is very much related to trauma during the normal autistic or symbiotic phases since the child will be unable to differentiate self and other without a healthy symbiosis with the caregiver in the proceeding stages.

Mahler and colleagues (1975) also emphasize the importance and vulnerability of practicing and rapprochement phases. These stages are associated with themes of omnipotence, grandiosity, and splitting which are thought to be

related to narcissistic and borderline phenomena in the literature. A possible deflation of the needed grandiosity and omnipotence during the practicing period is suggested to be related to narcissistic disturbances (Horner, 1980). Similarly, Kernberg (1980) emphasizes the importance of integration of good and the bad parts of the objects during the rapprochement phase in the development of borderline pathology.

Although the subphases of the separation-individuation period is discussed in relation to specific pathologies, the literature on the associations between this period and masochism is relatively scarce.

Glickhauf-Hughes and Wells (1997) discuss symbiosis and separation-individuation in relation to masochism. They suggest that although the parents of masochists may be loving and engaging in their relation to their children, a sufficient symbiotic bond is not formed due to their narcissistic and borderline traits. They further claim that the child is thus inclined to develop oral issues such as "excessive dependencies, trust issues and difficulty receiving" (Glickhauf-Hughes & Wells, 1997, p.303).

Gagnier and Robertiello (1993) also defined sadomasochism more as a separation-individuation related issue than an oral, anal or an oedipal one. They suggest that sadomasochistic individuals have a need for merger in close relationships and at the same time have a great fear of it, since they were not able to complete separation-individuation process with their primary caregivers. Due to this fear of merger, sadomasochistic patients use the sadomasochistic defense against merging by choosing unavailable partners or unconsciously creating conflict in their relationships for a sense of distance. Furthermore, their intense need for a connection prevent them from experiencing themselves as a separate agent with own intentions and purpose in life. Gagnier and Robertiello (1993) suggest sadomasochism to be rooted specifically in the practicing phase of separation-individuation period in which the child tries to distance from the mother by saying "no" and exercising separateness. Besides they remark that sadomasochistic individuals did not have to chance to experience the "terrible two's" or the rebellious phase of adolescence without fearing the object's love.

Cooper (1989) put emphasis on the role of rapprochement related issues in the formation of masochism. He suggests that injuries in omnipotence during the rapprochement phase brings along the feelings of passivity and helplessness. In order to avoid these painful feelings, the infant reformulates their experience as if they suffer since they wanted it to be so. This is a defensive operation which enables the individual to feel in control of the suffering rather than feeling a passive recipient of it.

Besides the emphasis on symbiosis and separation aspects, Johnson (1985, as cited in Glickhauf-Hughes & Wells, 1997) hypothesizes that masochism is above all a disturbance of *individuation*. Although the masochists have been able to separate and individuate to some extent, they have not been provided with certain ego functions such as mirroring, admiring, and soothing. Thus, they are dependent on external sources for gratification of these needs. Besides, their sense of self and self-esteem remain severely damaged (Glickhauf-Hughes & Wells, 1997). Due to child's unresolved ambivalent feelings toward the parents preclude the identification with the good object and internalization of the soothing object that enables object constancy and self-regulation as mentioned above. Similarly, Benjamin (1988), Elise (2012), and Holtzman and Kulish (2000) discussed masochism in relation to lack of individuation through the issues of inhibition of desire, aggression, and achievement in females, as mentioned formerly. Absence or rejection of the father is discussed as a deterring factor in separation-individuation process and as a precursor of future masochistic tendencies in relationships.

As outlined above, most contemporary contributions converge on the function of masochism as s defense against object loss and as the sole way of keeping related. The masochist's preoccupation with keeping the tie to the object is also related to their unfulfilled need of individuation since it is seen as a threat by their primary caregivers. This unresolved conflict of being together and separate thus should be taken as one of the main issues in understanding masochistic pathology.

1.3. SHAME

One of the main mechanisms operating in masochism have been formulated to be a deflated sense of self (Menaker, 1969; Elise, 2012) related to feelings of shame, induced by early experiences with caregivers. In psychoanalytic literature, there have been a growing interest in the affect of shame in terms of its role in identity formation, interpersonal relations, as well as in psychopathology (Gilbert, 1998) which is empirically supported (Cook, 2004). Especially while investigating masochistic pathology, considering the role of shame feelings is of prime importance. Thus, it is crucial to further understand the concept of shame and its antecedents. In this section, a brief description of shame, its origins, and its place in psychoanalytic literature will be summarized and its relationship with masochism will be discussed.

1.3.1. Affect of Shame

The word shame has its roots in Germanic word "skanz/skem" meaning sense of shame and disgrace, which can be traced back to the Indo-European word "kamlkem" meaning "to cover/hide oneself" with the prefix "s" (Seu, 1996). Tomkins (1980) in his influential theory of affects, defined shame and humiliation as one of the primary emotions associated with the posture of lowered face and eyes. Gilbert (1998) defined shame as an emotion, beliefs and cognitions about oneself, behaviors, and evolved mechanisms of social interactions. In terms of being an emotion, shame can be defined as a primary affect itself and as auxiliary to or composite of other affects such as anger and fear. It is mostly defined as a feeling of being exposed and judged negatively (Tangney & Fischer, 1995), experiencing self as worthless, inferior, undesirable, faulty, insufficient or powerless, etc. As it is always difficult to define experiences within clear boundaries, shame has also been discussed in relation to other terms such as

embarrassment, humiliation, shyness, feelings of inferiority or degradation, low self-esteem or narcissistic mortification Lewis (1971).

The affect of shame is associated with behaviors that are observable during the arousal of affect, after it occurs, before it occurs or while repairing its effects (Gilbert, 1998). Studies of shame reported behaviors in terms of gaze: directed downward (Geppert & Gartmann, 1983), aversion (Stipek et al., 1992); face: blushing, lowered corners of mouth (Geepert & Gartmann, 1983); posture: collapsed (Lewis et al., 1992), closed (Stipek et al., 1992); action: submission (Gilbert et al., 1994), negative self-evaluation (Lewis et al., 1992). These behaviors are discussed to be operating as soothers of self and other, which will be discussed further.

Shame has been suggested to be both disrupting in interpersonal relationships as it leads to withdrawal (Tantam, 1998) and also a self-corrective and boundary-protective force in social connections and essential in conscience formation (Kaufman, 1989) similar to the views suggesting that shame is in the service of morality (Jacobson, 1954; Nurberg, 1932; as cited in Seu, 1996).

1.3.2. Shame in Psychoanalytic Literature

Little attention was given to shame in earlier psychoanalytic theories. Guilt is in the center of Freud's theories while shame is not discussed in much detail. He included shame in his writings by discussing it to be related to an intention to hide genital visibility (Freud, 1930) and genital deficiency (Freud, 1933). Later, although shame was not mentioned directly, terms such as inferiority (Adler, 1933) or pride (Horney, 1950/1991) were at issue in relation to shame.

Earlier, in the psychoanalytic literature, shame has been discussed from two main perspectives (Seu, 1996). One suggests that shame is an antithesis to the childhood sexuality (Freud, 1896) and a reaction formation against the exhibitionistic wishes and voyeurism (Abraham, 1913; Fenichel, 1945; Jacobsen, 1964; Nurberg, 195; as cited in Seu, 1996). From the second point of view, shame is a result of a failure to actualize one's ideal-self (Chasseguet-Smirgel, 1985; H.B.

Lewis, 1971; Morrison, 1989). Once the individual is unable to realize the internalized ideals, so to say the ego-ideal, this might be experienced as a narcissistic injury and lead to a sense of worthlessness and inferiority.

Elise (2012) highlight the importance of shame in relation to the Oedipal period. Elise suggests that rejecting and unattainable oedipal objects interferes with the identification processes and the need to realize the ego-ideal, which results in feelings of failure and defectiveness on the side of the child. Thus, the child feels ashamed, and as literally "falling short" in comparison to their contenders, in wanting something bigger than they actually should. Accordingly, Wurmser (1981) defined shame as an outcome of the discrepancy between the self-experience and the self-ideal.

Furthermore, Erik Erikson (1950/1993) put shame as a one end of a dialectical tension with autonomy characterizing the second stage of the psychosocial developmental sequence he proposed. In his view, at around ages from 1 to 3, the developmental task of the child is to resolve the conflict between autonomy and shame and attain the virtue of "will." During this time period, the child discovers their independence and capability of achieving by themselves. Erikson suggested shame and doubt in juxtaposition with autonomy as two possible outcomes of this stage. During this period, the parents should be allowing and welcoming of the child's attempts of individuation while avoiding punishment in case of failures. Erikson thinks that an inappropriate parenting would lead the child to feel ashamed and incompetent. Kaufman (1989) further suggests that, the formulations of each identity crisis by Erikson are actually all related to shame (basic mistrust, guilt, inferiority, role confusion, isolation, stagnation, despair) and he highlights again that the most critical affect contributing to the fore-mentioned experiences is shame.

H. B. Lewis (1987), compared to the former intrapsychic descriptions, defined shame as a more relational concept: "a universal reaction to unrequited or thwarted love" (p.16). Furthermore, she suggested that the feeling of anger following shame is a reaction against the breaking of the bond between the object

(H.B. Lewis, 1987). She highlights that there is no need for an actual observer in order for one to feel shame.

Similarly, Caparrotta (2003) and Kilborne (2011), re-defined the importance of the Oedipus tragedy not in relation to incest and guilt arising out of it, but to the experience of not being seen, disgrace about origins, intergenerational trauma, identity confusion and to shame experienced as an outcome of these issues. The tragedy of Oedipus is not about sexuality and the taboo of incest but of a child that is rejected and abandoned (Kilborne, 2011). Thus, in case of shame, the id's desires being forbidden is not the root of the painful experience but the rejection, ignorance and abandonment of the self as a desiring agent is.

1.3.3. Relational Foundations of Shame

In the psychoanalytic literature, the origins of shame have been listed as exhibitionistic wishes, falling short in realizing the ego-ideal and parental rejection. In this section, the relational sources of shame in early childhood experiences will be examined in more detail.

The affect of shame, reported to be developing as early as at first 14-16 months of life (Schore, 1991), is defined to be an inhibiting force for the positive experiences (Tomkins, 1963). Tomkins (1963) defined this process of inhibition by saying that shame feelings inhibit the positive affects of interest-excitement and enjoyment-joy which interferes with the child's attempt at exploration and self-exposure. As well as inhibiting further pleasurable experiences, shame is also discussed as stemming from the disruptions in the caregiver-infant interactions (Kaufman, 1989), leading to further disposition to feelings of shame (M. Lewis, 1992).

Bowlby (1969) and Ainsworth and colleagues (1978) in their ground-breaking studies with primate and human babies, put forward the importance of a secure, accepting and warm attachment relationship between the mother and the infant for a healthy functioning. During the formation of the attachment bonds, the importance of the empathic mirroring (Kohut, 1971) or the attunement of the

mother to the infant's emotional reactions and mood are also highlighted by various authors (e.g. Beebe & Lachman, 2014; Stern, 1985). However, an unexpected disruption in the attunement of the mother to the infant and a failure in the disruption-repair cycles causes heightened levels of stress in the infant (Beebe & Lachman, 1994). Face-to-face, nonverbal interactions that have been a source of joy for the infant, thus becomes a source of shame (Schore, 1998). These disruptions may further be observed when the parent is unresponsive, rejecting or humiliating towards the child's requests for comfort. These negative interactions result in "internal working of the parent as rejecting" as well as of self as "unworthy of help and comfort" (Schore, 1998, p.67).

The effects of adverse experiences in childhood, such as neglect, uncaring and harsh control, and abuse on psychobiological growth and maturation, are now widely recognized (Danese & McEwen, 2012; Rohner 1986). The adverse experiences of childhood are shown to have an effect on developing shame-proneness and related psychopathology such as depression (Andrews, 1995). Besides, intense shaming in childhood is shown to be related to relationship difficulties (Dutton, van Ginkel, & Starzomski, 1995).

Empirical studies, exploring the relationship between shame and early relationships support the ideas mentioned above. Claesson and Sohlberg (2002) have shown that memories of a blaming, ignoring, abandoning mother is associated with shame, while ignorance predicts shame most strongly. Stuewig and McCloskey (2005) has shown that harsh parenting is related to shame-proneness and this relationship is mediated by parental rejection during adolescence. Hodgkins (2001) explored the relationship between parental acceptance/rejection, hope, and shame and found similar results indicating that perceived paternal rejection is correlated with shame levels for men but not for women.

Although shame emerges in the relational context and its roots are external, the shameful gaze of the other is later internalized and becomes the self's own gaze looking inward (Morrison, 1987). Schore (1998) suggests that this gaze is already internalized by the end of infancy and the experience of shame no longer needs an external reason but is activated internally. Kaufman and Raphael (1996) defined the

process of shame being internalized by claiming that it becomes a part of the individual's identity (as cited in Akçiçek, 2019). Thus, the feelings of inferiority or inadequacy becomes constant in defining the self.

Although shame may be a crippling emotion and impairs relationships, it may also be functional in social life. Keltner and colleagues (1997) claimed feelings of shame to have crucial adaptive functions for the self and relationships. Gilbert (1997) similarly suggested that shame is a defensive response in cases of interpersonal threat. Gilbert and colleagues (1994) found that shame-proneness is highly correlated with feelings of inferiority as well as submissive behavior. Displays of shame such as gaze aversion and head-down posture are considered to be appeasement and submissive behaviors in humans and other species (Keltner & Harker, 1998). Submissiveness against the aggressive attitude of the other is thought to be an adaptive and defensive response to protect the self (MacLean, 1990, as cited in Gilbert et al., 1998) that in cases of any other shameless or non-submissive response may provoke attack and rejection from the other. For example, appeasement gestures are reported to be inhibiting the partner's aggression in bonobos (de Waal, 1988). Similarly, shame displays of children were shown to be reducing the punishing tendencies of parents (Semin & Papadopoulou, 1990). As clearly put by Gilbert and McGuire (1998), affect of shame can be thought of as "an involuntary submissive response, typically triggered by a social threat, the function of which is to de-escalate conflict" (p.102).

1.3.4. Masochism and Shame

Although masochism was first thought to be related to feelings of guilt arising from the incestuous longings (Freud, 1919/1955), this emphasis later shifted towards shame. Shame is an engraved affect in masochism since the sense of self is damaged, and self is seen as undeserving and inadequate. Furthermore, the ashamed attitude of the masochist in relation to a more powerful and idealized object can be thought to have an adaptive and defensive function, based on the aforementioned functions of the shame feelings in social relationships. In this

section, the multilayered associations among shame feelings and masochistic pathology will be discussed, based on the outlined literature.

Firstly, shame has been discussed as a result of negative interpersonal experiences such as ignorance or hostility. In abusive relationships, abused self is experienced as undeserving of love and the abuser's shaming behavior is introjected by the other as a perception of self being bad. Howell (1996) discusses this process as a defensive one which operates as a substitute for the perception of "self-as-injured." This affect of shame might be globalized in the self of the masochist, who experience themselves as inferior or submissive to a more powerful and idealized other in relationships. By introjecting the bad and hurtful behaviors, the masochist is able to keep the bond to the needed other by splitting off the bad aspects and at the same time by disowning one's will and anger. Thus, shame feelings and a submissive position become a guaranty of being together with the needed other (Menaker, 1969). In this sense, shame is both a painful affect experienced as a result of negative experiences and an adaptive response to maintain the attachment to the other.

Moreover, Elise (2012) discussed shame to be the underside of masochism. Rooted in the feelings of defeat in the Oedipal period with both parents, shame is a defining component in masochistic characters. Elise highlights that a bodily focused narcissistic injury and feelings of shame occur as a result of the unrecognized erotic longings towards the parents during early years of life which lay the base for masochistic tendencies.

Secondly, masochistic pathology can be paradoxically understood as a barrier against shame. Pattison (2000) suggested that one of the ways by which the individuals deal with shame is *attack self*. He defined the *attack self* response as degrading or being angry at oneself in order to modulate interpersonal problems. Masochism is both understood as an attempt for intimacy and love through the struggle to identify with the humiliating and hostile other as well as to avoid further external shaming by attacking self. In the attack self and self-aggression of masochism lies the avoidance from the overwhelming feelings of total shame (Nathanson, 1994). Thus, for the masochist to give up the habitual self-attack means

cutting the ties with the shaming parent. Since this giving up will bring along feelings of unworthiness of love, powerlessness, and emptiness, self-attackers cling to their defenses against uncontrolled and unexpected external shame (Nathanson, 1992). Thus, the self-degrading attitude in masochism protects the individual from a surprise of humiliation that is expected to come from outside anyway.

Similarly, masochistic position can be seen as a defensive barrier against feelings of shame that is expected to be induced once one's true self is revealed. Ghent (1990) formulated masochism as a perversion of the need to surrender, to be recognized and to be known. When surrender is not possible, masochistic submission is used as an expedient which is actually a defense against anxiety and shame. From Ghent's perspective, masochism is a form of false self (Winnicott, 1971) and the masochist is actually in need for giving this falseness up in order to be seen and accepted. However, the masochist fears that they will not be accepted once their true self is seen since they believe their true self to be bad (Glickauf-Hughes & Well, 1997).

To summarize, shame is both an immanent and defining feature of masochism, serving the functions of keeping attached to the object and preserving the self from further damage. From these perspectives, shame is a crucial affect in understanding masochism and should be given more attention in the formulations of the concept.

1.4. THE CURRENT STUDY

Based on the literature discussed above, the aim of the present study is to examine the relationship between masochistic pathology, perceived parental rejection, separation-individuation pathology and shame. In this section the scope and aim of this study with regard to the theoretical and empirical foundations will be briefly summarized and the hypotheses will be listed.

1.4.1. Scope and Aim of the Present Study

As masochism is mostly a confusing term regarding the various perspectives in the literature with different focus on the issue, it will be useful to explain the perspective of this study. Masochism in the current study refers to a relational pattern of seeking, clinging to and inability to leave relationships with a non-loving, rejecting or abusive other without any necessary reference to the sexual aspect of the term in which one seeks and achieves sexual gratification with a condition to suffer pain. This conceptualization parallels the perspectives of masochism as a pathological way of relating (Berliner, 1958) or a pathological infatuation (Kernberg, 1988), a search for an ideal love (Benjamin, 1988) and a bad-enough object (Rosen, 1993).

As discussed above, parental rejection causes damaged ties between the caregiver and infant which hinders the process of developing a healthy and coherent sense of self and a belief that one is worthy of soothing and caring. The infant, in order to keep the tie to the object, introjects the rejecting attitude of the parent and carries this pattern of relating in which one is rejecting and dominant and the other is submissive to future interpersonal relationships. This process thus is the base for relational masochism. The masochists' parents are discussed in the literature as abusive, narcissistic, having borderline tendencies or inconsistent in general (e.g. Berliner, 1958; Glickauf-Hughes & Wells, 1991; Panken, 1973). However, it is important to avoid any caricaturized portrayals of the parents. Furthermore, it is valuable to own a phenomenological perspective in which the meaning making process of the individual is crucial in understanding the present reality. Thus, the perceived attitudes of the parents by their child retrospectively is taken into consideration in the current study.

Here, it is also important to differentiate the roles of the mother and the father in the process of developing masochistic tendencies. As well as the first bonding of the child to a primary caregiver, fathering also plays an important role. In the case of masochism, father's role as an object to be identified with and internalized by the child, during the next phases of development is also crucial.

Once the father is not available as an identificatory object by being absent or rejecting, a masochistic tendency in future relationships for the child is possible. Thus, it is important to study the perceptions regarding the maternal and paternal parenting separately in relation to masochism.

As discussed above, masochism is mostly thought to be related to problems in the separation-individuation period. In examining the origins of masochism, the role of the caregiver during the separation-individuation process is emphasized by various theorists. It is suggested that the caregiver who is in some way interfering with the process of individuation in which one develops an identity as a separate human being with personal likes or dislikes may pave the way for future masochistic tendencies in child. Furthermore, possible issues during the former stages of separation-individuation process may affect the individuation period negatively. Once this period is not processed in an optimum environment, the individual may develop masochistic tendencies such as not owning one's own desires in order not to threaten the attachment object or engaging in relationships with dominant others where one behaves and feels submissive. During this process mother's encouraging attitude as well as her consistent physical and emotional presence is crucial. Furthermore, the presence of the father is important in this process as an agent that prevents the re-engulfment with the mother.

As mentioned above, rejecting parenting by not soothing the child in need, and/or by having hostile or neglecting attitudes towards the child harms the child's sense of self and induces painful feelings of shame. Early traumatic experiences are found to be associated with shame-proneness in which one is prone to feel shame or unconsciously seeking shameful situations (Andrews, 1995). Shame feelings are also defined as evolved from submissive appeasement behaviors that one accepts the dominance of the other by hiding themselves in order to prevent and control anticipated attack (Gilbert & McGuire, 1998). Thus, shame is mentioned to have a defensive function in decreasing interpersonal conflict, protecting one's sense of self and keeping the tie to the objects. From this perspective, submissiveness, feelings of inferiority and inadequacy in masochism may be thought to be related to internalized feelings of shame. Furthermore, masochistic investment in

relationships may contribute to the negative image of self and feelings of globalized shame which will refill the masochistic position of the individual in relationships. As shame is portrayed both as an outcome of and as a defense against the adverse experiences in early life, it could have a direct association with masochism as well as a mediating role between the early experiences and masochism.

Considering the scarcity of empirical studies on masochism, it is important to grasp the underlying factors of the pathology. Furthermore, a consistent operational definition of the phenomenon in order to study it quantitatively is necessary. A confusion between the terms self-defeating and masochistic is apparent in the literature. Therefore, the major aim of this study is to contribute to understanding masochism empirically and be a bridge between the seemingly distinct perspectives of the masochistic or self-defeating phenomena from a psychoanalytic perspective.

1.4.2. Hypotheses

In the light of the literature discussed above, following hypotheses are specified for this study.

1. Relational masochism will be positively correlated with negative parenting experiences.

    1.a. Relational masochism will be positively correlated with maternal rejection.

    1.b. Relational masochism will be positively correlated with paternal rejection.

    1.c. Relational masochism will have a higher positive correlation with paternal rejection for women as compared to men.

    1.d. Relational masochism will be positively correlated with maternal control.

    1.e. Relational masochism will be positively correlated with paternal control.

2. Relational masochism will be positively correlated with separation-individuation pathology.

3. Internalized Shame will mediate the relationship of parental rejection and relational masochism.

3.a. Internalized Shame will mediate the relationship between maternal rejection and relational masochism.

3.b. Internalized Shame will mediate the relationship between paternal rejection and relational masochism.

CHAPTER 2
METHOD

2.1. PARTICIPANTS

A total number of 374 individuals completed the online survey. Upon initial screening, participants with missing data and participants who were significant outliers on one of the variables were discarded. The remaining 317 participants constituted the sample of this study.

Demographic characteristics of the sample are presented in Table. 2.1. The participants' ages ranged between 18 and 76 (M = 39.89, SD = 15.822). Of the 317 participants, 241 (76%) individuals identified themselves as female, and 76 (24%) as male.

Table 2.1 *Demographic Characteristics of Participants*

		N	%
Gender	Female	241	76.0
	Male	76	24.0
Education level	Primary School / High School	36	11.3
	Undergraduate	116	52.4
	Graduate	115	36.3
Level of Income	Low	47	14.8
	Middle	145	45.7
	High	125	39.4
Work Status	Not working	116	36.6
	Working	185	58.4
Marital Status	Single	166	52.4
	Married	113	35.6
	Divorced/Widowed	38	12.0

Participants of the present study mostly have high level of education; 166 (52.4%) were graduates or students in undergraduate level, and 115 (36.3%) in graduate level. Regarding their relationship status, 166 (52.4%) of the participants reported themselves to be single, while 113 (35.6%) currently married and 38 (12%) divorced or widowed. In regard to the income level, 125 (39.4%) of the participants had high level of income, 145 (45.7%) had middle level of income and 47 had low level of income.

The overall demographic profile of the sample can be described as predominantly highly educated (89%), middle to high SES (79%) women (76%).

2.2. INSTRUMENTS

The instruments used in the present study are Demographic Information Form, The Self-Defeating Interpersonal Style Scale (SELF-DISS), Parental Acceptance-Rejection/Control Questionnaire - Short Form (PARQ/Control-SF), Separation-Individuation Inventory (SII), and Internalized Shame Scale (ISS).

2.2.1. Demographic Information Form

The demographic information form (See Appendix F) was developed by the researcher in order to attain descriptive information of the participants. The form included questions about the participants' age, gender, sexual orientation, level of education, socioeconomic status, relationship status, previous or current psychotherapy experience, and information about parents (alive/deceased, age, socioeconomic status, education level, marital status). Furthermore, the participants were asked to rate the quality of their parents' relationship regarding the perceived level of parental agreement, affection, and conflict.

2.2.2. The Self-Defeating Interpersonal Style Scale (SELF-DISS)

The Self-Defeating Interpersonal Style Scale (SELF-DISS) is a self-report measure developed by Atkinson (2017) to measure the tendency of chronic

tolerance of mistreatment in relationships that is conceptualized as a second-order construct named self-defeating interpersonal style. The form includes 35 items to be rated on a 10-point Likert scale. (1 = Strongly Disagree, 10 = Strongly Agree). The scale consists of 3 subscales which are Insecure Attachment, Undeserving Self-Image, and Self-Sacrificing Nature. The total scale of SELF-DISS yielded a Cronbach's alpha coefficient of .97, while the subscales of Insecure Attachment, Undeserving Self-Image, and Self-Sacrificing Nature yielded of .97, .92 and .87, respectively indicating excellent reliability. The scoring of the measure is attained through summing up of the points; higher scores indicating a higher tendency to engage in self-defeating interpersonal relationship. The possible range of the total score is from 35 to 350.

The scale is translated into Turkish by the researcher and back-translated by another bilingual individual (See Appendix B for the items). The internal consistency of the Turkish version of the measure is revealed to be excellent by reliability analysis with Cronbach's alpha of .93. Reliability analyses were also conducted for each subscale of the measure and were found to be .93 for Insecure Attachment subscale, .67 for Undeserving Self-Image subscale and .80 for Self-Sacrificing Nature subscale; ranging from acceptable to excellent.

2.2.3. Parental Acceptance-Rejection/Control Questionnaire-Short Form (PARQ/Control-SF)

Parental Acceptance-Rejection Questionnaire (PARQ) was developed by Rohner and his colleagues to measure the perceived acceptance and rejection behavior; with almost identical 60-item versions to be filled by the child, adult-child, and parent (see Rohner, 1990). The same items are assessed separately for each parent. Later, short forms of each version were developed; and short form of the adult version (Adult PARQ/S) is used in this study. In time, another dimension assessing perceived parental control was also added to PARQ, again with child and adult versions, assessing perceptions of parent's controlling behaviors, such as permissiveness or strict control (Rohner, 2005).

Adult PARQ/S consists of 24 items and the additional Control subscale consists of 5 items that are rated on a 4-point Likert scale (1 = Strongly Agree, 2 = Agree, 3 = Disagree, 4 = Strongly Disagree). A total score of parental rejection, as well as 4 subscale scores of warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection can be calculated with PARQ/S items; and a control score is calculated with the additional items. The reliability of the original scale is assessed as good for the total score (α = .88 for the Mother; α = .84 for the Father). The total score of the scale ranges between 24 and 60; higher scores indicating higher levels of perceived rejection by the parent. The reliabilities of the 4 original subscales and the additional control subscale were reported to be acceptable to good for both the mother and father forms (Fernández-García et al., 2017).

The Adult PARQ/S was adapted to Turkish by Dedeler, Akgün, and Batıgün (2017; See Appendices D & E). The reliability of the total scale, assessed via Cronbach's alpha, was reported to be .92 for the mother scale and .96 for the father scale. The internal consistency coefficients for the subscales were found to be ranging between .75 and .95. The additional control dimension was not assessed in the aforementioned adaptation study of the adult version. The Turkish adaptation of the control subscale was available in the child form, conducted by Erkman (2003). As the items in child and adult versions were reported to be identical except the referents and the verb tense used (Rohner & Khaleque, 2003), the translated items of the child version were used in this study. The referent and the verb tense were adjusted for adult use without implying change in the meaning of the item (See Appendices D & E).

In the present study, the Cronbach's alpha of the total scale is .94 for the mother form and .95 for the father form, both indicating excellent internal consistency. Subscale reliability values found to be .91 for maternal warmth, .93 for paternal warmth, .78 for maternal indifference/neglect, .80 for paternal indifference/neglect, .80 for maternal hostility/aggression, .82 for paternal hostility/aggression, .80 for maternal undifferentiated rejection, and .85 for paternal

undifferentiated rejection. Both maternal and paternal control subscales were found to have a Cronbach's Alpha of .72.

2.2.4. Separation-Individuation Inventory (SII)

Separation-Individuation Inventory (SII) is a scale that measures the level of problems that are rooted in the separation-individuation process based on Mahler's theory. It was developed by Christenson and Wilson (1985) and consists of 39 items to be rated on a 10-point Likert scale (1 = not characteristic of mine, 10 = very characteristic of mine). The reverse items of the scale were questions 7, 15 and 18. The total score of the scale is calculated by summation of all items and the possible range of total score is between 39 and 390.

The Turkish adaptation study of the scale was conducted by Göral (2002). A score higher than 190 is reported to indicate a separation-individuation pathology. The Cronbach's alpha of the whole scale was reported to be .90 and the split-half reliability coefficient was reported to be .89 (Göral, 2010).

In order to check internal consistency, reliability analyses were conducted for the present study. Data collected from 317 participants revealed Cronbach alpha of .91 indicating an excellent internal consistency.

2.2.5. The Internalized Shame Scale (ISS)

The Internalized Shame Scale (ISS) was developed by Cook (2004) in order to measure the intensity of painful feelings of internalized shame experienced by the individuals. The scale consists of 30 items rated on a 5-point Likert scale (1 = never, 5 = almost always). There are two subscales of the measure which are shame (24 items) and self-esteem (6 items). However, the self-esteem items have been derived from the Rosenberg Self-Esteem Scale only for psychometric purposes and are not included in the calculation of the total score of shame feelings. The total score for internalized shame is calculated by the sum of the item ratings which has a possible range between 24 to 120.

Akçiçek (2019) translated the scale into Turkish and the validity and reliability analysis of the Turkish version revealed sufficient values with a Cronbach's alpha of .96, indicating to excellent internal consistency.

In the present study, reliability analysis was conducted to test the internal consistency. The Cronbach's alpha value is found to be .95 for the shame subscale without the self-esteem scale.

2.3. PROCEDURE

Upon Ethics Board's approval, data for the current study is collected via an online data collection platform. The invitations for participation were distributed via e-mail groups and social media platforms. Volunteering participants were informed about participation requirements, confidentiality, and the aim of the research with the Informed Consent Form provided prior to the questionnaires. The participants who approved the conditions written in the consent form were then asked to fill the questionnaires (Self-Defeating Interpersonal Style Scale, Parental Acceptance-Rejection/Control Scale-Short Form, Separation-Individuation Inventory, and Internalized Shame Scale) given in a random order for each participant. The participants were asked to fill the Demographic Information Form as the last step of the study, which does not include any identificatory questions.

2.4. DATA ANALYSIS

In the current study, independent variables are Maternal Rejection, Paternal Rejection, Maternal Control and Paternal Control that is measured by Parental Acceptance-Rejection/Control Questionnaire Short Form (PARQ/Control- Short Form), and Separation-Individuation Pathology that is measured by Separation-Individuation Inventory (SII). Additionally, the mediator variable which is Internalized Shame is measured by Internalized Shame Scale (ISS). The dependent variable in the present study is Relational Masochism and it is measured by Self

Defeating Interpersonal Style Scale (SELF-DISS) which is consisted of 3 subscales of Insecure Attachment, Undeserving Self-Image and Self-Sacrificing Nature.

Pearson correlation analysis and one-way analysis of variance (ANOVA) are conducted in order to assess the associations among the demographic variables and study variables. Furthermore, to predict relational masochism, Multiple Stepwise Regression Analysis is conducted with the hypothesized variables and the demographic controls that were identified via the preliminary analyses. By this means, the contribution of each variable to predict relational masochism can be controlled and compared with each other. In addition, mediation analysis was conducted to further investigate the effect of mediation of internalized shame in the relationship between maternal and paternal rejection and relational masochism. Last, the predictors of different aspects of masochism were explored.

CHAPTER 3
RESULTS

In the results section, findings of the preliminary analyses, initial correlational inspection of the associations, and further testing of the hypothesized associations as model explaining self-defeating interpersonal style will be presented.

3.1. PRELIMINARY ANALYSES

The preliminary analyses are conducted in order to assess the descriptive statistics of study variables, their associations with each other, and assumptions for further statistical testing.

3.1.1. Descriptive Statistics of Study Variables

Descriptive statistics for the main variables were calculated. The total score of relational masochism for 317 participants, which was assessed by Self-Defeating Interpersonal Style Scale ranged between 37 and 286 in a possible range of 35 to 350, (M = 134.44, SD = 51.03). The scores for the insecure attachment subscale ranged between 14 to 130 *(*M = 61.32, SD = 29.59), between 12 and 90 for the undeserving self-image subscale (M = 35.62, SD = 13.07), between 9 and 85 for the self-sacrificing nature subscale (M = 37.37, SD = 15.93). All scores were found to be approximately normally distributed. The Pearson correlation coefficients among subscales were also checked (See Table 3.1) and found to be ranging between .56 and .67; indicating that they each account for a unique variance, as well as a common underlying dimension. Subscales' correlations with the total score ranged between .76 and .93; indicating that the total score reflects the common variance of all aspects well.

Table 3.1 *Correlations among the subscale scores and total score (Self-Defeating IS) of Self-DISS*

	Insecure Attachment	Undeserving Self-Image	Self-Sacrificing Nature
Insecure Attachment	1		
Undeserving Self-Image	.565**	1	
Self-Sacrificing Nature	.670**	.563**	1
Self-Defeating IS	.934**	.760**	.845**

The mean score of separation-individuation pathology assessed by Separation-Individuation Inventory (SII) was 136.76 (*SD* = 49.56), ranging from a minimum of 39 and a maximum of 300 in a possible range between 39 and 390. The mean score for the variable of internalized shame that was assessed by Internalized Shame Scale (ISS) was 58.20 (*SD* = 18.79) with a minimum of 26 and a maximum of 108 in a possible range between 25 and 125. Parental rejection and control were measured with the Parental Acceptance-Rejection/Control Questionnaire-Short Form (Adult PARQ/Control-Short Form). Total parental rejection scores were found to be ranging from 24 to 88 for maternal rejection (*M* = 36.76, *SD* =12.61) and from 24 to 89 for paternal rejection (*M* = 39.97, *SD* = 14.37). The parental control subscale scores were calculated separately and found to be ranging from 5 to 20 for maternal control (*M* = 13.02, *SD* = 3.41) and from 5 to 20 for paternal control (*M* = 12.23, *SD* = 3.48) in a possible range of 5 to 20.

Prior to further analyses, distributions for each variable were also checked and found to be normally distributed except the subscale of undifferentiated rejection of the Adult PARQ/Control-Short Form. Therefore, undifferentiated rejection subscale scores were not included in the subsequent analyses of the study Furthermore, correlations among the subscales and the total score of PARQ/Control-Short Form were checked. The total scale score of parental rejection and subscales of hostility/aggression, neglect/indifference, and warmth were found

to be strongly correlated with Pearson correlation coefficients of .82, .84 and .91, respectively for maternal rejection; and .83, .86, and .93, respectively for paternal rejection. Thus, instead of the subscales, total scores of maternal and paternal rejection were taken into consideration for further analyses.

3.1.2 Demographic Characteristics and Self-Defeating Interpersonal Style

The associations of basic demographic variables with self-defeating interpersonal style were checked in order to identify possible contributions of them to the variance. One-way analysis of variance (ANOVA) for the categorical variables and Pearson or Spearman Correlation for the continuous variables were conducted. Certain basic demographics such as age, relationship status (being single vs. being married/divorced/widowed), parental loss (no mother loss vs. mother loss and no father loss vs. father loss) were found to have significant differences between groups in terms of self-defeating interpersonal style scores. Furthermore, parental relationship quality in terms of conflict, agreement, and intimacy level were found to be significantly correlated with self-defeating interpersonal style. There was no significant difference found among genders on their self-defeating interpersonal style scores, $F(1, 315) = .531$, $p = .467$.

Firstly, a significant negative correlation was found between age and self-defeating interpersonal style, $r(317) = -.30$, $p < .001$, meaning that self-defeating interpersonal style scores were found to be decreasing as the age of the participants increased. Furthermore, one-way between-subjects ANOVAs were conducted to compare the effect of gender, income level, relationship status and parental loss on self-defeating interpersonal style. A significant difference in self-defeating interpersonal style scores was observed between the single participants and participants married, divorced or widowed, $F(1, 315) = 26.844$, $p < .001$. Single participants ($M = 147.94$, $SD = 50.53$) had higher scores of self-defeating interpersonal style than married or once married participants ($M = 119.35$, $SD = 47.39$). However, single participants were also found to be significantly younger than the participants that are married, $F(1, 315) = 232.162$, $p < .001$, and thus the

variable of age was controlled via analysis of covariance (ANCOVA). The results showed that when the effect of age is controlled, relationship status still demonstrated a significant effect for self-defeating interpersonal style, $F(1, 315) = 4.294$, $p < .05$.

Furthermore, a significant difference was found between the groups of participants who lost their mothers ($M = 112.48$, $SD = 38.96$) and who didn't ($M = 140.07$, $SD = 52.32$), $F(1, 315) = 15.996$, $p < .001$, as well as between the groups of participants who lost their father ($M = 116.47$, $SD = 52.86$) and who didn't ($M = 144.21$, $SD = 42.22$), $F(1, 315) = 22.978$, $p < .001$, indicating that individuals who have experienced parental loss had significantly lower scores of self-defeating interpersonal style.

Furthermore, a significant difference was found between individuals with income levels, $F(2, 314) = 8.098$, $p < .001$. Post-hoc tests revealed that individuals who reported themselves to have low income level ($M = 156.53$, $SD = 46.72$) were found to have significantly higher scores than the individuals with a high income level ($M = 122.94$, $SD = 51.70$). There were no significant differences found between the middle and high level or middle and low level of income.

Lastly, participants were asked to rate their parental relationship quality in terms of conflict, agreement, and intimacy level on a 5-point Likert scale, on the demographics form. Spearman correlation analyses were conducted to test the associations of these variables with self-defeating interpersonal style. There was a significant positive correlation between self-defeating interpersonal style and parental conflict, $r(315) = .26$, $p < .001$. Furthermore, self-defeating interpersonal style had significant negative correlations with parental agreement, $r(315) = -.26$, $p = .01$; intimacy shown by the mother towards the father, $r(315) = -.23$, $p = .000$; and intimacy shown by the father towards the mother $r(315) = -.25$, $p < .001$.

The variables that were found to have significant associations with relational masochism were later included in Multiple Stepwise Regression Analysis to inspect and control their possible contributions to the model.

3.2. ASSOCIATIONS OF SELF-DEFEATING INTERPERSONAL STYLE WITH PARENTAL REJECTION, SEPARATION-INDIVIDUATION, AND INTERNALIZED SHAME

In order to initially assess the associations of self-defeating interpersonal style with parental rejection and separation-individuation pathology as expected by the first two hypotheses of the study, Pearson correlation coefficients were computed. For exploratory purposes, in addition to the overall self-defeating style score, the associations of the subscales of insecure attachment, undeserving self-image, and self-sacrificing nature with the study variables were also computed and reported. The coefficients are presented in Table 3.2. and discussed in the following sections

Table 3.2 *Correlations of the total score (Self-Defeating IS) and subscale scores of SELF-DISS, Separation-Individuation Pathology (S-I Pathology), Internalized Shame, Parental Rejection, and Parental Control*

	Self-Defeating IS	Insecure Attachment	Undeserving Self-Image	Self-Sacrificing Nature
S-I Pathology	.785**	.754**	.595**	.625**
Internalized Shame	.769**	.755**	.612**	.559**
Maternal Rejection	.376**	.308**	.319**	.372**
Paternal Rejection	.397**	.344**	.321**	.368**
Maternal Control	.302**	.281**	.207**	.276**
Paternal Control	.329**	.326**	.196**	.288**

** $p < .01$.

3.2.1. Perceived Parental Rejection and Self-Defeating Interpersonal Style

The first hypothesis of the current study expected self-defeating interpersonal style to be positively correlated with negative parenting experiences,

namely rejection and control experiences with both the mother and the father. It was further expected within the first hypothesis that the association of paternal rejection with self-defeating style would be stronger for women. In order to initially examine these associations, Pearson correlation analyses were conducted.

The results revealed a significant positive correlation between self-defeating interpersonal style and maternal rejection, $r(315) = .37$, $p < .01$. A significant positive correlation was observed also between self-defeating interpersonal style and paternal rejection, $r(315) = .39$, $p < .01$. As this association was expected to be stronger for women; the correlation coefficients regarding the association between self-defeating interpersonal style and paternal rejection for men and women were computed separately and compared. It was observed that the association was slightly stronger for women, $r(239) = .41$, $p < .01$, as compared to men, $r(74) = .36$, $p < .01$. In order to investigate the significance of the difference between two correlation coefficients, Fischer's z-test was conducted, however this difference was revealed not to be significant ($p = .68$).

As regards to the control aspect of parenting, it was observed that maternal control is positively correlated with self-defeating interpersonal style, $r(315) = .30$, $p < .01$. Moreover, a positive correlation between paternal control and self-defeating interpersonal style was also observed, $r(315) = .33$, $p < .01$.

These initial observations support this study's expectations of negative parenting to be positively associated with self-defeating interpersonal style for both the rejection and control dimensions of parenting and for both the mother and the father. On the other hand, these observations fail to support a gender difference for the association between paternal rejection and self-defeating interpersonal style. It was further noted that all dimensions of self-defeating demonstrated this positive association with all aspects of negative parenting to varying degrees with coefficients ranging from .20 to .37 (See Table 3.2.).

3.2.2. Separation-Individuation Pathology and Self-Defeating Interpersonal Style

The second hypothesis of this study expected a positive correlation between self-defeating interpersonal style and separation-individuation pathology. Pearson correlation analysis was conducted to initially examine this hypothesis (See Table 3.2.). Results revealed a strong positive correlation between separation-individuation pathology and self-defeating interpersonal style, $r(315) = .78$, $p < .01$, providing support for the second hypothesis of this study.

The subscales of self-defeating interpersonal style were also explored to observe their associations with separation-individuation pathology. All subscales of self-defeating interpersonal style, that are insecure attachment, undeserving self-image and self-sacrificing nature, were found to be significantly correlated with separation-individuation pathology, coefficients ranging from .60 to .75 (see Table 3.2.).

3.2.3. Internalized Shame and Self-Defeating Interpersonal Style

Prior to further analyses to test the mediation, first the correlation between internalized shame and self-defeating interpersonal style was calculated in order to warrant further analyses. A strong positive correlation was observed between the variables, $r(315) = .77$, $p < .01$. As in cases of parenting and separation-individuation; it was observed that internalized shame had significant positive association with all aspects of self-defeating style, with coefficients varying between .56 and .76

Furthermore, the associations of internalized shame with both maternal and paternal rejection were checked. Correlation analyses revealed positive correlations both with maternal rejection, $r(315) = .38$, $p < .01$; and paternal rejection, $r(315) = .39$, $p < .01$. As internalized shame was observed to be significantly associated with parenting and with self-defeating interpersonal style, it was deemed suitable for further testing as a potential mediator.

3.3. PREDICTING SELF-DEFEATING INTERPERSONAL STYLE AND THE MEDIATING ROLE OF INTERNALIZED SHAME

The preliminary analyses and the inspections regarding the first two hypotheses revealed that the associations of parental rejection, separation-individuation, and internalized shame with self-defeating interpersonal style were supported, and further several background characteristics such as age and parental loss were found to be associated with self-defeating interpersonal style. In order to observe their unique and comparative contributions to the variance in self-defeating interpersonal style and to test the mediation hypothesis that expects the relationship between parental rejection and masochism to be mediated by internalized shame, a stepwise regression analysis was conducted. Additionally, to examine the distinct predictors of different aspects of masochism, the same analysis was conducted separately for the insecure attachment, undeserving self-image, and self-sacrificing nature dimensions of self-defeating style for exploratory purposes.

3.3.1. Predicting Self-Defeating Interpersonal Style

The stepwise regression analysis was conducted with self-defeating interpersonal style as the dependent variable and maternal rejection, paternal rejection, maternal control, paternal control, separation-individuation pathology, internalized shame, interaction of internalized shame and maternal rejection, interaction of internalized shame and paternal rejection, age, income level, relationship status, loss of the mother, loss of the father, perceived conflict between parents, perceived agreement between parents, father's perceived intimacy towards mother, and mother's perceived intimacy towards father as predicting factors. The models are summarized in Table 3.3.

Table 3.3 *Model Summary of Stepwise Regression Analysis predicting Self-Defeating Interpersonal Style*

Model	R	R^2	Adj. R^2	SE of the Estimate	R^2 Change	F Change	df 1	df2
1	.785[a]	.616	.615	31.67	.616	505.242	1	315
2	.842[b]	.710	.708	27.58	.094	101.441	1	314
3	.847[c]	.717	.715	27.25	.008	8.477	1	313
4	.850[d]	.722	.719	27.07	.005	5.259	1	312

Note. Constant is included in all models.
[a] S-I Pathology
[b] S-I Pathology, Internalized Shame
[c] S-I Pathology, Internalized Shame, Internalized Shame*Paternal Rejection
[d] S-I Pathology, Internalized Shame, Internalized Shame*Paternal Rejection, Age

At step one, separation-individuation pathology contributed significantly to the model and accounted for 61.6% of the variance, $F(1,315) = 505.242$, $p < .001$. At step two, in addition to separation-individuation pathology, internalized shame entered the model and explained an additional 8.4% of the variance, $F(1,314) = 383.892$, $p < .001$. At step three, the interaction term of internalized shame and paternal rejection entered the model and accounted for an additional 1% of the variance, $F(1,313) = 262.848$, $p < .001$. In the last step of the regression model, age entered the model by an additional 0.5% explanation of the variance in self-defeating interpersonal style, $F(1,312) = 202.865$, $p < .001$. The final model thus includes separation-individuation pathology, internalized shame, interaction of internalized shame and paternal rejection, and age which in total explains the 72% of the variance in self-defeating interpersonal style.

The unstandardized and standardized regression coefficients for each variable are presented in Table 3.4. The coefficients showed that self-defeating interpersonal style scores increase by .495 for each unit of increase in separation-

individuation pathology, by .955 for each unit of increase in internalized shame, and by .248 for each year of increase in age.

Table 3.4 *Coefficients of the Significant Predictors of the Stepwise Regression Analysis Predicting Self-Defeating Interpersonal Style*

	B	B SE	Beta	t.	Sig.
(Constant)	-11.557	8.551		-1.351	.178
S-I Pathology	.495	.043	.481	11.443	.000
Internalized Shame	.955	.153	.352	6.247	.000
Internalized Shame*Paternal Rejection	.005	.002	.146	3.064	.002
Age	.248	.108	.077	2.293	.023

When the standardized coefficients are compared, it is seen that separation-individuation pathology is the strongest predictor of self-defeating interpersonal style, followed by internalized shame. Age appeared as the weakest predictor and demonstrated a positive association with self-defeating pattern, on the contrary to its negative correlation as reported above. Age potentially shares a high amount of common variance with all study variables; thus, when this variance is accounted for by the other variables in the model, the unique effect of increasing age was noted to be a slight increase in masochism.

As mentioned above, the interaction of paternal rejection and internalized shame entered the model as a significant predictor. To shed light on the nature of this interaction effect and test the mediation hypothesis, a simple mediation model was built, and the direct and indirect effects were compared. The significance was tested via bootstrapping, for 1000 bootstrapped samples with the bias-corrected 95% confidence interval (Mallinckrodt et al., 2006). The analysis demonstrated that Internalized Shame partially mediated the relationship between Perceived Paternal Rejection and self-defeating interpersonal style. Standardized direct and indirect effects are presented in Table 3.5.

Table 3.5 *The Coefficients for Direct and Indirect Paths from Paternal Rejection to Self-Defeating Interpersonal Style*

Path	Standardized Regression Weights		Bootstrap with bias correction (95% CI)	
	Direct Effect	Indirect Effect	Direct Effect	Indirect Effect
Paternal Rejection → Internalized Shame	.39***	-	.292 - .480**	-
Internalized Shame → Self-Defeating IS Style	.72***	-	.655 - .790**	-
Paternal rejection → Self-Defeating IS Style	.12**	.282**	.032 - .192**	.209-.352**

*** p < .001, ** p < .01

It was observed that the direct effect of Paternal Rejection on self-defeating style was .40; and dropped to .12 when the Internalized Shame was added to the model as the mediator. It is also confirmed that the indirect effect of Paternal Rejection via Internalized Shame on self-defeating style (β = .28) was statistically significant. Thus, the mediation hypothesis is supported. Although considerably reduced, the direct effect also remains significant, indicating that a small amount of unique variance explained by Paternal Rejection and not mediated by Internalized Shame remains. Hence, it can be concluded that internalized shame partially mediates the relationship between paternal rejection and self-defeating interpersonal style. The third hypothesis of the study that expect internalized shame to mediate the relationship between parental rejection and self-defeating interpersonal style is supported for paternal rejection and not supported for maternal rejection.

3.3.2. Exploring the Distinct Predictors of Self-Defeating Interpersonal Style Dimensions

As outlined above, in addition to a total score of self-defeating interpersonal style, Self-DISS offers separate scores for three dimensions of this pattern, insecure attachment, undeserving self-image, and self-sacrificing nature. Although the hypotheses of this study focused on the overall interpersonal style, the associations of the study variables were further explored also with these three dimensions. For this purpose, the stepwise multiple regression analysis was repeated for each of the three dimensions as the dependent variables and the same set of variables listed above as predictors. The findings of these analyses are summarized below. As they were not hypothesized, the significance of the mediation models was not further tested.

3.3.2.1. Predictors of Insecure Attachment

The model summary of the regression analysis that for predicting the insecure attachment aspect of self-defeating interpersonal style is presented in Table 3.6. The results revealed that the final model includes internalized shame, separation-individuation pathology, parental conflict, paternal control, and relationship status, accounting for a total of 68.6% of the variance for insecure attachment.

In the first step, internalized shame entered the model with explaining 57% of the variance, $F(1,315) = 416.991$, $p < .001$. At the second step, separation-individuation pathology accounted for an additional 9.8% of the variance, $F(1,314) = 316.464$, $p < .001$. Parental conflict entered the model at the third step with an additional 0.7% explanation of the variance, $F(1,313) = 217.106$, $p < .001$. At the fourth step, paternal control entered the model and accounted for an additional 0.5% of the variance, $F(1,312) = 165.946$, $p < .001$. At the last step of the model, relationship status entered the model and explained an additional 0.6% of the variance.

Table 3.6 *The Model Summary of Stepwise Regression Analysis Predicting the Insecure Attachment Aspect of Self-Defeating Interpersonal Style*

Model	R	R^2	Adj. R^2	SE of the Estimate	R^2 Change	F Change	df1	df2
1	.755[a]	.570	.568	19.44571	.570	416.991	1	315
2	.818[b]	.668	.666	17.09692	.099	93.495	1	314
3	.822[c]	.675	.672	16.94208	.007	6.766	1	313
4	.825[d]	.680	.676	16.84225	.005	4.722	1	312
5	.828[e]	.686	.681	16.72285	.006	5.471	1	311

Note. Constant is included in all models.
[a] Internalized Shame
[b] Internalized Shame, S-I Pathology
[c] Internalized Shame, S-I Pathology, Parental Conflict
[d] Internalized Shame, S-I Pathology, Parental Conflict, Paternal Control
[e] Internalized Shame, S-I Pathology, Parental Conflict, Paternal Control, Relationship Status

Standardized and unstandardized coefficient values of the predicting variables are presented in Table 3.7. Insecure attachment scores were shown to be increasing by .608 for each unit of increase in internalized shame, by .251 for each unit of increase in separation-individuation pathology, by 2.374 for each unit of increase in perceived parental conflict, and by .671 for each unit of increase in paternal control. Also, being single increased the self-defeating interpersonal style score by 4.229. The comparison of the standardized coefficients suggests that separation-individuation pathology is the strongest predictor, followed by internalized shame. Paternal control as well as the background characteristics relationship status and perceived parental conflict had similarly low predictive power.

Table 3.7 *Coefficients of the Significant Predictors of the Stepwise Regression Analysis Predicting Insecure Attachment Aspect of Self-Defeating Interpersonal Style*

	B	B SE	Beta	t.	Sig.
Constant	-24.395	4.157		-5.868	.000
Internalized Shame	.608	.074	.386	8.197	.000
S-I Pathology	.251	.027	.421	9.349	.000
Parental Conflict	2.374	.907	.087	2.348	.009
Paternal Control	.671	.286	.079	2.348	.020
Relationship Status	4.729	2.022	.080	2.339	.020

3.3.2.2. Predictors of Undeserving Self-Image

The model summary for the stepwise regression analysis to predict undeserving self-image is presented in Table 3.8. The final model includes internalized shame, separation-individuation pathology, interaction of internalized shame and paternal rejection, and age that account for the 45.1% of the variance in the undeserving self-image scores.

Table 3.8 *The Model Summary of Stepwise Regression Analysis Predicting the Undeserving Self-Image Aspect of Self-Defeating Interpersonal Style*

Model	R	R^2	Adj. R^2	SE of the Estimate	R^2 Change	F Change	df1	df2
1	.612[a]	.375	.373	10.35287	.375	188.707	1	315
2	.655[b]	.429	.425	9.91092	.054	29.720	1	314
3	.663[c]	.439	.434	9.83387	.011	5.940	1	313
4	.671[d]	.451	.444	9.74870	.011	6.493	1	312

Note. Constant is included in all models.
[a] Internalized Shame
[b] Internalized Shame, S-I Pathology
[c] Internalized Shame, S-I Pathology, Internalized Shame*Paternal Rejection
[d] Internalized Shame, S-I Pathology, Internalized Shame*Paternal Rejection, Age

Internalized shame entered the model at the first step by explaining 37.5% the variance, $F(1,315) = 188.707$, $p < .001$. At step two, separation-individuation pathology entered the equation and explained an additional 5.4% of the variance, $F(1,314) = 117.816$, $p < .001$. At the third step, interaction of internalized shame and paternal rejection contributed to the model by explaining an additional 1% of the variance, $F(1,313) = 81.759$, $p < .001$. Age entered in the equation at the last step by explaining an additional 1.2% of the variance, $F(1,312) = 64.019$, $p < .001$.

As can be seen in Table 3.9, scores of undeserving self-image were shown to be increasing by .209 for each unit of increase in internalized shame, and by .086 for each unit of increase in separation-individuation pathology., As in the case of the overall self-defeating interpersonal style, when other variables are controlled, the slope of age turns to be positive; indicating a slight increase by .099 in undeserving self-image for each year of increase in age.

Table 3.9 *Coefficients of the Significant Predictors of the Stepwise Regression Analysis Predicting Undeserving Self-Image Aspect of Self-Defeating Interpersonal Style*

	B	B SE	Beta	t	Sig.
Constant	3.866	3.079		1.256	.210
Internalized Shame	.209	.055	.300	3.795	.000
S-I Pathology	.086	.016	.326	5.516	.000
Internalized Shame*Paternal Rejection	.002	.001	.175	2.607	.010
Age	.099	.039	.120	2.548	.011

3.3.2.3. Predictors of Self-Sacrificing Nature

The model summary of the regression analysis for predicting the self-sacrificing aspect of self-defeating interpersonal style is presented in Table 3.10. The final model consisted of the predictors of separation-individuation pathology,

interaction of internalized shame and paternal rejection, age and maternal control, accounting for a total of 48.1% of the variance in self-sacrificing nature score.

Table 3.10 *The Model Summary of Stepwise Regression Analysis Predicting Self-Sacrificing Nature Aspect of Self-Defeating Interpersonal Style*

Model	R	R^2	Adj. R^2	SE of the Estimate	R^2 Change	F Change	df1	df2
1	.625[a]	.391	.389	12.45650	.391	202.067	1	315
2	.662[b]	.438	.435	11.98085	.047	26.508	1	314
3	.687[c]	.473	.467	11.62758	.034	20.370	1	313
4	.694[d]	.481	.475	11.55057	.009	5.188	1	312

Note. Constant is included in all models.
[a] S-I Pathology
[b] S-I Pathology, Internalized Shame*Paternal Rejection
[c] S-I Pathology, Internalized Shame*Paternal Rejection, Age
[d] S-I Pathology, Internalized Shame*Paternal Rejection, Age, Maternal Control

At step one separation-individuation pathology entered the equation by explaining 39.1% the variance, $F(1,315) = 202.067$, $p < .001$. At step two, interaction of internalized shame and paternal rejection entered the model and explained an additional 4.7% of the variance, $F(1,314) = 122.469$, $p < .001$. At the third step, age contributed to the model by explaining an additional 3.5% of the variance, $F(1,313) = 93.472$, $p < .001$. Age acts as a suppressor variable in this model, as the linear relationship between age and self-sacrificing nature is not significant. In other words, controlling age might be acting as a facilitator for the explanatory power of other variables, thus making its contribution to the model significant. Maternal control entered in the equation at the last step by explaining an additional 0.8% of the variance, $F(1,312) = 72.339$, $p < .001$.

The coefficients for each significant predictor are presented in Table 3.11. It is observed that the scores of self-sacrificing nature increase by .157 for each unit of increase in separation-individuation pathology, by .206 for each year of increase

in age, and finally by .453 for each unit of increase in of maternal control. The comparison of the standardized coefficients indicate separation-individuation pathology as the strongest predictor, followed by the internalized shame and paternal rejection interaction. Maternal control appears to be quite weak predictor of self-sacrificing nature

Table 3.11 *Coefficients of the Significant Predictors of the Stepwise Regression Analysis Predicting Self-Sacrificing Nature Aspect of Self-Defeating Interpersonal Style*

	B	B SE	Beta	t.	Sig.
Constant	-6.799	3.780		-1.799	.073
S-I Pathology	.157	.016	.490	9.574	.000
Internalized Shame*Paternal Rejection	.004	.001	.313	6.114	.000
Age	.206	.045	.205	4.579	.000
Maternal Control	.453	.199	.097	2.278	.023

3.3.3. A Summary and Comparison of Predictors of Different Aspects of Self-Defeating Interpersonal Style

Separation-individuation pathology appeared as a strong predictor for the overall pattern of as well as insecure attachment, undeserving self-image, and self-sacrificing nature aspects of self-defeating interpersonal style. Similarly, Internalized Shame appeared as a significant predictor for all, as a direct contributor to the overall self-defeating pattern as well as undeserving self-image and insecure attachment aspects; and as an indirect contributor through its interaction with paternal rejection to the overall self-defeating pattern as well as undeserving self-image and self-sacrificing nature. Only aspect that did not demonstrate this interaction pattern was insecure attachment; possible indicating that paternal

rejection was not associated with insecure attachment either directly or via shame. Instead, paternal control appeared as a significant predictor of insecure attachment, while failed to do so for other aspects of the overall pattern. Similarly, perceived parental conflict rating and current relationship status were significant predictors of insecure attachment aspect, but not of underserving self-image aspect or self-sacrificing nature aspect or the overall self-defeating style. Maternal control on the other hand was a significant predictor only for the self-sacrificing nature. Lastly, age appeared as a weak positive predictor of the overall self-defeating pattern as well as undeserving self-image -indicating a change in its negative associations when assessed independently-, while as a suppressor for self-sacrificing nature. These suggest most of the variables included in this study are common correlated of age and self-defeating style, thus their association is dependent on as well as determinant of the variances accounted for other variables.

CHAPTER 4

DISCUSSION

This study aimed at examining the relationships between relational masochism, separation-individuation pathology, and parental rejection and parental control. The role of internalized shame was also explored in relation to other variables. In this section, the findings will be discussed in regard to the existing literature which will be followed by a presentation of clinical implications based on these findings. Furthermore, limitations of the current study and recommendations for future research will be provided.

Here, clarifying a terminological issue will also be beneficial. As aforementioned, terms masochism and self-defeating have been used interchangeably in the psychoanalytic literature although from certain perspectives these two were taken as separate concepts: masochism mostly referring to a sexual perversion and self-defeating as an umbrella term for self-destructive behavior. In this study, relational masochism has been defined and used as a term referring to a self-defeating relational style which was assessed with Self-Defeating Interpersonal Style Scale. In this section, the variable of self-defeating interpersonal style will be referred as relational masochism.

4.1. RELATIONAL MASOCHISM AND SEPARATION-INDIVIDUATION PATHOLOGY

Another hypothesis of the present study expected relational masochism to be associated with separation-individuation issues. The results supported this suggestion since separation-individuation pathology was found to be a predicting factor for all aspects of relational masochism.

Separation-individuation pathology is defined to be related to enmeshment in close relationships, splitting self and others into all-good and all-bad parts, intolerance for being alone, manipulating the partner for one's own needs by coercion and problems in object constancy. These issues are also discussed in literature to be associated with masochistic pathology.

Splitting has been mentioned as a major component in the borderline pathology in the literature (Kernberg, 1995). However, more emphasis should be put on its relationship with masochism. Splitting is a result of the ambivalence towards the objects and an unresolved integration of good and bad during the separation-individuation phase which is discussed to be an important aspect in masochistic pathology. The masochistic splitting is characterized with keeping the inner representation of self as all-bad and of other as all-good with the aim of staying connected to the needed object and avoiding the threatening anxiety of separation (Meyers, 1989). The aim of the masochist to keep the tie to the object is also discussed as an underlying factor in the omnipotent control of the other. The fantasied omnipotence in relationships where the masochist keeps themselves as responsible for each and every outcome is also explained as an effort to avoid isolation and complete withdrawal (Novick & Novick, 1991).

The link between separation-individuation and relational masochism can also be discussed through the specific subphases defined in Mahler's (1967) theory. To start with, masochistic pathology was discussed in relation to issues around symbiosis (Glickauf-Hughes & Wells, 1997). Due to an insufficient symbiotic bond in early relationship with the mother, the individual is left excessively dependent on later relationships and has difficulty in trusting the other.

Furthermore, masochism was also considered to be linked with issues in practicing subphase (Gagnier & Robertiello, 1993). During this phase, the child begins their first attempts at distancing while still staying close to the caregiver. When the child is not able to practice autonomy, the base for a resolution of the conflict between fear of merger and separation cannot be founded. Moreover, the findings also support the formulation of masochism as a rapprochement related issue (Cooper, 1989). The fantasied omnipotence of the masochistic individual in relationships, may be explained through the wrecked competency during the rapprochement subphase as discussed in detail above. Lastly, masochism was defined to be a disturbance of individuation (Johnson, 1985), characterized with a heightened dependency for external sources for mirroring and self-esteem. Accordingly, Benjamin (1986) and Elise (2012) also suggested masochism as a

pathology of desire meaning that the individual was not able to explore and define their wants and choices in life which define oneself as a separate agent.

Separation-individuation phase is a formative process for the self in which whether one is a separate agent or not is defined in relation to the caregiver. This early definition of the self has a crucial determining quality for character since it interacts with physical, affective, cognitive and social dimensions of development. This quality is also supported by the findings since masochistic pathology has strong and inherent self-definitive and relational statements such as "I am bad and not worthy of love".

Furthermore, by focusing on the experiences in current relationships, separation-individuation pathology variable in this study can be methodologically considered as the implicit outcome of the perceived parenting variable. Thus, separation-individuation pathology may represent early parenting practices even better than the consciously remembered parenting experiences of the individuals which is supported by the findings in which separation-individuation is the main predictor of relational masochism, surpassing perceived maternal rejection.

To conclude, the issues related in separation-individuation was found to be a major predicting factor for relational masochism. Due to the unresolved issues in this phase, the masochistic individual is not able to overcome their fear of merger in close relationships and moreover, cannot form a separate sense of self without a fear of disconnection and object loss. This conflict deters the ability to form secure close bonds for the individual which paradoxically obstructs separation, leaving the familiar and exploration of the outer world.

4.2. RELATIONAL MASOCHISM AND PARENTAL REJECTION

4.2.1. Relational Masochism and Maternal Rejection

The first hypothesis of the present study expected a relationship between maternal rejection, characterized by ignorant or hostile attitude, and relational masochism. As expected, a positive correlation was found between relational

masochism and mother's rejection, in parallel to the literature. Furthermore, the components of relational masochism that are insecure attachment, undeserving self-image, and self-sacrificing nature were found to be correlated with perceived maternal rejection. However, maternal rejection was not found to be a significant predicting factor in any models of relational masochism. For a more detailed understanding, this association will be discussed based on the different aspects of relational masochism.

In the current study, findings supported the positive association between maternal rejection and insecure attachment. Maternal mistreatment and deprivation were discussed in the literature as laying a base for future masochism. The mother's rejecting attitude towards the child which may be characterized as acting hostile or uncaring, causes the child's attachment security to be threatened. Establishing and maintaining a secure attachment bond is accepted as a primary need for the human baby. When this bond is perceived to be threatened or disrupted, the infant would try harder to approach and obtain the love of the primary object and re-establish the lost safety (Harlow & Harlow, 1971). If a secure attachment bond is not achieved in early relationships, the individual is likely to develop an insecure attachment style, characterized by separation anxiety in relationships (Ainsworth, et al., 1978). The individual is not able to trust the bond and becomes preoccupied with a potential loss of the object.

Mother's perceived rejection was also found to be predicting the individual's self-image as undeserving in the present study. This finding is also in line with the literature, which indicates to the process of gaining self-worth in the early relationship with the mother. When the mother is unresponsive or misattuned to the child's needs, the child develops a negative sense of self (e.g. Kohut, 1971, Beebe & Lachman, 2014). The self-image of the child depends on the mother's attitude towards them and their first bodily, sensational experiences. When these early experiences are not regulated enough by the primary caregiver by being cold or not-holding, the child's self-image would be constructed as negative that they experience themselves as unworthy of care and love (Schore, 1998). The lack of admiring and approving looks from the mother debar the child from developing a

healthy and positive sense of self. The individual's feelings of unworthiness and undeservingness may also be perceived to be a defense mechanism of turning against self, splitting or introjection aiming at the preservation of the needed object as all-good. By keeping the self as all-bad, the good inner representation of the object is protected, and their neglect or hostility are justified. The masochistic tendency to stay in relationships or conditions that are painful, is mostly based on this process (e.g. Berliner, 1958; Glickauf-Hughes & Wells, 1997). By turning the aggression against the self or introjecting the sadism of the object, one protects the bond and stays in that relationship by believing that in the first place, they are the one who does not deserve better treatment.

Having a self-sacrificing attitude in relationships is also suggested to be characteristic of relational masochism and related to issues in the early relationship with the mother, which was supported by the present study finding of a significant positive correlation. Self-sacrificing nature in this study is conceptualized as unassertiveness and excessive sacrificing of one's own needs in relationships. The threatened attachment security as a result of the mother's rejecting attitudes is tried to be repaired by sacrificing one's own needs. This pattern of relating is re-enacted in future relationships by acting submissive and putting away own needs in order to protect the bond with the object since submission and sacrificing are learned to be the only conditions for attachment maintenance in early relationships (e.g. Glickauf-Hughes & Wells, 1991; Katz, 1990; Kernberg, 1988; Menaker, 1956; Stark, 2000).

As mentioned above, although all the associations are in the expected direction, when other aspects of parenting, shame, separation-individuation, and background characteristics are controlled, maternal rejection fails to explain a noteworthy amount of unique variance in relational masochism. This might be due to the fact that maternal rejection is an underlying factor that determines many aspects of personality development, including shame and separation-individuation. Thus, any individual difference observed in such constructs might also be considered as outcomes of maternal acceptance or rejection. In building advanced

models attempting to explain relational masochism, this complexity of the associations among parenting and personality aspects should be taken into account.

4.2.2. Relational Masochism and Paternal Rejection

Another hypothesis of this study expected an association between paternal rejection and relational masochism which was supported by the findings. In line with the existing literature, paternal rejection was found to be associated with relational masochism and also as a predicting factor for relational masochism and its components of undeserving self-image and self-sacrificing nature. An interaction effect of paternal rejection and internalized shame was also found to be predicting relational masochism which will be discussed in the next section.

Father's rejecting attitudes towards the child have been discussed as a determinant of future masochism (Benjamin, 1986; Chabert, 2019). When the father is not involved in the caretaking process of the child, the needed identification with the father becomes impossible. The child needs to be approved and accepted by the father and announced to "be like him" for a healthy development of self. When the identification process with the father is hindered in early years of life due to father's rejecting attitudes or absence, the individual seeks for father-like rejecting figures for a compensation which ends up with disappointment (Benjamin, 1986). The masochistic pattern of suffering but not leaving the relationship may then be interpreted as an attempt to obtain the acceptance of the object in order to identify with the idealized love object (Benjamin, 1986; Stark, 2000).

Paternal rejection is also found to be a predicting factor for the specific aspects of relational masochism: undeserving self-image and self-sacrificing nature. These findings may be discussed in a similar vein as around failure in paternal identification. The father's role in the conventional family is characterized by being assertive and autonomous. When the identification with the father is halted, these traits may not be internalized by the child (Benjamin, 1986). Thus, the individual may have an injured agency and a sense of weakness, which is the

essence of masochistic submission. A failure in owning the traits of being autonomous, assertive and active, the individual may act passive and submissive in relationships, characterized by a self-sacrificing attitude and feelings of unworthiness for the better in life.

Furthermore, the availability of the father is indicated to be essential for the separation-individuation process to be achieved. The father symbolizing the outer world as a secondary attachment figure for the child is vital for the child to process and get over the fear of re-engulfment with the mother. When the father is not available for the child to connect, the separation-individuation process is also disturbed. The paternal function has been also associated with the restrictions of reality (Chasseguet-Smirgel, 1991), faced during the separation-individuation phase. Normally, the magical infantile omnipotence is supposed to be left gradually during separation (Mahler, 1967). However, when the father, who is usually the first alternative relationship outside the symbiotic bond with the mother, is ignorant or rejecting, the omnipotence of the infant may be destroyed acutely. An injured omnipotence, and thus disturbed self-esteem, is discussed in relation to masochism in the literature (e.g. Cooper, 1989; Novick & Novick, 1991; Stolorow, 1975). This link is also elaborated by the suggestion that a masochistic stance and omnipotent fantasies in life are attempts at destruction of the paternal reality due to rage of the lost omnipotence (Chasseguet-Smirgel, 1991; Novick & Novick, 1991). The individual may try to make the impossible possible by a masochistic delusion and self-sacrifice in order to regain the omnipotence that is lost to the restricting and rejecting paternal reality and to avoid feelings of helplessness.

Based on the existing literature, it was also hypothesized that paternal rejection will have a stronger association with women's masochism compared to men's. Although a slight difference in the expected direction was found, it was not significant. This may be due to the insufficient number of male participants in this study as well as gender's possible interaction with other variables which indicates that further analyses may benefit a better explanation of the issue.

4.3. RELATIONAL MASOCHISM AND INTERNALIZED SHAME

An interaction effect of paternal rejection and internalized shame on relational masochism was found in the present study. This interaction effect as a predictor was also observed for other dimensions of relational masochism except insecure attachment, that are undeserving self-image and self-sacrificing nature. Rather, internalized shame was found to be a predictor for insecure attachment without an interaction with paternal rejection. Further analysis of mediation also revealed a partial mediating effect of internalized shame between paternal rejection and relational masochism which was supportive of the hypotheses.

This finding parallels the literature on masochism in which the role of the oedipal defeat and the resultant shame is pointed out as underlying factors in masochism. Shame is feeling oneself as inferior, inadequate and stems from falling behind one's ego-ideal. Narcissistic injuries in early relationships with both parents are discussed as the root of internalized shame feelings. Elise (2012) put emphasis on the unrecognized erotic relationship between the mother and the daughter as the first root of a deflated sense of self which is doubled by the second oedipal defeat experienced in the relationship with the father. This formulation is supported by the findings of the partial mediation effect of internalized shame between paternal rejection and relational masochism. Furthermore, the father's rejection of the child is a contributor to feelings of inadequacy as suggested by Benjamin (1986) since it deprives the child of an identificatory object as mentioned above. This interaction effect of paternal rejection and internalized shame may also be interpreted through the idea of paternal reality. Since the relationship with the father also symbolizes the first encounter outside the symbiotic relationship with the mother and the real world, which is arrived after the first attempt at separation and assertion, a rejection in this first encounter will deflate the child's will and desire. The rejection thus deflates the child's sense of self and lays a foundation for masochism in which one submits to another's desire.

4.4. RELATIONAL MASOCHISM AND PARENTAL CONTROL

In the present study maternal control was hypothesized to be associated with relational masochism. Maternal control was found to be associated with and also to be a predicting factor for self-sacrificing nature which parallels the existing literature.

Mother's controlling behaviors towards the child is discussed to be an important factor in development of masochism in psychoanalytic literature. The mother of the masochist was described as one who needs to be in control and to dominate (Blum, 1993; Menaker, 1953, 1969; Panken, 1973). In order to adapt to the mother's need to control and to meet her demands, the child may adopt a complying and a submissive attitude. Controlling parenting deters the child from practicing autonomy. Erikson (1950/1993) suggested that an allowing and encouraging parenting is necessary for the child to practice their independency during early years of life. When child's attempts are inhibited or dominated by the demands and rules of the mother, the child feels as if they are incapable and inadequate. Controlling parenting thus hinders the process of separation and individuation of the child by debarring them from a sense of competency and independency. When the individual has not had the chance to explore their preferences and desires in order to meet the mother's orders, they may tend to repeat similar forms of relating in the future, by submitting to a domineering partner by putting away their own desires and needs as well as a sacrificing one's autonomy.

As hypothesized, father's perceived control was also found to be correlated with relational masochism. Paternal control was also found to be a significant predictor of insecure attachment aspect of relational masochisms, but not for other aspects. The father's controlling and restricting behavior may hinder the process of becoming an autonomous agent as well as assertiveness which paves the way to masochistic patterns of relating. Benjamin (1986) elaborates this process by the father's dominance in relation to the child. When the child is not accepted and inhibited in their relationship to the father, they experience themselves as passive object to the active agent-father's desire.

Comparatively, maternal and paternal control were not significant predictors of overall relational masochism, but as mentioned above, maternal control significantly predicted self-sacrificing nature and paternal control significantly predicted insecure attachment aspects of relational masochism. Keeping the observational nature of these findings in mind, it might be suggested that the maternal control acts through the formation of the false self as the only way to keep the tie to the object (Menaker, 1969) and the paternal control acts through threatening or failing to compensate for the security of the bond.

4.5. RELATIONAL MASOCHISM AND BACKGROUND CHARACTERISTICS

In the current study, the results indicated a negative correlation between age and relational masochism although not hypothesized. However, in contrast to the correlation analysis results, age was found to be a significant predictor in regression models with an increasing effect on relational masochism and its aspects of undeserving self-image and self-sacrificing nature. This finding is important due to its reference to the interrelatedness of variables and their complex relationship. The increasing effect of age on relational masochism can be interpreted as a result of the changing family practices in Turkey over time. Sunar (2002) reported that independence of children is increasingly encouraged across generations which is anticipated to bring along an individualizing trend. By this means, promotion of obedience and dependency to parents that is a cultural characteristic of traditional Turkish families (Kağıtçıbaşı, Sunar, & Bekman, 2001) is also decreased, which might anticipate a decline in the dominance-submission patterns in future relationships of children. Thus, the association between age and relational masochism in the current study might be explained with this decreasing trend in parental control over generations in Turkey since parental control and encouragement of individuation are discussed as important determining factors in relational masochism in the literature.

Another finding indicates to a significant difference in relational masochism levels between higher and lower levels of income. This finding may be again explained through the differences of parenting practices among different socioeconomic groups. It was reported that families of upper classes have a more democratic attitude in child rearing (Fişek, 1982 as cited in Sunar, 2005), which may promote more healthier relating patterns.

Furthermore, a significant difference for relational masochism levels were found among single individuals and married or divorced individuals. Single individuals were found to have higher levels of relational masochism even when the effect of age is controlled. The difference found among these groups' relational masochism levels may also indicate to a difficulty in forming and maintaining long term relationships due to insecure attachment patterns and feelings of undeservingness for a healthy and supportive relationship of individuals who are high on masochism. Being single is shown to be related to higher levels of depression, anxiety, negative parenting experiences in childhood and psychological distress in the literature (Gove et al., 1983; Kessler & Essex, 1982; Schachner et al., 2008). This positive effect of marital status is explained through the emotional and economic support marriage provides, which decreases psychological distress of individuals (Ross, 1995). However, individuals with self-defeating patterns are also mentioned to have a hard time accepting and relying on support (Glickauf-Hughes & Wells, 1991) which may explain the association between relationship status and relational masochism.

Another finding was that individuals who have lost one of their parents have lower scores of relational masochism. While interpreting this finding, it should be noted that the number of participants who have experienced parental loss in this sample were low. Still, the observed difference might be due to several reasons. Loss of a parent may have various psychological effects and meanings for the individual such as a loss of a love object, a narcissistic injury or a traumatic experience (Palombo, 1981). However, these experiences and meanings given are bound to many other factors such as the individual's age at parent loss, level of cognitive development or other characterological and social factors (Palombo,

1981). Due to the complexity of other factors, any explanation for this association would be reductive here and the issue requires further research.

4.6. CLINICAL IMPLICATIONS

Masochistic patients have been referred to as difficult and frustrating to work with by many authors (e.g. Meyers, 1989; Pestrak, 1991) due to their self-defeating nature both in life and in the transference-countertransference relationship. Freud was quite pessimistic about and suspected the analyzability and prognosis of masochistic patients by suggesting that they are prone to negative therapeutic reaction characterized with exacerbation of symptoms and a strong resistance against progress as a result of a correct interpretation. Freud (1924/1961, 1937) discussed masochistic patient's negative therapeutic reactions to be related to their unconscious need for suffering and punishment due to their guilt feelings and also to the death instinct. Other theorists focused on the function of clinging to suffering in transference relationship by claiming it to be an effort to preserve the ties to the early relationships (Berliner, 1958; Asch, 1976). In this section, possible implications for working with masochists will be discussed in reference to the findings of the current study.

The current study took masochism as a relational pathology and focused on its roots in the early relationships. In line with the literature, separation-individuation issues have been found to be an important predicting factor in relational masochism. The practicing, rapprochement, and individuation subphases have been discussed to be disturbed for the masochist in the literature which lay base to the masochistic omnipotent fantasy of control, splitting, and a disturbed sense of agency. In order for the unresolved separation-individuation issues to be worked through, the therapist's caring and holding as well as encouraging attitude is important. It is crucial for the patient to re-experience the separation-individuation phase in a secure environment where attempts at building a separate sense of self is not a threat to the attachment bond. Here, the therapist's encouraging attitude towards the patient's agency is necessary just as a mother-bird's push to

the nestling for its first fly. Furthermore, Meyers (1989) suggested that clinging to pain and pain-inducing choices might be seen as attempts at individuation. Although witnessing and not being able to prevent these self-defeating behaviors of the patient is challenging for the therapist, she suggests that it is important to let the patient do their own choices and learn from experience instead of re-enacting the controlling attitude of the parents. From this point of view, the negative therapeutic reaction of the patient may be interpreted not only as an attempt at preserving the tie to past objects but also at separating and individuating. This paradox may be seen as a resemblance of the negativism of the child during the separation-individuation phase, stuck between the fear of re-engulfment and terror of separation. It is vital for the patient to experience that their success or pleasure do not threaten the relationships, or their aggression does not destroy the bond with the therapist. By this means, the patient may use the therapeutic relationship as a secure base and start exploring without a fear of object loss (Meyers, 1989).

In line with the literature it has been supported that rejecting parenting, especially paternal rejection is a predicting factor in relational masochism. This issue may reveal itself in the transference-countertransference relationship by the therapist as a paternal function, becoming a rejecting figure. This may be considered as a re-enactment of the early rejecting paternal figure and the rejected child dynamic, which may foster the underlying shame feelings of the patient. Thus, it is important for the therapist to be aware of this potential sadomasochistic re-enactment in the clinical setting. Besides, the role of the paternal rejection and its effects in the undeserving self-image and self-sacrificing nature as well as the shame feelings should be addresses in the therapeutic work.

The present study supported the importance of shame feelings in masochism. Shame is a strong affect which may be difficult to see and address since it both stems from feelings of inferiority and helplessness and at the same time defend oneself from further damage. However, it is important to make feelings of shame effable in order to eliminate its negative effects in the therapeutic process. The therapist should be careful not to induce shame to the masochistic patient by being rejecting, since shaming and self-deprecating is already a painful component

of masochism. Here it is again important for the therapist to be non-judgmental and accepting and to avoid participating in the patient's self-attacks. In this way, the internalized shame feelings of the patient can be worked through in an accepting environment and become differentiated from its early roots in parental rejection. Berliner (1958) also suggested that it is important to differentiate the hostility of the patient towards themselves with the hostility of the parents which means the focus of the therapeutic work should be on the introjective defenses of the patient. Here, it is crucial to remember that shame feelings both disrupt the relationships by a withdrawal and at the same time aim at a restoration. The function of the patient's shameful and submissive self should also be addressed with a reference to underlying needs of staying connected. Furthermore, it is important to remember that the masochist's need is to be freed of the shame of the true self and be seen, recognized, and accepted (Ghent, 1990). Hence, the need for a recognition may be emphasized in the therapeutic relationship while avoiding an early revelation or a judgmental stance which will allow the patient to transform the masochistic submission into a healthy surrender.

The masochistic patient should experience in the therapeutic relationship that connecting with the other without suffering, self-sacrificing or owning a submissive role is also possible (Berliner, 1958; Meyers, 1989). Only by this means, the patient may experience a relational freedom where they connect with the other on equal footing and transcend the complementarity of sadomasochism (Benjamin, 1988) or in other words, move beyond a pattern of "doer-and-done-to" in relationships (Benjamin, 2004).

4.7. LIMITATIONS AND FUTURE DIRECTIONS

The first limitation of the present study that self-report measures were used which may hinder the process of recruiting data without the social desirability effect. Besides, unconscious processes and constructs are hard to assess by self-report measures. In this sense, assessing issues such as relational masochism and internalized shame, even perceived parental acceptance-rejection may be affected

by the potential defensiveness of the participants. Furthermore, the scale used for assessing parental acceptance-rejection was a retrospective one which comes with the disadvantage of recall biases. The quality of early relationships with parents are not able to be captured in detail with quantitative measures. Qualitative and longitudinal methods may be useful in future studies in order to assess the effect of parenting styles to future relational masochism.

Another limitation of this study is that the sample consisted of highly educated females with high to middle levels of income which decrease the generalizability of the findings to the population. It also limits the ability of the study to assess possible gender differences in relational masochism. Future research on the issue may focus on the possible gender differences and how the associations between parental acceptance-rejection, separation-individuation, internalized shame, and relational masochism operate for women and men. Due to the insufficient number of male participants, a robust comparison between genders was not possible in the current study. However, the literature of masochism has several references to potential gender differences which stem from sociocultural as well as developmental factors. A further examination of these issues and the gender related issues will be beneficial to be examined in future studies.

Here, it is also crucial to mention age which was found as a suppressor variable in this study. In future studies, effect of age might be considered to be controlled for a better understanding of the contributor factors in masochism and their interrelatedness.

In the current study, developmental factors contributing masochistic tendencies were taken into consideration with a focus on early relationships of the individuals. In addition to the early relationships with the parents, individuals' current social support systems and other resources that enhance healthier relating patterns would also be beneficial to investigate for future studies, in order to assess possible complex associations of contextual factors with personality tendencies.

In addition, statistical analyses used in this study are correlation and regression. Although these analyses enable to observe the associations and potential predictors of variables, they do not infer causality. Furthermore, although a partial

moderation model was investigated for relational masochism, further investigation of its components of insecure attachment, undeserving self-image and self-sacrificing nature may provide better explanation.

Several perspectives are needed in order to understand masochism and its complex layers. This study takes an object relational and self-psychology perspective and focuses on masochism's function of maintaining the tie to the object as well as protecting the self from further damage. These theoretical assumptions were supported by the findings. Further investigation of self-defeating patterns of relating with in-depth interviews and its associations with other constructs will be beneficial for a better understanding and empirical examination of psychoanalytic formulations of masochism.

CONCLUSION

This study aimed at an investigation of relational masochism and its associations with separation-individuation pathology, internalized shame, and perceived parental rejection and control. The findings were supporting the existing literature on masochism that issues regarding the separation-individuation phase as well as parental rejection and control were found to be predicting factors of relational masochism. Furthermore, internalized shame was found to be a partial mediator between paternal rejection and relational masochism which highlights the role of early experiences with the father in future self-defeating patterns of relating. The current study is the first to examine relational masochism empirically and was able to provide evidence for the importance of both the preoedipal and oedipal factors in development of masochism which brings along crucial clinical implications in working with masochistic patients.

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APPENDICES

Appendix A: Informed Consent Form

Sayın Katılımcı,

Bu araştırma, İstanbul Bilgi Üniversitesi Psikoloji Bölümü öğretim üyesi Dr. Öğr. Üyesi Alev Çavdar Sideris'in akademik danışmanlığında, Klinik Psikoloji Yüksek Lisans Tezi kapsamında Oya Masaracı tarafından yürütülmektedir. Çalışma, çocukluk döneminde ebeveynlerle olan ilişkilerin yetişkinlik döneminde kurulan ilişkiler ve birtakım duygular ile ilişkisini anlamayı amaçlamaktır.

Araştırmaya katılım tamamen gönüllülük esasına dayalıdır. Sizden beklenen, tüm soruları eksiksizce ve içtenlikle cevaplamanızdır. Anketin tamamlanması yaklaşık 25-30 dakika sürmektedir. Çalışmanın herhangi bir noktasında bir gerekçe belirtmeden çalışmadan ayrılabilirsiniz.

Çalışma esnasında sizden bazı demografik bilgiler alınacak ancak kimliğinizi belirleyecek hiçbir bilgi sorulmayacaktır ve cevaplarınız araştırmacılar dışında kimseyle paylaşılmayacaktır. Veriler toplu halde değerlendirilecek ve yalnızca bilimsel yayın amacıyla kullanılacaktır.

Çalışmaya katılım sonucunda herhangi bir olumsuz etki beklenmemektedir ancak araştırma ile ilgili sorularınız olursa araştırmacı ile iletişime geçebilirsiniz. Zamanınız ve katkılarınız için çok teşekkürler.

Oya Masaracı
(telefon, e-posta)
İstanbul Bilgi Üniversitesi

☐ Katılımcı izin formunu okudum. Bu bilgiler doğrultusunda çalışmaya katılmayı kabul ediyorum

Appendix B: Self-Defeating Interpersonal Style Scale

Aşağıda bazı duygular ve deneyimler hakkında bir dizi ifade yer almaktadır. Lütfen ifadelerin sizi ne kadar yansıttığını ifadelerin yanına 1 ile 10 arasında bir sayı yazarak belirtin. (1=Hiçbir zaman, 5=Bazen, 10=Her zaman). Sorular üzerinde çok durmadan ilk aklınıza gelen derecelendirmeyi yapın.	
1. Başıma iyi bir şey geldiğinde bunu hak etmediğimi hissediyorum.	
2. Başıma kötü şeyler geldiğinde bunu hak ettiğim duygusuna kapılıyorum.	
3. Başkalarının bana gerçekten yakınlaşmalarına izin verirsem beni reddedeceklerinden korkarım.	
4. Başkalarının bana karşı hissediyor olduğu küçümsemeyi hak ediyorum.	
5. Başkalarının benden yararlandığı olmuştur.	
6. Başkalarının desteğini kabul etmekte zorluk yaşarım.	
7. Başkalarıyla ilişkilerimden keyif almayı hak etmiyorum.	
8. Başkalarıyla ilişkilerimle ilgili bana güvence verilmesine ihtiyaç duyarım.	
9. Beni bir şekilde istismar eden yakınlarım oldu.	
10. Beni hayal kırıklığına uğratan durumları seçiyor gibiyim.	
11. Benim için en iyi olanı gözetmeyen insanları hayatımda tutarım.	
12. Değerli bir insanım.	
13. Deneyimlediğim kötü şeyleri tekrar hatırlamaya eğilimim var.	
14. Eğer yakınımdakilere sıkıca tutunmazsam beni terk ederler.	
15. En az diğer insanlar kadar iyi olduğuma inanmıyorum.	
16. Hayatımdaki insanların beni terk etmelerinden endişe duyarım.	
17. İlişkilerimde bana kötü davranılmasını hak ediyorum.	

18. İlişkilerimde kendime fazla kafayı takarım.	
19. İlişkilerimde kendimi güçsüz hissederim.	
20. İlişkilerimde kendimi güvende hissederim.	
21. İlişkilerimden pek keyif alamıyorum çünkü bunu hak etmediğimi hissediyorum.	
22. İlişkilerimi sürdürmek konusunda kaygılıyım.	
23. İlişkilerimin başarısız olmasından korkarım.	
24. İlişkilerimin kötü bir şekilde bitmesinden endişe ederim.	
25. İnsanlar bana karşı eleştirici olmalılar.	
26. İnsanların bana kötü davranmasına göz yummuşumdur.	
27. Kendimi değerli hissetmem için başkalarının ilgisine ihtiyacım var.	
28. Kötü bir durumda olduğumda başkalarından yardım kabul etmem.	
29. Kötü ilişkilerde kalmam gerekenden daha uzun kalmaya eğilimim var.	
30. Mutlu ilişkileri hak ediyorum.	
31. Partnerimi bana karşı olan gerçek duygularına dair sorgularım.	
32. Partnerimin beni terk etmesinden korkarım.	
33. Sıklıkla partnerimi hüsrana uğrattığımdan endişelenirim.	
34. Yapmadığım şeyler hakkındaki suçlamaları kabul ettiğim oldu.	
35. Yaptığım şeyler için övgü almamalıyım.	

Appendix C: Separation-Individuation Inventory

Aşağıda bazı duygular ve deneyimler hakkında bir dizi ifade yer almaktadır. Lütfen ifadelerin sizi ne kadar yansıttığını ifadelerin yanına 1 ile 10 arasında bir sayı yazarak belirtin. (1=Hiç katılmıyorum, 5=Kararsızım, 10=Tamamen katılıyorum). Sorular üzerinde çok durmadan ilk aklınıza gelen derecelendirmeyi yapın.	
1. İnsanlar birbirine gerçeten çok değer verip bağlandığında, sıklıkla kendileri hakkında daha kötü hissederler.	
2. Bir kişi, başka birine duygusal olarak aşırı yaklaştığında çoğu zaman kendini kaybolmuş hisseder.	
3. Insanlar birine gerçekten öfkelendiğinde genelde kendilerini değersiz hisseder.	
4. Insanların birine karşı duygusal olarak çok fazla yakınlaşmaya başladıkları zaman, büyük bir olasılıkla incinmeye en açık oldukları zamandır.	
5. Insanlar zarar görmemek için başkaları üzerindeki kontrolü elinde tutmaya ihtiyaç duyar.	
6. İnsanları tanıdıkça değişmeye başladıklarını hissederim.	
7. Hem iyi hem kötü yanlarımı aynı anda görebilmek benim için kolaydır.	
8. Bana öyle geliyor ki insanlar benden ya gerçekten hoşlanıyor ya da nefret ediyorlar.	
9. Insanlar bana karşı çoğu zaman sanki ben yalnızca onların her isteğini yerine getirmek için oradaymışım gibi davranıyor.	
10. Kendimden gerçekten hoşlanmak ile kendimi hiç beğenmemek arasında ciddi anlamda gidip geliyorum.	
11. Kendi başıma olduğumda bir şeylerin eksik olduğunu hissederim.	

12. Içimde bir boşluk hissetmemek için etrafımda başka insanların olmasına ihtiyaç duyarım.	
13. Başka biriyle aynı fikirde olduğumda bazen kendime ait bir parçamı kaybetmiş gibi hissederim.	
14. Herkes gibi ben de, ne zaman gerçekten saygı duyduğum ve hürmet ettiğim biriyle karşılaşsam kendimi daha kötü görürüm, kendimle ilgili daha kötü hissederim.	
15. Kendimi ayrı bir birey olarak görmek benim için kolaydır.	
16. Anne babamdan ne kadar farklı olduğumu fark ettiğim zamanlarda çok rahatsızlık duyarım.	
17. Önemli bir karar almadan önce neredeyse her zaman anneme danışırım.	
18. Diğer insanlarla bağlılık kurup bunun gereklerini yerine getirmek benim için oldukça kolaydır.	
19. Duygusal yönden biriyle yakınlaştığımda ara sıra kendime zarar veriyormuşum gibi hissediyorum.	
20. Ya birini çok sevdiğimi ya da kimseye katlanamadığımı hissediyorum.	
21. Sıklıkla, düşmekle ilgili beni korkutup tedirgin eden rüyalar görürüm.	
22. Gözlerimi kapatıp, benim için anlamı olan kişileri zihnimde canlandırmak bana zor geliyor.	
23. Birden fazla kere nasıl ya da neden olduğunu anlayamadığım şekilde, uykudan uyanır gibi kendimi biriyle bir ilişkide buldum.	
24. Kabul etmeliyim ki kendimi yalnız hissettiğimde çoğunlukla sarhoş olmak isterim.	
25. Ne zaman biriyle kavgalı ya da birine çok kızgın olsam kendimi değersiz hissederim.	
26. En derin düşüncelerimi söyleyip paylaşacak olsaydım içimde bir boşluk hissederdim.	

27. Insanların benden hep nefret edermiş gibi olduklarını hissederim.	
28. Anne-babama ne kadar çok benzediğimi fark ettiğim zamanlarda kendimi çok rahatsız hissediyorum.	
29. Biriyle yakın bir ilişki içinde olduğumda sıklıkla kim olduğum duygusunun kaybolduğunu hissederim.	
30. Başkalarını aynı anda hem iyi hem kötü özelliklere sahip insanlar olarak görmek benim için zordur.	
31. Bana öyle geliyor ki kendim olabilmenin tek yolu diğerlerinden farklı olmaktır.	
32. Duygusal açıdan birine aşırı yakınlaştığımda, benliğimin bir parçasını kaybettiğimi hissediyorum.	
33. Ne zaman ailemden uzakta olsam kendimi çok rahatsız hissediyorum.	
34. Fiziksel yakınlığı ve şefkati almak, kendi başına, ona bana kimin verdiğinden daha önemliymiş gibi olabiliyor.	
35. Bir başka insanı gerçekten iyi tanımak bana zor geliyor.	
36. Bir karar vermeden önce annemin onayını almak benim için önemlidir.	
37. Itiraf etmeliyim ki, başka birinin kusurlarını gördüğümde kendimi daha iyi hissediyorum.	
38. Diğer insanları yakınımda tutabilmek için, içimde onları kontrol etme dürtüsü duyarım.	
39. Itiraf etmeliyim ki birine duygusal olarak yakınlaştığımda, bazen onlara acı çektirme isteği duyarım.	

Appendix D: Parental Acceptance-Rejection/Control Questionnaire-Short Form (Mother Form)

Aşağıda, anne-çocuk ilişkisini tanımlayan ifadeler bulunmaktadır. Çocukluğunuzda annenizle olan ilişkinizi düşünerek, ifadelerin size ne derece uyduğunu işaretleyin. 1=Hemen hemen her zaman doğru 2=Bazen doğru 3=Nadiren doğru 4=Hiçbir zaman doğru değil	Hemen hemen her zaman doğru	Bazen doğru	Nadiren doğru	Hiçbir zaman doğru değil
1. Benim hakkımda güzel şeyler söylerdi.	0	1	2	3
2. Bana hiç ilgi göstermezdi.	0	1	2	3
3. Neyi yapıp neyi yapamayacağımı tam olarak bildiğimden emin olmak isterdi.	0	1	2	3
4. Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	0	1	2	3
5. Hak etmediğim zaman bile bana vururdu.	0	1	2	3
6. Beni büyük bir baş belası olarak görürdü.	0	1	2	3
7. Kızdığı zaman beni çok kötü cezalandırırdı.	0	1	2	3
8. Her zaman nasıl davranmam gerektiğini söylerdi.	0	1	2	3
9. Sorularımı cevaplayamayacak kadar meşguldü.	0	1	2	3
10. Benden hoşlanmıyor gibiydi.	0	1	2	3
11. Yaptığım şeylerle gerçekten ilgilenirdi.	0	1	2	3
12. Bana bir sürü kırıcı şey söylerdi.	0	1	2	3

13. Ondan yardım istediğimde beni duymazlıktan gelirdi	0	1	2	3
14. Ne söyleniyorsa onu aynen yapmam gerektiği konusunda ısrar ederdi.	0	1	2	3
15. Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	0	1	2	3
16. Bana çok ilgi gösterirdi.	0	1	2	3
17. Beni kırmak için elinden geleni yapardı.	0	1	2	3
18. Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu.	0	1	2	3
19. Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi.	0	1	2	3
20. Ne istersem yapmama izin verirdi.	0	1	2	3
21. Bana yaptığım şeylerin önemli olduğunu hissettirirdi.	0	1	2	3
22. Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi	0	1	2	3
23. Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	0	1	2	3
24. Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	0	1	2	3
25. Bana istenmediğimi belli ederdi.	0	1	2	3
26. Ne yaparsam kontrol etmek isterdi.	0	1	2	3
27. Beni sevdiğini belli ederdi.	0	1	2	3
28. Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	0	1	2	3

29. Bana karşı yumuşak ve iyi kalpliydi.	0	1	2	3

Appendix E: Parental Acceptance-Rejection/Control Questionnaire-Short Form (Father Form)

Aşağıda, baba-çocuk ilişkisini tanımlayan ifadeler bulunmaktadır. Çocukluğunuzda babanızla olan ilişkinizi düşünerek, ifadelerin size ne derece uyduğunu işaretleyin. 1=Hemen hemen her zaman doğru 2=Bazen doğru 3=Nadiren doğru 4=Hiçbir zaman doğru değil	Hemen hemen her zaman doğru	Bazen doğru	Nadiren doğru	Hiçbir zaman doğru değil
1. Benim hakkımda güzel şeyler söylerdi.	0	1	2	3
2. Bana hiç ilgi göstermezdi.	0	1	2	3
3. Neyi yapıp neyi yapamayacağımı tam olarak bildiğimden emin olmak isterdi.	0	1	2	3
4. Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	0	1	2	3
5. Hak etmediğim zaman bile bana vururdu.	0	1	2	3
6. Beni büyük bir baş belası olarak görürdü.	0	1	2	3
7. Kızdığı zaman beni çok kötü cezalandırırdı.	0	1	2	3
8. Her zaman nasıl davranmam gerektiğini söylerdi.	0	1	2	3
9. Sorularımı cevaplayamayacak kadar meşguldü.	0	1	2	3
10. Benden hoşlanmıyor gibiydi.	0	1	2	3
11. Yaptığım şeylerle gerçekten ilgilenirdi.	0	1	2	3

12. Bana bir sürü kırıcı şey söylerdi.	0	1	2	3
13. Ondan yardım istediğimde beni duymazlıktan gelirdi	0	1	2	3
14. Ne söyleniyorsa onu aynen yapmam gerektiği konusunda ısrar ederdi.	0	1	2	3
15. Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	0	1	2	3
16. Bana çok ilgi gösterirdi.	0	1	2	3
17. Beni kırmak için elinden geleni yapardı.	0	1	2	3
18. Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu.	0	1	2	3
19. Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi.	0	1	2	3
20. Ne istersem yapmama izin verirdi.	0	1	2	3
21. Bana yaptığım şeylerin önemli olduğunu hissettirirdi.	0	1	2	3
22. Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi	0	1	2	3
23. Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	0	1	2	3
24. Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	0	1	2	3
25. Bana istenmediğimi belli ederdi.	0	1	2	3
26. Ne yaparsam kontrol etmek isterdi.	0	1	2	3
27. Beni sevdiğini belli ederdi.	0	1	2	3

28. Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	0	1	2	3
29. Bana karşı yumuşak ve iyi kalpliydi.	0	1	2	3

Appendix F: Internalized Shame Scale

Değerli Katılımcı, Aşağıda, zaman zaman sahip olabileceğiniz veya uzun zamandır sahip olduğunuz için size tanıdık gelebilecek duyguları veya deneyimleri anlatan ifadelerin bir listesi bulunmaktadır. Her ifadeyi dikkatlice okuyun ve ifadede anlatılanı hissettiğiniz veya deneyimlediğiniz sıklık derecesini işaretleyin. Lütfen hiçbir maddeyi atlamadan ve mümkün olduğunca dürüst bir şekilde yanıtlamaya çalışın.	Hiçbir zaman	Nadiren	Bazen	Sık Sık	Neredeyse her zaman
1. Asla yeterince iyi olmadığımı hissederim.	0	1	2	3	4
2. Bir şekilde dışlanmış gibi hissediyorum.	0	1	2	3	4
3. İnsanların beni küçük gördüğünü düşünürüm.	0	1	2	3	4
4. Genel olarak başarılı olduğumu düşünmeye meyilliyim.	0	1	2	3	4
5. Kendimi azarlarım ve eleştiririm.	0	1	2	3	4
6. Başkalarının benim hakkımdaki görüşleri konusunda kendimi güvensiz hissederim.	0	1	2	3	4
7. Diğer insanlara kıyasla, bir şekilde kendimi asla onlarla aynı derecede görmüyorum.	0	1	2	3	4
8. Kendime karşı daha fazla saygı duyabilmeyi isterdim.	0	1	2	3	4

9. Genelde kendimi başarısız bir kişi olarak görme eğilimindeyim.	0	1	2	3	4
10. Kendime karşı olumlu bir tutum içindeyim.	0	1	2	3	4
11. İnsan olarak bir şekilde kusurluymuşum, sanki bende bir sorun varmış gibi hissediyorum.	0	1	2	3	4
12. Kendimi başkalarıyla kıyasladığımda ben onlar kadar önemli değilim.	0	1	2	3	4
13. Hatalarımın başkalarının önünde ortaya çıkacağına dair çok büyük bir korkum var.	0	1	2	3	4
14. Bazı olumlu özelliklerim olduğunu düşünüyorum.	0	1	2	3	4
15. Mükemmellik için çabalayıp sürekli yetersiz kaldığımı görürüm.	0	1	2	3	4
16. Başkalarının kusurlarımı/eksiklerimi görebildiğini düşünürüm.	0	1	2	3	4
17. Bir hata yaptığımda kafamı duvarlara vurasım gelir.	0	1	2	3	4
18. Genel olarak kendimden memnunum.	0	1	2	3	4
19. Bir hata yaptığımda küçülüp uzaklaşmak isterim.	0	1	2	3	4
20. Bunalana/boğulana kadar olayları tekrar tekrar kafamda döndürürüm.	0	1	2	3	4
21. Kendimi en az diğer insanlar kadar değerli buluyorum.	0	1	2	3	4
22. Bazen bin parçaya bölünecek gibi hissederim.	0	1	2	3	4
23. Bedensel fonksiyonlarım ve hislerim üzerinde kontrolümü yitirmiş gibi hissediyorum.	0	1	2	3	4

24. Bazen kendimi bir bezelye tanesi kadar küçük hissederim.	0	1	2	3	4
25. Bazen kendimi o kadar açıkta/çıplak hissederim ki yer yarılsa da içine girsem isterim.	0	1	2	3	4
26. İçimde dolduramadığım acı veren bir boşluk var.	0	1	2	3	4
27. Kendimi boş ve tatmin edilmemiş hissediyorum.	0	1	2	3	4
28. Kendime karşı olumlu bir tutum içindeyim.	0	1	2	3	4
29. Yalnızlığım daha çok bir boşluk gibi.	0	1	2	3	4
30. Eksik bir şey var gibi hissediyorum.	0	1	2	3	4

Appendix G: Demographic Information Form

1. Yaşınız: _____

2. Cinsiyetiniz
   Kadın
   Erkek
   Diğer

3. Cinsel yöneliminiz
   Heteroseksüel
   Biseksüel
   Homoseksüel
   Diğer

4. Eğitim düzeyiniz (en son bitirdiğiniz okulu işaretleyiniz)
   İlköğretim
   Lise
   Lisans
   Lisansüstü

5. Öğrenci misiniz?
   Evet
   Hayır

   Öğrenci iseniz şu anda eğitim gördüğünüz okul
   Lise
   Lisans
   Lisansüstü

6. Gelir seviyenizi seçeneklerden en iyi hangisi tanımlıyor?

   Alt

   Alt-orta

   Orta

   Orta-üst

   Üst

7. Medeni durumunuz

   Evli

   Bekar

   Boşanmış

   Eşimi kaybettim

8. İlişki durumunuz

   İlişkim var

   İlişkim yok

9. Anneniz

   ( ) Sağ ( )Ölü

   Sağ ise yaşı _____

   Sağ değilse annenizi kaybettiğinizde siz kaç yaşındaydınız _____

   Eğitim durumu:

   Okuma yazması yok

   Okuma yazması var

   İlköğretim

   Lise

   Lisans

   Lisansüstü

10. Babanız

( )Sağ ( )Ölü

Sağ ise yaşı_____

Sağ değilse babanızı kaybettiğinizde siz kaç yaşındaydınız_____

Eğitim durumu:

Okuma yazması yok

Okuma yazması var

İlköğretim

Lise

Lisans

Lisansüstü

11. Ebeveynlerinizin ilişki durumu

Evliler

Ayrı yaşıyorlar

Boşandılar

Boşandılar, annemin bir ilişkisi var

Boşandılar, babamın bir ilişkisi var

Boşandılar, ikisinin de ilişkileri var

Diğer:_____

12. Anne ve babanız ne sıklıkta çatışır(dı)?

Hiç

Nadiren

Bazen

Sık sık

Her zaman

Erken kayıp (ölüm/boşanma/terk) nedeniyle birlikteliklerine hiç şahit olmadım.

13. Anneniz babanıza ne kadar yakın ve ilgili davranır(dı)?

    Oldukça az

    Az

    Çok

    Oldukça çok

    Erken kayıp (ölüm/boşanma/terk) nedeniyle birlikteliklerine hiç şahit olmadım.

14. Babanız annenize ne kadar yakın ve ilgili davranır(dı)?

    Oldukça az

    Az

    Çok

    Oldukça çok

    Erken kayıp (ölüm/boşanma/terk) nedeniyle birlikteliklerine hiç şahit olmadım.

15. Anne ve babanız ne düzeyde anlaşırlar(dı)?

    Hiç anlaşamazlar

    Çoğunlukla anlaşamazlar

    Çoğunlukla anlaşırlar

    Her zaman anlaşırlar

    Erken kayıp (ölüm/boşanma/terk) nedeniyle birlikteliklerine hiç şahit olmadım.

16. Siz de dahil kaç kardeşsiniz? _____

17. Daha önce terapiye gittiniz mi?

    Evet

    Hayır

18. Şu anda terapi süreciniz devam ediyor mu?

    Evet

    Hayır

19. Şu anda terapi süreciniz devam etmiyor ise, ne kadar süre devam ettiniz?

    1 – 2 Ay (1 – 8 seans)

    3 – 6 Ay (9 – 24 seans)

    6 aydan fazla (25 seanstan fazla)

20. Şu anda terapi süreciniz devam ediyor ise, ne kadar süredir devam ediyorsunuz?

    1 – 2 Ay (1 – 8 seans)

    3 – 6 Ay (9 – 24 seans)

    6 aydan fazla (25 seanstan fazla)

21. Daha önce terapiye gittiyseniz veya hala devam eden bir süreciniz varsa memnuniyet durumunuzu belirtiniz.

    Memnun kaldım

    Memnun kalmadım

İstanbul Bilgi University

ETİK ALT-KURUL DEĞERLENDİRME SONUCU

RESULT OF EVALUATION BY THE ETHICS SUB-COMMITTEE

Başvuru Sahibi/Applicant: Oya Masaracı

Başvuru Tarihi/Date of Application: 12.12.2019

Proje Başlığı/Project Title: The Relationship Between Relational Masochism, Shame and Parental Acceptance-Rejection

Değerlendirme Sonucu/Evaluation Result:

Proje program etik alt-komitesi tarafından değerlendirilmiş; herhangi bir değişikliğe gerek görülmemiştir. Proje onaylanmıştır. / Project was evaluated by the program ethics sub-committee; there was no need for revision. The project was approved.

Onay Tarihi / Date of Approval: 19.12.2019

Dr. Öğr. Üyesi Alev Ç. Sideris

İstanbul Bilgi Üniversitesi

Klinik Psikoloji Yüksek Lisans Programı Direktörü