

# AN INVESTIGATION OF THE PSYCHODYNAMIC CONCEPTUALISATION AND TREATMENT OF MORAL MASOCHISM IN SUBSTANCE USE DISORDER

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## Abstract

The current study aimed at investigating the manner in which psychodynamic therapists conceptualise and treat moral masochism in patients suffering from substance use. Therapists' perceptions of the possible role moral masochism play in the cause and perpetuation of substance use and its implications for treatment were explored. Psychodynamic therapists' diverse ways of conceptualising moral masochism were compared and contrasted, and the manner in which they deal with the particular transference challenges faced when treating such patients was investigated. A qualitative methodology was adopted, in which five in-depth, semi-structured interviews with psychodynamic psychotherapists, whose work is informed by diverse psychodynamic theories and who have experience working with Substance Use Disorder, were conducted. Data was analysed by means of Reflexive Thematic Analysis (RTA), in accordance with the guidelines provided by Braun and Clarke (2006, 2016, 2021). The study yielded several key findings, including the existence of common factors linking moral masochism and substance use-related behaviours. Some of these common factors include dependency and feelings of inadequacy, the presence of aggression towards the self and others and the presence of a sense of disconnection and emptiness. Possible motives underlying the behaviours of patients suffering from moral masochism and engaging in substance use were also elicited as themes from the data, which shed light on how patients use such behaviours as coping strategies, defence mechanisms and as ways of achieving a temporary sense of control. Results also elucidate patients' need to expiate guilt, including religious guilt, which participants believed contributes to this behaviour. Essential considerations for therapists treating this patient group were also highlighted, including the relevance of recognising the self-sustaining cyclical nature of morally masochistic and substance use-related behaviours within patients. The key role of considering patients' full biopsychosocial context and how this may be feeding into their behaviours was also highlighted. Implications for treatment of this patient group included helping patients to develop ego strength and an internal locus of control, addressing guilt and helping patients relationally reconnect to themselves and others by encouraging personal growth and helping them to find meaning in their lives. The importance of reflexive practice in order to help navigate specific issues of transference and countertransference was also emphasised.

**Keywords:** *Substance Use Disorder, moral masochism, psychodynamic psychotherapists, reflexive thematic analysis.*

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## 1. Introduction

This study aims to investigate the way psychodynamic psychotherapists conceptualise and treat moral masochism in people suffering from Substance Use Disorder (SUD). It aims to shed light on psychodynamic psychotherapists' understanding of the phenomenon and the forms in which they encounter it in their patients who use substances. It also seeks to explore the manner in which they manage it. The study also endeavours to meet several objectives through this research question. One of these objectives is to compare and contrast the various perspectives of psychodynamic therapists, who subscribe to diverse schools of psychodynamic psychotherapy, on moral masochism. Another objective is the exploration of the particular transference/countertransference-related challenges encountered by psychotherapists within this particular kind of therapeutic relationship. The possible role moral masochism may play in the aetiology and perpetuation of SUD from the perspective of psychodynamic therapists and the implications this may have for treatment is also investigated.

The concept of moral masochism was first conceptualised by Sigmund Freud in his 1924 paper "The Economic Problem of Masochism", in which he described moral masochists as individuals who

experience extreme sensitivity of conscience and moral inhibition that they themselves are not conscious of. Gavin (2010) describes how moral masochists, in effect, become confused victims of both their external environment and their own repetitive behaviour that is causing them to self-sabotage and act against their own better interests. Within this particular study, this phenomenon will be explored when it comes to individuals suffering from Substance Use Disorder, which is defined by the Diagnostic and Statistical Manual of mental disorders (DSM 5-TR, 2022) as “a cluster of cognitive, behavioural and physiological symptoms indicating that an individual continues using a particular substance despite significant substance-related problems” (p. 483). This concept of moral masochism is relevant to study in the context of SUD due to the fact that existing literature has often implicitly linked moral masochism to excessive substance use without the nexus being studied in great detail. For instance, Gavin (2010) discussed the appearance of early relational trauma in the aetiology of both conditions, while Rizzolo (2017) mentioned how people suffering from moral masochism may engage in addictive behaviour due to disavowed narcissistic needs. The goal of studying moral masochism within the context of SUD is to help uncover a deeper meaning and further clarify dynamics behind these individuals’ substance use problems and the relationship that they have with themselves, as observed by the professionals that help them. By attempting to add a layer of depth to professionals’ understanding of the patient-therapist relationship with these particular patients, this study aims to help therapists treat these patients in a more holistic way, leading to more profound and longer-lasting positive change.

## 2. Method

A qualitative research design was deemed the most suitable option for this study due to its focus on eliciting the experience, meaning and perspectives of participants (Hammarberg et al., 2016). Five psychotherapists or psychologists with a background in psychodynamic theory and who have worked with patients who suffer from SUD were recruited for this study via convenience sampling. The rationale behind choosing to investigate this particular research topic from a psychodynamic perspective is due to the fact that moral masochism is a term that was initially coined by the psychoanalytic school of thought, which tends to engage in a more in-depth analysis of the phenomenon. The chosen participants included therapists specialised in different psychodynamic schools, including the object relations and Jungian/depth psychology schools, with two of the participants preferring to take an integrative approach towards therapeutic practice. Each participant took part in an in-depth semi-structured interview which lasted between 60-90 minutes. The method of data analysis chosen for this study was Reflexive Thematic analysis (RTA) as proposed by Braun and Clarke (2006, 2016, 2021). RTA can be defined as a method of analysis and interpretation of patterns across a qualitative dataset through engagement in the process of data coding for the purpose of developing themes (Braun & Clarke, 2021). Following data analysis, the authors elicited six main themes from the data, each theme containing within it its own unique set of sub-themes. These themes and sub-themes are presented in the table hereunder and will be discussed in more detail in the following section of this paper.

## 3. Findings and discussion

*Table 1. Table showing the themes and subthemes elicited from the data.*

Themes	Subthemes
The ego and the self	Dependency
	Splitting
	An inadequate self
Aggression in and out	Rejection of love
	Punishment towards self and other
	Envy
A sense of disconnection	Dissociation
	Existential emptiness
Underlying motives	Coping strategy
	Mechanism of defence
	The quest for control
	Guilt and reparation
	The shadow self
	Religion as fuel for moral masochism
Essentials for therapists	Recognising the self-sustaining cycle
	The importance of personal life history and context

	Different transference-related dynamics within the therapeutic relationship
Growth and transcendence	Mourning as growth
	Strengthening the ego
	Religion as a support system

### 3.1. The ego and the self

Throughout several of the interviews conducted, it became increasingly clear that the ego, its mechanisms and its level of strength play a central role in the origin and perpetuation of moral masochism and substance use in individuals. Low ego strength exhibited by these patients was discussed, together with their tendency towards dependence, the term ego strength referring to one’s capacity for successful psychological adaptation (Karush et al., 1964). Participants mentioned how in certain patients, the ego becomes dependent on “turning against the self” and/or on its drug of choice “to maintain its stability”. This fits well with Gordon’s (1987) and Gavin’s (2010) descriptions of people who engage in moral masochism as compliant, passive, helpless and dependent. Participants who work from an object relations perspective also mentioned how these patients tend to engage in “excessive and aggressive” splitting mechanisms. This brings to mind Klein’s view that during excessive substance use, the substance being used represents good external objects in the absence of good internal objects (Klein, 1946). Participants mentioned how patients suffering from moral masochism and SUD often feel inadequate and “not good enough”, in line with Punzi and Lindgren (2018) and Sigalas’ (2020) reference to the presence of self-contempt and a sense of worthlessness in individuals suffering from substance use.

### 3.2. Aggression in and out

The concept of aggression towards the self or others was often mentioned, echoing Freud’s (1924/1961) view that moral masochism results from the turning inwards of destructive instinct. Love is rejected in both moral masochism and in substance use, with one participant mentioning a notable “twist between Eros and Thanatos, love but painful” in these patients. Another aspect of the presentation of moral masochism and SUD that was discussed was punishment towards self and others. This sub-theme corresponds with Sigala’s (2020) statement that the seemingly compulsive drive towards self-destruction of the person engaging in substance use may indeed be fuelled by a need for self-punishment. When conceptualising these phenomena from an object relations perspective during interviews, the presence of envy was considered an important aspect, especially when discussing the nature of the therapeutic relationship that can arise with such patients. Participants revealed how sometimes patients attempt to damage the therapeutic relationship out of vindictiveness, bringing to light the therapeutic dynamic mentioned by Klein (1957/1975), who postulates that an envious attack might be carried out by the patient against the analysts when their interpretations provide them with relief.

### 3.3. A sense of disconnection

Participants referred to a sense of disconnection in patients, denoted by descriptions such as “detachment from reality”, “derealisation” and “almost like entering a trance state”. There was an emphasis on the importance of clinically assessing these patients’ level of “control”, capacity for “inner reflection” and ability to “remain responsible” during emotionally stressful situations. Existential emptiness was another aspect of disconnection that was discussed as a “primary common trait” between substance use and moral masochism by one participant. They stated how this emptiness has to do with “satisfaction or meaningfulness”, bringing to mind Stein’s (2015) assertion that one way of replacing loss of meaning was to resort to substances.

### 3.4. Underlying motives

The possible motivations behind morally masochistic behaviour and substance use discussed during interviews may provide some indication of aetiology, thus informing the approach that needs to be taken in treatment. The use of moral masochism as a long-term maladaptive coping strategy and defence mechanism was discussed, such as the use of turning against the self “to, consciously or unconsciously, gain pity or privileges” or to “escape and sweep pain under the rug”. Moral masochism and substance use were also explored as attempts for gaining control, resonating with Klein’s idea of the morally masochistic individual employing projection and introjection as a way of attempting to control external aggression and frustration (Socarides, 1958). Guilt and its expiation were also discussed as drivers for both SUD and moral masochism, corresponding with Freud’s (1924/1961) discussion about how excessive ego and superego conflict may give rise to guilt and masochistic pathology, especially in cases where there is a cultural suppression of instincts. This has implications for the Maltese cultural context where the Catholic Religion is often practiced as a means of glorifying turning against the self as a “virtue” by certain scrupulous individuals. In fact, Gordon (1989) and Stein (2015) discuss the manner in which masochism can be seen

as a misfired attempt to fulfil the archetypal need to worship and venerate. This archetypal Jungian shadow aspect was mentioned during interviews with therapists taking a Jungian perspective, with roles such as the “helpless victim” being often observed during therapeutic encounters with both morally masochistic individuals and substance users.

### **3.5. Essentials for therapists**

Throughout the interviews, several issues were discussed that act as important pointers for therapists who work with and treat moral masochism and SUD. One of these is the importance of recognizing the self-sustaining cycle of moral masochism and addiction, which is characterised by maladaptive repetitive patterns of behaviour that often feed off each other, with addiction leading to self-sabotage and self-sabotage leading to addiction as a way of seeking relief. This highly correlates with what Freud termed the repetition compulsion, a term referring to patients’ compulsive, repeated exposure to situations resembling their original trauma (Gavin, 2010). Fear of or the unwillingness to change were also discussed as factors that can keep people stuck in this vicious cycle. The different kinds of transference-related dynamics that arise in the therapeutic relationship and their relevance when it comes to helping these particular patients was also discussed, together with the ways in which different participants dealt with these kinds of therapeutic challenges. Transference-related issues that were discussed during interviews include the arising of anger within the countertransference and the arising of helper-victim dynamics within the therapeutic relationship, both of which could potentially impede therapeutic progress.

### **3.6. Growth and transcendence**

Throughout the interviews, therapists explained the various ways in which they attempt to help individuals transcend and relinquish SUD and morally masochistic behaviours, informed by their own theoretical background and clinical experience. Helping patients learn how to mourn and deal with loss emerged as a possible path towards growth, as this may help patients learn from experience and change their undesirable patterns of doing and being. A focus was also placed on the importance of assessing and strengthening the ego of these patients as participants stressed that the depth of what can be approached in therapy without harming the patient greatly depends on how “essential turning against the self is for the survival of the ego”. Leading patients towards gaining awareness into their own difficulties, helping them have more successes in life and pointing out to the patients any of their unacknowledged personality strengths within the context of a safe, strong and respectful therapeutic relationship were all discussed as possible ways of increasing ego strength. Religion was seen to once again be a relevant consideration here as the support that could be offered by a religious community and also the meaning arising from spirituality itself were both discussed as possible healing avenues for people suffering from moral masochism and excessive substance use. This observation echoes Carl Jung’s conceptualisation of the craving towards a substance being a misfired equivalent to a spiritual thirst for wholeness (Jung, 1963).

## **4. Implications for practice**

The main implications of the findings elicited from this study are concerned with direct individual psychotherapy with this patient group, within the context of a therapeutic relationship. One of the main implications that emerged from the study is the importance of helping patients suffering from moral masochism and SUD find meaning and connection in their lives. Despite this not being a direct aim of psychodynamic psychotherapy, this implication places further emphasis on the need to address this element in treatment. The importance of addressing psychological homeostasis also emerged from the research, with an emphasis on helping patients gain ego strength through several interventions, together with helping them gain a more internal, rather than external, locus of control. This is significant as both SUD and moral masochism emerged in this study as two different or coexisting and interlinked forms of an attempt to gain temporary control within patients. The importance of considering patients’ life history, personality, issues of impulsivity, childhood trauma, societal and cultural backgrounds, adverse social conditions (e.g. bullying, social rejection and isolation resulting from neurodivergence) was also emphasised. Another therapeutic implication that emerged from this study is the importance of addressing any guilt patients may be experiencing in therapy. This is particularly significant given that in the research findings, guilt emerges as a bridging factor between moral masochism and excessive substance use. Helping patients deal with guilt may help decrease the vicious cycle of aggression against the self and the need to seek relief through substance use. Finally, appropriately addressing any transference-countertransference dynamics also emerged as an important determinant of the quality of treatment received by these patients. Therapists’ sufficient awareness of their own personal issues and blind spots, attained through personal therapy, supervision and appropriate reflexivity, together with a commitment to maintaining constant sensitivity and genuine, appropriate curiosity when working with patients, were considered crucial in helping them avoid

becoming mired in any undesirable transference-countertransference dyads that would impede therapeutic progress with these patients.

## 5. Conclusion

The key findings yielded from this study include a number of common factors linking moral masochism and SUD and a number of motivations underlying these patients' behaviours. These findings also highlighted certain important issues that therapists must keep in mind regarding the transference-countertransference relationship with such patients. The rich tapestry of complex, coexisting factors offered by these findings may be useful when it comes to helping provide psychodynamic psychotherapists with a deeper understanding and clearer direction when treating substance use sufferers who present with elements of moral masochism. A number of these factors also offer some interesting possible directions for future research. These include the possibility of a more specific qualitative exploration into the sense of existential emptiness that participants tended to agree is found in people suffering from SUD and people who engage in moral masochism. Another avenue for future research could be the exploration of patients' actual experience of psychodynamic therapy. Comparisons between what patients believe helped them and what their therapists deem therapeutic would also shed further light on the treatment of moral masochism and substance use.

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