

# Pathological Infatuation or the Blue Angel Syndrome

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The term masochism has undergone an evaluation since first being introduced solely in relation to sexual perversion by Kraft Ebing in 1906. Masochism can be defined as any behavior that is repetitively self destructive. Relationships in which partners sacrifice themselves and their own best interests can be considered masochistic. There is a difference between a normal pattern of falling in love and a masochistic pattern. The concept of pathological infatuation or what this author has termed the Blue Angel syndrome is presented. A case history with clinical examples is examined to further illustrate these concepts.

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It was a rainy night when Mary and I had a terrible argument. I jumped in my car and started driving. I saw a girl walking in the rain and pulled over. Her name was Paula; she was a prostitute. We went to a hotel that night and she performed oral sex on me. After this incident, Paula occupied my every thought. Soon my life was in shambles. I lost my job and my family. I even ended up in jail. She was in love with drugs and I was in love with her. I don't know what happened to me during our two year relationship, but nothing else seemed to matter but to please her.

**T**HIS CLINICAL vignette illustrates the concept of pathological infatuation (Kernberg, 1988) or the Blue Angel Syndrome. To sacrifice oneself and all interests in life for someone who does not reciprocate was dramatically illustrated in Heinrich Mann's novel, *The Blue Angel* (1932). According to Kernberg (1988), the difference between a normal pattern of falling in love and a masochistic pattern is that masochistic personalities may be unconsciously attracted to someone who does not respond to their love (Glick & Myers, 1988, p. 68).

The psychoanalytic concept of masochism has undergone an evolution since Kraft-Ebing (1906) first introduced the term solely in relation to sexual perversion. He created the term masochism from

the name Leopold von Sacher-Masoch, a 19th century author who wrote several romances dealing with certain men whose sexual gratification was connected to painful treatment by a certain kind of woman (Maleson, 1984). Building on the work of Kraft-Ebing, Freud (1905) originally spoke of masochism in a narrow sexual sense. It was not until *A Child is Being Beaten* (1919) that he broadened its application by briefly calling attention to nonsexual behavior. He proposed that this behavior was traceable to an underlying erotic, oedipally engendered beating fantasy. Freud's position changed in *The Economic Problem of Masochism*, (1924). Here he delineated three fundamental types of masochism: primary or erotogenic, in which there is sexual pleasure in pain; feminine masochism, which could be traced to the primary type; and moral masochism. Essentially Freud maintained that unconscious guilt over forbidden infantile oedipal wishes led to masochism. For Freud, moral masochism reflected a resexualization of the superego that occurs by means of unconscious guilt translated into a need for punishment by parental power (Maleson, 1984).

Freud and his contemporaries investigated masochism primarily as an instinctual sexual orientation. More recent theories have attempted to desexualize the term, and the phrase "moral masochism" has come to refer to interpersonal masochism.

Bromberg (1955), like Berliner (1958) and

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Menaker (1953), asserted that the child's relation with its parents was an essential factor in the development of masochistic character traits. They noted that some mothers act out with a child the ambivalent feelings they unconsciously harbor toward a sibling or parent from their own childhood. Such a mother treats the child cruelly, seductively, and restrictively at the same time. This interferes with ego development and convinces the child that it is most loved when it suffers (Brenner, 1959). Loewenstein (1957) introduced the concept of "seduction of the aggressor." Here the child pretends to be naughty or plays at being punished. The forbidding, punishing adult, in turn, only plays at scolding and punishing, soon relieving the child's distress by reassuring, loving behavior.

Stolorow (1975) focused on the narcissistic function of masochism. He stated that masochism allows for the rebuilding of self-representation and this task is accomplished through omnipotent control over, or identification with, an idealized parental image, or through activation of the grandiose self (Glick & Myers, 1988).

Current views on masochism have also deemphasized the sexual aspect as well as the etiological primacy of oedipal dynamics (Glick & Myers, 1988). Cooper (1988) refers to masochism as a number of self-motivated, self-destructive behaviors that are repetitive and involve pain, failure, subjugation, or humiliation.

As a result of the multiple definitions of masochism, the term has come to encompass not only recognized syndromes but any reported or observed suffering or submission that seems either prominent or excessive. It may be used to refer to any behavior that appears generally ineffective or against one's best interests. Thus, relationships that have a quality of ongoing turbulence that may cause one partner to act in a way that is against his best interests can be called masochistic (Asch, 1984).

#### CLINICAL EXAMPLE

The concepts of masochism, pathological infatuation, and the "Blue Angel Syndrome" have proved descriptive in the case history of a patient whom I will call Bill for the purposes of this presentation.

Bill, a 45-year-old white male, began therapy because of his newly acquired partial blindness. His partial loss of vision from ocular disease was

related to his neglect of hypertension and diabetes. At first, the reason he gave for wanting to start therapy was his inability to adjust to his loss of sight. What emerged in our second session was his extreme guilt and remorse associated with a 2-year love affair with a prostitute named Paula. Bill had gone almost totally blind 2 months after the affair was over. He saw his blindness as punishment for his affair with Paula.

During the 2 years of Bill's relationship with Paula, he abandoned all previous commitments to his family and career. Paula was a drug addict and Bill would do anything to get drugs for her in return for sexual favors.

Bill had been married for 22 years and had a 16-year-old daughter when the affair with Paula began. Up until this time, Bill could be characterized as an honest, hardworking man, who was faithful to his wife Mary and very attached to their 16-year-old daughter.

According to Kernberg (1988), the neglect and sacrifice of all others except the love object, the total self-involvement, and lack of commitment to previously held values manifests a sense of narcissistic gratification and fulfillment in the enslavement to an unavailable object (Glick & Myers, 1988). Cooper (1988) states that narcissistic features are always present in the masochistic character and that both are so entwined that neither appears alone (Glick & Myers, 1988, p. 117).

Bill often stated that Paula had some secret control over him. The fact is that Bill was placed in a very powerful position by Paula. To be able to take someone's sickness away by providing her with drugs afforded Bill omnipotent control over Paula, thus feeding his narcissism. Kernberg (1988) stresses that the subject of pathological infatuation requires a careful examination of both masochistic and narcissistic features. Bill's childhood history and early feelings of worthlessness played an important role in his masochistic character development by impeding healthy ego development. Menaker (1953) states that the essence of moral masochism is a defense reaction of the ego.

Bill was the second child born to English and Irish parents. His sister was 5 years older than he. Bill describes himself as an extremely sensitive, shy child, quiet, inclined to play alone, and to fantasize a great deal. Bill was always overweight and even as a young child felt worthless and inadequate as a person. He describes his mother as an

emotionally distant Irish Catholic with puritan beliefs about sex. His father worked three jobs from the time he was born and Bill doesn't remember him having any influence in the family. Bill remembers many times when he longed for his mother's attention and affection, but she remained emotionally distant and more involved with his sister. Any attempt by Bill to assert himself was frowned upon by his mother. He recounts one childhood memory when he was four years old and tried to run away from home, his mother tied him to a tree in the front yard as punishment.

Bill's feelings of worthlessness and ineffectuality stem from his lack of self-awareness, which is one of the earliest experiences of the ego. According to Menaker (1953), the hatred of the self, originating at the earliest level of ego differentiation and accompanying feelings of powerlessness, causes later feelings of worthlessness that characterize the moral masochist.

Bill's mother lacked maternal loving feelings for him. As an overcompensation, she infantilized and overprotected him and deprived Bill of the opportunity to develop independently of her. Menaker (1953) states that if the mother is indifferent and lacks empathic response, this interferes with the child's ego development. The ego drives become sources of frustration and are experienced as painful rather than enjoyable. When a child is not permitted to develop normally, self-hatred and feelings of powerlessness appear very early in the patient's life, as they did in Bill's case.

In many ways, Bill's marital relationship replicated his relationship with his mother. Bill was an obedient husband up until the time he began seeing Paula. One of the reasons he gave for starting his affair with Paula was his inability to please Mary. "I could not do anything to please her; no matter how much money I earned it was never enough."

Bill began suffering in his marriage because of Mary's sexual rejection of him. Mary weighed 450 pounds and this prevented them from having conventional sex. Because intercourse was physically impossible, oral sex and mutual masturbation were a large part of their sexual relationship. Bill stated that he usually "satisfied" Mary first but when it came to his sexual satisfaction, Mary claimed she had some physical ailment and would leave him "hanging."

Bill's mother remained emotionally distant throughout his childhood and his wife remained

sexually distant. Both cases represent a rejection of Bill's love and affection. Bill's unconscious anger toward his mother and Mary found expression in the form of teasing and practical jokes, which were an important part of his relationship with both his wife and mother. This allowed Bill to express his unconscious anger and hostility in a way that did not threaten their relationship.

Bill never experienced any conscious feelings of hostility toward his mother. He was the shy, obedient son who attempted to please her. The emergence of hostile feelings toward his mother would have threatened him with loss and separation from her. All the frustration Bill experienced as a child in relation to his mother was attributed to his own worthlessness.

Bill took great delight in arousing any type of gratitude in Paula. "When I stole from my daughter to get her drugs, she pinched my cheek and patted me on the head. I know she felt sorry for me, maybe she even loved me." The pinching of the cheek and patting on the head are typical behaviors of a mother and her child. Bill's pathological infatuation with Paula was a way of receiving love from a rejecting parent. His aim was to become important to Paula and to be needed by her in a way he never was by his mother.

#### APPLICATION TO NURSING PRACTICE

Psychotherapy with the patient who has masochistic traits or blindness represents a unique and challenging prospect. One may think the two situations should be explored using different approaches; however, both have an essential element in common. In both cases, the therapist must foster the development of the ego and allow for independence. An atmosphere of equality must permeate the therapeutic situation. The therapist must be careful not to create an image of the all-powerful, all-good mother on which the masochistic ego can feed. An atmosphere of equality can be fostered by representing oneself as human and fallible, avoiding any hint of authoritarianism. The therapist must express a belief in the patient's potential for growth as an independent person. Such identification with the therapist allows for the strengthening of the ego, making it possible to discontinue the old symbiotic relationship to the mother out of which the masochistic position of the ego has grown (Menaker, 1953).

In psychotherapy with a person with newly ac-

quired blindness, responsibility and demands must be placed on him gradually (Blank, 1957). In both situations, the essential element is to create an atmosphere of equality, thus fostering the independence that allows the strengthening of the ego. This is the only approach that would allow Bill to develop as an independent human being regardless of his inability to see.

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