Journal of Endocrinology and Metabolism Research
Sofra X, 2021- J Endo Metabol Res
Review Article

Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause

Xanya Sofra*

City University, London and New School for Social Research, New York

***Corresponding Author:** Xanya Sofra, City University, London and New School for Social Research, New York; Tel: +44 203 239 9013; E-mail: science@iellios.com

Received Date: 10-02-2021
Published Date: 11-04-2021

Abstract

We conducted two clinical studies: Study 1 compared high functioning narcissistic men and women against low functioning narcissistic and non-narcissistic patients as well as non-narcissistic successful individuals with prestigious careers. Results established the interconnection between narcissism, masochism and sadism. Narcissistic women exhibited more masochistic traits, while narcissistic men were distinguished by their sadistic features. Both narcissistic males and females manifested higher sadistic tendencies than all other groups; they also exhibited histrionic and depressive trends. Since the masochistic and sadistic extremities are the opposite ends of the same dimension, an individual can internally oscillate from one pole to the other, without ever escaping the confinement of this vicious circle.

Study 2 analysed the testing records and psychotherapy notes of 14 postmenopausal women, using the FSFI, DES and MMPI-2. Results unveiled a high correlation between reported female satisfaction with vaginal rejuvenation procedures, and the MMPI-2 Lie, Depression, and Hysteria scales, revealing a tendency to withhold or mask the truth, sustained by an emotional organization that revolves around shame and sadness.

Based on the statistically significant results of the two studies we discuss a number of issues related to overall social development and healthy interpersonal relationships: The current social arrangements of several societies where women must obey and serve men, contaminates social progress by nurturing underdeveloped, deprived females whose secret accumulated rage can be either expressed in silent dullness or indifference, passive defiance leading to inactivity or inertia, or overt rebellion leading to the breakdown of the family constellation, something seen by the increasing divorce rate in several countries.

Keywords: Narcissism; Sadism; Masochism; Shame; Vaginal Rejuvenation

Introduction

Narcissism and Masochism

Earlier psychoanalytic studies viewed masochism as central to the development of the female psyche that was conceptualized as deficient due to inherent inferiority stemming out of narcissistic trauma due to castration fantasies. Freud went through an elaborate evolution of interpreting masochism as introjected aggression, the expression of the Death Instinct, or redemption from guilt for immersing themselves in morally forbidden sexual gratification. These primordial trends for submission were

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.
DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

principally associated with femininity [1-3]. In reality, female masochism has been indoctrinated by a social structure traditionally designed to inhibit females, thus giving males the opportunity to excel. In his book, "The Myth of Female Masochism" (2005), Caplan offers several vignettes where empowering women amounted to simply reassuring them that being victimized was not the result of their actions, or a deep-seated secret desire for self-deprecation [4]. Overall, there are no controlled research studies evidencing that women genuinely enjoy pain, an observation that was made as early as 1976 by Blum [5].

Masochistic pathology is associated with narcissism, defined as the narcissistic-masochistic personality type that equally applies to both men and women [6-7]. It should be differentiated from the socially propagandized state, where utilizing narcissistic defences by a female, to cope with being pushed into the inferiority quotient, enhances susceptibility to masochism. Feelings and actions forced by circumstances should not be confused with a masochistic / narcissistic personality constellation.

Masochism obtained its name from Sacher-Masoch's novel "Venus in Furs" in 1870 that primarily delineated the wilful passive attachment to a pain inflicting fanatic who is glorified and canonized by virtue of his exclusivity and superiority, hence justifying the pathological fixation.

More recent psychoanalytic perspectives have composed an enriched multi-layered composition of masochism that encompasses the complexity of a cubist collage found in Picasso's surrealistic paintings. Wilson conceptualised masochism as a conglomerate, composed by fear of abandonment, the main ingredient of anaclitic depression, intertwined with paranoid tendencies of self-vulnerability, and an enslaving narcissistic addiction to a grandiose other, experienced as the omnipotent protector and need gratifier [8]. This formulation is in accordance with Auckincloss conceptualization of "the impossibility of indifference," of the paranoid pathology where maintaining delusions of prosecution reaffirms the patient's existence, who would otherwise disintegrate and dissolve in the abys of unbearable loneliness and anonymity [9].

The narcissistic-masochistic dimension has been captivated by Kohut's "ideal hungry" type, entranced by the utopian delusion of attaining endless bliss and prosperity to pursue glamorous celebrities; these are represented by the "mirror hungry" types, who are compelled by an insatiable need for approval, praise and admiration [10-12]. Kohut's "mirror hungry" type is reflected in Fenichel's phenomenon of the "Don Juan of Achievement" [13]; and Tartakoff's conceptualization of the "Nobel Prize Complex," describing an individual motivated by a burning ambition for recognition [14].The omnipotent self-aggrandization projected by the "Don Juan" and "Nobel yearning" individuals is complimented by a flagrant, pompous "headline intelligence" communication style, designed to captivate and amaze the audience, yet, void of a deeper enriched understanding or a genuine interest in the subject matter [15]."Headline intelligence" is an important characteristic of this narcissistic interconnection, because neither the "mirror hungry," nor the "ideal hungry" counterpart performs a diligent examination of the future, before diving into this compulsive, often sadomasochistic affinity. The "ideal hungry" and the "mirror hungry" types are mutually interdependent forming what Seiden termed the "narcissistic counterpart" [16]. Their pathologies click into each other like a key to a lock, forming an impenetrable attachment that is excruciatingly difficult to escape and often develops into a fully blown sadomasochistic relationship. At best they can switch roles, where the abused

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

becomes the aggressor. This role exchange, primarily seen in progressive feministic societies, signifies an 180 degrees relocation within the same vicious cycle, that should not be misinterpreted as a healthy psychological advancement, or a conclusive problem resolution. The pathology remains whether it is the female or the male that undertakes the masochistic position, predisposed in unquestionable loyalty, irrespective of the level of vilification, assault or exploitation. The greatest obstacle of psychotherapy is that both sides share an impervious comprehensive rigidity, like a concrete wall bouncing off any psycho educational or psychodynamic interventions, often offering quixotic, circular ruminations, logic-defying counterarguments, or the typical passive aggressive silence of the masochist complimented by the hostile outburst of the narcissist.

According to David Shapiro (1965-1989), masochism is not in itself a character style but a method of idealizing the self against the aggressor, the bright light of the tormented and righteous, juxtaposed by the dark aura of the brute, the misanthrope, the sinner. It's a method of self-purification and sanctity and projection of the entire negative parts of the self onto the offensive other [17-19]. Shapiro's postulation addresses a relatively healthier psychological level of masochism, where the masochist is a relatively independent entity, projecting the maleficent part of the self onto the sadist, as the sadist projects malevolence onto the submissive counterpart, rendering the masochist responsible for the sins that both parties have committed. This is a ping pong blame game with no winners.

This emesis of "all bad" onto the other to cleanse and sanctify the idealized self is an interpersonal illustration of Kernberg's intrapsychic "splitting" mechanism. Kernberg envisioned "splitting" as a predominantly borderline defence emerging out of the infestation of congenital excess aggression, traced at a regressed level of functioning that has plunged below neurosis and is suspended at the verge of psychosis[20-21]. "Splitting" places a barrier segregating the "all good" from the "all bad" to avoid self-annihilation, as a result of being attacked by the unforgiving, belligerent part of the self, contaminating or eradicating the benevolent, romanticized side. Interestingly, this intapsychic division, insulating masochistic from sadistic impulses, protects against the psychological backsliding into a psychotic break, offering an optimum unconscious solution that is missing from the interpersonal sector, in abusive relationships, where the victim and the malefactor are never forcibly separated to avoid injury and destruction.

"Splitting" is the core of the idealization-devaluation self-perpetuating cycle: The narcissist or its subcategory, the sadist, is the evolution of self-idealization. They stand on an adamantine pedestal that offers light and nourishment to the devotees. The masochist is the reflection and end-point of self-devaluation, introjecting and identifying with all malignancies, venom and transgressions excreted and projected by the narcissist. The idealization-devaluation contradictory parallel constellation, representing two sides of the same person, the "all good" and "all bad," is acted out in real time interpersonally, between two individuals fused into a steadfast dangerous amalgam, but without the insulation and safety that the splitting defence offers intrapsychically. These dynamics underlie the phenomenon of being addicted to a celebrity, or charismatic "mirror hungry" leaders rising in power standing on the shoulders of zealous supporters who defy actual reality, blind to any defects or wrongdoings committed by their supreme chosen leaders, despite numerous historical incidents recounting the deleterious effects of the devouring powers of autocracy

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

indulging the few at the expense, the misery, and hunger of the many.

1. Interconnecting Narcissism, Masochism and Sadism

Methods

In a previous diagnostic clinical trial that was conducted over a period of eighteen months(2020) [22], eighty-four subjects were randomly selected out of one hundred and twenty subjects and were divided into two experimental and two control groups:

1) Experimental group of twenty-five poorly adapted narcissistic patients 84% of which were females.

2) Experimental group of twenty-five well adapted narcissistic individuals that consisted of 13 males and 12 females.

3) Control group of seventeen patients with pathologies other than narcissism, 82.5% of which were women.

4) Control group of seventeen high achievers without narcissistic features 88.23% of which were men. The groups were classified on the basis of three screening instruments, NPI (Narcissistic Personality Inventory) [23-29], PDQ (Personality Disorders Questionnaire [31-32]) and Gunderson's interview for Narcissism [33-34]. Clinical notes, diagnoses and other psychological testing available in the charts of the two patients' groups were also taken into consideration. The patient population was found in two different mental health day treatment centres, located in two different parts of the world, that approved the research in accordance with their ethical standards, and principles for medical research involving human subjects. The remaining subjects were randomly selected from country clubs and other VIP private organizations that consented to participate in the study.

The two experimental and control groups' comparisons are illustrated on table 1. Subjects that consented to be in the study were told that they were participating in personality research designed to distinguish between different character styles. To avoid evaluation apprehension, which would be a threat to the construct validity of the design, subjects were reassured that there were no right or wrong answers. They were told: "Any response is useful in constructing your personality portrait, like a precious work of art, that is always exclusive and valuable, irrespective of its contents. Therefore, there is no reason to lie or try to appear under a positive light, because that would merely distort the secret individualistic merit of your true nature and make you appear mundane and commonplace." Subjects were instructed to answer all questions according to the way they are most of the time, rather than the way they would like to be, or thought they should be, in order to construct an accurate profile that was unique and specific to them.

After the initial screening that discriminated between the two experimental and control groups, subjects were given the DEQ (Depressive Experiences Questionnaire) [35-39], the SIDP (Structured Interview for DSM Personality) [40-41], the SIDP-R (Structured Interview for DSM Personality Revised) that included scales for the Masochistic and Sadistic Personality Disorders [42-43], and a psychodynamic assessment instrument the EARS (Epigenetic Assessment Rating Scale) [44-47]. The sample size was sufficiently large so that the power of the statistical tests was Power= 0.80, which is considered to be the optimal power to detect whether there is a significant difference between two experimental and two control groups. All 84 subjects completed the clinical trial with zero subjects' attrition.

Results

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

Table 1: The two experimental and control groups' comparisons are Illustrated on table 1.

Experimental Group Educated Female EliteNarcissists in high professional positions (N=13) Fulfilled the criteria for Narcissism on the NPI, PDQ and Gunderson's Interview for Narcissism.High Socioeconomic statusIncome $150,000 plus. 30-55 years old	The total number of 25 Educated Female Elite Narcissists in High Professional Positions were Compared to:	**Control Group Educated Elite Non-Narcissists in high professional positions (N=17)** Did not fulfil the criteria for Narcissism on the NPI, PDQ and Gunderson's Interview for Narcissism. High Socioeconomic status. Income $150,000 plus. 30-55 years old
Complared to:		
Experimental Group Educated Male EliteNarcissists in high professional positions (N12) Fulfilled the criteria for Narcissism on the NPI, PDQ and Gunderson's Interview for Narcissism.High Socioeconomic statusIncome $150,000 plus. 30-55 years old		
All 25 Subjects were Compared		
Experimental Group Narcissistic Patients (N=25) Outpatients in Psychiatric Facility. Diagnosed with a Narcissistic Personality Disorder. Low Socioeconomic Status. Unemployed. 26-55 years old	All 25 subjects wereCompared to:	**Control Group Non-Narcissistic Patients (N=17)** Outpatients in Psychiatric Facility. Diagnosed with Personality Disorders NOS.Low Socioeconomic Status. Unemployed. 26-55 years old

Table 2: Results of SIDP and SIDP-R.
Abbreviations: SIDP: Structured Interview for DSM Personality. NS: result is statistically non-significant. NP: Narcissistic Patients. SN: Successful Narcissists (SNM: Successful Narcissistic Males – SNF: Successful Narcissistic Females). O Non-NP: Other Non- Narcissistic Patients. S Non-N: Successful Non-Narcissistic individuals. No: Number of Subjects.

	Groups	Sadism	Masochism	Obsessive Style	Obsessive Symptoms	Histrionic Style	Histrionic Symptoms	Paranoid Style	Paranoid Symptoms
EXPERIMENTA	NP No=25 Vs SN No=25		F: 133.98; p<0.001	No difference NS	No difference NS	F: 13.02; p<0.001	F: 13.02; p<0.001	F: 32.76; p<0.001	F: 32.76; p<0.001
	SN No=25 Vs NP No=25	F: 7.56; p<0.009		No difference NS	No difference NS				
	SNM vs	F: 7.43; p<0.009		No difference	No difference				

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

L	SNF			NS	NS				
	SNF Vs SNM		F: 7.68; p<0.009	No difference NS	No difference NS	F: 7.34; p<0.009			
C O N T R O L	NP No=25 Vs ONon-NP No=17	F:12.29; p<0.001	F: 12.29 p<0.001	F: 5.54; p<0.024	No difference NS	F: 9.05; p<0.005	No difference NS	F: 9.50; p<0.01	F: 9.56; p<0.004
	NP No=25 Vs SNon-N No=17	F:111.51 ; p<0.001	No difference NS	F: 8.87 p<0.005	F: 26.71; p<0 .000	F: 5.23; p<0.028	F: 3.07; p<.088 NS	F: 68.92; p<0.001	F:5.53; p<0.024

As seen on table 2, low functioning narcissistic patients, 84% of which were females demonstrated significantly higher masochism than all other groups (F: 133.98; p<0.001). On the other hand, both high functioning narcissistic men and women with successful careers, scored significantly higher on sadism than all other groups(F: 7.56; p<0.009). The elite/successful narcissists also evidenced greater obsessive, histrionic and paranoid traits, as well as paranoid symptomatology when compared to other successful adults.

When these results were analysed on the basis of sex, they revealed that high functioning narcissistic females exhibited statistically higher masochistic and histrionic tendencies than high functioning narcissistic men. In conclusion, both high functioning narcissistic men and women are more sadistic at a statistically significant level than all other groups, however narcissistic women exhibit significantly more pronounced masochistic traits when compared to narcissistic men. This finding suggested that females, in particular, were characterized by the propensity to oscillate between the sadistic and masochistic position, as if the two were indeed intertwined to represent the opposite poles of the same dimension. This result is interesting however, it requires more research across different ethnicities and a comparison between levels of female narcissism sadism and masochism in Western versus Asian and Middle Eastern societies.

2. Clinical Trial on the Dynamics of Female Sexuality

Background

Anguished sexual suffering may be the ideal situation in cases of pathological sexual masochism. However, milder, often inconspicuous, degrees of masochism transcend all levels of psychological functioning including what we consider normalcy. Undergoing a surgical vaginal rejuvenation procedure can have serious side effects, including bleeding and perpetual discomfort, which is why a number of Federal agencies, including the FDA, have recently issued warnings against such cosmetic interventions. A recent study on 46 patients revealed sustained injuries following laser and RF vaginal rejuvenation including vulvar, bladder or urethral pain, vaginal numbness or burning, increased dyspareunia, and loss of sexual sensation. Around 72% of these patients reported long-term infections, bladder disturbances, scarring, lichen sclerosis, and disfigurement[48].

Laser and RF vaginal rejuvenation procedures are fast to claim female satisfaction based on content transparent, short, self-report questionnaires that merely verify hypotheses without controlling for reality distortion, denial, poor self-awareness or lying [50-51].

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

Moreover, the procedures are offered without a deeper examination of the endocrinological complexities in a woman's body and how these affect the emotional apparatus or an insight in the multidimensional female psychodynamics [52-53].

Upon closer examination, the methodology of most laser and RF studies, which represent the least invasive procedures of vaginal rejuvenation, appear flawed. For example, the Alinsod's non-longitudinal RF research [54] that reported high satisfaction due to the RF effect on vaginal tightening, was based on an unvalidated instrument. Despite their conclusions, the actual results reveal that only 36% of females reported increased sexual pleasure. A possible conclusion of the discrepancy between "overall satisfaction" and "personal enjoyment" appeared to indicate that these women may have been primarily concerned with satisfying their partners rather than themselves. This self-denying, self-effacing attitude is the core of masochism, although, admittedly, this is a milder manifestation of the syndrome that what was previously described.

Other RF and laser vaginal rejuvenation studies that used standardized instruments such as the FSFI (Female Sexual Satisfaction Index) and the FSDS-R (Female Sexual Distress Index- Revised) [55-56] have produced statistically non-significant results [57-61]. Importantly, the FSFI and FSDS-R do not control for the possibility that some women may repress both emotion and cognition in an effort to please, or they may conceal the truth, either due to a fear of disapproval, or because they blame themselves for their "physical problems" persisting, despite the expensive intervention. Not controlling for the null hypothesis, in other words not exploring the possibility that the results a test may, in fact, be false, is a serious threat to the internal validity of all scientific research. It is easy to confirm hypotheses by seeking out positive instances that support the experimental assumptions, however, this is nothing more than an one-sided phenomenology. Valid science is based on a two-fold process that includes both verification, and falsification which entails testing the null hypothesis, thus demonstrating that the experimental conclusion cannot be disproved [62-63].

In a recent research project, we addressed the hidden dynamics and veracity of females reporting satisfaction after laser / RF vaginal rejuvenation procedures [49]. Our hypothesis was that masochistic impulses may be the thriving force for enduring a surgical or minimally invasive cosmetic procedure, and then reporting increased sexual gratification, since, laser and RF interventions are based on trauma, resulting in scar tissue that will most likely diminish sensation. We hypothesized that these women had offered positive reports as a result of merely enjoying intercourse vicariously, through their partners' sexual gratification. The narcissistic entitlement for love and approval combined with a cognitive style delimited by "headline intelligence" [15], could have convinced these women that it is possible to resolve the psychodynamic rollercoaster of aging by merely altering their vaginal physique.

Methods

We analysed the testing records and psychotherapy notes of 14 postmenopausal women who consented to participate to the clinical trial and completed it without any subject attrition. Tests included the FSFI [64-65], Izard's Differential Emotions Scale (DES) [66-68] and the Minnesota Multiphasic Personality Inventory (MMPI-2) a 567-item standardized psychometric test of adult personality and psychopathology based on a large number of reliability and validity studies [69-74]. Test results and clinical notes were collected from three independent clinics who approved the research in accordance with their ethical standards and principles

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

for medical research involving human subjects.

Results

All 14 subjects' FSFI scores indicated high satisfaction scores for all subjects, irrespective of whether the vaginal rejuvenation was performed with a laser or RF (Table 3).

Table 3: Subject Information and FSFI Scores.

Age	Type of Vaginal Rejuvenation Procedure	Time in Psycho therapy	Vaginal Rej Preceded Psychotherapy	FSFI Score	FSFI Orgasm Score	FSFI Satisfaction Score	FSFI Arousal Score
52	Laser	5m	no	32	4	5	2
47	Laser	9m	no	30	3	5	2
55	RF	2y	yes	33	5	5	3
58	RF	1y, 2m	yes	29	4	4	2
49	Laser	6 m	no	30	5	4	4
46	RF	1y m	yes	28	4	4	3
59	Laser	8m	yes	31	5	4	3
54	RF	7m	no	28	4	4	2
48	RF	1y	no	29	4	4	3
56	Laser	1y 6m	no	31	4	5	4
55	Laser	9m	no	30	4	4	2
49	RF	6m	no	29	3	4	4
50	Laser	11m	no	31	5	4	4
59	RF	1y10m	yes	28	3	3	5
Mean Average Score				29.92	4.07	4.21	3.07

The FSFI scores were plotted against the MMPI-2 L (Lie), D (Depression) and Hy (Hysteria) subscales of the MMPI-2, depicted on Table 2.

Table 4: Correlation between MMPI L, D and Hy subscales & MMPI-2 Code Scores.

Subjects	Procedure	FSFI Score	MMPI-2 L-scale	MMPI-2 D-scale	MMPI-2 Hy-scale	MMPI-2 Code score
1	Laser	32	8	59	60	13 or 31
2	Laser	30	7	57	59	13 or 31
3	RF	33	8	61	63	12 or 21
4	RF	29	6	57	59	12 or 21
5	Laser	30	8	57	57	13 or 31
6	RF	28	6	56	57	13 or 31
7	Laser	31	8	59	61	12 or 21

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

8	RF	28	7	57	60	13 or 31
9	RF	29	7	57	58	13 or 31
10	Laser	31	8	61	64	12 or 21
11	Laser	30	8	60	62	13 or 31
12	RF	29	7	57	61	13 or 31
13	Laser	31	8	59	63	12 or 21
14	RF	28	6	56	58	13 or 31
Mean Average score		29.92857	7.28	58.07	60.14	

Statistical analysis using both the Pearson's Correlation Coefficient and the Spearman Pho tests indicated a statistically significant correlation between the FSFI and the Lie-scale (L) of the MMPI at $p<0.01$, suggesting that these women were untruthful in their FSFI responses. Both statistical tests yielded a strong correlation between the FSFI and the Depression-scale (D) of the MMPI at $p<0.05$, indicating that these women's smiling persona concealed a general dissatisfaction with their lives, brooding subjective depression, mental dullness and perpetual worrying. Additionally, both tests unveiled statistically significant results when the FSFI was correlated with the Hysteria scale (Hy) of the MMPI at $p<0.05$; denoting a dependent disposition with repressed affect marked by inhibition of aggression and an insatiable need for attention and affection.

The high correlation between the FSFI and L, D and Hy scales of the MMPI-2 revealed a covert layer of truth underneath these women's positive façade. It unveiled a tendency to sacrifice their needs, their personal freedom and overall life contentment in exchange for inclusion, acceptance, approval, accompanied by denouncing reality, to be imprisoned in an alternate universe of hopeful utopia – this is the state of a psychological existence delimited by masochistic / narcissistic trends prone to click with other forms of narcissistic configurations, usually those represented by the autocratic protectors, the egocentric enablers, the exploiters, abusers, or sadists.

The DES demonstrated that these 14 women were organized around the discrete emotions of shame, sadness and joy, again exposing an inconspicuous, multi-layered composition of antithetical affective trends, wrapped up by the outward agreeable optimism reflected by the hidden dissociation detected by the MMPI.

Discussion

This study encompasses theoretical perspectives and research evidence, unveiling the multiple layers of masochism / sadism that express the antithetical manifestations of the unilateral narcissistic dimension. It emphasizes the importance of women's empowerment to protect the foundation, maintenance and integrity of the family constellation that is primarily a female domain. The findings of the first clinical study confirmed that narcissism is the nucleus, breeding the intertwined conglomerate of masochism and sadism [22]. The self-aggrandization and social prestige displayed by career driven narcissists, conceals regressed psychopathology encountered in mental patients diagnosed with narcissism. The narcissistic / masochistic domain is drenched with self-denial, repression, depression, passivity, and the eternal strife to appear under a positive light, accompanied by inhibited or introjected aggression, shame, and self-deprecation.

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

These were some of the revelations from our second clinical study [49]. This was based on a less regressed form of masochism, where there may even be a silver lining: the subordinates are transformed into injured martyrs, while silently projecting all wrongdoing onto their masters, who must redeem themselves by nurturing and sheltering them. Both studies presented original research that needs to be replicated in order to solidify our results. More specific research on females from different social structures is necessary to expand and validate some of the hypotheses and conclusions presented. The sample of the second study was rather small and replication with a larger sample is warranted.

Conclusion

The sadomasochistic dynamic that underlies narcissistic defences drives the oscillation from and to the masochistic or the sadistic position, while placing the significant other to the far opposite end. Apart from exacerbating intrapsychic psychopathology, this sadomasochistic configuration can have deleterious consequences in interpersonal relationships; it can undermine and contaminate families, and societies at large. The more severe the masochistic pathology the more impenetrable the idealized fanatic loyalty to a charismatic sovereignty that is placed above suspicion or blame, leading to totalitarian autocracy. This breach between male superiority and female inferiority constitutes the venomous seed of the sadomasochistic entangle, serving as the building blocks of cults and dictatorships. Female empowerment cannot proceed without the due diligence and insight on the complexity of female masochistic trends, which are enhanced by a social discriminatory system of inequality that will affect not only the females of this generation but their children, thus contaminating the fate and cultural serendipity of several uniformed societies. The male / female discriminatory disparity, and its resulting social imbalance, breeds the narcissistic / sadomasochistic dimension, leading to deteriorating societies that infect the healthy development of future generations. Psychotherapy focusing on narcissistic masochistic / sadistic trends along with social restructuring is far more urgent and important than what appears on the surface.

Supporting women is crucial because females are usually in charge of maintaining the foundation, continuity and integrity of a relationship. Female empowerment, however, cannot proceed without identifying and overcoming female masochistic, histrionic and depressive trends, which are often indoctrinated by a social discriminatory system of male/female inequality that restricts female contribution to social institutions. The projected inferiority introjected by other community members, mostly represented by females, bears the dangers of nurturing sadomasochistic alliances, thus constructing the foundation of narcissistic / sadomasochistic interpersonal relationships, authoritarian societies, where ardent extremists, driven by their narcissistic need to imagine themselves as glamor replicas of a celebrity, become oblivious to the destructive profiteering greed of their charismatic leaders.

Acknowledgement

The author would like to thank all the patients who offered their records for these two clinical studies

Funding

No funding was received by a third party or institution.

Conflict of Interests

The author has no conflicts of interests to disclose.

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.

DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

References

1. Strachey J. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVIII (1920-1922): Beyond the Pleasure Princip. InThe Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVIII (1920-1922): Beyond the Pleasure Principle, Group Psychology and Other Works 1955. https://www.pep-web.org/document.php?id=se.018.0000a
2. Freud, S., Breuer, J., Freud, A., Strachey, A., Tyson, A. and Richards, A., 1975. The standard edition of the complete psychological works. https://www.sas.upenn.edu/~cavitch/pdf-library/Freud_SE_Female_Sexuality_complete.pdf
3. Freud S. Analysis terminable and interminable. InThe Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XXIII (1937-1939): Moses and Monotheism, An Outline of Psycho-Analysis and Other Works 1964 (pp. 209-254).https://www.pep-web.org/document.php?id=SE.023.0209A
4. Caplan PJ. The Myth of Women's Masochism: With a New Preface by the Author. iUniverse; 2005.iUniverse.https://books.google.com.hk/books?hl=en&lr=&id=wfW6jIZdj38C&oi=fnd&pg=PR11&dq=female+masochism+due+to+socialization&ots=_SCohiNu2B&sig=VTIs739tCMyPXfUPMFhokKIvbQM&redir_esc=y#v=onepage&q=female%20masochism%20due%20to%20socialization&f=false
5. Blum HP. Masochism, the ego ideal, and the psychology of women. Journal of the American Psychoanalytic Association. 1976;24:157-91. PMID: 803142. https://www.pep-web.org/document.php?id=APA.024S.0157A
6. Cooper AM. Feature: the narcissistic-masochistic character. Psychiatric Annals. 2009 Oct 1;39(10):904-12. https://doi.org/10.3928/00485718-20090924-02
7. Cooper AM. The narcissistic-masochistic character. Contemporary Psychoanalysis in America: Leading Analysts Present their Works. 2006 Apr 11:111-32. https://books.google.com.hk/books?hl=en&lr=&id=hmjrA7mtbFYC&oi=fnd&pg=PA110&dq=narcissism+and+masochism&ots=KpiiA2Aro8&sig=DiTd2ybE5PzOXAv3vvOg3DdYqgw&redir_esc=y#v=onepage&q=narcissism%20and%20masochism&f=false
8. Wilson A. Levels of adaptation and narcissistic psychopathology. Psychiatry. 1989 May 1;52(2):218-36. DOI: 10.1080/00332747.1989.11024445
9. Auchincloss EL, Weiss RW. Paranoid character and the intolerance of indifference. Journal of the American Psychoanalytic Association. 1992 Dec;40(4):1013-37. doi:10.1177/000306519204000403
10. Post JM. Current concepts of the narcissistic personality: Implications for political psychology. Political Psychology. 1993 Mar 1:99-121. doi:10.2307/3791395
11. Post JM. Narcissism and the charismatic leader-follower relationship. Political Psychology. 1986 Dec 1:675-88. doi:10.2307/3791208
12. Kohut H, Wolf ES. The disorders of the self and their treatment: An outline. International Journal of Psycho-Analysis. 1978;59:413-25. ISSN 2472-6982. https://www.pep-web.org/document.php?id=IJP.059.0413A
13. Fenichel O. The Psychoanalytic Theory of Neurosis, 485-486. WW Norton & Company.
14. TARTAKOFF HH. The Normal Personality in Our Culture and the Nobel Prize Complex In: Psychoanalysis—A General Psychology ed.
15. Olden C. Headline intelligence. The Psychoanalytic study of the child. 1946 Jan 1;2(1):263-9. DOI: 10.1080/00797308.1946.11823548

16. Seiden HM. The narcissistic counterpart. Psychoanalytic review. 1989;76(1):67-81.
ISSN 2472-6982. https://www.pep-web.org/document.php?id=psar.076.0067a
17. Shapiro D. Neurotic styles.
18. Shapiro D. Psychotherapy of neurotic character. Basic Books; 1989.
19. Kaplan DM. Neurotic Styles. David Shapiro. New York: Basic Books, Inc., 1965. xii+ 207 pp. Psychoanalytic Review. 1967;54(1):188-9.
ISSN 2472-6982. https://www.pep-web.org/document.php?id=PSAR.054A.0188A.
20. Kernberg OF. The narcissistic personality disorder and the differential: diagnosis of antisocial behavior. Psychiatric Clinics. 1989 Sep 1;12(3):553-70.
https://doi.org/10.1016/S0193-953X(18)30414-3
21. Kernberg OF, Yeomans FE. Borderline personality disorder, bipolar disorder, depression, attention deficit/hyperactivity disorder, and narcissistic personality disorder: practical differential diagnosis. Bulletin of the Menninger clinic. 2013 Mar;77(1):1-22.
https://doi.org/10.1521/bumc.2013.77.1.1
22. Sofra X. The Dark Reflection of Sadism within the Brilliance of the Narcissistic Persona. Health. 2020 Sep 29;12(09):1279.
https://doi.org/10.4236/health.2020.129092
23. Raskin R, Novacek J. An MMPI description of the narcissistic personality. Journal of Personality Assessment. 1989 Mar 1;53(1):66-80.
https://doi.org/10.1207/s15327752jpa5301_8
24. Raskin R, Hall CS. The Narcissistic Personality Inventory: Alternative form reliability and further evidence of construct validity. Journal of personality assessment. 1981 Apr 1;45(2):159-62.https://doi.org/10.1207/s15327752jpa4502_10
25. Raskin R, Hall CS. The Narcissistic Personality Inventory: Alternative form reliability and further evidence of construct validity. Journal of personality assessment. 1981 Apr 1;45(2):159-62.https://doi.org/10.1207/s15327752jpa4502_10
26. Corry N, Merritt RD, Mrug S, Pamp B. The factor structure of the Narcissistic Personality Inventory. Journal of Personality Assessment. 2008 Oct 21;90(6):593-600.
https://doi.org/10.1080/00223890802388590
27. Emmons RA. Narcissism: Theory and measurement. Journal of personality and social psychology. 1987 Jan;52(1):11.
https://doi.org/10.1037/0022-3514.52.1.11
28. Prifitera A, Ryan JJ. Validity of the Narcissistic Personality Inventory (NPI) in a psychiatric sample. Journal of Clinical Psychology. 1984 Jan;40(1):140-2.
https://doi.org/10.1002/1097-4679(198401)40:1<140::AID-JCLP2270400127>3.0.CO;2-E
29. Miller JD, Maples J, Campbell WK. Comparing the construct validity of scales derived from the Narcissistic Personality Inventory: A reply to. Journal of Research in Personality. 2011 Oct 1;45(5):401-7.
https://doi.org/10.1016/j.jrp.2010.12.004
30. Hyler SE, Skodol AE, Kellman HD, Oldham JM, Rosnick L. Validity of the Personality Diagnostic Questionnaire—Revised: Comparison with two structured interviews. The American Journal of Psychiatry. 1990 Aug.
https://doi.org/10.1176/ajp.147.8.1043
31. Hyler SE, Skodol AE, Oldham JM, Kellman HD, Doidge N. Validity of the Personality Diagnostic Questionnaire-Revised: A replication in an outpatient sample. Comprehensive psychiatry. 1992 Mar 1;33(2):73-7.
https://doi.org/10.1016/0010-440X(92)90001-7
32. Hyler SE, Rieder RO, Williams JB, Spitzer RL, Hendler J, Lyons M. The Personality Diagnostic Questionnaire: development and preliminary results. Journal of Personality Disorders. 1988

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.
DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

Sep;2(3):229-37.
https://doi.org/10.1521/pedi.1988.2.3.229
33. Gunderson JG, Ronningstam E, Smith LE. Narcissistic personality disorder: A review of data on DSM-III-R descriptions. Journal of Personality Disorders. 1991 Jun;5(2):167-77. https://guilfordjournals.com/doi/pdf/10.1521/pedi.1991.5.2.167
34. Gunderson JG, Ronningstam E, Bodkin A. The diagnostic interview for narcissistic patients. Archives of general psychiatry. 1990 Jul 1;47(7):676-80. doi:10.1001/archpsyc.1990.01810190076011
35. Zuroff DC, Quinlan DM, Blatt SJ. Psychometric properties of the Depressive Experiences Questionnaire in a college population. Journal of Personality Assessment. 1990 Sep 1;55(1-2):65-72. https://doi.org/10.1080/00223891.1990.9674047
36. Santor DA, Zuroff DC, Fielding A. Analysis and revision of the Depressive Experiences Questionnaire: Examining scale performance as a function of scale length. Journal of Personality Assessment. 1997 Aug 1;69(1):145-63. https://doi.org/10.1207/s15327752jpa6901_8
37. Blatt SJ, Zohar AH, Quinlan DM, Zuroff DC, Mongrain M. Subscales within the dependency factor of the Depressive Experiences Questionnaire. Journal of Personality Assessment. 1995 Apr 1;64(2):319-39. https://doi.org/10.1207/s15327752jpa6402_11
38. Zuroff DC, Moskowitz DS, Wielgus MS, Powers TA, Franko DL. Construct validation of the dependency and self-criticism scales of the Depressive Experiences Questionnaire. Journal of Research in Personality. 1983 Jun 1;17(2):226-41.https://doi.org/10.1016/0092-6566(83)90033-8
39. McBride C, Zuroff DC, Bacchiochi J, Bagby RM. Depressive Experiences Questionnaire: Does it measure maladaptive and adaptive forms of dependency?. Social Behavior and Personality: an international journal. 2006 Jan 1;34(1):1-6. DOI: https://doi.org/10.2224/sbp.2006.34.1.1
40. PFOHL B, STANGL D, ZIMMERMAN M. Increasing axis II reliability. American Journal of Psychiatry. 1983 Feb;140(2):270-b. https://doi.org/10.1176/ajp.140.2.270-b
41. Zimmerman M, Coryell W. DSM-III personality disorder diagnoses in a nonpatient sample: Demographic correlates and comorbidity. Archives of general psychiatry. 1989 Aug 1;46(8):682-9. doi:10.1001/archpsyc.1989.01810080012002
42. Morey LC, Hopwood CJ, Klein DN. Passive-aggressive, depressive, and sadistic personality disorders. https://doi.org/10.4135/9781483328980.n13
43. Chabrol H, Van Leeuwen N, Rodgers R, Séjourné N. Contributions of psychopathic, narcissistic, Machiavellian, and sadistic personality traits to juvenile delinquency. Personality and individual differences. 2009 Nov 1;47(7):734-9. https://doi.org/10.1016/j.paid.2009.06.020
44. Wilson A, Passik S. Explorations in presubjectivity. https://psycnet.apa.org/record/1993-98049-003
45. Rappaport H, Enrich K, Wilson A. Relation between ego identity and temporal perspective. Journal of personality and social psychology. 1985 Jun;48(6):1609. https://doi.org/10.1037/0022-3514.48.6.1609
46. Malatesta CZ, Wilson A. Emotion cognition interaction in personality development: A discrete emotions, functionalist analysis. British Journal of Social Psychology. 1988 Mar;27(1):91-112. https://doi.org/10.1111/j.2044-8309.1988.tb00807.x
47. Feldman M, Wilson A. Adolescent suicidality in urban minorities and its relationship to conduct disorders, depression, and separation anxiety. Journal of the American Academy of Child &

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.
DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

Adolescent Psychiatry. 1997 Jan 1;36(1):75-84. https://doi.org/10.1097/00004583-199701000-00020
48. Ahluwalia J, Avram MM, Ortiz AE. Lasers and energy-based devices marketed for vaginal rejuvenation: A cross-sectional analysis of the MAUDE database. Lasers in surgery and medicine. 2019 Oct;51(8):671-7. https://doi.org/10.1002/lsm.23084
49. Sofra X. Dynamics of Female Sexuality; Hidden Emotional Issues. Health. 2020 Jun 2;12(6):694-708. DOI: 10.4236/health.2020.126051
50. Barbara G, Facchin F, Buggio L, Alberico D, Frattaruolo MP, Kustermann A. Vaginal rejuvenation: current perspectives. International Journal of Women's Health. 2017;9:513. https://dx.doi.org/10.2147/ijwh.s99700
51. G. Barbara G, Facchin F, Meschia M, Vercellini P. "The first cut is the deepest": a psychological, sexological and gynecological perspective on female genital cosmetic surgery. Acta obstetricia et gynecologica Scandinavica. 2015 Sep;94(9):915-20. https://dx.doi.org/10.1111/aogs.12660
52. Diotel N, Le Page Y, Mouriec K, Tong SK, Pellegrini E, Vaillant C, Anglade I, Brion F, Pakdel F, Chung BC, Kah O. Aromatase in the brain of teleost fish: expression, regulation and putative functions. Frontiers in neuroendocrinology. 2010 Apr 1;31(2):172-92. https://dx.doi.org/10.1016/j.yfrne.2010.01.003
53. Santoro N, Worsley R, Miller KK, Parish SJ, Davis SR. Role of estrogens and estrogen-like compounds in female sexual function and dysfunction. The Journal of Sexual Medicine. 2016 Mar 1;13(3):305-16. https://dx.doi.org/10.1016/j.jsxm.2015.11.015
54. Alinsod RM. Re: Transcutaneous temperature controlled radiofrequency for orgasmic dysfunction. Lasers in Surgery and Medicine 2016; 48 (7): 641–645. Lasers in surgery and medicine. 2017 Sep;49(7):727. doi: 10.1002/lsm.22643
55. Rosen, C. Brown, J. Heiman, S. Leiblum, C. Meston, R. Shabsigh, D. Ferguson, R. D'Agostino R. The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. Journal of sex & marital therapy. 2000 Apr 1;26(2):191-208. https://doi.org/10.1080/009262300278597
56. Meston CM. Validation of the Female Sexual Function Index (FSFI) in women with female orgasmic disorder and in women with hypoactive sexual desire disorder. Journal of Sex &Marital Therapy. 2003 Jan 1;29(1):39-46. https://dx.doi.org/10.1080/713847100
57. Sekiguchi Y, Utsugisawa Y, Azekosi Y, Kinjo M, Song M, Kubota Y, Kingsberg SA, Krychman ML. Laxity of the vaginal introitus after childbirth: nonsurgical outpatient procedure for vaginal tissue restoration and improved sexual satisfaction using low-energy radiofrequency thermal therapy. Journal of Women's Health. 2013 Sep 1;22(9):775-81. https://dx.doi.org/10.1089/jwh.2012.4123
58. Salvatore S, Nappi RE, Parma M, Chionna R, Lagona F, Zerbinati N, Ferrero S, Origoni M, Candiani M, Leone Roberti Maggiore U. Sexual function after fractional microablative CO2 laser in women with vulvovaginal atrophy. Climacteric. 2015 Mar 4;18(2):219-25. https://dx.doi.org/10.3109/13697137.2014.975197
59. Park TH, Whang KW. Vaginal rejuvenation with gore-mycromesh. Aesthetic plastic surgery. 2015 Aug 1;39(4):491-4. https://dx.doi.org/10.1007/s00266-015-0502-z
60. Park TH, Park HJ, Whang KW. Functional vaginal rejuvenation with elastic silicone threads: A 4-year experience with 180 patients. Journal of plastic surgery and hand surgery. 2015 Jan 2;49(1):36-9.

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.
DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015

https://doi.org/10.3109/2000656X.2014.944187
61. Cowley-Cunningham MB, Byrne R. When Falsification is the Only Path to Truth. InProceedings of the Annual Meeting of the Cognitive Science Society 2005 Feb 12 (Vol. 27).
SSRN: https://ssrn.com/abstract=2339585
62. Popper KR. The Logic of Scientific Discovery (London: Hutchinson).
63. Meyer-Bahlburg HF, Dolezal C. The Female Sexual Function Index: A methodological critique and suggestions for improvement. Journal of sex & marital therapy. 2007 May 15;33(3):217-24. https://doi.org/10.1080/00926230701267852
64. Brotto LA. The female sexual function index: a methodological critique and suggestions for improvement. Journal of sex & marital therapy. 2009;35(3):161. DOI: 10.1080/00926230802716294
65. Izard CE. Human Emotions Plenum Press. New York. 1977.
66. Izard CE, Libero DZ, Putnam P, Haynes OM. Stability of emotion experiences and their relations to traits of personality. Journal of personality and social psychology. 1993 May;64(5):847. https://doi.org/10.1037/0022-3514.64.5.847
67. Galanakis M, Stalikas A, Pezirkianidis C, Karakasidou I. Reliability and validity of the modified differential emotions scale (mDES) in a Greek sample. Psychology. 2016;7(01):101. DOI: 10.4236/psych.2016.71012
68. Buchanan RD. The development of the Minnesota multiphasic personality inventory. Journal of the History of the Behavioral Sciences. 1994 Apr;30(2):148-61. https://doi.org/10.1002/1520-6696(199404)30:2<148::AID-JHBS2300300204>3.0.CO;2-9
69. Butcher JN, Williams CL. Essentials of MMPI-2 and MMPI-A interpretation. University of Minnesota Press; 1992.
70. Ben-Porath YS, Tellegen A. Minnesota multiphasic personality inventory-2 restructured form. Minneapolis, MN: University of Minnesota Press; 2008.
71. Gass CS, Williams CL, Cumella E, Butcher JN, Kally Z. Ambiguous measures of unknown constructs: The MMPI-2 Fake Bad Scale (aka symptom validity scale, FBS, FBS-r). Psychological injury and law. 2010 Mar 1;3(1):81-5. doi:10.1007/s12207-009-9063-2
72. Gass CS, Odland AP. Minnesota Multiphasic Personality Inventory–2 Revised Form Symptom Validity Scale–Revised (MMPI–2–RF FBS–r; also known as Fake Bad Scale): Psychometric characteristics in a nonlitigation neuropsychological setting. Journal of Clinical and Experimental Neuropsychology. 2012 Jul 1;34(6):561-70. doi: 10.1080/13803395.2012.666228
73. Handel RW. An introduction to the Minnesota multiphasic personality inventory-adolescent-restructured form (MMPI-A-RF). Journal of clinical psychology in medical settings. 2016 Dec 1;23(4):361-73. doi:10.1007/s10880-016-9475-6. ISSN 1068-9583. PMID 27752979

Citation: Sofra X. Female Social Empowerment and the Psychological Expression of Endocrinological Issues during Menopause. J Endo Metabol Res. 2021;2(1):1-15.
DOI: https://doi.org/10.37191/Mapsci-2582-7960-2(1)-015