

# The Unanswered Self

The Masterson  
Approach to the  
Healing of  
Personality Disorders

Candace  
Orcutt



# Contents

ACKNOWLEDGMENTS	vii
INTRODUCTION	ix
1. <b>Overview: Personality Disorder and the Developmental Paradigm</b>	<b>1</b>
2. <b>The Borderline Personality</b>	<b>29</b>
<i>Case Study: Confrontation of Hysterical [Borderline] Transference Acting Out</i>	43
3. <b>The Narcissistic Personality</b>	<b>54</b>
<i>Case Study: A Patient with Manifest Narcissist Personality Disorder and Developmental Trauma</i>	74
4. <b>The Schizoid Personality</b>	<b>91</b>
<i>Case Study: The Differentiating Schizoid – Clinical Considerations</i>	125
<i>Case Study: Schizoid Fantasy: Refuge or Transitional Location?</i>	130
5. <b>Abandonment Depression, the Triad, and the Developmental Paradigm</b>	<b>142</b>
6. <b>The Diagrams</b>	<b>159</b>

<b>7. Masterson and Beyond: Dissociation, Trauma, and Self-states</b>	<b>172</b>
<i>Case Study</i>	
<i>Part 1: Psychotherapy with a Borderline Adolescent: From Clinical Crisis to Emancipation</i>	214
<i>Part 2: Integration of Multiple Personality Disorder in the Context of the Masterson Approach</i>	227
<b>BIBLIOGRAPHY</b>	<b>257</b>
<b>INDEX</b>	<b>265</b>

# Acknowledgments

My acknowledgments must open with further appreciation of the man who practiced within the evolving concept of personality disorder, even as he contributed to the growing definition of this concept. The work of James Masterson was always alive and continues to be: a process of therapeutic understanding and action continually subject to new discovery in the therapeutic encounter itself. As one of Masterson's associates, I will always value the way in which he also drew our own clinical discoveries into this process and gave them a forum. I hope to offer my thanks to Jim Masterson in continuing his work in this book – to carry forward his unique creative venture devoted to healing a fundamental human hurt.

Acknowledging the meaningful experience of the past forty years – especially the recognition of those who have brought companionship and insight to the undertaking – I can only partially find the right words of thanks. I hold valued recollection of the extra-Mastersonian teachers and supervisors I have learned from; the students – notably the supervisees – who taught me while I taught them; and the patients – who by necessity go unidentified – with whom I have shared a process of psychic growing-up.

Special appreciation is due to individual clinicians who maintain Masterson's teachings across the globe: Ralph Klein, M.D., former Clinical Director and Richard Fischer, Ph.D., associate, New York City, with whom I share memories of the beginning Institute; Judith Pearson, Ph.D., New York City, Director, the International Masterson Institute; Meral Aydin, Ph.D., Director, Masterson Institute Turkey; William Griffith, M.A., Director, Masterson Institute South Africa; Maggie Down, B. App. Sc., Director, Masterson Institute Australia; Caroline Andrews, M.A., M.A.P.S., and Elizabeth O'Brien, M.B.B.S., D.P.M., FRANZCP, Co-Directors, IMI Australia, in affiliation with the West Coast USA faculty; Loray Daws, Ph.D., British Columbia, Canada, former Co-Director, Masterson Institute South Africa, Masterson editor and ambassador at large; Louise Gaston, Ph.D., Director, Traumatys, and Monique Bessette,

Ph.D., Director, Victoria Institute, who both teach the Masterson Approach in Quebec, Canada; and Karla Clark, Ph.D., who provided a too-brief opportunity for a writing collaboration with one of the accomplished West Coast USA Mastersonians. Back on the East Coast USA, recognition is due to Diane Roberts Stoler, Ed.D., neuropsychologist, for her innovative work in trauma and hypnosis.

A special thanks must also go to Bradley (Baruch) Amins, Louise Gaston, Ph.D., and Loray Daws, Ph.D., with gratitude for their invaluable reviewing of the manuscript. Additionally, I extend my thanks for the support of two fellow writers, familiar with the nonverbal tyranny of words: Alice Schell and Maya Balakirsky Katz, Ph.D.

It also gives me pleasure to say thank you to Christina Wipf Perry, Publishing Director, Liz Wilson, Managing Editor, and copy-editor Nikky Twyman, at Karnac Books, whose expertise, organization, and warm encouragement have guided me through the birthing of this volume.

My acknowledgments would not be complete without the inclusion of my thanks to Patricia Masterson, with heartfelt appreciation of her kind thoughtfulness over many years.

# Introduction

In *Psychotherapy of the Disorders of the Self* (Masterson and Klein 1989), reverently referred to by his associates as “The White Book” (the dust jacket served as our totem), James Masterson broadened his dynamic theoretical and clinical approach to include contributions by those he had trained and who worked with him:

*For me, this volume marks an important stage in a professional journey that has had many turnings. Clinical concern and theoretical introspection evoke a wish to share, which led to writing and teaching. The deepening of this need to build a continuing community of ideas has impelled me to invite those who have learned from me to join me. This book represents their commitment and contribution to the Masterson Approach.*

(p. viii)

And, needless to say, “The White Book” marked an important stage in the careers of myself and the other associates, who also prized the clinical work, the writing, and the teaching, but had barely dreamed of being invited into a creative community with a leading mind in our field. “The White Book,” and its companion volume, *Disorders of the Self: New Therapeutic Horizons – The Masterson Approach* (Masterson and Klein 1995), provided just that opportunity. It was an extraordinary “moment,” for it not only marked our professional coming of age, but also exemplified Masterson’s belief in us. “The White Book” and its companion volume not only welcomed us as part of a professional family, but also demonstrated Masterson’s conviction that a living, growing society fosters new individual expression as essential for its scope and vitality.

Masterson’s encouragement of the next generation of psychotherapists is not a fanciful family metaphor. In a substantial way he was the father figure, which is perhaps undervalued in this era of maternal

emphasis. He brought disciplined structure and definition to our work with patients, and practical direction, through teaching and writing, to our interaction with the therapeutic world. Like the good-enough father, he did not praise unconditionally, but selectively encouraged in ways that supported individual accomplishment.

Masterson continued to incorporate writings of his associates in subsequent volumes. But “The White Book” and its companion volume are unusual in the opening of a master clinician’s work to the creativity of those who have been in his training.

I was fortunate to have been invited to be part of the Masterson Group at its beginning in 1981 – this was the clinical arm of the Character Disorder Foundation, the forerunner of what is now the International Masterson Institute. There were three of us selected to join Dr. Masterson in his New York City office: Ralph Klein, M.D., who became Clinical Director after pioneering with Dr. Masterson at Payne Whitney Clinic, and Richard Fischer, Ph.D. and myself, associates. This original group was an egalitarian representation of clinicians: psychiatrist, psychologist, and social worker/psychoanalyst.

The following years were an exhilarating time of coming into being. Masterson himself was building an organization for postgraduate psychotherapeutic training and treatment, while expanding his concept of personality disorder in a field that was itself evolving new therapeutic perspectives. The rest of us accelerated to keep up – seeing patients and presenting at conferences with an understanding increased by ongoing supervision by Masterson and study of the books he steadily published. The Masterson Approach was forming even as we ourselves became teachers and writers and were joined in turn by new associates: an articulate group on the West Coast, and then colleagues abroad, in South Africa, Turkey, Australia, and Canada.

Self-individuation within the social context is the therapeutic aim of the Masterson Approach, and it was the professional goal set by Masterson for those he guided. Many of us, as we put into practice what we had studied, gained new insights from our experiences with our patients, and contributed our discoveries to the Approach. Masterson encouraged this participation, which added to the ongoing growth of ideas in the continuing synthesis he had undertaken and intended to pass along. For he showed us that theory, especially as it strives to understand and promote

the growth of human personality, must itself grow and change.

The Masterson Approach has never been static. From the start, Masterson was unwilling to accept the status quo for the treatment of borderline adolescents. Refusing to follow a “wait and see” course of hospitalization that had little or no effect, and when the outcome of young lives was on the line, he steadily searched for ideas that could explain the dynamics driving his patients’ repetitive, often contradictory, behavior, and lead to a new perspective on their treatment. This independent beginning was followed by the first of his characteristic syntheses: integration of object relations theory with the observations of child development studies. Two research projects and five books later, he had found a rationale and treatment for borderline personality disorder that worked for adults as well as adolescents, and had established himself as an authority in the field.

The synthesis continued. Work with borderline patients inevitably led to exploration of dynamic psychotherapy with personality disorder in general, and the possibility that different forms of personality disorder might follow a developmental process of their own (as reflected in *The Narcissistic and Borderline Disorders: An Integrated Developmental Approach*, Masterson 1981). At the same time, new schools of thought were evolving around the concept of personality, while contemporary psychoanalytic thinkers illuminated specific areas of pathology. Masterson steadily expanded his Approach to benefit from self psychology and advances in trauma theory and neurobiology. His treatment models for different personality disorders gained from the innovations of other pioneers. Just as Kernberg’s theorizing concerning object relations informed Masterson’s psychoanalytic psychotherapy of the borderline, so the Masterson Approach acknowledged the definitive ideas of Kohut in work with the narcissistic personality disorder, and the established but underappreciated writings of Fairbairn and Guntrip in work with the schizoid personality disorder. Finally, the culminating synthesis of the Approach – the borderline, narcissistic, and schizoid personality disorders grouped under the concept of disorders of the self – received a welcome affirmation from neurobiology and the insights of Allan Schore.

In 2005, Masterson brought out his last edited book: *The Personality Disorders Through the Lens of Attachment Theory and the Neurobiologic Development of the Self: A Clinical Integration*. This is a concise summation of his work, supported by detailed explorations by his associates,



including a verbatim account of a supervision session (Masterson and Farley 2005). A significant addition to Masterson's model is cited in the contemporary attachment studies of Peter Fonagy and colleagues. The work of Fonagy, especially, is further elaborated in chapters contributed by Margot T. Beattie, Ph.D. (2005a, 2005b).

However, although Mahler is now reinstated as intrinsic to Masterson's theory, there is no attempt to review the Masterson Approach around the original developmental-object relation model. Consideration of schizoid personality disorder in conjunction with Mahler's differentiation sub-phase does not take place, to the loss, I believe, of both the understanding of that disorder and the integration of the Masterson Approach itself.

Masterson's synthesizing Approach, open to many new concepts but prioritizing clinical effectiveness, moved on so rapidly that possibilities of more painstaking elaboration at times were sacrificed for a broader view. One underdeveloped area was the exploration of a possible progression of types of personality disorder related to psychic arrest in the progressive developmental stages described by Mahler (Mahler, Pine, and Bergman 1975). It is a primary focus in this book to review more closely this specific building-block in the Masterson Approach in hopes of further demonstrating its persuasive clinical usefulness.

There is a vitality in Mahler's work that goes beyond the subject under observation and connects the reader to the living being. Originally, this association became an inspiration and a source of creative insight for Masterson. As he relates in his Prologue to "The White Book":

*I immediately sensed that her work resonated with my own, and I was on the track she outlined like a bloodhound ... I put the two together, which led to the view that the borderline personality disorder was a developmental problem – a failure in separation-individuation or in development of the self.*

(Masterson and Klein 1989, p. xv)

Nearly two decades later, this energy was renewed by "the explosion of knowledge from neurologic brain research," which supported child observation findings, including Mahler's. Specifically, Mahler's claim that

maternal libidinal availability was essential for the infant's psychic growth was strengthened by Schore's conclusions: that mother-child "mutually-attuned synchronized interactions are fundamental to the ongoing affective development of the orbital prefrontal cortex, and, therefore, of the self" (Masterson 2005, pp. 9–11). Near the close of his work, and after occasional uncertainty as perspectives shifted in an era of intense theory-building, Masterson saw his Approach come full circle. He was to have the satisfaction (ruefully denied to Freud) of seeing his hypotheses scientifically validated.

A consistent correlation between Mahler's subphases of separation-individuation (the model of healthy maturation) and major types of personality disturbance (the pathological distortion of that model) is implicit in the Masterson Approach. Initially, Masterson drew a clear correspondence between borderline personality disorder and Mahler's rapprochement subphase of early childhood psychic growth. Later, as he explored narcissistic personality disorder, he speculated that this disorder related to a still-earlier subphase, probably the practicing subphase (Kohut is generally in agreement here). However, when Ralph Klein introduced the schizoid personality disorder into the Masterson Approach, Stern's new developmental model had taken the spotlight, and an analogy was not drawn between the differentiation subphase and that disorder (although Kernberg notes the connection, and Fairbairn and Winnicott's theorizing supports it). In this book, I aim to return to Masterson's original correlation of Mahler's developmental subphases and a shadow-side of corresponding disorders in personality. I hope to reinstate some of the lost effectiveness of the initial model by showing how the clinician's work is strengthened by an understanding of the healthy progression underlying the distortions of pathology.

I have found myself following this implicit schema in my work with patients. Perceiving the essence of the healthy child within the developmental distortion of the patient has seemed so clinically helpful that it has consistently shaped my understanding; moreover, relating that perception to a specific subphase of early development has significantly informed my diagnostic assessment and intervention. I think I can say that this guide has seemed so naturally true – as it presents evolving images of the early child frustrated by a normal developmental task that has somehow become a trap – that it has meaningfully shaped my perception and treatment of personality disorder. The true-to-life quality of

the developmental model in my experience still evokes that insightful correspondence Masterson felt when Mahler's work first made sense of the misdirected energy of his adolescent patients. ("The White Book" includes a piece I wrote, based on modifications in clinical technique based on this schema; Masterson seemed open then to my keeping my assumption intact, and I hope he would now endorse my more explicit rounding out of the model [Orcutt 1989b, pp. 110–146].)

But still, why focus on this part of the Masterson Approach when linear models are minimized these days in favor of systemic, even spatial, concepts?

The linear model is clinically powerful. It speaks to the essence of dynamic psychotherapy: the patient's need to see his or her individual life as a meaningful progression, its parts interrelated and amenable to change. To accomplish this – held within the therapist's attentive presence – the patient finds the elusive words and feelings that complete the narrative and move it forward. The individual story – the beginning, the journey, the guiding intention – defines the patient's identity with the telling.

In 2005, in one of the last of Masterson's books, Judith Pearson, Ph.D., now Director of the IMI, reflects on narrative truth. Pearson speaks of "the shaping force of language," which from early childhood enables us to "tell" ourselves who we are, and to find validation in telling others of this discovery. Pearson's wonderfully inclusive piece reflects creatively on "The Analytic Quest for the Unnarrated Self" (2005, pp. 203–230), from its underlying strata in neurobiology, through the evolving conversation of mother–child attachment, through the primitive need to "sing up" a meaningful account of our environment, and ultimately to name the individual self. Her citations, which gather in a wide reading of scientific and creative literature, show how a complexity of thoughts about our being are contained in the linear narrative. Whether we are reminiscing on our birthday, or reclaiming lost parts of the story through the "talking cure," the narration of a linear journey through time shapes our sense of self. If the linear story we tell about selves is in part an illusion, it is the sort of illusion that Winnicott describes, and that we need to define our cultural "reality."

Pathology resists our attempts at theoretical and clinical taming. His Approach embodies Masterson's lifetime determination to draw

together diverging sources of theoretical energy to better serve clinical demands. Masterson's therapeutic manner was directed by a passionate dedication that revealed itself in oblique ways. One way expressed itself through his involvement with the creative struggle of his favorite author, Thomas Wolfe (Masterson 1985, pp. 150–166). Another was symbolized in the bronze replica of *The Bronco Buster*, which he kept in his office. Remington's sculpture is described on the internet in these words: “[It] portrays a rugged Western frontier cowboy character fighting to stay aboard a rearing, plunging bronco, with a stirrup swinging free, a quirt in one hand and a fistful of mane and reins in the other.”

Masterson's decades of defining and directing the treatment of personality disorder were often a wild ride. Especially in the case of borderline personality disorder, understanding the willfully oppositional and treating the supposedly untreatable became an achievable goal – a challenge to be met and then delegated to others who would value and continue this living accomplishment.

It is my hope to value, and to some degree strengthen and extend, the Masterson Approach, especially in regard to the clinical application of the developmental paradigm.

## CHAPTER I

# Overview: Personality Disorder and the Developmental Paradigm

The work of James Masterson is a synthesizing project left incomplete with unexplored possibilities for clinical application. It deserves an attempt at fulfillment not only because this may bring greater theoretical coherence to the evolving definition of personality disorder, but perhaps primarily because it offers guidance to clinical practice that is truly effective.

Masterson's fifteen books are as much a search as a discovery, and the search is still ongoing. It should be kept in mind that personality disorder is very much a contemporary concept, barely established now, and still just coming into being at the time of Masterson's first writings. Following the progress of Masterson's publications is itself a reliving of the growth of the concept of personality disorder: from the shift from the intrapsychic "character disorder" of drive theory, to the self-and-other-directed perspective of object relations and developmental studies, to the neurologically supported refocusing of self theory, to reaffirmation of the impact of maternal care on the infant's sense of being and resulting adaptation to individual personality style. Masterson's Approach has steadily gained from the ongoing formulation of personality disorder even while it has taken part in the creation of that definition.

Aside from his breakthrough volumes on the borderline, where he comes into his own in defense of his adolescent patients, Masterson is continually integrating new data from an expanding field and relating it to a coherent concept of personality disorder (increasing support from neurological findings must have been especially gratifying to his medical orientation). Above all, however, he is determined to keep his findings clinically pertinent. Although, I believe, he had acknowledged and incorporated information essential for defining his overview, the theoretical/

clinical synthesis of the Masterson Approach was still in its rounding-out state at the time of his death. Such a synthesis (I also believe) is a fundamental contribution to creating a curative clinical approach to contemporary personality disorder.

This book endeavors to follow Masterson's original direction: dynamic psychotherapy founded on the relational, developmental timeline of human psychic maturation. Historically, this viewpoint has been concerned, above all, with the growth of real children with their real mothers, and the application this has to the further psychic maturation of real patients of all ages with their interrelated therapists. The initial impact of Masterson's work was and still is derived from the unique effectiveness of this model in treating the borderline patient. It is the assertion here that the extension of the model – extensible by definition – not only facilitates treatment of other forms of personality disorder, but also it is proposed that a more inclusive perspective – a developmental, object relations, and self spectrum – provides a theoretical insight that renews that initial impact. Clinical action gains in persuasiveness, both for patient and for therapist, when the therapeutic process is perceived to be congruent with the process of human growth.

## The Question of a Linear Approach

But why adhere to a linear, developmentally based approach, especially now, when the human mind is beginning to receive its due for all its networked, multidimensional, time-tricking, even illusional properties? Because the human psyche itself, I think, or at least the human psyche at present, requires the satisfaction of a linear overview. We both praise and lament the linear progress and change of things and of ourselves.

The linear model reflects the traditional view of the individual life experience: birth, childhood, youth, maturity, age, and death. We watch ourselves and others move and accomplish or relinquish along a temporal measure, and we primarily describe and judge our passage in those terms. Some parts of the story may predominate, be more vivid, but it is an evolving story with a beginning, middle, and end. Of course, this reflects the biologically governed, superficially observed movement of the self through clock time, but the telling of the “story” goes deeper.