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Psychotherapy of the Borderline Adult. A Developmental Approach By James F. Masterson, M.D.

(New York: Brunner/Mazel, Inc., 1976. 377 pp.)

Review by Arnold D. Richards

Engaged for more than twenty years in clinical research on personality disorders, the author focused, in his earlier work, on adolescents, particularly those seen in an inpatient setting; his more recent findings come from his experience in treating adults in his private practice, using the theoretical and therapeutic model he had developed in treating borderline adolescents. This is the same theory and technique he reports having taught to over a hundred psychiatrists with excellent results. Masterson's present study contrasts a technique derived from a developmental model and "object-relations theory" with one derived from a conflict-drive psychoanalytic model. Favoring the former, Masterson further dichotomizes the issue by focusing on preoedipal as opposed to oedipal issues and on an active technique involving confrontation and limit-setting, as opposed to a more passive "analytic" stance. Masterson views his own clinical experience and that of the more than one hundred psychiatrists trained in his technique as a successful clinical trial. "Widespread application," he maintains, "is now-warranted." In making his case, he pays particular attention to his successes with patients who had previously been treated by adherents of other approaches with little or no improvement. In order to evaluate these claims, a closer look at this theory and the technique is needed.

Masterson states that the borderline patient suffers from an arrest occurring at the separation-individuation phase (rapprochement subphase) of development, due to the mother's withdrawal of "libidinal availability" when her child attempts to separate and individuate. He feels that these mothers are themselves borderline (an opinion based on observing their visits to their adolescent children in the inpatient setting). While imputing to these mothers a "defensive need to cling" to their children, he never precisely states what this need defends against. The child reacts to the mother's withdrawal with an "abandonment depression" (a term never adequately defined), defensively denies the depressive feelings and the separation, and clings to his mother. The child is rewarded by the mother for regression or punished with withdrawal for any progress toward separation and individuation. This results in a "split object relations unit," a rewarding part unit, and a withholding part unit. These units, abbreviated RORU (reward object relations unit) and WORU (withholding object relations unit), are the central constructs of Masterson's theoretical model. The RORU develops an alliance between itself and a part of the ego (it is not ever made clear whether the object relations units are parts of the ego or whether they exist apart from the tripartite psychical structure); this part of the ego is considered pathological in that it has failed to "undergo the necessary transformation from the pleasure principle to the reality principle." The RORU is seen as the borderline patient's principal defense (does this indicate that the RORU is an ego function?) against the painful affective state associated with the WORU, namely, the abandonment depression. Both object relations units become transferences (presumably through the operation of the repetition compulsion) in which the therapist is viewed as alternately rewarding and withholding.

Masterson states that psychotherapy "compensates for the two key developmental defects of the borderline intrapsychic structure—i.e., in object relations and ego structure." To this end, two therapeutic techniques are employed: (1) support from the therapist, a real person, for the

patient's attempts at individuation; and (2) confrontation of the patient's denial of the destructiveness of his pathological ego. A new alliance is forged between the therapist's healthy ego and the patient's embattled reality ego. To quote Masterson,

A new object relations unit develops with the therapist as a positive object representation who approves of separation-individuation plus a self-representation as a capable developing person plus an affect (good feelings) which ensues from the exercise of constructive coping and mastery rather than regressive behavior. Working through impels progressive externalization of the RORU and WORU units (together with the latter's rage and depression) and sets the stage for the coalescence of good and bad self and object representations which is a prelude to the inception of whole object relations (p. 340).

In evaluating Masterson's approach to borderline patients, I would raise just two questions, although others do come to mind as well. First, although conflicts relating to separation, autonomy, and independence are clearly important in human development, what evidence is there that these issues are exclusively related to the pathology of one definable diagnostic group? Second, is a treatment approach based on a consistent focus on separation-individuation themes more helpful and effective in treating some patients than a more open-ended, investigative therapeutic approach?

In the second (and largest) section of the book, Masterson provides us with his own data, which he feels support a positive answer to the second question. He presents an account of his treatment of four adult patients diagnosed by him as borderline. Two cases are given as examples of what Masterson calls supportive psychotherapy aimed at helping the patients to control their "pathological egos" and to make their motivations "more reality oriented than fantasy oriented." Two other cases are presented as examples of reconstructive psychotherapy aimed at the "reconstruction of the patient's intrapsychic state by working through the abandonment depression associated with the separation-individuation arrest." Confrontation of the destructive value of the pathological defenses and interpretation of the object relations unit transference are the significant therapeutic techniques.

Psychoanalysis seems contraindicated for Masterson's borderline patients, but one feels disquiet that he never makes it clear why he believes conflicts relating to separation, loss, autonomy, and individuation cannot be dealt with in psychoanalysis. In this regard the book lacks an explicit classification of treatment approaches that are based on clear clinical and theoretical criteria; and psychoanalytic psychotherapy is not differentiated from psychoanalysis. While Masterson's clinical material in the book is detailed and carefully presented, the overall impression is unidimensional, with a skew toward the separation-individuation developmental arrest which Masterson maintains is central. A paucity of clinical evidence supporting Masterson's formulations rather than other, equally possible constructions is a major shortcoming of this book. I am concerned that Masterson's formulae may lend themselves to adoption as a "cook-book" approach to therapy which can be particularly stifling for psychiatric residents and other beginning therapists looking for ways to "organize" bewilderingly complex clinical phenomena. Psychoanalytic psychotherapy, as well as psychoanalysis, is diminished when it ceases to function as what Milton Horowitz has called "an investigative tool." This book does, nevertheless, merit attention by virtue of its focus on important clinical issues.