

# THE REAL SELF

A Developmental, Self,  
and Object Relations  
Approach

Structure

Function

Development

Psychopathology

Treatment

Creativity

By James F. Masterson, M.D.

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and Object Relations Approach**

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The Psychiatric Dilemma of Adolescence  
Treatment of the Borderline Adolescent: A Developmental  
Approach  
From Borderline Adolescent to Functioning Adult:  
The Test of Time  
Psychotherapy of the Borderline Adult  
The Narcissistic and Borderline Disorders  
Countertransference and Psychotherapeutic Technique

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*James F. Masterson*



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**Part 1**

**THEORY AND  
CLINICAL WORK**



## CHAPTER I

# Acknowledgment of the Emerging Real Self

The real self emerges in early intrapsychic development, grows throughout latency and adolescence, and then in adulthood must be articulated in reality. This search to consciously identify and express the real self may involve many changes in external behavior over a long period of time. If the expression is appropriate, it reinforces and strengthens the inner real self in circular feedback fashion. However, unarticulated aspects of the real self may lie dormant for many years, only to surface in surprising ways in later life.

Malcolm Cowley (1984), referring to writing his memoirs at age 85, said,

When I was a college student and I heard other students asking "Who am I," I listened to them with sympathy but also with a measure of disdain. When I was their age I knew damn well who I was. Now, however, I am not so certain. Since I am 85 the question comes back to me, if in a slightly different

form—'Who was I'—and the answer is not always what I had expected. If this memoir in which I am engaged has accomplished its task I shall have discovered or unveiled a shape in time. I shall have revealed to myself the person who is possibly the real me. (p.1)

In addition, he may still uncover some new unarticulated aspects of his real self.

The ideas presented in this volume are not "revealed knowledge" and did not spring full grown like Athena from the head of Zeus. They emerged from a long, slow, often laborious and tedious professional struggle which required the grappling with and resolution of both personal conflicts and professional challenges. The personal struggle involved in developing and refining these theoretical and clinical ideas helped me, like Malcolm Cowley, to more precisely refine and define, as well as fulfill, my real self.

In retrospect, it seems that I have been hovering over or circling around the emotional problems of the self for some 30 years, gradually working through and trying to master the outer layers of the problem in order to probe the core—a concept of the real self and its disorders. For example, I began my work at the most superficial layer—a descriptive approach to the diagnostic problems of personality disorders in adolescence (Masterson, 1967). This led to the next layer—a psychoanalytic approach that shifted the focus of study of the personality disorders from adolescence to the first three years of life (Masterson, 1972). The vehicle for this penetration to a deeper layer was the linking of an understanding of normal separation-individuation with object relations theory (Mahler, 1975; Mahler & McDevitt, 1982; Masterson, 1967, 1972, 1976, 1980, 1981, 1983).

However, although acknowledgment was given to the self tangentially in this theory of separation-individuation, the perspective emphasized object relations, not the self. The self seemed to tag along just for the sake of completion. The confusion in psychoanalytic theories of the self only seemed to compound the problem. The conceptual gap was unsatisfactorily filled by concepts of the ego and ego identity. Nevertheless, dramatic im-

provements in understanding of the patient's problems and in psychotherapy emerged from all these developments. Yet the core remained elusive, the nettle was not being grasped.

Despite this, the self continued to make its clinical presence felt and to press for further attention. In our follow-up study of treated borderline adolescents (Masterson, 1980), the importance of self-image, self-activation and self-assertion stood out like a neon sign. At the same time, for reasons I have described elsewhere, Kohut's notion of the self (1971, 1977), particularly its therapeutic implications for the borderline patient, seemed to me to leave a great deal to be desired.

I found myself, without intention or plan, focusing more and more in my work with patients on the patient's self to the point of spontaneously developing one symbol [s] when the patient was activating his or her real self in the session and another [o] for the relationship with objects. I began thinking and talking more and more in terms of a real and defensive self as it became clearer and clearer in the clinical material. Only after I had been using this concept of the self in psychotherapy for several years did I finally decide that I had to think it through further, organize it and describe it if only to clarify it for myself and to get it out of my system. This clarification also helped to further define the use and function of the therapeutic technique of communicative matching which I had described before but not fully developed.

This 30-year quest has clarified and reinforced my own professional real self which has now in this book led to a theory that hopefully can help others to clarify and define their selves. This theory shifts the focus—the microscope of observation and study—in development and disorder from the object—object relations—to the self; instead of thinking primarily in terms of objects and ego, we can think of the self with its objects and its ego. After all, in our daily toil with our patients, our work revolves around a person with a self, not a collection of objects and an ego.

This book adds to and in some respects is a culmination of my prior work in developmental object relations theory. Therefore, it cannot be considered apart from all that work. Substantial distortions could occur if the reader were to read only this book or attempt to understand it apart from that larger body of work.

Chapter II briefly summarizes psychoanalytic theories of the self, to help the reader place the developmental object relations theory of the self presented in Chapter III in a broader context. Chapters IV and V present the disorders of the self and their treatment—communicative matching. This material, the backbone of the book, derives from close intense observation, testing and retesting of clinical hypotheses with a large number of patients over many years and thus carries its own weight of clinical validity.

This clinically derived perspective on the real self, rooted in early developmental concepts, came to animate my entire outlook and to impel my curiosity, also, towards how the attitudes of various cultures toward child raising affected the development of a real self. This was stimulated by reading Bettelheim's (1969) book *Children of the Dream* about an Israeli kibbutz. It appeared to me that kibbutz child-rearing attitudes contrasted with child-raising attitudes in the United States and therefore were a good example of how different attitudes toward child rearing had different effects on the development of the real self.

I then had the opportunity to travel in Japan where I noted that Japanese attitudes to child rearing differed from those in both Israel and the United States and had a still different effect on the development of the real self. These ideas, speculative and hypothetical as compared to the clinical ideas in prior chapters, are presented in Chapter VI.

This interest in how the "character" of cultures affected the development of the real self led naturally to an interest in how contemporary cultural values affected adult functioning of the real self. These concepts are presented in Chapter VII.

Any psychotherapist who works with patients with preoedipal fixations or disorders of the self, if his treatment is successful, is forced to confront the issue of creativity as his patient's self emerges and becomes creative. Beyond that, an interest in the theory of the function of the real self leads inevitably to an interest in creativity—the ultimate of self expression. I became interested in the creative experiences of the self—in the fairytales used to guide the child's emerging self and, more importantly, in how

artists use their creativity in the search to articulate a real self. As an adolescent I was fascinated by Thomas Wolfe's novels (1929, 1934, 1935, 1936, 1937) without knowing why. Years later, as a psychiatrist, when I came to understand the role of the abandonment depression in the developmental arrest of the self, curiosity about his work returned because he seemed to be the perfect novelist of separation-individuation and the borderline personality disorder. His writings contained haunting, poetic, elegiac evocations of the affect of abandonment depression. His work was so autobiographical that it was a short step to study his life where I found that he used his creativity, his writing, in a desperate, perhaps lifesaving, effort to find a real self, as described in Chapters IX and X.

I came to Sartre (1946, 1964) and Munch (Eggum, 1983; Stang, 1977) from a different angle, having had only a tangential prior interest in their work. At about the same time as I was becoming aware of the emotional significance of Thomas Wolfe's novels as an expression of his abandonment depression, I also had an idea that Sartre's philosophy was perhaps an intellectual rationalization of an abandonment depression, i.e., it's not that I feel alone, helpless and depressed but that's the way life is. Similarly, I felt many of Munch's paintings were vivid portraits of abandonment depression. These ideas on Sartre and Munch are presented in summary in Chapter VIII as contrasting examples of creativity used in an effort to establish a real self.

The reader should keep in mind that Chapters VI, IX, and X are not presented as cross-cultural, cultural or psychobiographical studies in their own right. Rather the material is used to extend and elaborate the clinical concept of the real self.

Chapter XI presents a summary and discussion. The thesis of the book, derived from child observation studies of normal development and from clinical psychotherapeutic work with borderline and narcissistic personality disorders, is that for the self to fully emerge from the symbiotic union and assume its full capacities, identification, acknowledgment and support are required—from the mother and father in early development and from the therapist in psychotherapy.

There may be some children whose capacity for individuation is so great that they do not need external acknowledgment, and others whose capacity is so weak that no amount of external acknowledgment will suffice; but most children will be somewhere in between. As for borderline and narcissistic personality disorder patients, their developmental arrest is generally related, along with other possible factors, to environmental failure to acknowledge and support the patient's real self.

The importance of this issue in psychotherapy of borderline and narcissistic personality disorders has been obscured until recently because object relations theory has heretofore placed too great an emphasis on object relations and too little on a concept of the self. This effort to redress that imbalance can be seen as an addition to, rather than an attempt to replace, the prior emphasis.

The added perspective on the self provides additional focus for both observation and intervention; it rounds out and completes our understanding of the psychopathology. Beyond that, it focuses the clinical work closer to the patient's experience of distress and provides a more immediate vocabulary for communication—i.e., the phrase self-activation or self-expression is far more immediate, relevant and closer to the patient's emotional experience than the more abstract term—individuate.

The therapist's technique for acknowledgment of the real self is called *communicative matching*. It is an art, a matter of delicacy of fit and timing like a good interpretation. If used by itself, it will be regressive and self-destructive, but when combined with the other therapeutic techniques of confrontation, interpretation, etc., that contain the transference acting-out and promote the working through of depression, it provides the necessary added dimension to create the conditions for an optimum repair of the impaired real self. Not that a substantial improvement cannot take place without it, but that improvement will not reach its optimum.

I cannot caution enough about the principal distortions of this view of communicative matching. The first consists of those therapists whose view of therapeutic neutrality is so fixed and rigid that it permits no such interventions. Their patients may improve if the rest of the approach is appropriate, but they will not reach the optimum.

I am far more concerned about the other, far more common distortion that exaggerates this view of communicative matching to be a license for cheerleading the patient's self-activation. This happens, it seems to me, most often with therapists who project their own countertransference helplessness on the patient and then try to guide or direct the patient out of it. Let me re-emphasize that this leads to disaster as it perpetuates the patient's regressive rewarding object-relations unit defenses.

One cannot direct, order, flatter, dominate, threaten, coerce, seduce or otherwise force a patient to activate his real self or individuate. One can only create the conditions that make it possible. The patient must take it from there. Self-activation means exactly what it says.

The key here is *balance*. The communicative matching is effective only when properly integrated in balance with the rest of the work and when done from a position of therapeutic neutrality and objectivity. The therapist is a servant of the process that goes on in the patient's psyche. He or she must be guided by that process. The chapters that follow illustrate the use of communicative matching to facilitate the emergence and consolidation of the real self. Chapter II sets the stage by a brief review of psychoanalytic theories of the self.

## CHAPTER II

# Psychoanalytic Theories of the Self: A Brief Summary

Theories of the self have led to more confusion than understanding in the development of psychoanalytic thinking. Freud's ambiguous use of the term ICH to refer to the self both as a whole person—subjective experiential—and to the ego (as translated by Strachey, 1966)—theoretical, more objective and mechanical—led to considerable confusion about the relationship between the self and the ego which persists to this day.

The matter was further confused (according to Bettelheim, 1982) by the abstract mistranslations of Freud's vital words.

### BETTELHEIM ON FREUD

Bettelheim (1982) noted that in his work and in his writings, Freud often spoke of the soul—of its nature and structure, its development, its attributes, how it reveals itself in all we do and dream. Unfortunately, nobody who reads him in English could guess this, because nearly all his many references to the soul, and

to matters pertaining to the soul, have been excised in translation. In the 1933 *New Introductory Lectures on Psychoanalysis*, in the chapter titled "The Dissection of the Psychological Personality," Freud (1964), speaking of the *I*, the *it*, and the *above-I*, describes them as "the three provinces of the apparatus of the soul." In *The Question of Lay Analysis* (1959), the phrase is translated as "the three provinces of the mental apparatus (p. 71)." And in conceptualizing the workings of the psyche, distinguishing the conscious from the unconscious, and distinguishing the functions of the *I*, and the *above-I*, Freud uses the term "soul" to describe what he regards as the overarching concept that takes in all the others. In various places (1959), he spoke about "the structure of the soul" and "the organization of the soul." In the translation, these terms are almost always rendered as "mental apparatus" or "mental organization." Almost invariably, the *Standard Edition*, like the earlier English translations, either omits Freud's references to the soul or translates them as if he spoke only of man's mind. Freud never faltered in his conviction that it was important to think in terms of the soul when trying to comprehend his system.

Where Freud selected a word that, used in daily parlance, makes us feel vibrantly alive, the translations present us with a term from a dead language that reeks of erudition precisely when it should emanate vitality. To refer to the unknown, unconscious contents of the mind, he chose the personal pronoun "it" (*es*) and used it as a noun (*das Es*). This was translated as "id." To mistranslate ICH as "ego" is to transform it into jargon that no longer conveys the personal commitment we make when we say "I" or "me," not to mention our subconscious memories of the deep emotional experience we had when, in infancy, we discovered ourselves as we learned to say "I."

In creating the concept of the ICH, Freud tied it to reality by using a term that made it practically impossible to leave reality behind. Reading or speaking about the "I" forces one to look at oneself introspectively. By contrast, an "ego" that uses clear-cut mechanisms, such as displacement and projection, to achieve its purpose in its struggle against the "id" is something that can be studied from the outside by observing others. When I say "I," I