

**On Gratitude**  
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I want to thank you for having Sari and me here today. I'm very grateful to the Contemporary group and pleased to be a part of it. I've enjoyed the warm and cordial atmosphere here, and the openness. It's free of dogma and that's what I need.

Today, I want to express my gratitude to some of those, including you, who have been helpful to me. I was in practice for about 50 years and reminiscing is one of the side effects of aging (which isn't so bad). As **Eleanor Roosevelt** once said, "the secret of eternal youth is arrested development".

Most of my analytic training was in Chicago. It was not memorable but it had its moments. I'm still grateful to **Dr. Piers**, who showed me an unpublished paper, entitled "Learning Theory in Psychoanalysis". It spoke of "insight, identification and conditioning". No wonder it wasn't published; conditioning was not even in the analytic jargon. We also had a single exposure to **Maxwell Gitelson** – of whom more later.

Someone in our class asked him what the aim of psychoanalysis was. After a few moments, he replied, "to learn how to bend with the blows". That has stuck with me. And we were lectured to by **Heinz Kohut**... on metapsychology!! There was little connection with the class and he did not seem to be enjoying himself. Remember, this was in the late 50's, when he published his "Introspection and Empathy" paper. I didn't know it then, but he must have been involved in the struggle to reinvent himself.

The highlight of my Chicago years was my exposure to the work of **F.L.W. – Frank Lloyd Wright** - and there was a lot of his work in Chicago. He was a creative phenomenon and an architectural genius. I once saw and heard him at a public meeting, where he was trying to promote a phallic monument to himself – a skyscraper he proposed erecting (sic) out in Lake Michigan. It was never built, and he died two years later. His work is still memorable for me. As you can see I was not yet captured by psychoanalysis.

In the early 60's, **Dr. Wolberg** was coming to Toronto from New York, to present a paper on depression and I was asked to discuss it. That was when my education really began. I discovered authors whose work really mattered to me. They were not metapsychologists, but were interested in child development and early object relations. This area was flourishing in England, but not in North America – not yet. I still feel a sense of gratitude to some of them – I can't mention them all.

And about this time, as my clinical experience was growing, I realized how frequently depression was accompanied by 'moral masochism' (**S. Freud**) or 'pathological altruism' (**A. Freud**)- a nicer name. About this time, I was reading **René Spitz**, and his work really impressed me, especially his 1945 paper on hospitalism and anaclitic depression, and his book on "The First Year of Life ". He wrote about abandoned infants who were institutionalized, and were deprived of essential caring experience over a period of time. What ensued was a tragic process of apathy, resignation and motor retardation. He termed this "anaclitic depression," and it culminated in "marasmus". This is a failure to

thrive, with appalling susceptibility to ordinary childhood infections. There were manifold disturbances in the psychological, physiological and social spheres. These were all the consequences of sustained, unconsummated protest behaviour, and the absence of maternal attachment experience.

A 1953 paper by **Edward Bibring**, who was a classical analyst with an interest in childhood depression, had a prophetic quality. He spoke of how the neglected infant, unable to supply its own legitimate narcissistic needs, was subjected to a “traumatic state of helplessness “. (This was a profound absence of efficacy) He spoke of how this evolved into a basic depressive ego state which was the forerunner of adult depression, with a loss of vitality and lowering of self esteem.

In the late 50's and early 60's, **John Bowlby** published a number of papers, and he was much criticized for not being a proper psychoanalyst because he observed instinctual behaviour patterns rather than intrapsychic processes. These patterns were the expression of infantile needs, and the struggle and failure to achieve them. He observed early attachment behaviour such as sucking, clinging and following with eyes and head – and he observed early protest behaviour such as crying and reaching. When these instinctual responses remained unconsummated, they resulted in a sequence of despair, detachment and depression. His studies of separation and attachment, and early object relations were significant contributions. **Spitz** and **Bowlby** are still with me.

Earlier, I spoke of **Maxwell Gitelson**, who was a former president of the American Psychoanalytic Association. He shook up the 1962 Edinburgh Conference on the curative process in psychoanalysis. What a prophetic paper that was. This was in the American era of ego psychology, and the mother was regarded as an “auxiliary ego” for the developing child, but her functions were not yet elaborated. **Gitelson** spoke of the mother mediating the infant’s transition from coenesthetic perception, which was amorphous, to diacritic perception, which more clearly defined internal and external stimuli. He spoke of an impetus for the completion of development (which is something we should always keep in mind) and of this drive as a special instance of the repetition-compulsion (just think of a toddler trying to master walking). He also referred to the patient’s need for the facilitation of a new beginning (as did **Balint**) and he stressed that infantile needs are not merely regressive, but can be an indispensable source for potential growth. Most disturbing to the conference, he spoke of the analyst’s “diatrophic intent” – a supportive intent to heal and to promote development. But **Gitelson** cautioned that these analytic provisions should be confined to the early stages of treatment (sic). He also discussed the question of how much and what kind of satisfaction is needed by the patient and by the analyst to maintain “optimal tension” (his term). And he had the courage to say “a certain amount of narcissistic gratification is indispensable for health and normal satisfaction”, (so much for the emphasis on frustration as the sole agent for development). He even mentioned that libidinal attachment to the analyst can be an integrating and restructuring experience in itself, and if this wasn’t enough, he spoke of the patient’s need for recognition, and respect for the patient’s autonomous strivings. What a man! He upset

more than a few of his colleagues with these advanced views, (shades of **Loewald**). And I am grateful for having read his paper.

A few words about **Robert White** and his I.J.P monograph in 1965 entitled “Ego and Reality in Psychoanalytic Theory”. It focused my attention on the child’s need to feel that it can have an impact on the environment (and the patient on the analyst). He termed this capacity “efficacy” which provides the child with a sense of “competence”. We’ve seen how the child’s failure to elicit needed supplies from the environment can lead to depression and low self esteem. All these writings were opening up new and refreshing vistas for me, for which I still feel grateful. They were not a part of my psychoanalytic education.

And there were more, who as **André Gide** said, “were able to discover oceans because they had the courage to lose sight of the shore”. There was **Michael Balint**, who in the mid to late 60’s, stirred me with his book, “The Basic Fault”. Here he spoke of how patients could regress to a state of “arglos” (of absolute trust in the analyst), and could make a “new beginning” from the basic fault. This is a regression for the sake of progression. In addition, he says that the child is born with a sense of “primary relatedness”, not into a state of primary narcissism, as **Freud** believed. Hopefully the child could engage in the “work of conquest”. I always liked the term. This was about the “ability to change a hostile object into a cooperative partner”. This was great stuff.

Like **Balint, Winnicott** was in England, and an important figure in the object relations movement. He was a true and creative original. Among his many contributions, he spoke of the true and false selves, the latter being a result of the child's compliance. He stressed the significance of the "early fit" and of the "good-enough mother", who was "always mending her errors!" He spoke about "the holding and facilitating environment" in childhood and in treatment. Failures here can form an obstacle to the creation and usage of needed developmental experience both in and out of treatment. He also cautions that "the patient's creativity can be stolen by the therapist who knows too much" (that's a doctrinaire therapist). Finally, (I will condense) "when things go wrong, the patient suffers a break in the continuity of going-on-being. In the end, the patient uses the analyst's failures", (I would add- if these failures are mended). What a wise and original man, a man who dared to be creative. I'm certainly grateful for his example.

As for **Greenson** – he published his "Technique and Practice of Psychoanalysis" in 1967 and it was widely read at the time. He was funny, wise and rebellious. For instance, he declared that "sometimes the patient is right". That really got to me – the idea that the patient is not always in a state of resistance. He wrote of how infuriated he was with a candidate who said, "yes, and what comes to mind?" after a distraught mother spoke of her child nearly dying the previous night. The moral here, of course, was that compassion and concern were allowed. Then, in the 60's, he and **Elizabeth Zetzel** were each writing papers on the "Therapeutic" or "Working Alliance", a concept that was vehemently rejected by a number of vocal parties at the time. **Brenner** dismissed their novel concept as "superfluous".

**Loewald** published a paper around 1960 on “The Therapeutic Action of Psychoanalysis”.

It was an astonishing achievement for someone who was still trying to maintain his classical heritage. I’ve read it many times, and once counted thirty memorable statements in it. He even tried to reconcile these ideas with instinct theory in the latter part of the paper – and to me, it felt strained. But the rest was special. He was ahead of his time.

He said the following:

- The analyst needs to have love and respect for the individual and for individual development
- The patient internalizes the interaction with the analyst, not just the analyst
- Objectivity does not mean not being available as an object (even **Freud** wrote to **Oscar Pfister**, a Swiss clergyman, that “an atmosphere of cordiality should prevail”)
- **Loewald** stressed the analyst’s capacity to observe himself or herself in interaction with the patient (a harbinger of intersubjectivity, and the capacity for self reflection).
- He speaks of the patient’s internalization of the therapist’s views of him/her as someone with a mind of his or her own.
- He stresses that the development of new ego functions are dependent on the interaction in a favourable environment of “mutual responsiveness”.
- He suggests that the patient’s fear of reliving the past is a fear of not regaining the present.

And there is so much more. He is someone who helped to clarify and to ease my work with patients by opening up new possibilities. I'm grateful for that.

Then there is **Kohut**, a large and helpful influence – but I am not a Kohutian. I am who I am and he helped me get there. In the late 60's, **Howard Bacal** moved to Toronto and introduced many of us to **Kohut**. Howard was commuting regularly to Chicago and kept us abreast of developments there. We started with a small study group here (Howard, Pat White, Peter Thomson, Alan Kindler and me), which was later enlarged. These were exciting times, compounded by the local opposition to self psychology.

Here are some of the highlights of **Kohut's** work from the 70's and 80's which have been helpful to me and for that help, I am grateful.

**Kohut** speaks of :

- The analyst's empathic immersion in the patient's subjectivity.
- The analyst lends an understanding ear to the patient's subjectivity but without necessarily agreeing.
- The search in self psychology is for the mobilization of the self/object needs which shame the patient. These are anaclitic needs of the self, previously referred to as infantile "ego" needs. But they had not been elaborated.

**Kohut** felt that his main contribution was of conceiving the notion of the mobilization of these self/object needs within the self/object transference. This was not a search for instinctual drives, derivatives and fantasies. When sexual or aggressive drives did appear

in the transference, **Kohut** referred to them as “disintegration products’ These were manifested when the self felt endangered. This is an unfortunate term but there is some sense to it. There was a recognition of their phase appropriateness when self/object needs appeared in the transference.

What were some of these self/object needs? To be more specific, they include the need for mirroring (the “gleam in the mother’s eye”), idealizing, merger and twinship needs, and an innate need for the development of the self and for self definition and self regulation. These are legitimate narcissistic needs, and they stay with us, though attenuated. **Kohut** also proposed a need for a stable and integrated self, one which is an “independent centre of initiative and an independent recipient of impressions”. These could be called early ‘ego’ needs, but **Kohut** was using a more “experience-near” terminology. Later other self/object needs were added. They would all be vital constituents of **Hartman’s** “average expectable environment” which had not been elaborated.

**Kohut** believed that there were curative aspects to the therapist’s empathic presence and interpretations. There is music and there are words. The analyst’s unique music is a carrier for the words. The analyst has to be alert to his /her words, but also to his/her music. The analyst is no longer a mirror, but a working partner one could feel safe with.

**Kohut** introduced a new concept to the process of change. He believed when optimal frustration occurs as a result of a break in the empathic bond, that a process of

transmuting internalization will occur – that is, a favourable change. Frustration, not gratification was still the agent of change. This was wrong. When such dystonic events do occur, they require a mending experience and that is what is internalized – the whole interaction of the mending. Mending facilitates hope, reconciliation and forgiveness.

**Kohut** brought attention to the narcissistic vulnerability of patients, which had to be respected – “above all, do no harm”. Narcissistic homeostasis is the goal, not instinctual drive homeostasis. Narcissism need not be pathological. In fact it is essential and **Kohut** legitimizes the term.

Classical theory is a structural conflict theory whereas self psychology is a deficit theory and has tended to overlook conflict – except for the conflict between the desire for the satisfaction of self object needs, and the fear that retraumatization will occur if they are expressed.

And finally the Oedipal conflict. I like **Kohut**’s take on it: The Oedipus complex is not central or ubiquitous. The Oedipal phase, however, when it presents itself, if handled improperly will become an Oedipal complex. There’s more of course. In all, **Kohut** has been a major catalyst for me, in my own way, and of course for others as well.

And a salute to **Howard Bacal**, who is now a member of the Contemporary group in Los Angeles. What a bright and talented guy and a fine writer too! He’s a skilled analyst, an enthusiastic teacher, a real scholar and a good friend. In the mid 80’s, he addressed the

frustration/gratification issue. and proposed a solution to it. He called it “optimal responsiveness”. What insight! He’s still working on this issue in his more recent “specificity” papers. What optimal means is that both pleasurable and unpleasurable interventions can be provided – but in the right way and as required. Both can be optimal.

As for his 1990 paper on the corrective emotional experience which he renames the corrective self/object experience: He says it’s not optimal frustration alone that is therapeutic and internalized, but the analyst’s self/object provisions that are included in the analyst’s way of being, talking and listening. He also dealt with something new to me and important – that was the concept of entitlement. I thought ‘Bravo’! Another opened door. This essential sense of entitlement is the result of the infant’s expectation that its self/object needs will be responded to most of the time. This kind of entitlement is not a “bad” experience. Like the sense of efficacy, it promotes hope and optimism, not the opposite. But entitlement can be unpleasant in its archaic forms and in its pathological form.

In sum, the provisions of such self/object functions as needed and as described earlier, is what makes the corrective self/object experience possible. I should mention that **Howard** and **Peter Thomson** published a noteworthy paper on the analyst’s own need for narcissistic self/object provisions from the patient, such as admiration, gratitude and other forms of self enhancement. As for **Peter Thomson**, he was always productive. He was a lucid writer, probably known to some of you as a highly respected analyst and analytic model. He had some vestiges of his original analytic training to deal with, as I did, and

sometimes we did it together. His passing has been a keen loss to those of us who knew him. He was an uncomplaining gentleman to his last days.

**James McLaughlin.** I want to single out his inspiring paper I read in 1996. I wish it had been published earlier. It has left a lasting impression. It was delivered at a meeting about ‘The Analyst’s Power, Authority and Influence’. It was a candid and moving experience with remarkable case material and beautifully written. **Brenner’s** authoritative comment at the meeting? – The subject matter of the conference “is not an issue”.

**McLaughlin** states that he too was struggling with the legacy of his training, and that in the early 70’s he began to appreciate the importance of focusing on the “subjective reality of the patient” (as did **Kohut**, but no mention of him in the paper).

I’ll relate a few of his ideas:

He speaks of the analyst’s ability to acknowledge error or responsibility ‘without undue remorse’. This helps to relieve the patient’s sense of culpability whenever things go wrong. He makes a plea for the analyst to monitor his/her own needs and for the creation of a therapeutic climate in which the patient’s rights and vulnerability are respected. This climate does not arouse the patient’s fears that a sense of personal agency is destructive nor is a mind of his own a threat to others. He favours an analytic position that conveys “the relativism of knowing” – to make it possible for the patient to “trust and dare”. It’s all about “less knowing and more seeking” and “an exploratory openness to be informed”. He now “floats” ideas rather than “declaiming” them, and there is a

“collaborative mode of looking with the patient at what might be seen”. He says, “All this affords the patient the fundamental experience of being believed”. He also authenticates the patient’s perceptual powers, and proposes that the analyst be willing, like the patient, “to be an object of scrutiny”. He concludes with “small events, not the analyst’s towering intellect, are appreciated- as is the patient feeling “stood by”, and that something essential in them is being believed”. As you can see, **McLaughlin** can turn a phrase, and he remains a presence for me.

Finally I come to **Bernard Brandchaft**’s paper in the late 80’s and 90’s. He is a hero of mine, perhaps because our interests are similar, and because he can be so passionate about them. I’m referring to his work on depression and what he aptly calls “pathological accommodation” – what **A. Freud** has called “pathological altruism”. He has also addressed the issue of change in psychoanalysis and the fear of change. I’ve seen and heard him several times. He appears worn but eager and persuasive. His papers are challenging but eloquent and require time and attention.

Above all, he is preoccupied with the imprisonment and smothering of the child by caregivers who expect their needs and ideas to be served without question by the child. The child is expected to surrender its own needs and to service parent(s). Surrender is the condition for this “enmeshing” attachment- and this is what **Brandchaft** terms “pathological accommodation”. It begins very early in life, in **Brandchaft**’s opinion and leaves little space for the development of the child’s autonomous strivings, This “usurpation”, as he calls it, robs the child of its initiative and entitlement, and the right to

a life and mind of its own. Further, the capacity for self reflection is impinged upon. Feelings of hopelessness, despair and self loathing are the fate of the enmeshed child. The child and the patient know not why, because these invariant organizing principles are embedded within the procedural realm. In my own experience, however, the origins are not always so obscure.

**Brandchaft's** experience is that the past does reveal itself in subtle or not so subtle shifts of affect in the analysis. Inevitably any manifestation of good, vital and creative feelings about the self are automatically followed by feelings of self loathing, despair, loss of hope and vitality. Please note- **Brandchaft** sees this shift not simply as a repetition of the past, but as a fear of not repeating the past- a fear of breaking free of the archaic enmeshment, of losing the old familiar sense of the servile self and the omnipotent objects, and having to contend with the terrors of an empty self and a dark and objectless non-existence. **Brandchaft's** case reports are compelling.

The job of the analyst here is twofold:

- Not to be afraid of being changed by the patient- (the patient as an agent of change)
- Secondly, for the analyst to be alert to switches in affect, and they do occur, subtle or pronounced

The analyst needs to confront the patient with the shifts, and attempt to explain them- and to hope, that in time, the patient's own self awareness will evolve. These affect shifts, he says, are not the result of rupture to the empathic bond to the analyst, (although I think they can be). In fact, **Brandchaft** believes that the analyst's empathic immersion can

obscure the shifts, which he says are the manifestation of ‘ghosts’ (**Ibsen**’s term); ghosts from a crippling conflict in the patient’s past. This is a profound conflict between separation and attachment.

In the 90’s **Brandchaft** does assert, correctly I think, that **Kohut** had not paid sufficient attention to conflict. In the cases, **Brandchaft** presented so eloquently, he says that the conflicts were primary and self/object deficits were secondary. This is debatable, I think. Peter Thomson and I once did a paper, proposing that deficit is almost always a precursor to conflict of clinical proportions. (In **Brandchaft**’s cases, there is a deficit of the bonds that promote separation and individuation). I still feel very grateful to **Bernie Brandchaft**.

I want to remind you in concluding, that varying degrees of childhood accommodation are a part of most everyone’s life and varying degrees of a problematic outcome are seen regularly in our practices.