These authors discuss Kohut’s essay, noting that Kohut makes four apparently confusing assertions about the role of empathy in psychoanalytic process and cure. They then offer an original analysis that seeks to make sense of these conceptual confusions. In the second part of this article, the authors utilize Kohut’s two-step formulation of analytic cure as another approach from which to understand specificity theory.

Keywords: empathy; specificity theory; self psychology; Kohut; Bacal; optimal responsiveness; process theory

In this, his last address, Heinz Kohut (1981) sets out to clarify what is arguably his most important contribution—his articulation of the central role of empathy in psychoanalysis. More important, we see in this address one of the most creative and courageous of psychoanalytic pioneers struggling to offer a new conceptualization of what is therapeutic in psychoanalytic treatment.

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We say “struggling” because Kohut's (1981) views on psychoanalytic practice in this talk are at such variance with the way he had talked about it in private with one of us (Howard Bacal), who worked with Kohut for several years—that is, Bacal never felt that Kohut stood on ceremony on what “proper analysis” is, as Kohut does in this address. We believe this reflects a long-standing tension that was, perhaps, increasing now that he knew that he was at the end of his life. We believe that the more obvious source of this tension was Kohut’s conflict between his commitment to his new perspectives on the psychology of the self and his allegiance to traditional precepts. Before he introduced self psychology, Kohut was so respected by his psychoanalytic colleagues as a leading traditional theorist that he was referred to as “Mr. Psychoanalysis.” His quite remarkable shift in thinking, from Freud's drive-and-defense theory to a psychology of selfobject transferences and, in effect, of self–selfobject relationships, was experienced as a betrayal by his classical psychoanalytic confreres, which was difficult and painful for him. As interest grew in Kohut’s developing theory of the self within psychoanalysis, Kohut was rejected by most of his peers and senior colleagues (Strozier, 2001). Kohut shared with Bacal that people such as Anna Freud and Heinz Hartmann, who had been close friends, now in the final years of his life literally turned their backs on him when they came into close proximity. This personal rejection, combined with Kohut’s own allegiance to traditional doctrine on how analysis cures and how, therefore, a true analyst should behave, conflicted with his allegiance to his own discoveries, as a therapist, of how analysis can heal. We argue here, in our discussion of this essay (Kohut, 1981), that it is this personal and interpersonal conflict that accounts for Kohut’s difficulty in articulating his discoveries with clarity and consistency.

Mike Basch (personal communication, 1985), a prominent self psychology colleague and a former analysand of Kohut, put forward such a view when he observed that, in the book to which Kohut refers in this talk, How Does Analysis Cure?, Kohut presented a retrogressively classical formulation that so-called “optimal frustration” significantly mediates analytic cure. Basch felt that this was a last-ditch gesture of conciliation to his classical detractors. In other words, Basch did not believe Kohut believed this.

We would tend to agree with Basch. Bacal’s sense of how Kohut viewed psychoanalytic treatment came through in the way Kohut worked and supervised, although his views did slip through more explicitly, for example, when he told Bacal (personal communication) that “Ferenczi had
the right idea.” That is, Kohut, like Ferenczi, believed that there was a good deal to be said for responding to a patient in the ways that the patient experienced as therapeutic, even if these ways would not be endorsed by the prevailing tenets of psychoanalytic practice. Yet, not unlike other innovative analytic thinkers of that time, such as Fairbairn and Balint, Kohut, too, struggled to conceptualize and apply his discoveries of what may be therapeutic against the backdrop of what is “true” psychoanalysis. This struggle may, to an appreciable extent, account for the peculiar mixture of messages we hear in this, his final address, about therapeutic action.

In the balance of our article, we explore the meaning of Kohut’s final words on therapeutic effect and empathy, the ways in which we find his concepts confusing, and our attempts to make sense of that apparent confusion. We then offer our own new way of understanding therapeutic process, one offered from the perspective of specificity theory. Although specificity theory did not derive from self psychology, its understanding of therapeutic process can be seen, in part, as an expansion of Kohut’s two-step formulation of therapeutic action (Kohut, 1984).

Before we delve into the analysis of Kohut’s discourse, we offer a broader theoretical context in which this particular article about the role of empathy in psychoanalysis can be better understood. Kohut was a prolific and gifted writer across his lifespan. As Paul Ornstein (1978) noted in his compendium of Kohut’s work, Kohut developed three lines of thought: the development of a psychoanalytic psychology of the self; applied psychoanalysis addressing topics such as music, literature, and culture; and a third line of thought that might represent his most enduring contribution to the field, his formulation of a broad theory of psychoanalysis. He asked such questions as: what constitutes psychoanalysis?; what are its unique boundaries, aims, and methods?; and how does it cure? This line of Kohut’s thinking explores psychoanalysis as a science without regard to the particular theory of personality, development, and pathology conceptualized within various psychoanalytic theories such as Freudian, Kleinian, object relations, or his own self psychology. Kohut’s was always an integrative project, a project that created his own experience-near formulations, but simultaneously placed them within the traditions of classical theory.

Kohut’s last talk falls into the third category: the broad conceptualization of psychoanalysis. Kohut had defined psychoanalysis as the investigation of the inner life of man. This exploration is carried out through the two interactive processes of (a) empathy and introspection as the instruments
of data gathering and then (b) the systematic ordering of the data with the aid of a particular conceptual framework.

Kohut (1968, p. 88) felt that the recognition of the central role of empathy, as a process separate from the application of any particular theory, had been neglected and even disavowed in the practice of psychoanalysis. Kohut asserted that every analyst utilizes empathy to discern the patient’s inner world, regardless of which psychoanalytic theory an analyst might utilize to understand her patient\(^1\), although theory inevitably affects and is integral to empathic investigation.

However, when the purpose of these operations is to affect the inner life of another, or as Kohut (1984) termed it, to cure, psychoanalysis consists of “two separate, identifiable, but interdependent steps, (1) empathic understanding, and (2) explaining.” (p. 94). These two steps comprise Kohut’s “basic therapeutic act.”

Kohut begins his final presentation by expressing his ongoing frustration that empathy as central to the first step in psychoanalytic cure is continually misunderstood. He stridently reaffirms his assertion that empathy and introspection are the tools of data gathering, and that they are the human capacities that make the investigation of the inner life of another possible. To his detractors who criticize him for his belief that “empathy cures,” he offers the emphatic refutation, “I do not believe that at all.” However, after offering us his carefully crafted clarification of the role of empathy as data gathering, a source of analytic knowledge, Kohut then confusingly devotes the balance of his talk to the elaboration of the ways in which empathy itself does cure.

How can we make sense of these two assertions by Kohut, which are seemingly contradictory? We offer for your consideration the view that Kohut was reaching to conceptualize an individualized response that was not restricted to interpretation—a conceptualization that envisions many different types of needed therapeutic responses, responses that would also take into account the developmental level of the patient. Yet, he cannot do this because his theory of therapy does not allow for it on two counts: one, Kohut must define the second step of his formulation of the basic therapeu-

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\(^1\)The empathic mode of observation has become, so to speak, happily wedded to self psychology theory as its primary methodology; but, we must remind ourselves that it is not intrinsic to the structure of self psychology theory, notwithstanding the fact that the explicit offer of empathic attunement as a validating response has implicitly come to be recognized as the “standard technique” of the self psychologist.
tic act, the response, narrowly and singularly as explaining. Within the prevailing classical theory of his day, the only legitimate psychoanalytic response was to offer the results of the analyst’s sustained empathic listening in a verbal formulation to the patient, though Kohut himself, in practice, offered responses other than interpretation. Second, because classical theory did not recognize empathy as an analytic response, the role of empathy was therefore necessarily confined to data gathering.

Given these constraints, interpretation as the only legitimate response and empathy used only as a mode of observation, Kohut has two possible theoretical moves available to him in order to de facto expand therapeutic response, while in principle retaining verbal interpretation as the response: one is to expand the use of empathy in the first step as response, and the second is to expand the second step’s meaning of interpretation. In effect, in this talk, Kohut attempts both means of expansion. Empathy had already gained acceptance as a valid component of psychoanalytic treatment as integral to its methodology, but here Kohut expands its use and meaning as a response but without conceptualizing that he was, in fact, doing this. Interpretation was the preferred—in effect, the only accepted—psychoanalytical response, but here Kohut expands the notion of responses, such as a look, touch, or supportive sound, to legitimately, albeit confusingly, be termed an explanation or “interpretation.”

Now, let us explore in somewhat more depth the conceptual confusions that we see in Kohut’s talk. It is our hope that as we explore them in the context of our hypothesis of Kohut’s motivation to help his patients in ways that work for them and in ways that work for him, much of the confusion will dissipate, leaving us, the next generation of analysts, more clear in our thinking when we attempt to understand and respond to our patients.

Kohut’s presentation contains four conceptual confusions. First, Kohut avers that the presence of an empathic milieu can itself be therapeutic even if it is for destructive purposes. Second, “empathy per se [italics added] is a therapeutic action” (Kohut, 1981, p. 530). The third confusion is that empathy as therapeutic action is to be conceptualized developmentally with touching, holding, smelling, facial expressions, and words all constituting empathy at different developmental levels. The fourth confusion is that the offering of two fingers to his depressed patient constituted an interpretation.

Empathy as curative per se need not have given rise to such criticism and confusion if Kohut had been able to offer the crucial conceptual
distinction between empathy as a tool of data gathering—that is, as the analyst's listening stance attuned to understanding what the patient feels, thinks, and imagines—and empathy as the response of the analyst, a response the analyst offers to communicate to the patient the understandings garnered thereby. As method, empathy is an integral component of the psychoanalytic process. It makes psychoanalysis possible. If empathy is recognized as both a response among many possible responses, as well as the process for discerning a response, its effect can be analyzed with enhanced clarity. Even the analyst's attempt to listen to the patient as he or she seeks to understand his psychological life can, itself, be experienced by his or her patient as a response; and the patient's experience of the analyst's empathy may or may not be therapeutic. In specific instances, it may even be experienced as quite the contrary. However, a possible differential reaction by patients to empathy offered as a response does not undermine the universality of Kohut’s foundational assertion that empathy and introspection are the basic tools of data gathering. When the distinction between empathy as method of investigation and empathy as response is not made, the crucially distinctive roles of empathy in the analyst's complex process of coming to understand and respond therapeutically to the patient are bypassed and become vulnerable to simplistic collapse as "cure through love."^2

The third confusing elaboration of empathy that Kohut introduces in this talk is that empathy has "developmental lines." Kohut offers his depressed patient two fingers to hold, but conceptualizes this as a lower form of empathy. If we recognize that the response was offering two fingers, we can state the obvious: that the needed response was discerned through Kohut’s highly developed, professionally informed use of empathy. It is not Kohut’s empathy that is appropriately conceptualized at a lower developmental level; rather, it is the modality of the response, the actual offering of his body, that may be regarded as a "lower," or more archaic, response, which was in tune with his patient’s developmental need at that moment.

The fourth source of confusion involves again Kohut's offering of the fingers. Kohut names his response to his patient in offering his fingers an "interpretation" because an analytic response must be an interpretation

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^2Kohut (1984) expressly rejects the use of empathy as offering a type of "cure through love" or "cure through being kind" (p. 102); yet, we may consider whether being understood by another can, in certain instances, be felt as love or kindness by the patient and might, indeed, contribute to his or her cure.
and because he is able to formulate his understanding of the patient in this way to himself. Regardless of what he interpreted silently within himself, he did not explain to the patient that he understood what his patient needed. He discerned that she felt so alone that only the actual touch of another might affect her despair. He recognized that she needed another to actually extend himself physically to her and to allow her to take hold. He offered his two fingers. Through Kohut’s use of empathy and his theory of the self, he gleaned that the needed response was the wordless, physical extension of his fingers to his patient, who required the experience of life-affirming selfobject responsiveness at a simple, archaic, or, if you will, “lower” level to aid her in healing her suicidal despair. However, it is the gesture that may be conceptualized in this way, not the empathy that Kohut utilized to discern the therapeutic response.

**Optimal Responsiveness and the Specificity of Therapeutic Process**

Much of the confusion in Kohut’s presentation is cleared up when the second step in Kohut’s two-step formulation of therapeutic action is redefined as *optimal responsiveness*. That is, when Kohut’s second step is expanded to include the particular therapeutic response that is needed by the patient, it is clear that the analyst’s offering his two fingers to the patient, a look of pride in his eyes, or the sustained focus of the analyst on the inner life of the patient may be helpful in the healing of a particular patient. Bacal expanded Kohut’s second step through stating the obvious, but officially unobserved, fact that therapeutic experience arises from wider possibilities for responsiveness on the part of the analyst than verbal explanation alone and, at the same time, that the particularity of response was critical to its therapeutic effect. Through Bacal’s (1985) moving from optimal frustration to optimal responsiveness, the process of determining the specific response that might provide optimal healing for a specific patient was brought more into focus.

When Kohut (1984) defined interpretation as the only legitimate analytic response, he concomitantly limited the scope of his first step in therapeutic action, that of empathic understanding. When the analyst listens in order to construct explanations or interpretations, his or her observational field and organization of the data are necessarily shaped and constricted by this focus. Interestingly, the more our work embraces the expansion of Kohut’s second step, explaining or interpreting Bacal’s (1985) optimal re-
sponsiveness—the more we are challenged by the first step of understand-
ing. We are challenged because this step constitutes a process of discovery of the particular response that may be helpful for each patient at each point in time. That is, specificity theory expands the second step of Kohut's (1984) two-step therapeutic process from “interpretation” to any response that may be “optimal,” or therapeutic, for that patient. This expansion, then, shifts the analyst's attention from discerning the appropriate content of an interpretation, although such would continue, at times, to be a part of the second step, to discerning the type of response that may be most thera-
peutic for each patient at each moment in time. Expanding the process of the second step to discernment of the optimal response concomitantly led to the expansion of the process of the first step of understanding. Through the process of discerning an optimal response for each patient at each point in time, the complexity of the process of understanding and the specificity of empathy itself is made manifest. Specificity theory does not alter this first step as articulated (that is, “understanding”). But specificity theory focuses new attention to the process of understanding.

In effect, specificity theory is a different order of psychoanalytic theory than Kohut’s formulation of the basic two-phase therapeutic act (1984). Specificity theory is a process theory (Carlton, 2009) that conceptualizes at the level of understanding understanding. That is, it expands our apprehension of understanding from an act performed by the analyst about the analysand to a dynamic process, which emerges from a mutually influ-
enced bidirectional relationship between each analyst and analysand. Spec-
ificity theory states that understanding emerges from each uniquely constituted dyad, comprising all of who each participant is, including the analyst’s theories. Further, specificity theory states that optimal therapeutic responsiveness is com-
prehended by in-depth appreciation of the specificity of a reciprocally emerging dyadic process, which determines therapeutic possibility for any particular ana-
lytic dyad. When the reach of specificity theory is fully apprehended, we must acknowledge that any psychoanalytic formulation of universal moti-
vations, genetically designed stages of development, or prescribed re-
sponses is necessarily limited.

Returning to Kohut’s (1981) remarks, we notice that he did not re-
spond to his depressed patient by offering her an interpretation of her need. Kohut understood via his empathy for this patient at this time, that her ex-
perience of his empathic attunement to her lifelessness could not be medi-
ated through his verbal expression of his feeling for her. The patient needed to experience Kohut’s extension of himself and, then, to experience the ac-
tual holding of his two fingers. Offering the two fingers was not an interpretation, but it did constitute the practice of psychoanalysis at its best, exemplifying Kohut’s ability to understand and move to the patient’s therapeutic need. Our view is that it was also self psychology, specifically utilized at its best because, although Kohut’s empathic understanding and associated response were informed by the structure of his theory, they were not limited by the constraints that would direct him to interpret the patient’s archaic selfobject need rather than to provide it, symbolically, in this particular instance.3

When colleagues offer a critique of optimal responsiveness as “not psychoanalysis” they are, we would argue, inappropriately focusing on Bacal’s (1985) expansion of Kohut’s second step of the process, explaining, as the definer of psychoanalysis. We must now acknowledge that the measure of a therapy as psychoanalysis comprises the fullness and complexity of both steps. We propose that the two steps—understanding and response—not only overlap, but that they are inextricably linked, one with the other. In other words, the sine qua non of psychoanalytic therapy constitutes the entire process that includes understanding the complex mental states of another and apprehending their relationship to the patient’s past and the patient’s present with the analyst in order to discern the needed therapeutic response—a response that may or may not be possible within the ineluctably reciprocal process of that particular dyad.

As Bacal (2006) described, in the early days of his analytic experience with Kohut, he discovered, as a kind of revelation, the therapeutic power of empathy as response. Like many of his colleagues and fellow analysands at the time, he had come from a prior analysis in which this way of talking to patients was not regarded as having very much use. It took him some time to get over experiencing Kohut’s fairly consistent way of talking with him like this as somewhat indulgent. Yet, a process theory that underscores specificity would alert us to the possibility that, however efficacious empathy as response might be, it is not the only response that is always experienced as therapeutically optimal, or even useful, by every patient (Bacal, 1998). And interpretive explication, however hallowed it may be regarded, or however useful analysts find it to be, is not the only response that consti-

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3How this patient actually experienced what Kohut did, we cannot know. Analysts have, since that famous moment, debated whether he could have done just as well by interpreting her need for human contact or, some felt, perhaps she would have done even better had Kohut offered her his whole hand rather than just a couple of fingers.
tutes therapeutic effect; and it, too, as a modality, may be experienced adversely. One of the most therapeutically salutary responses Bacal experienced Kohut offering him was an encouraging arm around the shoulder, at an especially dispiriting time, when they were facing yet another 2-week break. Although he was not feeling the despair that Kohut’s suicidal patient was suffering, he conveys that had Kohut interpreted his need for such a gesture rather than offering it, he would have experienced it as a somewhat hollow response. In his analysis with Kohut, he discovered that neither Kohut’s offering of empathic attunement or interpretation constituted the only ways that he experienced Kohut being optimally responsive to his therapeutic needs (Bacal, 2006).

We can justly remember Heinz Kohut with words similar to those with which he honored Sigmund Freud. That is, he was a genius and he should be appropriately respected and appreciated for the enormously valuable perspectives to which he introduced us. Heinz Kohut showed us so much more, as psychoanalytic theorists, than we ever knew, and he thereby enabled us to go much further than we ever thought we could go, as therapists, in treating our patients effectively. It would be not only wrong, but detrimental to our field, to just by-pass him because we discern some shortcomings or inconsistencies in his articulated views and have developed fresh vantage points on apprehending the complexity of the therapeutic process. Some of these vantage points, and we very much include our own, continue to owe much to standing on his shoulders and thereby being able to see a little farther down the road he was traveling to where, as we have suggested, he, too, might have gone had he been able to stay with us a little longer.

References


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Translations of Abstract

Los autores discuten el ensayo de Kohut, observando que Kohut realiza cuatro afirmaciones aparentemente confusas sobre el papel de la empatía en el proceso y la cura psicoanalítica. Luego ofrecen un análisis original que busca encontrar el sentido de estas confusiones conceptuales. En la segunda parte de este artículo, los autores utilizan la formulación en dos pasos que hace Kohut de la cura analítica como otro abordaje desde donde entender la Teoría de la Especificidad.

Questi autori discutono il saggio di Kohut segnalando la presenza di quattro affermazioni apparentemente ambigue rispetto al ruolo dell’empatia nel processo e nella cura psicoanalitica. Presentano poi un’analisi originale che tenta di chiarire il senso di queste ambiguità concettuali. Nella seconda parte dell’articolo, gli autori individuano nella formulazione bi-fasica della cura analitica da parte di Kohut un ulteriore approccio tramite cui comprendere la teoria della specificità.

Ces auteurs discutent de l’essai de Kohut en relevant que Kohut fait ce qui semble être quatre affirmations confondantes sur le rôle de l’empathie dans le processus et la cure psychanalytiques. Ils proposent ensuite une analyse originale pour tenter de comprendre ces confusions conceptuelles. Dans la seconde partie de cet article, les auteurs utilisent la formulation des deux étapes de la cure analytique par Kohut comme une autre approche pour comprendre la théorie de la spécificité.
Die Autoren diskutieren Kohuts Essay und machen darauf aufmerksam, dass Kohut vier scheinbar verwirrende Aussagen über die Rolle der Empathie im psychoanalytischen Prozess und im Prozess der Heilung macht. Sie bieten dann das Beispiel einer Analyse an, das dieser konzeptionellen Verwirrung einen Sinn geben könnte. Im zweiten Teil dieser Arbeit verwenden die Autoren Kohuts zweistufige Formulierung der analytischen Kur als anderen Zugang zum Verständnis der „Specificity Theory“.