In his last talk, “On Empathy,” Heinz Kohut said farewell to psychoanalysis and self psychologists. Before “going home” to die, he revisited and tried once more to clarify what he meant by empathy. To emphasize his point, Kohut included a dramatic clinical vignette that touched on 2 areas of concern that still receive considerable attention in the analytic literature: enactments, especially via bridges from empirical infant research; and a developmental line for empathy. Contrary to the usual view of enactments, in this article, enactments refer to the organization of meaning that is implicit in enacted relational dialogue and does not require reflective thought or verbalization to be known. A clinical vignette illustrates this view of enactments.

Toward the middle of his last public appearance, published as “On Empathy,” Heinz Kohut (1981) told what he described as a “touching story.” Astronauts who had lost control of their spaceship preferred to get back to earth even if it meant burning up, rather than to have their remains circle in space forever. “Earth is our home,” they said. Home, said Kohut, signified their desire to return to an empathic human milieu. However, going home, in this context, also meant to die. I believe that this story provides the scaffold for Kohut's final article on empathy. It unites the two themes of the article, clarifying what he meant by empathy and going home to die.
Kohut was dismayed by the misuses and misunderstandings of empathy that he encountered in the psychoanalytic literature and case discussion. As a result, empathy had been circling around, out of his control, in psychoanalytic space. Therefore, Kohut (1981) used his last talk, used his last breath, to clarify, once more, what he meant by empathy. He reiterated and illustrated how he has always thought of, and written about, empathy. At the end of his talk, Kohut announced that this would be his last self psychology conference. Like the astronauts, he could not leave the meaning of empathy, his signature concept, to be untethered from his intentions and be “brushed off the face of the earth.” Therefore, in this, his final talk, Kohut brought himself and empathy home.

Telling the story of the astronauts' decision to go home may well have been on Kohut's (1981) mind right from the beginning of his talk. Earlier in this talk, he had referred to astronauts to differentiate between vicarious extrospection and vicarious introspection. To illustrate vicarious extrospection, Kohut asked us to imagine ourselves into outer space, based on the reports of the astronauts. This, he said, is vicarious extrospection. It enables us to imagine being in places where we have not been. He then drew a parallel to his own explorations of inner space, using vicarious introspection whereby you “put yourself in the shoes of” the patient. Kohut established a link between the astronauts and himself, the difference being in the different worlds that each explored.

Kohut's (1981) awareness of his mortality permeated this summary talk. He referred to death as an escape from suffering in the case vignette at the end of the article. He referred to death in the story about the astronauts, and he said that this would be his last self psychology conference.

In the context of facing his own death, Kohut (1981) looked back at the psychoanalysis that had been his professional home; and perhaps, in order to be able to go home, Kohut needed to clarify empathy and reclaim it out of the disarray into which it had fallen. It seemed as though he could not leave this earth with empathy in danger of losing its human connection and thereby being annihilated. He clarified empathy and returned to his psychoanalytic home by reminding us and himself (Kohut, 1959) of his 1959 article on introspection and empathy. In that article, empathy defined the field of psychoanalysis and made possible the study of the inner life of man. That article was a part of his early, bold, ground-breaking contributions. In his early articles, Kohut embarked on a journey into unexplored regions of inner space. He departed from the Freudian psychoanalytic tradition—modestly, at first—by presenting his theory of narcissism as
complementary to Freud's theory. Eventually, he moved more decisively away from traditional, classical, psychoanalytic ego psychology. In the context of his last talk (Kohut, 1981), he recalled his “old” home, the time when he was “still Mr. Psychoanalysis and in the center of the psychoanalytic movement” (p. 526).

Facing mortality, looking back, Kohut (1981) gave special, respectful recognition to Freud, whom he described as a “genius for what he gave us” (p. 529). In recognition of the psychoanalytic tradition, Kohut now reiterated the important but limited role he ascribed to empathy in the process of cure. He placed it within the understanding phase of the therapeutic process: necessary, but not sufficient for “cure.” Explanation, interpretation, and reconstruction are necessary. Although he did not believe that empathy cures, the loss or absence of an empathic milieu can certainly be devastating to a person. Conversely, the desire to return to an empathic milieu, and be in one, is a fundamental human need.

To anchor his discussion of empathy, Kohut (1981) spelled out a developmental line for empathy, tracing it from its “low” beginnings, such as holding, touching, and smelling, moving upward to barely touching, and barely having any trace of the original holding, to facial expressions, and then into words. This is also a movement from understanding to interpretation. Kohut held onto the psychoanalytic goal of “structural change” and distanced himself, quite decisively, from the notion that empathy cures. On his way home, Kohut espoused a position more in tune with traditional psychoanalysis.

However, Kohut was not always so opposed to “transformative,” if not curative, aspects of empathy. Recall the analysis of Mr. Z in which Kohut (1979) preceded an interpretation with the comment, “Of course, it hurts when one is not given what one assumes to be one’s due” (p. 400). At the time, Kohut stated that he did not understand the significance of the impact of this comment for his patient. However, in this, his “first” analysis of Mr. Z, Kohut introduced an interpretation by clearly conveying his understanding of Mr. Z's subjective experience. He offered a comment that could only have come through vicarious introspection. He added that he did not explore or interpret Mr. Z's reaction to his comment because he did not want to “disturb the progress of the analysis” (p. 400). Whether or not Kohut, himself, was Mr. Z, is not the issue. The case of Mr. Z is a “teaching paper” in which Kohut spelled out the limits of Freud's drive theory, especially with respect to the treatment of narcissistic pathology. The case served to illustrate that narcissistic patients form specific analyzable
transferences. Herein resides Kohut's considerable contributions to psychoanalytic treatment.

Kohut's (1979) comment to Mr. Z illustrates a change in the nature and content of interpretations, as well as the delivery of interventions. Much of the credit for this change in how we treat belongs to Kohut. Interpretations or confrontations of a patient's “grandiosity” or “covert hostility” are now more often presented in a way that shows that the analyst has kept in mind how the patient might experience the intervention—just as Kohut did in speaking to Mr. Z.

Kohut's (1979) intervention to Mr. Z is an eloquent example of using vicarious introspection to convey an understanding of a patient's subjective life. The intervention illustrates that, at the time, Kohut considered empathy as making more than a nonspecific contribution to the progress of this analysis. It produced a notable change in Mr. Z's affective experience in the analysis. In this instance, empathy seemed to go beyond understanding, as I believe it often does. Whether or not empathy “cures” cannot be determined by the analyst alone. It can only emerge as part of the analyst–patient dialogue. The patient's experience makes a contribution to evaluating whether or not he or she has been “transformed.” In this talk, to return to his psychoanalytic home, Kohut (1981) emphasized his belief in psychoanalytic rigor rather than addressing such gray areas as whether empathy contributes to understanding and to cure in treatment. It seems to me that, on his way home, to rescue empathy from the popularization, simplification, and romanticization into which it had been drawn, Kohut (1981) expressed a far more narrow view of empathy than he had previously espoused.

Kohut's (1981) clinical vignette of a woman who was in such pain, despair, and depression that suicide seemed to her as the only possible relief has been the subject of innumerable discussions. Unable to find any other way of making contact with her, Kohut gave her two of his fingers to hold. Was this an enactment? Was he trying to be “empathic,” using empathy in just the way that he had been arguing against? Was there a “transference–countertransference impasse that this act circumvented?” or, was this his last attempt to teach us something about psychoanalysis?

Kohut (1981) referred to his having given his patient his fingers to hold as a doubtful maneuver, and he would not recommend it. He questioned whether or not it was “right” and “would not say that it turned the tide” (p. 535). Yet, he added, “it overcame a very very difficult impasse at a given dangerous moment” and enabled the treatment to continue “with a reasonable substantial success” (p. 535)—that is, Kohut rejected the maneuver.
as not right, but then went on to tell us of its therapeutic value. Perhaps he did not want to legitimize having provided his patient with non-interpretive therapeutic benefits. His act, he claimed, only gave him more time to treat the patient without the severity of her depression or the threat of suicide hanging over the analysis. Yet, it was an action taken in the outer world, rather than one directed toward the inner world of the patient. He let us know his act had a bidirectional influence. It profoundly affected his inner world and may have had a similar powerful impact on his patient as well. Unfortunately, we do not know what that impact was.

Kohut (1981) told us about the astonishing “genetic reconstruction” he came up with, from his inner world. This act, probably meaningful to both the patient and analyst, falls neither into the category of understanding or of explaining or interpretation according to the definition of these terms as Kohut had discussed them. So, after quite painstakingly spelling out what is, and what is not, included under empathy and vicarious introspection, Kohut provided an example that clearly goes beyond his definition of these terms—or does it? Giving this patient two fingers to hold may well have conveyed, in an nonverbal form, an understanding of this patient's implicit communication. It is as though his parting words to us were, “Listen to me and take to heart what I write, but don't let it cramp your creativity. Make sure whatever extra-analytic interventions you make, that you do so as long as they are kind, and make the analytic process amenable to continued unfolding. And, if the patient as dangerously suicidal, don't just sit there!”

This case provides a curious and disturbing end to Kohut's (1981) talk. He described his experience of having his two fingers held by this woman as, “It was the toothless gums of a very young child clamping down on an empty nipple” (p. 535). Kohut referred to this statement as a genetic interpretation he made to himself. The “toothless gums” part was his experience of the patient's hand on his fingers; but, the “empty nipple?” Perhaps Kohut recalling this vignette at the end of his clearly difficult talk was a way of saying, at that moment, “I have nothing left to give.” Yet, at that moment, perhaps, Kohut did not realize how much he had given to future generations of analysts.

In the years since Kohut's (1981) last talk, his contributions have inspired numerous developments in psychoanalysis. Although he did not approve of hyphenating self psychology with other sciences, psychoanalysis, and especially self psychology, have benefited from a variety of related, non-analytic disciplines. Just think of the valuable contributions made to...
self psychology by empirical infant research, attachment research, and philosophy. All of these have enlarged the empathic grasp of analysts by sensitizing them to varied, subtle perspectives and nuances of life and experience.

In “On Empathy,” in the vignette about the suicidal patient, Kohut (1981) alluded to an area of analytic concern that still receives considerable attention in the analytic literature: enactments. To this topic, especially as it has been enriched by contributions from empirical infant research, I now turn.

Since the time of “On Empathy” (Kohut, 1981), and even before, heated debates on the virtues and vices of enactments have swept through the analytic literature. Actually, the concept has been difficult to pin down, but clearly nonverbal communications between analyst and patient, in lieu of verbal dialogue, can constitute an enactment—a communication through behavior. Verbal dialogue can also be part of an enactment, but I will not go into that murky area at this point. Enactments are often understood as interactions in the course of treatment into which analyst and patient have entered, or into which the analyst has been drawn. The analyst is initially unaware of the meaning or transferential implications of the verbal and nonverbal exchange. It may be an unwitting power struggle, a collusion to avoid a particular topic or a joint dissociation. The analyst, recognizing the enactment, works toward extricating the analytic couple by exploring its meaning. To give a patient two fingers to hold clearly qualifies as an enactment.

Kohut (1981) surrounded his act, of giving his patient two of his fingers to hold, with serious doubts. However, he indirectly but unambiguously enlarged our communication with patients who, like Kohut's depressed, suicidal lady, may be very difficult to reach. Patients who show the residues of early and severe traumatization, as may have been true for this patient, sometimes can only, or at best, be reached through a behavioral communication, through an enactment. For some patients, at some time, words just do not do it—either their words or the analyst's. Over the past decades we have become ever more alert to the role of implicit and nonverbal modes of communication. After the scope of psychoanalysis was widened, in the 1950s (e.g., Stone 1954), Kohut's contributions widened it even further by making psychoanalysis available to patients who could not develop a traditional “neurotic” transference. These patients, especially, required more flexibility from analysts, perhaps an even greater stretch in the analyst's capacity for empathy than had been required by the so-called
classical neurotic patient. However, as the analyst emerged more of a participant than just an observer in the treatment process, enactments became an increasingly greater source for analytic concern.

Kohut's (1981) suicidal patient lay silently on the couch, unable to put her thoughts into words. He referred to her as very vulnerable. We might now think of her as being unable to put her thoughts into words, not because they were repressed, but because they derived from pre-verbal or nonverbal traumatic experiences. Kohut may have intuitively or empathically realized that she needed literal contact with him. He may have sensed that his presence, sitting in a chair near her, or his use of words, was not enough. Looking at the developmental line for empathy that he proposed in his article, this patient, at that moment, was at the very low end of this line. She had not, at that moment, been able to access her capacity to connect with words in order to feel herself to be present in an empathic milieu. Hence, she needed “something more” (Stern et al., 1998) to feel Kohut's “empathic presence.” His two fingers concretely affirmed his and her presence. The meaning of “You are not alone and abandoned. I am here with you” had to be enacted, implicitly, to be communicated to and then felt by the patient.

I am arguing for a somewhat different view of enactments than the one previously delineated—namely, an enactment may constitute the only way a patient can communicate certain nonverbalized experiences or needs. We can credit Karlen Lyons-Ruth (1999) with providing important empirical and theoretical contributions to further our understanding of implicit communication and “enactive relational representations” (p. 586). She posited as a starting point: “Meaning systems are organized to include implicit or procedural forms of knowing.” These meaning systems become available only through action. They reside in an implicit or enactive domain. Thus, since “the organization of memory and meaning in the implicit or enactive domain (these experiences, meanings, or memories) only becomes manifest in the doing” (pp. 577–578). Lyons-Ruth coined the term enactive representations to refer to the linking of potentially non-conscious, pre-representational patterns with the enactments that then occur in psychoanalytic treatment. However, because these implicit procedures on the part of the patient became available in the enactive domain and are then woven into the therapeutic relationship, the analyst's participation is necessary. These analyst–patient interactions are “now moments” (Stern et al., 1998) that may either further the analysis or, if the analyst's contribution is “off,” impede or abort the treatment. The analyst's participation, or non-response, may be on a procedural level.
as well. Clearly, however, enactments occur in a two-person psychology field.

According to Lyons-Ruth (1999), when an enactment takes place, therapeutic change can occur without the enactment being articulated. If, for example, Kohut’s (1981) patient's depression was based on early abandonment, on feeling alone and hopeless, and if these feelings and experiences were represented implicitly and nonverbally as procedures, such as withdrawing from human contact because of its potentially toxic implications, then Kohut giving the patient a concrete way of experiencing his presence was the only way of communicating with this patient in a “language” that could have any meaningful impact on her. We do not know what further work, if any, was done with this patient on her “finger-holding” experience. Lyons-Ruth argued that “enactive procedures become more articulated and integrated through participation in more coherent and collaborative forms of intersubjective interaction” (p. 579). However, she also emphasized that the organization of meaning is implicit in the organization of enacted relational dialogue and does not require reflective thought or verbalization to be known —that is, for therapeutic action to be furthered, these enactive procedures do not necessarily have to be translated into reflective symbolized knowledge. This collaborative process encompassing the patient–analyst dialogue, as well as enactments, contributes to furthering their “implicit relational knowing” (Lyons-Ruth et al., 1998). The two partners get to know each other and themselves better, implicitly, through their interactions. In psychotherapy, this is a silent process that accompanies the analyst–patient dialogue and remains so, unless it is made explicit or makes its way into enactments.

Enactive relational representations and implicit relational knowing, I believe, are essential ingredients of the “understanding” phase of analysis. They are a contribution from empirical infant research to psychoanalytic treatment. How do they impact the “explaining” phase? If we take the clarifying contributions of enactments seriously, then we can recognize that they can make memories and experiences accessible that would otherwise have not become available. If they do make hitherto unavailable experiences conscious, then, indeed, they have done their work and they may or may not require verbalized interpretations or explanations. Furthermore, Lyons-Ruth's (1999) proposition that certain kinds of procedural knowledge can only be expressed through being enacted leads to a broader view of enactments in the clinical setting. In this view, and this is my view, the potential for enactments is ever present. Enactments may constitute communications
on a procedural, nonverbal level and serve as a legitimate (perhaps the only) way in which the patient and analyst can get to know non-conscious, implicit relational themes. As these implicit relational themes become enacted, the potential arises for heightened affective, transformative moments (Lachmann, 2008). The “finger holding” was certainly a heightened moment for Kohut (1981). From his description, it served a similar purpose for his patient. Whether an enactment of a non-conscious procedure benefits from, or is made redundant by, translation into words cannot be determined a priori. However, when the analyst fails to respond to a signal from a patient who is on the verge of communicating an important “memory” through an enactment, it can have a devastating effect on the process of treatment.

I am using Kohut’s (1981) illustration as a springboard to make a case for the legitimization of enactments as a potentially valuable entry into the subjective life of the patient. However, not all that is “enacted” between analyst and patient is worthy of such respect. Whether a particular enactment qualifies as the best or only way a particular non-conscious, implicit procedure or communication could be brought into the analytic dialogue is a matter of clinical judgment. Whether a patient–analyst enactment constitutes a communication of hitherto implicit, non-conscious procedures or an analytic faux pas needs an on-the-spot assessment whenever possible. The delicate status of enactments requires distinguishing whether a non-conscious, implicit theme has appeared in the treatment or whether analyst and patient have acted in ways that communicate unconscious motives—for example, of a denigrating or infantilizing nature. Recognizing the extraordinarily useful and powerful nature of implicit processes can alter the shape of explicit interventions and interpretations and, thus, affect therapeutic action (Lachmann, 2008).

Here is another illustration of an enactment. It bears some similarities to Kohut’s (1981) case. However, in this instance I can provide an exploration of the meaning of the enactment and its historical context. In her 40s, Robin was precipitously left by Jerry, with whom she had been quite passionately involved, off and on, for over 20 years. Whenever they would get closer and the relationship would become “serious,” he would suddenly break it off. Robin sought therapy in her 20s with another therapist, just after Jerry broke off their relationship for the first time. She had sought therapy, in part, because of a longstanding depression that had worsened. Many years later, when I first saw Robin, the possibility of resuming a relationship with
Jerry presented itself, and she was cautious about doing so. She decided to see Jerry, and their relationship soon resumed, passionately and affectionately as it had in the past. Just as the possibility of living together was again considered, Jerry broke it off. The breakup was particularly devastating for Robin because Jerry now decided to marry a coworker of his. It was a shocking and traumatic abandonment, and Robin decided, “I can't go through this again.” Indeed, she then continued to devote herself to making her career satisfying, rewarding, and successful; but, no more relationships with men; and she began to put on considerable weight.

Robin enjoyed her life with her relatives, friends, and numerous work-related acquaintances. Although during this time we addressed the weight issue and tried to understand its sources, there was no change. Now, in her 50s, Robin's weight had become a serious health issue that affected her heart, spinal chord, produced various other bodily symptoms, and “dampened her spirits.” We understood that the weight problem was linked to Jerry's abandonment and betrayal. Added to this was the shame she felt about her appearance, should he ever see her in this state. Nevertheless, she was unable to make any changes. Of course, her weight also served as a deterrent to prevent her from ever resuming the relationship. In addition, Robin avoided areas of the city in which Jerry lived and worked, lest they encounter each other. Robin and I discussed how she could find out what happened to Jerry during the past 6 years since their breakup. It might help to find out where he now lived and worked.

Robin discovered that Jerry had died, probably as a consequence of his having been a very heavy smoker. Hoping that she was now somewhat freed from his spell and her attraction to him, we revisited the weight issue again. In conjunction with this exploration, once again, we discussed entering an exercise and diet program. Robin said she knew exactly what to do to with respect to reducing, but she just could not do it. It was hard for her just to walk past the pastry shop, after work, on her way home.

The description of her eating habits suggested an automaticity of actions. The eating of sweets, ice cream, and chocolate sounded like implicit procedures that were not amenable to conscious control or alteration. Now, in retrospect, Robin's presentation of her eating experience and her helplessness in altering it constituted an “enactive relational representation.” The pattern of weight gain and weight maintenance, and the inability to force herself into a dieting and exercise regime, were not amenable to her cognitive intervention, nor, for that matter, to my “interpretive” interventions.

- 153 -
Before her weight gain, Robin had been an avid, conscientious runner. Because we had made no headway with the weight problem during the sessions, and because Robin felt increasingly that there would be serious consequences if she did not lose weight, we both recognized that “something more” (Stern et al., 1998) was required. I know that before you can run, you have to walk. So, just as Kohut (1981) had asked his patient how she would feel if he gave her his fingers to hold as she lay on the couch, I asked Robin how she would feel about our walking during the sessions? I responded to her enactive relational representation by proposing that we enact something. I was not aware of what we would be enacting, but I was aware that something other than our usual talking was required; and perhaps very dimly aware of Kohut's case, I was not about to just sit there while her physical condition placed her at ever-greater risks.

My office is one block away from a park, so taking a pleasant walk could easily be arranged. Robin agreed. She also agreed to weigh herself and report whether during the previous week she had gained or lost weight. We would not be concerned with “how much” but rather with the direction of the change. In the 4 months that we have been walking together, Robin has lost weight each week, except for one week in which a friend's birthday party had made available just too much delicious and fattening food.

Now I visit the enactment. During our walk in the park, we talk as we have usually done in the office. However, we both have felt that walking in the park in the morning, was more “intimate” than sessions in the office. There are also occasional distractions on our walk, such as passing a dog-run with cute dogs, a somewhat odd-looking statue of Eleanor Roosevelt, and observing the seasons change the leaves on the trees. All of these contribute to a more relaxed, personal ambience.

Robin had presented me with an implicit procedure, her pattern of overeating, and I responded by suggesting that we walk together during her session. Her overeating, as well as our inability to address this issue through the usual analytic channels (dreams, associations, memories, and transference issues), implied an enactive relational representation. Thus, we co-created an enactment. My response to Robin was “intuitive” and “empathic.” I had felt at a loss as to how to pursue her weight problem given that she would not consider participating in a diet and exercise problem. I also felt that, for her, a more formal analytic path had not been, and may not turn out to be, productive. In suggesting that we walk, I recall thinking about Freud's analytic walks with Gustav Mahler. However, in retrospect, there may have been additional personal motives, such as my enjoying not
only thinking outside the box, but also welcoming an opportunity to “act” outside the box—a disciplined spontaneous engagement (Lichtenberg, Lachmann, and Fosshage, 1996). Furthermore, knowing for the past year that I would be writing a discussion of Kohut’s (1981) article in which he described the finger-holding incident may also have been inspirational. However, I was not aware of that at the time. The meaning of the enactment to Robin would only become apparent after a considerable time during which we walked the walk and talked about “our walk.”

I had known that Robin grew up in a very loving, devoted family with two working parents. However, what had not been clear, previously, was that when her mother would leave in the morning with Robin's father to work in the family business, Robin would be left with caretakers, whom she recalled as having been kind but not really involved with her. They did little more than watch her. From the age of two on, she adapted to her parent's work schedule, silently, and too well. She became extraordinarily self-reliant, spending her days, preschool and beyond, doing picture puzzles and perfectly content and capable of entertaining herself for hours. She learned to read at a very young age; and, she never complained. As she now recalled, had she complained about being left alone so much, her mother would surely have responded and come home. However, her mother told her that when she was an infant, if she was busy and Robin cried, “instead of paying attention to me and picking me up or playing with me, she would give me a bottle, which always quieted me, although she had no idea if I was actually hungry. It always worked.” Food had already been an affect regulator at an early age. Generally, however, Robin just did not complain. She believed that she had to accept what came along and do the best she could. These memories had not emerged during the prior 6 years, until we had begun our walks.

Furthermore, a similar experience awaited her in another area. Robin loved learning to perform, to sing, and to dance. She was apparently quite gifted. Although she loved to learn, she hated to perform: “I never liked to perform for others even though I did it at a ridiculously young age.” Her parents encouraged her to perform and, of course, she did so, feeling terrified but never complaining. “If I had complained,” she said, “I am sure my parents would have responded, but I thought I just had to do it.”

After we had taken our first few walks together, Robin told me that my walking with her meant a lot to her. She did not have to walk alone. What subsequently emerged were the recollections of her days upon days of
alone-time as a child. She now also recalled the silent complaints about being left by her mother that accompanied her self-reliance, her doing it all by herself.

There is, of course, a difference between my walks with Robin and Kohut (1981) giving two fingers to his patient to hold. Kohut's act was a one-time event, and my walks are ongoing. However, the similarities are more important. In both cases, there was a communication from the patient that, in different ways, was part of a therapeutic impasse. Kohut was stymied as were Robin and I. The ordinary use of words in both cases had not found sufficient purchase to engage either patients' life and death issue. Kohut's patient was directly suicidal; Robin was not directly suicidal, but her life was at risk. If her weight problem were to remain unchecked, very serious health problem would worsen. In both instances, patients communicated a pattern of behavior on a procedural level—a degree of despair and helplessness in addressing an entrenched, debilitating, and devastating affect state. Kohut's patient clearly suffered from a severe depression, which she directly communicated. In addition, she implicitly communicated her hopelessness and possibly a feeling of abandonment. Kohut picked up on and engaged these feelings in the enactment.

Robin, although she lived with a low-grade depression, had been silently resentful of having to do it all on her own. She longed for her mother and had concealed these longings behind her precocious determination to be the grown-up that she believed her mother needed her to be. Self-regulation of affect using food had become an entrenched procedure, now recruited in the service of maintaining a high level of effective functioning.

Kohut (1981) only told us that his action enabled the treatment to proceed. The benefits of walking with Robin became apparent rather quickly. During these past 4 months, she has also been walking more frequently and longer distances on her own. She can now walk more rapidly and without the shortness of breath that had previously accompanied and hampered her walking. Slowly, her weight has been decreasing, and that has made walking easier.

The extent to which Robin had felt alone as a child and had not wanted her mother to go to work only emerged on our walks. We had spoken about how, as a child, she had spent hours upon hours entertaining herself, much to the praise of her parents. However, it had always been presented as, “this is how I have always been.” What she added now was, “this is how I was, but I wish I could have complained about it.”
I asked Robin to read this discussion of our walks because I wanted to publish it. She said that she more than agreed to my invitation to walk. In fact, she wrote to me upon reading this material:

I was immediately responsive to your suggestion. It struck a chord; I couldn't have articulated the reasons then, but could take a guess now that it was an appreciation of you extending yourself, a recognition that doing it on a regular basis might jog my muscle memory and remind me of how good it felt to be fit, plus the prospect of having company was especially appealing. And I like the adventurousness of it in a therapeutic setting, meaning that after all this time, we could do something new and fresh. Something about it just felt right instantly. It was sort of irresistible, actually.

Going home to an empathic milieu, a prominent theme in Kohut's (1981) article, linked the astronauts to Kohut's last journey. Robin, wishing that her mother would come home also was in the service of providing her with the longed-for empathic human milieu. Recognition of the necessity for growing up in, and perhaps also returning to, this empathic milieu was part of the legacy that Kohut left for us; and, just as Kohut described Freud as a “genius for what he gave us,” so can we describe Kohut (p. 529).

References
Translations of Abstract

En su última charla, Acerca de la empatía, Kohut se despidió del psicoanálisis y de los psicólogos del self. Antes de “volver a casa” para morir Kohut revisa y trata una vez más de clarificar lo que la empatía significa para él. Para enfatizar su punto de vista, incluye una espectacular viñeta en la que trata de dos fenómenos que todavía reciben una considerable atención en la literatura psicoanalítica: enactments, especialmente a través de conexiones con la investigación empírica en primera infancia, y la línea de desarrollo de la empatía. Contrariamente a la perspectiva habitual sobre enactments, en este artículo se entienden los enactments como la organización del significado que es implícita en la acción del diálogo relacional y que no precisa de pensamiento reflexivo o verbalización para ser sabido. Una viñeta clínica ilustra esta perspectiva sobre los enactments.

Con il suo ultimo intervento, Sull'empatia, Heinz Kohut si accomiatò dalla psicoanalisi e dagli psicologi del sé. Prima di “avviarsi” verso la conclusione della sua esistenza, rivisita e tenta un'ulteriore chiarimento del significato da lui attribuita all'empatia. Per enfatizzare il suo punto di vista, Kohut include una situazione clinica drammatica in cui intercetta due aree tuttora oggetto di particolare attenzione nella letteratura analitica: gli enactments, con particolare riferimento ai contributi provenienti dalla ricerca empirica sull'infanzia, e una linea di sviluppo dell'empatia. In questo lavoro, contrariamente al comune punto di vista, gli enactments si riferiscono all'organizzazione del significato che è implicito nel dialogo relazionale stesso e che non necessita di alcuna riflessione o verbalizzazione per essere compreso. Tale prospettiva è illustrata da una vignetta clinica.

Dans son dernier discours, “On empathy”, Heinz Kohut a fait ses adieux à la psychanalyse et aux psychologues du soi. Avant de « s'en aller chez-lui » pour mourir, il a repris et tenté encore une fois de clarifier ce qu'il voulait dire par empathie. Pour mettre sa perspective en valeur, Kohut a inclus une vignette clinique dramatique qui rejoint deux zones de préoccupations encore très présentes dans la littérature psychanalytique: les mises en acte,
surtout celles éclairées par la recherche empirique sur le développement du bébé, et un parcours pour le développement de l'empathie. Contrairement à la conception habituelle des mises en acte, dans cet article les mises en acte réfèrent à l'organisation des significations qui est implicite dans le dialogue mis en acte dans la relation et qui ne requiert pas la pensée réflexive ou la verbalisation pour être connue. Une vignette clinique illustre cette compréhension des mises en acte.

Article Citation [Who Cited This?]