

## 2 How Kohut Actually Worked

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There is widespread curiosity among those who are interested in self psychology about how Heinz Kohut actually worked in the clinical situation. Both students and senior colleagues frequently ask questions such as, What did Kohut consider a fragmentation? How did he work with dreams? How did he deal with frank oedipal or preoedipal material? What are some specific examples of the repair of empathic failures leading to transmuted internalization?

While Kohut has written a great deal and has answered these questions, at least in part, the answers are scattered throughout the body of his work. *The Psychology of the Self: A Casebook*, edited by Arnold Goldberg, is a valuable contribution and answers many of these questions. Nonetheless, many analysts and candidates remain intensely curious about Kohut's actual specific teachings. This chapter attempts to answer some of these questions.

I was fascinated by my reading of *The Analysis of the Self*, wrote to Kohut, and arranged to begin consultations with him in November 1978. I saw him for a total of 23 double-length sessions between then and July 1981. Our work was interrupted from time to time because of his several severe illnesses and our last meeting occurred less than 3 months before his death. I believe I had a view of the final stages of the development of his thinking.

At the time I began my consultations with him, I was an experienced analyst, having been practicing for nearly 16 years. I presented in some detail the last 2 years of a successful 5-year analysis. We followed this patient through the termination phase, and most of the examples I will give in this chapter are drawn from that work. I also presented to him the first 2½ years of a beginning analysis and, also, made various “spot” presentations of interesting clinical instances.

The patient on which this chapter is primarily based was a highly successful man in his 30s when he first consulted me. He was married and the father of several children. The patient was the eldest of four siblings; the two siblings closest to him in age were brothers. His symptomatology was primarily that of diffuse, restless anxiety, contentless depression, and

troubling homosexual fantasies and feelings. These homosexual fantasies were usually precipitated or intensified by frustrating life experiences. In his growing-up years there had been sporadic episodes of gross homosexual activity. However, there had been no overt homosexual activity for several years prior to the beginning of the analysis; nonetheless, his homosexual fantasy life and homosexual impulses remained active. He had an on-going but constricted sexual life with his wife.

Both Kohut and I regarded the patient as a narcissistic personality disorder, and thought that the predominant transference in the analysis was an idealizing one. I will mention first an incident that occurred relatively early in the analysis, which I reported to Kohut during our initial meeting. I sneezed unexpectedly and the patient was startled. He was temporarily dislocated psychologically and, when recovered, he recalled his father's tendency to sneeze suddenly and loudly at the dinner table. He said it reminded him of "the explosion of an atomic bomb." In my comments to the patient, I dealt with this partly in terms of the intrusiveness of my sneeze, but mainly in terms of his special sensitivity, which, it seemed to me, determined the extent of his reaction.

Kohut's response was that he would have handled this incident differently. He would have focused less on the patient's sensitivity and more on the intrusion of my sneeze into the orderly analytic atmosphere. He said that, after all, in analysis we invite the patient to regress. This patient was regressed and was prone to fragmentation to begin with, and, as a consequence, he was close to a "minifragmentation" at this time in the analysis. It would have been more profitable to point out the connection between the intrusion into the analytic atmosphere of my sneeze and the way he reacted to that intrusion rather than to focus on his sensitivity. Such a focus could seem critical to the patient and, therefore, hinder genuine analytic exploration. This incident illuminated for me two aspects of Kohut's thought, first, that a fragmentation can be a rather minor event, as well as a major one, and secondly, his emphasis on the naturalness of the patient's response—in this instance that it was natural that a patient in analysis respond in a startled way to an intrusion on the orderliness of the analytic process. Under other circumstances and with more material, Kohut might also have made genetic connections between this episode in the analysis and comparable experiences of unexpected dislocation in the patient's formative years.

Then I reported a recent session in some detail. Early in the hour the patient said he had mistakenly come an hour early for his appointment, had opened the door to the waiting room, and was startled to see an old man sitting there. The man seemed to be dull, depressed, and apathetic. The patient was shocked to find this person in the waiting room, which he had expected to be empty, and he experienced a sense of panic and dislocation. After several moments his self-experience shifted, and he said that he felt like me. He felt that he was tall; he was answering the door, and the other

person in the waiting room looked short and insignificant to him. However, this shift soon passed, and he again felt anxious and dislocated. He then had a strong desire to go to a nearby bookstore and look at books containing homosexual pictures and stories, which was his principal type of homosexual gratification at this time. In the bookstore he looked at pictures of muscular men in leather, men with huge penises, and various scenes of S&M. He found the entire experience highly exciting. He said this experience in the waiting room was one of “extraordinary importance.” He said that he wished he had a Polaroid picture of himself opening the door an hour early and seeing the other man so that he would have a clear recollection of the scene, because he felt that it epitomized his essence as a person. The patient said, “I feel this very strongly, but I don't understand it.” He wondered if the old man could be linked to his father or to me. An association to the scene was that he was reminded of his mother being carried out of the house on a stretcher when he was approximately 5 years old. She was having difficulty with a pregnancy, had begun to bleed, and her leaving for the hospital was an emergency. Among my comments I included mention of his feeling dislocated at the surprise of finding someone in the waiting room. I added, however, that in a sense he had set up the situation by coming an hour early (he was well aware of the time) and then had reacted, in part, by blaming me as if I had deserted him and had been involved in causing his dislocation. I suggested that he might have arranged to precipitate a reliving of a shocking and confusing childhood experience.

In considering this hour, Kohut agreed with the first part of my formulation. He believed that the patient had experienced a mild form of fragmentation with a sense of shock, anxiety, and dislocation, which he had mastered momentarily by an attempted identification with me. When this proved unsuccessful, he had then turned to a type of homosexual stimulation in an attempt to restore the cohesion of his self. This had been largely successful as he was much more pulled together by the time he returned to the building for his analytic session.

Kohut disagreed with my interpretation that the patient had arranged this incident. He said that although it might be correct, he felt it was an unnecessarily complicated initial formulation. He then enunciated a basic principle: one should take analytic material first in a “straight” manner, as if it means what it seems to mean. If this does not prove productive, then one can consider inverting it or manipulating it in various other ways. Kohut felt the tendency of analysts to look first for a hidden meaning and to ignore the simple and more manifest meaning was a mistake. In this specific instance he added that he would have been inclined to believe that this patient was extremely eager to see me. Like a young child, eager to see his father, he had come early to his session. Once he opened the door and found the other patient sitting there, the sequence was much as I had described it, but the patient's motivation should be regarded first as one of an intense, childlike

wish rather than as an attempt to “set up” a situation of disappointment. Interpretation should be directed primarily along these lines.

This was a strange conception to me, since I came from a more traditional analytic climate. Later I had a chance to test the efficacy of this formulation. Following my consultation with Kohut, the patient again brought up the incident, which he considered of “extraordinary importance.” This time I was able to modify my interpretive understanding. I emphasized his strong wish to see me and his coming early as an expression of that wish, rather than as an attempt to “set up” a frustration. He was visibly relieved at this second formulation, and it was followed by a flood of material, including the comment that this felt much more right to him than what I had said previously, which he had acknowledged made intellectual sense but which he could not feel. I believe, in retrospect, Kohut was correct in stating that I had underestimated the importance and intensity of the patient's wish to see me at this particular time in the analysis. For example, several sessions after the hour reported above, the patient could not make his appointment because of an unexpected and vitally important meeting. As soon as the meeting was over, the patient sped down to my office hoping to have the last 2 or 3 minutes of his session and in this way to see me and “touch base” before the end of the hour.

The next hour I will discuss is one that occurred about 1 month later. Kohut used this hour to illustrate how he would handle “classical” analytic material. This was a Tuesday hour, the first hour after the patient and I had missed our appointment on the preceding Friday because I had cancelled. The patient came in saying he was exhausted and depressed. This feeling had begun several hours earlier. He mentioned casually that it might be connected to our having missed our usual appointment on Friday. Then, after some other material, he reported a dream. The dream followed an unusual sexual episode in which his wife was on top of him and moved about masturbating herself to orgasm while fully clothed. It was an exciting and spontaneous episode for them both. That night the following dream occurred, which was divided into two episodes. In the first episode, their small stationwagon, parked in the driveway, burst into flames. The rear end was on fire. The patient had a hose with which he was watering the yard at the time, and he put out the flames with the hose. He thought this dream was primarily sexual, although he added that it might have some connotations of anger. The second episode of the dream was a fragment in which a number of people were involved. A woman had a can with a certain shape, and he was supposed to insert his penis into this can. She was holding it in her hand. The rest of the dream was vague. The patient said this dream reminded him of an earlier dream in which he was supposed to insert his penis into a disposal.

Later in this hour the patient talked about being hungry. At first he mentioned this in connection with a movie in which a young man ate prodigious

amounts of food. He mentioned being hungry several additional times. I said that he might be hungry because he had missed the hour on Friday, and he agreed with this. Later the patient said he was hungry enough to eat a horse. Still later, he added that he was so hungry he could eat the picture on my wall, pointing to a certain painting, and then he added that he could almost eat the couch. There was a pause, and I said he seemed to be getting closer to me. He laughed nervously. After a pause he had an image of sucking quite ferociously and then more passively someone's penis and then someone's breast. He said it was not necessarily me but that he supposed it probably was me. He then associated to the machine that was used to pump his mother's breast when he was a child so that his father could deliver her expressed milk to feed one of the patient's younger brothers who was hospitalized. He then commented that he was now feeling less fatigued and more energetic in the session.

At this point in my reporting of this session, Kohut interrupted to say that he wanted to give me his thoughts. He said, "In a certain way, it is all there." The patient missed an appointment with me, had a weekend, and then came in having had a dream of sexual excitement the night before, which was probably, more specifically, a dream of homosexual excitement, indicated by the rear end of the car bursting into flames, which he extinguishes with a hose. Then there was a reference to castration fear, the associated dream of the penis and the disposal, and finally to orality, with the patient feeling hungry and fantasizing about eating a picture in my office and then eating my couch, which could have to do either with the ingestion of my penis or actual oral incorporation of me.

Kohut said that, in a sense, this was a consistent sequence of classical material; however, he did not say "Aha!" as he might have in the past as if this were the essence of the hour. He no longer regarded this sequence as the crux of the patient's psychopathology, but rather as an extremely important "intermediate sequence," and said that it could have been so interpreted in essentially classical terms. Whether it should have been so interpreted, broadly and in its totality, would depend on the state of the transference and the analysis. He added that a classical interpretation of this kind can be made when the material is this clear in the analysis of a narcissistic personality disorder or, for that matter, in the analysis of any other type of condition, assuming that the other indicators of appropriateness of interpretation are favorable.

Kohut stressed that he regarded such sequences as "intermediate sequences." He believed that the most basic material is not the oral material, the anal material, the homosexual imagery, or the castration fears; most basic is whatever material has to do with the maintenance of the cohesiveness of the self or, conversely, with the production of a rupture in self-cohesiveness. Therefore, from his point of view, the most central aspect of this session was that the patient had developed an idealizing transference relationship

to me and saw me as the good father that he did not have while growing up. My cancelling the Friday hour and not being available over the weekend constituted a narcissistic injury that precipitated a fragmentation of the patient's self. When he met with me again, that breach was healed. This, in Kohut's opinion, was the deepest level, the anchor, fore and aft, for the intermediate sequence of classical material.

In an important sense, the homosexual material, castration material, and the rest, represented a kind of regressive or degradation response to the narcissistic injury. So, in a complete interpretation one would include this narcissistic injury, the break in the self-selfobject relationship, as being of central importance. One might also interpret, however, the "intermediate sequence" as a part of the patient's response to the interruption of the selfobject relationship in an essentially classical manner.

In the kind of figure-ground reversal that is typical of the psychology of the self in the larger sense, Kohut felt that the interruption of the ongoing transference was the most important level to be addressed. The classical intermediate sequence was in the nature of a regression or a fragmentation sequence and was less significant. He drew upon one of his favorite analogies by commenting that if one took a complex organic molecule and fragmented it, one would get simpler chemical elements that would not necessarily be more important in a functional sense, but might well be less important although more elemental.

In a subsequent hour this point of view was expanded. Once again, I was going to cancel an analytic session because of a trip. The patient was upset about this, and he talked of how much he was going to miss me and of how he tended to feel dislocated if he had a number of free hours during the course of the day. (He was going to have a number of free hours on several days because of my absence.) The patient talked about how before the analysis or early in the analysis he would have filled this time with homosexual activities in bookstores; however, this was now much less appealing to him and less effective in helping him to feel good. I commented that his attachment to me had been intensified by our continuing analytic work so that he was now looking to me for a good deal of emotional sustenance and was, indeed, quite upset over my forthcoming absence and felt dislocated by it. The patient said that was certainly true and said that he felt like the spaceman in the movie *2001*, who, while floating in space attached to the spaceship by a lifeline, was cut loose and left to die and to drift forever in space. The patient added that he felt like this man floating in space without support. I linked this again to my forthcoming absence and to his feeling of abandonment and injury, and the patient seemed to feel a bit better as a result of these remarks.

In commenting on this section of the hour, Kohut said he thought my remarks to the patient had been good, but he wanted to add something that he felt, while not essential, would definitely have made my interventions

richer and more effective. Kohut's concept was that in a complete interpretation, the analyst should consider more than a central portion that represents the main part of the current transference repetition; the analyst should also be sensitive to the leading edge and the trailing edge of the material in question. For example, Kohut might have commented in this instance that what was being repeated with me was the patient's wish for an idealizable selfobject or a strong father. When he learns that I am going to leave him unexpectedly, he is disappointed and angered, and he responds with the abandoned spaceman image and related feelings. This was the middle part of the interpretation, according to Kohut, and I had stayed at that level. He thought it could have been expanded to include the leading edge and the trailing edge. The trailing edge includes more genetic material when it is available either through the patient's direct expression, the patient's associations, or the analyst's empathic ability to discern likely genetic configurations. It involves the beginnings of the patient's need for an idealizable selfobject in order to repair his defective sense of self, the kinds of feelings and experiences in his formative years that prepared the way for this deficit and subsequent need. At the other edge of the formation, the leading edge, one would consider the evolving and developing aspects of the transference relationship, as well as other factors of the patient's progress—how he handles conflict, what new or different tactics he uses to manage it. For example, the patient might be responding in a more open, understanding way and with less acting out; then one would acknowledge and incorporate these developments in the most complete interpretation of such a sequence of material. Obviously, Kohut added, one would not always make such an extensive or broad interpretation. But at those times when it was indicated, one would include the leading edge, the main body of self-selfobject material, and, also, the trailing edge, which is the genetic basis for the entire sequence.

In this connection Kohut added a theoretical aside. He said that in his opinion this patient had developed a strong idealizing transference toward me. Very often in such instances—he believed this case was one—the wishes of the patient were compound. On the one hand, the patient wished to be mirrored, appreciated, singled out, and admired by the idealized selfobject; at the same time, he also wished to merge with the idealized selfobject and through such merger to share or gain the selfobject's power.

Another session around this time further illustrated Kohut's interest in taking material “straight” first, as well as his initial generally positive approach to what the patient says. In this session the patient, who happened to know of my personal interest in a certain celebrity, told me excitedly and in great detail some personal and private information about this person. In other words, he was providing me with important gossip that he believed I didn't know. (He happened to be correct.) I understood this in several ways, but primarily as competition with me, showing me an area where his

knowledge was superior, especially where he felt more of an “insider.” The patient felt deflated by my comments. He added that he could not deny that there was a certain cogency to them, but he said, “What you said punctured my balloon.”

To this, Kohut said he thought the competitive element was present but of secondary importance in this particular session. What he heard much more clearly was a positive enactment of the transference situation: the patient as an excited, pleased little boy running to tell his father something he knew the father did not know, which would please and delight the father. Kohut thought that it was the pride in giving me valued information and the expectation of appreciation from me that was the main dynamic in this instance, and he would have interpreted along such lines. Kohut believed the patient's feeling of deflation was due to my missing this primary element and concentrating on the secondary element, competition.

In this connection, Kohut spoke once again of the value of trying to see analytic material in simple terms, as it is presented. The patient's presentation may well reflect simply and directly the repetition of certain longings or situations from childhood. Too often the analyst begins by assuming a complex encoded message that must be manipulated in order to be understood. Kohut believed that occasionally such manipulation was required, but that one should begin with a straightforward empathic appreciation of the material. Of course this applies to material expressing rage and hatred toward the analyst or others as much as it does to longings for closeness or other affects. This does not mean that Kohut did not make much use of the reading of metaphor, but the metaphor was usually read directly rather than as inverted or complex. He felt such types of complex encoding existed but usually were not as important as other issues.

Kohut stated that he did not hesitate to indicate when a patient was making progress or when he thought that something had come up in the analysis that indicated growth. He added that he thought it was important not to interpret in a completely neutral tone of voice at all times. If one is commenting on the patient's achievement or on some positive bit of progress, the tone should indicate, at least to a slight degree, some element of enthusiasm or pleasurable positive sharing with the patient. He believed a completely neutral tone at such times could be stultifying and have negative effects. In connection with the instance just mentioned, Kohut added that if a patient feels deflated, then we probably have done something wrong, and we need to review our interventions or lack of interventions carefully. If it turns out that the content of our deflating comment seems accurate, it may be that our timing was wrong so that the total effect of the intervention was dislocating. In this sense Kohut took seriously Freud's dictum that in some way the patient is always right.

At this point Kohut stressed again his tendency to work with relatively broad interpretations that followed the main line of the material and dealt with the main line of the patient's psychopathology. He was less interested



in side issues and details. In particular, Kohut said that he avoided interpreting slips of the tongue, puns in dreams, and the like. Kohut said that to do so is tantamount to focusing on details; the patient often feels caught, exposed, and fragmented by such interpretations, because they repeat the kind of focusing on details that is often a pathological feature of the patient's childhood experience with his parents. Kohut believed that if the issues indicated by such a slip are important, it is more effective to wait until they become part of a broader presentation in a session and can be interpreted in a more useful way.

The next two sessions provided examples of the kind of experience that Kohut believed would precipitate in this patient a fragmentation of modest extent, the patient's reaction to it, and some technical issues. The patient began by saying he felt better after the preceding hour. He had been having a nice morning and had decided to have lunch and then take a swim. Like his father before him, the patient frequently took a swim after lunch. When he got to his swimming club, he found to his surprise that the swimming pool had been drained. (It had been closed for repairs.) He felt shocked at this sight. He was, once again, temporarily dislocated in his feelings and thought immediately of going to a bookstore to look at homosexual pictures. He thought also of going to a bar and having a drink, which disgusted him. (The patient drank only rarely.) He later added that if there had been a private place available, he would have gone there and masturbated. In this connection, he commented on how vulnerable he was to sudden disappointment and to sudden and unexpected changes in the structure of his day. He mentioned that the structure seemed very important and supportive to him and that he had difficulties if there were open hours in the day, especially on the weekend if it was not fully planned. Later in the session he talked again about what swimming meant to him. His father swam and was still a member of a swimming club; when he was swimming he was absorbed in activity and could not think about anything. He loved the feeling of the warm liquid surrounding him, "as if I were in a womb." I related his experience of dislocation to his disappointment at the pool being closed and empty, because it interfered with his wish to be like his father and, also, with his wish to recreate a regressive, womb-like atmosphere.

In the next session the patient made a significant amplification of the prior session. He said that when he had the trauma of missing his swim and thought about going to the bookstore to look at homosexual pictures, he had omitted telling me about certain other fantasies and actions. The fantasies included the idea that he would abandon all restraint, give way to the intensity of his homosexual longings, and masturbate publicly in the bookstore; and, if he did so, his semen might flood the entire store. He also mentioned the fantasy of wanting to be like the "Incredible Hulk," a monstrous and extraordinarily powerful person whose existence was triggered, the patient believed, by anger. I asked him why he had not mentioned this the day before. He replied that he wasn't sure whether it was because he was not

aware of it or because he had simply chosen not to discuss it. He said of course he had done none of those things; instead of going to the bookstore that featured homosexual material, he went to an ordinary bookstore where he spent part of the afternoon browsing but feeling impotent and apathetic. I responded that he seemed to need to see himself in one of two rather extreme ways, either as occupying center stage in an exhibitionistic fantasy, or in an apathetic and impotent condition.

Kohut viewed the patient's response to the empty swimming pool as a fragmentation based on rather evident dynamics. He concurred with my initial formulations and interpretations to the patient. However, he disagreed with my additional comment about the patient's need to experience himself in one of two extreme ways. Kohut said he wasn't sure whether that was correct but, in any event, felt it added little that would be helpful to the patient. He would have pointed out instead the positive gain the patient had made. Whereas previously the patient would have yielded to the temptation to go to the homosexual bookstore to restore his sense of well-being through indulging in homosexual gratification, on this occasion he resisted and went to the ordinary bookstore and spent the afternoon with his usual reading even though he felt impotent and apathetic. Kohut added that he would probably have said something to endorse the patient's ability to tolerate the feelings of displeasure and anxiety due to his disappointment about the empty swimming pool. Kohut further added that there is no point in pretending, with a patient who comes to you for help, that you are not interested in helping him. If such a patient takes a step forward, it often should be called to his attention and affirmed. Of course, this is not always desirable, and when it is, it should always be done so that the patient will not feel "locked into" the progress.

In an hour several months later a dream provided us with an example of what Kohut has referred to in his writing as a "gross identification" with the analyst. He believed this was usually a sign of progress and would be followed by more refined identifications and then by minute transmuting internalizations of appropriate aspects of the analyst's functioning. He seemed to feel that this was in large measure a natural and essential part of the analytic process, that it should be facilitated when necessary by appropriate interpretation, but that excessive interpretation could interfere with it. In the hour in question, the patient began by mentioning an unusually positive sexual encounter with his wife the night before. This was followed by a dream that the patient laughingly said had to do with a merger of our two buildings. In the dream he was in the library of the Psychoanalytic Institute where I have my office. In the middle of this library there were two stacks of books that were actually part of the new library in his office building. The patient was in the Institute library for a while, and then he went down the hall passing the office of another analyst. He noticed that this office was filled with books. The patient said that in the dream it seemed that I

went to my office in this same general area, and he found himself wondering where my office actually was and whether he could find it. He said that perhaps it was somewhere on the same floor.

Kohut said this was a typical dream of gross identification—parts of the patient's library are now inside my library, which could be viewed as a kind of merger with me. Kohut said this was an example of the kind of gross identification he had written about and is usually a sign of a deepening of the analytic process. He said that it was often followed by anxiety, which may have been represented at the end of the dream when the patient was uncertain about where my office was and whether or not he would be able to find it.

Kohut felt the anxiety occurred because such a dream represented a merger of identification between patient and analyst; at the same time, the patient may feel in danger of losing the analyst as a selfobject. This loss may be a direct one, as a consequence of the identification, or it may be of a more indirect kind based on the patient's fear that, in becoming like me, he would compete and clash with me and provoke retaliation. So, the central aspect of the dream consisted of the patient's identification or merger with me and with a secondary fear of losing his self-selfobject relationship with me as part of that identification.

In this connection Kohut described a very similar kind of dream that a patient of his had after several years of analysis. Kohut said when this dream occurred, he had pointed out the identification or merger to the patient and indicated that he thought it reflected an increasing analytic engagement. He said he did not interpret it beyond that point. Kohut did not suggest that it might be an attempt to deny hostility toward him, he did not ask for associations other than those that were spontaneously offered, nor did he engage in any other maneuvers that might have been counterproductive and interfered with the spontaneously developing enrichment of the analysis. On the contrary, Kohut understood this gross identification as the first step in the unfreezing of a very deprived and frozen person. Kohut went on to say that in the course of this analysis, which had a good result, the gross identifications became finer and partial identifications more specifically related to the analyst's function as a selfobject. Selected and appropriate aspects of these finer functional identifications were later internalized, providing part of the patient's previously missing psychic structure. This process is an important aspect of what Kohut refers to as transmuting internalization.

The patient then talked about the beginning of this particular session. He had arrived early and did not feel like being “out and about” in the building but felt more comfortable sitting in my waiting room, close to me. At this point Kohut said he felt these additional associations followed the lines he had indicated about this being an initial improvement dream with a subsequent reaction. The patient had expressed an identification or closeness

with me that then stimulated certain anxieties about a possible loss of our relationship, so that he wanted to sit in my waiting room early so as to feel as close to me as possible.

In an hour approximately 1 month later, the patient touched on some similar themes. After this session I was going to be absent for nearly a week. The patient responded with a two-part dream. In the first part he was in a room, writing at a secretary desk similar to one his father was planning to give him, a valuable antique, and, he said to me, "You were there. You were leaving. I was very upset. Then I was on all fours crawling toward you, screaming for you not to go and crying, but you left anyway." This was the end of the first part of the dream. At first the patient tried to distance himself from it by saying it was overdramatic, like an opera. Then he said that the scene when he was on all fours seemed to express a desperation. Next he reported the second half of the dream, which was possibly part dream and part fantasy. In this dream he owned a homosexual clothing store, and men came in to buy brief underwear and so forth. He would kiss these men and then take them into a back room, make love, and have orgies. His associations to this were that this homosexual scene felt dull to him; it was not as exciting as such scenes had been previously. However, he did recognize in it the familiar sequence in which I leave and he then has some type of fantasized homosexual experience. When I argued that in his telling of the dream, this scene had seemed to be exciting to him, he said that if this were the case, he was not aware of it. He insisted that the dream scene was dull and uninteresting compared with the excitement that used to accompany such dreams and fantasies.

Kohut, of course, took exception to my argument with the patient. He felt it was another instance of my complicating things unduly and not looking at the positive side of the patient's experience. Only after very careful consideration should the analyst decide that the patient "really" feels just the opposite or turn upside down or inside out what the patient has said. Kohut said that he would understand this sequence as follows. The patient is distressed with my leaving as a child would be, seeing his father go. The connection between the analyst and the father is expressed by the antique desk, something the father is giving him that is very valuable. He experiences a relationship with the analyst-father, and then it is threatened. I am leaving even though he behaves like a child crawling on the floor and screaming, "Daddy, don't go." The homosexual fantasy that followed this break in the transference, the patient felt was somehow less pleasureable than before. This was evidence of the patient's growth and progress in the analysis. Kohut believed the sequence should have been understood and interpreted this way.

The clinical episode described above, including the dream and clarifying interpretation was probably an instance of optimum frustration with resolution through interpretation leading to transmuting internalization and the acquisition

of a “bit” of psychic structure. Kohut believed that this result was illustrated by a number of the clinical episodes described here, but structure building was likely more pronounced in other episodes, generally not included in this chapter, in which my understanding of the material, in Kohut's opinion, was more accurate and comprehensive than in the examples given. (Clinical episodes in which Kohut's view differed from mine seemed more clearly to illustrate his thinking and his work. Therefore, these were the examples I selected for this chapter.) Kohut added, however, that despite certain less-than-optimum interventions in the episodes described here, the analysis seemed to be going well.

During the early part of the fourth year of the analysis, the idealizing transference became intense and manifest. The patient talked with feeling about how he regarded me as tall, handsome, highly insightful, extraordinarily helpful to him, and able as an analyst. He once blurted out, “Why you're even better than Dr. X” (referring to an eminent local analyst). The dreams in this period followed suit, indicating an intense idealization, but of a more mature form than previously. For example, whereas earlier, when there was a break in the analysis (even for only 2 or 3 days), the patient might have had an explicit homosexual dream, with associations invariably including and usually centering on our reunion, and on his pleasure at and longing for our being together again, in the phase of the analysis now being discussed, the sexualization was much more minimal and the idealization intense, but of a more mature form.

For example, following an interruption of several days, the patient dreamt that he was attending a concert. It was a large concert hall, and when he found his seat, he realized he was sitting close behind the “great conductor,” a man of fame and musical eminence. It filled him with intense pleasure to enjoy the proximity and, by implication, shared eminence of the great conductor whom he associated without hesitation to me. Interestingly, this period of the transference made me extremely uncomfortable. I found myself tempted to divert the growing power of the idealizing transference. I felt embarrassed and uneasy. It was difficult to understand this through my own introspective efforts, although I was well aware, from reading, that the patient's idealization was likely stimulating unresolved areas of my own repressed grandiosity.

This was my first experience with an intense idealizing transference, possibly because in the past I had deflected them before they became too intense. In many years of practicing analysis, I have not experienced a transference relationship that made me so uncomfortable. Certainly the most intense rage or scathing criticism from a patient did not make me nearly as uncomfortable as did this idealizing transference. I have no doubt that my interest in narcissistic phenomena and the work of Kohut in general is related to a degree of vulnerability in this area; nonetheless, with help from reading Kohut's work and from my consultations with him, I was able

to permit the transference to expand, to intensify, and to persist. As working through progressed, periods of deidealization became more frequent, and later they too were intense. Nonetheless, they seemed more “familiar” to me and were, from a subjective point of view, neither so novel nor so difficult for me to manage.

In this general period of time, my patient had two sequences of dreams that gave Kohut a chance to talk about his ideas about the desirability of the analyst's promoting the patient's healthy tendencies rather than focusing on regressive tendencies. In one dream, there were two groups of people in a bar. The patient had the choice of joining one of the two groups. One was a group of women; the other a group of homosexual men. The patient hesitated in his decision, and is not clear what group he joined. In another dream several weeks later, the patient was seated at a table in a bar with some women, laughing and talking. He looked around and behind him was a group of heterosexual men seated at another table, drinking and perhaps playing poker. He felt ashamed and embarrassed because he was sitting and talking with women instead of heterosexual men. Various associations followed, including such comments as because of the interests of his family, he knows more about antiques, fine silver, and china than do most men, and this contributed to his feelings of effeminacy. However, he soon returned to emphasizing his discomfort in the dream of sitting with the women. My response to the dream was to wonder with him why he felt uncomfortable about sitting with the women.

Kohut thought this was an error. He said I picked the wrong branch in the material. This was the first dream in this series in which the patient had a meaningful choice between sitting with women and joining heterosexual men. Kohut thought a more productive comment would have stayed with the positive tendencies and pointed out the choice. In the earlier dreams his only choice was to sit with women or to sit with homosexual men, but in the later dream he had a choice between sitting with women and joining the heterosexual men. This indicates a progression that Kohut would have pointed out. My focusing on what made him embarrassed implied encouragement and endorsement of that position. Kohut said this was an example of forcing a patient into an unhealthy regression that occurs rather often in classical analysis. Interestingly, in the next analytic hour with this patient following the consultation with Kohut just described, the patient said he had been surprised at my emphasis in interpreting his dream. He said it was as if I were trying to push him backwards into homosexuality or, at least, not helping him free himself from a kind of identification with women.

In this same general phase of the analysis, our discussions led to an overview of the psychopathology of the case. In an informal, summarizing fashion, Kohut said that he felt the patient was someone who had defects in mothering that were partially due to mother's depression and partially to her illnesses and absences, usually at the times of the births of several

younger siblings. He thought that as a result of these traumas, the patient turned away from his hope for a close nurturing and mirroring relationship with his mother toward a relationship with an idealized father. Kohut believed this attempt also failed, which accounted for much of the patient's symptomatology. When he began the analysis, his homosexual fantasies and urges involved many wishes for eroticized closeness to, contact, and merger-identification with various idealizable men. Another of his symptoms needed more complex explanation. In the patient's wish to penetrate men anally, he is identifying with the disappointing, aggressive father. Also, he symbolically gave to these men (whom Kohut felt represented the patient's younger brothers) the masculine substance that he had wanted to receive from his father. In other words, in penetrating them anally, he was injecting his homosexual partners, linked unconsciously with his younger brothers, with the masculinity he never got from his father.

Kohut added that on first hearing this sounds close to the classical conception of this type of perversion. The difference, which he thought crucial, is mainly one of emphasis. Kohut would say that what the patient really wanted from his father, but did not get enough of, was a good father-son relationship. He wanted an opportunity to idealize his father, share with him, and feel mirrored by him. If he had had enough of such experiences, he would have had a chance to acquire a sufficient sense of masculine identity through transmuting internalizations in childhood. Instead, there was a fragility to his sense of masculinity and the patient used a symbolic and sexualized way to attempt to cure himself, and acquire the needed solid masculine identity. In other words, the perverse symptoms and the acts and drives that were associated with them were primarily degradation products and of secondary importance. The central issue was the patient's wish for a structure-building father-son relationship that was not adequately provided during his formative years. By reopening these issues in analysis and working through the idealizing selfobject transference, it is hoped and expected that a significant degree of this needed structure-building by transmuting internalization will occur, as in this case.

Shortly thereafter, a brief episode occurred that illustrates some of the ways Kohut viewed defense interpretation. The patient had presented some material that caused me to say that he seemed to want to pick a fight with me, and that I thought he wanted to pick a fight because in that way he could avoid his inner life experience. I believe this was essentially correct. Kohut agreed, but objected to the form in which I made it, because he felt the patient would experience it as if he were being blamed, and this would make the intervention less effective. Kohut might have said, "You would like to pick a fight with me because that is the way you have kept yourself from feeling empty over the years, kept yourself from feeling bored, and made meaningful contact with people important to you." In this way Kohut would combine the defense interpretation with its genetic aspect. Of course,

the analyst must be able to sense what that genetic aspect is and present it in such a way that the interpretation will seem less critical or accusatory to the patient and, therefore, be more likely to be productive of genuinely revealing material.

As the idealizing transference was worked through, as deidealization became more prominent, and as the intensity of both these phases of the transference began to fade, the patient began to talk of termination. In one session the patient said he had decided to terminate in June, 5 months away. In the next session he reported a dream. In this dream he was in an elevator. As the elevator reached the fifth floor, the cord holding it broke. As the elevator came hurtling down, he snatched a baby out of its mother's arms. He braced himself in an attempt to cushion himself and the baby against the crash. I gave a genetic interpretation of this dream, saying I thought it had to do with the trauma he experienced at age 5, when a sibling was born and his mother became very ill and he was isolated from her for a long time. I thought the baby represented him, and he was trying to cushion himself against the trauma more effectively than his mother had been able to cushion him in his childhood.

Though Kohut agreed, he did not think my interpretation was optimal at this particular point. He reminded me that in the preceding hour the patient had for the first time selected a specific month, approximately 5 months away, in which to terminate. He had talked about termination a good deal, but this was the first time in which he had actually mentioned a specific month. Kohut said he would understand the dream as indicating that the patient experienced this planned termination as representing a sudden loss of support, like the breaking of the cord holding the elevator, so that the plunging elevator could also be understood in a more immediate way, as an anticipation of the sudden shock of loss of contact with me following termination and the wish to protect himself from this. The projected termination was approximately 5 months away, and at that time it would be the end of 5 years of analysis. In this particular clinical situation, Kohut preferred the immediacy of the transference interpretation to the genetic one that I had offered, although he felt both were correct.

In general, Kohut was a “classicist” in that he tended to focus first on the transference relationship and, later, when the material seemed propitious, to link this up with genetic material in an increasingly broad and explanatory manner. In connection with the session just described, Kohut said,

You know this patient tends to fear a sudden loss of support and that he is sensitive to such loss. Perhaps this should be pointed out to him again. You also need to remember that he is, for the first time, more fully entering the heterosexual world both in terms of the frequency and the quality of his heterosexual activities and in terms of his inner feeling about himself. He is relatively new in this position. He needs time to adjust to it. He needs time to cushion the shock of termination.



Kohut then stated that for these reasons he is generally willing to give a person plenty of time to terminate and is willing to permit resumption of the analytic work if the date which is initially set proves to be too early. He was also willing, in appropriate cases, to graduate the frequency of hours, to taper off during the termination phase, rather than to insist that all patients proceed with the full analytic schedule and then stop suddenly.

Closer to the end of the analysis, my patient reported a long dream, on a portion of which Kohut's comments were particularly interesting. In this dream the patient was in an old-fashioned hospital, with a high ceiling, white walls, and a white enameled bed. There were paintings on the wall, and he and another patient were looking at them. Suddenly the other man said, "My god, these are real." The patient looked more closely and became very excited. They were real paintings, by the old masters. "There is a Degas, there is a Renoir, there is a Monet . . .," he said, "My god they are worth a fortune. They are worth hundreds of thousands of dollars apiece." He was elated that these old masters were genuine, because, since they belonged to the patients, they also belonged to him. As mentioned, this was only a small part of the dream, and there were extensive associations to the dream.

For the purpose of this chapter, most interesting among the patient's associations was his linking of the genuine and extraordinarily valuable art work in the hospital to some of the fine paintings and antiques possessed by his parents, and to several items in my office (an Oriental rug and an antique porcelain vase). The patient admired these items for their fine quality and linked them with the art work in the dream. (In fact, both of these pieces are of fine quality, but there are many other items in my office that are quite ordinary. The patient had, therefore, selected these two particularly fine items from a rather large undistinguished inventory for the purposes of the dream.) He also associated to the idea of the "old masters," noting that it seemed to have a double connotation, referring both to the paintings and to the masters who did the paintings.

Kohut had a good deal to say about the dream and the extensive associations. Of particular interest, however, were his comments in relation to the genuineness of the paintings. Kohut was struck both by the patient's excitement at the discovery of the genuineness and by the genuineness itself. He said he felt this, taken in context, meant the patient thought he had gotten something real and of great value from me, and, also, that he had gotten something of substantial value from his parents. The old masters were genuine, so the results of his analytic work seemed genuine to him and he was more fully in touch with some genuine and substantial experiences with his parents that helped to account for the considerable measure of health that he had always possessed.

Kohut took no notes during our consultative sessions, which typically lasted 1½ hours. At the beginning of the next session he would read notes

he had made after I left. Even in his period of severe ill health, I was impressed with the accuracy and completeness of these notes. Kohut summarized the material that had come up in our discussion. He also indicated what he thought I had handled well, and what had been less than optimum or where I had gone astray in his opinion.

Two other points occur to me: Kohut did not like the use of questions and felt they should be employed very sparingly in analysis. He said you cannot analyze a person by asking him questions and that while there is a legitimate place for questions on occasion, the main burden of understanding the patient rests with the analyst. It is the analyst's job to listen and to comprehend the patient's feeling state and the meaning of that state empathically. The analyst cannot abrogate this responsibility by asking the patient to tell him what is going on in his mind.

Kohut's work was distinctly interpretive in cast. If I had any criticism of his clinical work when I was studying with him, it was my opinion that he was too interpretive and that more should have been left unsaid. I am not sure that I feel this way any longer; perhaps I was envious of his ability to grasp and order the meaning of the material. In any event, I do not mean to say that he was a very active analyst; on the contrary, I had the impression that he practiced a traditional form of "expectant" analysis. On the other hand, Kohut strongly emphasized the importance of interpretation as he described it in his later writings, namely, as an understanding of the patient such that the patient realized the analyst knew how he felt and, subsequently and overlapping, as the explanatory phase in which the analyst pointed out the origins and meanings of the behavior, feeling states, and fantasies to the patient. His interpretive efforts were focused primarily on the transference and on related genetic areas, although he also felt that judicious use of extratransference interpretation and the examination of the patient's current relationships outside the analysis were not only legitimate but often essential.

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