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»Semper reformari debet«: The life and work of Michael Balint

»Semper reformari debet«: Življenje in delo Michaela Balinta

Abstract

Michael Balint's work represents an important legacy of the Budapest psychoanalytic school of the early twentieth century, founded by psychoanalytic pioneer Sándor Ferenczi. In Balint's distinctly relationship-oriented psychoanalytic opus, countertransference plays a central role, which is not only a legacy of his collaboration with Ferenczi, but also the result of the exceptionally fruitful professional work of the other members of the Budapest psychoanalytic school, led by Vilma Kovács, who developed a specific model of psychoanalytic training. Although this model of psychoanalytic training was rejected in later years for various dogmatic reasons, Balint nevertheless ensured that the basic tradition of the Budapest psychoanalytic school was preserved in the so-called Balint groups, with the help of which Balint succeeded in applying relationally oriented psychoanalytic thinking beyond psychotherapeutic activity in the narrower sense. At the same time, the legacy of the Budapest psychoanalytic school is also clearly reflected in Balint's updating of psychoanalytic theory and the introduction of some of his innovative concepts, which not only rehabilitated the unjustly neglected work of his mentor Ferenczi, but also paved the way for later development of psychoanalysis.

Keywords: Michael Balint, Sándor Ferenczi, Budapest School of Psychoanalysis, Balint groups, psychoanalysis

Povzetek

Delo Michaela Balinta predstavlja pomembno dediščino budimpeške psihoanalitične šole iz začetka dvajsetega stoletja, katere utemeljitelj je bil psihoanalitični pionir Sándor Ferenczi. V Balintovem izrazito relacijsko orientiranem

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psihoanalitičnem opusu ima kontratransfer osrednjo vlogo, kar ne predstavlja le zapuščine njegovega tesnega sodelovanja s Ferenczijem, temveč tudi rezultat izjemno plodnega strokovnega dela preostalih članov budimpeške psihoanalitične šole z Vilmo Kovács na čelu, ki so oblikovali specifičen model psihoanalitičnega usposabljanja. Četudi je bil ta model v poznejših letih zaradi različnih dogmatičnih razlogov zavrnjen, je Balint vendarle poskrbel, da se je osnovno izročilo budimpeške psihoanalitične šole ohranilo v t. i. Balintovih skupinah, s pomočjo katerih je Balint relacijsko orientirano psihoanalitično miselnost uspel aplicirati tudi onkraj psihoterapevtske dejavnosti v ožjem pomenu besede. Obenem se dediščina budimpeške psihoanalitične šole nadvse jasno zrcali tudi v Balintovi posodobitvi psihoanalitične teorije in vpeljavi nekaterih njegovih inovativnih konceptov, s katerimi pa ni poskrbel le za rehabilitacijo neupravičeno zapostavljenega dela svojega mentorja Ferenczija, temveč je tudi tlakoval pot poznejšemu razvoju psihoanalize.

Ključne besede: Michael Balint, budimpeška psihoanalitična šola, Balintove skupine, psihoanaliza

1. Introduction

Michael Balint undoubtedly belongs to the small group of psychoanalytic authors who repeatedly and explicitly emphasised in their writings that discussions with colleagues and reading their work made an important contribution to the development of their theoretical and clinical work and served as a significant source of inspiration. This makes Balint an exceptionally likeable author and reminds us that the vast majority of contemporary psychoanalytic knowledge, which we often associate solely with individual authors, has an unexpectedly rich background of cumulative influences. For this reason, this contribution presents the most important biographical data of Balint's life alongside his contributions to psychoanalysis. This is to show readers the remarkable continuity and structural coherence implied by his work, which was decisively influenced by Sándor Ferenczi, founder of the Hungarian Psychoanalytic Society (1913) and an important representative of the international psychoanalytic movement. Secondly, Balint's work is discussed in relation to contemporary psychoanalytic developments to affirm him as an author who reformulated psychoanalysis in the direction of relational thinking.

2. Early years and the period of Budapest psychoanalysis

Michael Balint (born Mihály Mór Bergsmann) was born on 3 December 1896 in Budapest. His father, Ignác Bergsmann, was a general practitioner and was considered to have an authoritarian and impulsive personality. In contrast, his mother Margit Berger was renowned for her loving and optimistic nature (Moreau Ricaud, 2018; Stewart, 2012). Michael also had a younger sister, Emmi, who later became a mathematician. One of her schoolfriends was Margit Schönberger, who became known as Margaret Mahler and worked as a psychoanalyst in the United States (Harmat, 1994).

The young Balint was considered an exceptionally gifted and curious pupil and student. However, he had a rebellious streak when it came to his relationship with his father. This became particularly evident when, at the age of seventeen, he changed his surname to ‚Balint' and converted to Unitarian Universalism. Consequently, his father severed all contact with him (Harmat, 1994; Hidas, 2012; Moreau Ricaud, 2018).

After completing secondary school, he initially studied chemistry, physics and mathematics, but after a brief period of hesitation, he decided to study medicine in Budapest. These studies were soon interrupted by the outbreak of the First World War, during which he was sent first to the Russian and then to the Italian fronts. After sustaining an injury at the front, he returned to his hometown in 1916 and resumed his medical studies. He successfully completed them in 1920 (Harmat, 1994; Hidas, 2012; Moreau Ricaud, 2018).

In 1917, he attended a mathematics seminar, where he met Alice Székély-Kovács, his future wife. At the time, she was studying ethnology (Harmat, 1994; Hidas, 2012; Moreau Ricaud, 2018). She later became a prominent figure in the Budapest School of Psychoanalysis, contributing to the Hungarian Psychoanalytic Society's extensive programme of theoretical, therapeutic, and educational activities. She had distinctly interdisciplinary interests, engaging not only with psychoanalysis, but also with the emerging disciplines of ethnology, cultural anthropology and pedagogy, which significantly enriched her psychoanalytic thinking. Together with her husband, Michael Balint, she developed a new conceptualisation of the relationship between child and mother. For this reason, Alice Balint is regarded as one of the pioneers of object relations theory (Borgos, 2019). Even during her student years, Alice was renowned for her admiration of Freud's work. She recommended two of his books in particular to Michael: ‚Totem and Taboo' and ‚Three Essays on the Theory of Sexuality'. These works had a profound impact on him (Harmat, 1994; Hidas, 2012; Moreau Ricaud, 2018).

Turbulent social and political changes in Hungary in 1919, particularly the violent antisemitic movement which also impacted events at the University of Budapest, led to the abolition of the Chair of Psychoanalysis at the Medical Faculty of the University of Budapest after only a few months of operation. The chair had been founded by Sándor Ferenczi. Ferenczi, the first university professor of psychoanalysis, was simultaneously stripped of his newly acquired academic title (Erős, 2009). During the short period that the chair existed, Balint attended Ferenczi's lectures for the first time. Afterwards, he personally visited Ferenczi at his medical practice to express his objections and disagreements with what he had heard — something Ferenczi received very positively, to Balint's great surprise (Moreau Ricaud, 2018). This marked the beginning of their long-standing friendship and exceptionally fruitful collaboration (Hidas, 2012).

Balint continued his education in Budapest, specialising in biochemistry and bacteriology. However, due to the anti-Semitic measures and laws adopted in 1919, he soon realised that there was no future for him at the University of Budapest. For this reason, he and his wife Alice emigrated to Berlin after their marriage in 1921, where he worked as a biochemist and bacteriologist. Having encountered Ferenczi, he had developed a strong affinity for psychoanalysis and enrolled in a doctoral programme in philosophy. Consequently, he and Alice decided to undertake training at the Berlin Psychoanalytic Society. His first training analyst was Hans Sachs and his first supervisor was Max Eitingon. Due to their mentors' markedly didactic approach, the Balints gradually became increasingly dissatisfied with psychoanalytic training in Berlin (Harmat, 1994; Hidas, 2012; Moreau Ricaud, 2018; Stewart, 2012).

A more consolidated political environment in Budapest in 1924 enabled them to return to their hometown. Between 1924 and 1926, Balint underwent training analysis with Ferenczi, which he found far more satisfactory. In 1925, he and his wife had a son, János, who, like his father and grandfather, also became a doctor. In the years following their return to Budapest, Balint worked in a biochemistry laboratory and as an assistant in the Department of Internal Medicine at the Medical Faculty in Budapest. However, in 1926, despite his successes in medicine, he abandoned his previous work to devote himself exclusively to psychoanalysis. He became a full member of the Hungarian Psychoanalytic Society, whose characteristics would go on to shape his subsequent medical and psychoanalytic work (Harmat, 1994; Hidas, 2012; Kulenović & Blažeković-Milaković, 2000; Moreau Ricaud, 2018; Stewart, 2012).

Together with his wife, Alice Balint, and his mother-in-law, Vilma Kovács, who were both also psychoanalysts, Balint formed the core group of collaborators of Sándor Ferenczi. The Balints lived in a bourgeois building on the

right bank of the Danube at 12 Mészáros Street, where Balint initially ran his private psychoanalytic practice. In 1931, Ferenczi and the aforementioned group founded a polyclinic at the same address — an initiative he had first sought to establish in 1915 — which also provided psychoanalytic treatment to disadvantaged individuals. Ferenczi initially served as the polyclinic's head; following his death in 1933, Balint took on this role, thereby assuming a leading position in Hungarian psychoanalysis until his second emigration to England (Bacal, 2016; Haynal, 2010; Hidas, 2012; Moreau Ricaud, 2018).

Within the polyclinic, the so-called ‚Friday meetings' became a tradition. During these meetings, individual psychoanalysts would present various lectures, invariably followed by technical seminars led by Vilma Kovács. These seminars primarily focused on issues related to the psychoanalyst's countertransference. This makes it reasonable to assume that a specific model of Hungarian psychoanalytic training emerged within this framework, placing the analysis of the candidate's countertransference at the centre of training (Soreanu, 2025).

3. The Hungarian model of psychoanalytic training

In the 1920s, members of the first generation of psychoanalysts were confronted with the pressing problem of inadequately conducted psychoanalytic treatments (Haynal, 2010). As a result, at the 1922 psychoanalytic congress in Berlin, it was decided that, in addition to theoretical training, candidates must also undergo a training analysis with an established psychoanalyst within their respective societies. Initially, it was thought that training analysis should not be as in-depth as therapeutic analysis (Kovács, 1993). Ferenczi successfully challenged this position through arguments first articulated in a 1924 co-authored work with Otto Rank. In this work, they asserted that the psychoanalytic process generates significant emotional tension for both the patient and the psychoanalyst (Ferenczi & Rank, 2008). At the 1925 congress in Innsbruck, the International Psychoanalytic Association subsequently adopted the decision that the psychoanalyst must undergo more analysis than their patient (Kovács, 1993). Ferenczi then formulated the so-called second fundamental rule of psychoanalysis from this decision: »/.../ second fundamental rule of psychoanalysis, the rule by which anyone who wishes to undertake analysis must first be analysed himself« (Ferenczi, 2002a, p. 88-89).

In addition to Ferenczi, other members of the Budapest School of Psychoanalysis also began to respond to the problem of ineffective psychoanalytic treatments by developing a specific model of psychoanalytic training. This model differed significantly from the standard tripartite educational system developed

within the Berlin Psychoanalytic Society (Haynal, 2010) and was also distinct from those used by other psychoanalytic schools internationaly (Bacal, 2016).

In Budapest, there was initially no strict separation between theoretical seminars, training analysis, and supervision (Haynal, 2010). In later years, this approach to psychoanalytic training became established as a specific supervisory method of the Hungarian Psychoanalytic Society, authored by Balint's mother-in-law, the psychoanalyst Vilma Kovács (Bacal, 2016). The main specificity of the Hungarian training model lay in the fact that supervision of the candidate's first psychoanalytic case took place as an integral part of the candidate's training analysis (Bokor, 2025; Soreanu, 2025; Székács-Weisz, 2025). The candidate's first supervision was thus conducted by his training analyst—during the training analysis—whereas supervision of the candidate's remaining cases took place with another supervisor, in a seated position (Ita, 2025). In defense of the Budapest training model, Hungarian psychoanalysts argued that this approach allowed for a far more effective awareness of obstacles originating in the candidate's personality that might hinder the candidate's psychoanalytic work with patients (Bacal, 2016). This position is clearly articulated in an article by Vilma Kovács, first published in 1933:

> »The original aim of control analysis is the teaching and supervision of practical work. The candidate begins the psychoanalytic treatment of one or two patients and regularly reports on his work to a more experienced colleague. In this way, he learns appropriate conduct toward the patient and the techniques of psychoanalytic practice. If we are satisfied with this superficial mode of control, then it is entirely understandable and justified to carry out control analysis with different mentors, as the candidate will thus become acquainted with the working methods of various analysts. If, in the course of such work, it becomes apparent that the candidate, due to his own conflicts, is unable to adequately understand his patient, the mentor usually advises that the candidate should continue his training analysis. In contrast to this, I believe that the correct solution would be for the candidate to carry out his control analysis consistently with his training analyst, since it is only in the course of working with patients that it may become evident that the candidate's training analysis should not yet be concluded.« (Kovács, 1993, p. 244–245)

Budapest psychoanalysts actively sought a satisfactory answer to the question of how to place work with countertransference at the center of psychoanalytic training and clinical practice, and how to ensure that candidates would not merely believe in psychoanalytic insights but would be genuinely convinced of them (Soreanu, 2025). One such answer was precisely the specificity of

the Budapest training model, according to which reflection on the relational dynamics between the candidate and his first patient took place within the framework of the candidate's training analysis (Bokor, 2025). This created particular circumstances which, although not entirely free of complications, nonetheless made it possible for supervisory work to focus primarily on the candidate's countertransference, which the Budapest psychoanalysts believed to be of central importance in the process of psychoanalytic therapy, and only secondarily on issues of psychoanalytic technique (Soreanu, 2025), as is also evident from the continuation of Vilma Kovács' article:

> »If a candidate begins psychoanalytic work while at the same time continuing his own analytic process, those aspects of his personality also emerge which we may already have noticed earlier, but which could never have revealed themselves as vividly as in this parallel process. All of his good and bad qualities and characteristics come to light, for example: an inability to be objective, impatience, vanity, an inability to accept criticism, a tendency to see only what is favorable to himself, or a tendency to overlook the patient's criticism—which patients usually express only in a disguised form—tactlessness arising from an insufficiently worked-through sadistic–masochistic drive, an inability to feel compassion or excessive compassion, and so on. All this enables us to teach the candidate the proper handling of countertransference, which is the most important factor in analytic work.« (Kovács, 1993, pp. 245–246)

Hungarian psychoanalysts were of the view that only the training analyst is in a position to assess the candidate's personality, conflicts, and modes of response (Soreanu, 2025). For this reason, the Hungarian model of supervision can also be understood as not yet constituting supervision proper, but rather as the final phase of training analysis, focusing primarily on the analysis of the candidate's psychoanalytic work—that is, on the analysis of his analytic self. Alternatively, the Hungarian model of training may also be conceived as an intermediate phase between training analysis and supervision (Eörsi, 2025).

Because of its specificity, the Hungarian model encountered opposition from the Berlin tripartite training system, which consisted of separate processes of theoretical education, training analysis, and clinical supervision. The Berlin system of training was developed and introduced within the Berlin Psychoanalytic Society under the leadership of the German psychoanalyst Max Eitingon, and was later adopted by other psychoanalytic societies in different countries as well (Soreanu, 2025). Initially Ferenczi, and later Balint during his second emigration to England, actively sought to preserve and promote the Hungarian model of psychoanalytic training, even though both were aware that the

Hungarian Psychoanalytic Society could hardly assert any alternative in relation to the officially accepted psychoanalytic paradigm. Unlike Ferenczi, who often suffered from various rejections and feelings of disadvantaged, Balint defended his positions in a far more diplomatic manner. He possessed greater self-confidence and was keenly aware of his right to defend his views (Haynal, 2010). After his arrival in England, Balint was granted permission by the London Psychoanalytic Society to offer candidates training according to the Budapest model of supervision, but only on the condition that the candidates were simultaneously involved in supervision according to the traditional Berlin model (Bacal, 2016).

A few years later, more precisely in 1947, a decision was adopted within the newly published London Standing Rules stipulating that a candidate's supervisor and training analyst could not be the same person (Narancsik, 2025). With this decision, the Budapest model of psychoanalytic training was officially prohibited by the International Psychoanalytic Association (Bacal, 2016). Opponents of the Budapest training model justified their decision by arguing that supervision should primarily aim at shaping the candidate into an autonomous and competent professional, separated from his training analyst, rather than supporting a clinging to a period of analytic childhood marked by excessive idealization (Ita, 2025; Szőnyi, 2014).

Balint, – like Ferenczi – firmly advocated the central role of countertransference and the therapeutic relationship in the psychoanalytic process. Ferenczi's work is therefore today rightly regarded as a forerunner of relational and intersubjective psychoanalytic paradigms (Ita, 2025). Balint responded to the newly adopted rules by preparing a lecture at the British Psychoanalytical Society entitled *On the Psycho-Analytic Training System*. In this lecture, he defended the Budapest model with firm arguments and expressed criticism of the Berlin model. He argued that the prohibition of the Budapest training model represented an example of the expanding dogmatism within the psychoanalytic community, where decisions were made without due regard for professional arguments. He described the Berlin tripartite training model as a defense against a weakly structured training model – which had indeed caused certain difficulties for psychoanalysts up until 1920 – but one that reflected not well-established boundaries, but rather an excessively structured form of training based on splitting (Balint, 1948; Narancsik, 2025; Soreanu, 2025). In one of his later studies on training, he added the following: »The greatest mistake we could make would be to consider our present training system as a final, o reven settled, solution of our many problems« (Balint, 1954, p. 157), and somewhat later added »semper reformari debet« [it must be continuously reformed] (Balint, 1954, p. 162). This clearly illustrates Balint's radical anti-dogmatic and

anti-hierarchical orientation, which is today regarded as one of the defining characteristics of the relational paradigm in psychoanalysis (Soreanu, 2025), as it led to the deconstruction of the psychoanalyst's authority over the client (Mitrano, 2006).

Despite his firm and well-articulated arguments, Balint did not succeed in changing the prevailing mindset within the psychoanalytic community, namely the view that the Budapest training model represented a collection of exotic and even dangerous practices. As a result, the debate between the Berlin and Budapest training models concluded with the establishment of the Berlin model and the prohibition of the Budapest model (Soreanu, 2025). In the years that followed, Balint no longer devoted particular attention to the issue of psychoanalytic training. Scholars of his life and work attribute this, on the one hand, to the decision of the London Psychoanalytical Society allowing Balint to continue conducting supervision according to the Budapest model (Bacal, 2016), which he indeed carried out with as many as three candidates – Esther Bick, Betty Joseph, and Edna Oakeshott (Harmat, 1994; Moreau Ricaud, 2018). On the other hand, it is also attributed to the fact that Balint was able, to a certain extent, to realize the idea of the Budapest model within his »training–research groups«, which he was actively developing precisely at that time (Bacal, 2016).

Despite the general dominance of the Berlin model, the Budapest model as formulated by Vilma Kovács persisted in Hungary until the end of the twentieth century (Bokor, 2025; Ita, 2025). Especially up until the 1960s, it was regarded as an entirely customary mode of psychoanalytic training (Ita, 2025). This continuity was ensured, among others, by one of the leading Hungarian psychoanalysts of the postwar period – at a time when Hungarian psychoanalysts were forced by communist legislation to work illegally and were therefore not members of the International Psychoanalytic Association (Pap, 2019) – namely Imre Hermann. Hermann did not conceive the supervisory process as an intellectual learning process and therefore did not sharply distinguish between training analysis and supervision. Candidates who underwent supervision with Hermann lay on the psychoanalytic couch and freely associated about what patients had evoked in them during psychoanalytic work (Székács-Weisz, 2025). In later years, even in Hungary the Budapest model of supervision came to be defined merely as one of several possible variants of psychoanalytic training. By the end of the twentieth century, the International Psychoanalytic Association required, as a condition for the admission of the Hungarian Psychoanalytic Society, that the psychoanalytic training model in Hungary be aligned with the internationally established Berlin model (Ita, 2025). Consequently, the Hungarian Psychoanalytic Society decided that supervision hours conducted with the training analyst

would no longer be counted toward the total required number of supervision hours (Bokor, 2025).

Although the Budapest training model neither succeeded in becoming established nor in being preserved, and today no longer constitutes part of the official process of psychoanalytic education anywhere, the debate continues as to which form of supervision most effectively contributes to a candidate's development and the quality of their professional work. From the discussion thus far, it is evident that over the historical development of psychoanalysis two different – and in certain respects fundamentally opposed – models of supervision have emerged: the Berlin and the Budapest models. Balint himself discussed these under somewhat different terminology:

> »They agreed that in the future greater attention should be paid to the analysis of the candidate's responses to the patient's transference, while at the same time emphasizing that the teaching of analytic technique—through the material of the candidate's cases analyzed under regular supervision—is equally important. In order to emphasize sufficiently the difference between these two tasks, we called the former (the analysis of the candidate's countertransference in relation to the patient) *Kontrollanalyse*, while we called the latter task (teaching the candidate psychoanalytic technique) *Analysenkontroll*. It soon became clear that the most suitable person to conduct the *Kontrollanalyse* is the candidate's training analyst, but not necessarily to conduct the *Analysenkontroll*.« (Balint, 1948, p. 166)

From the above quotation it is evident that, in addition to using the term *Kontrollanalyse* – originally introduced by Vilma Kovács (1993) – Balint also introduced the term *Analysenkontroll*. With this term, he sought to describe a form of supervision primarily focused on clinical cases, through which the candidate develops psychoanalytic technique within a structured relationship with the supervisor. By contrast, with the term *Kontrollanalyse* he described a form of supervision that takes place as an integral part of training analysis and is primarily focused on the working through of the candidate's emotional dynamics in relation to the patient (Balint, 1948; Bokor, 2025).

The terms *Kontrollanalyse* and *Analysenkontroll* thus describe two different forms of supervision that can be situated along a continuum. At one end of the continuum lies *Kontrollanalyse*, which, as the counterpart of the Budapest training model and as a minimally structured form of supervision, focuses primarily on the candidate's personal material. At the other end of the continuum lies *Analysenkontroll*, which, as the counterpart of the Berlin training model, focuses on psychoanalytic technique and the nosological definition of the patient's difficulties, and to a lesser extent on the candidate's personal material (Bokor, 2025).

The continuation of the debate on two different models of supervision can also be traced – albeit under somewhat different terminology – in the works of psychoanalysts of contemporary generations. De Masi (2019) argues that the psychoanalyst does not listen to the patient with the aim of making a medical diagnosis, but rather in order to sense the psychological processes that lie behind the patient's clinical manifestations. For this reason, he maintains that supervisors can truly come to know the cases presented only through the subjective experience of the candidates or supervisees. In contrast to De Masi, Kernberg (2019) argues that the primary purpose of supervision is to assist in establishing an appropriate diagnosis and addressing issues related to psychoanalytic technique, which, in his view, can only be achieved in supervision that is separate from the training analysis process. At the same time, he also warns of the danger that the supervisory relationship may turn into a therapeutic one if it becomes overly focused on the candidate's unconscious material.

The discussions among psychoanalysts of the contemporary generation thus make it clear that the dilemma between the Berlin and Budapest models – despite the dominance of the Berlin model – has still not been fully resolved. This can be partially explained by the position of Nancy McWilliams (2001), who notes that the legacy of the Budapest psychoanalytic school is undoubtedly evident in today's well-developed awareness of the complex intersubjective space in which the patient, the psychoanalyst, and the supervisor all participate. On this basis, we may agree with Soreanu (2025), who argues that the Budapest model of supervision – despite being nearly one hundred years old – can by no means be regarded as a »museum exhibit«, as it confronts us with numerous issues of great importance from the perspective of contemporary psychotherapy, particularly those related to the concept of countertransference, which in contemporary psychoanalysis is defined as a theoretical-technical tool that conceptualizes psychoanalysis as an intersubjective practice (Civitarese, 2021).

4. Emigration to England

In 1938, the English psychoanalyst and Ferenczi's analysand John Rickman visited Budapest, where he assured local psychoanalysts of his support in the event of possible emigration to England (Harmat, 1994). At the beginning of 1939, the Balints decided to emigrate to England due to legislation passed by the Hungarian parliament in 1938 that imposed sanctions against Jews. This year was extremely traumatic for Balint, as shortly after leaving his homeland Alice died suddenly from a ruptured cerebral aneurysm, and a year later her

mother, Balint's mother-in-law Vilma Kovács, also died (Moreau Ricaud, 2018). Balint initially settled in Manchester, where he first worked as a psychiatrist in the pediatric department of the Northern Royal Hospital, and later became the head of various child and adolescent guidance clinics. In 1945 he moved to London, and soon thereafter received the devastating news that his parents in Budapest had committed suicide prior to the planned deportation of Jews (Harmat, 1994).

The Balints settled in Manchester and that same year his wife Alice died unexpectedly. Their jointly written study was also published in that year: *On Transference and Counter-Transference* (Balint, A. and Balint, M., 1939). In this article, the Balints advocated what was at the time a radically new view of psychoanalytic therapy, asserting the following:

> »Looked at from this point of wiew the analytical situation is the result o fan interplay between the patient›s transference and the analyst›s counter--transference, complicated by the reactions released in each by the other›s transference on to him.« (Balint in Balint, 1939, p. 227)

From this it is evident that they conceived psychoanalytic therapy as a reciprocal process. In doing so, they continued the tradition of Ferenczi's understanding of psychoanalysis on the one hand, while on the other they anticipated – lalmost half a century in advance – the development of contemporary relational and intersubjectively oriented psychoanalytic paradigms (Bacal, 2016; Ita, 2025), whose foundations were already characteristic of the work of Budapest psychoanalysts more broadly (Lichtenberg, 2016).

In London Balint began regularly participating in the highly intense and controversial debates among psychoanalysts within the British Psychoanalytical Society (Moreau Ricaud, 2018; Stewart, 2012), where he had the opportunity to witness firsthand the sharply opposed positions and conflicts between Anna Freud and Melanie Klein—conflicts whose consequences, according to some authors, can still be discerned today (Naracsik, 2025). In connection with this split within the *British Psychoanalytical Society*, the London psychoanalyst Jonathan Sklar explains:

> »My society is full of traumas because of the controversial discussions in the Second World War and beyond that have not stopped being fought. It still goes on. It›s very difficult when you›re in an analytic society where you don›t quite want to know, but some people are quite contemptuous about other people, and they›re all analysts. One of the worst things to say about a colleague is if one›s talking about somebody, "well, they haven›t been properly analyzed, have they?" And you know, even to think that way is a terrible indictment.« (Sklar, 2019)

Amid the intense conflicts within the British Psychoanalytical Society, Balint also presented his observations in a lecture in 1948, in which he wrote:

> »It is a fact that the group of candidates shows a marked tendency toward segregation; toward the group of like-minded individuals they are excessively indulgent, toward the group of those who think differently they are excessively critical, and ultimately they also follow their mentors in a completely blind manner.« (Balint, 1948, p. 167)

Under the influence of these numerous conflicts, three distinct psychoanalytic schools or groups emerged in London: the group of Melanie Klein, the group of Anna Freud, and the so-called »middle« or »independent group«. Balint, together with Donald Winnicott, Paula Heimann, Sigmund Henry Foulkes, John Bowlby, and Ronald Fairbairn, joined the latter, which positioned itself in an intermediate space between the supporters of Anna Freud on the one hand and those of Melanie Klein on the other—hence the name of the group (Moreau Ricaud, 2018; Stewart, 2012). The group of independent British psychoanalysts maintained that the primary human motivation is not the gratification of instinctual drives, but rather the search for – or finding of – an object (Fairbairn, 1982). Their work was closely connected to the concept of countertransference, as well as to a distinctly pragmatic and anti-theoretical attitude toward psychoanalysis. Already in the early years of his membership in the British Psychoanalytical Society, Balint became one of its most respected members and training analysts, and in 1946 he traveled to Budapest as a special envoy of the Society to re-establish contact with the surviving psychoanalysts there (Harmat, 1994).

5. Balint groups

Following Ferenczi's example, Balint began actively lecturing to general practitioners, as he wished to integrate psychoanalytic modes of thinking into other professional fields, above all into medical practice and into the education of physicians. In 1921, Ferenczi lectured in Košice and, in his lecture entitled *Pszichoanalízis a gyakorló orvos szolgálatában* [Psychoanalysis in the Service of the Clinical Physician], advocated the following position:

> »There are physicians of a somewhat artistic temperament who, without any formal knowledge, know purely intuitively how to approach a human being. Perhaps there is no longer any physician who has not, from time to time, perceived the effect of such hastily improvised psychology at the patient's bedside. How many renowned physicians owe their success primarily to their own self-confident, calm, kind, yet decisive attitude toward the patient! And who among us has not experienced that psychological

assistance—the physician's friendly and benevolent word, and at times even his mere presence—has a far greater effect on the patient, even when the illness is purely somatic, than the administered medication? Yet how to dose this remedy correctly, and which paths this active agent will take in exerting its effect—about this we were taught nothing at the university. We were merely told to leave such matters to the conjectures of particularly insightful individuals.« (Ferenczi, 2007, p. 108)

The cited passage vividly reflects Ferenczi's distinctive professional stance, not only as a psychoanalyst and founder of the Budapest psychoanalytic school, but also as a clinical physician. Already in his early medical career, he established a markedly collaborative and dialogical relationship with his patients and strove for a holistic approach to treatment that took their social context into account (Mészáros, 2003). For Balint, this constituted the initial inspiration for the establishment of the so-called »training–research groups«, initially conceived primarily to enhance the clinical work of general practitioners (Moreau Ricaud, 2018). For this reason, scholars familiar with his method maintain that the original aim of Balint's innovative approach to physicians' training was educational in nature, and that only subsequently did it become apparent that this method also possessed certain self-reflective and psychohygienic dimensions (Eörsi, 2025).

In establishing the »training-research groups«, Balint drew primarily on the specific features of the Hungarian model of psychoanalytic training described above. Consequently, it is now widely accepted that Balint groups are, in effect, heirs to the Budapest model of psychoanalytic supervision (Eörsi, 2025). This is particularly evident in their understanding of the phenomenon of countertransference. Members of the Budapest psychoanalytic school, led by Ferenczi, recognized at a very early stage that countertransference could serve as an extremely useful methodological tool, enabling the therapist to gain a more nuanced understanding of the patient's pathology (Ajkay, 2016; Cabré, 1999; Haynal, 2003; Mészáros, 2014; Miller-Bottome & Safran, 2018). The remarkably modern conceptualization and highly skillful handling of countertransference by the Budapest group of psychoanalysts are rooted primarily in Ferenczi's lecture published in 1919 under the title *On the Techinique of Psycho-Analysis*, in which he described three successive phases of mastering countertransference:

»One yields to every affect that the doctor-patient relationship may evoke, is moved by the patient›s sad experiences, probably, too, by his phantasies, and is indigant with all those who wish him ill.« (Ferenczi, 1927, p. 187)

He described the next two phases in the following words:

»If the psycho-analyst has learnt painfully to appreciate the counter-transference symptoms and achived the control of everything in his actions and speech, and also in his feelings, that might give occasion for any complications, he is

threatened with the danges of falling into the other extreme and of becoming too abrupt and repellent towards the patient; this would retard the appearance of the transference, the pre-condition of every successful psycho-analysis, or make it altogether impossilbe. This second phase could be characterized as the phase of resistance against the counter-transference. Too great an anxiety in this respect in not the right attitude for the doctor, and it is only after overcoming this stage that one perhaps reaches the third, namely, that of the control of the counter-transference.« (Ferenczi, 1927, p. 188)

Ferenczi then went on to define the notion of »control« somewhat more clearly:

»Only when this has been achieved, when one is therefore certain that the guard set for the purpose signals immediately whenever one›s feelings towards the patient tend to overstep the right limits in either a positive or a negative sense, only then can the doctor ‹let himself go› during the treatment as psycho-analysis requires of him.« (Ferenczi, 1927, p. 189)

From the cited passage it is evident that, on the one hand, Ferenczi recognized at a very early stage that the therapist's countertransference is indispensable in the process of effective therapeutic treatment (Dupont, 2020; Mészáros, 2010b). On the other hand, he simultaneously laid the foundations for a modern methodological handling of the phenomenon of countertransference, something that stood in complete opposition to the then widely accepted technical recommendations of Freud (Lichtenberg, 2016). These recommendations can be traced back to Freud's *Recommendations to Physicians Practising Psycho-Analysis*, published in 1912, in which he wrote, among other things:

»I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible.« (Freud, 1958, p. 114)

He further stated that:

»The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day.« (Freud, 1958, p. 114)

With regard to this quotation, Cabré (1999) notes that Freud regarded countertransference as having a negative impact on the psychoanalyst's work and as a disturbing factor in the psychoanalytic process. This view is shared by Gabbard (2005), Holmes (2014), and Piedfort-Marin (2019), who likewise argue that although Freud wrote relatively little about countertransference, his views on it were consistently oriented toward seeing it as an interfering factor in the process of psychoanalytic treatment.

A comparison of Freud's and Ferenczi's understandings of countertransference (Pap, 2021) shows that Balint formulated the basic premise of his »training–research« groups on the basis of Ferenczi's conception of countertransference (Ferenczi, 1919). He proceeded from the conviction that transference–countertransference dynamics play an important role not only in the psychoanalytic treatment process but also in the long-term collaboration between a general practitioner and his or her patient. This also means that the vast majority of cases presented in the groups related to the field of somatic medicine (Eörsi, 2025). Balint thus established discussion groups for general practitioners who were interested in their patients' emotional difficulties. Within these groups, he sought, on the one hand, to help physicians better understand the psychological aspects of somatic illnesses, and, on the other hand, to emphasize the central role of the doctor–patient relationship in the healing process (Bacal, 2016; Haynal, 2010; Stewart, 2012). He was convinced that through a better understanding of relational dynamics with the patient, general practitioners could also gain a deeper understanding of the patient himself or herself, the illness, and the complications that arise in the course of treatment (Kulenović & Blažeković-Milaković, 2000).

The purpose of Balint's »training-research« groups was therefore by no means to apply psychoanalysis outside its usual framework, but rather to open up a new space that would allow for the exploration of countertransference (Soreanu, 2025). Balint believed that the many diverse experiences physicians notice in themselves during their clinical work can, among other things, also be understood as symptoms of the patients being treated (Haynal, 2010). In this, we can recognize Balint's innovative introduction of a modern – primarily Ferenczian – conception of countertransference into the field of somatic medicine. In doing so, he not only built a bridge between psychoanalysis and somatic medicine by presenting psychoanalytic knowledge to general practitioners as relevant and useful to their work, but also followed in Ferenczi's footsteps and ensured that the legacy of Ferenczi's teaching retained its applicability beyond the field of psychoanalysis itself (Stewart, 2012).

Although Balint presented his innovative method of work in detail and in written form only in 1957, with the publication of his book *The Doctor, His Patient and the Illness* (Balint, 1957), his method can nevertheless today boast a tradition of almost eighty years. Throughout this entire period, despite various modifications, the main pillars of the Balint method have been preserved. These are reflected in the following three successive steps within each group meeting:

- The group member who presents a case at a given meeting is not determined in advance, but is chosen spontaneously at the beginning of the session, when he or she freely speaks about a patient's case and his or her own dilemmas. This may be followed by a few additional questions from the other group members in order to clarify specific details of the case.
- It is important that, during the presentation, group members attend both to their own responses and to the material being presented, as the case presentation is followed by a phase of free association by the group. In this phase, the group member who presented the case participates only as a listener and not as an active participant. The remaining group members freely associate what they heard – that is, about the group member who presented the case, about the patient's case itself, about their own experiences, about similar experiences, dreams, and any physical phenomena they may have observed while listening to the case presentation.
- After the group's free association phase, the floor is returned to the group member who presented the example, who then talks about his experiences while listening to the group's free associations, i.e., provides feedback. In this way, a multilayered transference–countertransference dynamic gradually manifests itself within the group. In particular, it is important to highlight the original transference–countertransference dynamics in the presented case, the transference–countertransference dynamics in the relationship between the presented case and the group members, as well as those between the group members and the group leader. The group leader's primary task is to moderate what is happening »here and now«, as the group's work is focused primarily on how the material of the presented case manifests itself within the group process. Relational events within an individual group session are thus understood primarily in terms of countertransference responses to the (predominantly relational) material of the presented case. In this sense, the group leader is positioned in a role similar to that of a supervisor in the psychotherapeutic process, with the important difference that the domain of explicit synthetic function does not lie with the leader, but with the group member who presented the case (Balint, 1957; Eörsi, 2025).

The method of work in Balint's »training-research« groups is focused primarily on the presented patient case and its problems, as well as on the physician's difficulties in confronting and responding to them. In this way, it provides group members with the opportunity, within the specific atmosphere of the group, to enhance their own awareness of relational issues with their patients and to discover certain solutions themselves—solutions that, from the perspective of effective medical practice, are often more important than the mechanical application of purely theoretical knowledge. At the same time, this process allows them gradually to expand their understanding of the patient's life and

to build a genuinely holistic approach to treatment.

Finally, the specific atmosphere created in Balint groups – based on a sense of safety, acceptance, trust, and understanding – also strives to realize certain corrective aspects of this way of working. It is grounded in the assumption that if inadequate interpersonal interactions in childhood contribute to disturbed development of ego functions, then inadequate relationships and working conditions in the professional environment can likewise lead to frustrations that diminish the quality of work even among otherwise well-trained professionals (Kulenović & Blažeković-Milaković, 2000).

Balint succeeded in realizing his project of establishing »training-research groups« primarily during his second emigration to England, at the Tavistock Institute, where he also met his second wife, the social worker Enid Albu. She helped him implement the »training-research« group method in other professional fields as well, particularly in social work and nursing (Moreau Ricaud, 2018). Balint's method of work largely contributed to his becoming internationally recognized (Stewart, 2012). His original way of introducing psychoanalytic knowledge into the field of somatic medicine was especially well received in France, where the first Balint Society (*Société Médicale Balint*) was founded in 1967. This was followed in 1969 by the establishment of a similar society in England (Moreau Ricaud, 2018; Stewart, 2012), where the method came to be known as Balint groups. Michael and Enid Balint extended this form of work to numerous other professional fields, which today is considered their outstanding contribution to mental health care in Great Britain (Stewart, 2012). In this way, Balint became highly internationally recognized; at the same time, however, this aspect of his professional activity somewhat overshadowed his contribution to psychoanalysis itself (Moreau Ricaud, 2018; Stewart, 2012).

After Balint's death, Balint groups not only survived but continued to develop and spread worldwide, largely due to the efforts of his widow Enid. In 1974, the *International Balint Federation* was established, bringing together Balint societies from all over the world (Moreau Ricaud, 2018; Stewart, 2012). These societies still provide this form of training for a variety of professional profiles today (Bacal, 2016). At present, there are many different structural and content-related modifications of Balint groups worldwide, such as Balint psychodrama, thematic Balint groups, Balint groups with a predetermined number of sessions or with continuous meetings (usually at a frequency of twice monthly), open and closed Balint groups, and Balint groups that are either specific or non-specific to particular professional fields (Eörsi, 2025).

In Slovenia, Balint groups began operating only in the 1980s, initially at the initiative of medical students and under the leadership of the psychiatrist

Miklavž Petelin and the psychiatrist Marija Vegelj Pirc (Možina et al., 1983; Možina & Škraba, 1983; Vegelj Pirc, 2022). In 1984, a Balint group section was also established within the Slovenian Medical Association. Somewhat later, Bernard Stritih and Miran Možina introduced Balint groups into the field of social work as well (Možina & Stritih, 1999; Stritih et al., 1992), and in 2001 an international Balint group congress was even organized in Portorož (Možina, 2001ab, 2011).

Balint groups thus clearly demonstrate that their founder was a pioneer among those psychoanalysts who believed that psychoanalytic knowledge should also be introduced into professional fields that are otherwise positioned beyond the boundaries of psychoanalytic treatment in the narrow sense of the term (Haynal, 2010).

6. Balint as Ferenczi's rehabilitator and literary advocate

In 1947, Balint became a British citizen and took up a position at the Tavistock Institute in London, where he also embarked on what had until then been his secret plan – namely, to rehabilitate Ferenczi's work and name within the international psychoanalytic community (Harmat, 1994; Moreau Ricaud, 2018). Ferenczi had provoked considerable outrage from Freud and some other leading psychoanalysts particularly with his final lecture at the International Psychoanalytic Congress in Wiesbaden in 1932 (Mészáros, 2010a), though not from everyone. The German psychoanalyst Ernest Simmel, for example, held Ferenczi's work in very high regard (Mészáros, 2003) and in 1933 wrote the following in his address at a memorial meeting of the German Psychoanalytic Society:

> »I cannot finish this appreciation of the oeuvre Ferenczi left us, as the theoretician of technique and the technician of theory, without mentioning what I consider a particularly outstanding work and which has only recently appeared in the latest issue of ‹Zeitschrift› entitled ‹Confusion of tongues between adults and child.› We are deeply moved to think that Ferenczi delivered this lecture personally at the last congress and that this was his farewell to the International Psychoanalytic Society. On that particular occasion he presented us with a great gift of newfound wisdom, regarding our behaviour towards sufferers as proved by his own experience as a sufferer. It seems the simplest, yet is the most difficult technical problem, which some us have probably succeeded in solving on our own by listening to our feelings. But up to now, many analysts were waiting in vain for concrete guidance on this subject. The issue here is: how can I be allowed to remain a human being

> in analysis, namely the person I really am? Ferenczi, the wise, now presents us with a key, referring to that phase of analysis when not only does the patient not understand the analyst, but the analyst does not understand the patient. This is the mirror image of the childhood situation when the child, under pressure of sexual trauma, through the artificial provocation of his/her as yet naturally immature instinctual life, suffers the premature, artificial bringing to maturity, ‚the progression', of his/her ego. The aggression which flares up connected with this, but is, at the same time, suppressed by superior external force, creates characterological reactions which confront the outside world in such a hopelessly depressive and counterproductive way, that its very incomprehensibility appears to be a manifestation of being unloved.« (Simmel, 1933, p. 306)

This refers to Ferenczi's well-known 1932 lecture, in which he introduced his innovative concept of Confusion of Tongues between Adult and Child. Within this framework, he argued on the one hand that psychic trauma is the result of an real traumatic event (Ferenczi, 2020c). It is a position that Freud could not possibly accept at the time (Mészáros, 2003), as it was one he had already rejected in the final years of the nineteenth century (Mészáros, 2010a). On the other hand, Ferenczi's concept demonstrated his acute awareness of the laws governing mutual influence in the relationship between two subjects. For this reason, he is today regarded as a psychoanalyst who was already very early oriented toward contemporary paradigms, particularly relational and intersubjective ones (Kiss, 2021; Miller-Bottome & Safran, 2018; Ogden, 1994). Although Ferenczi's innovativeness was appreciated not only by Balint and other Budapest colleagues but also by certain psychoanalysts from other countries, the increasingly frequent disagreements with Sigmund Freud in the final period of Ferenczi's life led to a situation described by Balint in the following words:

> »The historic event of the disagreement between Freud and Ferenczi acted as a trauma on the psychoanalytic world. Whether one assumed that a consummate master of psychoanalytic technique like Ferenczi, the author of a great number of classical papers in psychoanalysis, had been blinded to such an extent that even Freud's repeated warnings could not make him recognize his mistakes; or that Freud and Ferenczi, the two most prominent psychoanalysts, were not able to understand and properly evaluate each other's clinical findings, observations, and theoretical ideas, the shock was highly disturbing and extremely painful.« (Balint, 1968, p. 152-153)

Ferenczi's position within the international psychoanalytic community thus rapidly deteriorated, which in the period following his death led to his work virtually falling into oblivion (Dupont, 2004; Haynal, 2005). This was largely

due to the allegedly malicious efforts of the Welsh psychoanalyst and Freud's biographer Ernest Jones, who insisted on the view that Ferenczi had suffered in the final years of his life from progressive paranoid delusions. Jones recorded this claim in his well-known biography of Freud (Jones, 1961; Mészáros, 2003) and used it as a sufficiently strong justification for his efforts to completely eliminate Ferenczi's works from the psychoanalytic literature (Dupont, 2004; Haynal, 2005; Mészáros, 2003). Balint strongly opposed Jones's claims, as he was firmly convinced that Ferenczi had become the victim of a grave injustice. From 1954 onward, Balint attempted in correspondence with Jones to change his opinion, or at least to protect Ferenczi's name from public accusation, but without success (Mészáros, 2003).

Balint's unwavering loyalty to his mentor is more than evident in his efforts to rehabilitate Ferenczi's work and name (Haynal, 2010). Although he did not achieve his aim in his correspondence with Jones, Balint nevertheless continued striving to prevent Ferenczi's work from sinking completely into oblivion. He did so primarily by editing, translating, and publishing various works and lectures, Ferenczi's twenty-five-year during correspondence with Sigmund Freud, and the famous Clinical Diary, which Ferenczi kept during the final year of his life. Balint succeeded in publishing the well-known lecture Confusion of Tongues Between Adults and the Child, along with several other works, in English translation in the International Journal of Psychoanalysis in 1949. However, he was unable to publish the correspondence between Ferenczi and Freud during his lifetime due to Anna Freud's opposition. He also decided against publishing the Clinical Diary, fearing that it might be profoundly misunderstood by readers if published without the accompanying correspondence with Freud. Consequently, these latter two works were published only in the years following Balint's death (Brabant-Gerő & Dupont, 2018; Moreau Ricaud, 2018), largely due to the efforts of Balint's niece Judith Dupont: the *Clinical Diary* was published only in 1985 (Ferenczi, 1985), and the correspondence with Freud gradually from 1993 onward (Freud & Ferenczi, 1993).

7. Modernization of psychoanalytic theory

From the very beginning of his psychoanalytic career, Balint was also deeply interested in the field of psychoanalytic theory. On the one hand, he sought to understand the reasons for existing divergences in theoretical positions; on the other, he aimed to introduce appropriate theoretical updates into established psychoanalytic doctrine that would be consistent with his clinical and empirical observations and experiences. He explicitly gave precedence to this approach

over abstract theorizing (Haynal, 2010; Ornstein, 2002), which indicates that his work was to a significant extent also grounded in opposition to dogmatism within his own professional field.

a. The concept of primary love

Initially, Balint sought to work within the Freudian tradition, which clearly distinguished him from Ronald Fairbairn, who – similarly to Melanie Klein – aimed to provide psychoanalysis with an entirely new theoretical framework. Ultimately, however, Balint's independent and critical mode of thinking proved stronger than his loyalty to Freud (Haynal, 2010). Already in the early period of his psychoanalytic career, following careful research conducted together with Ferenczi, he rejected Freud's concepts of primary narcissism and the developmental stages of the libido. For their time, these concepts were radically revised by Balint in the direction of a relational paradigm (Balint, 1937; Ita, 2025). Today, this revision is regarded, on the one hand, as one of Balint's most important original contributions to psychoanalytic theory and technique (Bacal, 2016; Haynal, 2010), and on the other hand as a productive further development of Ferenczi's psychoanalytic innovations. On the basis of his own clinical psychoanalytic practice, Balint identified a significant contradiction between Freud's drive-based paradigm and the understanding of the psychoanalytic process through the lens of object relations theory. He sought to resolve this contradiction by introducing a modified version of Ferenczi's concept of passive object love[2] as the first stage of human psychic development (Moreau Ricaud, 2018).

With the concept of passive object love, Ferenczi described the earliest form of interpersonal relationship between the child and the primary caregiver. In later years, Michael and Alice Balint renamed this concept the archaic object relationship or primary love, which today is considered one of Balint's best-known concepts. For Balint as well, the concept of the passive object relationship represented the child's most primordial biological and psychological need, which from birth onward strives to establish a relationship with an object. Unlike Ferenczi, however, Balint also identified certain signs of activity within this relationship. He therefore integrated his own insights into Ferenczi's concept and renamed it the concept of primary love, thereby simultaneously revising Freud's concept of primary narcissism, which had been characterized by autoerotism, that is, an objectless state (Ferenczi, 1989; Freud, 2012; Moreau Ricaud, 2018; Ornstein, 2002; Stewart, 2012).

2 Ferenczi first mentioned passive object love in his work *Versuch einer genitaltheorie* [An Attempt at a Theory of Genitality], written during the First World War and published only in 1924. See original: Ferenczi, S. (1924). *Versuch einer genitaltheorie*. Internationaler Psychoanalytischer Verlag. See English translation: Ferenczi, S. (2018). *Thalassa – A Theory of Genitality*. Routledge.

Based on information available today, the earliest observations of the interpersonal relationship between mother and child are primarily associated with the name of the Hungarian psychoanalyst Teréz Benedek, who, like the Balints, underwent training analysis with Ferenczi. Through her observations in a hospital setting – during her specialization in pediatrics in Bratislava – Benedek concluded that children manifest the symptoms of their mothers, or, in other words, that a strong emotional and psychosomatic relationship develops between mother and child. Today, this could be described as the formation of a reflexive interpersonal relationship between mother and child. In this regard, George H. Pollock wrote that Benedek's observations implied important »psychodynamic« foundations (Pollock, 1973, p. 9). Benedek also wrote about communication between mother and child, which she claimed was grounded, on the one hand, in »psycho-biological« factors, and on the other, constituted the main »motivator of motherhood and maternal love« (Benedek, 1973, p. 257). The drive-based etiology of this psycho-biological phenomenon was likewise emphasized by the Hungarian psychoanalyst Imre Hermann within his concept of the clinging reflex (Hermann, 1943). Both authors thus made extensive use of concepts referring to the unity of mother and child: Hermann spoke of so-called »dual unity«, while Benedek referred to »primary unity.«

From the above, it is therefore clear that Balint's psychoanalytic work is rooted in the findings of the Budapest School of Psychoanalysis and in Ferenczi's psychoanalytic innovations, which were postulated by the Hungarian psychoanalytic pioneer in the 1920s and early 1930s. At the same time, however, a careful examination of Balint's psychoanalytic oeuvre also shows that he did not merely follow his mentor and colleagues uncritically. Scholars of the lives and works of the Hungarian psychoanalytic pioneers emphasize that although Balint learned a great deal from Ferenczi, he cannot be regarded as Ferenczi's direct disciple. Rather, he should be seen as an autonomous and independent thinker whose work represents a productive further development of the Budapest psychoanalytic school – and especially of Ferenczi's work – in a far more systematized and consequently clearer form (Haynal, 2010).

Balint used his concept of primary love to describe a pre-ambivalent, harmonious state of fusion between object and subject, that is, the subject's sense of unity (undifferentiation) with the object. In the course of further psychological development, under the influence of diverse and inevitable frustrations, this state is transformed into more mature forms of object relations (Stewart, 2012). In this context, it is certainly worth mentioning Balint's study *Early Developmental Stages of the Ego: Primary Object-Love*, which he published during his

Budapest period and through which he clearly demonstrated to readers that he approached the construction of his theoretical system of the ego from the perspective of object relations theory. He wrote:

> »In my opinion a very early, most likely the earliest, phase of the extra--uterine mental life is not nacissistic: it is directed towards objects, but this early object-relation is a passive one. Its aim is briefly this: ‹I shall be loved and satisfield, without being under any obligation to give anything in return.› This is and remains for ever the final goal of all erotic striving. It is reality that forces us to circuitous ways. One detour is narcissism: if I am not loved sufficiently by the wordl, not given enough gratification, I must love and gratify myself. The clinically observable narcissism is, therefore, always a protection against the bad or only reluctant object. The other detour is active object-love. We love and gratify our partner, i.e. we conform to his wishes in order to be loved and gratified by him in return.« (Balint, 1937, p. 95)

Within Balint's theoretical system, narcissism thus clearly represents a response to a specific deficit. For this reason, Balint's revision of the Freudian concept of narcissism can also be understood as a highly relevant message for today's emotionally deprived contemporary society. Narcissism is therefore a secondary phenomenon, which on the one hand fully accords with the views of many representatives of the Budapest School of Psychoanalysis, such as Sándor Ferenczi, Vilma Kovács, and Robert Bak, and on the other hand differs not only significantly from Freud's concept of narcissism but also from the theoretical postulates of Melanie Klein. Within her theoretical system, Klein advocated the concept of primary sadism (Klein, 1997), which Balint likewise maintained could only be a secondary phenomenon arising under the influence of inevitable frustrations imposed by the external world (Moreau Ricaud, 2018; Ornstein, 2002; Stewart, 2012).

In Balint's concept of primary love, one can discern an important conceptual affinity with the concept of the maternal function of emotional support (the so-called *holding*), as described and introduced into psychoanalysis by the British pediatrician and psychoanalyst Donald Winnicott. Through this concept, Winnicott sought to describe and emphasize the role of maternal emotional support in the process of shaping the infant's emotional equilibrium (Winnicott, 1962). Under optimal conditions, holding represents an unproblematic state of absolute love, within which the harmony of protection, love, and care of almost the infant's entire world envelops the child like a protective layer and ensures well-being, without the infant having to do anything in return. Furthermore, it should be noted that Balint's concept of primary love was later corroborated by observers and researchers of early psychological development

in children (Ornstein, 2002). At the same time, it also served as a foundational point of departure for the development of Kohut's self-psychological concepts and Lacan's developmental concept of the mirror stage (Brenner, 2021; Haynal, 2010). Finally, for Balint himself, it represented a fundamental guiding principle for the vast majority of his subsequent theoretical and technical revisions of psychoanalysis (Ornstein, 2002).

b. The concept of the basic fault

Building on his concept of primary love (Bacal, 2016) and drawing on John Rickman's concepts of one-, two-, three-, and multi-person psychology, Balint introduced into psychoanalytic theory an original theoretical system that, in later years, was reflected to a significant extent in Otto F. Kernberg's differentiation between levels of personality organization (1975, 1984) and remains indispensable for effective psychotherapeutic work today. Within this theoretical system, Balint delineated three distinct domains of the human psyche, each reflecting a different form of object relations and each requiring a different therapeutic approach.

As the first domain of the human psyche, he identified the domain of the Oedipal conflict, characterized by a state of dynamic conflict and a triadic relationship. In the clinical psychoanalytic situation, this domain requires classical psychoanalytic technique, grounded in the analyst's abstinence and the use of interpretations (Moreau Ricaud, 2018; Stewart, 2012). As the second domain of the human psyche, he defined the domain of the basic fault, which is not characterized by dynamic conflict but rather by a state of deficit and a dyadic relationship. Within this relationship, the needs of only one participant are central, while the other participant in the interpersonal relationship is expected merely to satisfy those needs. In this domain, Balint proposed a psychoanalytic technique based less on interpretation and more on the creation of a safe environment and on the therapist's non-intrusive and empathic stance (Moreau Ricaud, 2018; Stewart, 2012), clearly reflecting the influence of Ferenczi's revision of psychoanalytic technique on Balint's work (Ferenczi, 2024; 2020d).

As the third domain, Balint introduced the domain of creation, characterized by the absence of a relationship with an external object and by silence, which, according to Balint, the psychoanalyst must carefully consider so as not to disturb the patient's creative process (Moreau Ricaud, 2018; Stewart, 2012).

Within the theoretical system outlined above, the most original and clinically useful contribution is undoubtedly the domain of the basic fault, through which Balint broke new ground in the understanding and treatment of psychological trauma originating in early developmental periods (Bacal, 2016). Balint

constructed the concept of the basic fault under the influence of various sources. On the one hand, he drew on his experiences working with general practitioners, who frequently complained that their patients were often unable to clearly understand the instructions given by professionals. On the other hand, Balint encountered similar experiences in his own psychoanalytic work, where certain patients did not experience otherwise entirely appropriate interpretations as new insights into themselves, but rather as narcissistic injuries, thereby rendering effective psychoanalytic work in the classical, Freudian sense impossible. At the same time, in shaping the concept of the basic fault, Balint also relied on the knowledge and experiences of Sándor Ferenczi (Moreau Ricaud, 2018), especially those presented in Ferenczi's paper *The Unwelcome Child and his Death Instinct*. In this article, Ferenczi addressed the issue of deficits in early interpersonal relationships between the child and the primary caregiver. He warned that circulatory disorders and asthmatic conditions could stem from maternal rejection of the child in early developmental periods – either before birth or after delivery – and went on to write:

> »I only wish to point to the probability that children who are received in a harsh and unloving way die easily and willingly. Either they use one of the many proffered organic possibilities for a quick exit, or if they escape this fate, they retain a streak of pessimism and aversion to life.« (Ferenczi, 2002b, p. 105)

With these assumptions, Ferenczi not only aroused Balint's interest in psychoanalytic psychosomatics (Mészáros, 2009) but also directed his attention toward the investigation of various deficits that affect the infant already in the pre-verbal developmental period. Balint connected these ideas with his own clinical experiences with adult patients, who during therapeutic sessions often reported feeling that there was something »wrong« with them or that they carried a certain »deficit« within themselves (Moreau Ricaud, 2018). In this way, Balint coined the concept of the basic fault, which addresses deficits in the patient's psychological structure resulting from a disruption of the state of primary love – or, more precisely, from either a break in continuity or intense discrepancies between the child's biopsychological needs on the one hand and the physical and emotional care provided by the primary caregiver on the other. He further explained that this may occur either as a result of growing up in a dysfunctional family with indifferent primary caregivers, which typically disrupts the continuity between the child's needs and parental care, or due to the infant's particularly strong innate needs, which often lead to mismatches between the child and the primary caregiver. In both cases, the final outcome is that the child's developmental needs are not met, which later in life leads to the emergence of

regression (Moreau Ricaud, 2018; Ornstein, 2002; Stewart, 2012).

Within Balint's theoretical system, the basic fault thus follows the period of primary love, yet still unfolds in the pre-verbal period and is based on a dyadic relationship, in contrast to the Oedipal stage, which is characterized by a conflictual situation within a triadic relationship. Based on Balint's description of the concept, one could say that experience at the level of the basic fault moves along an axis between satisfaction and frustration. In his later work, Balint repeatedly emphasized that adult, conventional language is not characteristic of the domain of the basic fault, a point of key importance not only from a developmental-psychological perspective but also from a clinical standpoint. In cases of regression to the level of the basic fault, interpretations in the psychoanalytic process lose their intended effect and may even be counterproductive, as they generate unnecessary frustration.

On the one hand, Balint's concept of the basic fault refers to various forms of clinical disturbance that earlier generations of psychoanalysts described using terms such as pregenital or preoedipal. On the other hand, the concept simultaneously refers to disturbances of early object relations (Ornstein, 2002). It can therefore be regarded as Balint's important original contribution to the content-wise crucial shift of psychoanalysis away from Freud's drive-based paradigm – which viewed the human psyche largely through the lens of Cartesianism (Kiss, 2021) – toward a distinctly relational understanding. This relational perspective conceives of the human psyche in a manner far more consistent with the philosophical concept of intersubjectivity, which became established in philosophy in the post-Cartesian period and in psychoanalysis in the post-Freudian era (Bohleber, 2013; Čorlukić, 2009; Frie & Reis, 2001; Kirshner, 2017).

Balint's concept of the basic fault is thus one of those complex psychoanalytic concepts that simultaneously: *a)* challenges Freud's reduction of the human psyche to a Cartesian, monadic conception (Kiss, 2021); *b)* affirms Ferenczi's relationally and intersubjectively oriented assumptions and provides them with further theoretical development (Ornstein, 2002); and *c)* heralds the introduction and enforcement of later psychoanalytic concepts based on the relational paradigm and psychological deficit, as developed within the theoretical systems of Donald Winnicott, Wilfred Bion, Jacques Lacan, and Heinz Kohut (Moreau Ricaud, 2018; Ornstein, 2002; Stewart, 2012;). Finally, Balint's concept of the basic fault also clearly reveals the author's deep awareness of the circular and multi-causal etiology underlying various forms of psychopathology. For this reason, the concept of the basic fault can once again be seen as more closely aligned with Ferenczi's thinking—oriented toward a biopsychosocial/contextual model of the human psyche—than with Freud's perspective, which

is characterized as being oriented toward a biomedical model (Možina, 2024).

c. The concept of ocnophilia and philobatism

Balint's concept of the basic fault can also be understood as an important contribution to the psychoanalytic understanding of early psychic trauma. At the stage of the basic fault, the child is already capable of perceiving the object and, in order to reduce frustration caused by the object's occasional disappearance – an object that until recently had fulfilled every wish and need – or, in other words, in order to restore emotional equilibrium within the state of the basic fault, the child either begins to cling desperately to the object or, conversely, develops an aversion to the object and avoids it. Balint termed the former ocnophilia and the latter philobatism. These are thus two different forms of clinical manifestation of the basic fault, which may also be understood as two different forms of primitive character defenses or as two different forms of regression.

The ocnophilic character is characterized by a fear of aloneness and by securing a sense of safety through clinging to objects, which is closely related to Winnicott's concept of the transitional object (Winnicott, 1953). In pathological cases, ocnophilia may intensify in later periods and transform into hoarding various objects, which in such cases symbolize a safe and loving mother. The philobatic character, by contrast, does not feel the need to ensure safety through other objects; on the contrary, it is characterized by fear of objects and consequent avoidance of them, as well as persistence in a state of solitude (Balint, 1959; Moreau Ricaud, 2018; Stewart, 2012; Žvelc, 2011). Balint dealt with these two phenomena in depth primarily in his book *Thrills and Regressions*, from which it is evident that he did not understand ocnophilia and philobatism as mutually opposing phenomena, but rather described them as two different forms of relating to objects that inevitably also encompass states of ambivalence, which are characteristic of ordinary adult life as well (Balint, 1959).

Balint's concepts of ocnophilia and philobatism may also be regarded as forerunners of the later attachment theory, developed in the late 1960s by the English psychiatrist and psychoanalyst John Bowlby, which today forms the foundation of contemporary understanding of human relationships (Elder, 2015). Bowlby acknowledged that his theoretical system was based primarily on the work of object relations theorists, including the work of Michael Balint. Drawing on the results of experimental research on animals, Bowlby demonstrated that attachment constitutes a system with its own form of internal organization and vitally important functions, motivated less by the biological need for food and more by the need for contact, proximity, and the establishment of communication with the primary caregiver. The child's early and repeated relational experiences with the primary caregiver shape internalized patterns

of attachment behavior that provide the subject with a sense of security in both current and later relationships with significant others – what Bowlby termed a secure base (Bowlby, 1969).

On the other hand, Holmes (2001) adds that an individual's attachment behavior elicits from others forms of response that help maintain that individual's predominant attachment pattern. Bowlby's attachment theory thus postulated an important and now widely accepted finding: that the way primary caregivers respond to a child's need for attachment significantly determines the child's attachment pattern in later developmental periods (Bowlby, 1969; Holmes, 2001). Undoubtedly included in this are Balint's insights, which he articulated within his concept of the basic fault as a disturbance in early object relations (Ornstein, 2002), as well as in the concepts of ocnophilia and philobatism as two different forms of attachment behavior resulting from early (traumatic) relational experiences with the primary caregiver, that is, from the so-called basic fault (Moreau Ricaud, 2018; Stewart, 2012; Žvelc, 2011).

Additional confirmation of Balint's concepts of ocnophilia and philobatism can also be found in the well-known »strange Situation« experiment, in which Mary Ainsworth and her collaborators investigated the characteristics of attachment of children aged 9 to 18 months to their mothers and, on the basis of observation, identified secure, avoidant, and ambivalent forms of attachment (Ainsworth et al., 1978). Finally, Bowlby's and Ainsworth's attachment theory also provided a certain validation of the relevance of Balint groups, which aimed to sensitize healthcare professionals to the psychological – and above all relational – aspects of patients' various problems (Bacal, 2016). The ability of healthcare staff to recognize a patient's attachment pattern proved to be an important contribution to the development of a safer form of patient attachment to healthcare personnel and to the healthcare institution as a whole. Through the participation of healthcare staff in the group process of Balint groups, capacities for empathic attunement and, consequently, appropriate responses to patients' attachment patterns improved, whereby the staff – and thus the institution – effectively became a Bowlbian secure base in the eyes of the patient. This undoubtedly enhances patient cooperation in the treatment process and thus the effectiveness of healthcare itself. An important implicit affinity between Bowlby's attachment theory and the aims of Balint groups can also be recognized in their advocacy of genuine, authentic, and sincere care for patients, since insistence on exclusively generic communication skills – particularly in patients with insecure attachment patterns – can maintain or even further intensify pathological forms of interpersonal functioning (Elder, 2015). This was already emphasized by Ferenczi, who warned that the psychoanalyst's

professional duplicity may have retraumatizing effects (Ferenczi, 2024).

In relation to attachment theory, the work of the British clinical psychologist and psychoanalyst of Hungarian origin Peter Fonagy is also undoubtedly noteworthy. Through his research, Fonagy succeeded in bridging gaps that had previously existed in explaining the intergenerational transmission of attachment between parents and their children. In particular, through his concept of mentalization, Fonagy supplemented attachment theory with the finding that parents' capacity for reflection and mentalization constitutes a fundamental capability required for the development of a secure attachment style in the child. Parents with well-developed reflective functioning were found to be three to four times more likely to have children who developed a secure attachment style (Fonagy et al., 1991; Wallin, 2007). At the same time, on the basis of his research findings, Fonagy defined secure attachment as an important protective factor against various forms of psychopathology, whereas insecure attachment was not defined as a psychopathological phenomenon, but rather as a risk factor for the development of various mental and social difficulties in an individual's future (Fonagy, 2001).

d. The concept of regression

Balint's significant contribution to psychoanalytic theory and technique also lies in the development of a comprehensive theory of the dynamics of regression (Moreau Ricaud, 2018), which he examined in depth in his book *The Basic Fault: Therapeutic Aspects of Regression*. He discussed various aspects and functions of regression – for example, its function as a defense mechanism or as an effective form of resistance – and, not least, he also examined regression as a fundamental factor in the therapeutic process. The principal novelty of his contribution, however, remains his incisive distinction between two different forms of regression, which he achieved on the basis of the insights already mentioned above. He distinguished between so-called benign (reversible and beneficial to the therapeutic process) and malignant (potentially irreversible and harmful to the therapeutic process) forms of regression (Dupont, 2023; Moreau Ricaud, 2018).

With regard to the former, benign form, he argued that, following a process of working through and a new beginning, it leads to healing; with regard to the latter, malignant form, he claimed that it sustains a barren and endless compulsion to repeat as well as the patient's dependent clinging to the therapist. This thus constitutes an extremely important message of Balint's book, since the distinction between the two forms of regression significantly determines the final outcome of therapeutic treatment. At the same time, engagement with

the question of regression can also be understood as a direct continuation of the search for answers to the challenges faced by Ferenczi in the context of his psychoanalytic experiments during the final years of his life, which he described in detail in his *Clinical Diary* (Ferenczi, 2024). The renowned French psychoanalyst and Balint's niece Judith Dupont explains, in relation to Ferenczi's psychoanalytic experiments – which constituted the point of departure for Balint's engagement with the phenomenon of regression – that although Ferenczi correctly sensed that more severely disturbed patients require a certain degree of gratification of their wishes, within the framework of his experiments he failed to define the measure of gratification that would still be constructive for the psychoanalytic process (Dupont, 2004, 2023; Haynal, 2002).

Balint's position regarding the phenomenon of regression initially coincided with Ferenczi's, as both held that regression is not an obstacle in the process of psychoanalytic treatment but rather a valuable opportunity for achieving the desired changes within the therapeutic process. Nevertheless, despite agreeing with Ferenczi's basic understanding, Balint maintained a certain degree of critical distance from the work of his mentor and friend (Dupont, 2023), since in his own psychoanalytic work with patients he sought to prevent regressive behaviors of the kind encountered by Ferenczi, for example in his well-known American patient Elizabeth Severn[3] (Moreau Ricaud, 2018), and similar to those encountered earlier by Josef Breuer and Sigmund Freud in their patient Bertha Pappenheim (Anna O.) (Breuer & Freud, 2002).

In contrast to Ferenczi, Balint succeeded in determining the appropriate degree of gratification of patients' wishes within the psychoanalytic process – gratifications that, on the one hand, more severely disturbed patients do indeed require for successful treatment, but that, on the other hand, do not lead toward the destructiveness of the therapeutic relationship and process. This involves the satisfaction of patients' wishes only at the level of pre-pleasure,[4] without extending to the fulfillment of patients' impulsive wishes, which might otherwise further intensify their demands and consolidate their dependency (Dupont, 2023; Stewart, 2012). The distinction between malignant and benign regression thus does not represent merely one of the key determinants of a successful therapeutic process, but also prescribes specific therapeutic conduct depending on the particular form of regression. In the case of benign regression, the therapist's attitude toward the patient may be more permissive and may even

3 The case of Elizabeth Severn is marked in Sándor Ferenczi's *Clinical Diary* with the initials R. N.

4 Pre-pleasure or anticipatory pleasure is the effect of a form that predicts pleasure; the function of anticipation is to loosen or eliminate inhibition (Lešnik, 2009).

include the fulfillment of certain patient wishes (e.g., touch), whereas fulfilling patients' wishes in the case of malignant regression leads to an insatiability that must be set limits to.

Balint's original theoretical understanding and clinical handling of regression was grounded in several foundations: on the one hand, in findings from biology, which indicate that various organisms occasionally revert to simpler forms of organization in order to protect themselves from external aggression and then, when external circumstances improve, resume their growth; on the other hand, in the positions of theories of early object relations development, which conceive regression as a form of defense against current relational events or as a form of communication of one's inner psychic state, which in the case of regressive behaviors is often linked to various repressed traumatic experiences. Naturally, in his exploration of regression Balint also did not bypass the work of Ferenczi and Freud. From the 1920s onward, Ferenczi courageously experimented with psychoanalytic technique: first with active psychoanalytical technique (Ferenczi, 2020a), somewhat later with relaxation psychoanalytical technique (Ferenczi, 2020b), and subsequently also with mutual analysis (Ferenczi, 2024). In his notes written between 1930 and 1932, Ferenczi also wrote about the dangers of excessive therapeutic permissiveness toward the patient, which over time – due to the exceeding of the therapist's capacities and the escalation of the patient's resistances – leads to premature termination of therapeutic work. Balint read these notes only after Ferenczi's death; part of them was published in 1939 under the title *Fragmente und Notizen* [Notes and Fragments] (Ferenczi, 1939), while another, more extensive part was published only half a century after Ferenczi's death under the title *Clinical Diary 1932* (Ferenczi, 1985). On the basis of a careful and critical analysis of the work and experiences of his two predecessors—Freud and Ferenczi—Balint demonstrated that the former was simply not acquainted with the therapeutic value of benign regression, while the latter, due to his own enthusiasm, failed to recognize the signs of malignant regression. These signs are by no means easy to identify in the course of clinical work, which is why Balint, in his own work, also offered certain perspectives indicative of malignancy, such as the patient's »desperate passionate clinging« (Balint, 1968, p. 145), which may trigger a spiral of diverse demands directed toward the therapist.

e. The concept of a new beginning

On the basis of the positions, insights, and experiences outlined above, Balint defined the phenomenon of regression primarily as an important opportunity for psychoanalytic treatment. In this context, he advocated the psychoanalyst's

accepting and non-intrusive attitude and the creation of a safe and trustworthy atmosphere, which enables the patient to continue their own developmental psychological process. This already points to Balint's equally original concept of the so-called new beginning (Moreau Ricaud, 2018), which is directly connected to Balint's theory of regression and likewise represents an important part of his theoretical–clinical construction. The term can first be found in a collection of psychoanalytic studies that members of the Budapest Psychoanalytic School intended to dedicate to Ferenczi on the occasion of his 60th birthday, to which Balint contributed his study entitled *Character Analysis and New Beginning*. With regard to the new beginning, Balint states in this work that it emerges after the working through of resistances in the final phase of psychoanalytic treatment as a sign of change in the patient's personality, or, as he himself puts it:

> »This last stage in the analytic treatment, the working through of the resistances, or as I shoud like to call it: the search after a new beginning free from anxiety, always brings with it an extension of the capacity for love and enjoyment. From now on also such functions are exercised, and exercised with pleasure, which up till now were impossible because of the obstructing anxiety.« (Balint, 1965, p. 166)

In connection with the concept of a new beginning, Balint also deals extensively with the therapist's optimal functioning. He identifies the optimal therapeutic environment primarily in maintaining a still tolerable level of tension and argues that the therapist must create an atmosphere that the patient can endure without being compelled to defend themselves by means of anxiety (Balint, 1965). Even in the present translation of Balint's work, we can trace important authorial positions regarding the therapist's functioning:

> »In other words, the analyst must accept the regression. This means that he must create an environment, a climate, in which he and his patient can tolerate the regression in a mutual experience. This is essential because in these states any outside pressure reinforces the anyhow strong tendency in the patient to develop relationships of inequality between himself and his objects, perpetuating thereby his proneness to regression« (Balint, 1968, p. 177).

The concept of a new beginning is thus directly linked to Balint's discovery of the therapeutic value of regression, as the author explicitly argues in his works that a new beginning requires the patient's regression to an earlier developmental period, where the patient can discover the path of their progression. Here we can also recognize the legacy of Ferenczi's *Clinical Diary*, in which the author wrote that during analysis we must »right dow to the mothers« (Ferenczi, 1995, p. 74) in order to become aware of those traumatic experiences that stem from neglect or excessive stimulation of the child. Balint likewise believed that the success

of psychoanalytic treatment depends on whether the psychoanalyst is capable of creating such a form of relationship and atmosphere that allows the patient to regress to the level of psychological development at which development was disrupted – that is, to the level of the basic fault – and on the patient's capacity, at the level of the basic fault, to discover and shape new, more mature forms of relations to objects of love and aggression (Ornstein, 2002). This, in turn, can only take shape within an empathic and trustworthy relationship (Hidas, 2012), in which we can readily recognize Balint's advocacy of contemporary, intersubjective postulates of psychoanalytic work.

Balint's concept of a new beginning thus speaks to the correction of the patient's basic fault (Ornstein, 2002), which, like Balint's other concepts, clearly demonstrates that the author was well aware that mutual interpersonal interactions between subjects constitute an ontological precondition for specific psychological phenomena and changes (Bohleber, 2013; Prall, 2000; Stolorow, 1994). This may be identified as the developmental direction of contemporary, post-Freudian psychoanalysis (Kirshner, 2017). Nevertheless, with regard to the concept of a new beginning, it must also be added that it is an authorial concept which, in comparison with Balint's other theoretical concepts, has a somewhat weaker potential for application within other psychoanalytic theoretical systems, especially within self-psychological theories, which do not advocate an accepting and safe relationship with the patient from the standpoint of achieving regression that would bring the patient into contact with their repressed contents, but rather primarily from the standpoint of enabling patients to experience meaningfully even those contents of which they are, at a given moment, already fully aware (Ornstein, 2002).

8. Conclusion

Balint was regarded as an exceptionally direct person, marked by a high degree of (self)criticism, who did not take things for granted and who strongly encouraged and valued independent and critical thinking in others (Stewart, 2012). Despite his personal disposition, however, he was characterized within the international psychoanalytic community by a certain degree of reserve, which some scholars of his life attribute to his awareness that he belonged to a marginal segment of the International Psychoanalytical Association, an organization generally regarded as conservative in orientation (Haynal, 2010). Nevertheless, in 1968 Balint was elected President of the *International Psychoanalytical Association*, a distinction of which he remained immensely proud until his death in 1970.

During his lifetime and professional activity in Hungary, Balint was already

considered an exceptionally gifted, well-educated, and respected physician and psychoanalyst; nevertheless, he succeeded in achieving international recognition only after his emigration to England (Harmat, 1994). This, however, did not apply to the United States, where American psychoanalysts failed to assimilate Balint's psychoanalytic insights to the same extent as on the European continent (Ornstein, 2002). In the years following his death, a certain neglect of his work also emerged in Europe. This neglect was largely overcome through the efforts of Judith Dupont, particularly by translating Balint's works and by editing three entire issues of the American Journal of Psychoanalysis devoted exclusively to Balint, through which his work once again attained an appropriate level of recognition, this time including the American psychoanalytic community (Stewart, 2012). This renewed interest was especially evident in psychotherapeutic circles that were exploring new therapeutic approaches for more severe forms of psychopathology (Ornstein, 2002). In these contexts, Balint's concepts of primary love, the basic fault, and malignant and benign regression continue to serve as decisive points of orientation for psychoanalytic theory and practice, while also constituting a serious – if not indispensable – methodological guide for professionals engaged in the psychoanalytic treatment of severe psychopathology.

Balint's psychoanalytic oeuvre is thus undeniably organically connected to the Budapest Psychoanalytic School and to the intellectual legacy of Sándor Ferenczi. Although Balint identified himself throughout his psychoanalytic career as Ferenczi's student (Haynal, 2010), a review of his life and contributions to both psychoanalysis and medicine legitimately raises the question of up to what point we can still speak of the fruitful development of a given doctrine, and from which point onward we are dealing with revisionism. To what extent is it meaningful to remain faithful to the fundamental premises of our predecessors and mentors, and when does the moment arrive to express gratitude for the knowledge received and to follow one's own vision? Balint – who on the one hand was a fierce critic of dogmatism, and on the other consistently loyal to the legacy of Sándor Ferenczi and the Budapest School of Psychoanalysis –offers, through his life and work, an indirect yet highly instructive answer to this question. This undoubtedly contributed to the fact that his work is today regarded as foundational knowledge not only in psychoanalysis and other psychotherapeutic modalities, but also in the broader field of contemporary mental health care.

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