"New Beginning": A Balintian Account of Psychedelic Healing

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Abstract

Since the mid-twentieth century, psychoanalysts have investigated the effects of psychedelics on various factors of psychoanalytic treatment, such as transference, defenses, memory, regression, and abreaction. This paper aims to elaborate a psychodynamic account of classic psychedelic mystical states using the ideas regarding psychic structure and therapeutic process that Michael Balint proposes in his 1968 book, *The Basic Fault*. I propose that psychedelics have the capacity to reliably provoke benign regression to the infantile state of "primary love," allowing for primitive traumas to be worked through in the transference-countertransference of the therapeutic relationship. I conclude with comments regarding technical implications of this framework.

Keywords: psychedelics, regression, trauma, Michael Balint, basic fault, primary narcissism

Psychedelic therapy (i.e., psychotherapy in which some sessions involve the administration to the patient of a psychedelic drug[1]) first emerged as a method of drug-assisted psychotherapy in the 1950s with the

[1]"Psychedelic" is not a technical term referring narrowly to a particular class of chemicals but rather is a nebulous and value-laden term that now broadly includes classic serotonergic hallucinogens such as psilocybin (the primary psychoactive chemical in so-called "magic" mushrooms), LSD, mescaline (the primary psychoactive chemical in peyote and other hallucinogenic cacti), and DMT (the primary hallucinogenic chemical in the Amazonian brew *ayahuasca*, also known as *yagé*), as well as MDMA (also classified as an "entactogen," i.e., an empathy-promoting substance), ketamine (a dissociative anesthetic), and sometimes cannabis. While non-classic psychedelics such as MDMA and ketamine show great promise as adjuncts to psychotherapy, because their *(continued)*

introduction of mescaline and d-lysergic acid diethylamide (LSD) into Western psychiatry (see, e.g., Oram, 2018). Psychoanalysts and psychoanalytically oriented clinicians and scientists investigated the effects of psychedelics on various personal and interpersonal factors and processes involved in psychoanalytic treatment, such as conflict, resistance, transference, free association, defenses, personality, ego integrity, memory, fantasy, regression, and abreaction (see, e.g., Abramson, 1957; Healy, 2021; Hoch, 1957; Sandison, 1954; Savage, 1957; Stevenson, 1957; Unger, 1963). Salient and frequently noted phenomena were an intensification of the transference-countertransference, a significant relaxation of resistance, the weakening and simplification (i.e., in a primitive direction) of defenses, partial or total disintegration of the ego, facilitation of introspection and insight, marked regression in mental and behavioral functioning to earlier stages of development, and the recovery and immersive re-living of repressed childhood memories followed by cathartic abreaction (Buckman, 1967; Cattell, 1954; Chandler & Hartman, 1960; Cohen & Eisner, 1959; Langs, 1967; Lienert, 1966; Martin, 1957).

Contemporary clinical trials of psychedelic therapy have established the efficacy of psychedelics in the treatment of myriad psychiatric disorders.[2] Classic psychedelics such as psilocybin, LSD, and ayahuasca, which are the focus of this paper, have shown efficacy in controlled trials in the treatment of major depressive disorder, generalized anxiety disorder, obsessive-compulsive disorder, anxiety and depression related to cancer or other end-of-life conditions, tobacco use disorder, and alcohol use disorder (Andersen et al., 2021; Chi & Gold, 2020; Robison

phenomenological and neurobiological effects are significantly different from those of classic serotonergic psychedelics, this paper uses "psychedelic" to refer only to the latter. An engagement of the potential use of ketamine, for instance, in psychoanalysis would require such divergent theoretical and clinical considerations that it is beyond the scope of this paper.

[2]The psychotherapy in these contemporary trials, however, typically is not conducted according to a psychoanalytic or psychodynamic clinical orientation and instead most often takes the form either of non-directive supportive psychotherapy or a manualized form of treatment like cognitive-behavioral therapy or acceptance and commitment therapy (see, e.g., Johnson et al., 2014; Sloshower et al., 2020).

et al., 2025; Reiff et al., 2020; Schenberg, 2018; Vollenweider & Preller, 2020; Wheeler & Dyer, 2020). Although this paper does not focus on MDMA or ketamine, which have distinct profiles of subjective and neurobiological effects from classic psychedelics, these drugs have also shown promise as therapeutic agents: MDMA-assisted psychotherapy has robustly shown immediate and long-term efficacy in the treatment of post-traumatic stress disorder (PTSD), and preliminary clinical trials have shown significant efficacy in treating social anxiety in autistic adults and alcohol use disorder as well as nonsignificant but suggestive efficacy in treating end-of-life anxiety and psychological distress (Danforth et al., 2018; Mitchell et al., 2021, 2023; Nicholas et al., 2022; Ot'alora G. et al., 2018; Sessa et al., 2021; Tedesco et al., 2021; Wolfson et al., 2020). Ketamine (which, importantly, is predominantly administered in research trials as a pharmacotherapy and not as a facilitative adjunct to psychotherapy in the model of psychedelic-assisted psychotherapy) has shown robust and rapid efficacy in the treatment of unipolar and bipolar depression and suicidality across dozens of clinical trials and has also shown efficacy in the treatment of PTSD, obsessive-compulsive disorder, alcohol use disorder, cocaine use disorder, opioid use disorder, social anxiety, generalized anxiety, and eating disorders (Du et al., 2022; Ezquerra-Romano et al., 2018; Feder et al., 2014, 2021; Jones et al., 2018; Liriano et al., 2019; Marcantoni et al., 2020; Rodriguez et al., 2013; Walsh et al., 2022; Witt et al., 2020).

The unique clinical potential of psychedelics and the nature of the psychological mechanisms by which they effect therapeutic change have broad implications for the form and delivery of psychiatric treatment and psychotherapy, including psychoanalysis. In light of the empirical and theoretical advances that were made in the mid-century phase of psychedelic research and that continue to be made by contemporary clinicians and scientists, there have been increasing efforts to elucidate a robust and coherent theoretical account of the therapeutic mechanisms of action of psychedelics (see, e.g., Belser et al., 2017; Bogenschutz & Forcehimes, 2017; Carhart-Harris & Friston, 2019; Feduccia & Mithoefer, 2018; Healy et al., 2021, 2025; Hendricks, 2018; Krediet et al., 2020). Psychoanalytic theory, because of its rich engagement with processes of psychical regression that occur in psychotherapy, is singularly well suited for the effort to elaborate a psychodynamic account

of psychedelic healing (see, e.g., Barrett, 2022; Buchborn et al., 2023; Fischman, 2019, 2022b, 2022a, 2023; Guss, 2022; Healy, 2021; Rundel, 2022).

This paper aims to do so through the lens of the work of Michael Balint, with particular focus on the ideas regarding psychic structure and therapeutic process that he elaborates in his 1968 book, *The Basic Fault*.[3] I propose that psychedelics have the special capacity to reliably provoke benign regression to the infantile state of what Balint calls "primary love," allowing for deficits at the level of what Balint calls "the basic fault" to be worked through in the transference-countertransference. To begin, I outline a description of the phenomenology and neurobiology of psychedelic mystical states and of their clinical relevance to psychoanalytic practice. I then articulate a Balintian account of the nature of the curative action of classic psychedelic mystical experiences. I conclude with brief comments regarding technical implications of this theoretical framework.

The Psychedelic Mystical Experience

In contrast to the mid-century focus described above on the psychodynamic effects of psychedelics when administered in the context of psychotherapy (such as effects on defenses, transference, and the like), contemporary clinical studies of psychedelic therapy have tended to emphasize their facility in occasioning "mystical-type" experiences marked by a profound sense of unity and interconnectedness with all people and things, the subjective transcendence of time and space, and feelings of joy, peace, awe, and love (Griffiths et al., 2006, 2011; James et al., 2020). Experiences of this type—seemingly "transpersonal" in nature and thus, by implication, exceeding psychodynamic explanation—were observed in the mid-century phase of psychedelic research as well. Leuner (1967) notes that in contrast to low doses of LSD that facilitate the "activation and deepening of the psychoanalytic process"

[3]As a companion to and reference for the current paper, see my other paper published in this issue of this journal, "Balint, the Mystic," which comprises a close reading of *The Basic Fault* with particular attention on the theoretical theses, clinical observations, and case descriptions that bear relevance to my theoretical formulation of psychedelic healing.

by "producing symbolic dream images, regressions and transference phenomena," high doses of LSD lead to "so-called cosmic-mystic experiences" in which "Oneness and ecstatic joy are attained" (p. 102). Similarly, Buckman (1967) describes "transcendental experiences" such as "floating in space, being in the presence of God, being at peace with everybody, being spiritually re-born" and reports, "Many therapists believe that a transcendental experience, a feeling that it is a good world, and that one is a part of it, is a curative experience in itself" (p. 135).

The psychedelic mystical experience centrally involves ego loss, which comprises not just dissolution of ideas of the self (one's identity or individuality; one's sense of being a person with a name, a history, likes and dislikes, a career, etc.) but also, and more profoundly, dissolution of the essential boundary between the self and the world, of the implicit sense of being an ontologically separate being—that is, of being a subject that is distinct from the objects of its perception—leaving a vast and deep experience of union with reality itself, of the oneness and essential continuity of all things: a sense not of being *in* the world, but of *being the world*, or of *the world as being*, in which the interpenetration of the self and the world is so fundamental as to make the two absolutely indistinguishable.

In both clinical and naturalistic studies of psychedelic use, the mystical or mystical-type experience, also called the experience of ego dissolution, has robustly and consistently been found to be the psychological experience acutely occasioned by psychedelics that mediates immediate and long-term therapeutic outcomes, scientifically establishing the enduring therapeutic value of the acute mystical states that psychedelics can reliably occasion (Barrett et al., 2015; Bogenschutz et al., 2015; Carhart-Harris et al., 2016; Garcia-Romeu et al., 2015; Griffiths et al., 2008, 2016, 2018; Johnson et al., 2014, 2017; Kiraga et al., 2022; Lebedev et al., 2016; Perkins et al., 2021; Roseman et al., 2018). Mystical-type experiences, which have most commonly been assessed using 5 Dimensions of Altered States of Consciousness Scale (5D-ASC; Dittrich, 1998) or the Mystical Experiences Questionnaire (MEQ; Barrett et al., 2015), have been described as having several core components: experiences of internal unity (e.g., experiences of pure awareness, pure consciousness, or a unitive merging with ultimate reality); experiences of external unity (e.g., experiences of unitive merging with the immediate physical environment or with all things in the universe, sometimes

described as the feeling or knowledge that "all is one"); experiences of the transcendence of time and space (i.e., experiences of being "out of" or "beyond" time and space); a deeply felt positive mood (including feelings of joy, peace, and love); an intuitive sense of experiencing fundamental truth or ultimate reality, referred to as the "noetic" quality of the experience; a sense of sacredness or awe; and the sense that the experience is difficult or impossible to describe in words, referred to as the "ineffable" quality of the experience (see, e.g., Griffiths et al., 2008, 2011; Richards, 2016).

Most participants who receive psilocybin in controlled settings rate their mystical-type experiences or experiences of ego dissolution on psilocybin as highly personally meaningful and spiritually significant, with many participants rating their psilocybin experiences as among the top five most personally meaningful and spiritually significant experiences of their entire lives (Davis, Barrett, May, et al., 2021; Griffiths et al., 2006, 2008, 2011, 2016; Johnson et al., 2017; Ross et al., 2016). The strength of mystical-type experiences or experiences of ego dissolution (assessed by the MEQ or other scales) occasioned by psilocybin and other classic psychedelics in both controlled and naturalistic settings, furthermore, has been repeatedly correlated with symptom reduction (including reductions in depression, anxiety, tobacco smoking, and alcohol use), adaptive and enduring personality changes (including increases in trait openness and extraversion and decreases in trait neuroticism), and other beneficial outcomes (Bogenschutz et al., 2015; Daldegan-Bueno et al., 2022; Davis et al., 2019; Erritzoe et al., 2018; Garcia-Romeu et al., 2015; Healy et al., 2025; Johnson, Garcia-Romeu, & Griffiths, 2017; Kiraga et al., 2022; MacLean et al., 2011; Netzband et al., 2020; Roseman, Nutt, et al., 2018; Sarris et al., 2021; van Oorsouw et al., 2021, 2022; Weiss, Miller, et al., 2021).

Another important mechanism of therapeutic action of psychedelics is the experience of profound insights during the psychedelic experience. Insight is a goal and an important predictor of treatment outcomes in psychoanalysis and psychotherapy more broadly (Connolly Gibbons et al., 2007; Jennissen et al., 2018). New insights into one's history, personality, typical patterns of emotional experience and behavior, relationships, beliefs, and values might follow from the shifts and expansions in perspective that occur during psychedelic experiences. Multiple studies

have found that psychedelics can cause experiences of insight, and some studies have found that such experiences predict post-acute outcomes, such as personality changes and improvements in well-being and life satisfaction, more strongly than mystical-type experiences or experiences of ego dissolution (Carbonaro et al., 2018;; Davis, Barrett, So, et al., 2021; Erritzoe et al., 2018).

Psychedelic experiences also frequently involve both an intensification and deepening of emotional experience and a broadening of the range of emotional experience. Qualitative reports from participants in clinical trials of psychedelic-assisted psychotherapy as well as emerging empirical data suggest that acute experiences of emotional breakthrough and catharsis during psychedelic experiences are central therapeutic factors in predicting beneficial post-acute effects, such as reductions in psychiatric symptoms, increases in extraversion and connectedness, and improvements in well-being (Belser et al., 2017; Healy et al., 2025; Roseman et al., 2019; Spriggs et al., 2021; Watts et al., 2017; Weiss, Nygart, et al., 2021). Emotional breakthrough experiences might also be associated with the reliving and processing of emotional memories, including traumatic memories, which has frequently been noted to spontaneously occur during psychedelic experiences (Healy, 2021; Watts et al., 2017). Theoretically, the discovery of dramatic and mutative personal insights and the emergence of intense and deeply felt affects might both be downstream effects of the softening of defenses and the loosening or total dissolution of ego boundaries that also mechanistically underlie mystical experiences of oceanic unity with the environment.

The following passages are quotations from participants in clinical trials of psychedelic-assisted psychotherapy regarding the kinds of mystical experiences they had during their psychedelic sessions. One middle-aged woman with a history of kidney cancer reported regarding her psilocybin experience: “I had no doubt I was in the presence of the Infinite because I felt an overriding peacefulness that carried me through everything… had a sense of losing my observer. I no longer witnessed the images. I was becoming them… . There was a sense of being engulfed” (Richards, 2016, p. 62). Another man with lung cancer reported: “Gradually my experience of a higher plane of consciousness deepened and was associated with a gradual change of my vision from a fabric connecting all of our consciousnesses to all of our consciousnesses being together as

a unified consciousness in a warm, enclosed space, almost like a womb" (Richards, 2016, p. 63; emphasis added). Another woman reported of her LSD experience: "*Oneness*. *All one*. In-Godness. Indescribable. Utmost. Emotionless. No self. No sensations. *Self was within and without*. Time gone. Space gone. Nowhere, but infinitely everywhere. No time, but eternally now. *No wholly other or beyond but in it*. In the infinite. In the eternal and infinite. In mystery. Part of it. All one. This seemed an eternity or in no time" (Richards, 2016, p. 93; emphasis added). These representative selections capture the subjective experience of the dissolution of the ego and of all boundaries or differentiation between self and world and the subsequent experience of an essential unity and oneness with all of reality.

The theoretical hypothesis of this paper is that the essential psychical action of psychedelics is to dissolve the boundaries of the ego—which includes both internal boundaries between the ego and warded-off parts of the mind and external boundaries between the ego and the environment—and that the dissolution of ego boundaries engenders functional regression to infantile or even prenatal psychical states prior to the development of the unity of the ego, which are marked by a lack of subjective distinction between inner and outer realities. This primary experience of oceanic unity with the environment is what characterizes the psychedelic mystical experience. Behavioral regression may also accompany mental regression during psychedelic experiences; Cattell (1954) reports the frequent emergence of infantile behavior such as "crying, thumb-sucking, screaming, helpless pleading, and hand-kissing" among patients in psychedelic therapy sessions (p. 241).

Empirical findings regarding the neurological action of psychedelics, furthermore, complement this regression hypothesis. Psychedelics acutely cause decreases in within-network functional connectivity of a number of higher-order functional brain networks, also referred to as decreased network modularity in the brain, and increases in between-network, global connectivity, putting the brain in a state of high entropy and loosening reified patterns of circuit organization and activity (Carhart-Harris, 2018; Carhart-Harris & Friston, 2019; Luppi et al., 2021). One recent study found that decreases in network modularity and increases in global network integration following psilocybin-assisted psychotherapy correlated with reductions in symptoms of depression (Daws et al.,

2022). Recent theoretical models of the psychological action of psychedelics, drawing on these results from neuroimaging studies, propose that psychedelics "relax" cognitive predictive models and representations, temporarily increasing their plasticity and pliability and opening a "critical window" in which they are especially sensitive to new learning, allowing for their revision and lasting transformation (Carhart-Harris & Friston, 2019; Lepow et al., 2021; Nardou et al., 2019, 2023). This entropic, locally disintegrated but globally integrated, highly metaplastic state may represent regression at the neurological level, with the brain functionally becoming like an infant's (Bruchhage et al., 2020; Fransson et al., 2007; Gao et al., 2017).

Building on this regression hypothesis, I argue that Balint's theory of primary love, which he introduced as an alternative to Freud's concept of primary narcissism (a theoretical development discussed further below), provides a theoretically coherent and clinically vital metapsychological model for explaining the psychical nature of the psychedelic mystical experience and subsequently of the therapeutic action of such experiences. The idea that psychedelics dissolve the boundaries of the ego and thereby can occasion mystical states of consciousness (the blissful, total phenomenological loss of subject-object differentiation and the experience of essential unity between self and world) strongly suggests that such psychedelic mystical states are the result of functional regression to a primitive psychical state or phase prior to the development of the unity of the ego. This suggestion is further strengthened by a number of other widely replicated clinical observations regarding the acute effects of psychedelics, including the weakening and simplification of defenses, the amplification and intensification of the transference, and the emergence of childlike or infantile behaviors and thought processes (i.e., primary-process thinking). These mystical states occasioned by psychedelics have a striking descriptive and formal identity with the infantile psychical state prior to the development of the unity of the ego that Balint called primary love. This descriptive identity positions Balint's theory as an especially compelling one for accounting for the nature of the psychedelic experience. Accepting the explanatory power of his theory regarding the metapsychology of psychedelic mystical states, it is sound, then, to suppose that his arguments regarding the clinical

utility of such regressed states as well as his technical recommendations regarding working with them might apply well to psychedelic therapy, including the potential use of psychedelics in psychoanalytic treatment.

A Balintian Account of the Psychedelic Cure

I here refer the reader to my other paper published in this issue of this journal, "Balint, the Mystic"—which is intended to serve as a companion to and reference for the current paper—for a detailed review of the ideas Balint proposes in *The Basic Fault* regarding psychic development and structure and, consequently, regarding the theory and technique of psychoanalytic treatment; that review provides vital context for the following application of Balint's thought to the psychodynamic processes at play in psychedelic mystical states and psychedelic healing.

The comprehensive and novel theory Balint presents in *The Basic Fault* illuminates the therapeutic processes implicated in psychedelic therapy. There is no question that malignant regression (for instance, of the ocnophilic and/or philobatic types) occasionally occurs in psychedelic experiences, potentially involving an intense, negative transference in which the therapist is experienced as hostile or dangerous, paranoia or persecutory delusions, frightening hallucinations, or a general sense of terror and dread, all of which may manifest in regressed acting out such as crying, screaming, or even attempting to flee the consulting room (Richards, 2016). But clinical experience and empirical research with psychedelic therapy demonstrate that psychedelics most reliably stimulate benign regression to an *arglos* primary object relationship with the environment. The mystical experiences described in the empirical literature on psychedelics and in reports from participants such as those reproduced above, defined by a sense of profound oneness with the world, the loss of the sense of being a separate self, and a deeply felt sense of peace, joy, bliss, and tranquility, closely correspond to the harmonious, undifferentiated, interpenetrating mix-up of self and environment that Balint describes as the original, primary state of the fetus in the womb: primary love.

Given the rarity, transience, and precariousness with which such primitive regressed states occur in regular psychoanalytic treatment,

the clinical significance of the opportunity offered by psychedelics to reliably induce such states for periods of many uninterrupted hours cannot be underestimated. Emerging from these mystical, harmonious experiences, patients frequently report feeling "re-born," expressing that the experience allowed them to shed old, rigid, maladaptive ways of thinking, behaving, and relating and that they were able, for the first time, to know and embody their "true self" (Belser et al., 2017; Richards, 2016; Watts et al., 2017).

Balint helps us understand that psychedelics, therefore, might have the capacity to temporarily return patients to the period of fetal or infantile primary love before primitive, traumatic deficits (i.e., the basic fault) developed. During the psychedelic experience, patients are also in a psychologically and neurologically metaplastic state in which, like infants, they are especially sensitive to learning from experience (Carhart-Harris & Friston, 2019; Nardou et al., 2019, 2023). With prior, reified psychic models and representations (such as maladaptive templates of object relationships associated with the basic fault) relaxed and the patient's mind and brain primed to adapt to current experience, a "critical window" is opened in which adaptive procedural learning and a therapeutic "re-imprinting" may take place through generative interactions with the analyst-environment in the *arglos* transference-countertransference, such as occurred in a number of the case examples shared by Balint.

Again, the basic fault obtains following primitive experiences of trauma in a primary object relationship. It is therefore the discovery and "re-imprinting," in the experience of a harmonious primary object relationship, of new forms of relating and new ways of being that heals off the basic fault and the maladaptive coping strategies (i.e., ways of being in the world) it comprises. Psychedelic-occasioned regression to infantile or prenatal states of primary love enhances, because of the psychological primacy of those states, the patient's ability to "correct" or "re-imprint" maladaptive primary object experiences with the analyst; and at the same time, psychedelic-occasioned neurological regression and increased metaplasticity enhance the durability of that learning. Maladaptive coping strategies and character traits associated with the basic fault can be relaxed, and new ones can be learned in the transference-countertransference of the therapeutic relationship: a new beginning.

The value of psychedelics for psychoanalytic practice—and of psychoanalytic theory and technique for psychedelic-assisted psychotherapy—is psychedelics' capacity to reliably occasion the dissolution of ego boundaries and defensive structures and, subsequently, patients' subjectively immersive regression to the primitive, oceanic, undifferentiated state of harmonious mix-up with the object-environment prior to the development of the coherent ego. In this state, a psychological and neurological critical window of developmental learning from infancy is re-opened. During this temporally circumscribed experience, both psyche and brain are unusually plastic, sensitive to learning, and vulnerable to adaptive revision and relational "re-imprinting." Crucially, such "re-imprinting" takes place in the *arglos* transference-countertransference of the primary object relationship with the analyst; what is "imprinted" in the transference-countertransference may be new defensive organizations, object-relation templates, or even character styles. The dissolution of the self that rigidly crystallized around the basic fault allows for the reintegration of a self with newfound flexibility, spontaneity, and agency.

Conclusion: Some Comments on Technique

A significant limitation of this paper is the lack of clinical examples to illustrate the theoretical model it elaborates. Without concrete and real-world demonstrations of the theoretical arguments I have detailed, readers who are practicing analysts or other clinicians might find it difficult to imagine what a psychedelic-assisted psychoanalytic treatment might actually look like and how some of the various demands on clinical technique that would inevitably arise might be addressed in practice. The unfortunate fact is that relevant and illustrative clinical material is unavailable due to the legal and regulatory restrictions on the clinical use of psychedelics: in the United States and around the world, psychedelics currently can only be used legally in clinical treatments that take place in the context of clinical research trials. Such treatments are entirely incomparable to psychoanalytic treatments and other open-ended psychotherapeutic treatments that take place in non-research settings. There are innumerable practical differences between the two, a centrally significant one being the provision of psychotherapy in trials of psychedelic therapy by a team of two clinicians. Many of the factors that are unique to research trials, moreover, represent critical impingements

on the frame of treatment, including the brief and time-limited nature of the treatment, which can be as short as six sessions; the requirement of participants to complete lengthy assessments across the duration of their participation in the study; participant interactions with other members of the research team besides the treatment providers; and the potential that participants' primary clinicians might not remain consistent across the course of their participation in the study. Clinical material from research trials, therefore, cannot illustrate the evolution and mutative shifts in the transference-countertransference that might take place across the course of a long-term and open-ended psychoanalytic treatment that incorporates the use of psychedelics.

Although psychedelic therapy as practiced in research trials cannot provide illustrative clinical material of how psychedelics might affect psychoanalytic treatment or how curative interpsychic processes manifest in the transference-countertransference during a psychedelic mystical experience, such clinical trials can nevertheless inform general technical principles and guidelines for the practice of psychedelic therapy. Technically, as Balint prescribes, psychedelic therapy as practiced today in research settings most often involves a therapeutic presence that is gentle, supportive, encouraging, ordinary, quiet, simple, unobtrusive, and yielding, while also strong, stable, reliable, and consistent. Patients typically spend most of their psychedelic sessions, which typically last six-to-eight hours, wearing eyeshades and listening to music, adaptations to the frame designed to promote patients' immersion in their inner experience during their psychedelic experience. While patients are turned inward, therapists are engaged in quietly but actively attending to and "carrying" or "sustaining" the patient's unfolding experience. Much of the time, the work of the therapists is simply to be there with the patient. Richards (2016) writes, "The healer's primary task maybe understood as getting his or her ego out of the way and becoming fully present, as if focusing a beam of light that comes from beyond… . The being of the therapist matters more than the words the therapist speaks, the actions offered, or the concepts employed to theoretically articulate what is occurring" (p. 144–145). Therapists are always available but avoid impinging or intruding on the patient's experience. When necessary, such as in difficult, frightening, or overwhelming moments of the patient's experience, therapists might intervene more actively, such as by

offering a hand to hold (an intervention Balint also cautiously proposes could sometimes be clinically indicated) or by gently but firmly encouraging the patient to courageously embrace and surrender to whatever it is they might be terrified to confront.

It is imperative that analysts or therapists working with psychedelics have the competence and fortitude to contain the intense affects, memories, and phantasies that may emerge not only in the patient but also in the analyst herself. Above all, the psychedelic therapist is there to be used as needed by the patient: for comfort, for grounding, for contact, for recognition, for understanding, or simply to feel seen, held, and attended to. In all these relational and interpsychic interactions in the transference-countertransference, the patient uses the therapist in order to experiment with, play with, and discover new ways of being in relationship and in the world. What the patient needs, however, varies from moment to moment during a single psychedelic experience, from experience to experience during a course of psychedelic therapy, and, of course, from patient to patient. The technique of psychedelic therapy may benefit from more deliberate attention paid to both the therapeutic and the pathogenic potentials of the intersubjective, enacted dimensions of the transference-countertransference. Though instinctive spontaneity often serves psychedelic therapists well in determining their interventions, careful consideration of the nature of the patient's psychodynamics, the role of the object relationship with the therapist, and the particulars of the transference-countertransference and its vicissitudes, all of which critically contribute to determining both the unique course of the patient's treatment and the idiosyncratic content and processes that manifest in her psychedelic experiences, will refine psychedelic therapists' choice and timing of interventions so as to best meet the patient's precise needs in any moment and most effectively promote the patient's healing.

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EDITOR'S NOTE: To fully appreciate the following discussion and Dr. Healy's response, I highly recommend first reading Dr. Healy's review of Balint's "The Basic Fault," which appears in the "History" section of this volume.