# Part Two: History of Psychoanalysis

## Balint, the Mystic

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### Abstract

In this paper, I present a close reading of Michael Balint's 1968 book, *The Basic Fault*, focusing especially on his theses regarding the metapsychology of mystical or oceanic states of consciousness and the nature of their curative potential in the clinical situation. This paper serves as a companion to and reference for the other paper of mine published in this journal issue, "'New Beginning': A Balintian Account of Psychedelic Healing."


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

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[1]The term "interpsychic" is used in preference to the term "interpersonal" in order to highlight the unconscious and intersubjective, rather than strictly "actual," processes being referred to.

## Michael Balint: Intellectual Heritage and Contemporary Milieu

Reading and interpreting the work of Michael Balint requires contextualizing his thought in terms of both his psychoanalytic lineage and the theoretical currents that were emerging at the time that he was writing and practicing as an analyst. Balint situated himself as a member of the "Middle Group" during the controversial discussions that took place in the British Psychoanalytical Society between the followers of Anna Freud and Melanie Klein from 1942–1944. Though he diverged from Klein in important respects (such as by denying the presence of hatred, anxiety, or aggression in early infancy), like Klein, he devoted much of his work to describing early, pregenital states and processes while attempting to maintain fundamental allegiance to classical Freudian metapsychology, including Freud's economic and structural theories, when doing so (King & Steiner, 1991).

Despite his significant departures from orthodox classical theory, Balint was nevertheless, in many respects, a Freudian, and he, like Klein, seems implicitly to frame his work as an extension and progression of, rather than a rupture with, the Freudian project—that is, as well within the Freudian tradition, even when stretching it considerably. But as much as he was a Freudian, Balint must be equally understood as a Ferenczian. Shortly after completing his medical training, Balint attended Ferenczi's inaugural lectures as the first Chair of Psychoanalysis in Hungary in 1919 and later entered analysis with Ferenczi in 1924 (Sklar, 2015). After Ferenczi's death, Balint was also one of the main collectors of Ferenczi's papers and letters, including his correspondence with Freud and his clinical diary, the latter of which Balint would later contribute to translating into English (Ferenczi, 1932/1995). Balint's loyalty to Ferenczi and his legacy, therefore, was likely as personal as it was professional. A significant, implicit thrust and pervasive undercurrent of *The Basic Fault* is Balint's earnest effort to reconcile—perhaps to heal—the profound rift that emerged between the ideas of Freud and those of the late Ferenczi, especially as they concern the questions of trauma in early childhood, the effects of the actual analyst (e.g., her personality, her behavior, her interpretations) on the patient and on the transference-countertransference, and the appropriate role of regression and the analyst's responses to it in psychoanalytic treatment; Balint directly

addresses the disagreement between Freud and Ferenczi on the latter question in chapter 23 of the book.

In addition to the essential influences of Freud and Ferenczi, Balint was also critically influenced by (as well as an important contributor to) the emerging focus on the role of the ego in psychic life. In the work of Anna Freud, Heinz Hartmann, D. W. Winnicott, and others, there is increased attention to reality-oriented ego functions, processes of adaptation to reality, and the effects of the real environment, including objects such as the mother or the analyst, on development, psychic structure, and psychoanalytic process. Balint cites Anna Freud's notion of "the need-satisfying object," Hartmann's notion of the "average expectable environment," and Winnicott's notions of the "holding function" of the mother and of the "facilitating environment" in his discussion of the primitive, harmonious object relationship that may emerge between the patient and analyst when the analyst responds appropriately to the patient's regression (Balint, 1968, p. 168). Thus, a prominent current of psychoanalytic thought at the time that Balint was developing his ideas concerned the role of the real environment and the objects it comprises in both development and the psychoanalytic situation, a current within which Balint was thoroughly steeped and from which his theoretical interventions emerged.

## A Close Reading of *The Basic Fault*

I turn now to the close reading of Balint's *The Basic Fault*. Balint proposes two primary theses in the book: first, that certain symptoms and other phenomena that arise in psychoanalytic treatment, especially those that seem to be uniquely intractable or that give rise to exceptional difficulties in the treatment, result not from oedipal conflict but from a non-conflictual *basic fault* in the patient's psyche; and second, that the factor of the psychoanalytic situation by which this basic fault is amenable to change is not interpretation but the object relationship between the patient and the analyst. Over the course of the book, Balint carefully details his arguments for each of these two theses.

## Discovering the Level of the Basic Fault

Balint begins the book by tracing the clinical observations that led him to the discovery of the level of the basic fault. All analysts, he notes, encounter so-called "difficult patients" who reliably fail to respond to treatment even with the most experienced and skilled analysts, which gives rise to the questions of why some patients seem to be more difficult to treat than others and what distinguishes them from patients who see more successful results. Classical technique, he notes, relies on Freud's assumption that adult language is adequate for describing childhood experiences and presupposes that patients experience verbal interpretations as interpretations and not as something else, which allows them to "take in" interpretations and perform the process of "working-through." Some so-called "deeply disturbed" patients, however, seem to have trouble understanding interpretations or even experiencing them as interpretations. If interpretations cannot be experienced as such—if words do not have shared meaning between patient and analyst—then no working-through can take place and classical technique proves ineffective. (Regarding the observation of words lacking shared meaning between patient and analyst and the ensuing, problematic "gulf" that this lack of shared meaning creates between patient and analyst, Balint cites Ferenczi's [1932/1988] 1932 paper, "Confusion of Tongues between Adults and the Child.").

The language commonly used to describe these so-called "deeply disturbed" patients, such as "seriously schizoid" or "highly narcissistic," already implies that the root of their illness is deeper or more primitive than the Oedipus conflict.

Balint therefore posits two levels of the psyche and of therapeutic process. There is the oedipal level,[2] which is characterized by: a *triangular relationship* between the subject and at least two objects; *conflict* caused by ambivalence in the relationship between the subject and the two objects; and the adequacy and reliability of *adult language* as a means of

[2]Balint emphasizes that though the two levels are distinct in terms of their degree of psychic sophistication/maturity or simplicity/primitiveness, they do not necessarily correspond to chronological, developmental phases; conflicts at the oedipal level, for instance, may relate to genital or pregenital experiences.

communication. Then there is the level of the basic fault,[3] which is characterized by: an exclusively *two-person relationship*; a dynamic force that is *non-conflictual*; and the *uselessness of adult language* in describing events or experiences that take place at this level. (Balint later posits a third level of the psyche—the area of creation—but since in this area the subject is on his own and no external object is present, no transference relationship can develop, and thus psychoanalytic treatment at this level is foreclosed; this third level, therefore, will not be further discussed in this paper.)

## Describing the Basic Fault

Balint chose the word *fault* to describe the dynamic, non-conflictual feature of the patient's psyche that gives rise to the unique difficulties in the psychoanalytic situation described above first because, he writes, that is the word that patients use to describe what is causing their problems: a fault that was caused by someone who failed them. The patient feels that something is basically wrong with her and that it must be put right, and she anxiously and desperately demands that the analyst who endeavors to do so should not and must not fail her. In geology, the word fault refers to a break that profoundly disrupts the overall structure. Although highly dynamic, the basic fault, in contrast to the dynamic nature of oedipal conflict, is not something dammed up that must be discharged, but something *missing*; it is not an impulse that can be satisfied or a conflict that can be solved but a *deficiency* that can perhaps be healed with the necessary provision of what is lacking, but healed with a defect, like a scar. The basic fault, Balint suggests, is only partly reversible.

Balint argues that the basic fault is the result of a *lack of fit* between the child and the objects who constitute the child's environment. This lack of fit represents a pathogenic discrepancy between the child's needs and the material and psychological care, attention, and affection the child receives; Balint notes that the discrepancy may be due to congenital/biological/constitutional factors of child (that is, constitutional factors

[3]As above, Balint clarifies that though the level of the basic fault is definitely simpler and more primitive than the oedipal level, the two can coexist in the psychoanalytic situation.

that may cause the child's needs to be excessive or unrealistic) or due to environmental factors (such as caregivers who are indifferent, careless, negligent, or even hostile). Later, in a lengthy footnote, Balint expands on the developmental origins and pathological sequelae of the basic fault. It is here that the word *trauma* is introduced as the essential pathogenic factor in the development of the basic fault (Balint, 1968, p. 82). This pathogenic trauma, he notes, is not necessarily a single event, but rather is usually a situation of some duration of a painful lack of fit between the child and her environment (i.e., the world of the child's adult objects).

As a result of prolonged, traumatic experiences with indifferent, careless, negligent, or hostile objects, the child's development is fundamentally influenced, or "imprinted," by the method she develops for coping with the effects of the trauma. These *maladaptive coping methods* are precisely what the basic fault comprises. These coping methods are, Balint notes, invariably costly and, above all, *alien* to the child, and they are incorporated into her ego structure as her basic fault; anything beyond or contrary to these coping methods strike her as frightening and more or less impossible.

Analytic treatment consists in dealing with the fears and fixations obstructing the way to re-adaptation to current reality and "enabling the patient to broaden her potentialities and develop new methods for coping with her difficulties" (Balint, 1968, p. 82). In some cases, Balint suggests, it is necessary for the patient to regress to the pre-traumatic period and to relive the trauma in order to mobilize her fixated libido and "find new possibilities for dealing with the problems involved" (Balint, 1968, p. 82; cf. Ferenczi 1932/1995).

## Primary Love: An Alternative to the Theory of Primary Narcissism

Balint spends the next few chapters painstakingly reviewing and critiquing Freud's theories of primary object relationship, auto-erotism, and primary narcissism and the inherent contradictions between these three theories regarding the child's earliest and most primitive libidinal relationship with the environment. I will not review these chapters in detail, as the discussions they contain are peripheral to the topic of this paper. Suffice to say that through close readings of Freud as well as

through clinical observations of a variety of narcissistic conditions and states such as deep sleep, schizophrenia, alcoholism and other addiction, so-called disorders of narcissism, and prenatal and post-natal states, Balint concludes that all psychological and clinical phenomena that have been cited as evidence of a state primary narcissism (i.e., in which all libido is cathected/concentrated in the ego or some other self-structure, and the environment or external objects are entirely uncathected) are more accurately understood as instances of secondary narcissism (i.e., a withdrawal of libido toward the ego or some other self-structure in the face of environmental frustration).

Having thus rigorously refuted the theory of primary narcissism, Balint proceeds to posit his alternative theory of a primary relationship to the environment that he calls *primary love*. He argues that in prenatal states (i.e., in the womb), the fetus and the mother-environment exist in a state of undifferentiated, interpenetrating, "harmonious mix-up," a relationship of exactly the same nature as "our relationship to the air surrounding us" (Balint, 1968, p. 66). There are not yet objects in this environment, and there are no boundaries, including between self and environment; the environment of the womb is "a kind of unstructured 'ocean'" (Balint, 1968, p. 61). The relationship between fetus and mother-environment is marked by an intense libidinal cathexis: "the individual is born in a state of intense relatedness to his environment, both biologically and libidinally" (p. 67).

I will briefly pause in my close reading of *The Basic Fault* to address some presently relevant and broader implications of the theory of primary love as well as of Balint's descriptions of the phenomenology of the phase or state of primary love. In "On Narcissism," Freud writes, "A unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed" (1914, p. 77). It follows logically (though Freud never says so explicitly) that the phase of primary narcissism must be chronologically later than this earliest period in which the ego has not yet begun to develop. Later, in *Civilization and its Discontents*, Freud suggests this earliest, most primitive, "unbounded" period of "limitlessness," in which there is not yet a differentiation of subject and object or of internal and external, is characterized by an "oceanic feeling," a feeling of "being one with the external world as a whole" and of a "bond with the universe" (1930, p. 64–68). Freud's descriptions of this "oceanic" and

"unbounded" state are indistinguishable both from Balint's descriptions of the state of primary love and, crucially for the present paper, descriptions of psychedelic mystical states as related above. It might be the case that in positing a phase of primary love, Balint is not in fact offering a corrective to the theory of primary narcissism but rather is elaborating the psychical and libidinal conditions of the individual *prior to* the development of the unity of the ego. It follows, then, that psychedelic mystical experiences, which mechanistically involve a total disintegration or dissolution of the ego, would regress the individual to this primitive state of oceanic boundlessness, of "harmonious mix-up" with the universe.

To return to *The Basic Fault*: for Balint, birth—which he calls a trauma—sets off and accelerates processes of separation and differentiation between the baby and her environment and enforces a new form of adaptation. Objects, including the ego, begin to emerge, and their boundaries quickly begin to congeal; libido, formerly in a state of homogeneous flux, begins to concentrate. Narcissistic withdrawal of libido to the ego is an effort to recover the harmony of the womb in the face of painful contrasts with that prior state of harmony; narcissistic cathexis of the ego, therefore, is secondary to the original, primary cathexis of the environment, the feeling of "oneness" of the fetus with her mother-environment. Gratifying objects in the post-natal environment retain some of the original, primary cathexis of the environment and thereby become *primary objects*, with whom the baby exists in a primitive, two-person relationship. Prototypical primary objects, Balint argues, include the baby's mother as well as the four elements of water, earth, fire, and water. (During analytic treatment, the analyst at times assumes in the transference-countertransference the qualities of a primary object, whether mother or element; the emergence of this primary object relationship between patient and analyst during treatment and its curative potential will be further elaborated upon below.)

Balint later asserts that the "ultimate aim of all libidinal striving," "the desire of all humanity," is "the preservation or restoration of the original harmony," "the re-establishment of the harmonious interpenetrating mix-up, between the individual and the most important parts of his environment, his love objects" (Balint, 1968, p. 74). He quotes Annie Reich's description of an ecstatic state of *unio mystica*, which she compares to Freud's oceanic feeling: "the flowing together of self and world of self and

primary object, it has to do with a temporary relinquishment of the separating boundaries" (qtd. in Balint, 1968, p. 74). Balint then names three possibilities in adult life for achieving this ultimate aim of the state of *unio mystica*: religious ecstasy, sublime moments of artistic creation, and certain regressive periods during analytic treatment. (As further elaborated in my other paper in this journal issue, we may now add a fourth: the psychedelic mystical experience.) Implications regarding Balint's contention that the restoration of the mystical, oceanic, primary state of harmonious, interpenetrating, undifferentiated mix-up between self and environment is the "ultimate aim of all libidinal striving" will be further discussed in the following section.

In addition to the harmonious, interpenetrating mix-up, Balint describes two further, malignant forms of primitive, primary, two-person object relationships. In the first—what he calls *ocnophilia*—the object inherits so much primary cathexis that it is clung to, taken for granted, and overvalued without concern or consideration for its separate interests, with the result that the development of the individual's independence from her objects is seriously disrupted. In the second—what he calls *philobatism*—objects are considered indifferent, deceitful, and untrustworthy; they are hazards to be avoided. Instead, objectless expanses, such as mountains, deserts, the sea, or the air, become primary objects/primary substances, and object relationships are thwarted. In both these malignant forms of primitive object relationships, the object is automatically assumed to have the same wishes, interests, and expectations as the individual; this assumption, however, reflects not a hallucinatory state of omnipotence but rather the individual's experience of all things as in harmony. Any disharmony between the individual and her primary object, therefore, results in "loud and vehement symptoms" that suggest processes that are either highly aggressive and destructive or profoundly disintegrated, just like the symptoms that would emerge if our ongoing supply of air were to be interrupted: any interference in the primary relationship with the environment cannot be tolerated and is met with desperation (Balint, 1968, p. 70). Balint asserts that regression in psychoanalytic treatment inevitably gives rise in the transference-countertransference to at least one of these three types of primary object relationships.

## Regression in the Psychoanalytic Situation

While some patients see satisfactory therapeutic results without regression beyond the oedipal level, others, as has been described, require primitive regression to the level of the basic fault. The psychoanalytic situation, Balint notes, is already set up to encourage regression and facilitate communication of a primitive intensity through acting-out, e.g. through screaming, muscular and other motor activity, or unregulated affective expression. Another, less intense example of regressive acting-out is requesting to prolong the session.

In response to these forms of primitive, non-verbal communication, the analyst must communicate her understanding; indeed, how the analyst responds to the patient's acting-out critically affects the "atmosphere" of the consulting room, whether to welcome, promote, and encourage further regression or to forestall, reverse, prevent, or prohibit it. The implication of this observation is that regression is not a strictly intrapsychic phenomenon: in the two-person psychoanalytic situation, the analyst and the patient each contributes to the emergence of regressive processes.

The analyst presented with primitive regressive processes in a patient faces many potential hazards, such as the hazard of attempting to translate primitive, non-verbal acting-out behavior into adult language in the form of verbal interpretations and "raise" them to the oedipal level, as in classical technique, or the hazard, when being confronted with exacting demands by the regressed patient, of engaging in efforts to "manage" the regression, as in the techniques prescribed by Winnicott and those used by Ferenczi while conducting his various therapeutic experiments, which might include attempts to nurse the patient, protect her, look out for her, and mediate the demands of the world on her; in short, to assume responsibility, with the best of intentions, for structuring the world in order to protect the patient from all harm, suffering, and disharmony with the environment-analyst.

Because patients regressed to the level of the basic fault cannot speak the language of adults (as explained above), the first hazard risks causing a "confusion of tongues" between the patient and the analyst, serving only to widen the gulf between them. The second hazard, on the other hand, risks the patient coming to greedily expect the perfect harmony of

primary love that she existed in before the trauma that established the basic fault, an expectation that the analyst inevitably and necessarily will fail to meet as the instinctual needs of an adult, no matter how regressed, are inevitably more complex than those of an infant, and even the most sensitive, sympathetic, and committed analyst cannot achieve a faultless identification with all of them. It is therefore doubtful whether the analyst can function as (i.e., be) a primary object for the patient long enough to enable her to discover new ways of development that avoid repetition of the original trauma and heal-off the basic fault. Balint continues to describe at length Ferenczi's radical experiments with trying to provide total, perfectly harmonious gratification to patients and his inevitable failures.

## The New Beginning: Technique at the Level of the Basic Fault

If the analyst can avoid these hazards and find ways to respond appropriately to the patient's regression, however, an opportunity is opened for the healing of the patient's basic fault. Balint calls this process "regression for the sake of progression" (Balint, 1968, p. 132). In short, regressing to a primitive state before the development of the basic fault may allow for the discovery of new, better-suited methods of coping with the traumatic difficulties that caused the basic fault: a "new beginning" (Balint, 1968, p. 131). Balint emphasizes that new beginnings occur within the transference-countertransference, that is, in the object relationship between the patient and the analyst.

Balint shares a now well-known case example of a girl in her late 20s who initially complained of an inability to achieve anything; it became clear later in the treatment that this inability was related to an immobilizing fear of uncertainty whenever she had to make a decision or take a risk. Balint (1968) reports:

> It took us about two years before these connections made some sense to her. At about this time, she was given the interpretation that apparently the most important thing for her was to keep her head safely up, with both feet firmly planted on the ground. In response, she mentioned that ever since her earliest childhood she could never do a somersault, although at various periods she

> tried desperately to do one. I then said: "What about it now?"—whereupon she got up from the couch and, to her great amazement, did a perfect somersault without any difficulty.
>
> This proved to be a real breakthrough. Many changes followed, in her emotional, social, and professional life, all towards greater freedom and elasticity. Moreover, she managed to get permission to sit for, and passed, a most difficult post-graduate professional examination, became engaged, and was married (p. 129).

Balint interprets that it was because the somersault—which he characterizes (technically and without value judgment) as a form of primitive, regressed, childlike acting-out—took place in the object relationship with him, her analyst, that it "opened up new ways of loving and hating," leading her relationships to become "freer and more realistic," a development that amounted to a new beginning for her that had myriad and pervasive transformative effects on her psychosocial functioning (Balint, 1968, p. 131).

He argues that in order to create an atmosphere in the transference-countertransference conducive to the development of new beginnings, analysts need to provide for the patient a simple, yielding relationship to their analyst-environment by responding to longings and cravings positively and, when clinically indicated, satisfying them. In the case of the somersault, Balint gently invited his patient to behave freely and playfully with him and offered the safe space in the context of a primary object relationship in which to take a risk and explore a new way of being. Later, he shares the example of a patient whom he allowed to hold one of his fingers during a period of her analysis. He makes clear, however, that satisfaction of longings in the transference-countertransference is not the critical factor; rather, through the simple, yielding, primary object relationship the patient is helped to free herself of complex, rigid, and oppressive forms of relationships to her objects that are etiologically related to her basic fault and to start, or discover, simpler, less oppressive forms. For instance, with the girl who did a somersault in his office, Balint created the conditions and the atmosphere in which "at the crucial moment the analyst was not felt as a stimulating, exciting, or forbidding adult object, in whose presence no proper young lady would think of doing somersaults, but as a safe object in whose presence

the patient could and might indulge in childish pleasures" (Balint, 1968, p. 134). In the harmonious transference-countertransference of the primary object relationship, patients become "able to shed all sorts of character and defensive armors and to feel that life had become simpler and truer" (Balint, 1968, p. 135).

Balint uses the Greek adjective *arglos* to describe the special atmosphere that obtains during periods of the new beginning: "a constellation in which an individual feels that nothing harmful in the environment is directed towards him and, at the same time, nothing harmful in him is directed towards the environment" (Balint, 1968, p. 135). It is a pre-ambivalent, pre-persecutory, pre-paranoid intersubjective atmosphere: simple, trusting, unsuspecting, and safe. Periods of the new beginning, marked by an atmosphere of *arglos*, are periods of tranquil, quiet contentment in which expectations of being loved coincide with an active seeking out of contact with the environment.

At times in periods of the new beginning, the primary object relationship takes the form of a harmonious, interpenetrating mix-up with a substance, not a person, and the analyst assumes the role of a primary substance, such as earth or water, in the transference-countertransference, becoming pliable, offering little resistance, and, most importantly, proving indestructible. During these times, the environment-analyst:

> accepts and consents to sustain and carry the patient like the earth or the water sustains and carries a man who entrusts his weight to them. In contrast to ordinary objects, especially ordinary human objects, no action is expected from these primary objects or substances; yet they must be there and must—tacitly or explicitly – consent to be used, otherwise the patient cannot achieve any change: without water it is impossible to swim, without earth impossible to move on. The substance, the analyst, must not resist, must consent, must not give rise to too much friction, must accept and carry the patient for a while, must prove more or less indestructible, must not insist on maintaining harsh boundaries, but must allow the development of a kind of mix-up between the patient and himself (Balint, 1968, p. 145).

This kind of primary *arglos* object relationship between the patient and the analyst, Balint notes, is often symbolically expressed through relaxed physical contact with the analyst, such as holding the analyst's hand or finger or touching her chair. Balint also shares another case example in which he contributed to an *arglos* atmosphere by consenting to be used as a yielding and pliable but sustaining and indestructible primary substance. After thirty minutes of silence in the session, the patient began to sob, and then, relieved, told Balint, "at long last he was able to reach himself; ever since childhood he had never been left alone, there had always been someone telling him what to do" (Balint, 1968, p. 142). This therapeutic enactment in the regressed transference-countertransference of a primary object relationship represented a new beginning for the patient. It is shortly later that Balint explicitly refers to "the healing power of relationship" (Balint, 1968, p. 159).

In order to avoid regression to malignant forms of primary object relationship in the transference-countertransference, Balint emphasizes the importance of reducing inequality in the relationship and mitigating at all costs the analyst's appearance of omnipotence. The analyst ought to strive to remain unobtrusive and ordinary; her chief functions in the role of a primary object are recognizing and being with her patient. It is the analyst's presence, rather than her activity, that is most critical; most important is that the patient feels her to be present, and present at the right distance: not so far that the patient feels lost or abandoned, and not so close that she feels encumbered and unfree. He also suggests that it may be safer for the patient to use the analytic situation in toto as a transferential primary object to which they can cathect their primary love, rather than the person of analyst, which may give rise to malignant, gratification-seeking forms of primary object relationship.

Analysts, like mothers, Balint notes, do not *give* primary love; rather, they behave like primary objects by *offering themselves* to be cathected by primary love. It is in this primary object relationship that patients have the chance to heal-off their basic fault by enacting their maladaptive coping methods in the transference-countertransference until they can "discover the possibility of new forms of object relationship, experience them, and experiment with them," just like the woman who did the somersault or the man who sobbed in silence (Balint, 1968, p. 166). As in these cases, the new forms of object relationship, when the new

beginning is successfully achieved, will inevitably be less defensive, less compulsive, more adaptive, and more flexible.

The precondition for the establishment of benign regression to a primary object relationship of harmonious, interpenetrating mix-up between self and environment is the provision of an object-environment (i.e., analyst-environment) that is felt to be in no way demanding, interfering, or intruding. More than care, love, attention, gratification, or protection, the analyst ought to aim to offer time and space that is free from extrinsic temptations, stimuli, and demands. Finally, the analyst must be both yielding and consistent, both flexible and stable, both present and unobtrusive: "Over and above all this, he must be there, must always be there, and must be indestructible—as are water and earth" (Balint, 1968, p. 167).

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