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Michael Balint

Analysand, Pupil, Friend, and Successor to Sándor Ferenczi

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hen Sándor Ferenczi died on the 22nd of May, 1933, the psychoanalytic community felt it as the loss of an originally highly talented colleague who had passed the peak of his faculties around 1927–1928. After that, he wasted his time and gifts on risky and fruitless researches into technical problems of analysis. Freud himself was greatly disturbed by those latest contributions of his closest friend and favorite pupil. In Freud's obituary for him, he mentioned as Ferenczi's (1924) major work *Thalassa: A Theory of Genitality*, a still often misunderstood writing.

Yet there were some analysts, in particular the Hungarians, who had studied, worked, and debated with Ferenczi during his last years and who were thus able to follow the genesis, and the whole evolution of his controversial ideas; they did not share the widespread negative opinion about Ferenczi's last period of researches. Among them were Michael Balint and such other talented young analysts as Imré Hermann and Alice Balint. All three were particularly interested in object relations and their researches, each personal and original, interlaced.

In 1923, Balint married Alice Székely-Kovács, daughter of the psychoanalyst Vilma Kovács (another analysand of Ferenczi). They undertook their analysis with Ferenczi after a short and unsatisfactory attempt with Hanns Sachs in Berlin. Balint, himself a physician and son of a physician (and, by the way, father and grandfather of physicians) was a man of great and manifold culture.

At Ferenczi's death, Balint succeeded him as Director of the Psycho-

analytic Polyclinic of Budapest. He was also requested by Ferenczi's widow, Gizella, to represent her husband's literary estate, a task he faithfully fulfilled. Balint emigrated to England shortly before the war, in the beginning of 1939; toward the end of a very active and productive life, he was elected president of the British Psychoanalytical Society.

Michael Balint's scientific work of a lifetime can be discussed under three main categories. First—and the one I shall discuss at length later—is his psychoanalytic work, both theoretical and clinical, which he developed on a remarkably regular line. One can follow the course of his thoughts from the first papers written in the 30s until his last theoretical book, *The Basic Fault* (Balint, 1968), in which he presents the most complete picture of his conception of the mental world and its therapeutic implications. It is this part of his work that I would like to discuss here and show how it is based on Ferenczi's researches, especially the most controversial of them, those described in *Thalassa* (Ferenczi, 1924) and in the papers of his last five years, principally "Child Analysis with Adults" (Ferenczi, 1931), and "Confusion of Tongues Between the Child and the Adults" (Ferenczi, 1933).

Another part of Balint's work, perhaps the best known and most recognized part, is the method elaborated by him and his second wife, Enid Balint, to help general practitioners with psychotherapeutic techniques and insights. So called Balint Groups are organized nowadays everywhere in the world for general practitioners, pediatricians, and other medical specialists. Moreover seminars are organized on the same pattern and with the same purpose for social workers, teachers, nurses, and others. We must remember here that the first person to propose psychological training for general practitioners was Ferenczi (1923), "Psychoanalysis in the Service of the General Practitioners." Michael Balint was the one who put the idea into practice.

The third part of Balint's activity was the representation of Ferenczi's literary estate. He invested much time and energy in promoting the publication of Ferenczi's writings in various languages. That Ferenczi has been rediscovered in the past 10 or 15 years is mostly a consequence of Balint's efforts. Moreover, he prepared for publication Ferenczi's (1932) recently published *Clinical Diary* and his monumental correspondence with Freud, soon to be published (Harvard University Press). He was the first to decipher the manuscripts and produce a typewritten copy of them.

BALINT'S PSYCHOANALYTIC WORK

One cannot say that Balint simply pursued the line of thought initiated by Ferenczi. Of course, he was influenced by it, but he used it as a rich soil on which he could develop his own original produce, just as did Hermann. Balint was a follower of Ferenczi in the sense that he learned

much from the findings and successes of his master, but he also learned from Ferenczi's mistakes and failures. Furthermore, all his conceptions, like those of Ferenczi, are supported by clinical observation. Ideas not yet confirmed by practice he proposed only hypothetically and very cautiously.

Another feature in common with Ferenczi was that all Balint's technical propositions placed a very great demand on the analyst for an intense personal investment, a high degree of honesty, much sensibility, and an extreme modesty. These are all very trying demands, much more difficult to satisfy than one would think; they might be one of the reasons why Balint still has not received the acknowledgment he deserves, even if esteem was never denied him.

Throughout his writings, Balint portrays a remarkably coherently structured picture of his conception of the human mind and its functioning. But this coherence has no resemblance to a closed global system, which claims to explain all phenomena known or yet to be known. On the contrary, Balint always insisted on exploring the unanswered questions, the uncertainties, finding the access-roads to other theories; and he underlined all the new problems created by his solutions to the old ones. On many occasions he tried to "translate" his ideas in terms of another author in order to expose the possible connections; of course, he also showed the advantages of his own formulations.

I mentioned that Balint learned a great deal from the technical mistakes of Ferenczi. Ferenczi recognized on several occasions, including in his correspondence with Freud, that he always had to go to the extreme in his technical experiments, driving them almost to the absurd, then coming back, and preserving only what proved to be profitable.

Balint reacted to Ferenczi's example by developing an extreme carefulness. He was not timorous in his thinking, but he always tried to support the smallest step by observation and argumentation: He "suggested," "proposed," and submitted all his suggestions and proposals to severe criticism. One could not simply mechanically apply Balint's ideas in one's own analytic practice. To work in the way of Balint means necessarily a great effort of personal investment, much imagination and capacity of invention, a constant attention to the patient's needs, and rigorous self-observation: As a matter of fact, one of the suggestions formulated by Balint is always to try to interpret one's own emotions in terms of the patient's symptoms.

BALINT'S CONCEPTION OF MENTAL STRUCTURE AND FUNCTION

According to Balint, the most primitive state of the human mind is not that of primary narcissism, described as a state of being closed up in oneself. As early as 1937, he criticized the theory of primary narcissism; he felt that it was simply a product of speculation, unsupported by clinical observation, but invented because logically it seemed to be the simplest form of existence.

It is impossible to summarize in a single paper Balint's whole argument. He discussed extensively why he rejected the theory of primary narcissism (Balint, 1937); he described the evolution of this notion in Freud's thinking by throwing light on its inherent contradictions. He advocated instead the idea of a primary relationship between the developing being and its environment. All we have learned about fetal life in recent years, for instance, seems to confirm Balint's idea.¹

Balint considered that any state, however primitive, that can be actually observed appears finally as a kind of object relation. He called this primitive relationship primary love. He explained the choice of the term in the following way: this primary relationship is first directed toward a very peculiar kind of object, with no precise outlines, offering no kind of resistance. These objects are at the total disposal of the subject and are indestructible. Rather than objects, one could speak of pre objects, or substances, such as water or air. The young child, or even the fetus, is in a kind of relationship with what is surrounding him. He needs this accommodating quality of his environment and participates with it in a state that Balint (1959) called a "harmonious interpenetrating mix-up." To explain what he means, Balint uses several comparisons. For instance, we are in a state of harmonious interpenetrating mix-up with the air we inhale. The air must be there, at our total disposal, and we realize how much we love it only when it becomes unavailable. Who can tell if the air in our lungs or bowels belongs to our body or to the surrounding atmosphere? Nevertheless, there is no fusion between them. The situation is the same with the fish in the water, or the interpenetration of the villi of the placenta with the inner lining of the uterus. Balint also often used a comparison with mayonnaise: the yolk and the oil are intimately mixed, but each component keeps its identity; every cook knows that the slightest inconsiderate handling of it can put an end to the harmonious mix.

This primary relationship has certainly some common features with Ferenczi's (1933) notion of passive object-love. Ferenczi called passivity

¹A personal observation: A young pregnant woman used to listen for long hours to the same Mozart quartet. Two days after her delivery, I visited her in the clinic. The baby was peacefully sleeping near us, and the radio was softly playing beside. Suddenly they began to play this famous Mozart quartet. At that moment, the baby awoke with a start but without crying, in concentrated attention. Obviously he recognized this music. It seems quite apparent that even in his mother's womb he was in contact with the outside world and was able to distinguish specific sounds in it.

the way in which the child welcomes what is offered to him from the outside. Balint, on the other hand, considered that the child is actively using what he has at his disposal; Balint contests the idea of passivity.

Progressively, as development goes on, objects with precise outlines emerge from these preobjects or substances, first as only part-objects, then as whole objects.

Thus, Balint conceived the mother-child relationship at its beginning as a harmonious interdependence, where both partners find their satisfaction because their interests converge to a large extent. Then, as the child's demands become more and more complex and individualized, the interests of the two coincide less and less. Consequently, the child meets with more and more resistance from the mother. She will slowly take on for the child the shape of an object with precise outlines, with its own desires, interests and will, an object with which one has to negotiate. Thus develops active object love based on reciprocity.

Alice Balint's (1939) paper "Love for the Mother and Mother-love," included in Michael Balint's (1965) book Primary Love and Psycho-Analytic Technique because the ideas in the paper had resulted from mutual discussions and expressed perfectly his own views, stated that all that Ferenczi (1924) had described in Thalassa concerning the relation between man and woman during coitus was equally valid for the mother-child relationship. In both relationships, there is no question of egoism or altruism, only of mutual and converging instinctual aims. Feeding, for instance, satisfies the needs of the child as well as those of the mother. In coitus also, both partners find their satisfaction, even if not exactly in the same way. In both activities, the biological interdependence makes naïve egoism psychologically possible.

Between these two forms of interdependence—the early mother-child relationship and the man-woman relationship during sexual intercourse—there is an intermediary stage, the period of development of the reality sense, which will dominate emotional life from then on. The reality sense is a secondary formation, involving tact, understanding, sympathy, gratitude, and tenderness. Balint bases his reasoning here on Ferenczi's (1913) paper describing how the child is obliged, in order to satisfy his needs, to learn how to explore reality, evaluate it correctly, and have an impact on it. Thus, the child goes through a series of stages: the stage of unconditional omnipotence, where all his wishes seem to be automatically fulfilled; the stage of magic-hallucinatory omnipotence, where he fills the gap between the wish and its fulfillment with hallucinatory satisfaction; the stage of omnipotence with the help of magic gestures in which the child obtains the satisfaction of his wishes with the help of specific gestures (this stage is the model of the hysterical mechanism); the animistic stage, in which the child perceives all things as

animated and tries to rediscover in everything his own organs and functions; and, finally, the stage of magical thoughts and words (model of the obsessional mechanism), which comes with the discovery of speech and learning to talk.

These various stages of development correspond to the description given by Balint of the merging of separate objects with definite outlines from the primary complacent substances. The child becomes aware of the particularities of those objects and the fact that they have their own will; he discovers better and better adapted methods to deal with them.

Some of these objects inherit something of the positive and securing connotation of the primary substances. They are invested with great value and must respond to considerable demands: they shall have no personal interests, desires or needs; they must identify completely with the needs and desires of the subject, be content with them, and appear to be indestructible. This is precisely what a suckling infant demands of those who take care of him and what can be observed in some disturbed people in a state of regression.

Other objects are perceived as obstacles, to be negotiated with the help of specific skills developed by the subject for this purpose. Progressively, the person becomes aware that objects have definite outlines, desires, interests, needs, and wills of their own and are able to resist. All those features have to be taken in account if one wants to get into a mutual relationship with the object; that is, the object has to be conquered.

Now, if serious problems occur at an early stage of this evolution, the person must invent various methods to face them. The method he devises will put a deep mark on his structure and give its shape to what Balint called "the basic fault." This basic fault represents a dynamic power in the mental life of the person, but it does not take the form of a conflict. It is, rather, something like a gap, a break in the structure; it cannot be healed without a permanent scar with which the subject must learn to live.

Balint proposed the following picture of the topographical structure of the mind, with three levels or areas:

- 1. The oedipal area. This area is characterized by a three-person relationship. The dynamic power at work originates from a conflict. The language used in this area is conventional adult language in which the words have the same meaning for everyone.
- 2. The area of the basic fault. This area is characterized by a two-person relationship. The dynamic power comes from a fault, a break in the structure of the subject. Adult conventional language is of no use at this level. In another terminology, one would speak here of a preverbal or pregenital level.
 - 3. The area of creation. In this area, the subject is all alone. He has

withdrawn his investments from the objects of the outer world and tries to create new, and possibly better, ones out of himself. These could be works of art, theories, or insights, or even illnesses. This is the less well-known level, the most difficult to explore, as the subject is alone in it.

PRACTICAL AND TECHNICAL CONSEQUENCES

After having elaborated this representation of the human mind on the basis of his psychoanalytical practice, Balint submitted it again to the test of clinical experience and tried to formulate, in terms of his topography, what happens during a psychoanalytical treatment.

Psychoanalysis always provokes regression, of variable duration and going more or less deeply into the levels just described. The regression might stay on the oedipal level. In this case, the analytic work can go on with the help of associations and interpretations, that is, on the verbal level, in adult conventional language where words have the same meaning for both partners. We know that nonverbal elements are never missing, but what is privileged is the verbal exchange. These patients are able to profit from a so-called classical psychoanalytic treatment. For a long time, they were considered to be the only real candidates for an analysis, and some analysts still share that opinion.

There is, however, another category of patients, often described as "deeply disturbed" (often classified nowadays as borderline patients), who at some time in the analysis become unable to go on communicating in conventional adult language. In that state, the interpretations are no longer perceived by them as interpretations with a definite meaning but become signs of either hostility or friendliness. The verbal associations of these patients become repetitive, a collection of empty, lifeless words calling for interpretations of the same kind. Balint (1968) compared this phenomenon to a scratched record on which the needle is endlessly running in the same groove.

The classical technique, wrote Balint, would probably be to get the patient out of his regression as quickly as possible, bring him back to a conventional way of communicating, and end up the analysis with a partial success. In fact, it would be advisable, according to the classical technique, not to take such patients in analysis but to recommend some other kind of psychotherapy. The classical analyst would thus carefully select cases. This position is probably not shared by many analysts of the younger generation, who are often convinced that analysis can deal with a very wide range of problems.

Balint, like Ferenczi, disliked the idea of any kind of selection

according to the classical criteria of analyzability. Like his teacher, he felt that it was up to the analyst to adjust techniques to the needs of different patients.

Ferenczi advocated the principle that as long as a patient was willing to pursue treatment, the analyst must find the necessary techniques to help him. Consequently, he always showed a great interest in research in technique. In fact, one cannot speak of *one* Ferenczian technique, based on *one* theoretical system: Always meeting new problems in his practice, Ferenczi imagined a whole series of empirical techniques. A great number of technical measures he recommended are now so intimately integrated into classical technique that analysts use them in a quite natural way, without realizing that they originated with Ferenczi (Balint, 1967).

Ferenczi's part is more recognized in the introduction of other techniques, for instance, "active technique" (Ferenczi, 1919, 1921, 1926). This technique aims at remobilizing, for the sake of the treatment, the libido, which some unconscious conflict might have deviated from the analytic work. To attain this goal, the analyst proceeds, by means of injunctions and prohibitions meant to increase tension, to provoke the irruption of repressed drives and thus make the course of the analysis start again. The main part of the activity rests with the patient, who is the one expected to do something or refrain from doing something. Then, little by little, injunctions and prohibitions are weakened to suggestions and advice.

Nonetheless, some patients reacted negatively to this increase of the tension by a passive acceptance, and the analysis came to a dead end. Ferenczi then undertook to criticize his active technique but submitted to critical examination the classical technique of abstinence and frustration as well.

His later experiments were based on flexibility, relaxation, patience, and indulgence (Ferenczi, 1928, 1930). His aim was to adapt the atmosphere of the treatment as much as possible to the needs of a patient in a state of regression and even to encourage the patient's regression, which he considered as a possible therapeutic tool. Ferenczi paid more and more attention to the child in the adult patient, that is, to the part played by repetition, regression, and acting out in the treatment, and their therapeutic value. He came back to the idea of the importance of trauma in the genesis of neuroses, a theory never completely abandoned, but relegated to the sidelines in favor of the fantasy theory. Ferenczi (1931, 1932) further elaborated his theory of trauma. He stressed that two phases were required to produce a traumatic effect: (1) the traumatic event, which is not necessarily pathogenic in itself, and (2) its denial by

the important people of the child's environment, first by the mother; this denial would be the principal pathogenic element.

The technical arrangements Ferenczi established were intended to make regression possible, as well as the repetition of the traumatic event in the framework of the treatment, but within an atmosphere in which the tension would not exceed the limits of what a regressed patient could bear. This time, the patient would not meet with the same reaction as he had before, in his childhood environment. To accomplish that aim, the rules of abstinence and frustration had to get twisted more and more. Furthermore, to avoid the repetition of the second, pathogenic, phase of the trauma-that is, denial-Ferenczi insisted on the necessity for absolute sincerity on part of the analyst. He criticized "professional hypocrisy," as he called it. Balint (1968) came back at length to this obligation of sincerity when he described the analyst's attitude during the phase of regression at the level of the basic fault. Instructed here again by the excesses of Ferenczi, who had even gone so far as experimenting with a technique of mutual analysis with two of his women patients (see Ferenczi, 1932, cases of RN and SI), Balint determined very precisely the ways of expression of sincerity, such as not to overburden the patient with the analyst's problems.

Both authors agreed however, that the analyst must have a very clear knowledge of his own emotions and that he should communicate something about them to the patient, occasionally even in a countertransference interpretation, in order never to become disconcerting to the patient.

In fact, Ferenczi quickly realized that mutual analysis was impossible for various reasons and, moreover, that it was totally intolerable for the analyst himself. Still, he gathered a rich harvest of information from this experiment, just as he had from all other of his technical attempts. His untimely death stopped him from making use of all that information.

It was Balint, his pupil, friend, and successor, who undertook this task. For his "deeply disturbed" patients, regressed to the precedipal or pregenital level (the area of the basic fault, in Balint's terminology), he tried to develop a technique that would enable them to heal their basic fault and then learn to live with the scar. An atmosphere must be created as similar as possible to the situation of primary harmony with an object (here, the analyst or, still better, the analytic situation). The object must be as indeterminate and flexible as possible, trying to take up the characteristics of a primary substance, that is, to show no resistance, to hold the patient as water or earth would, to let itself be used by the patient and be indestructible.

This situation corresponds to the atmosphere Ferenczi was trying to

produce by relaxation and indulgence. Balint, however, learning again from Ferenczi's failures, was able to determine, better than his master, which acting out could be tolerated and which satisfaction consented to.

Gratifications should only be granted to demands aiming at recognition. At the same time, Balint observed, the gratifications patients wanted were all characterized by the fact that they related to an object and remained on the level of preliminary pleasure. On the other hand, gratification of instinctual demands had as a consequence the risk of starting a malignant form of regression, an endless spiral where the more satisfactions the patient obtained, the more he asked for. A kind of addictionlike state became installed that way, similar to drug dependency, leading invariably to despair and a breaking off of the treatment. Ferenczi (1931) described this process; but it was Balint (1968) who established the distinction between the two possible forms of regression, benign and malignant, and who described the nature of the interventions capable of provoking one or the other of these forms.

The peaceful atmosphere, without excessive tensions, that Balint tried to create enabled patients to devise new solutions for the situations that originally gave their structure to the basic fault and allowed the patients to emerge from regression with new possibilities and new capacities. This emergence is often experienced by patients as a kind of second birth, and they describe it with corresponding images, such as coming out of the tunnel, coming back to the light, and the like. One of my patients expressed it by saying that he used to live in a black and white world and that suddenly he was living in technicolor. Balint (1932) called this phenomenon "New Beginning": the patient abandons feelings of mistrust and recovers his ability to love without reserve or conditions. The basic fault is healed and the patient learns to live with the scar. Balint introduced the notion of New Beginning as early as 1932, in his paper "Character Analysis and New Beginning" (The same year in which Ferenczi wrote "Confusion of Tongues between Adults and the Child").

Thus, Balint studied carefully all the observations recorded in Ferenczi's latest papers, notes, and Clinical Diary. Adding observations from his own practice with the same type of patients, whose regression went beyond the oedipal level, to the area of basic fault and the research of a primary harmonious mix-up, he was able to progress in the elaboration of his own theoretical conceptions and of his technical propositions.

He stated that regression in the area of basic fault could take two extreme forms. In the first, the patient expects security from objects. He wishes to be firmly held by them; but, as he mistrusts the good will of the objects to hold him, he himself clings to them. He can only progress from object to object, and he experiences the empty space between two objects

as being full of unpredictable dangers. Balint (1959) called this type of regression the ocnophile type (from the greek okneo, meaning clinging, hesitating, avoiding). The other form he called the philobatic type (on the model of "acrobat," one who walks on his extremities, far from the earth). For the philobate, objects are felt to be potential dangers one has to negotiate. The philobate is at ease in wide spaces free of obstacles. He develops various skills in order to avoid or to negotiate them. The only objects he is willing to trust are those of his own equipment, those he can carry himself. (It is to be noted that both terms contain the root phil, that is, "love.") These two extreme forms originate from the same source. They are two forms of love-hate, that is, ambivalence. In both forms, reality testing is distorted by confusion of external and internal worlds.

In practice, we generally meet intermediary forms, situated between these two extremes.

For the patient regressed to the level where conventional adult language is of no use and where the longing for a state of peaceful harmony makes the patient intolerant of any inopportune intervention, Balint tried to create well-adapted techniques and find an answer there where Ferenczi had failed. For Ferenczi was perhaps wrong with the answers he proposed, but he was certainly right in pointing out the problem. To be able to help these patients, some changes had to be brought to the classical psychoanalytical technique of abstinence and frustration. But these changes could be correctly defined only if one knew precisely where the irremovable benchmarks were that allowed one to stay in a framework where analysis is possible.

Balint realized that to allow, or even favor, regression could lead to the danger of initiating the spiral of a malignant form of regression. Here Ferenczi had met a problem he could not, or had not the time to, resolve. He was not able to make the distinction between the dangerous gratifications of instinctual demands and the permissible satisfactions that aim at recognition and manifest themselves, for instance, by the desire to touch the analyst's hand or his chair, have an extra session, be allowed to call him during the weekend, and so forth.

By improving our knowledge on that point, Balint enabled us to put analysis in the service of those patients called "deeply disturbed." If the situation could in this way be maintained on the level of benign regression, the patient would finally emerge from the regressed state if enough time and peace were allowed to him. Then the state of peaceful well-being that Balint called New Beginning could establish itself.

In summary, Balint, following Ferenczi, thought that patients whose treatment could not take place from beginning to end on the oedipal level of adult conventional language could nevertheless be helped by psychoanalysis. He knew, however, that it was necessary to introduce for this purpose some technical arrangements allowing the patient to regress to the area of the basic fault and stay there for the time necessary to attain the New Beginning. The analyst's sensibility and sagacity should help him to avoid the malignant form of regression, expressed by vehement and passionate demands, with some hysterical signs and genitoorgastic elements in the transference. It is advisable, in this respect, to refrain from any kind of gratifications aiming to instinctual satisfactions. It is very likely that it was at this point that Ferenczi sometimes lost control of the situation; it is precisely from this point on that Balint could refine his solutions.

On the other hand, if regression could be maintained in a benign form, a climate of mutual confidence could establish itself where the patient's demands would remain at a moderate level, without hysterical signs or genitoorgastic elements in the transference. The analyst grants satisfaction aimed only at recognition of the patient's needs and yearnings, and the treatment can follow its course toward a new beginning.

Balint well understood what was important in Ferenczi's theoretical as well as technical inquiries. That he pursued his researches in the same direction shows that he fully assimilated the essence of Ferenczi's teaching: that is, never to abandon one's critical disposition of mind, even with respect to the ideas of one's own analyst, friend, and venerated teacher; never to hesitate to reexamine the most generally accepted theories if they seem to lead to dead ends or contradictions; and always to remain open minded and interested in what the patient is saying. Approaching Ferenczi's work in this state of mind, Balint was able to profit from his teacher's successes and failures, from his mistakes as well as from his insights and intuitions. On the basis of Ferenczi's faithfully reported experiences, from the working atmosphere of the Hungarian psychoanalytic school and, of course, from the observations made during his own extensive psychoanalytical practice, Balint was able to build up his own theoretical work and elaborate his own original techniques, open for new developments and never isolated from the approaches of other research workers.

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