"TWO FORMS OF REGRESSION - BENIGN AND MALIGNANT"[1]

Dr. Michael Balint

Dr. Franz Alexander introduced Dr. Balint with some personal reminiscences, including Dr. Balint's own description of his position in London: "Anna Freud and Melanie Klein at least agree on one point -- What I say is nonsense!" Dr. Alexander emphasized Dr. Balint's independent thinking and his interest in social psychiatry and psychoanalysis.

The concept of regression was not one of Freud's earliest ideas in a formal sense but, in an indirect form, is older than psychoanalysis itself. The first use of the word in print is found in 1900 in the interpretation of dreams, in describing the hallucinatory nature of dreams. There is a concept of regression similar to this in "The Studies on Hysteria" published in 1895, and, in addition, Freud refers to the concept of regression in his correspondence with Fliess.

In Freud's introductory lectures in 1917, he uses the concept of biological regression to illustrate psychological regression and fixation. Probably the first explicit reference to regression occurs in the third edition of "Three Contributions to the Theory of Sex," and it is probable that the first explicit formulation of the idea of regression occurred around 1909 to 1910, coinciding with Freud's struggle with the idea of narcissism.

1. Summary of the scientific meeting of the Southern Psychoanalytic Society in Idyllwild, Calif. on June 1, 1963.

Dr. Balint then mentioned three aspects of regression: (1) the topographical, referring to the change from more "advanced" towards more primitive mental structures, (2) the temporal aspect of regression, involving a movement from the present towards the past and (3) the formal aspect of regression, involving a psychic disintegration towards more primitive psychic mechanisms.

The concept of regression in the transference as a resistance appears around 1912 to 1920, when the importance of transference was first emphasized, in particular, the adult aim-inhibited positive transference as an aid to therapy, and the negative regressive transference, containing unconscious erotic elements from early object relationships which must be dealt with to allow therapy to progress. Later, Freud saw acting-out the past in the transference as an essential part of treatment, when the past could not be recalled. He emphasized that the transference was to be handled only by interpretations and the analysis must occur in a state of abstinence.

There are four functions of regression: (1) as a defense, (2) as a factor in pathogenesis, (3) as an element in the formation of transference resistance, and (4) as a therapeutic ally in assisting the development of transference.

In 1918, Freud originally backed Ferenczi's concept of active technique, and utilized active interventions himself in fixing a date for termination in the case of the "Wolf-man"

and in advocating the confrontation of phobic patients with their feared situation. Interventions must be at the right time, and their usefulness is greatly limited by the very unpredictable results. Ferenczi noted how the infantile trauma is revived under active therapy and is shown to have a biphasic structure: (a) Under or over stimulation by the adult parent and (b) the search for comfort from the same adult, who then pretends ignorance of the preceding traumatic period. In this sense, the passivity of the analyst may repeat the original trauma by apparently demonstrating unawareness on the part of the analyst of the preceding traumatic situation. Active response on the part of the analyst produces a certain amount of tension which must be kept at an optimum level.

Ferenczi's advocacy of a response on the part of the analyst led to an inevitable clash with Freud, and, since Ferenczi's death, this dialogue has never been settled.

Dr. Balint described how, in most office practice, the first two aspects of regression are not much in evidence, but it is the second two; namely, regressive transference as a resistance and the regression in the transference as a therapeutic ally, which are most useful. Dr. Balint described the case of a young woman who was unwilling to take any risks in her life and who, after an active interpretation from him, performed a somersault in his office, something she had been frightened of doing ever since childhood. This episode seemed

to represent a highly significant breakthrough in her analysis, and she went on from there to make striking advances in all areas of her life. This occurred some 30 years ago, and she has continued to maintain a vastly improved adjustment. In this connection, regression is defined as: the emergence of primitive forms of behavior after more mature forms have been firmly established. The episode of the somersault could be described as resistance, as transference, as acting out, etc., but none seem exactly right, as compared to regression, when defined in the above terms. It seemed that the active response on the part of the analyst had changed an ego-dystonic function to an ego-syntonic one by detaching the over-cathected erotic components. This led the patient to experience what can be called a "new beginning," consisting of a return to primitive forms of relating, similar to a pretraumatic period, and then beginning a new progression from that point. This new beginning must begin in a relationship with an object. It cannot be narcissistic and auto-erotic, and there must be some gratification at the point of beginning.

In another case, a male patient seemed able to establish a new beginning after a mutually trusting relationship was established with the analyst, who indulged the patient's regressive behavior by allowing him extra sessions and unlimited phone calls.

It is this simple mutually-trusting relationship which is the crucial element in the concept of the new beginning. Itis

related to the concept of primary love, which seems to be a relationship with an undifferentiated world, like the human organism's relationship to air. A friendly, mutually penetrating, mutually trusting relationship with an analyst who is needed, available and present.

A little regression and some active gratification from the analyst are certainly not all that is necessary, however.

The two kinds of regression referred to in the title of the paper may be described as follows: (1) In a benign regression, a patient descends into a primitive world once or twice in the course of the analysis and emerges more or less spontaneously as greatly improved or cured. (2) In a malignant regression, the patient seems to never get enough primitive gratification, and will not give up his regressive efforts to obtain it. This leads to an unending spiral and the development of an addiction-like state, which may end disastrously. In differentiating these two, the following are important: The malignant regression occurs in patients in which all the analytic work revolves around the idea of gratification, and the analyst's involvement and his actions. In a more benign regression, the internal events in the patient's life are more important than the reactions of the analyst. Malignant regression is aimed at gratification; benign regression is aimed at recognition. The patient's demands for gratification may be violent and derivatives of hysterical genital drives. Failures are more likely to occur when the demands for regressive

gratification have this passionate erotic quality.

In a patient likely to undergo a benign regression, a mutually trusting relationship is established easily, there is an absence of hysterical genital elements in the regressive demands, and the patient works towards a new discovery and recognition, leading to a new beginning. In patients tending towards malignant regression, it is difficult to establish a mutually-trusting relationship, and the relationship easily breaks down, via paranoid mechanisms. There is the threat of an endless spiral of demands from the patient, in which an intense regression is aimed at gratification, which is all that matters. There are often hysterical genital elements apparent in the regressive demands, and the new beginning is very difficult to establish.

DISCUSSION

Dr. Franz Alexander: Dr. Balint thinks in terms of the basic logic of emotion. The concept of mutual trust is really more a literary term than a technical one and is more descriptive than our technical terms. In the somersault of Dr. Balint's first patient, she finally took a chance, something she had not been able to do before. The therapist had shown her that he was confident she could do it and that he wanted her to try. This can be called a corrective emotional experience -- an experience which counteracts a pathological one.

Benign and malignant regressions may be related to the

concept of two regressions: The evasive type of regression to a still successful period, and the regression in the service of mastery of an unsolved situation. Emotional mastery is necessary as well as intellectual recognition. I try to discourage evasive regressions which may be superficially appealing but not really therapeutic, and encourage problem-solving regression.

Dr. Norman Levy: The therapist's interpretation in physical terms, which occurred before the somersault, helps explain why the somersault occurred at that point. The analyst almost invited her to try a somersault by establishing a trusting therapeutic climate. Whether the somersault was really regressive is a semantic question, but it can be seen as being a progressive step taken when the fear of the risk had been resolved to a sufficient degree.

Dr. Harvey Strassman: In recognizing benign versus malignant regressions, is it possible to differentiate on the basis of whether or not the patient has reached an oedipal level of psychosexual development and been blocked, or had the patient been fixated at an earlier level?

Dr. Norman Tabachnick: Primary love sometimes is shown by the therapist's faith in the patient, and his encouraging the patient towards the development of mature relationships. This shows confidence in the patient and may be therapeutic. The end result of benign or malignant regression may depend on what the therapist can tolerate and deal with himself.

Therapists may get courage from their predecessors in the field and may project this courage into the patient.

Dr. Alexander Rogawski: Dr. Balint has related clinical observations to new theoretical concepts, and works towards refining theory from clinical observations. Regressive experiences in treatment may be of great therapeutic value if they can be integrated into present-day living, as an artistic experience, or any other type of deep emotional experience, may change an individual's life. The LSD experience may be a type of benign therapeutic regression. Is the distinction between benign or malignant regression due to the analyst's participation? In psychoanalysis, the therapist must participate and allow a controlled regression within himself. This regression may get out of hand and the analyst enter into a collusion with the patient's regression, which has the effect of converting it into a malignant regression. Ideally, the therapist must remain abstinent too, and not get gratification from the therapy.

Dr. George Frumkes: The section of Dr. Balint's paper dealing with active intervention emphasizes the timing of the intervention and raises the question of the facilitating effect of the analytic work which has gone before the intervention. Regression really is a more massive phenomenon than just a somersault.

Dr. Martin Grotjahn: The differences between Ferenczi's active therapy and Dr. Balint's interventions appear to be related to Ferenczi's being relatively doubtful, tragic and ineffective;

Dr. Balint is more careful and effective. It is probable that Ferenczi joined the patients in their malignant regressions, whereas, Dr. Balint is more cautious and does not.

Dr. Saul Brown: In the conception of malignant regression, it is interesting to note the concept of focal symbiosis between children and parents, in which there may be a mutual regression by the child and a parent which may lead to a propensity for later involving the analyst in the same kind of mutual symbiosis. If the analyst allows himself to participate in this regression, it may be converted into a malignant one.

Dr. Richard Alexander: Dr. Balint encouraged freedom in his patients and did not interfere with the male patient's silence, but by allowing him the freedom to be silent, created a corrective emotional experience. Whether or not the patient acknowledges the therapist as a valuable object is crucial in determining whether or not the regression is benign or malignant. If a patient is able to see what the therapist is giving him, even though it does not fully meet his regressive demands, it is more likely to remain a benign regression. In a sense, the question depends on whether or not the patient sees the therapist as benign or malignant.

Dr. Michael Balint thanked the discussants for their interesting questions, with most of which he would agree. Freud probably had bad experiences with malignant regressions, and Ferenczi probably had some good experiences with benign regres-

sions, which led him to become over-enthusiastic. Freud became angry when he saw Ferenczi slipping into the same morass from which he had freed himself through his self-analysis. Freud's anger led towards ignoring some possible modifications of technique and his rigid rule of abstinence.

The important thing in regression is that it occurs in relationship to an object; namely, the analyst. It is not my intent to imply that malignant regressions occur only in hysterical patients, but rather that hysterical symptomatology seems to increase the chances of a malignant regression. I do not know if the question of benign or malignant regression is totally a question of the patient or the analyst or a combination of both. It is important that the analyst recognize the patient as an individual, something which he may not have had before, and which may allow him to "reach himself." The regression, as described in the clinical material, may also be called progressive in the sense that it is a new beginning. It can be thought of as a regression for the sake of progression.

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