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INSIGHTS

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Aim of the journal: to gather relevant, professionally applicable guidelines and knowledge in order to contribute to improving work in the field of integrative psychodynamic psychotherapy, as well as to a greater understanding of inner human processes; to present to the scientific and professional community contemporary theories, models, and techniques that are applied or can be applied in professional practice. The idea is to integrate scientific and professional contributions in order to improve and expand the body of knowledge of psychotherapy and psychological practice.

Thematic framework of the journal: The journal publishes original professional and scientific papers, review papers, and book reviews, which have not been previously published and have not been simultaneously submitted for publication in another publication.

PREFACE

Dear readers,

This is the second issue of the EAIPP journal.

The journal continues to bring together contributions in the field of integrative psychodynamic psychotherapy, as well as other integrative approaches grounded in psychodynamic principles. In line with the editorial policy, this issue also includes various types of contributions—theoretical and methodological papers, research articles, case studies, book reviews, and other professional contributions.

We would like to thank the authors for their trust and contributions, as well as the members of the editorial board for their engagement in the review process and preparation of the papers for publication.

The call for authors remains open. All interested contributors are invited to submit their work and take part in future issues of the journal, contributing to the exchange of professional knowledge in this field.

We wish you an enjoyable reading experience.

With respect,

Nebojša Jovanović
Author of OLI Integrative Psychodynamic Psychotherapy modality

Table of Contenets

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The Relationship Between Attachment Patterns and Resistance in Psychotherapy

Abstract

The primary aim of this study was to explore the relationship between patterns of attachment and the manifestation of resistance in the psychotherapeutic process, as well as their influence on the therapeutic dyad between therapist and client. The study involved a single therapist–client pair; however, standardized questionnaires were administered only to the client. A phenomenological research approach was employed, focusing on phenomenological description of the client's lived experience within the therapeutic process. Data were collected through a semi-structured interview, as well as through the use of the ECR-R and the Relationship Questionnaire (RQ), which were used to assess the client's attachment style and patterns of behavior in close relationships. The findings suggest that specific attachment patterns may influence the form and expression of resistance during psychotherapy. These observations are consistent with several psychological theories that emphasize the relational and affective dimensions of resistance within therapeutic work. The study may serve as a preliminary basis for future research employing more detailed and direct methodological approaches in the exploration of attachment dynamics and resistance in psychotherapy.

Keywords: resistance, attachment model, interview, psychotherapy.

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1. INTRODUCTION

1.1 Resistance

In this paper, resistance is primarily examined within the framework of psychoanalytic theory. Other perspectives on the phenomenon of resistance will also be considered, including the early psychoanalytic followers and critics (Reich, 1933), as well as later humanistic continuations (Fromm, 2015). In addition, resistance will be viewed through the perspectives of transactional analysis, cognitive-behavioral therapy, existential psychotherapy, and constructivist psychology.

Historically, resistance initially emerged as a reaction of the client to certain techniques used in psychoanalysis. Over time, psychoanalysis itself evolved through the process of working through resistance. One of the major contributions of psychoanalysis lies in demonstrating that the human intellect is deeply dependent on affective life.

Resistance is viewed as a distinct segment of client behavior consisting of a series of unconscious diversions that influence the ego. Its primary function is to halt the process of change and obstruct the continuation of therapeutic work. Freud (1933), in developing the theory of resistance, identified three primary forms of resistance to which the analyst responds through interpretation, potentially leading to abreaction and relief from symptoms through which resistance had been expressed, thereby freeing the individual from an infantile view of the world. These three forms include:

1. When the patient is instructed to follow the flow of consciousness and not allow any motive to divert the stream of thought, the patient often violates this rule, providing various excuses such as claiming that nothing comes to mind, that certain topics are irrelevant to the session, or that discussing specific past situations is uncomfortable.

2. The second form manifests as intellectual resistance, often through rationalization, directed toward perceived danger, namely the psychoanalyst.

3. The third form appears through the phenomenon of transference, in which the individual places an authority figure, most often a parent, onto the position of the analyst, toward whom ambivalent emotions are directed.

The mechanism at the core of resistance is repression. Psychoanalytic theory assumes that the forces preventing change in the client are the same forces that originally produced the psychological conflict (Freud, 1933). A strong opposition emerges against allowing certain mental contents, represented as memories of particular events, to reach consciousness. This opposition is expressed through resistance, often appearing in behavior that contradicts the therapist's suggestions, through forgetting, or through the inability to find sufficient time to complete therapeutic tasks. Resistance therefore often manifests through the blocking or redirection of voluntary processes via specific psychological mechanisms, diverting the individual from the goals necessary for progress in the therapeutic relationship. Repression produces the symptoms about which the client complains and which bring them to psychotherapy. It disrupts the coherence of the client's thoughts and creates psychological gaps that the individual attempts to fill in various ways. Repression rarely occurs alone; it is usually accompanied by regression toward a specific event preserved in memory, to which the individual remains fixated, because the individual lacked the cognitive capacity to adequately process the information coming from either the external or internal world.

In the study of resistance, from a psychoanalytic perspective, it has been established that it arises from the ego itself, that is, from manifest or latent traits or character features. And these same forces of character, which influenced such structuring of the ego itself, have taken care of repression and also affect the manifest behavior itself, which we designate as resistance.

Reich (1933), in *Character Analysis*, explains that the ego often identifies with the authority figure who imposes deprivation, typically a parent. Aggression originally directed toward this authority figure is turned inward against the individual's own character structure. Neurotic character structure therefore emerges as a compromise between instinctual demands and defenses against them, which differ precisely only in terms of the degree of development. And it is precisely that infantile demand that has been transformed into attitudes in a certain shape or form, as an automatic way of responding. In that, we find a similarity between the affective attachment and the infantile demand that arose from it, which we want to examine, and the way it manifests itself through resistance.

Childhood experience, or a psychological childhood situation, which existed in reality, or was falsified, and we learn about it through the analysis of resistance, has remained "preserved" in two ways.

1. With regard to content, as unconscious thoughts or ideas
2. With regard to form or shape, as character attitudes of the Ego, or automatic reactions.

Obviously, the same element from the unconscious infantile structure is preserved and made evident in two ways, which present themselves to us through behavior during the session, as resistance:

1. In what the individual does, thinks, and says
2. In the way they react or act

There must always be certain relationships between the outward appearance of character, which we perceive, the internal mechanisms, and the particular history of their understanding of both reality and the Self. (Reich, 1933)

Based on his observations, Reich suggests that resistance will naturally emerge in response to perceived threats, but its intensity is reduced if the patient's negative attitude which arose at an earlier stage when positive emotional responses toward the object of need gratification were withheld is addressed first. Once the patient becomes aware of this attitude, the accumulated negative energy or aggression is released, preventing it from later manifesting as depression or disrupting the continuity of behavior. The second approach is to refrain from analyzing positive expressions of love, or the client's confident acceptance of tasks and authoritarian attitudes, as forms of resistance, until these have transformed into hatred; that is, until they manifest as reactions of disappointment.

We believe that at the core of every personality dynamic lies the nucleus that drives actions, attitudes, thoughts, or ideas, namely antagonism, or conflict. In the antagonism and the struggle for control over the body, conceived as an object moving within a given space and time and within conditions necessary for any potential development or success, we must take this fact as the starting point for our investigation. From there, we can advance our understanding of resistance as a natural response of the organism, and subsequently observe the client's conscious reactions, which occur under the influence of defense mechanisms that, at specific times, have only facilitated developmental movement. On this basis, the core of resistance can be identified and reassessed, and the client can be gradually acquainted with the changes that may occur and prepared for them accordingly. The client continuously processes, cognitively, to the extent permitted by their intellect. Psychoanalysis has shown that human intellect is strongly influenced by affective states. Based on this conditioned perception, the client analyzes the relationship itself, and if it is positive, if trust in the psychotherapist develops, resistance will be present but at a lower intensity; conversely, if trust is lacking, the intensity of resistance will be greater. We believe that only after analyzing and reconciling relational dynamics, or constructing a personality moving toward coherence of thought, can resistance be overcome, or at least sufficiently understood in terms of its mechanisms. Only after clearing the channels of communication, or reducing the affect shaped by the parent–child relationship, can we continue to build a trusting relationship, which will serve as the foundation for positive change.

Depending on the duration of therapy and the continuity of improvement, this process can lead to consistent or lasting changes in the individual's character structure.

Perhaps the most important aspect during analysis is recognizing resistance (Fromm, 1991). Resistance is a phenomenon that exists and emerges within the interaction or relationship between therapist and client. It is not limited to the analytic setting but occurs in the life of anyone who is attempting to change, develop, or truly live.

It appears that humans possess two strong tendencies. One is the drive to move forward, beginning from birth, while simultaneously harboring a profound fear of the unknown, the hidden, and the repressed, essentially, a fear of freedom, risk, and novelty. At the same time, there is an equally strong tendency to withdraw, to retreat, and to resist moving forward (Fromm, 1951). This fear of the new, of what we are unaccustomed to, of uncertainty and the external world, is expressed as resistance. It manifests through various defensive maneuvers that prevent the individual from progressing and achieving meaningful outcomes.

Through his humanistic psychoanalysis, Fromm identified three types of resistance and noted that the patient behaves most problematically when they rationalize their resistance. Starting from the premise that we resist improvement in our own lives, he concluded that individuals who resist their own progress view it with suspicion rather than with pleasure or joy. Therefore, any improvement in their condition serves as the starting point for a compromise, a compromise that inherently contains a form of symptom, which the psychotherapist approaches through interpretations of resistance. Success itself, when perceived as positive, can lead to a compromise whereby the efforts invested in healing are diminished to the extent that the patient rationalizes that very success. Resistance changes in form and intensity throughout the course of therapy. Among the forms observed in psychoanalytically oriented therapists are, for example, the patient overwhelming the therapist with dreams, or engaging in trivial conversations that do not pertain to the structure of the problem but rather to the minutiae of everyday life. These forms of resistance relate specifically to the work with the psychoanalyst and are not tied to the past in which the root of the problem lies; in other words, they are expressions of resistance. Above all, resistance is a completely natural human reaction, and it is the therapist's responsibility to determine how to work through it and how to gradually acquaint the patient with the underlying problem.

Supporting these ideas from researchers are the findings we gathered through a review of the fundamentals of Transactional Analysis, Cognitive Behavioral Therapy, and, finally, the Psychology of Personal Constructs. Sometimes, when an agreement is reached between therapist and client regarding "homework assignments," clients, often under a veil of doubt, may perceive even a carefully planned work schedule as counterproductive. The very term "homework assignment" can trigger strong reactions or abreaktions in the Child ego state, eliciting rebellious responses that the individual has retained from childhood and that were originally directed toward authorities or teachers. These responses are linked to a series of experiences the person may have had in relation to such figures (Voudson, 2011). Different types of behaviors commonly referred to as "resistance" are, in constructivist psychotherapy, primarily viewed as the client's *active choice* to continue behaviors that make more sense to them personally, while resisting behaviors that are more meaningful from the therapist's perspective (Fransella, 1991). A client who drives the therapist to frustration through their failure to do what the therapist desires, or through their refusal to see things in the way the therapist clearly perceives, is not necessarily rejecting the therapist as a person. It is far more likely that they are demonstrating that their system of constructs does not encompass what the therapist believes the client's system should include (Kelly, 1955:1101). According to Mark Voudson, there is undoubtedly a part of the self that strives for change, which we can observe in the client, as well as a part of the self that, drawing on the energy of the Ego which, as noted, also generates resistance, opposes change. Such ambivalence can be confusing, but

when understood in a certain way, it directs us to relevant information and provides a basis for intervention. If we consider that the entire script referred to here as the person's scenario, develops within the context of relationships, and acknowledge that only an understanding of this context can illuminate the meaning of the client's reactions, and that the script represents a form of internal continuity with early relational experiences, then we have a framework for more clearly understanding this ambivalence toward changeIn this context,emphasizing that we are working around this idea, the client may fear change on an unconscious level, as it threatens to disrupt the bond or established relationship with internal objects, namely the parents. Resistance can thus be understood as a "battle for loyalty." Furthermore, it is important to note that the existential approach to therapy teaches that taking responsibility for one's life and embracing freedom inevitably brings a degree of anxiety (Yalom, 1980; 2005). In conclusion, an individual striving for success must learn to live with the ultimate dual outcome: personal growth toward which they aspire, alongside the tension that arises from the responsibility for the development of their character and themselves as a conscious person.

In constructivist therapy, resistance is considered in a specific way. This type of therapy focuses on constructs mediated through language, recognizing that an idea which serves as a driving force, or energy halted by a particular concept, can be constructed and understood through examining the meanings of the client's terms. Resistance itself is not viewed as a separate type of behavior requiring special attention. If the client does not construct change in the same way as the therapist, or fails to perceive the possibility for change, this indicates insufficient coherence of thought to guide and direct movement toward a particular understanding of the information they receive. As a result, the client cannot continue therapy along the path encouraged by the therapist and fails to progress in that direction, which implies two key consequences.

First, such a change may be too difficult for the client, and they simply do not dare to allow it for themselves. Second, the therapist may not have sufficiently understood the client.

Therefore, these client behaviors can be understood in several ways, specifically, three ways:

1. The client may resist change because they assume it is accompanied by excessive anxiety, which arises when the change occurs in the direction of a psychological void, that is, when the change holds no meaning for the client.

2. The individual may resist due to an overwhelming perceived threat; in other words, the conscious system of constructs is simply not usable in the context of the proposed change.

3. Finally, the individual may resist the desired change because of hostility, or because they are unable to confront their other shortcomings

Accordingly, for constructivist therapists, resistance is understood as a form of the client's strategy to protect themselves from external influences. It is not viewed as a disruptive force in the session; rather, the therapist works with resistance, not against it.

Other perspectives, in contrast to psychoanalysis, adopt different positions within the cognitive framework.

Assigning significance to oppositional behavior, it is referred to as reactance, a form of lower-intensity resistance. As a stable trait in these studies, such noncompliance, expressed through reactance, originates from a history of interactions in which this behavior was either reinforced by the environment or at least elicited by it (Beutler, 2002). We propose that reactance can be understood as the reactivation of past experiences that occurred in reality, particularly within the dynamics of Self/authority, Self/environment, and Self itself. In this form of resistance, the affective component of reactions toward authority figures, including the psychotherapist, is particularly heightened (Cautilli,2000,2005).

However, resistance expressed through noncompliance, which appears to be transferred from the parents to the psychotherapist, originates from specific situations, most often the actions of the therapist or their demands. This is another indication, we suggest, that when an individual experiences or assigns a construct/meaning to a particular feeling as positive/negative or true/false, ambivalence toward the parent, particularly the father as authority, the mother as support during upbringing and as the primary object of the individual's existence will, through the process of transference, increasingly manifest in behaviors that we identify as resistance.

1.2 Primary affective attachment

The relationship a child establishes with the mother in early childhood is of crucial importance for both personality formation and the development of relationships in adulthood. This relationship is referred to as affective attachment and, according to various authors, is formed by approximately the age of five.

From a developmental perspective, one of the earliest fears is the fear of separation. According to Freud (1933), this fear represents the ego's response to the danger of complete helplessness and emerges during the stage of absolute dependence on the parents. For the purposes of our research, particularly relevant is the aforementioned and developmentally later fear, the fear of loss of love, which arises in situations involving the threat of losing support and objects of love (and/or identification). The fear of loss of love represents a feeling of threat arising from the withdrawal of love by a significant other. This fear originates from the earlier fear of separation. Freud writes in *New Introductory Lectures on Psychoanalysis* (1933) that the adult fear of losing love is a derivative of the infant's primordial panic experienced when the mother is absent.

Fonagy (Fonagy et al., 2002) argues that attachment relationships are of primary evolutionary importance because they provide the conditions necessary for the development of reflective functioning and the development of the self. The understanding of the biological function and purpose of affective attachment has changed considerably over the past three decades. Sroufe and Waters maintain that the goal of the attachment system is the achievement and maintenance of a sense of security, rather than merely the attainment of physical proximity to the attachment figure (Sroufe & Waters, 1977). Schore (2003) argues that the formation of attachment relationships during the first year of life represents a crucial event for subsequent socio-emotional development. Furthermore, within a secure attachment relationship, optimal conditions are established for the maturation of specific neural structures responsible for affect regulation, which mediate both interpersonal and intrapsychic aspects of later socio-emotional functioning.

According to Mary Ainsworth's (1963) research conducted with infants in Uganda, attachment behavior is already clearly present by six months of age and is differentially directed toward one or more caregivers responsible for the child's care.

Attachment theory represents one of the most widely used theoretical frameworks for understanding personality development and, more recently, psychotherapeutic processes.

According to Bowlby (1972), different behaviors are organized into systems, with each behavioral system consisting of functionally equivalent behaviors that produce the same predictable effect or outcome. At the same time, any given behavior may serve more than one behavioral system. Research has identified four distinct attachment styles that develop in childhood, as well as their reflections and influence on an individual's later life.

1. Secure attachment - As the term itself suggests, these children are accustomed to having a caregiver who consistently responds to their needs and demands, later becoming an important figure of support and authority. As a result, the child does not experience significant anxiety or negative

emotions during the caregiver's absence, as they are confident in the caregiver's return. The infant develops an internal working model based on such affective interactions, forming a self-image as worthy of love and attention, while perceiving others as trustworthy and reliable.

Individuals who develop secure attachment in infancy tend to grow into adults characterized by strong self-esteem and a sense of security. They are typically marked by openness in communication, an exploratory orientation toward life, and a tendency toward growth and development. The capacities associated with this personality structure are considerable; such individuals generally adapt more easily and cope more effectively with life's challenges than others.

2. Anxious/Ambivalent (Preoccupied) Attachment - In this attachment pattern, the mother is perceived as inconsistent in responsiveness, failing to meet the infant's needs in a continuous and reliable manner. The caregiver responds only intermittently or selectively, leaving the child without consistent emotional availability. As a result, the child seeks the caregiver's attention even more intensely, leading to preoccupation with the attachment figure. Children with this insecure attachment pattern often grow into adults who continue to experience feelings of helplessness without a primary attachment figure. This ambivalent behavioral model tends to persist throughout much of life unless therapeutic intervention occurs. Individuals with this attachment style typically enter romantic relationships with pre-established expectations of inconsistency in their partners, believing that only a symbiotic bond can provide a sense of complete love, often experienced, in practice, as a need for control.

3. Avoidant Attachment - In this distant pattern of early affective bonding, the mother fails to respond consistently to the child's signals. From this relationship emerges a triad of behavioral responses: protest, despair, and eventual withdrawal. It is through this final phase that the child forms their internal working model. This pattern leads to the development of behaviors and traits that later influence the individual's personality structure and character. Early in life, a part of the self develops the belief that one is not worthy of having their signals responded to, while distrust toward others becomes a central relational stance. Individuals with this self-perception tend to develop a defensive, emotionally distant personality. They approach relationships with caution, reluctance, and skepticism. In romantic relationships, they often engage in occasional, non-committal partnerships, lacking trust toward their partner and maintaining emotional distance and guardedness.

4. Disorganized/Insecure Attachment - In this attachment pattern, children do not develop a consistent self-image. Parental responses are chaotic, which the child, affectively perceiving the world, quickly recognizes. Children exhibiting this pattern also develop a general distrust of the world, perceiving it as dangerous. Consequently, due to fear, the cognitive component of their personality, which should normally process information from the external environment, fails to function properly, with persistent anxiety shaping cognition. These individuals carry experiences of rejection and neglect from childhood. As adults, they are typically anxious, fearful, and emotionally guarded. Their style of thinking can be inferred indirectly through observation of their way of life, which is often confused, irrational, and lacking coherent meaning. Given their pervasive anxiety, which frames reality as threatening, they tend to be inadequate and highly indecisive in romantic relationships.

It is important to emphasize that internal working models of attachment do not merely represent the nature of past experiences; they also serve as prototypes for the formation of future relationships. There exists a set of conscious and unconscious rules that shape the expression of the attachment system, primarily by guiding cognition, emotional responses, and behavioral patterns.

2. METHODOLOGY

The study was conducted as a case study with the aim of examining the relationship between basic affective attachment and the experience of resistance within the psychotherapeutic relationship. Based on the assumption that there is a connection between the way an individual perceives and interprets past experiences and their current functioning in therapy (Vilig, 2016), a single client was investigated using a semi-structured interview and standardized instruments for assessing affective attachment. Additional data were collected through an interview with the therapist to assess the level of resistance, affective style, and the quality of the therapeutic relationship. The instruments used included the Experiences in Close Relationships – Revised (ECR-R) scale and the Relationship Questionnaire (RQ), while a semi-structured interview on resistance in therapy was specifically developed for the purposes of this study. The data were analyzed using a descriptive phenomenological method, with a focus on understanding the subjective experience of resistance and the therapeutic relationship. ECR-R results were processed in SPSS 26 through recoding and calculation of summative scores. The study was conducted over the course of one week, across two sessions (first, administration of questionnaires and interview with the therapist; second, interview with the client). The aim of the study was to examine how patterns of affective attachment influence the manifestation of resistance and the therapist's experience, thereby contributing to a better understanding of the relationship between early experiences and the psychotherapeutic process.

3. ANALYSIS

3.1 Interview analysis

In the following section, we present the transcripts of interviews conducted with the therapist and the client using a semi-structured interview format. Questions are displayed on the left, with participants' responses on the right. The therapist interview is presented first, followed by the client interview. During the client interview, attention was also paid to nonverbal communication. Questions were formulated in the same manner for both the client and the therapist; the only difference being that the client also completed questionnaires to aid in the interpretation of their responses. The aim was to gather as much information as possible about pre-existing beliefs in the present, which are closely associated with the individual's characteristic pattern of affective attachment.

Tabela 1

1. What does resistance in therapeutic work mean to you?	- Well, a process that helps me change a part of myself that has been forgotten or left unfinished, which will most likely, by addressing it, allow me to approach the client's problem more effectively
2. How do you experience it? Through your body? Emotions? Thoughts? Behavior?	- Through thoughts.

3. How do you know when you are experiencing resistance? Through which signs or experiences?	- Rapid shifts in associations and the flow of thoughts, rational thinking in difficult situations, as if I lack empathy; behaviorally, I do not show major changes because I am careful that the client does not notice any agitation or insecurity.
4 What is the dominant source of knowledge about resistance within yourself?	- Fear.
5. What caused the greatest resistance in working with this client? Did you communicate it? If not, what prevented you from saying it? What, if any, was a specific resistance in working with this particular client?	- A problem we could not resolve on multiple occasions. I did not communicate it, as the thought that doing so would not help her overcome the problem prevented me. The specific resistance in this work was that I could not accept that she could not overcome the mentioned problem.
6. Did you associate the experience of resistance in working with this client with any of your personal previous processes, such as childhood images or experiences, relationships with your father or mother?	- Yes, with some childhood stubbornness. With my mother on several occasions, because I behaved similarly toward her at times.
7. Did you relate the experience of resistance to your personal political, ethical, or socially influenced attitudes?	- Yes.
8. Did you relate the experience of resistance to an understanding of social position, and in that context, the acceptance/non-acceptance of your client (e.g., homosexuality, lesbianism, sex work, macro-level issues, abuse of women or men, domestic or street violence)?	- No.

In the therapist interview presented in Table 1, it is evident that the therapist openly discusses her own resistance toward the client, demonstrating a high level of self-awareness and conscientiousness. She understands the process of resistance and uses it as an opportunity to gain deeper insight into herself. Furthermore, she references personal childhood experiences, revealing the roots of her resistance. The therapist perceives resistance primarily cognitively, noting a reduction in psychological space for understanding the other person, or for empathy. When describing her experience of resistance, she highlights behavioral patterns from her own childhood, particularly instances of stubbornness in her relationship with her mother. She identifies the source of her resistance as frustration over the client's repeated inability to resolve a particular problem. Additionally, the therapist notes that resistance is connected to certain personal attitudes, whether political, ethical, or social-though she does not elaborate in detail. Overall, the therapist demonstrates a secure and consistent behavioral pattern.

Tabela 2

1. What does resistance in therapy mean to you?	- Currently, it is everything I do not have the courage to talk about with the therapist.
2. How do you experience it? Through your body? Emotions? Thoughts? Behavior?	- Most often, I experience it physically through my body.
3. How do you know when you are experiencing resistance? Through which signs or experiences?	- The upper part of my body begins to bend and contract; I feel as though I am creating a protective "membrane" that prevents my resistance from disappearing, since it always serves some purpose.
4. What do you consider the dominant source of knowledge about resistance within yourself?	-Shame.
5. What caused the greatest resistance in working with this client? Did you communicate it? If not, what prevented you from saying it? What, if any, was a specific resistance in working with this particular client?	- I do NOT wish to discuss it here, but I always try, once I become aware of it, to inform the therapist that it exists, even though I currently do not want to address it.
6. Did you associate the experience of resistance with your personal previous processes, such as childhood images or experiences, relationships with your father or mother?	-Yes.
7. Did you relate the experience of resistance to your personal political, ethical, or socially influenced attitudes?	-Yes.
8. Did you relate the experience of resistance to your social identity or experiences of acceptance/rejection (e.g., gender, sexuality, social status, exposure to abuse)?	-Yes.

The client responded positively to the invitation to participate in the study. However, during the interview, the participant appeared reserved, providing laconic answers while displaying anxiety nonverbally. The dominant emotion associated with the client's resistance is shame, which manifests as withdrawal in the therapeutic process and may impede progress, a fact of which the client is aware. In experiencing resistance, the client responds physically, curling into a fetal position as a defense against both the surge of uncomfortable emotions and the therapist. The secondary benefit

of resistance is recognized by the client, yet despite this awareness, they are unable to overcome it. The client acknowledges the resistance and associates it with childhood experiences, although the precise nature of these relationships remains unclear from the responses. Furthermore, the client perceives that personal attitudes and social position play a significant role in the therapeutic relationship and thus influence the experience of resistance.

.3.2 Psychological Questionnaires

In order to provide a more detailed explanation of the relationship between the variable of affective attachment and resistance in therapeutic work, we administered the ECR-R and RQ assessments.

ECR-R

Table 3 presents the results obtained using the ECR-R, calculated by dividing the raw scores by 18 for each respective subscale. Based on these scores, the client was classified into one of four affective attachment patterns (Bartholomew & Horowitz, 1991) - secure, preoccupied, avoiding, or disorganized, according to the parameters described earlier (see Section 2.3: Interview and Psychological Tests). Given that the participant is female, normative values for this subgroup were applied: Anxiety: M = 3.56, SD = 1.13; Avoidance: M = 2.92, SD = 1.21.

Tabela 3

Dimension	Score
Anxiety	4.05
Avoidance	2.66

According to the results presented in Table 3, the client demonstrated an elevated score on the Anxiety subscale compared to the normative group, while the score on the Avoidance subscale was slightly below the average for the female subsample. Accordingly, the client can be provisionally classified within the affective attachment pattern known as “anxious/ambivalent” or “preoccupied” attachment.

RQ

This questionnaire provides indications of the extent to which the participant identifies with the descriptions of the four affective attachment patterns (Bartholomew & Horowitz, 1991). On a scale from 1 to 7, the client’s responses ranged between 3 and 6, reflecting personality insecurity alongside a tendency toward security. The client rated the secure attachment style highest (6), followed by the preoccupied attachment style (5). The avoidant attachment style received a score of 4, while the disorganized attachment style was rated lowest (3). These results reflect the client’s self-assessment, which may not necessarily correspond to her actual attachment pattern but rather to her subjective perception of herself.

4. DISCUSSION

This study aimed to investigate whether and how basic affective attachment influences the client’s experience of resistance, the therapist, and the therapeutic relationship. More specifically, it examined how relationships formed in the primary environment, primarily within the family, affect the nature of resistance that emerges during the therapeutic process. The theoretical framework employed in this study was primarily psychoanalytic theory, along with related theoretical approaches.

The client is a 25-year-old female who has been engaged in an active psychotherapeutic relationship for nearly two years. The primary reason for selecting this client was the long-term nature of her therapy, which allowed for the development of a deeper therapeutic relationship in which the emergence of psychological resistance, as a natural byproduct of the therapeutic process, was to be expected.

To obtain answers to these questions, we employed interviews and psychological questionnaires as the primary analytical techniques. The interview used in this study focused on resistance in psychotherapy, while two questionnaires were administered: the Experiences in Close Relationships-Revised (ECR-R) and the Relationship Questionnaire (RQ). The interview and questionnaires were administered to the client in a single session, and the same procedure was followed for the therapist. The sessions took place in private settings: the client's session was conducted in the researcher's apartment, while the therapist's session took place in their office.

During the assessment, no major difficulties or ambiguities arose, and the process proceeded without significant difficulties. The client appeared visibly anxious when responding to questions, which contributed to the laconic answers presented in Table 1. The researcher primarily observed nonverbal signs of anxiety, such as gaze aversion and foot tapping. In contrast, the therapist was open to communication, confident in providing responses, and highly assertive. By analyzing the responses from the client and therapist interviews, we can unequivocally conclude that mutual resistance was present at the time of assessment, although the nature and intensity of resistance differed considerably. On one hand, the therapist exhibited resistance patterns reflecting childhood experiences, drawing a parallel with affective attachment in the primary group. On the other hand, such information regarding the client could not be fully obtained due to her reservedness, despite her positive response to the specific question on this topic. In psychoanalytic terms, the therapist exhibited the third form of resistance (Freud, 1914), which manifested as a behavioral pattern originating in childhood toward parental authority and now directed toward the client. Freud (1914) characterizes the pattern of resistance observed in the client as a form of avoidance in confronting unpleasant content. In the case of the client, resistance manifests in multiple ways: a) through refusal to discuss the topic with the therapist, perceiving it as intimidating, and b) through a physiological response to feelings of shame arising from resistance, expressed as muscle spasms and curling into a fetal position. This type of client response evoked in the therapist the sense that the problem was too overwhelming to be resolved through conversation alone, leading the therapist to avoid it, which in turn reinforced the resistance within their relationship. Given that the central emotion was shame, we consider that the client required an open approach with a high degree of empathy. However, this was not fully achievable, as the therapist's resistance resulted in a diminished capacity for empathy toward the client. Although the client indicated that their resistance is related to patterns formed in childhood, they did not elaborate on the reasons for this perspective. Nevertheless, as we will see later, we believe that this question can be addressed through analysis of the data obtained from the ECR-R and RQ questionnaires, which support a preoccupied affective attachment pattern. It is important to note that the client's behavioral patterns are consistent with Reich's (Reich, 1933) assertions, more precisely with the observation that resistance emerges in the form of behavioral reactions representing residues of inadequate relationships with figures from the primary group (familyIn light of transactional theory, we emphasize that the client's pattern of resistance resonates with the first form outlined in the Introduction, as we observe that the participant demonstrated a high level of anxiety (also reflected in the findings of the ECR-R scale). Furthermore, the feeling of reluctance to openly discuss the source of resistance with the therapist may be interpreted as the client's position that the potential benefits of change do not lead to psychological fulfillment but rather, as suggested in the theoretical framework, to a sense of psychological emptiness.

According to the ECR-R questionnaire results presented in the Analysis section of this study, the client falls within the anxious/ambivalent attachment pattern. A characteristic description of this attachment style is that individuals tend to form symbiotic relationships in order to reduce feelings of discomfort caused by the unpredictability of others, achieve a sense of perceived control, and ensure that their partner will not abandon them. As individuals tend to maintain such an attachment pattern into adulthood, we may assume that it has also influenced the relationship the client in this study has developed with her therapist. Within this framework, we identify possible reasons for the experience of shame and the reduced motivation to overcome resistance, as resistance may provide psychological benefits by allowing the client to remain in a symbiotic relationship with the therapist. Specifically, the client remains in a submissive position in relation to the therapist, which, in turn, places the therapist in the role of a parental figure supervising the client. In this way, the client secures an illusion of control similar to that achieved by a child in relation to their parents. Although the client expresses a desire to open up to the therapist, she also reports experiencing certain benefits from resistance and indicates a lack of willingness to change in this domain. This constitutes the primary basis for the argumentation presented earlier.

Regarding the results obtained from the RQ scale, the participant identified primarily with a secure attachment style. The fundamental characteristic of this pattern is the absence of anxiety, as the primary caregiver was consistently available to the child, allowing the development of trust and the expectation that the caregiver would not abandon them even during temporary separations. At the very beginning of the analysis, a contradiction becomes evident in the client's responses, as two diametrically opposed attachment styles were rated with nearly identical scores: the secure style received a rating of 6, while the preoccupied style was rated 5. This suggests the presence of a conscious tendency toward a secure attachment style, or a conscious self-perception aligned with security, alongside an acknowledgment of the preoccupied pattern, which represents the primary finding of the ECR-R scale. As this reflects a conflict between the conscious aspect of the Self and the client's actual behavioral patterns, the rating of the secure attachment style will be interpreted as the client's aspiration, while the preoccupied style will be treated as the dominant behavioral pattern. Consequently, there is partial convergence between the findings of these two scales, which meaningfully correspond with the results obtained through the semi-structured interview. Unfortunately, we did not obtain a more elaborate explanation of the client's views regarding her conscious perception of attachment styles. Nevertheless, there are strong indications that the client will primarily rely on the preoccupied attachment pattern as a prototype for future relationships and, most relevant to this study, within the therapeutic relationship itself.

Divergent behavioral patterns - resistances, were unequivocally observed within the dyadic space between the therapist and the client. As previously noted, their nature and underlying causes were, as expected, entirely different. In the therapist, resistance emerged from a personal sense of incompetence projected onto the client, manifested as the client's perceived inability to overcome the problem, which further evoked stubbornness and corresponding emotional reactions in the therapist. However, the therapist does not exhibit behavioral reactions (a claim based solely on self-report, not verified within the therapeutic setting), which in this case is advantageous, as such behavior could have triggered a negative spiral within the already sensitive relationship. Conversely, the client behaves consistently with her attachment pattern, applying it within the therapeutic relationship, which ultimately also shapes the nature of the resistance observed. The preoccupied type of attachment develops within the primary group, indicating that the client, due to inconsistent parental behavior, developed a form of insecurity manifested through anxious symptoms. This attachment pattern was also applied within the therapeutic relationship, resulting in the therapist assuming a parental role, with whom the client seeks to establish a symbiotic bond. In this context, resistance serves to maintain the relationship, and the client herself

recognizes its secondary benefits. Simply informing the therapist that the resistance exists, followed by a lack of willingness to overcome it, evokes in the therapist a sense of frustration and, according to the therapist, stubbornness, which can be interpreted as an infantilized form of manipulation on the part of the client. In this "stalemate position," it becomes clear how the client uses resistance as a means of maintaining a symbiotic relationship with the therapist. The secondary benefits of resistance, whether consciously or unconsciously experienced by the client, include a sense of control over the situation and affirmation of self-worth within the relationship. The therapist, on the other hand, reacts with frustration and stubbornness, which further reinforces the interaction pattern and reflects previously described patterns of attachment and psychodynamic theories of resistance.

4.1 Critical reflection

The qualitative nature of this study allowed us to take an analytical approach to the issue of resistance and to capture the essence of this phenomenon within a concrete case study. We believe that we have adequately addressed the research questions posed and that, through this study, we have deepened existing knowledge about the phenomenology of resistance in the psychotherapeutic relationship. A reflection on the study itself highlights several limitations.

Primarily, our understanding of resistance is obtained indirectly, through a semi-structured interview that was not validated and was developed specifically for this research. Additionally, we consider that the small number of questions left certain gaps in explaining the very causes of resistance; however, for the purposes of this study, we still had sufficient material to draw justified conclusions. The freedom of interpretation is a fundamental aspect of the qualitative approach, and we endeavored to rely as much as possible on the theoretical framework of psychoanalytic and related theories. We consider that attachment styles permeate all therapeutic relationships and represent a critical construct in analyzing any therapeutic process, particularly the phenomenon of resistance. We believe that it would be desirable for future research to focus on the direct analysis of resistance, within the psychotherapy process itself, and to connect it with the construct of attachment, in order to gain a deeper understanding of their interrelations.

References

Ainsworth, M. D. S. (1963). The development of infant-mother interaction among the Ganda. In B. M. Foss (Ed.), *Determinants of infant behavior* (Vol. 2). London: Methuen.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61*(2), 226–244. https://doi.org/10.1037/0022-3514.61.2.226

Beutler, L. E., Moleiro, C., & Talebi, H. (2002). Resistance in psychotherapy: What conclusions are supported by research. *Journal of Clinical Psychology, 58*(2), 207–217. https://doi.org/10.1002/jclp.1144

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.

Cautilli, J. D., & Santilli-Conor, L. (2000). Assisting the client/consultee to do what is needed: A functional analysis of resistance and other forms of avoidance. *The Behavior Analyst Today, 1*(3), 37–42.

Cautilli, J. D., Riley-Tillman, R. C., Axelrod, S., & Hineline, P. N. (2005). Current behavioral models of client and consultee resistance: A critical review. *International Journal of Behavioral Consultation and Therapy, 1*(2), 147–154.

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. New York: Other Press.

Fraley, R. C. (2012). Information on the Experiences in Close Relationships-Revised (ECR-R) adult attachment questionnaire. Retrieved October 23, 2021, from https://internal.psychology.illinois.edu/~rcfraley/measures/ecrr.htm

Fransella, F. (1991). The construct of resistance in psychotherapy. In G. Dunnett & L. Leitner (Eds.), *Critical issues in personal construct therapy* (pp. 117–134). New York: Krieger.

Freud, S. (1914). Remembering, repeating and working-through (Further recommendations on the technique of psycho-analysis II). *Standard Edition, 12*, 145–156.

Frojd, S. (1933). *Nova predavanja za uvođenje u psihoanalizu* [New introductory lectures on psychoanalysis] [in Serbian]. Beograd: Edicija.

Frojd, S. (2016). *Kompletan uvod u psihoanalizu* [Complete introduction to psychoanalysis] [in Serbian]. Beograd: Nova Knjiga.

From, E. (2015). *Umeće slušanja* [The art of listening] [in Serbian]. Podgorica: Nova Knjiga.

Hazan, C., & Shaver, P. R. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*, 511–524.

Jalom, I. (2011). *Čari psihoterapije: Otvoreno pismo novoj generaciji psihoterapeuta i njihovim klijentima* [The gift of therapy: An open letter to a new generation of therapists and their patients] [in Serbian]. Novi Sad: Psihopolis.

Kelly, G. A. (1955). *The psychology of personal constructs*. New York: Norton.

Schore, A. N. (2003). *Affect regulation and the repair of the self*. New York: W. W. Norton & Company.

Sroufe, L. A., & Waters, E. (1977). Attachment as an organizational construct. *Child Development, 48*, 1184–1199. https://doi.org/10.2307/1128475

Stojnov, D. (2010). *Psihologija ličnih konstrukata: Uvod u terapiju i teoriju* [Personal construct psychology: Introduction to theory and therapy] [in Serbian]. Novi Sad: Psihopolis institut.

Voudson, M. (2011). *Transakciona analiza: Sto ključnih ideja i tehnika* [Transactional analysis: 100 key ideas and techniques] [in Serbian]. Novi Sad: Psihopolis institut.

Rajh, V. (1933/1987). *Analiza karaktera* [Character analysis] [in Serbian]. Zagreb: Naprijed.

Vilig, K. (2016). *Kvalitativna istraživanja u psihologiji* [Qualitative research in psychology] [in Serbian]. Beograd: Clio.

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

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Working with resistance in O.L.I. integrative psychodynamic psyhotherapy

Abstract

Working with resistance represents one of the central points of the psychoanalytic and psychodynamic therapeutic process. This paper presents the conceptual and methodological framework for working with resistance in O.L.I. Integrative Psychodynamic Psychotherapy (OLI IPP), a contemporary psychoanalytically grounded integrative modality with a pronounced developmental focus. Building on the classical psychoanalytic conception of resistance, OLI IPP retains work with the unconscious through the analysis of resistance and transference, while introducing an additional level of therapeutic work: the systematic monitoring of emotional processing and the development of basic emotional competencies as functional ego capacities.

The paper examines key OLI IPP concepts relevant to understanding resistance, including secondary gain and counter-skills, as well as the specific features of the theory of change within this approach. The aim of the paper is to demonstrate how OLI IPP expands classical psychoanalytic work with resistance by shifting the focus from the interpretation of content toward the development of ego capacities for mature emotional processing and emotion regulation. The paper highlights the specific contribution of OLI Integrative Psychodynamic Psychotherapy to understanding and working with resistance as a developmental phenomenon, rather than exclusively as a defense.

Keywords: resistance; integrative psychodynamic psychotherapy; emotional competencies; ego psychology; transference; theory of change.

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INTRODUCTION

Resistance and transference represent fundamental concepts of the psychoanalytic method and key points for understanding the psychotherapeutic process. From the very beginnings of psychoanalysis, **Sigmund Freud** observed that therapeutic work does not unfold in a linear progression toward insight and change, but that the patient actively and passively opposes this process (Freud, 1912; Freud, 1914). Resistance appears as everything that interferes with the advancement of analytic work, while transference represents a specific form of emotional relationship in which earlier relational patterns and affects are reactivated within the relationship to the therapist.

Later developments in psychoanalytic theory demonstrated that work with resistance cannot be reduced solely to the technique of interpretation. **Ego psychology**, **object relations theory**, and **self psychology** gradually shifted the focus from exclusively instinctual conflicts toward developmental capacities of the personality, ego functions, and the ability to regulate affect (Hartmann, 1939/1964; Anna Freud, 1936; Kohut, 1971). Within this conceptual framework, resistance is increasingly understood not only as a defense against insight, but also as an indicator of developmental arrests and deficits in ego functioning.

Such a theoretical shift has significant implications for contemporary psychodynamic practice. If resistance is understood not exclusively as an unconscious avoidance of conflict, but also as a signal of insufficiently developed functional capacities, the therapeutic task necessarily changes as well. The question is no longer only what the patient avoids, but also how emotional experiences are processed and which patterns are used to compensate for developmental deficits.

The aim of this paper is to present the way resistance is addressed in **O.L.I. Integrative Psychodynamic Psychotherapy (OLI IPP)**, a contemporary psychoanalytically grounded integrative approach with a clearly defined developmental framework. The paper will examine how OLI IPP retains the classical psychoanalytic understanding of resistance while simultaneously expanding it through the introduction of the concepts of emotional competencies, counter-skills, and secondary gain. Special attention will be devoted to changes in the working alliance and the role of the therapist, as well as to the implications of this approach for understanding the process of change in psychotherapy.

2. Basic Concepts of OLI IPP

2.1 Basic Emotional Competencies

In our view, the fundamental difference of **O.L.I. Integrative Psychodynamic Psychotherapy** from other psychotherapeutic approaches lies in its emphasis on work with basic emotional competencies – “software” for emotional processing. These emotional competencies are extracted from the theoretical foundations of the four aforementioned psychoanalytic psychologies. They are not defense mechanisms, as they do not distort reality for the purpose of protecting the psyche from anxiety. Numerous authors within these psychoanalytic schools have identified and described developmental achievements in emotion regulation, but they did not define them as developmental attainments that go beyond defense mechanisms – as mature emotional competencies.

Within the OLI method, eight emotional competencies are taken as a theoretical foundation and as a basis for integrating techniques from other psychotherapeutic approaches.

IPP provides clear tables with indicators of developmental arrest in the eight basic emotional competencies across behavioral, emotional, cognitive, and conative domains, as well as descriptions of the manifestations of mature, fully developed emotional competencies. In this way, therapists are

enabled to clearly identify developmental stagnation in a given competency, to have a direction toward which development should proceed – the client's "zone of proximal development." In addition, IPP includes a developed "taxonomy of psychotherapeutic goals," in which numerous techniques are classified according to the competency they can develop and the developmental stage at which they are applicable. This allows psychotherapists, in a structured manner, to identify developmental delays and to select techniques aimed at developing the basic emotional competencies that are arrested.

2.1.1 Eight Basic Emotional Competencies

Integrative Psychodynamic Psychotherapy (IPP) has a clearly defined field of inquiry: it examines the development of basic emotional (and cognitive–conative) capacities described within four psychoanalytic psychologies.

The IPP method focuses on two main, complex capacities: the capacity for work and the capacity for love. These two complex capacities, necessary for mature functioning, are built – like "Lego bricks" – from a certain number of smaller, much simpler building blocks: eight basic emotional competencies (Jovanović, 2013):

1. **Neutralization** – referred to in IPP as the *"regulator of the psyche"* (Hartmann, 1939, 1950; Kris, 1951). The individual's capacity to keep thinking reasonable by neutralizing instinctual energies (sexual and aggressive), transforming them into neutral energy that serves problem-solving, rational thinking, and goal attainment.

2. **Mentalization** – the *"articulator of the psyche"* (Fonagy, 2001, 2002, 2003, 2005). The capacity to think about one's own inner states and to understand that others have their own beliefs, desires, and intentions; the ability to comprehend one's own states and the states of others, as well as the motives underlying specific states and behaviors. This includes the capacity to create a "map of the mind."

3. **Object Wholeness** – the *"glue of the psyche"* (Klein, 1940, 1948). The capacity to experience and accept another person (or a desired goal, job, or activity) as a whole. It involves being aware of both the positive and negative aspects of what we love and desire, and the ability to tolerate and accept them.

4. **Object Constancy** – the *"stabilizer of the psyche"* (Hartmann, 1952; Akhtar, 1992; Burnham, 1969; Mahler, 1963). The capacity to maintain a stable internal bond with a loved person without the need for their constant physical presence; it represents the foundation of independence.

5. **Tolerance of Ambivalence** – the *"director of the psyche"* (Hartmann & Zimberoff, 2003). The capacity to tolerate opposing feelings toward another person, oneself, or activities, with a predominance of positive affects. It includes the ability to make choices and decisions – to move toward or away from something.

6. **Tolerance of Frustration** – the *"immunity of the psyche"* (Freud, 1908; Kohut, 1971). The capacity to cope with the discomfort and tension produced by the non-fulfillment of one's needs.

7. **Will** – the *"engine of the psyche"* (May, 1966; Rank, 1972). The capacity to invest continuous effort in achieving developmental goals; the individual's ability to develop as an autonomous person.

8. **Initiative** – the *"activator of the psyche"* (Erikson, 1959; Ikonen, 1998). The capacity to assume responsibility for initiating or starting something, and the ability to think and act without requiring the prompt or demand of another person.

2.1.2 Two Levels of Psychotherapeutic Work: the Content Level and the Process Level

The OLI IPP therapist works on two levels: the **content level** and the **process level** (Jovanović, 2025).

At the **content level**, the therapist follows the client's narrative – his or her relationships with others, current problems, the history of symptom formation, childhood and adolescence, transferences onto later relationships, character patterns, and overall psychodynamics. At this level, the therapist helps the client reconstruct and integrate experience, to "connect the dots" of their life story into a mature, coherent narrative of the self.

At the **process level**, the therapist attends to *how* the client processes emotions related to the content being presented. The therapist looks for typical patterns of thinking, behavior, and emotional processing. These patterns are brought into awareness together with the client, along with their consequences for the client's functioning. The therapist then identifies the client's **zone of proximal development** with regard to emotional competencies and creates a plan for the development of these competencies and for **function transfer** – through declarative and procedural learning, the therapist gradually transfers his or her own developed functions, that is, capacities for mature emotional processing and regulation, to the client.

The work of the OLI Integrative Psychodynamic Psychotherapist acquires its specific characteristics precisely at this phase of the psychotherapeutic process. The method of work can therefore be presented in several steps:

- **Identifying counter-skills**, that is, "bugs" in emotional information processing – ways in which the client creates their own problems by attempting to master developmental tasks in maladaptive ways.
- **Confronting the client** with defenses, counter-skills, and unsuccessful forms of adaptation.
- **Relinquishing secondary gain** derived from symptoms or maladaptive patterns.
- **Psychoeducation about the emotional competency** that represents a healthy adaptive mechanism, including demonstrating "how it is done" through **procedural learning**.

2.1.3 Recognizing Secondary Gain, Defense Mechanisms, and Counter-Skills

Secondary gain – benefit derived from one's own harm

One of the key reasons why individuals fail to move toward more mature patterns – emotional competencies that do not involve distortion of reality or manipulation of oneself or others – is the phenomenon known as **secondary gain**. Gain is a psychoanalytic concept first identified and defined by Freud (Freud, 1917). He described two types of psychological gain derived from illness: **primary** and **secondary** gain. For Freud, primary gain referred to the reduction of anxiety achieved through a defensive operation that resulted in the formation of a symptom. He further defined **secondary gain as the interpersonal or social benefit the patient obtains as a consequence of illness** (e.g., support, attention, pity, protection, permission for dependency, and similar advantages). Both primary and secondary gain are understood to be acquired through unconscious mechanisms.

When it becomes possible to link the symptoms and suffering that bring a person into psychotherapy – that is, the harm associated with secondary gains – with those very secondary gains and with immature or manipulative patterns of behavior, the individual is placed in a position of choice. This is possible because the patterns have now become conscious. The client can then choose whether to relinquish secondary gains or to accept and reconcile themselves with the suffering that results from their continued misuse.

How Do We Explore Secondary Gain?

Through interaction with the client and by listening carefully to the content the client presents, the therapist seeks answers to the following questions:

1. **What has prevented the client from changing** what they wish to change through psychotherapy up to this point?
2. **What does the client gain** from their current state? What would they lose if they were to change in the way they say they want to? Is the client willing to pay the "price" of change?
3. **Has the client developed avoidant patterns**, combinations of defense mechanisms – *"counter-skills"* – that maintain the status quo? How exactly do these patterns function?
4. **In what ways does the client express ambivalence toward change**, resistance to change, and resistance to the therapeutic process itself when goals are being defined?

In order to adequately understand behavioral patterns that lead to secondary gain, it is not sufficient to understand only *what* the client gains in a non-developmental way; it is also necessary to understand *how* this is achieved. This leads us to the concept of **counter-skills**.

3. Counter-Skills – "Doing-the-Job" Behavioral Patterns

Counter-skills are more complex forms of behavior than defense mechanisms; they may include multiple defense mechanisms along with associated behavioral patterns. We use the term *counter-skills* to emphasize capacities and "counter-capacities" (Jovanović, 2013; Jovanović & Rudec, 2024). We distinguish them from defense mechanisms because counter-skills are, in fact, a misuse of defense mechanisms – their employment for the sake of **secondary gain**, and their use even when they are no longer necessary. Each of the emotional competencies listed above, when insufficiently developed, is replaced by a corresponding counter-skill.

Once secondary gains and counter-skills have been brought into awareness, it becomes possible to proceed toward developmental solutions – that is, toward the development of basic emotional competencies.

How can the level of development of basic emotional competencies be recognized?

1. With the help of tables that specify manifestations of mature and immature emotional competencies.
2. By identifying the client's dominant type of anxiety.
3. By analyzing the content of *narcissistic pride* – that is, the type of imbalance within the narcissistic sector of personality.
4. Through diagnostic instruments that are being developed within O.L.I. IPP.

O.L.I. IPP clearly defines manifestations of developmental arrest for each of the eight emotional

competencies across the emotional, behavioral, cognitive, and conative levels, as well as the mature manifestations of each competency.

Because each of the basic emotional competencies has its own algorithm – that is, a sequence of steps that unfold within the mental apparatus when the competency is applied – it becomes possible to more precisely determine the types of learning and psychotherapeutic techniques that contribute to the development or unblocking of a given capacity. In this process, we are assisted by the **taxonomy of therapeutic goals** that we have developed to enable clearer classification of psychotherapeutic techniques and learning modalities within psychotherapy.

Therapeutic techniques are thus "sorted" according to which capacity they can activate or unblock and at which developmental phase. Numerous techniques from other psychotherapeutic approaches, as well as those developed within OLI IPP, are described in the book *Psychotherapeutic Techniques for the Development of Basic Emotional Competencies* (Cmiljanović & Škorić, 2024).

The O.L.I. method also provides a taxonomy of psychotherapeutic goals, indicating which types of learning take place in the psychotherapeutic process and which capacities are activated through specific forms of learning (**Table 1**).

Table 1. Taxonomy of Psychotherapeutic Goals

Types of Learning -Knowledge	Basic Emotional Competencies Processes						
	Neutralization & Mentalization	Object wholesness	Object constancy	Frustration tolerance	Ambivalence tolerance	Will	Initiative
Conceptual	M	E	T	H	O	D	S
Declarative	M	E	T	H	O	D	S
Procedural	M	E	T	H	O	D	S
Metacognitive	M	E	T	H	O	D	S

3.1 Ultimate Goals of Therapeutic Intervention

The ultimate goal of therapeutic intervention is the development of the client's mature capacity for **love and work**, as well as the ability to cope independently with the challenges posed by life, through the development of mature emotional competencies that enable reciprocity in relationships. The development of basic emotional competencies strengthens the client's ego and its capacities: the ability to test reality, to be more realistic, to perceive both self and others in a more integrated manner, to adequately understand one's own actions and those of others, to regulate affects, to delay gratification, to respect both one's own and others' boundaries, to overcome ambivalence and make decisions, to develop a stronger will for the realization of set goals, and to initiate action autonomously while taking responsibility for outcomes (Jovanović, 2024).

The development of basic emotional competencies and their mutual interaction leads to the emergence of more complex competencies, as illustrated in **Figure 1** below:

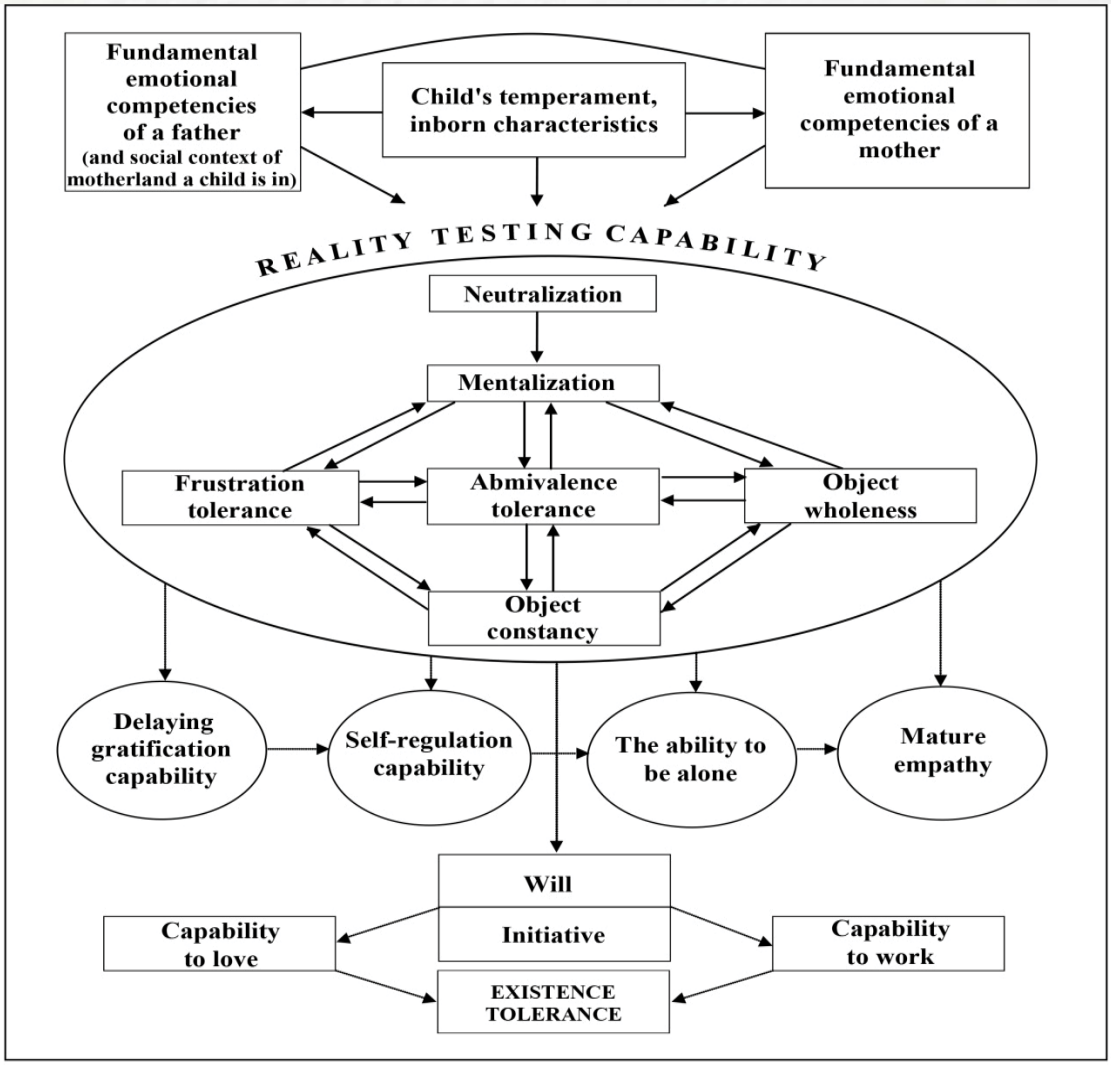

Figure 1. Diagram of Basic Emotional Competencies and the More Complex Capacities Emerging from Their Interaction.

The development of the ego also influences the development of a more mature superego, which becomes more consistent and wiser, shifting from a fear-based conscience to a humanistic conscience grounded in love and in the need to maintain good relationships and values. The client becomes a better human being, which represents the ultimate goal of OLI IPP psychotherapy, as we hold that the foundations of mental health are **kindness and strength**, and an ethical, reciprocal relationship with others based on respect and autonomy (Jovanović & Stevanović, 2024).

4. Theory of Change in OLI IPP

As a form of psychoanalytic psychotherapy, OLI IPP adopts the psychoanalytic theory of change while also introducing new elements, particularly drawing on the theory of change developed within ego psychology. Change in psychoanalytic therapy unfolds through the dynamic interaction of three fundamental principles:

1. understanding the developmental genesis of symptoms;
2. activation and analysis of transference – using regressive states for the purposes of reconstruction and insight; and
3. overcoming resistance to change through the analysis of resistance.

The theory of change introduced by ego psychologists into the psychoanalytic theoretical–methodological framework, in addition to the above, emphasizes further mechanisms of change – specifically a **metapsychological shift from drive to function**.

Ego psychology represents the most profound turning point in the development of psychoanalytic thought after Sigmund Freud and Melanie Klein. Whereas classical Freudian metapsychology took drives as the primary force motivating psychic life, and Klein shifted the focus to the inner world of objects and fantasies, ego psychology places at the center of attention the **functional capacities of the mind** – what Heinz Hartmann termed the *"organization of the ego as an active system of adaptation"* (Hartmann, 1939/1964). This shift does not entail a rejection of drives or objects, but rather their reinterpretation in light of the ego's functional autonomy.

In *The Ego and the Mechanisms of Defence*, Anna Freud (Freud, A., 1936) describes the ego not as a passive victim of instinctual pressure, but as a system of self-regulation that employs various mechanisms in order to preserve the integrity and continuity of the self. In this sense, defense is no longer treated as pathology, but as a functional attempt of the ego to maintain coherence in the face of affective overload. Change, therefore, does not occur through the destruction of defenses, but through their transformation into more conscious, flexible, and adaptive forms.

Heinz Hartmann, Ernst Kris, and Rudolf Loewenstein (Hartmann, Kris, & Loewenstein, 1951) go a step further by defining the concept of **ego autonomy** – the capacity of the mind to function independently of instinctual conflict. They distinguish between **primary autonomy** (innate functions such as perception, thinking, and learning) and **secondary autonomy**, which emerges when a former defense is transformed into a positive ego capacity that no longer distorts reality for defensive purposes. Change is thus no longer measured by the degree of release of instinctual energy, but by the level of functional autonomy – by how much a person is able to think, feel, and act without inner compulsion.

David Rapaport (Rapaport, 1959) further refines this transformation theoretically by introducing a model of ego functions (perception, memory, thinking, reality testing, impulse control, and the synthetic function). He demonstrates that each of these functions is subject to development and that the therapeutic process must simultaneously address both conflict and functional deficit. In this way, ego psychology introduces a new, more complex logic of change: **the patient does not merely change the contents of consciousness, but the way in which the ego processes reality, emotions, and ideas**. Ego psychology did not abandon Freud's vision of liberating the unconscious – it expanded it. Liberation is now measured not only by making conscious the truth about the past and its influence on the client's present, but also by the capacity to tolerate and process that truth without distorting reality.

If the metapsychological shift introduced by ego psychology marked a transition from **drive to function**, then the theory of change within this paradigm represents a shift of focus **from content to process**. Change is no longer understood merely as the uncovering of hidden material from the unconscious, but as a reorganization of the way the ego functions – its capacities for perception, regulation, synthesis, and adaptation. This conception introduces the notion of **functional transformation of the ego**: rather than changing *what* a person thinks and feels, change occurs in *how* the

person thinks and feels. OLI IPP defines more precisely these "ego strengths" described by ego psychology as **basic emotional competencies**; it identifies them across other psychoanalytic psychologies, delineates their developmental lines, and specifies techniques that may be useful in removing developmental arrests in these competencies – in a highly systematic manner.

As already noted, the OLI IPP therapist works on two levels: the **content level** and the **process level**.

At the **content level**, as in classical psychoanalysis, the therapist follows the client's narrative – relationships with others, problems, the history of symptom formation, childhood and adolescence, transferences onto later relationships, character patterns, and overall psychodynamics – helping the client reconstruct and integrate experience, to "connect the dots" of their life story into a mature narrative of the self.

At the **process level**, the therapist observes how the client processes emotions related to the content being presented, identifying typical patterns of thinking, behavior, and emotional processing. These patterns are brought into awareness together with the client, along with their consequences for the client's functioning. The therapist then identifies the client's **zone of proximal development** for emotional competencies and creates a plan for the development of these competencies and for **function transfer** – through declarative and procedural learning, the therapist transfers to the client their developed functions, that is, capacities for mature emotional processing and regulation.

5. Working with Resistance in OLI IPP

As stated earlier, resistance can be understood as anything that opposes the psychotherapeutic process and change. However, it is essential – within the working alliance with the client – to clearly define what constitutes the desired change, the pathways toward achieving it, and the client's tasks within the psychotherapeutic process. In classical psychoanalysis, resistance is identified through behaviors such as avoidance of free association, lateness, or avoidance of recalling dreams – because these are the client's core working tasks. In OLI IPP, in addition to these tasks, new ones are introduced – specifically those related to replacing defense mechanisms with emotional competencies that do not distort reality. Alongside helping the client recognize their defense mechanisms, the OLI IPP therapist also helps the client understand **what can replace them**, how to develop and practice these new ego strengths. Accordingly, resistance may also take the form of avoiding more mature ways of dealing with reality or regressing to earlier defensive maneuvers.

Within this model, work with resistance in OLI IPP can be briefly outlined through the following activities:

- **Identifying counter-skills**, that is, "bugs" in emotional information processing – ways in which the client creates their own problems by attempting to master a developmental task in an inadequate manner.
- **Confronting the client** with defenses, counter-skills, and unsuccessful forms of adaptation, while clearly linking the symptoms and difficulties that brought the client to therapy with these defensive strategies. This includes defining their harmful effects, despite any non-developmental emotional benefits the client may derive from them (e.g., avoidance of pain, discomfort, responsibility).
- **Recognizing secondary gain and relinquishing it.** Through a process referred to in OLI IPP as *"emotional accounting,"* the client gains insight into the internal struggle between forces that seek to avoid discomfort, pain, responsibility, and development – pursuing privileges that can be extracted from "illness" (attention, inducing guilt in others, binding someone to

oneself; the path of least resistance) – and forces that strive toward development, maturation, and taking responsibility (which also carry a "cost," requiring greater effort, exertion, and realism). The aim of emotional accounting is to help the client decide which of these two ways of dealing with life they will choose. If the client opts for development, the therapist can then teach new developmental skills – emotional competencies – without significant conscious resistance to learning and internalizing them. Mastery of emotional competencies thus becomes part of the working alliance and the therapeutic agreement.

- **Psychoeducation about the emotional competency** that represents a healthy adaptive mechanism, including demonstrating "how it is done" through procedural learning. This involves **function transfer** from therapist to client via the ways in which the therapist processes emotional content, handles the client's emotions, and works with the client's verbalizations.
- **Working through resistance** that may unconsciously emerge during the process of acquiring competencies, including regressions to earlier defensive schemas in stressful situations.

Example of Working with Resistance

Content level: *The client talks about her anxiety related to being promoted to a higher position at work. She is considering whether to accept a managerial role and worries about how she will perform and whether she might make a serious mistake in decision-making. She is a good employee – hardworking, diligent, loyal, and thorough – but primarily when carrying out tasks assigned to her. When she finds herself in a position where she has to make decisions independently, she needs a "blessing," someone else's confirmation that the decision is correct. Only then can she implement it. She believes she does not lack knowledge or professional competence for the position, but she lacks courage and self-confidence when she has to act on her own, without someone else's approval. Even when she believes she has the necessary knowledge, she feels insecure about making decisions. And now, although she feels she has earned the higher position through her effort and expertise, she experiences intense tension regarding this decision.*

Therapist: *I have the impression that you are also expecting a blessing from me – a confirmation that this is a good decision and that you will manage well at work.*

Client: *Oh yes. I've been waiting all this time to hear confirmation from you, even though I know you don't give advice… Maybe not directly, but somehow to extract something from your words that would tell me you agree, that I won't make a mistake… yes, some kind of blessing.*

Therapist: *(based on previously discussed material about her relationship with her mother) That feels familiar in your behavior…*

Client: *You mean my relationship with my mother? Yes, it's very similar. She always knew what was best… and she used to tell me, "Just listen to me and you'll be fine." And I did listen – to her, and so did everyone else in the family. I'm the same at work. And for the most part, things have been fine… but you can't really advance that way. Somehow I always remain the obedient child. I also have two colleagues with whom I have a similar relationship – even though they're not in higher positions than me, it feels as if they are. Yes, I seek their blessing too, as if they're more capable, wiser, more resourceful… and then I follow their decisions and do the same things they do. For example, when they took out housing loans, I dared to do the same, trusting that they wouldn't make a serious mistake.*

Therapist: *(recognizing a counter-skill and attempting to establish a working alliance around change) It's clear that you seek blessings and rely on others' evaluations and their assumption of*

responsibility. That makes you feel safer – you avoid the risk of making a mistake. But it also seems to bother you and prevent you from advancing in your career. Would you like to work on changing this pattern?

Client: *Yes, I really want to – but I don't know how. I understand that I feel safer relying on others, that it's easier that way… but it seems to me that the damage outweighs the benefit. (laughs) That psychological math of yours – emotional accounting… In business, that makes sense to me; there's no gain without risk – that's my field. But emotionally, I'm only now seeing that I'm doing bad business by playing it completely safe. So… how is this done? How does one become confident in oneself and one's decisions? How does one become braver?*

Therapist: *(transition to the process level: emotional competencies and function transfer) Hmm. You believe that your mother had all the qualities you want – resourcefulness, the courage to make decisions – just like your colleagues. But she never transferred to you how she does it – her skills of thinking, deciding, and evaluating. It's as if you mystified these abilities, as if they were inaccessible to you. What if we try to decipher them together? What is it that your colleagues – and your mother – actually do in their minds?*

Client: *Well, I don't know about my mother. She just presented ready-made solutions and demanded that we follow them. She never thought out loud. Unlike you…That just occurred to me – you're completely transparent. I can clearly see how you analyze things, how you arrive at hypotheses and check them with me. The path to your conclusions is visible and clear. It's also clearer with my colleagues. When they have to decide something, they talk about it – the dilemmas, pros and cons, risks, advantages, and possible solutions if obstacles arise. But I mystified that too, instead of analyzing how they do it and learning from it. Now, for the first time, as I try to answer your question, I hear myself becoming aware of what they do – and what you do. Hmm. That doesn't actually seem like something that can't be learned. It just has to be recognized and practiced.*

Therapist: *You've noticed that very well. Instead of constantly relying on someone, you can "steal their tricks" – their skills. Let's try to define them even more precisely. What exactly do your colleagues and I do when we're faced with uncertainty, a dilemma, or a decision?*

Client: *I've been secretly observing you. (laughs) You lean back in your chair – just like I do. You really settle back, often light one of your cigarettes – which isn't essential for me, I mean the smoking part – take a deep breath, and look up to the right. You don't answer immediately, you don't rush – you think. I've read some of your texts on emotional competencies. I'm not an expert, but it occurs to me that this might be what you call neutralization – calming down, slowing things down.*

Therapist: *(laughs) You observed me well. And you guessed correctly – that is neutralization. Even theoretical knowledge about a competency can help us learn it better. And what else did you notice?*

Client: *Yes, what's very important to me is your "thinking out loud." That makes your mind and your way of thinking clearer to me. At first, I was fascinated by how you notice ambiguities – what isn't clear enough in my story – this search for crystal clarity, for clarification of things others would let slide. With you, it seems that everything has to make sense, that there's always a reason for everything – you just have to find it, and it's hidden in the ambiguities. And while I'm clarifying things for you, I become clearer to myself too – my states, emotions, fears… why I feel the way I feel… and even why other people do what they do. I'm going to guess again – is that your mentalization? Are you training my mentalization? (laughs)*

Therapist: *Well, if you don't mind, I am. And you've been learning it mostly unconsciously – and now, it seems, consciously as well. That's what we agreed to work on.*

Client: *Yes, yes – and I like it. It really gives a different dimension to our work… this recognition and learning of skills. I'm also thinking about my colleagues. How thoroughly they think things through, how they don't rush or get overly excited about possibilities, but also don't panic about risks. They carefully put everything on the scale, patiently weigh pros and cons, write things down, gather information, consult others – but not to seek blessings, like I do, rather to gather information and experience. And when they have the full picture, they decide. That's probably why they feel more confident in their decisions. (recognizing object constancy and tolerance of ambivalence) I see you nodding now. (laughs) Not as a blessing – although the old me would have interpreted it that way – but as feedback. Now that the task is clearer to me, now that I see what I need to learn and that I can learn it, I somehow feel more motivation for our shared task.*

6.Conclusion

Working with resistance represents one of the most demanding and most significant aspects of the psychodynamic psychotherapeutic process. O.L.I. Integrative Psychodynamic Psychotherapy starts from the classical psychoanalytic understanding of resistance as unconscious opposition to change, but expands and deepens it through a developmental and functional perspective that views resistance also as an indicator of insufficiently developed ego capacities for processing emotional experience.

The core contribution of OLI IPP lies in the clear differentiation between defense mechanisms, counter-skills, and mature emotional competencies. This shifts the therapeutic focus from the interpretation of resistance itself toward the systematic development of capacities that enable the client to perceive self and others more realistically, regulate affects, tolerate frustration and ambivalence, make decisions, and take initiative. In this sense, resistance is no longer viewed solely as an obstacle to therapy, but also as a signal of where development has been arrested and where new ways of functioning need to be learned.

By introducing the concepts of secondary gain and counter-skills, OLI IPP further clarifies why clients remain attached to immature patterns even when these patterns cause long-term harm. The process referred to in this approach as *"emotional accounting"* enables clients to consciously examine the internal conflict between short-term gains and long-term developmental goals, thereby shifting resistance from unconscious opposition into the domain of conscious choice.

A further specificity of working with resistance in OLI IPP lies in the dual level of the therapeutic process: work at the level of content and work at the level of process. While the content level retains classical psychodynamic elements – analysis of relationships, developmental history, transference patterns, and character dynamics – the process level involves the therapist actively tracking how the client processes emotional experiences. In this way, therapeutic work expands from the question *"what happened"* to the question *"how is this processed within me,"* marking a key shift in the understanding of change.

The role of the therapist within this process also acquires a distinct dimension. In OLI IPP, the therapist is not only an analyst who interprets resistance, but also an active participant in the development of ego functions – a temporary *"auxiliary ego"* who, through transparency, verbalization of internal processes, and shared reflection, enables the transfer of functions to the client. This transfer takes place through a combination of declarative and procedural learning, such that resistance is not "broken," but gradually overcome through the development of new capacities.

In this way, the theory of change in OLI IPP remains grounded in the psychoanalytic understanding of conflict, transference, and resistance, while being further enriched by concepts from ego

psychology and contemporary developmental models. Change is measured not only by the degree of insight achieved, but also by the extent to which the client is able to tolerate emotions, make decisions, assume responsibility, and function more autonomously in relationships and work.

In conclusion, working with resistance in OLI Integrative Psychodynamic Psychotherapy can be understood as a process in which resistance is recognized, understood, and used as a guide toward development. Rather than being solely an obstacle, resistance becomes a site of intervention, learning, and transformation – a point at which unconscious conflicts, developmental arrests, and the potential for a more mature and freer way of living converge.

References

Akhtar, S. (1992). Tethers, orbits, and invisible fences: Clinical, developmental, sociocultural, and technical aspects of optimal distance. In S. Kramer & S. Akhtar (Eds.), *When the body speaks: Psychological meanings in kinetic clues* (pp. xx–xx). Northvale, NJ: Jason Aronson.

Burngam, D. L., Gladstone, A. E., & Gibson, R. W. (1969). *Schizophrenia and the need–fear dilemma*. New York, NY: International Universities Press.

Cmiljanović, O., & Škorić, J. (2024). *Psihoterapijske tehnike za razvoj bazičnih emocionalnih kompetencija* [Psychotherapeutic techniques for the development of basic emotional competencies]. Novi Sad: Centar za nestalu i zlostavljanu decu. *(In Serbian)*

Erikson, E. H. (1959). *Identity and the life cycle*. Psychological Issues, 1, 1–171.

Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York, NY: Other Press.

Fonagy, P. (2003). The development of psychopathology from infancy to adulthood: The mysterious unfolding of disturbance in time. *Infant Mental Health Journal, 24*(3), 212–239.

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. New York, NY: Other Press.

Fonagy, P., & Target, M. (2005). Mentalization and the changing aims of child psychoanalysis. In L. Aron & A. Harris (Eds.), *Relational psychoanalysis: Innovation and expansion* (Vol. 2, pp. 253–278). Hillsdale, NJ: Analytic Press. (Original work published 1998)

Freud, A. (1936). *The ego and the mechanisms of defence*. London, UK / New York, NY: International Universities Press.

Freud, S. (1908). On sexual theories of children. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 9, pp. xx–xx). London, UK: Hogarth Press.

Freud, S. (1912). Recommendations to physicians practising psycho-analysis. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. xx–xx). London, UK: Hogarth Press.

Freud, S. (1914). The history of the psycho-analytic movement. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. xx–xx). London, UK: Hogarth Press.

Freud, S. (1917/1959). *Introductory lectures on psychoanalysis* (Vol. 16, pp. 378–391). London, UK: Hogarth Press.

Hartman, D., & Zimberoff, D. (2003). The existential approach in heart-centered therapies. *Journal of Heart-Centered Therapies, 6*(1), 3–46.

Hartmann, H. (1939). Psycho-analysis and the concept of mental health. *International Journal of Psycho-Analysis, 20*, 308–321.

Hartmann, H. (1939/1964). *Ego psychology and the problem of adaptation*. New York, NY: International Universities Press.

Hartmann, H. (1950/1964). Comments on the psycho-analytic theory of the ego. In *Essays on ego psychology*. London, UK: Hogarth Press; New York, NY: International Universities Press.

Hartmann, H. (1952/1964). The mutual influences in the development of ego and id. In *Essays on ego psychology* (pp. 155–182). New York, NY: International Universities Press.

Hartmann, H., Kris, E., & Loewenstein, R. M. (1951). Comments on the formation of psychic structure. *The Psychoanalytic Study of the Child, 6*, 11–38.

Ikonen, P. (1998). On phallic defense. *Scandinavian Psychoanalytic Review, 21*, 136–150.

Jovanović, N. (2013). *Sposobnost za ljubav i rad: OLI integrativna psihodinamska psihoterapija* [Capacity for love and work: OLI integrative psychodynamic psychotherapy]. Beograd: Beoknjiga. *(In Serbian)*

Jovanović, N. (2024). Vertical unconsciousness and new defense mechanisms. *Insights – Journal of the European Association for Integrative Psychodynamic Psychotherapy, 1*, 50–75.

Jovanović, N. (2025). *Development of basic emotional competencies in OLI integrative psychodynamic psychotherapy*. Amazon Kindle Direct Publishing.

Jovanović, N., & Rudec, M. (2024). What is the approach to anxiety disorder in O.L.I. integrative psychodynamic psychotherapy: Eight types of panic attacks. *Insights – Journal of the European Association for Integrative Psychodynamic Psychotherapy, 1*, 1–28.

Jovanović, N., & Stevanović, A. (2024). Transformations of the superego in contemporary individuals. *Insights – Journal of the European Association for Integrative Psychodynamic Psychotherapy, 1*, 74–101.

Klein, M. (1940). Mourning and its relation to manic-depressive states. In *Love, guilt and reparation* (pp. xx–xx). London, UK: Hogarth Press.

Klein, M. (1948). *Contributions to psychoanalysis (1921–1945)*. London, UK: Hogarth Press.

Kohut, H. (1971). *The analysis of the self*. New York, NY: International Universities Press.

Kris, E. (1951). The development of ego psychology. *Samiksa, 5*, xx–xx.

Mahler, M. S., & Furer, M. (1963). Certain aspects of the separation–individuation phase. *Psychoanalytic Quarterly, 32*, 1–14.

May, R. (1966). The problem of will and intentionality in psychoanalysis. *Contemporary Psychoanalysis, 3*, 55–70.

Rank, O. (1972). Will therapy, 1929–1931. In *Will therapy and truth and reality*. New York, NY: Knopf.

Rapaport, D. (1959). The structure of psychoanalytic theory. In *Collected papers* (Vols. 1–2). New York, NY: Basic Books.

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The role of emotional competencies in the perception of meaning in life and subjective well-being among youth

Abstract

The aim of this study was to determine the relationships between emotional competencies and two constructs representing the division of psychological well-being into eudaimonic and hedonic well-being: subjective well-being and the perception of meaning in life. The primary research question focused on whether – and which – emotional competencies can successfully predict the levels of these two constructs within a sample of young adults (aged 18 to 30), covering the developmental stage of *Intimacy vs. Isolation* within Erikson's theory of psychosocial development. The following instruments were administered to a sample of 283 participants (59.7% male): the Meaning in Life Questionnaire, the Short Subjective Well-being Scale (SSWB), and the Emotional Skills and Competence Questionnaire (ESCQ-45).The results indicated high and statistically significant positive correlations across all examined variables. The hypothesis was confirmed by the finding that emotional competencies are statistically significant predictors of both constructs, with a higher percentage of explained variance observed for subjective well-being (approximately 36%). Observed differences in the significance of individual predictors suggest that for the experience of meaning in life, the competency of perceiving and understanding others' emotions is more significant, while expressing and labeling one's own emotions is less so. For subjective well-being, the reverse pattern was found. For both constructs, the strongest predictor identified was the competency of emotional regulation and management – specifically, the ability to maintain a positive mood and utilize one's own and others' emotions to achieve significant life goals. Furthermore, the results showed that individuals who are in a relationship or married exhibit higher levels of competence in labeling and expressing emotions, as well as in emotion regulation and management, and a higher level of subjective well-being compared to those who are not in a partnership. We conclude that it would be beneficial to design and implement interventions aimed at developing emotional competencies in youth to enhance and preserve their mental health.

Keywords: emotional competencies, subjective well-being, meaning in life, psychological well-being.

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1. INTRODUCTION

In the mid-20th century, psychological research saw a gradual shift from studying so-called negative psychological states, or psychopathology, toward researching factors that contribute to the preservation of mental health and an individual's optimal psychological functioning – often cited as the essence of the concept of psychological well-being (Ryan & Deci, 2001). Concurrently, critiques emerged regarding the operationalization of this construct, as authors in earlier studies predominantly relied on measuring subjective well-being or happiness (Ryff & Keyes, 1995). Within the study of psychological well-being, two dominant approaches have emerged: the eudaimonic and the hedonic (Ryan & Deci, 2001). In this study, aiming for a more comprehensive understanding of psychological well-being, we consider both representatives of this classification: subjective well-being as an indicator of the hedonic approach, and the experience of meaning in life as an indicator of the eudaimonic approach.

The perception of meaning in life can be defined as a sense of order, coherence, and purpose – specifically, as the belief that an individual sets and pursues goals deemed worthy of their effort and feels fulfillment upon achieving them. This construct has proven to be significantly associated with other theoretical aspects of psychological well-being, particularly with positive affective states (Zika & Chamberlain, 1992). It can be argued that Viktor Frankl largely established and popularized this still relatively modern construct. Frankl (1954; 1984, as cited in Molasso, 2006) maintained that every human being possesses an innate need for meaning, which he termed the "will to meaning." Alongside Frankl, from the perspective of evolutionary psychology, Klinger (1998) stands out; asserting that possessing a goal to strive for is a fundamental biological imperative for all animals, while human symbolic and cognitive capacities elevate these biological drives to the level of experiencing a higher meaning or purpose. Through a literature review, Wong (1989, as cited in Yalcin & Malkoc, 2014) identified three components of meaning in life: the cognitive component, referring to an individual's interpretations and thoughts regarding everyday events and experiences; the motivational component, involving the pursuit and attainment of significant goals; and the affective component, relating to how an individual feels regarding the question of whether their life has meaning. This construct consistently proves to be vital for mental health – among other reasons, through its association to a reduced risk of suicidal behavior (Harlow et al., 1986; Costanza et al., 2019) and a lower likelihood of relapse in addictive behaviors (Martin et al., 2011).

On the other side of this dichotomy is subjective well-being, which Diener (1984) defines as the presence of high levels of positive affect, low levels of negative affect, and a cognitive evaluation that one is satisfied with their life conditions. Diener et al. (1999) argue that subjective well-being is a distinct research category rather than a singular construct. Building upon Wilson's (1967) earlier literature review, the authors identify new factors as key determinants of subjective well-being: a positive temperament, a tendency to direct attention toward positive aspects of experience, and the absence of a predisposition toward excessive rumination. According to their view (1999), a happy person lives in an economically developed society, possesses a stable and supportive social circle, and has adequate resources to progress toward significant life goals. Subjective well-being shows high positive correlations with mental and physical health, as well as longevity (Gana et al., 2016; Steptoe et al., 2015; Qian, 2019).

Since both constructs are theoretical representatives of the broader concept of psychological well-being (Ryan & Deci, 2001), a significant positive correlation between them can be hypothesized. This assumption has been empirically confirmed multiple times, both in studies of student populations (Dogan et al., 2012; Santos et al., 2012) samples of oncology patients (Teques et al., 2016), as well as in meta-analyses of the general population (Yuchang et al., 2016). Furthermore, a

substantial body of research seeks to identify potential mediating variables within this established positive relationship. Among these, the constructs of hope (Ranđelović & Minić, 2012; Wnuk et al., 2012; Yalcin & Malkoc, 2014) and religiosity (Tiliouine & Belgoumidi, 2009) have stood out. Together, both main constructs significantly predict happiness (Delle Fave et al., 2011), representing one of their key shared characteristics. However, they differ in the type of happiness they are associated with: subjective well-being is linked to hedonic happiness, which involves need satisfaction, relaxation, and a relative absence of problems, while eudaimonic happiness is associated with effort, personal growth, and overcoming challenges (Waterman, 2013). Consequently, despite their correlation, they remain two theoretically distinct constructs.

The primary theoretical framework for understanding the psychological well-being of young adults in this study is Erikson's theory of psychosocial development, according to which the period from ages 18 to 30 encompasses the developmental stage of Intimacy vs. Isolation. An individual who has successfully navigated the previous developmental phase possesses a sense of a stable and established identity, after which the need to establish close relationships with others emerges. In this process, romantic and close relationships become a space for identity integration, where both individual identities maintain their autonomy. If identity is not adequately formed, there is a risk that the individual will define themselves exclusively through interpersonal relationships or lack a stable internal anchor in the event of a breakup (Erikson, 1950, as cited in Syed & McLean, 2018). Based on this, it can be hypothesized that interpersonal relationships are of particular importance for the experience of meaning in life and the subjective well-being of young adults, as confirmed by findings in the literature (e.g., Lansford, 2018). Additionally, achieving goals perceived as personally important (Lansford, 2018) and possessing an internal locus of control during their pursuit (Sing & Choudri, 2014) have proven significant for youth.

This leads to the practical question of which competencies young adults could develop to successfully navigate this developmental stage. A potential answer lies in emotional competencies, which originate from the concept of emotional intelligence. One of the most widely accepted models is the revised model by Mayer and Salovey (1997/1999, as cited in Hajncl & Vučenović, 2013), which defines it as the ability to perceive, appraise, and express emotions, use emotions to facilitate thinking, and understand and regulate emotions. Takšić, Mohorić, and Munjas (2006) opt for the term emotional competencies, based on the stance that intelligence as a construct should be measured through performance tests rather than self-report instruments. The authors emphasize that the advantage of emotional competencies over other forms of intelligence lies in their contribution to solving everyday life problems and the possibility of their development throughout the entire lifespan.

Research indicates that the formation of emotional competencies is highly significant across all life stages, yielding important consequences and numerous benefits for individual functioning. For instance, in early school age, the inability to adequately recognize the causes of one's own emotions can be a significant predictor of aggressive behavior (Bohnert et al., 2003). Emotional competencies remain significant in adulthood and are increasingly considered characteristics of successful leaders (Cavallo & Brienza, 2001). Furthermore, emotional intelligence has been shown to be highly correlated with the quality of interpersonal relationships (Rivers et al., 2007). Research further suggests that this form of competence can be developed throughout life, rather than exclusively in childhood (Kotsou et al., 2011). Some findings even suggest that emotional competencies grow spontaneously with age: older employees in organizations have been found to possess higher levels of these competencies than their younger colleagues, allowing them to resolve workplace conflicts more successfully (Beitler et al., 2018).

Regarding potential explanations for the relationships between emotional competencies and the two constructs of well-being in this study, Bar-On's (2010) thesis, based on extensive empirical data, is particularly noteworthy. According to this view, emotional intelligence contributes to the achievement of significant life goals through the use of positive affect, which motivates the individual and signals their success. Furthermore, accepting one's own emotions allows for the development of a healthier relationship with oneself, while emotions – through the processes of regulation and reflection – facilitate perspective-taking and adequate reality testing. All of the above indirectly contributes to subjective well-being and success in the pursuit of meaning in life. Another possible explanation stems from the finding that majority of people derive their sense of meaning from interpersonal relationships (Setterstен, 2002), and that they are a significant source of happiness (Delle Fave et al., 2011). High-quality interpersonal relationships are of particular importance for the subjective well-being of young adults (Lansford, 2018) and represent a vital source of meaning in life (Čurlin, 2018; Pavlović & Kolić, 2013). Emotional intelligence, or emotional competencies, consistently proves to be a statistically significant predictor of the quality of interpersonal relationships (Rivers et al., 2007). Additionally, emotional competencies have been found to moderate the relationship between social networks and the experience of meaning in life (Donhoe & Greene, 2009; Zysberg, 2011).

The primary **research problem** of this study involves determining whether, and which, emotional competencies contribute to higher levels of psychological well-being among youth.

The **aim of the research** is to examine the interrelationships between emotional competencies (the ability to perceive and understand emotions, the ability to express and label emotions, and the ability to manage emotions), the experience of meaning in life, and subjective well-being.

In accordance with the above, the following **hypotheses** were formulated:

1. There is a statistically significant correlation between the experience of meaning in life and subjective well-being.

2. There is a statistically significant correlation between emotional competencies (the ability to perceive and understand emotions, the ability to express and label emotions, and the ability to manage emotions) and both subjective well-being and the experience of meaning in life.

2. METHOD

2.1 Participants

The research utilized a **convenience sample** consisting of 283 participants. Out of the total, 169 participants (59.7%) were male and 114 (40.3%) were female. The age of participants ranged from 18 to 30 years, with a mean age of **24.24 years (*SD* = 3.41)**. Regarding relationship status, 161 participants (56.9%) identified as single 104 (36.7%) were in a relationship, 17 (6%) were married, while one person identified as divorced or in the process of divorce. A total of 12 participants (4.2%) had children. In terms of residence, 245 participants (86.6%) lived in urban areas, while 38 (13.4%) lived in rural areas.

2.2 Measures

1. The Meaning in Life Scale (MIL) – This questionnaire is an adaptation of the **Purpose in Life (PIL) test** (Crumbaugh & Maholick, 1964), conducted by Vulić-Prtorić and Bubalo (2003). It measures the experience of life's meaning, capturing both cognitive and affective components simultaneously. It consists of 23 items rated on a 5-point **Likert-type scale** (1 – does not apply at all; 5

– applies completely). The total score is the sum of all responses, with 10 items being reverse-coded. Reliability in the current sample was very good on our sample. (α=.88)*

2. The Short Subjective Well-being Scale (SSWS) – (Jovanović & Novović, 2008). This 8-item scale assesses the affective and cognitive motivational components (termed "positive attitude toward life") of subjective well-being. All items are positively coded, with the affective component focusing on positive affect. In this study, the scale was used as an overall measure of subjective well-being. Reliability in the current sample was excellent (α=.92)*

3. Emotional Skills and Competence Questionnaire (ESCQ-45, Takšić, 2002) – This 45-item instrument was developed on a sample of Croatian high school students, based on the Mayer-Salovey emotional intelligence model (1997, as cited in Takšić, Bradić, & Zauhar, 2013). It includes three subscales: **Perception and Understanding of Emotions ({U)** (15 items); **Expression and Labeling of Emotions (EL)** (14 items); and **Emotion Regulation and Management (RM)** (16 items). All items are positively coded, and their sum provides an overall emotional competence score. Responses are recorded on a 5-point Likert-type scale. The subscales demonstrated high reliability, except for the third (RM), which showed solid reliability (α=.72)*

*Cronbach's alpha reliability coefficients for all scales and subscales are presented in Table 1 within the Results section.

2.3 Data Collection Procedure

Data were collected in late July and early August 2021 via the **Google Forms** platform. The study was anonymous, as emphasized in the introductory section, and participants were asked to respond as honestly as possible. Completing the questionnaire took approximately 15 to 20 minutes. Participation was voluntary, and it was highlighted that participants could withdraw at any time. After providing **informed consent**, participants proceeded to the questionnaires, each of which included instructions regarding the response scales. The sole prerequisite, of which participants were immediately informed, was being between 18 and 30 years of age.

2.4 Data Analysis

Collected data were processed using the statistical software **IBM SPSS for Windows v.26**. First, descriptive statistics and reliability coefficients for all scales were calculated. Subsequently, differences based on gender, marital status, residence, income, education level, age, parental status, and living arrangements were tested. For variables assuming a normal distribution, **one-way ANOVA** was conducted. Due to significant group size inequalities in other cases, the non-parametric **Mann-Whitney U test** for independent samples was utilized, followed by **post-hoc tests** to identify significant differences between groups. To determine the relationship between meaning in life and subjective well-being, **Pearson's correlation coefficient** was calculated. To test the predictive power of emotional competencies for meaning in life and subjective well-being, **hierarchical regression analysis** was performed, and the partial contributions of each variable were calculated.

3. RESULTS

3.1 Descriptive Statistics and Reliability

Descriptive statistics, based on the mean total scores, indicate that this sample of young adults exhibits a pronounced positive level of emotional competencies and subjective well-being (exceeding half of the total possible score), while the scores for meaning in life are concentrated around the

midpoint. Cronbach's alpha reliability coefficients across all scales range from good to excellent; the Emotion Regulation and Management scale showed slightly lower, yet still satisfactory reliability. (Table 1)

Table 1

Descriptive Statistics and Reliability of Emotional Competencies, Subjective Well-being, and Meaning in Life Scales

	Min	Max	Total M	*Item M*	*SD*	α
Emotional Competencies						
Perception and Understanding of Emotions	2.84	4.25	55.4	3.69	.63	.91
Labeling and Expression of Emotions	2.91	4.03	49.3	3.53	.85	.84
Emotion Regulation and Management	2.77	4.25	58.2	3.63	1.14	.72
Subjective Well-being	3.15	4.09	29.3	3.66	.61	.92
Meaning in Life	2.71	4.70	65.1	3.75	.81	.88

Regarding demographic variables, relationship status emerged as a statistically significant effect. Participants who were married or in a relationship exhibited significantly higher competencies in labeling and expression, emotion regulation and management, and higher levels of subjective well-being compared to single participants (Table 2). A post-hoc (Tukey HSD) test for the one-way ANOVA revealed no significant differences between married and dating participants; therefore, the category was collapsed into two groups: single and in a relationship. Financial status (income), parental status, employment, age, type of residence, and education level were not found to be statistically significant.

Table 2

One-way ANOVA Results and Descriptive Indicators for Differences in Relationship Status

	df	*SS*	*MS*	*F*	*p*
Relationship Status					
Subjective Wellbeing	1	969.7	969.7	11.8	.001**
Labeling and Expression of Emotions	1	395.3	395.3	14.9	.000*
Emotion Regulation and Management	1	539.9	539.9	10.7	.001**
	Min	Max	*M*	*SD*	*N*
Single					
Subjective Wellbeing	24	75	53.5	9.8	169
Labeling and Expression of Emotions	27	68	47.7	8.7	169
Emotion Regulation and Management	34	76	57.2	7.6	169
In a Relationship					
Subjective Wellbeing	22	75	58.2	9.8	114
Labeling and Expression of Emotions	22	70	51.6	9.5	113
Emotion Regulation and Management	33	76	59.6	7.3	114

**$p < .01$, *$p < .05$

3.2 Relationships Between Emotional Competencies, Subjective Well-being, and Meaning in Life

The correlation between subjective well-being and meaning in life was high and statistically significant ($r = .423$, $p < .01$). Furthermore, all three emotional competence subscales achieved high, positive, and statistically significant correlations with both subjective well-being and meaning in life. These correlations are presented in Table 3.

Table 3

Correlations Between Emotional Competencies, Subjective Well-being, and Meaning in Life

	Meaning in Life	Subjective Well-being
Emocional competencies		
Perception and Understanding of Emotions	.33**	.32**
Labeling and Expression of Emotions	.45**	.27**
Emotional Regulation and Management	.60**	.41**
Subjective Well-being	**.42****	

**$p < .01$, *$p < .05$

3.3 Prediction of Subjective Well-being and Meaning in Life Based on Emotional Competencies

Results of the first multiple regression analysis indicate that emotional competence dimensions contribute significantly to the prediction of subjective well-being, explaining approximately 36% of the variance. However, individual contributions show that the first subscale, Perception and Understanding of Emotions, has the smallest contribution.

In the hierarchical regression analysis, gender, relationship status, and living arrangements were added in the first step, explaining approximately 3.8% of the variance; relationship status was the only statistically significant predictor. When emotional competencies were added in the second step, the total explained variance increased to 40%. This suggests that beyond demographic variables, the competencies of Labeling and Expression and, particularly, Emotion Regulation and Management stand out as significant predictors.

In the second multiple regression analysis, emotional competencies significantly contributed to the explanation of meaning in life, accounting for approximately 19% of the variance. The significance of individual predictors differed in this model; Perception and Understanding of Emotions and Emotion Regulation and Management emerged as statistically significant partial contributors (Table 4).

Table 4

Hierarchical Regression Analysis: Predicting Subjective Well-being and Meaning in Life

Predictors	Subjective Wellbeing(β)	Meaning in Life(β)
Gender	.017	.065
Relationship Status	-.16*	
Living Arrangements	.048	
R^2	.04*	.01
Emotional Competencies		
Perception and Understanding of Emotions	-.007	.15*
Labeling and Expression of Emotions	.23***	.06
Emotion Regulation and Management	.50***	.31***
ΔR^2	.36***	.18***
Total R^2	.40***	.19***

***$p < .001$, **$p < .01$, *$p < .05$.

4.DISCUSSION

The primary research question of this study was whether, and which, emotional competencies contribute to a greater experience of subjective well-being and meaning in life. A novel contribution of this research regarding the psychological well-being of youth in the local context is the integration of emotional competencies with both eudaimonic and hedonic well-being, measured via the Meaning in Life Scale (Vulić-Prtorić & Bubalo, 2003) and the Short Subjective Well-being Scale (Jovanović & Novović, 2008).

Regarding our initial hypotheses, both were confirmed: subjective well-being and meaning in life exhibit a statistically significant high positive correlation, and emotional competencies significantly

predict both constructs of psychological well-being. Furthermore, all primary variables achieved statistically significant positive correlations with one another. However, the results revealed that while the competencies of **Labeling and Expression** and **Regulation and Management** emerged as significant predictors of subjective well-being, the competency of **Perception and Understanding** did not. Conversely, Perception and Understanding, alongside Regulation and Management, stood out as significant predictors of meaning in life, whereas Labeling and Expression did not.

In attempting to explain this divergence, we observe that the Perception and Understanding subscale focuses heavily on detecting the feelings of others (e.g., "When I meet an acquaintance, I immediately realize their mood"), while Labeling and Expression is more oriented toward recognizing and displaying one's own feelings. This outward focus on understanding others' emotions may be linked to constructs such as empathy and altruism, which have proven significant for a greater sense of meaning in life (Xi et al., 2018); thus, this competency may help individuals derive a sense of purpose through altruistic tendencies. Interestingly, research on compassion fatigue among medical professionals (Tei et al., 2014) concluded that individuals with an empathic disposition are more prone to burnout if they lack the ability to adequately label their own emotions.

A clearer example of the contribution of focusing on others' emotions over expressing one's own can be seen in parents caring for children with cancer; a study found that many parents cope by avoiding "feeling too much" and hiding their negative emotions (Miedema et al., 2010). This aligns with the distinction between eudaimonic and hedonic goals (Waterman, 2013), where eudaimonic goals involve a degree of effort or sacrifice. Within this context, achieving a higher purpose may sometimes require an individual to withhold their true feelings or avoid focusing on them enough to label them – which, in the extreme, can lead to fatigue. Consequently, we may hypothesize that a high level of attention to others' emotions does not necessarily contribute to hedonic goals, which involve instant gratification and problem avoidance (Wong, 2011, as cited in Li, Wong & Chao, 2019).

Nevertheless, all three emotional competencies showed significant positive correlations with both constructs (Table 3). Based on the developmental model of emotional intelligence (Mayer & Salovey, 1997/1999, as cited in Takšić, 2001), an individual with high emotional regulation likely possesses the other two competencies, as they are developmentally antecedent. The finding that **Emotion Regulation and Management** was the strongest predictor for both outcomes aligns with Bar-On's (2010) theory: by actively maintaining positive affect, an individual successfully achieves significant goals, leading to greater happiness and facilitating the search for meaning.

4.1 Interpersonal Context and Developmental Implications

Our assumption, based on Erikson's psychosocial theory (1950, as cited in Syed & McLean, 2018), that well-being and meaning in youth are primarily derived from interpersonal intimacy and goal achievement was partially confirmed. Individuals in a relationship reported higher subjective well-being, consistent with findings that married individuals exhibit higher well-being levels (Settersten & Ray, 2010, as cited in Lansford, 2018). We also found that these individuals differ from single participants regarding Labeling and Expression and Regulation and Management, but not in Perception and Understanding. This partially diverges from previous research (Fitness, 2001) which found all competencies significant in marital contexts, noting that emotional intelligence reaches its peak importance interpersonally because complex emotions (e.g., jealousy, guilt, love) gain meaning through relations with others. A possible explanation for the lack of significance for Perception and Understanding here might be that excessive focus on a partner's emotions can become a burden, thus not contributing to subjective well-being, even if vital for relationship quality. Furthermore, partnership status was not significantly associated with meaning in life.

This finding aligns with Pavlović and Kolić (2013), who found that partnership status relates to the *search* for meaning but not necessarily the *presence* of a stable sense of meaning, which was more closely linked to job stability.

Interestingly, income, employment, and education level were not statistically significant, despite potentially representing success in goal achievement. However, it is crucial that goals are intrinsically motivated and accompanied by an internal locus of control (Singh & Choudri, 2014); our demographic data does not reveal if, for example, a participant's employment was personally desired. While previous studies (e.g., Lever et al., 2005) found a link between income and well-being, our lack of such a finding may be influenced by our recruitment via social media, where a certain level of digital literacy and resource access is already implied.

4.2 Limitations

The primary limitation of this study is that the sample is not fully representative of all social strata of youth in Serbia, as it was restricted to those active on social media. As Diener et al. (1999) noted, a happy person possesses adequate resources for progress, and internet access is a vital modern resource. Additionally, the sample lacks a sufficient number of young parents under 30. Finally, various responses in the "Other" categories for employment and living arrangements had to be collapsed due to small sub-group sizes, potentially masking nuances such as seasonal employment.

5. Conclusion and Implications

Our findings provide a comprehensive overview of the factors contributing to psychological well-being in youth by integrating both hedonic and eudaimonic perspectives. Our results suggest that young adults (aged 18–30) with higher emotional competencies report significantly higher levels of subjective well-being and a greater sense of meaning in life. A notable distinction emerged: while perceiving others' emotions appears vital for cultivating life meaning – likely through empathy and altruism – authentic emotional expression may be less critical in this context, as individuals may occasionally suppress their own feelings in pursuit of a 'higher purpose'."

We also found that individuals in relationships differ from single individuals in their superior emotional regulation and management, as well as more adequate labeling and expression of emotions. These individuals also report higher subjective well-being, aligning with Erikson's psychosocial theory. Future research should include greater socio-economic diversity and examine participants' subjective assessments of their goal success and internal locus of control.

Finally, this study suggests that it is both meaningful and beneficial to design interventions aimed at developing emotional competencies in youth, particularly teaching them to utilize emotions for progress in interpersonal relationships. As emotional competencies can be developed throughout the lifespan and significantly predict well-being and meaning – two constructs vital for mental health – such interventions could improve the prevention of psychopathological issues while providing a foundation for facing the challenges of later life stages.

References

Bar-On, R. (2010). Emotional intelligence: An integral part of positive psychology. *South African Journal of Psychology*, *40*(1), 54-62.

Beitler, L. A., Scherer, S., & Zapf, D. (2018). Interpersonal conflict at work: Age and emotional competence differences in conflict management. *Organizational Psychology Review*, *8*(4), 195-227.

Bohnert, A. M., Crnic, K. A., & Lim, K. G. (2003). Emotional competence and aggressive behavior in school-age children. Journal of abnormal child psychology, 31(1), 79-91

Cavallo, K., & Brienza, D. (2002). Emotional competence and leadership excellence at Johnson & Johnson: The emotional intelligence and leadership study. *Consortium for Research on Emotional Intelligence in Organizations*, 1-12.

Costanza, A., Prelati, M., & Pompili, M. (2019). The meaning in life in suicidal patients: The presence and the search for constructs. A systematic review. *Medicina*, *55*(8), 465.

Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D., & Wissing, M. P. (2011). The eudaimonic and hedonic components of happiness: Qualitative and quantitative findings. *Social indicators research*, *100*(2), 185-207.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*(3), 542–575.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological bulletin*, *125*(2), 276.

Doğan, T., Sapmaz, F., Tel, F. D., Sapmaz, S., & Temizel, S. (2012). Meaning in life and subjective well-being among Turkish university students. *Procedia-Social and Behavioral Sciences*, *55*, 612-617.

Donohoe, J. J., & Greene, D. R. (2009). Social Relationships Mediate the Relation Between Emotional Intelligence and Meaning in Life. *Psi Chi Journal of Undergraduate Research*, *14*(2).

Fitness, J. (2001). Emotional intelligence and intimate relationships. *Emotional intelligence in everyday life*, 98-112.

Gana, K., Broc, G., Saada, Y., Amieva, H., & Quintard, B. (2016). Subjective wellbeing and longevity: Findings from a 22-year cohort study. *Journal of Psychosomatic Research*, *85*, 28-34.

Hajncl, L., & Vučenović, D. (2013). Pojava konstrukta emocionalne inteligencije. [Emergence of the emotional intelligence construct] *Suvremena psihologija*, *16*(1), 95-113.

Harlow, L. L., Newcomb, M. D., & Bentler, P. M. (1986). Depression, self-derogation, substance use, and suicide ideation: Lack of purpose in life as a mediational factor. *Journal of clinical psychology*, *42*(1), 5-21.

Jovanović, V., & Novović, Z. (2008), Kratka skala subjektivnog blagostanja – novi instrument za procenu pozitivnog mentalnog zdravlja [Short Subjective Well-being Scale – a new instrument for assessing positive mental health], *Primenjena Psihologija*, 1 (1-2), 77-94

Klinger, E. (1998). *The search for meaning in evolutionary perspective and its clinical implications*. Lawrence Erlbaum Associates Publishers.

Kotsou, I., Nelis, D., Grégoire, J., & Mikolajczak, M. (2011). Emotional plasticity: conditions and effects of improving emotional competence in adulthood. *Journal of applied psychology*, *96*(4), 827.

Lansford, J. E. (2018). A lifespan perspective on subjective well-being. In E. Diener, S. Oishi, & L. Tay (Eds.), Handbook of well-being. Salt Lake City, UT: DEF Publishers. DOI:nobascholar.com

Lever, J. P., Pinol, N. L., & Uralde, J. H. (2005). Poverty, psychological resources and subjective well-being. *Social Indicators Research*, *73*(3), 375-408.

Li, P. J., Wong, Y. J., & Chao, R. C. L. (2019). Happiness and meaning in life: Unique, differential, and indirect associations with mental health. *Counselling Psychology Quarterly*, *32*(3-4), 396-414.

Martin, R. A., MacKinnon, S., Johnson, J., & Rohsenow, D. J. (2011). Purpose in life predicts treatment outcome among adult cocaine abusers in treatment. *Journal of substance abuse treatment*, *40*(2), 183-188.

Miedema, B., Hamilton, R., Fortin, P., Easley, J., & Matthews, M. (2010). "You can only take so much, and it took everything out of me": Coping strategies used by parents of children with cancer. *Palliative & supportive care*, *8*(2), 197-206.

Molasso, W. R. (2006). Exploring Frankl's Purpose in Life with College Students. *Journal of College and Character*, *7*(1), 1-10.

Pavlović, M., & Kolić, M. (2013). Osećanje smisla života kod mladih. [Sense of meaning in life among youth]. *Savremeni Trendovi u Psihologiji,III*,183–184

Qian, G. (2019). Associations of suicide and subjective well-being. *OMEGA-Journal of Death and Dying*, 0030222819880091.

Rafique, E. (2020). Emotional Intelligence, Eudaimonic and Hedonic Well-Being among Students. *Foundation University Journal of Psychology*, *4*(2), 64-74.

Raina, M., & Bakhshi, A. (2013). Emotional intelligence predicts eudaimonic well-being. *IOSR J. Humanit. Soc. Sci*, *11*, 42-47.

Ranđelović, D., & Minić, J. (2012). Prediktori zadovoljstva životom kod studenata. [Predictors of life satisfaction among students] *Engrami*, *34*(1), 59-68.

Rivers, S. E., Brackett, M. A., Salovey, P., & Mayer, J. D. (2007). Measuring emotional intelligence as a set of mental abilities. In G. Matthews, M. Zeidner, & R. D. Roberts (Eds.), *The science of emotional intelligence: Knowns and unknowns* (pp. 230–257). Oxford University Press.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology*, *52*(1), 141-166.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of personality and social psychology*, *69*(4), 719.

Santos, M. C. J., Magramo Jr, C., Oguan Jr, F., Paat, J. J., & Barnachea, E. A. (2012). Meaning in life and subjective well-being: is a satisfying life meaningful?. Researchers World, 3(4), 32.

Settersten, R. A., Jr. (2002). Social sources of meaning in later life. In R. S. Weiss & S. A. Bass (Eds.), *Challenges of the third age: Meaning and purpose in later life* (pp. 55–79). Oxford University Press.

Singh, T. K., & Choudhri, N. (2014). Early Adulthood: The Role of Locus of Control, Meaning of Life and Subjective Well Being. *Journal of psychosocial research*, *9*(1).

Steptoe, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *The Lancet*, *385*(9968), 640-648.

Syed, M., & McLean, K. C. (2018). Erikson's theory of psychosocial development. *The SAGE encyclopedia of intellectual and developmental disorders* (pp.577–581). Thousands Oak, CA: SAGE

Takšić, V. (2001). Upitnici emocionalne kompetentnosti (inteligencije). [Emotional competence (intelligence) questionnaires] U. K. Lacković-Grgin & Z. Penezić (Eds.), *Zbirka psihologijskih mjernih instrumenata.* Faculty of Philosophy in Zadar, Croatia

Takšić, V., Mohorić, T., & Munjas, R. (2006). Emocionalna inteligencija: teorija, operacionalizacija, primjena i povezanost s pozitivnom psihologijom. [Emotional intelligence: Theory, operationalization, application and connection with positive psychology]. *Društvena istraživanja: časopis za opća društvena pitanja*, *15*(4-5 (84-85)), 729-752.

Takšić, V., Bradić, S., & Žauhar, V. (2013). Prikaz metoda za procjenu kroskulturalne ekvivalentnosti na primjeru upitnika emocionalne kompetentnosti. [Methods for assessing cross-cultural equivalence on the example of the emotional competence questionnaire] *Primenjena psihologija*, *6*(2), 101-120.

Tei, S., Becker, C., Kawada, R., Fujino, J., Jankowski, K. F., Sugihara, G., ... & Takahashi, H. (2014). Can we predict burnout severity from empathy-related brain activity?. *Translational psychiatry*, *4*(6), e393-e393.

Teques, A. P., Carrera, G. B., Ribeiro, J. P., Teques, P., & Ramón, G. L. (2016). The importance of emotional intelligence and meaning in life in psycho-oncology. *Psycho-Oncology*, *25*(3), 324-331.

Tiliouine, H., & Belgoumidi, A. (2009). An exploratory study of religiosity, meaning in life and subjective wellbeing in Muslim students from Algeria. *Applied Research in Quality of Life*, *4*(1), 109-127.

Vulić-Protić, A., & Bubalo, J. (2006). Skala smisla života. [Meaning in Life Scale] *U: Zbirka psihologijskih skala i upitnika*.

Waterman, A. S. (2013). Eudaimonia: Contrasting two conceptions of happiness: Hedonia and eudaimonia. In *Activities for teaching positive psychology: A guide for instructors.* (pp. 29-34). American Psychological Association.

Wnuk, M., Marcinkowski, J. T., & Fobair, P. (2012). The relationship of purpose in life and hope in shaping happiness among patients with cancer in Poland. *Journal of psychosocial oncology*, *30*(4), 461-483.

Xi, J., Lee, M. T., Carter, J. R., & Delgado, D. (2018). Gender differences in purpose in life: The mediation effect of altruism. *Journal of Humanistic Psychology*, 0022167818777658.

Yalçın, İ., & Malkoç, A. (2015). The relationship between meaning in life and subjective well-being: Forgiveness and hope as mediators. *Journal of Happiness Studies*, *16*(4), 915-929.

Yuchang, J. I. N., Mingcheng, H. E., & Junyi, L. I. (2016). The relationship between meaning in life and subjective well-being in China: A Meta-analysis. *Advances in Psychological Science*, *24*(12), 1854.

Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British journal of psychology*, *83*(1), 133-145.

Zysberg, L. (2012). Loneliness and emotional intelligence. *The Journal of psychology*, *146*(1-2), 37-46.

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A psychodynamic approach to obsessive–compulsive disorder

Abstract

Psychodynamic theories of obsessive–compulsive personality emphasize the significance of early experiences, the anal stage of development, and internalized objects that shape later patterns of control, perfectionism, and rigidity. Within Integrative Psychodynamic Psychotherapy (the OLI method), the capacity for work and the capacity for love are understood through the lens of early relationships and the ways in which authority figures and significant objects mirrored the child. Obsessive–compulsive patterns are thus conceptualized not merely as symptoms, but as a personality organization that serves to defend the Self against anxiety, a persecutory superego, and repressed impulses.

Particular importance in the treatment of these clients is given to the analysis of transference, as through transference the therapist becomes a superego figure, a mother, a father, or a shadow, thereby enabling the repetition and working-through of early conflicts. In this way, rigid patterns of control and perfectionism are deconstructed, and their underlying meanings become accessible. Transference thus represents the primary field in which the client learns to recognize and integrate repressed affects, to develop a greater tolerance for ambivalence, and to gradually move from rigid control toward a more flexible and vital relationship with the self and with others.

In this paper, we illustrate how anal rigidity manifests in the domains of work and relationships within the therapeutic process, how it is linked to family figures (mother, father, sister, grandparents), and how it can be illuminated and transformed through transference and countertransference. In this way, the psychodynamic approach to obsessive–compulsive disorder transcends a purely symptomatic perspective and opens space for deeper personality change, through the integration of the superego, the shadow, and a more whole experience of objects.

Keywords: obsessive–compulsive disorder; anal stage; superego; transference; object constancy; OLI method.

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1. INTRODUCTION

The psychodynamic approach to obsessive–compulsive personality organization and disorder offers a distinctive perspective that goes beyond the mere description of symptoms. Rather than focusing exclusively on obsessive thoughts, compulsive rituals, and perfectionistic patterns, this approach explores the underlying intrapsychic conflicts, unconscious dynamics, and early relational experiences from which these symptoms emerge. Obsessive–compulsive disorder is thus not understood as a simple "habit" or an isolated condition, but as a complex mode through which the personality maintains a balance between the internal demands of the superego, repressed impulses, and the need to control the external world.

A central element of psychodynamic work is the analysis of transference. Within the therapeutic setting, unconscious patterns originating in early relationships are reactivated and transferred onto the therapist. In this way, the client "re-enacts" early conflicts, allowing them to be observed, interpreted, and transformed within the here-and-now of the therapeutic relationship. Transference becomes a bridge between past experience and present subjective reality; through its analysis, the client gradually learns to integrate repressed aspects of the self and to develop a more flexible and differentiated way of relating to others.

In this chapter, we illustrate how work with transference opens up the core themes of the client's internal dynamics:

- the relationship with the mother as a figure who mirrored the client through effort and achievement, while simultaneously diminishing his sense of personal value;
- the experience of the father as a passive and powerless figure, evoking feelings of disgust and shame;
- rivalry with the sister and identification with maternal values;
- differing experiences with grandmothers, ranging from warmth and frugality as sources of safety to intimidation and magical thinking;
- the projection of the shadow onto a friend and a romantic partner;
- and the manner in which all of these dynamics are reenacted within the therapeutic relationship, where the therapist alternately occupies the position of the superego, the shadow, the mother, or the father.

In this way, psychodynamic work enables not only an understanding of symptoms, but also their translation into emotional experience that can be processed, integrated, and transformed. The material presented demonstrates that the analysis of transference is essential for understanding how rigidity, perfectionism, and the need for control operate within the client's personality, as well as for opening a pathway toward greater freedom, vitality, and the capacity for love and work.

2.Case Presentation

2.1 Demographic and Professional Information

The client is a male individual employed as a sports coach at a private sports school. He works with children aged 3 to 15, organized into several groups. In addition to conducting training sessions, he independently manages administrative tasks, including membership fees, record keeping, and equipment management. Although colleagues are available who share similar responsibilities, the client demonstrates marked reluctance to delegate tasks.

2.2Reason for Referral

Initial contact was established following a lecture on discipline in children, which the client attended. His initial motivation was professional development; however, after several weeks he decided to engage in psychotherapeutic work due to pronounced anxiety, difficulties in fulfilling obligations (university studies, driving examination), problems with work organization, and a subjective sense of "laziness."

2.3Clinical Observations

At the first session, the client appeared polite but reserved, with a carefully maintained appearance (neat clothing, use of perfume, formal posture). During the interview, he repeatedly expressed disgust toward what he described as "ill-mannered" children, parents who were late with payments, and children he referred to as "weak" or "incapable," a term he used to denote lack of motivation and failure to adhere to rules. Emotional expression was generally constricted, with the notable exception of disgust.

His bodily posture was rigid: he sat upright, with his shoulders drawn inward toward the body. Prior to sessions, it was observed that he spent a prolonged time washing his hands in the restroom and avoided touching objects in the therapy room, which may indicate a heightened need for control and distancing from bodily sensations. A motor tic (raising of the eyebrows) was present, which the client experienced as a source of shame and as inappropriate behavior in front of the children's parents. Perfectionism was evident both in his professional and private activities – he frequently reads pedagogical articles in order to "do better," yet finds it difficult to accept help or collaborate with colleagues.

The client's bodily posture clearly reflects what Wilhelm Reich described as *character armor* – chronic muscular tension that expresses psychological defenses. The upright sitting position with shoulders drawn inward suggests rigidity and a need to control and suppress bodily sensations. Prolonged handwashing and avoidance of touching objects can be understood as bodily equivalents of obsessive rituals – attempts to maintain boundaries between inner and outer experience, and between what is perceived as clean and "contaminated." The eyebrow-raising tic functions as a somatic symptom that carries repressed tension while simultaneously evoking feelings of shame and inadequacy.

Perfectionism, present both in professional and personal domains, further confirms an anal–obsessive personality organization and a pronounced need to maintain a sense of safety through bodily and mental control. In Reich's terms, the body here is not merely the site of symptoms, but a map of psychological defenses – the way in which inner conflict is literally "inscribed" into muscular tension and behavior (Reich, 1949/1972).

2.4 Family Dynamics

Mother

The client's mother was the central figure in the family – caring and responsible, yet emotionally restrained and distant. Although she was permanently employed in a school, she also worked additional jobs to ensure the family's subsistence. During the client's childhood, the family lived in severe poverty, making the mother's work crucial for survival. During this period, the client took care of his younger sister, studied diligently, and regularly fulfilled household responsibilities. He describes himself as obedient but "not very intelligent" – a self-image derived from his mother's descriptions, thus representing a form of early mirroring.

In Kohutian terms, the mother provided mirroring that affirmed the client's obedience and diligence, while simultaneously limiting him through the characterization of being "not intelligent." Rather than supporting his grandiose self and fostering the development of self-confidence, the mirroring was partial and diminishing. The outcome was narcissistic vulnerability and a persistent sense that personal worth must be earned through effort, while a deeper experience of inadequacy remained intact (Kohut, 1971).

In parallel, an oedipal dynamic is evident. The client frequently emphasizes that his mother was unhappy in her marriage and that she "should have divorced." He experienced her as someone who felt "better with him than with the father," with the two of them connected through a shared identification with work, perseverance, and emotional restraint. In this way, the mother became an exclusive object, while the father occupied the position of rival – an expression of a classical oedipal constellation (Freud, 1923/1961). Anger emerged at the moment when the client became aware of the possibility that the mother may nevertheless have wanted to remain in the marriage. This affect, although painful, functioned as a breakthrough from habitual indifference and introduced a sense of vitality into the therapeutic process.

A clear transference reaction manifested when the therapist asked, "How do you know that your mother was unhappy?" The client experienced this as a disappointment, accusing the therapist of being "unprofessional and speculative." This was followed by resistance in the form of passive aggression and lateness to sessions – behavior entirely atypical given his usual pedantry. In the transference, the therapist was positioned as a disappointing mother, mirroring the mother's perceived disappointment through remaining with the father. The resistance expressed through lateness can be understood both as passive revenge and as an attempt to preserve the idealized image of the mother, defending against the collapse of the fantasy of an exclusive relationship.

Alongside the oedipal dynamic, a Kohutian theme of *twinship* is also significant. The client and his mother shared a sense of togetherness in enduring life: both diligent and persistent, yet emotionally absent. This twinship provided him with a sense of belonging, but not of warmth. Only through the emergence of anger did space open for the experience of vital affects and the possibility of deeper emotional processing.

3 Psychodynamic Significance

1. Maternal mirroring: Partial and diminishing mirroring shaped narcissistic vulnerability and a persistent sense of inadequacy.
2. Oedipal dynamics: The mother as an exclusive object and the father as a rival; the fantasy of maternal belonging leads to anger when confronted with her remaining in the marriage.
3. Transference and resistance: The therapist experienced as a disappointing mother; resistance emerges through passive aggression and lateness, preserving the idealized maternal image.
4. Twinship: Identification with the mother through shared submission to life maintains emotional coldness and limits vitality.
5. Affect of anger: The emergence of anger in therapy represents a significant moment in which the client moves beyond indifference and opens the possibility for emotional contact and further integration of repressed affects.

3.1Father

The client's father was a long-term oncology patient – passive and dissatisfied, spending most

of his time at home watching television. The client experiences him through feelings of disgust and aversion, in contrast to the image of the mother as active and combative. During therapy, he recalled an episode in which the smell of his father's urine strongly evoked associations of helplessness and bodily decay. Initially, he was unwilling to acknowledge feelings of disgust toward his father; when the therapist drew attention to a facial expression revealing these affects, the client experienced shame and began to cry.

In reflecting on this moment, the client stated that he was crying because "this is not right," indicating the operation of an internal persecutory superego (Freud, 1923/1961) that forbids the acknowledgment and expression of ambivalent feelings toward the father. The disgust evoked by the smell of urine can be understood as a symbolization of intolerable feelings related to the father's passivity, helplessness, and decline. Ambivalence is pronounced: on the one hand, pity and a sense of obligation; on the other, feelings of aversion and disappointment.

The father is described throughout life as "not particularly hardworking," having held occasional and insignificant jobs before ceasing work entirely following his illness. In this vacuum, the client often assumed the father's position, taking on the role of the "older man in the household," a perception reinforced by others, who described him as "precocious." This premature parentification (Boszormenyi-Nagy & Spark, 1973) further consolidated his identification with responsibility and obedience, while simultaneously hindering the development of spontaneity and vitality.

School relationships confirm this dynamic. The client formed a particularly significant bond with a physical education teacher, through whom aspects of father-related feelings were worked through. Symbolically, this teacher occupied the position of a paternal figure, offering a model distinct from the passive and ill father, thereby enabling partial working-through of the oedipal conflict (Freud, 1924/1959) and fantasies related to authority.

3.2Psychodynamic Significance

1. Disgust and shame: Disgust toward the smell of urine symbolizes aversive feelings toward the father; shame and tears reflect the action of a strict persecutory superego inhibiting affective expression.
2. Ambivalence: Simultaneous experiences of obligation, pity, and aversion indicate unresolved oedipal and narcissistic conflicts.
3. Paternal passivity: The image of a father who "gave up on life" heightens contrast with the mother and strengthens identification with her as active and combative.
4. Parentification: Premature assumption of the paternal role and the experience of being "precocious" point to early maturation and loss of the child position, shaping rigid responsibility and limiting play and spontaneity.
5. Substitution of the paternal figure: The relationship with the physical education teacher represents an attempt, through transference, to locate and reconstruct a paternal figure capable of offering authority, boundaries, and a model for identification.

3.3Sister

The client's sister is described as distant and independent; she completed university and secured stable employment after a period of working under difficult conditions. During adolescence, she experienced episodes of bulimia (Bruch, 1978), followed later by multiple surgeries for breast tumors. In contrast to the father, the client perceives her as functional and combative, yet emotionally

volatile and "nervous." In therapy, he recognized that his sister harbored anger toward the mother, while he himself was perceived as the "favorite."

Within family dynamics, he often assumed the role of mediator, aligning himself with the mother and positioning himself in opposition to the sister. On an unconscious level, this reflects oedipal rivalry (Freud, 1924/1959): the sister becomes a rival in the struggle for maternal love. The client attempts to "defeat" the sister through identification with maternal values – obedience, responsibility, pedantry, and diligence. In contrast, the sister is emotional, unstable, and viewed by the mother as "problematic." The paradox lies in the fact that, despite this, the mother remains attached to the sister, thereby confirming the client's fantasy that love can never be secured solely through effort and obedience.

At the level of psychosexual development, this dynamic maintains the client within the anal stage (Freud, 1908/1959), characterized by a focus on control, orderliness, frugality, and obstinacy. In the clinical presentation of his obsessive–compulsive disorder, traits of pedantry, rigidity, and a need for correctness are clearly evident. In contrast to the sister, who remains in an oral–impulsive position through bulimia and emotional outbursts (Abraham, 1924/1966), the client clings to anal values rewarded by the mother: order, control, and effort. Through this, he unconsciously seeks to secure maternal love and validation.

In this sense, obsessive–compulsive personality organization can be understood as an adaptive response to family dynamics: he is "good" through work, self-control, and repression of impulses, while the sister is "bad" because she expresses emotions and bodily needs (overeating, illness). Despite this "victory," the experience remains ambivalent – the mother remains attached to the sister, so his efforts never lead to a sense of exclusive security. This results in a persistent narcissistic deficit: love cannot be won, not even through perfectionism and obedience (Kohut, 1971).

3.4 Psychodynamic Significance

1. Sibling rivalry: Within oedipal dynamics, the sister is a rival for maternal love; the client seeks victory through anal values of work, order, and obedience. Anal position and OCD: Attachment to anal characteristics provides a sense of control and moral superiority, but maintains rigidity and impulse repression.
2. Ambivalent victory: Despite being the "favorite," the mother remains attached to the sister, undermining the fantasy of exclusive triumph and reinforcing obsessive control.
3. Maternal criteria: By rewarding anal values (order, effort) and rejecting emotionality, the mother shaped the path toward obsessive organization.
4. Narcissistic vulnerability: The paradox of being a "winner" in the mother's eyes but a loser in reality, as love cannot be secured through control.

3.5 Maternal Grandmother

The maternal grandmother appears in the client's memory as a warm and supportive figure who, despite poverty, was able to provide a sense of security and acceptance. Unlike the mother, who emphasized work, discipline, and obedience, and the father, who was passive and helpless, the grandmother offered emotional availability and understanding. With her, the client found refuge and the experience of being seen and loved without achievement-based conditions.

On the level of psychosexual development, the grandmother can be linked to the anal stage (Freud, 1908/1959), but in its adaptive dimension. The poverty in which she lived shaped values of

frugality and rational resource management; however, this frugality was not rigid or persecutory, but served to ensure safety and continuity. Through this relationship, the client internalized the idea that saving can serve security rather than deprivation.

This distinction proved crucial in therapy. While the mother's version of anal values was marked by coldness and conditionality ("you are worthy if you work and strive"), the grandmother transmitted these same values within an atmosphere of warmth and care. Evoking memories of her allowed the client to experience emotions as legitimate and valuable, linking self-control and frugality to safety and belonging rather than to deprivation and rigidity. In this sense, the grandmother functioned as a corrective figure (Kohut, 1971), mitigating obsessive–compulsive tendencies and opening the possibility for rigid control mechanisms to transform into adaptive self-care.

3.6 Psychodynamic Significance

1. Warmth and acceptance: The grandmother compensates for maternal coldness and paternal passivity, offering emotional safety.
2. Anal dimension: Frugality and self-control acquire meanings of care and security rather than rigid deprivation.
3. Corrective experience: Evoking memories of the grandmother in therapy enabled the client to associate safety with emotional acceptance.
4. Integration: Through this figure, rigid anal patterns could be reinterpreted and linked with warmth, serving as an important corrective factor.

3.7 Paternal Grandmother

The paternal grandmother occupies the position of a manipulative and frightening figure, inclined toward superstition, magical explanations, and rituals that evoked fear and insecurity in the client. In contrast to the warm maternal grandmother, she appears as her complete opposite – unpleasant, emotionally distant, yet practical and materially stable. During sessions, when speaking about her, the client appeared visibly frightened, indicating the enduring emotional imprint of her attitudes and behaviors.

Her superstition and rituals left a significant psychodynamic mark. Magical thinking, which is a natural aspect of early cognitive and emotional development (Piaget, 1929/1951), was not transcended in contact with her but rather reinforced through her beliefs and practices. This contributed to a lasting tension between realistic thinking and fantasized fear, forming a foundation for obsessive–compulsive patterns (Freud, 1907/1959). OCD dynamics often revolve around attempts to control magical thinking through logic and ritual; it was precisely in contact with this grandmother that the client encountered real confirmation of the power of "invisible forces" and the threat they posed.

Psychodynamically significant is also her role as a "window" to the external world in place of the passive and ill father. She provided practical stability and external engagement, while the father remained withdrawn and helpless. In this way, she occupied aspects of the paternal function, albeit in a distorted form – offering not a model of secure authority, but one infused with fear and irrationality. This contributed to the formation of an ambivalent representation of authority: simultaneously necessary and frightening (Klein, 1946/1975).

3.8 Psychodynamic Significance

1. Magical thinking: Her rituals and superstition prolonged magical thinking and laid the groundwork for later obsessive–compulsive patterns.
2. Fear and insecurity: Her presence shaped a persistent experience of threat and anxiety, reactivated in therapy.
3. Authority figure: She replaced the passive father as a link to the external world, but offered authority marked by manipulation and fear.
4. Ambivalence: Both repellent and stabilizing, she fostered a conflicted representation of authority as both necessary and dangerous.
5. Development of OCD dynamics: Experiences with her contributed to the client's later reliance on control and pedantry as defenses against perceived magical threat and unpredictability.

3.9 Social and Romantic Relationships

The client's friendships are described as superficial and marked by his critical stance. In relationships, he tends to assume a superego position – moralizing, pointing out others' "mistakes," and rarely expressing emotional warmth. His closest friend is a colleague, a former gambling addict, toward whom the client adopts the role of moral corrector.

Within work on object wholeness, this friend serves a significant shadow function. He embodies traits the client repudiates and projects outward: laziness, rule breaking, wasting money, and a lack of control and discipline (Jung, 1959/1991). From the perspective of the anal stage, the friend represents the opposite of the client's internalized values of order, frugality, and control (Freud, 1908/1959). The client experiences him as wasteful and irresponsible, while viewing himself as frugal, meticulous, and responsible. This projective dichotomy reflects the rigidity of the anal position: in order to maintain a sense of order and moral superiority, the client divides the world into "those who control" and "those who squander." The gambler friend allows him to continually confirm his own righteousness, while also confronting – through projective–transference processes – his own repressed side.

At the beginning of therapy, the client regarded romantic relationships as secondary to work. He typically became involved with emotionally unavailable women, while more available partners quickly lost their value. Attachment was characterized by monitoring social media profiles, a pseudo-sense of "fated connection," and obsessive rumination. This pattern suggests narcissistic vulnerability and an impaired capacity to experience the other as whole – the object's value oscillates between idealization and devaluation (Kernberg, 1975).

During therapy, the client entered a more stable relationship that lasted longer than two years. His partner is described as cheerful, easily irritated, prone to affectionate behavior, enjoys cooking, and often wears colorful clothing. Based on external characteristics, she may resemble a hysterical/histrionic style; however, without sufficient clinical material, such a formulation cannot be asserted. For the client, she also functions as a "shadow," though in a different way than the friend: her liveliness, playfulness, emotional expressiveness, and bodily closeness represent what he does not allow himself within a strict anal position. Her inclination toward expressiveness and corporeality (food, colors, emotionality) stands in contrast to his rigid values of frugality, self-control, and restraint.

In this way, both the gambler friend and the partner function as shadow figures – persons through whom his disowned parts become embodied. In his relationships with them, he encounters what he represses: wastefulness and loss of control through the friend, and vitality, spontaneity, and emotionality

through the partner. Both relationships create therapeutic opportunities for work on object wholeness: integrating opposing aspects of the self and recognizing that both control and excess, frugality and playfulness, are part of human experience.

4. Capacity for Love

The client initiated the relationship via the Tinder application, which provided him with a sense of control from the outset. He studied his partner's profile and emphasized that it was important for her to be "proper" and not to make mistakes. This reflects his need to render the relationship predictable and, through control, to reduce anxiety and the risk of emotional injury.

When asked what he liked about his partner, he often responded in the form of rules ("I should have a girlfriend") rather than expressing personal experience. In doing so, he avoided contact with his own emotions and with the shadow activated by the partner – her playfulness, colorfulness, and vivid expressiveness. Only through therapeutic work did he become able to name concrete qualities, describing her as beautiful, decent, and charming.

At the same time, he experienced fear and mistrust toward what he perceived as her frivolity and superficiality, since these traits threaten his internal need for order and control. This ambivalence was further colored by his relationship with his mother: initially, he feared that his mother would judge his choice of a "frivolous" girlfriend, but it emerged that the partner was likable and was app--roved of by the mother. This disrupted his fantasy of the mother as a strict judge and created space for the relationship to endure and consolidate.

Object Wholeness

Work on this relationship highlights the client's capacity for object wholeness (Jovanović, 2013):

- Tolerance of ambivalence: although he is disturbed by traits he experiences as superficial, he manages to maintain the relationship and preserve a positive image of her.
- Maintenance of object value: the partner remains "beautiful, decent, and charming" even when she frustrates him; the object is not fully devalued due to negative aspects. Integration of emotion and closeness: the relationship lasts longer than previous ones, and he is able to sustain both bodily and emotional intimacy, rather than remaining in obsessive fantasies about unavailable partners.
- More realistic experience of the other: instead of experiencing her as someone who must satisfy a rule, he is learning to see her as a person with her own traits – both attractive and irritating.

4.1 Psychodynamic Significance

Within the romantic relationship, the client develops the capacity for love by moving from rigid moralization and control toward acceptance of ambivalence and tolerance of the other's reality. The partner, as a "shadow," carries his disowned parts – playfulness, frivolity, emotionality – and through the relationship he has an opportunity to recognize and integrate them. Clinically, this represents an important step in the competence of object wholeness: maintaining a positive experience of the other despite frustration, and building a relationship that endures.

5 Capacity for Work

In the client's professional functioning, a pattern of anal character is clearly recognizable (Freud, 1908/1959), manifesting as rigidity, perfectionism, and a need for absolute control. His working style is characterized by constant concern that every task be completed "properly," with insistence that every detail be put in order and left in its designated place. The workspace, documentation, and duties must be systematically organized, and any deviation evokes irritation and a sense that the order has been disturbed.

He experiences colleagues ambivalently: on the one hand, they are friends and part of his social environment; on the other, they are frequent targets of his criticism. He most often accuses them of "laziness" and "carelessness," emphasizing that they do not pay sufficient attention to details or do not respect procedures.

Rather than sharing tasks and delegating, the client assumes nearly all responsibilities himself. Administrative duties, training sessions, and event organization remain in his hands, because entrusting others is experienced as a risk of error and loss of control. As a result, he becomes overburdened and exhausted, while simultaneously maintaining the sense that he is the one who holds the system together.

This pattern is largely shaped by an internal superego (Freud, 1923/1961). He experiences authorities with fear and respect, and their potential criticism would constitute a serious blow. Therefore, he frequently "reports" colleagues' shortcomings and mistakes to supervisors, as if demonstrating his own correctness and loyalty to rules. The supervisor functions here as a symbol of the superego – an instance that evaluates and punishes. Through diligent task performance and highlighting others' errors, the client defends himself against imagined punishment.

In his case, anal character is evident across several key dimensions:

- Rigid control – work must be done according to rules, without improvisation or deviation.
- Perfectionism – standards are high and non-negotiable; even minor errors are experienced as serious problems.
- Meticulousness and orderliness – insistence that everything remain in its place materially and organizationally.
- Criticism and moralization – colleagues are evaluated primarily by whether they are correct, rather than by personal qualities or outcomes.
- Inability to delegate – assigning tasks to others evokes fear of losing control and being disappointed by the outcome.

Within the OLI method, the capacity for work includes not only perseverance, responsibility, and organization, but also flexibility, creativity, and the capacity for cooperation (Jovanović, 2013). In the client, the first dimensions (perseverance, discipline, responsibility) are highly developed, but at the expense of the latter. His work capacity remains rigid and defensive: he works extensively and thoroughly, yet with little spontaneity and limited trust in others.

In this pattern, work serves a protective function: through perfectionism and meticulousness, the client calms his internal persecutory superego (Freud, 1923/1961). If everything is done "properly," and he presents himself as diligent, the likelihood of being criticized or punished is reduced. In this sense, work becomes a field of continuous self-monitoring and self-justification rather than creative development. Perfectionism functions as an internal ritual that protects him from anxiety.

Clinically significant is also the use of work as a means of affect regulation. When he feels frightened, insecure, or hurt in interpersonal relationships, the client turns to work and task completion. This reflects anal economy (Abraham, 1921/1966): energy that might be invested in emotional relationships is shifted into control and order. As a result, work remains the domain of safety, while romantic and friendship relationships remain secondary and are threatened by his rigid patterns.

In the therapeutic process, it is important to differentiate between healthy and rigid aspects of his capacity for work. Healthy aspects are reflected in perseverance, responsibility, and meticulousness – qualities that enable professional functioning and recognition as reliable. Rigid aspects, however, undermine collaboration, because he cannot tolerate different working styles and feels threatened when responsibility must be shared.

5.1 Psychodynamic Significance

- Anal rigidity: work is permeated by demands for complete orderliness and control; errors are experienced as catastrophic.
- Persecutory superego: the boss/authority functions as an internal critic; work and reporting others' shortcomings defend against imagined punishment.
- Maintenance of control: inability to delegate and the need for everything to remain "in place" reduce anxiety.
- Function of work: work becomes a ritualized activity that preserves a sense of safety and keeps affects under control, but constrains creativity and teamwork.
- Therapeutic focus: develop flexibility, tolerance of error, and trust in others; enable work to become a domain of enjoyment and collaboration, not only control and self-proof.

6 Transference in Treatment

During the therapeutic process, the client displayed a range of transference reactions, which were often central to understanding his personality structure. These reactions allowed unconscious patterns from early relationships to become activated within the therapeutic setting and to be taken up as material for psychotherapeutic work.

1. The Therapist as Superego

Manifestation:

When recalling disgust triggered by the smell of his father's urine, the client responded with shame and tears. When asked why he was crying, he replied, "Because it's not right." In that moment, the therapist was positioned as a strict superego that sanctions "forbidden" feelings toward parental figures.

Vignette:

- Therapist: "I can see you felt ashamed when you said the smell reminded you of your father."
- Client: "Yes… but it's not right. I'm not allowed to feel that way."

Interpretation:

It became apparent that the shame was driven by a persecutory superego that forbids the expression of aversive affects. Through working with this transference, the client gradually recognized

that the therapeutic space could be a place where such feelings are legitimate and can be thought about rather than punished.

2. The Therapist as Shadow

Manifestation:

When the therapist questioned his narrative about the mother ("How do you know she was unhappy?"), the client responded with resistance, accusing the therapist of being "unprofessional and speculative." Following this, he began arriving late for sessions – completely atypical given his usual pedantry.

Vignette:

- Therapist: "How do you know your mother was unhappy?"
- Client: *(falls silent, facial expression shifts)* "Well… you're being unprofessional now. Those are your speculations."

Interpretation:

In that moment, the therapist became a shadow figure – someone who disrupts the idealized image and introduces doubt, carrying split-off aspects of the client's experience (e.g., being "speculative," "irrational"). The resistance expressed through lateness functioned as a passive–aggressive attempt to preserve idealization and ward off disillusionment.

3. The Therapist as Father

Manifestation:

When working on themes related to work and authority, the client displayed marked meticulousness and fear of making mistakes. In those moments, he experienced the therapist as an authority figure to be feared and simultaneously as someone before whom he must prove himself.

Vignette:

- Client: "I do everything exactly. I'm never late. I report every issue to my boss… There are no mistakes with me."
- Therapist: "It seems very important to you not to make mistakes. What do you imagine would happen if you did make one – say, if you were late to a session?"
- Client: "Yes – punishment would come immediately. Authorities don't forgive."

Interpretation:

Here, the therapist was experienced as paternal authority. The client projected an internal fear of punishment and a persecutory superego, in line with an internalized father representation marked by passivity and helplessness. This helped illuminate how strict internal authority is maintained despite the lived experience of an "empty" paternal figure.

4. The Therapist as Mother

Manifestation:

In transference, the therapist was often experienced as a maternal figure – someone who understands and supports, but who also disappoints when expectations are not met.

Vignette:

- Therapist: "I have the impression that something shifted in our relationship after we spoke about your mother."
- Client: "Yes – then you disappointed me. You were unprofessional, you were speculating. Surely she knows what the marriage was like."

Interpretation:

This pattern repeats the ambivalence in his relationship with his mother: the need for safety and recognition alongside the recurrent experience that the mother does not fulfill his fantasies. Within the therapeutic relationship, he began to learn that an object can be both frustrating and valuable – an essential step toward greater object wholeness.

5. The Therapist as Mirror: Writing Down Sessions

Manifestation:

After sessions, the client frequently wrote down what had been discussed and brought his notes to read aloud in front of the therapist, emphasizing that he was a "good and obedient client." On one occasion he asked, "Why don't you write?" – opening space to explore the meaning of writing and remembering.

Vignette:

- Client: "I write down everything we did. Why don't you write? Does that mean it isn't important to you?"
- Therapist: "What would it mean to you if I did write?"
- Client: "It would mean you're devoted. But if you don't write, then you probably have superpowers to remember."

Interpretation:

This scene illustrates a mirroring transference. The mother mirrored him as worthy when he tried hard, yet "not very intelligent." In relation to the therapist, a fantasy emerged that he must be the one who writes and proves himself through effort, while the therapist "has the power to remember." Working with this allowed the therapist to mirror that both remembering and forgetting can have meaning and function, opening the possibility of a corrective emotional experience.

7 Conclusion

In contemporary clinical practice, obsessive–compulsive disorder is often reduced to a symptomatic focus – obsessive thoughts, compulsive rituals, and perfectionistic patterns. A psychodynamic approach, however, demonstrates that these symptoms are not isolated manifestations but expressions of deeper intrapsychic conflicts and early relational patterns.

In this client, rigidity, pedantry, and control were clearly not merely habits or temperamental traits, but defensive operations against a persecutory superego, magical thinking, and repressed impulses. His perfectionism emerges from an attempt to appease internal punishment, while the need for control reflects fear that the "shadow" – repressed anger, wastefulness, frivolity, or emotionality – might break through into awareness.

Psychodynamic work makes it possible to:

- identify the origins of symptoms in early mirroring experiences and oedipal configurations;
- understand the function of symptoms as methods of regulating fear and guilt;

- explore transference reactions as repetitions of relationships with parental figures;
- and open space for integration – greater tolerance of ambivalence, object wholeness, and a more flexible relationship to work, love, and emotion.

The value of a psychodynamic approach to OCD lies in the fact that it does not treat symptoms merely as phenomena to be "removed," but as a language of the unconscious that offers insight into the individual's internal personality dynamics. Only when the meaning of symptoms is understood and unconscious conflicts are worked through can the client develop greater freedom, flexibility, and a more authentic relationship to the self and to others.

References

Abraham, K. (1966). *Selected papers of Karl Abraham* (D. Bryan & A. Strachey, Trans.). London: Hogarth Press. (Original works published 1921, 1924)

Boszormenyi-Nagy, I., & Spark, G. M. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. Hagerstown, MD: Harper & Row.

Bruch, H. (1978). *The golden cage: The enigma of anorexia nervosa*. Cambridge, MA: Harvard University Press.

Freud, S. (1959). Character and anal erotism. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 9, pp. 169–175). London: Hogarth Press. (Original work published 1908)

Freud, S. (1959). Obsessive acts and religious practices. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 9, pp. 115–127). London: Hogarth Press. (Original work published 1907)

Freud, S. (1959). The dissolution of the Oedipus complex. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19, pp. 173–179). London: Hogarth Press. (Original work published 1924)

Freud, S. (1961). *The ego and the id* (J. Riviere, Trans.). New York: W. W. Norton & Company. (Original work published 1923)

Jovanović, N. (2013). *Sposobnost za ljubav i rad u okviru OLI integrativne psihodinamske psihoterapije* [Capacity for love and work within OLI integrative psychodynamic psychotherapy] [in Serbian]. Beograd: OLI Centar.

Klein, M. (1975). Notes on some schizoid mechanisms. In J. Mitchell (Ed.), *The writings of Melanie Klein: Vol. 3. Envy and gratitude and other works 1946–1963* (pp. 1–24). New York: Free Press. (Original work published 1946)

Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.

Piaget, J. (1951). *The child's conception of the world* (J. & A. Tomlinson, Trans.). London: Routledge & Kegan Paul. (Original work published 1929)

Reich, W. (1972). *Character analysis* (3rd ed.). New York: Farrar, Straus and Giroux. (Original work published 1949)

Vygotsky, L. S. (1993). *Collected works of L. S. Vygotsky: Vol. 2. The fundamentals of defectology* (R. W. Rieber & A. S. Carton, Eds.). New York: Plenum Press.

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The effects of intrapersonal and interpersonal conflicts in the creation of an informal prison system[7]

Abstract

The paper analyzes the social-psychological triggers for the formation of the association of convicts. The association of convicts is a psychological inevitability that in the penal environment has two extremes: on the one hand, the association of convicts creates a suitable ground for criminal and anti-social acculturation, which ensures the already generally accepted stigmatization of convicts, and on the other hand, it enables a greater number of convicts to overcome the fear and stress of the effects of imprisonment and separation from the social environment.

Key words: prison, informal prison system, conflicts, group structure.

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1. Introduction

Since the beginning of the first institutions for prisoners, there has been an association of them in order to organize life in such conditions according to the same rules as outside them and thus reduce the misery of prison life. Social organization in such institutions is based on fear of the other, and everyone has internal conflicts in choosing the most functional strategy for survival and preservation of personality. When, as a strategy, the creation of a group that will reduce the chance of being endangered is chosen, the preservation of the group itself becomes a priority for all members. This preservation is carried out by conflicting with other groups in the environment.

1.1 Structure of the formal system

In the Republic of Serbia, there are currently 29 institutes for the execution of criminal sanctions. Their functioning is regulated, first of all, by the Law on Execution of Criminal Sanctions and the Rulebook on House Rules. Thus, in Article 28 of the mentioned law (hereinafter: ZIKS) it is stated that the institution is managed by a manager, who reports to the director of the Administration for the Execution of Criminal Sanctions. In Article 19 of the ZIKS, the services in institutions are listed, namely: treatment service, security service, training and employment service, health care service and general affairs service. Services are managed by chiefs. The purpose of the existence of the aforementioned services is to implement a program of treatment of convicted persons for the most successful resocialization and integration into the social environment. Latent mechanisms of "resocialization" are repression, coercion, formalism, bureaucratic solutions, hierarchical chain of decision-making, conformity, primacy of procedures for organizing the entire convict life in the institution, inflexibility, reliance on architectural solutions of the institution, etc. The representatives and users of the mentioned mechanisms are employees of the institute, i.e. formal system in the institution.

Contrary to the formal system, in every prison there is an informal association of convicted persons, i.e. informal prison system. Also, the "formal" system itself has its own informal association of employees in order to more easily fulfil their own needs or to solve certain situational problems more quickly. Employees "associate" according to the service in which they work, positive or negative attitudes towards the manager or their bosses, trade union organization, the same interests outside the institution, place of birth and/or residence, which creates a specific climate for a certain period of time, which certainly affects the organization of prisoners.

Since the existence of the service dealing with psychosocial work (formerly the re-education service, now the treatment service), there has been a discrepancy between the officers focused on treatment and those focused on "guarding", i.e. by the security service, which is transferred to newly employed persons, but the aforementioned discrepancy is of a dynamic nature and is often not noticed. Misunderstanding between the mentioned services derives its strength from the purpose of punishment and the way of serving the sentence, whereby the security service often sees the purpose in coercion, in the sense of maintaining order and peace, while the treatment service sees the purpose in corrective assistance to the convicted person. The aforementioned certainly makes it difficult to work in the institution, as well as life for convicted persons while serving their sentence.

The Rulebook on the treatment and classification and subsequent classification of convicted persons explains in more detail the classification of convicted persons into treatment, departments (open, semi-open and closed), educational groups, workplaces and accommodation. Coercive measures, as well as ways of solving disciplinary offenses, are also defined.

The psychological problem of the formal system is the incorporation of a superior attitude in

relation to the subordinate attitude adopted by convicted persons, which certainly maintains stability in the institution, but additionally affects the speed of acceptance of the rules of the convict system.

2. Influences on prisoner self-organization

The emergence of the informal prison system was and is influenced by a set of psychosocial factors. First of all, society with its control mechanisms affects its members throughout their lives. On a micro level, the process of socialization is the first instance where the cultural-symbolic repertoire of a certain society is learned, as well as behavioral guidelines, desirable/undesirable and insight into the outcome. Social sanctions in interactions are also mechanisms of control.[8] We learn social rituals both in the process of socialization and during the rest of our lives through the use of institutions and assuming certain roles during our stay in them. Thus, we learn rituals during schooling, at the workplace, in the church community, in micro-institutions for hobbies, sports and leisure, and even while serving a prison sentence, in order to ensure "membership", i.e. acceptance from other "members" and defined their role and stratification place in relation to them.

On the macro level of social control there are a number of social organizations aimed at control or providing a social safety valve.

> One form of social organization to control deviance is often called a total institution, in which people are locked up until they stop behaving in deviant ways. Typical examples of such organizations are: prisons, mental institutions, homes for juvenile delinquents, detention, isolated prisons for suspected terrorists, and other complex organizations that separate rioters and others who are considered dangerous from the rest of society (Turner, 2009: 192).

Understanding the emergence of the informal association of convicts should be viewed through Goffman's (Erving Goffman) total institution as a place of residence and work for a large number of people who are in a similar situation, who are physically separated from the wider society for a long period of time and whose life is strictly defined and controlled by employees (Stohr & Walsh, 2012: 115).

During the arrest and detention, the person for the first time encounters the loss of freedom and authenticity as an expression of the previous personal identity. Respecting the rules of the house, as well as the officials, is a priority. Difficult or forbidden communication with the outside world additionally collapses a person's personality, whereupon the first intrapersonal conflicts arise. The minimum allowed for food, accommodation and hygiene represents the third collapse of the possibility of choice, which increases the feeling of hopelessness and aggressiveness. During the passage of time, a person creates a new identity - that of a prisoner, but also receives a new stigma from the employees, who, as a rule, place him in a subordinate position.

An individual whose ways of satisfying basic needs (according to Maslow) have been reduced to a minimum, along with a period of getting used to the newly created situation, also develops interaction with people from the immediate environment, i.e. with other detained persons. Depending on the crime committed, the newly detained person receives the first behavioral instructions from those "on the other side of the law". If the person is known to the prosecuting authorities and if the crime is more acceptable in the criminal milieu (known robberies with large loot, liquidation of rivals...), in that case he gets a high status and certain available privileges. If the situation is the other way around - the first time he is arrested, a legally lesser crime - the person is subjected, first of all, to testing his personality through verbal or physical pressure by the "master in the room" or, in jargon, "the

8 more on that: Turner, 2009: 191

roommate", or someone designated by him. Then he is educated for the first time on how he should behave towards others in the room and towards the employees, especially the security officers. Depending on the skill of social adjustment, a new identity is consolidated in order to reduce the period of stress and tension to a minimum and to establish personal control in the new environment.

In the described period, the division into "us" and "them" groups is strengthened, i.e. on those who break the law and those who prevent them from doing so. The aforementioned division has its positive function in the manifestation of feelings of hostility (Kozer, 2007: 55), because it strengthens the "we" group and relieves pressure by directing aggression towards a substitute object, which in this case is the guard. By admonishing or using coercive measures by security officers against a certain person, the opposition between groups is strengthened; The "we" group gets new justifications and a motive for continuing aggressiveness, and the person against whom the coercive measure was used gains status and name. The same process continues during the investigative procedure and serving the prison sentence.

Also, during the stay in detention, people who have already been in prison get to know each other, and with them, depending on the favourable situation, a kind of social capital is created that can later ensure a "good reception" in a prison institution. Through connections and acquaintances, a network of criminally oriented persons is created, which is supplemented by later engagements in penal institutions.

After the sentencing and arrival in the prison unit, the already convicted person goes through the imprisonment phase again, i.e. adaptations to the penal environment. Depending on the length of the investigative procedure, the convicted person has already been educated to accept informal rules, i.e. rules of the convict group. The reasons for this are psychological in nature and are found in the feeling of rejection (from society) due to the committed criminal act. Considering that the perpetrators defend themselves with justifications for why they committed the crime, instead of accepting personal responsibility, they direct that responsibility to others, often to those who arrested or convicted them, and as a result, those who rejected them are rejected, all in order to protect the person.

2.1 Deprivations

Deprivation means hindering the satisfaction of motives (Rot, 1974: 120). In the prison environment, apart from the aforementioned feeling of rejection, there are deprivations of freedom, material goods, heterosexual relationships, independence and security.

Deprivation of freedom - Displacement of a person from his environment, with all obligations, contacts, adopted rules and acceptance by others, during deprivation of liberty and arrival in prison, has an almost destructive force on the personality, which pushes a person towards the reconstruction of everything learned. "[I]solation from family and society, feelings of loneliness and weakness, feelings of powerlessness to help those closest to you, feelings of anxiety due to living in a closed space, up to the difficulty of enduring limited movement in the prison itself" (Radovanović, 1992: 169) are among the basic components of deprivation of freedom. Reducing the impact of deprivation of liberty is realized by granting extra-institutional benefits to a convicted person who is treatment-oriented, after a certain period of time, when he can visit his family within a predefined time limit.

Deprivation of material goods - The Law on the Execution of Criminal Sanctions and the Rulebook on House Rules strictly define what a convict can own, what clothes he can wear, what type of food he can get via parcels, etc. Frustration due to the impossibility of personal choice creates tensions during the stay and motivates certain persons to acquire prohibited goods (mobile phone, alcohol, narcotics...) in order to reduce pressure. Institutions often, during a certain period of time, and with the aim of reducing tensions, approve certain items that convicts can make in workshops, which do not

disturb security, such as picture frames, ashtrays, chiviluks and the like. Also, if intergroup security-threatening situations occur, the same items are confiscated, to be approved again after the conflict subsides. In this way, the institution's management has a safety valve mechanism at its disposal.

Deprivation of heterosexual relationships - Given the difficult possibility of making contacts with the outside world and the fact of the same-sex population in prisons, the primary need for heterosexual relationships often remains unfulfilled, which leads to a change in motives and the appearance of homosexuality. A relaxing mechanism for the above is the approval of visits to married or non-marital partners in specially designated premises. Regular and extraordinary use of this facility is among the most desirable in prisons with a male population.

Deprivation of independence - The arrangement of prisoner's life determines where the prisoner sleeps, eats, works, spends his free time, when he gets up and lies down, when he meets his hygiene needs, how he should look, in what way he addresses an official, when he has a visit and how long it lasts, as well as other rules and obligations, which certainly reduces the space for personal autonomy. It is most often manifested through the acceptance of the convict code and advocacy for its further implementation.

Deprivation of security - From the moment of imprisonment, the feeling of general fear and insecurity from other convicts is present, to a greater or lesser extent, throughout the entire sentence. Despite the existence of security rules and security services, the informal prison system has its own mechanisms of testing group loyalty and punishment. Deprivations of freedom, material goods, security, independence and heterosexual relationships further facilitate the adoption of the prisoner's value system. "Convicts accept the social system that is created within the walls of penal institutions as a response to the problems they experience during their sentence and as a means to, if not eliminate, at least mitigate those problems" (Radovanović, op. cit., p. 28).

In addition to the aforementioned deprivations, Radovanović (1992) cites elements of the theories of anomie, subculture and labelling as additional factors of integration into the convict value system. The connection with the theory of differential associations is clear in the thesis about "learning" new rules during the first closure and the creation of social capital based on that. The weight of resisting the norms of convicts is more visible in the combination of crime - length of sentence - cognitive dissonance, which refers to the fact that there is "a need for people to have their knowledge and opinions about themselves, their environment and phenomena in it mutually harmonized, as well as for their opinions and their actions to be harmonized" (Radovanović, op. cit., p. 69).

Cognitive dissonance is followed by the gregarious motive, which "manifests itself in the aspiration to be in company with others, in the aspiration of the individual to be accepted as a member of the community and to cooperate with others in common tasks, in avoiding loneliness that is felt as an inconvenience and as a difficulty" (Rot, 1974: 95).

Due to the aforementioned factors, as well as depending on whether the prison institution is aimed at treatment or at custody, a person who comes to serve a sentence is in a particularly unfavorable and conflicting situation, in which the method of serving the sentence must be chosen at the very beginning, even if it is latent. The essence of that selection is reflected in the individual's ability to adapt to new and stressful situations, which most severely affect minors and younger adults, because, due to insufficient life experience, they have not adopted enough social strategies and skills to overcome unfavourable circumstances.

In practice, people with personality disorders also have a difficult time adapting to penal conditions. In addition to criminal infection and convict norms, the organization of the institution itself, the way it is managed, as well as the officers, who also go through the process of imprisonment, appear as a disturbing factor. An institution focused on the successful realization of treatment should

have mechanisms for alleviating stress, both for convicts and officials, as well as for their professional development and training, with a humane imperative in work, no matter how idealistic or moral it sounds. In this way, it is possible to reduce the degree of abuse of official position (primarily through respect for the personality of the convicted person, regardless of the crime committed), which, if it occurs, has a regressive effect on the convicted persons themselves.

In addition to the formal organization, the architectural solutions of the prison also have a psychological, purposefully repressive effect on its users, especially in cases where every step of the convict (as well as the employee) is planned and monitored, without the possibility of real solitude, in which the process of self-examination most often takes place. The humanization of prison conditions is regulated by law, and it is additionally carried out by mitigating deprivation factors through the allocation of funds for aesthetic solutions, the goal of which is to bring external conditions as close as possible to prison conditions.

3. The structure of the informal prison system

The informal prison system can be defined as a system among convicts with common values and interests, which functions on unwritten strict rules (convict code), hierarchically assigned and acquired roles based on expressive power, influence on others and the availability of prohibited goods in order to satisfy deprived needs. At least two informal groups can be formed in the prison system. Each convict group (according to the names created in the prisons) consists of a "leader", "underleader" or "underleaders" (also called collectives), "gang" and "bums". Also, in prisons there is a group of marginals who do not belong or have been expelled from one of the available groups. According to the nature of the ties between convicts, relatively permanent (according to the length of stay), loose (according to mutual distrust) and highly interdependent (when it comes to the acquisition, exchange and purchase of rare goods) ties can be formed. Informal convict groups can be formed on various grounds, and often according to place of residence, religion, criminal act, political option, fan groups, expressed loyalty...[9] There can also be a mixing of all the mentioned bases when there are systemic changes, often by violent means.

3.1 Norms

Each penal institution has its own penal code that varies from institution to institution with its similarities and differences. The convict code is an integral part of the convict culture, which prescribes "a system of habits, behavioural patterns, prison customs and routines, attitudes towards the formal system, officials and social institutions outside the institution (courts, police, politicians...)" (Caldwell, 1956: 655). Also, convicts tend to develop their way of speaking through jargon adapted to the prison and previous lifestyle, and it is possible to speak the prison language (jargon).[10]

The penal code is passed down from generation to generation and is prone to change due to the pressures of the formal system. The recruitment of new members begins with their arrival at the

9 As important factors in the formation of informal groups, Roth (op.cit., p.: 68) cites: maturity, social adaptability, rigid attitudes, authoritativeness, willingness to cooperate, cooperativeness, extroversion...

10 Prison language belongs to the group of subcultural jargons without functional and elaborate syntax. It is based on the combination of the jargon of the tent, drug, drug addict and thief adapted to the prison environment and convict norms. Some of the most common words are "zipa" (in jargon: "zipa" (watch out), and it is used in two ways, for a convict who keeps watch during prohibited actions and on occasions when the attention of others is drawn to the arrival of an official), then the coin "to throw threes" (it has the meaning of revealing secrets to officials or snitching), "tossing a pancake" (listening in on a conversation by leaning one's ear against the door), "trkelj" (notifying the convicts that the room is about to be searched to get rid of forbidden things), "ziben" (in German the number seven which in speech can correspond to an action), "samuraja" (solitary), etc.

institution and is based on coercion and fear. Due to the need for security, membership is accepted without objection. Loyalty to the leader and the group is regularly tested in the first months.

> But by accepting this system, the convict achieves something more than "simple" protection of his self-image. Having lost his previous affiliation through conviction and imprisonment, he, by integrating into the prison society, regains that affiliation and at the same time acquires a group identity, protection from attacks by aggressive convicts, exploitation and fraud. Then he acquires "social" support to manage his hostile feelings, caused by rejection and punishment, towards the external enemy and not towards himself; he gains the support of the group to simply transfer the responsibility for what he has done and the feeling of guilt to the society and the environment that surrounds him, which once again reinforces the image of himself as a victim of various circumstances and especially "the authorities" (Radovanović, 1992: 29).

The main convict norms are: stand in solidarity with other convicts, do not cooperate with officials unless you are acquiring goods or information, snitching is strictly prohibited, show resistance to the staff and treatment, respect peace among convicts, respect family visits of other convicts, "do not make waves" (in the sense of the prohibition of using power and violence without reason), protect yourself and trust no one... The first and universal peculiarity of the convict code is: "no cooperate" and which is the first in terms of the degree of disrespect due to an individual's attempt to participate in the program of action.[11] Also, disclosing the means of acquiring rare goods is the most severe form of non-compliance with the penal code, which is followed by the most severe sanctions. Other "rules" of behaviour, in some penal institutions, are informally called "complexes" and refer to the regulation of the way of serving the sentence through various attitudes and opinions. Typical situations that change more slowly and are followed with the comment: "it's a complex!", are cooperation with the treatment officer[12], taking any phallus-shaped food, performing any physical exercise that is associated with sexual intercourse, any conversation about homosexuality unless it is judgmental (convicts pay attention to how they talk to each other, for example, you don't say "I smoke cigarettes, but light cigarettes"), accepting a workplace where anything is served to officers (food or drinks), especially security officers, refusing to work upon arrival at the institution, actively advocating in the program of action... Depending on the structure of the convict population as well as their organization, informal rules weaken or strengthen. In essence, "[the] prison code is always present and the success of resocialization will largely depend on the way the normative system is implemented and preserved. By strengthening the informal system, the formal system is weakened and for this very reason it is necessary to take all the necessary measures to avoid entropy. The influence of the prison code is present and it is impossible to eliminate it, and as such it should be accepted and controlled during re-educational work wić with convicted persons" (Macanović, 2009: 138).

> All convicts in prison, regardless of whether they are collectives or marginals, adhere to unwritten rules of conduct, i.e. the convict code. A convict who is in prison for robbery gives basic instructions for overcoming prison life - "Be careful what you do and don't trust anyone/In prison there are no friends/Never trust anyone, because it is often misused/Don't trust those who comfort you too much/Many are with you out of profit, or fear or simply boredom/In prison everyone gets to know each other by force/Stay the same until the end, don't be afraid of the "circle", because they are people/Basic "complex" is excessive association

11 compare: Macanović, 2009:125-140

12 for a more detailed description of the treatment officer, see: Krstić, 2002: 223-240

with the teacher - you need to find a balance between the slaves and the teacher/Listen to what the seniors say, and what they do from what they say/There is a spectrum of different behaviour and the most suitable one is chosen over time/Don't be the best or the worst in anything, the golden mean is the best/Share with those who share with you/If you get used to people giving to them, once you don't give to them, they will immediately blaspheme and scold you/Don't try to hear and see everything. Tomorrow someone will "fall" for something and may call you to have something to do with it. Be interested but not overly interested/They will tell you what you need to know, what they don't - they won't. So, from what they tell you, ask what is not clear/Do some exercises and maintain yourself/ Create a sequence of events for each day of the week/Balance is the most important thing. The same convict describes the colourful prison population: "The gallery of characters is incredible that can be seen. There are pedophiles, public fags, snitches, "pussy" to the mentally disturbed. A really good environment for a person to go outside. Everything revolves around screwing and prison intrigues. All in all, rubbish. I was well accepted into the fourteen-member collective, which is the strongest in the home." (Krstić, 2003: 227)

3.2 Roles and status

Status in an informal group means a position along the social scale in the system. The role represents a pattern or type of behaviour that the convict builds in relation to the expectations of other convicts in the group. Prison status (like any social status) can be ascribed and acquired. In the convict population, it is attributed to age, intelligence, religion, family history, and personality. Acquired status in prison refers to the special abilities and knowledge that the convict possesses and acquired during his sentence, the way of influencing others, special achievements in criminal activities, behaviour according to the convict code, employment in a certain workplace, which position he occupies in the hierarchy of the convict group, the types of political connections he possesses...

The division of roles in the convict system, according to the prison jargon, was identified by Syks and Messinger (Syks and Messinger, 1960):

- The right guy – a convict who fully supports and accepts the convict system;
- The rat or squealer – a convict who violates the first norm of the convict code. As a result, they are often attacked by other convicts;
- The center man – a convict who respects formal rules and procedures either for secondary gain or because he believes in the correctness of his behaviour;
- The tough – an aggressive convict, full of anger and ready to fight;
- The hipster – a convict who adopts similar patterns of behaviour as a thug but who is essentially a manipulator. He chooses his victims carefully, especially those he is sure he can overpower;
- The gorilla – a convict who is also aggressive like a bully, but unlike him, he directs his aggression towards the weaker in order to steal the desired goods;
- The merchant or peddler – a convict who procures prohibited goods through informal channels. The main characteristics are manipulation of needs, high price and interest. Often associated with gamblers;
- The weakling – a convict who is weak to exploitation by others with the inability to defend himself. As a rule, the victim of a "gorilla";
- The fish – a newly arrived convict who still hasn't gotten used to prison conditions;
- The wolf – a convict who sexually exploits other convicts in an aggressive manner. He believes

himself to be playing a "male" role. There is no emotional connection and it often boils down to rape;

- The fag – a convict who assumes a passive, often unwilling role in sexual relations with other convicts;

- The ball buster – a convict who continuously fights against the system and employees despite the futility;

- The innocent – the convicted does not admit to the committed crime and constantly talks about his innocence, for which he was convicted;

- "Outsider" (The square john) – a convict who resisted imprisonment, identifies with the free world and the employees, stands aside from everything that happens in the prison.

All the listed roles are ideally typical in relation to the current situation in the execution system, and depending on the length of the sentence, some roles change over time and adapt to other situations.

3.3 Stratification in informal convict groups

Stratification in the convict population can be defined as a hierarchical system of roles, status and positions in the interdependent and relatively permanent relationship of convicts with the goals of: - maintaining the unequal distribution of valuable and prohibited resources, power and reputation during their stay in a penal institution; - preservation of personal autonomy. In the mentioned system, there is both a vertical and a horizontal plane. On the vertical plane, there are the above-mentioned, hierarchical positions: leader, sub-leader/s (collectives), gang, bums and marginals. The horizontal plane was previously explained by the roles and statuses that convicts occupy in a specific prison environment.

3.4 Vertical plane

- Leader: according to Roth (1983), the leader is defined as a person who has a dominant position in the group, primarily in terms of power and influence, a position that allows him to influence the behaviour of other group members. The conditions that must be met in order to appoint a certain convicted person to the position of leader are: a specific crime committed (in the first place, murders and serious murders committed for criminal interests, then, placing psychoactive substances on the market, serious robberies and blackmail), criminal status before coming to serve the sentence and committing the crime, membership in fan groups, positive attitude towards lower-ranking convicted persons, physical appearance (expressed bodybuilding is extremely desirable and accepted) and present collaborative interest relationship with the institution's management. The task of the leader is to organize the collective in order to acquire rare goods and protect all members. In situations where the rights of convicts are threatened, he advocates for the establishment of a balance. According to the division of roles mentioned above, the combination of "True Man", "Bully" and "Man of Management" is ideally typical and such a leader usually stays in that position for the longest time.

- Sub-leaders or collective members: convicts who occupy a lower position than the leader, first of all, have the primary goal of protecting the leader from all real and unrealistic conflicts in the collective or between collectives. The secondary goal is to enable the leader to use rare goods unhindered, and if a search occurs and a prohibited item is found, it is the duty of the collective (especially the one being checked or the one who is clearly passive in the treatment) to take responsibility so that the leader can go unpunished. The tertiary goal is to entertain and reduce the leader's prison sentence as well as to carry out his orders. The benefits of collectives are protection, reduction of fear and tension and use of rare goods and services according to merit. The latent motive of most

collectives is to take over the leadership when the necessary conditions are created and often the formation of a new collective. The leader chooses his subordinates, usually according to acquaintance, criminal offense and current reputation and status in the convict population.

- Gang: Convicts who are the next lower rank than the leader. They are responsible for carrying out the orders of the leader and sub-leader, namely: procuring rare goods, causing conflicts, racketeering, beating up marked convicts, participating in a fight instead of a leader. The leader of the collective appoints the leader of the gang. The gang is also the most numerous subgroup and in case of dissatisfaction with the leader, they are often able to provoke a conflict aimed at his overthrow. The gang is most often made up of manipulators, gamblers, thugs, rapists, but also convicts who stay away and try to participate equally in the formal and informal system.

- Tramps: convicts who have the status of not accepted in the convict population. Most often from national minorities, with minor crimes and mentally unstable (not aggressive). The task of the "bum" is primarily of a courier nature and maintaining the hygiene of the rooms used by the leader and sub-leaders. If their numbers increase, the leader appoints a bum leader or adds that duty to the gang leader. In such situations, imitation of the leader of the collective through bullying of "subordinates" often occurs.

- Marginals: convicts who do not belong to any collective, either left them independently, or were kicked out. In both cases, they represent a danger to collectives because of the information they possess and as a result their security is often threatened. As a rule, they seek protection from the formal system and, under pressure, collapse and weaken the informal system by revealing secrets to the institution's officials.

There is vertical and structural mobility in the informal organization of convicts. Both mobilities arise as a result of conflicts caused by the change of leadership or by filling positions due to the transfer of the leader and collectives to other penal institutions for reasons of threatened security or due to an exceptional threat to order and peace in the institution.

3.5 Dynamics of informal groups through interpersonal conflicts

The dynamics of informal convict groups can be defined as a process of changes and activities on the horizontal and vertical stratification level in a certain period. Studying such dynamics is crucial for prisons in order to prevent and thwart intra-group and small-group conflicts, inter-group conflicts, employee-directed conflicts, and possible larger riots and riots.

The dynamics of informal convict groups can be influenced by several factors:

- *respect for the convict code* - A positive attitude towards norms is the main cohesive element in the group. Ideally, the most desirable convict is one who does not question the penal code and accepts it in its entirety. He is loyal and executes orders without question and in this way creates fear in the opposing group as well as those lower than himself. The speed of adoption of convict norms depends on psychological combinatory and the choice that is chosen. The collapse of group cohesion is influenced by those convicts who are pro-social and non-criminally oriented and who accept the norms for protection and for a certain period until they progress to a more favourable treatment. Also, there are convicts who are a passive part of an informal group and who pay for protection in goods (packages, shoes, clothes, cigarettes...). Such convicts do not participate directly in any changes, unless pressure is put on them to achieve a "general" goal.

- *changes at the level of the leadership of the collective* - Changes may be due to the expiration of the sentence, the transfer of the convicted to another penal institution, a physical attack due to an undesirable way of leadership or conflicting interests, a planned attack and the assumption of leadership

by the collective, the transfer of the convicted (leader) to another pavilion or department (e.g. semi-open). According to examples from practice, a convict who respects all convicts with a lower rank and who is able to obtain some collective benefits from the administration (e.g. new equipment for the gym, organization of a joint New Year's celebration...) stays in the position of leader for the longest time. If the change of leader is effected by the formal system, there is a danger of rebellions and protests by the convicts. Calming tensions is solved by choosing the most suitable leader whose first task is to calm the other convicts. If the leader is changed due to conflict between opposing groups, the group that has protection from the formal system "wins" because the majority of that collective will not be punished but will be characterized as self-defense.

- *conflicts within the group* - Considering the durability and nature of bonds based on fear in the convict collective, conflicts can arise due to non-compliance with norms, disclosure of secret information, failure to carry out orders, provocations, attempts to take over leadership, advancement in the hierarchy. A popular safety valve for removing tension and measuring strength and power are fights, in prison slang, "on the fence" and which are approved by the leaders of the collective and, in Kozer's terms, belong to unrealistic conflicts. Conflicts within the group have the function of strengthening the group by filtering out undesirables and restructuring roles and positions.

- *conflicts between two or more groups* - In every institution there are at least two informal and opposing prisoner groups and one formal (official) group. The formal official group has a solid structure and divisions within them with clear and expressed attitudes towards the convicts and the functioning of the institution. Informal convict groups that make up a specific social system are primarily defined in relation to and opposition to the formal system. The common goal of the informal groups is resistance to the staff and free design of prison life according to permitted and prohibited possibilities. Any movement of the boundaries of the informal activates the protective processes and procedures of the formal system to restore the management of the institution to its previous state. The goals of each of the informal groups is to constantly strengthen the group, demonstrate power and influence, take over prison premises and space, which further demonstrates the said power.

- *coalitions within the group and between groups* - Coalitions can be formed due to shared accommodation, the same workshop where they work, similar interests and views of the world, belonging to the same fan groups. In such groups, "intimacy generates an accumulation of hostile feelings, because it creates frequent opportunities for conflict, which is usually suppressed due to feelings of attachment" (Kozer, 2007: 83). Also, "institutional ways of expressing ambivalence" is the "joking relationship" (Kozer, op.cit., p.: 85) between coalition members which has the function of lowering tension and strengthening cohesiveness through rude swearing and giving vulgar labels. Depending on the number of informal groups and the way they are led, convicts of opposing groups may be prohibited from all communication except "business" and in periods when communication is free, the coalition is filled with convicts from all informal groups. - transitions from the primary to the opposing group - "If they happen to be abandoned by someone with whom they shared care and responsibility for the life of the group, they will react to such "disloyalty" in a more violent way than less involved members would." (Kozer, op.cit., p.: 93) Motives for moving from one convict group to another can be various, but in most cases it is due to conflicts within the primary group and threatened security from convicts from that group. The conflict itself can arise due to the privileges offered in another group or the arrival of more convicts with whom there is an acquaintance from outside. If the group to which they are transferred is strong, the convicted will not have direct problems, but there will always be a danger of retaliation that can be transferred even after the sentence has expired. Increased commitment to the formal system in terms of revealing the secrets of the collective is also understood as a transition to another group. In this case, ie. when he receives the label of a snitch, the convict's safety is threatened by all the convicts in the institution, which is one of

the cohesive factors of two (or more) convict groups towards a common "enemy". Another similar factor is the negative orientation towards the formal system.

- *changes in cooperation with the formal system* - In order to reduce informal influences, the formal system is constantly searching for ways to collapse pro-criminal associations. Influences can be formal and informal. In some prison institutions, especially those focused on guarding, the cooperation with the informal system is extremely close, in such a way that the leaders are given greater privileges (important information, better accommodation, workplace...) in order to influence the convict population so that major systemic upheavals (e.g. rebellion) do not occur. Thus, the formal system often appoints a convict leader who is responsible for cooperation with the administration. Also, it is not a rare case that abuses of official position occur in such a system, which the media welcomes by creating a general label of corruption of prison officials. A slightly more positive practice is to activate the existing leader to "fight" for more favourable treatment through legitimate and positive channels (the motive for freedom is the strongest, especially in such institutions), and in this way will influence the other convicts to jointly participate in maintaining stability in the prison and activate the majority of the convicts to individually try their hand at "fighting" for treatment. When the "treatment contagion" spreads through collectives, the negative pressures decrease until the moment of the collapse of the hierarchy with the departure of the leader to a semi-open ward or parole. In addition to the mentioned strategies aimed at the leader's personality, there are other ways of reducing tensions. First of all, there are sports competitions in collective and individual sports, where convicts are given the opportunity to choose the sport and team members as well as their names. Just by giving a team a name, convicts define their group and reveal their connections to the formal system. The winners are awarded institutional benefits such as an extended visit or an extraordinary package. Then, organizing music concerts in the institution, at least for a while, removes each individual from the prison climate and allows him to enjoy popular music. During these events, the convicts sit in such a way that they directly show the hierarchical sequence in the collective, starting from the leader down to the lowest ranked. An additional advantage of organizing such events is that the most visible change in position in the collective can be observed.

- *increase in the number of lower-ranking convicted persons* - It was mentioned earlier that the middle layer in the convict collective consists of members of the "gang" who are responsible for various beatings and the procurement of illegal items. During the passage of time and the arrival of new convicts, there may be an imbalance in some collective, i.e. that the number, and thus the strength, of the gang exceeds the strength of the top of the collective. In situations where there is a "gang leader" with the motives of taking over the collective or forming his own, the entire convict population suffers internal pressure from the outbreak of possible riots, which automatically activates the formal system to suppress bigger problems through its channels. The most painless way is to transfer a certain number of convicts to other penal institutions in order to create a new structure.

- *divulging important information* - convicts who choose a strategy of behaviour that includes divulging secrets of convicts that are important to the formal system, directly put their safety in question. Those convicts who persist for a long period of time with such selection are in cooperation with both opposing sides. Sometimes they use false information, sometimes bad information in order to secure themselves. Through their channels, they find out about disagreements and quarrels among officials and are active in finding out who is the "weak link" in the formal system. They "sell" such and similar information to the leaders of the collective. For the formal system, they find out who procures illegal things, who owns them, changes in the hierarchy, who participated in the fight... Also, the formal system often uses them to spread incorrect news among the convicts and thus introduce instability among the convicts. As a rule, such a convict does not last long with such a choice, and if he wants to ensure his safety, a better strategy is to belong to one of the collectives that is able

to provide him with safety. In situations where the disclosure of secrets is of a situational nature and if the identity of that convicted person becomes known, security is directly threatened and a formal system must ensure security in the shortest possible time.

- *riots* - Prison riots are directly related to the degree of organization of the prison population. If the informal prison system is firmly organized without fear of internal collapse due to unrealistic conflicts, the formal system, and wider society, are at risk of rebellion. For a rebellion to occur, a rigid organization is a necessary but not the most important condition. In their study of prison riots, the authors cite Vernon Fox's conclusion that prison riots occur in prisons where inmates have medium to high morale and where certain conflicts arise within the institution's staff, most often between the philosophy of treatment and the concept of custody. (Marić, Radoman, 2001: 123) The previous rebellions in Serbia were caused by both internal and external factors. Complaining about prison conditions is the most primary reason (internal), while socio-political changes (external) are the second reason. As a trigger for the rebellion, there is also the subjective desire of a few convicts to ensure the conditions for escaping from prison or to settle "old scores" from the field.

> "It all started on November 7 in the KPD Sremska Mitrovica, when 1,300 prisoners started a rebellion before midnight, demanding a general amnesty (also for Albanian separatists) and better living conditions. There were also unusual demands, such as that in the future only three commanders could, as the only ones eligible, enter the circle. The ten-day drama was announced by the prisoners from the first pavilion, when they blocked the doors with crowbars and To avoid being lynched, the guards ran away from the prison premises: "Freedom for all!" The prisoners of the second and third pavilions joined them and started burning the buildings in the prison grounds. The following day, on Monday, negotiations began between the representatives of the prisoners and the then minister of justice Seada Spahović and the prison administration, s others. A few days later, the guards also started the protest, who left the circle and went out in front of the Administration building. They demanded higher wages, better conditions and a change in management. In this lawlessness, the prisoners themselves maintained order within the circle, refusing to enter the cells. "I'd rather dig a field than worry that some prisoner will injure me, make me disabled or even kill me. Thank you! But for 80 marks, let them look for others", was heard at a meeting of about 500 employees in the Sremskomitrovec prison. A little later, when the situation began to slip out of their control, the prisoners called the guards from the watchtower to come back and take over their jobs. Part of the rebel prison atmosphere was the parties in the pavilions, and enjoying the good food that came to them as humanitarian aid. It was also reported that younger prisoners experience rape on a daily basis. that the leaders changed their gray uniforms with numbers to workmen's uniforms, that they collected all the medicines from the prison pharmacy. Before the food began to arrive, they occupied a warehouse with two tons of dried meat products, which, as they ordered, was used for appetizers. It was also rumoured that many planned to escape, first through the prison gate, then by tearing down one of the walls and digging underground tunnels."

Conclusion

As stated in the Law on the Execution of Criminal Sanctions, the execution of a prison sentence is defined in Article 43: The purpose of the execution of a prison sentence is that during the execution of the sentence, the convicted person, through the application of appropriate treatment programs, adopts socially acceptable values with the aim of easier inclusion in the conditions of life after the execution of the sentence so that he does not commit criminal acts in the future. If the above article were to be defined according to the above analysis, it would read: The purpose of the prison is for the convict, during the execution of the sentence, through the application of repressive measures, the formal and informal system, to adopt the convict's values in order to more easily integrate into the conditions of prison life so that he does not fear for his safety in the future. With the deprivation of freedom and arrival in a repressive environment, intrapersonal conflict is inevitable due to the discomfort of the life situation. By forming groups on various cohesive bases, a unity is created that protects individuals by activating them individually to defend the boundaries of their group. Therefore, in prison institutions, conflict, either intrapersonal or interpersonal, is inevitable as well as informal prisoner organization. Reducing repression and enabling the most humane possible access to a convicted person is the only way to alleviate fear and, therefore, conflicts in and among convicts. in prison institutions, conflict, either intrapersonal or interpersonal, is inevitable as well as informal prisoner organization. Reducing repression and enabling the most humane possible access to a convicted person is the only way to alleviate fear and, therefore, conflicts in and among convicts. in prison institutions, conflict, either intrapersonal or interpersonal, is inevitable as well as informal prisoner organization. Reducing repression and enabling the most humane possible access to a convicted person is the only way to alleviate fear and, therefore, conflicts in and among convicts.

References

Atanacković, D. (1988). *Penologija* [Penology] [in Serbian]. Beograd: Naučna knjiga.

Caldwell, M. G. (1956). Group dynamics in the prison community. *Journal of Criminal Law and Criminology, 46*(5).

Kozer, L. (2007). *Funkcije društvenog sukoba* [The functions of social conflict] [in Serbian]. Novi Sad: Mediterran Publishing.

Koković, D. (2005). *Pukotine kulture* [Cracks of culture] (2nd ed.) [in Serbian]. Novi Sad: Prometej.

Krstić, Ž. (2003). Zatvorsko duplo dno [The double bottom of prison] [in Serbian]. *Sociologija, 3*(2002). Beograd.

Marić, B., & Bulatović, I. (2004). *Sistem izvršenja krivičnih sankcija u Republici Srbiji* [The system of execution of criminal sanctions in the Republic of Serbia] [in Serbian]. Beograd: Udruženje penologa Srbije.

Mazić, S. (2007). Oblici i metode u vaspitnom radu sa osuđenim licima [Forms and methods in educational work with convicted persons] [in Serbian]. In *Zbornik radova: Krivične sankcije institucionalnog karaktera sa krivično-pravnog i penološkog aspekta* (Sokobanja, 8–9 May 1997). Udruženje za penologiju Jugoslavije.

Macanović, N. (2009). Uticaj zatvoreničkog kodeksa na uspješnost resocijalizacije osuđenih lica [The impact of the inmate code on the success of resocialization] [in Serbian]. *Socijalna misao, 1*(2009). Beograd.

Mary, K. S., & Walsh, A. (2012). *Corrections: The essentials*. London: SAGE Publications.

Milojević, S. (1984). *Osnovi penologije* [Fundamentals of penology] [in Serbian]. Beograd: Viša škola unutrašnjih poslova.

Milutinović, M. (1977). *Penologija* [Penology] [in Serbian]. Beograd: Savremena administracija.

Mrvić-Petrović, N. (2007). *Kriza zatvora* [The crisis of prison] [in Serbian]. Beograd: Vojnoizdavački zavod.

Radovanović, D. (1992). *Čovek i zatvor* [Man and prison] [in Serbian]. Beograd: Prometej.

Rot, N. (1974). *Psihologija ličnosti* [Personality psychology] [in Serbian]. Beograd: Zavod za udžbenike i nastavna sredstva.

Rot, N. (1983). *Psihologija grupa* [Group psychology] [in Serbian]. Beograd: Zavod za udžbenike i nastavna sredstva.

Tarner, H. (2009). *Sociologija* [Sociology] [in Serbian]. Novi Sad: Mediterran Publishing.

Špadijer-Džinić, J., et al. (2009). Žena u zatvoru – deprivacije zatvoreničkog života [Women in prison – deprivations of prison life] [in Serbian]. *Sociologija, 3*(2009). Beograd: Institut za kriminološka i sociološka istraživanja.

Uprava za izvršenje krivičnih sankcija. (2015, April 14). *Početna stranica* [Homepage] [in Serbian]. http://www.uiks.mpravde.gov.rs/

Legislation

Law on the Execution of Criminal Sanctions [Zakon o izvršenju krivičnih sankcija] [in Serbian]. (2014). *Official Gazette of the Republic of Serbia*, No. 55/2014.

Law on the Execution of Non-Custodial Sanctions and Measures [Zakon o izvršenju vanzavodskih sankcija i mera] [in Serbian]. (2014). *Official Gazette of the Republic of Serbia*, No. 55/2014.

Law on Juvenile Offenders and Criminal Protection of Minors [Zakon o maloletnim učiniocima krivičnih dela i krivičnopravnoj zaštiti maloletnih lica] [in Serbian]. (2005). *Official Gazette of the Republic of Serbia*, No. 85/2005.

Criminal Code [Krivični zakonik] [in Serbian]. (2005). *Official Gazette of the Republic of Serbia*, No. 85/2005, 88/2005 (corr.), 107/2005 (corr.), 72/2009, 111/2009, 121/2012, 104/2013, 108/2014.

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Nebojša Jovanović (2025). *Development of Basic Emotional Competencies in OLI Integrative Psychodynamic Psychotherapy: Theoretical and Methodological Foundations of OLI IPP.*

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The book *Development of Basic Emotional Competencies in OLI Integrative Psychodynamic Psychotherapy* represents a systematic and theoretically ambitious continuation of the author's longstanding work on the development of OLI Integrative Psychodynamic Psychotherapy. In continuity with the earlier study *Capacity for Love and Work*, which established the broader theoretical framework of the model, this volume offers a more precise operationalization of one of its central concepts – basic emotional competencies – and elaborates their developmental, structural, and methodological dimensions.

The central thesis of the book is that psychotherapeutic change does not primarily rest on uncovering repressed content, but rather on the development or unblocking of the ego's fundamental capacities for emotional processing and regulation. The author identifies eight such competencies: neutralization, mentalization, object wholeness, object constancy, tolerance of frustration, tolerance of ambivalence, will, and initiative. These competencies are not conceptualized as defense mechanisms; rather, they are understood as developmental achievements that transcend defensive patterns and enable more mature, flexible, and reality-oriented personality functioning.

The theoretical contribution of the book lies in its explicit grounding in four psychoanalytic psychologies – classical drive theory, ego psychology, object relations theory, and self psychology – combined with an attempt at their functional integration. Neutralization is derived and further elaborated from the tradition of ego psychology (Hartmann); object wholeness and object constancy draw upon object relations theory (Klein, Mahler, Kernberg); tolerance of narcissistic frustration is linked to self psychology (Kohut); while the concept of frustration tolerance is rooted in classical Freudian theory. However, the innovative aspect of the model does not consist merely in borrowing these concepts, but in redefining them as competencies – capacities that can be developed, practiced, and gradually automatized within the therapeutic process.

In this respect, the book represents a shift of focus from a predominantly conflict-based model toward a model centered on deficits and developmental arrest, yet without abandoning the psychoanalytic understanding of personality structure. The author retains the concept of conflict but situates it within a broader developmental framework in which the crucial strength of the ego lies in its capacity to neutralize instinctual energy, integrate ambivalence, and maintain stable object representations. In doing so, the OLI model aligns most closely with classical ego psychology, while simultaneously moving beyond its limits through its insistence on an explicitly integrative perspective and a clearly articulated methodological operationalization.

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Particularly noteworthy is the concept of "counter-skills" – complex, secondary gain–driven patterns of behavior that represent a misuse of defense mechanisms. This notion introduces an additional clinical differentiation between defense as a structural function and learned manipulative strategies that perpetuate suffering. The introduction of "emotional accounting" as a technique for recalculating gains and losses constitutes an effort to render the process of relinquishing secondary gains both conscious and structured.

The methodological section of the book provides a clear description of the phases of the therapeutic process within the OLI model – from the elaboration and identification of patterns, through the development of competencies, to the final phase in which changes are consolidated and separation anxieties are worked through. In this way, theoretical constructs are directly connected to clinical practice, which significantly enhances the practical applicability of the model.

Within the broader context of contemporary psychotherapy, this study may be read as a contribution to the development of a competency-based model of psychodynamic therapy. While many contemporary approaches (e.g., mentalization-based models or affect regulation–focused therapies) tend to single out particular functions as central, the OLI model seeks to offer a coherent system of interrelated emotional competencies that together constitute the structural foundation of personality.

The book is extensive and theoretically demanding, and is primarily intended for psychotherapists in training, supervisors, and researchers interested in integrative models. Its value lies in its attempt to systematize and clarify concepts that, within the psychoanalytic tradition, have often remained at the level of implicit assumptions. As such, it represents a significant contribution to the domestic and regional psychotherapeutic literature, as well as a stimulus for further theoretical and empirical elaboration of the concept of emotional competencies within a psychodynamic framework.