

ISSN 3042-3341 (ONLINE)

INSIGHTS

JOURNAL OF THE EUROPEAN ASSOCIATION FOR
INTEGRATIVE PSYCHODYNAMIC PSYCHOTHERAPY

ISSUE

3/2026



EAIPP

European Association for
Integrative Psychodynamic
Psychotherapy



ISSUE 3/2026

ISSN: 3042-3341
(Online)

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Journal of the European Association for Integrative Psychodynamic Psychotherapy

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"Insights" — journal of the European Association for Integrative Psychodynamic Psychotherapy

Publisher: European Association for Integrative Psychodynamic Psychotherapy (EAIPP)

Location: Belgrade, Gandijeva 187/32

Email: journal.integrative.psy@gmail.com

Web: <https://insights.eaipp.org>

e-ISSN: 3042-3341 (Online) UDC: 615.851

The journal is published at least once a year in electronic form. Articles are published on the journal website: <https://insights.eaipp.org>

In 2024–2025 the journal was published in English and Serbian; from issue 3 (2026) it is also published in Russian.

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: 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.

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TECHNICAL EDITORS

Dear readers

this is the third issue of the journal of the European Association for Integrative Psychodynamic Psychotherapy. The journal continues to bring together theoretical, research, and professional papers in integrative psychodynamic psychotherapy and related approaches grounded in psychodynamic principles, along with case presentations and book reviews.

For the first time, this issue appears in three languages – Serbian, English, and Russian – and I am especially glad that both among the authors and on the editorial board of this issue we have colleagues from Russia. In this way the journal becomes more accessible to a broader international readership and more open to the exchange of experience beyond our own language area.

I thank the authors for their trust, the members of the editorial board and the reviewers for their thorough and careful work, and all those who helped prepare the papers for publication. The call for authors remains open: with your contributions you can enrich future issues and advance the exchange of knowledge in this field.

I wish you pleasant and stimulating reading.



Nebojša Jovanović

President of EAIPP and author of the OLI integrative psychodynamic psychotherapy approach



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When Interpretation Is Not Enough: Distinguishing Conflict and Deficit in OLI Integrative Psychodynamic Psychotherapy - Theoretical Considerations and a Longitudinal Single-Case Study with Content Analysis of Diary Entries

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(original scientific paper)

Cite as: Civrić, Đ. (2026). When Interpretation Is Not Enough: Distinguishing Conflict and Deficit in OLI Integrative Psychodynamic Psychotherapy - Theoretical Considerations and a Longitudinal Single-Case Study with Content Analysis of Diary Entries. *Insights*, 3, pp. 1-36. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.1>

Abstract

In psychodynamic psychotherapy interpretation is the central mechanism of change, yet the same intervention helps some clients and not others. The paper proposes that the answer lies in distinguishing the diagnostic assessment of psychopathology from the assessment of functional availability: what the client has, at a given moment, to receive and work through an interpretation.

Building on ego psychology, the paper shows how OLI Integrative Psychodynamic Psychotherapy operationalizes the distinction between intrapsychic conflict and developmental deficit through the concept of basic developmental competencies. The hypothesis is that this availability determines whether conflict is accessible to symbolization, and that its stabilization precedes that accessibility in time.

The hypothesis was examined through a longitudinal single case study with two sources: the therapist's clinical formulation, and a directed content analysis of eighteen client diary entries, independently coded by two raters across twelve codes and four phases.

Conflict and deficit coexisted in the same client; what changed over therapy was not the type of psychopathology but the hierarchical relationship between the two levels: conflict became accessible to symbolization only after the competencies had become functionally available. Developmental work through the therapeutic relationship, and through the transfer of functions, restored the availability of these competencies, and only with it did interpretive work become possible. The contribution lies in the procedure by which availability is tracked over time, and in the finding that the same client shows different blockages on different competencies, so the distinction between conflict and deficit must be posed per

Received: 6 Aug 2026

Accepted: 19 Sep 2026

Published: 20 Sep 2026

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competency, not for the client as a whole.

Keywords: intrapsychic conflict, developmental deficit, basic developmental competencies of the personality, transfer of functions, content analysis

Introduction

Interpretation occupies a central place in the psychodynamic tradition. From Freud's (Freud, 1914) early works to contemporary psychodynamic approaches, bringing unconscious content into awareness through interpretation is understood as one of the fundamental mechanisms of therapeutic change. The assumption underlying this model is that the symptom carries meaning, that this meaning is available to symbolization, and that insight into the unconscious conflict can set in motion a process of working through and integration that leads to the desired change.

Yet every clinician knows the experience in which a precise interpretation does not lead to the expected change. The client may understand it, may even confirm it – but it remains without effect. Anxiety does not diminish, the pattern repeats, and the therapeutic process seems to stagnate. The explanation that suggests itself is not that the interpretation was wrong, but that something in the client's psychic apparatus was, at that moment, unable to accept it, process it, and translate it into change.

This clinical experience raises the question that will be at the center of this paper: why does interpretation help some clients and not others, or the same client at different moments of the therapeutic process?

Answering this question requires distinguishing two different sources of psychopathology. The first is unconscious intrapsychic conflict – opposing strivings, repressed affects and prohibitions that organize the symptom as a compromise formation. The second is developmental deficit – the insufficient development of the emotional capacities that make it possible to process experience, regulate affect, tolerate ambivalence, and the like. Where conflict is dominant and the emotional capacities are sufficiently developed, interpretation can be effective. Where these capacities are insufficient, interpretation meets a psychic apparatus that is unable to make use of it, regardless of its accuracy.

This distinction is not new in the psychodynamic literature (Killingmo, 1989; Sugarman, 1995; Druck, 1998; Glita, 2010), but it has rarely been operationalized in a way that gives the therapist concrete clinical guidelines. In addition, in clinical practice it often remains unclear when interpretation is applicable at all – that is, when the client's capacities to accept and integrate it are sufficiently developed. The question of the timing of interpretation – when is the right moment to interpret a particular content – has been present in the psychoanalytic literature since its beginnings. It is most often understood as a question of the client's psychic readiness to accept and become aware of unconscious contents. What remains insufficiently elaborated in the literature, however, is the question of which conditions exactly must be met, what specifically must change in the client, and how the therapist can recognize this. OLI Integrative Psychodynamic Psychotherapy offers precisely such a framework: through precisely operationalized basic developmental competencies of the personality it defines which capacities the client must possess for interpretation to lead to insight and change, and it offers clinical guidelines for assessing this readiness. What the therapist should do when these capacities are insufficiently developed or temporarily unavailable is the central

theme of this paper. Sugarman (Sugarman, 1995) formulates this question directly, as a choice between two models of treatment: whether psychoanalysis treats conflict or deficit, and what technical consequences that choice carries.

The aim of this paper is to elaborate this distinction theoretically and to test it through a case study that combines the therapist's clinical formulation with an independent content analysis of the client's diary entries from the same period (a metasynthesis of case studies applying this distinction is provided by Krivzov et al., 2021). The central thesis is that the effectiveness of interpretation depends not only on its accuracy, but on whether the client, at a given moment, possesses the basic developmental competencies of the personality that enable them to accept it, process it, and translate it into change. Recognizing what is available to the client for processing at a particular moment of the therapeutic process, and not merely the diagnosis of the type of psychopathology, represents a key step in planning therapeutic interventions.

Proceeding from this thesis, the paper tests the following hypothesis: the functional availability of the basic developmental competencies of the personality determines whether intrapsychic conflict is available to symbolization and interpretive work. From it follows what is directly tested in this paper: that the stabilization of these competencies temporally precedes the emergence of a more clearly symbolized autonomy-attachment conflict.

Two findings could challenge the hypothesis. The first: that conflict becomes available to symbolization even while the competencies stand in absence, which would sever the link between the two. The second: that this availability appears simultaneously with the stabilization of the competencies or before it, which would eliminate the temporal precedence tested here.

By what path this stabilization is achieved is a separate question. Within the OLI IPP framework the therapist's share in it is described as the transfer of functions: the therapist temporarily performs what the client cannot do alone at that moment. From the transfer itself, however, it is not visible what remains behind it – a newly built function, or an earlier-developed one that has again become available. This is established by another path, and for each competency separately: it is checked whether the client had this ability before the crisis. Alongside this, other explanations that could yield the same outcome are considered. That part is not part of the hypothesis but the subject of a separate check.

What follows presents the theoretical framework that allows a more precise understanding of this distinction – from the classical psychodynamic model of change, through the contribution of ego psychology, to the conceptual tools offered by OLI Integrative Psychodynamic Psychotherapy. This is followed by a description of the methodology by which the hypothesis is tested through two sources of data, the therapist's clinical formulation and an independent content analysis of the client's diary entries from the same period, after which the case and the findings of that test are presented.

Unconscious Conflict and Interpretive Work

The psychoanalytic model of change rests on the assumption that symptoms are expressions of unconscious conflicts. Freud (Freud, 1926) developed his theory in the context of the Victorian culture of the late nineteenth and early twentieth centuries, marked by rigid moral norms and strong social pressure toward the repression of drives – sexual ones above all. The clients he treated were predominantly neurotics in whom the conflict between repressed wishes and the demands of the superego was the central source of suffering. The clinical picture in contemporary psychotherapy is considerably different: therapists increasingly encounter clients whose suffering does not stem primarily from repressed conflicts, but from developmental deficits – insufficiently developed capacities for processing emotions, regulating affect, and organizing relationships. This change in the clinical picture is one of the reasons why interpretive work alone is not always sufficient.

This model works when certain preconditions are met. The client must be able to hold the affect in mental space instead of discharging it immediately through action, to observe their own reactions with a certain degree of distance, and to tolerate the inner tension that insight inevitably brings. When these capacities for processing emotional experience are present and sufficiently developed, interpretation can be effective – the client is able to receive it, reflect on it, and gradually integrate it.

The classical conflict model, however, largely proceeds from the assumption of relatively preserved capacities needed for interpretive work. When psychodynamic work expanded to clients with more severe developmental arrests and limited capacities for symbolization, it became clear that interpretation by itself is not sufficient – and can sometimes even be counterproductive. A client who is flooded by affect or whose capacities for processing emotional experience are insufficiently developed will not be able to make use of the interpretation regardless of its precision. What they lack is not insight – they lack the capacities that would make insight possible.

From Conflict to Deficit: The Contribution of Ego Psychology

The development of ego psychology represents an important theoretical shift within the psychoanalytic tradition. While classical psychoanalysis was directed above all at the content of the unconscious, at what is repressed and why, ego psychology shifts the focus to the capacities of the ego to process, tolerate and integrate conflict. Hartmann (Hartmann, 1939) introduces the notion of autonomous ego functions that develop independently of conflict and that make adaptation to reality possible. Within this framework, psychic health is not merely the absence of conflict, but the presence of sufficiently developed ego functions that allow flexible and stable functioning.

This shift opens a clinically important distinction between conflict and deficit. Conflict presupposes a relatively preserved ego structure – the opposing forces exist within a system that has the capacity to integrate them, with therapeutic help. Deficit, by contrast, points to insufficiently developed or unstable ego functions. In a client with dominant deficit the problem is not that a particular content is not conscious – the problem is that the psychic apparatus lacks the functions that would allow it to adequately process any content. The difference is not in what the client does not know, but in what they cannot do. Killingmo (Killingmo, 1989) translates this distinction directly into the plane of technique: the pathology of conflict calls for interpretation, which uncovers repressed meaning, while the pathology of deficit calls for affirmative

interventions aimed at building the missing structure, rather than at uncovering hidden content.

Ego psychology, drawing among other things on the work of Anna Freud (A. Freud, 1936), also introduces the concept of the auxiliary ego – the role of a therapist who temporarily makes their own developed functions available, allowing the client to experience, through the relationship, ways of processing experience that they are not yet able to perform themselves. This process unfolds through repeated experience in the therapeutic relationship and the gradual internalization of the borrowed functions.

Despite these important contributions, the notion of ego strengths remains insufficiently specified – which functions exactly develop, in what order, and how their development can be systematically recognized and fostered in the therapeutic process? Ego psychology does not give a clear answer to these questions. It is precisely here that OLI Integrative Psychodynamic Psychotherapy seeks to further operationalize these processes.

Conflict and Deficit in OLI Integrative Psychodynamic Psychotherapy

Foundations of the OLI Model

OLI Integrative Psychodynamic Psychotherapy (Jovanović, 2013) was developed within the psychoanalytic and psychodynamic tradition as an attempt to answer more precisely the questions that ego psychology opens but does not fully resolve. Retaining the central place of transference, resistance (Jovanović & Jovanović, 2025) and the therapeutic relationship, OLI IPP introduces a developmental model of change that rests on clearly operationalized psychic capacities and on a systematic understanding of the way these capacities develop in the therapeutic process.

The theory of change in OLI IPP (Jovanović & Jovanović, 2026) rests on a shift from content to process. Change is not understood primarily as a change in what the client thinks or feels, but as a change in the way they think and feel – the way they process emotional experiences, regulate affects, and organize relationships. This functional transformation of the ego forms the basis of lasting psychic change, while insight into content remains an important but not sufficient condition.

From this follows the organization of therapeutic work across two interconnected planes. On the plane of content the therapist follows the client's narrative – current relationships, the developmental and family context, the history of the symptom and the transference patterns. On the plane of process the focus shifts to how the client processes emotional experiences – typical ways of regulating affect, of coping with frustration and ambivalence, the capacity to reflect on one's own inner states, and generalized patterns of functioning that arise as a consequence of deficits in developmental competencies. It is work on the plane of process that forms the basis of lasting change in OLI IPP.

Basic Developmental Competencies of the Personality

The central concept of the OLI theory of change is the concept of the basic developmental competencies of the personality (Jovanović, 2025) – an operationalization of what ego psychology describes insufficiently precisely through the notion of ego strengths. The basic developmental competencies are not personality traits nor skills in the narrow sense – they are developmental capacities for processing emotional energy in a flexible and realistic way. They develop in the early relationship with significant objects, may remain insufficiently developed, or may be subject to regression in stressful situations. OLI IPP distinguishes eight basic developmental competencies of the personality that together form a dynamic system – the arrest or underdevelopment of one often entails disturbances in the functioning of the others.

Neutralization is the basic regulatory competency – the capacity to modulate and calm affective energy from a level of overwhelming intensity to a level at which it becomes available to thought and symbolization. Without it the ego remains flooded by affect and is unable to approach either conflict or interpretation.

Mentalization makes it possible to translate emotional experience into meaning – to understand one's own and others' mental states as inner processes that mediate experience and behavior. When it is insufficiently developed, an interpretation that relies on it meets empty space.

Object integration denotes the capacity to experience oneself, others, situations and life choices as complex, multidimensional wholes that simultaneously contain positive and negative aspects. When this competency is insufficiently developed, splitting is activated as a defense mechanism – the object is experienced as exclusively good or exclusively bad, which leads to a distorted, unrealistic image of oneself and others. This makes a realistic view of relationships, situations and one's own personality impossible.

Object constancy denotes the capacity to maintain an inner emotional bond with a significant object during its absence. In OLI IPP it is emphasized that this rests not only on the experience of warmth and presence, but also on the internalization of the object's functions. When it is impaired, the client cannot retain an inner sense of security during separation, which makes them vulnerable to crises that may temporarily render any interpretive work impossible.

Tolerance of frustration denotes the capacity to endure the non-gratification of needs and limitations without loss of emotional regulation – a psychic immunity that protects the ego from disintegration under the pressure of frustration. It is important to emphasize that this competency can be selective: a client may tolerate frustration well in some domains while being markedly sensitive in others. These very areas of heightened sensitivity, the "Achilles heels", point to the most important sites of developmental arrest and represent a key space for therapeutic work.

Tolerance of ambivalence is the capacity to hold opposing emotions toward the same object or choice simultaneously, without the need to suppress one side. It is directly linked to interpretive work on conflict – the capacity to endure the conflict, rather than resolve it by prematurely suppressing one side, is what makes interpretation possible and fruitful.

Will denotes the capacity to carry out decisions that have been made through continuous effort and perseverance. Without it the client cannot persist in the effort that change demands – even when insight has been reached.

Initiative denotes the capacity to begin acting from inner motivation, without relying on external pressure. Its underdevelopment is visible in passively leaving it to others to decide and lead, including the therapist, without taking responsibility for one's own choices and development.

Psychopathology as Deficit or Regression of Competencies

Within the OLI framework, psychopathology is understood above all as a consequence of the deficit or regression of one or more basic developmental competencies of the personality (Jovanović, 2013). When the competencies are insufficiently developed, the person is unable to hold affect in mental space, integrate opposing experiences, maintain the continuity of relationships, work toward satisfying their needs, and develop. When they are unstable, under affective load they temporarily disintegrate.

Clinically it is important to distinguish a lasting deficit from a temporary drop in functional availability. A client who in calmer circumstances functions at a high developmental level may, under intense emotional load, temporarily lose access to capacities that are otherwise available to them – and the clinical picture may then resemble a more severe developmental arrest. It is precisely here that the OLI model shows its clinical value: distinguishing these two situations has immediate implications for the therapeutic approach. Here Glita's (Glita, 2010) warning is also useful: the diagnosis of deficit is not merely a characteristic of the client but also an intersubjective phenomenon shaped by the therapist's countertransference, so that a premature "declaration" of deficit – when it is actually a temporary drop in functional availability or a dissociation, which it is important to distinguish from deficit – carries the risk that the therapist prematurely abandons developmental work.

Transference, Transfer of Functions, and the Development of Competencies

In OLI IPP transference is understood within a broader developmental framework than in the classical psychoanalytic model. Besides the repetition of early object relations, transference is also viewed as a manifestation of developmental needs that are insufficiently developed or integrated. OLI IPP introduces a distinction between two kinds of transference needs: the need for an object and the need for functions (Jovanović, 2026).

Needs for an object – for presence, care and a special emotional bond with the therapist – are analyzed and integrated through interpretation. Needs for functions represent developmental needs for psychic capacities that the client is not yet able to perform independently, and are resolved through the transfer of functions – a mechanism by which the therapist temporarily makes their own developed capacities available. The therapist remains stable when the client is flooded, mentalizes when the client cannot, tolerates ambivalence when the client splits, guides through the process of decision-making when the client cannot do so alone. According to the OLI model, through this relationship the client can gradually internalize these functions. The goal is not lasting dependence, but autonomization – that the client can in the end perform on their own the emotional operations that were previously possible only in the therapist's presence.

Conflict and Deficit as Different Levels of Psychic Functioning

The distinction between conflict and deficit in OLI IPP is not merely a diagnostic category – it is a clinical tool that determines the priorities of therapeutic work. When conflict is dominant and the basic developmental competencies of the personality are sufficiently developed, interpretation has a central role. When the competencies are insufficiently developed or temporarily unavailable, the focus shifts toward developing the capacities that only then make interpretation possible.

In some clients deficit is dominant and long-lasting – intrapsychic conflict is not available for processing because the psychic apparatus lacks the necessary capacities. In others conflict and deficit coexist, but the activation of a developmental deficit can temporarily block access to a conflict that otherwise exists. For this reason the therapist in OLI IPP continuously assesses not only the type of psychopathology, but also the functional level at which the therapeutic process is unfolding at a given moment – what is available to the client for processing at this moment. This understanding of coexistence is also supported by Druck (1998), who opposes understanding conflict and deficit as opposing approaches and proposes that they be viewed as interwoven dimensions that, to varying degrees, manifest in the same client and change over the course of the therapeutic process.

Guidelines for Clinical Assessment

One of the key contributions of OLI IPP to clinical practice is that it operationalizes the distinction between conflict and deficit through concrete clinical indicators. The OLI model offers systematic guidelines for assessing the development of each of the eight basic developmental competencies of the personality – their typical arrests, their manifestations in transference and resistance, and the interventions by which their development can be fostered (Jovanović, 2025). Within this paper it is not possible to present that system in full; here I single out the indicators most directly relevant to assessing whether interpretive work is possible at a given moment.

The basic distinction is presented in Table 1.

Table 1. The basic distinction between conflict and deficit in clinical assessment

	Conflict	Deficit
Capacity	The competency exists	The competency is undeveloped or unavailable
Problem	Blocked access to content	Lack of capacity for processing
Focus of work	Content – what is repressed	Process – how experience is processed
Intervention	Interpretation	Transfer of functions and development of competencies
Mechanism of change	Insight and working through	Development of the functional availability of competencies

The table presents the difference in pure form – in clinical practice conflict and deficit often coexist, and the therapist's task is to assess which of them is dominant at a given moment.

Clinical Indicators

When conflict is dominant with sufficiently developed competencies, the client can remain with an unpleasant affect without needing to discharge it immediately through action, can name and differentiate their own emotional states and connect them with the context of the relationship. When the therapist offers an interpretation, the client is able to consider it – confirm, dispute or build upon it. In the transference relationship there is an ambivalence that the client can tolerate, and between sessions they retain an inner continuity of the process.

When deficit is dominant or the competencies are temporarily unavailable, the most important signal is not that the client rejects the interpretation – but that they cannot make use of it even when they accept it. Affective flooding makes reflection impossible and occupies the entire psychic space. The client focuses on external events without access to inner states, has difficulty understanding their own emotional experience, and is unable to connect it with the context of the relationship and of life. The image of oneself and of the therapist is unstable, with abrupt swings in appraisal. Between sessions the client has difficulty retaining a sense of inner security and continuity, and relies on external supports to regulate intense affects.

These clinical indicators, recognizable to the therapist during the session, are further operationalized into a codebook (Table 3, Methodology), which translates them into criteria for the systematic coding of written material.

Temporary Drop in the Availability of Competencies

A particular challenge is posed by situations in which a client who otherwise functions at a high developmental level goes through a period of a temporary drop in the availability of competencies. This can occur due to a variety of circumstances: the loss of a significant relationship or person, intense separation experiences, accumulated life stressors that exceed the current capacities for self-regulation, existential crises, health difficulties, periods of heightened exposure to traumatic content, or acute life changes that disrupt an attained psychic balance. The clinical picture may then mislead the therapist: where interpretive work was previously possible, interpretations now remain without effect or destabilize. The reason is not a change in psychopathology, the same conflict still exists, but the temporary unavailability of capacities that previously made interpretive work possible.

Recognizing this state requires the therapist to continuously follow not only the content of what the client brings, but also the way in which they process it. When the therapist recognizes a temporary drop in the availability of competencies, the priority shifts: instead of deepening interpretive work, the focus becomes developmental support and the transfer of functions that will restore the capacities and again open space for work on the conflict.

The Role of the Therapist

When assessment shows that interpretive work is not in the foreground, the therapist becomes the bearer of functions that the client temporarily cannot perform alone: remaining stable and non-judgmental when the client is flooded, naming and differentiating affects when the client cannot, retaining a realistic perspective when the client catastrophizes, retaining a whole image of the client when the client experiences themselves exclusively through the prism of a fault or failure. Through repeated experience of this relationship the client gradually internalizes these functions and develops the capacities that only then make interpretive work possible.

As mentioned earlier, the OLI model offers concrete guidelines for recognizing which competencies are in deficit, in what order to develop them, and which interventions can support their development. Their detailed elaboration exceeds the scope of this paper, but the case presentation that follows illustrates how these guidelines look in clinical practice.

This function of the therapist, and its gradual internalization by the client, forms the theoretical basis for the code PF (transfer of functions) in the content analysis of the diary entries, presented in the following chapters.

Methodology

This paper combines theoretical analysis with a longitudinal single case study into which a directed qualitative content analysis has been built, following a design that recent methodological works recognize as particularly suited to connecting clinical practice and research (Råbu & Binder, 2025). Instead of relying solely on the therapist's reconstruction of the process, a second, independent source of data is included in the analysis, the client's written entries from the same period, which makes it possible to check the clinical formulation by an independent path.

Data Sources

The first source is the therapist's clinical formulation of the case, based on process notes and presented in the Case Presentation section. The second source is a structured diary that the client kept throughout the entire presented period of therapy. The diary was kept for the sake of the therapy itself, so that what was written could be discussed in sessions, and not for research purposes. Only afterward was the client informed of the intention to use these entries as research material and gave informed consent for that use, independently of consent for publishing the clinical presentation. The consent covers the analysis and publication of derived, anonymized findings, but not the publication of the entries themselves or of verbatim quotations from them.

The two sources do not follow the same object in the same way. The case presentation captures the content of what was brought to the session; the diary captures the flow between sessions, and records both the moment a function fails and the moment it returns. Since the question of this paper is a question of order, the diary is the source chosen because of the very nature of that question.

Phases

The therapeutic process is divided into four phases, defined before any insight into the distribution of codes (Table 2).

Table 2. Phases of the therapeutic process

Phase	Period	Clinical description from the therapist's formulation	Number of entries
F1 Activation of the deficit	06.03 to 17.03.2025	Panic, affective flooding, dominant need for external regulation.	3
F2 Work with the deficit	26.03 to 07.04.2025	Developmental interventions and transfer of functions; gradual restoration of regulation.	3
F3 Emergence of conflict	16.04 to 01.07.2025	Symbolization, dreams, the capacity to hold autonomy and attachment simultaneously.	8
F4 Generalization and stabilization	09.07 to 27.08.2025	Functioning without the therapist's immediate support.	4

For F4 one procedural specificity should be kept in mind: since in this period there are by definition no parallel therapy sessions, the therapist's "formulation" for this phase is not concurrent but retrospective – based on what the client reported upon returning for the final therapy session.

Hypothesis and Propositions

The hypothesis formulated in the Introduction has, for the purpose of testing, been broken down into testable propositions, paired one-to-one with the phases; the last is broken down into an observational and an interpretive one:

P1 (F1): Indicators of reduced availability of neutralization, constancy and object integration predominate, while the symbolization of the autonomy-attachment conflict is limited.

P2 (F2): Indicators of more stable affect regulation, a less polarized self-image and greater tolerance of the object's absence appear; in parallel, indicators of reliance on the therapist's functions become visible, with signs of gradual internalization.

P3 (F3): Indicators of tolerance of ambivalence and of symbolization of the conflict become more pronounced, without the earlier panic disintegration.

P4a (F4), observational. Indicators of the availability of the tracked competencies are maintained or strengthen in the absence of direct therapeutic contact.

P4b (F4), interpretive. This maintenance is consistent with three readings that do not mutually exclude one another: that it is a newly built and internalized function; that it is an earlier-developed function that was blocked and then unblocked; or that it is a situational dependence on the therapeutic relationship that had not yet been tested by a real demand. Against the third reading speak new and unrelated frustrations endured without deterioration, outside the therapeutic frame and outside the former relationship. Between the first and the second, one criterion decides, applied per competency: whether the pre-crisis level of functioning contained that ability.

Joined into a single claim, observation and interpretation would not allow the proposition to fail partially, would reduce the choice to two possibilities instead of three, and would not say what would refute the proposition. That is why they stand apart.

Content Analysis

The analysis was carried out as directed qualitative content analysis, in which the categories were not derived from the material but determined in advance by theory (for the framework of the procedure see Krippendorff, 2004; Lyhne et al., 2025; for the place of such approaches in contemporary psychoanalytic research see Marogna et al., 2025). The unit of rating is the code within a phase: for each code and each phase one rating was given, on the basis of all the entries from that phase. The unit is not an individual entry or segment of text. The codebook comprises twelve codes: eight basic developmental competencies of the personality, two codes for conflict, transfer of functions, and an outcome marker. With twelve codes and four phases this yields forty-eight cells, one of which is not measured, hence forty-seven ratings.

Each rating is entered with one of four labels. P, confirmation of presence, means a clear indicator that the competency is functionally available. PR, transitional state, means that the function appears but does not work reliably: the old pattern has eased, the new one has not been established. I, absence of presence, means a clear indicator of reduced availability. N means that there is not enough material in the entry for a rating. With P and I an intensity from 1 to 3 is also entered; with PR and N it is not. Intensity is determined by three criteria: 1, a mild or indirect indicator, limited to a single formulation, without visible consequences; 2, a clear indicator with emotional or functional consequences; 3, a dominant indicator that organizes experience or behavior in that phase. Frequency and intensity are descriptive data, not a psychometric measure. With each rating a justification is also entered, into which go the reason, the dilemma, and the fact that the same content carries several codes.

For the ordinal measures the ratings were translated into numbers. The labels with intensity go onto a scale from minus three to plus three: absence of presence at intensity three stands at minus three, transitional state at zero, confirmation of presence at intensity three at plus three. Will and transfer of functions enter with their own levels from zero to three and are computed separately, since their scale is not the same. Where P or I was entered without intensity, the rating was computed as intensity two; this happened three times, all three with initiative. Ratings with the label N do not enter the ordinal series.

The transitional state has its own label because without it the rater would have to classify it either as presence or as absence, and it is neither one nor the other. The label N stands only for a lack of material.

Conflict is tracked with two codes. KFL-a measures the availability of the conflict for processing and asks whether the conflict can be worked on. KFL-b measures the outcome of the conflict and asks how it was resolved. The separation is necessary because the code for availability necessarily falls when processing succeeds, so that a single code with the same label would record two opposite states: a conflict that is not available and a conflict that is resolved. The code for availability for processing presupposes joint exploration in the session, so in the fourth phase, when there are no sessions, it is not applied. There only the outcome is visible.

Two codes are rated in levels. Transfer of functions is rated in four levels, because reliance on the therapist's function is the first step of transfer, not its absence: 0, the function is not performed even with help; 1, the function is performed by the therapist and the client uses it, but it is lost outside the session; 2, the function works independently as well, alongside a reliance that is still needed; 3, works without direct

contact. Will is, for a related reason, rated in four levels: 0, will-lessness; 1, counter-will, a wanting that exists only as opposition to another's demand; 2, good will, a wanting in the service of gratifying another; 3, autonomous will, in which one's own wish is recognized, named and carried out. A single absence label would merge the first and second levels, and they are different: both are determined by the other, only with the opposite sign, and both differ from a wanting determined by oneself.

The function is rated in the situation described, and not at the moment of writing the entry. If in the same entry it is seen that the function returned afterward, this goes into the justification, as an indicator that the function is developed but flooded, hence blocked, and not that it is absent. This rule is important for the diary as a source: writing an orderly review of one's own states is itself a mentalizing act, so without that rule the ratings would systematically overestimate mentalization.

Tolerance of frustration is coded only where it is clear in the entry which unmet wish is at issue. Without that rule the same material is entered twice, since affect most often arises from frustration. The demarcation reads: neutralization works on the surge of affect and asks what the client does with the feeling; tolerance of frustration works on the unmet wish and asks whether the person can endure the time between the wish and its gratification, without annulling or devaluing the wish and with the self-image remaining stable. For the same reason will and initiative are also demarcated: creating one's own goal belongs to initiative, and enduring the path toward that goal to will.

Table 3. Codebook

Code	Construct	Confirmation of presence (P)	Transitional state (PR)	Absence of presence (I)
NEU	Neutralization	Holding the affect, calming, thinking before reacting; the affect becomes an object of observation.	The affect is held with the help of a procedure, for example by distraction, and not yet by thinking.	Flooding, panic, urgent discharge or seeking reassurance from outside.
MEN	Mentalization	One's own and others' mental states are recognized as internal states that mediate experience; a thought is marked as a thought; a motive is attributed and re-examined.	Mentalizes in a calm, retrospective review, but not in the moment of affect.	Psychic equivalence: the internal is taken as reality, others' intentions are assumed without checking.
CEL	Object integration and self-image	Simultaneous perception of the fault and the positive sides of oneself or the other.	Global condemnation is gone, but so is integration; the sides stand apart.	Total self-condemnation, idealization or devaluation, all-or-nothing appraisal.
KON	Object and self constancy	Maintaining the inner bond and security during the object's absence; continuity of the self across changes of state.	Absence is still difficult, but there is no experience of disintegration or catastrophizing.	Catastrophizing of absence, loss of the sense of connection, urgent checking.
Code	Construct	Confirmation of presence (P)	Transitional state (PR)	Absence of presence (I)
		The time between a wish and its		

Code	Construct	Confirmation of presence (P)	Transitional state (PR)	Absence of presence (I)
TF	Tolerance of frustration	gratification is endured: the wish is not discharged through an urgent act, is neither annulled nor devalued, and the self-image remains stable.	Endures briefly and with effort; the need to do something immediately eases, but returns.	Every unmet wish demands urgent discharge or resolution.
TA	Tolerance of ambivalence	Simultaneous acknowledgment of opposing sides, toward the other and toward oneself, without compulsive resolution.	Tolerates indecision and postpones the decision, but does not yet hold two opposing sides of the same object.	Urgent cutting-off, suppression of one side, inability to hold contradictions.
VOL	Will	Level 3, autonomous will: one's own wish is recognized, named and carried out; what must be done becomes one's own.	Transition from the second to the third level: one's own wish is named and defended against fear, but not yet carried out.	Level 1, counter-will: wanting exists only as opposition to another's demand. Level 2, good will: wanting in the service of gratifying another. Level 0: will-lessness.
INI	Initiative	Creates one's own goal, sets it in motion and takes responsibility for the first step; exposes oneself and competes without guilt.	Returns to one's own activities and pleasures, but does not yet create or set in motion anything new.	Two opposite directions, both recorded as an absence of healthy initiative and to be distinguished: inhibition, that is, giving up under fear and guilt over wanting, and ruthlessness, that is, initiative that denies guilt.
KFL-a	Conflict: availability for processing	Both sides of the conflict named, symbolized and explored.	Both sides named, but not yet symbolized or explored.	Conflict implicitly present in a symptom, fantasy or avoidance.
KFL-b	Conflict: outcome	Resolved by holding both sides simultaneously.	Resolution under way, one side still predominates.	Resolved by rejecting or suppressing one side.
PF	Transfer of functions	Level 3, internalized: works without direct contact; the urge to lean on the other arises and is not acted on.	Level 1, leaning: the function is performed by the therapist, the client uses it, and it is lost outside the session. Level 2, alternating: the function works independently as well, alongside a reliance that is still needed.	Level 0, none: the function is not performed even with help.
Code	Construct	Confirmation of presence (P)	Transitional state (PR)	Absence of presence (I)
		Mourning without disintegration, dreams, more	Symptoms ease and functioning improves,	

Code	Construct	Confirmation of presence (P)	Transitional state (PR)	Absence of presence (I)
ISH	Outcome marker	autonomous regulation, overall functioning improved.	but the change is not yet stable.	Deterioration: panic, emergency contact, total self-condemnation.

Reliability Check

The client's diary entries, all from the first to the last, were independently coded by two raters, the author and a second rater, both according to the codebook in Table 3. Each gave 47 ratings, one for each code in each phase. Every entry entered the rating, without sampling.

Agreement was computed in three ways, since three different questions call for three different measures. For the codes rated with labels, simple percent agreement and Cohen's kappa (Cohen, 1960) were computed. For all codes, since the ratings are ordered, weighted kappas, linear and quadratic (Cohen, 1968), were computed. For the question of whether the raters move in the same order across the phases, Spearman's coefficient was computed. Alongside the coefficients, simple percent agreement is also presented, because kappa without it is misleading when one category predominates (Feinstein & Cicchetti, 1990; McHugh, 2012).

The raters agreed in advance to give their ratings without insight into each other's ratings, and so they were given. The second rater, moreover, read neither the paper nor the hypothesis, but coded only according to the codebook and the client's entries; the author, as the paper's author, knew the hypothesis and was rating their own case. Disagreements were recorded in the form in which they arose, before the raters discussed them; after discussion part was reconciled by consensus, and part was kept unreconciled. The measures of agreement were computed on the original, independent ratings and were not recomputed after reconciliation: the reconciled rating enters the table from which the findings are derived, but not the number that shows how much the raters agreed.

Triangulation and Rival Explanations

The findings of the content analysis were compared, code by code and phase by phase, with the therapist's clinical formulation – in order to establish convergence, complementarity or divergence, which is treated as a finding, not as an error. Alongside triangulation, the finding is also checked against rival explanations: for each, what would support it and what stands alongside it in the material are stated.

Case Presentation

This section presents the first of the two sources of data described in the Methodology – the therapist's clinical formulation of the case, based on process notes kept during the therapy. The client was informed of the intention to publish this clinical material in a professional/scientific paper and gave informed consent for publishing the presentation in this form. To protect privacy, all data that could allow identification – including names, the client's origin and field of study – have been replaced with fictitious but essentially equivalent data that reflect the relevant life and developmental context. The separate consent for the analysis of the client's diary entries, which constitute the second source of data, is described in the Methodology chapter.

Background and Initial Clinical Picture

Luka (a pseudonym) is a music student in his early twenties, who comes from Macedonia and studies in Belgrade. At the time of coming to therapy he is in a long-distance relationship of several years with Maja, who lives in Skopje. He comes because of anxiety.

At the first meetings he describes a long-standing pattern of overthinking, perfectionism and a need for control. In preparing musical projects he works out numerous possible scenarios in advance in order to prevent mistakes – which he experiences as exhausting because it hampers his spontaneity and creative expression. He has difficulty delegating tasks, takes on responsibility even for what is not his obligation, and invests great effort in making everyone satisfied. He describes a marked need to make a good impression on others, tries to avoid conflicts, and has difficulty setting boundaries. He himself says that the possibility of rejecting or disappointing other people greatly unsettles him.

On the basis of this clinical picture it could be assumed that at the root of the symptoms lie intrapsychic conflicts – between spontaneity and control, autonomy and the need for acceptance – along with a marked strict superego that contributes to perfectionism and self-criticism. However, already in the first weeks of therapy it becomes clear that besides this conflict level there is another layer that will determine the course and priorities of the work.

Activation of the Developmental Deficit (Phase 1)

Immediately after our second meeting Luka requests an emergency session. On that occasion he speaks for the first time of an event that prompted him to seek the therapist's help, but which until that moment he had not been able to mention out of shame and fear of judgment. A few days before our first session, during a night out under the influence of alcohol, he kissed another girl. Although he soon stopped himself, he experiences this event as a serious violation of his own moral values and describes an intense feeling of guilt.

From a psychodynamic perspective, this event can also be understood as a symptomatic expression of a broader intrapsychic conflict. The kiss can be understood as a breakthrough of an id impulse that, in Luka's tightly controlled position, had no room for expression: needs for freedom, adventure, sexuality and spontaneity that the long-distance relationship could satisfy ever less. It is not an isolated lapse – it is a symptomatic expression of a central conflict that will only later become available to

interpretive work.

The event also carries a special personal meaning. As a child Luka learned that his mother had been unfaithful to his father, which Luka experienced as an extremely painful experience and on the basis of which he formed a firm conviction that infidelity is impermissible. The kiss with another girl therefore did not represent merely a behavior that departs from his values – it set off a powerful inner experience of moral downfall and a fear that he would thereby lose the love and acceptance of significant others.

A few days later, and independently of this event, Maja initiates a conversation about the emotional distancing in their relationship and expresses doubt about whether the relationship has a future. For the first time Luka seriously experiences the possibility of losing a relationship that, as he himself says, he had taken "for granted". This sets off intense separation anxiety that leads to the panic attacks because of which he writes to me and requests an emergency session.

It is important to emphasize that the intrapsychic conflict was present even before all of this. Luka had long felt ambivalence toward the relationship – on the one hand the security the relationship gave him, on the other an ever stronger need for freedom and experiences that he had the impression he was missing out on. However, as soon as the possibility of a breakup becomes real, this conflict almost entirely disappears from his experience. What remains is only an intense fear of loss and a desperate need to preserve the relationship.

Upon returning to Belgrade, attacks of anxiety and panic develop that last for several hours at a time. During an attack Luka paces compulsively around the room for hours trying to reduce the inner tension. His thoughts become catastrophic: he constantly imagines scenarios in which Maja finds out about the kiss and rejects him forever. Almost paranoid constructions also appear – he imagines that he might be subjected to a polygraph test or that someone might be eavesdropping on our online sessions. At the same time, he intensely seeks external supports: he talks with his mother and a friend, in certain periods several times a day. However, he tells none of these people about the kiss, out of fear that the information might reach Maja, but also out of fear of judgment. The only person who knows of this event is me. All these contacts serve solely as regulatory supports, a presence that soothes, but not as a space in which Luka can be whole with himself. Only in therapy can he be present with the whole of the experience.

When this clinical material is viewed through the OLI model, what is seen is a temporary drop in the functional availability of three key basic developmental competencies of the personality. Neutralization is unavailable – the affect is discharged through motor activity, catastrophic fantasies and compulsive seeking of contact instead of being held in mental space. Object constancy is impaired – Luka is unable to retain an inner sense of security without constant external presence, and the very possibility of losing the object is experienced as an existential threat. In parallel, a deficit of object integration in the domain of the self-image is also visible – Luka experiences himself as "the worst person in the world", without the possibility of integrating this moment of moral downfall with the overall image of himself. The conflict exists – but behind all this flooding, it is not available.

The same material shows that, along with these three, mentalization and tolerance of frustration are also reduced in availability. Mentalization fails in the situation itself: Luka takes his assumptions about others' intentions as reality and does not check them, and at the peak of anxiety constructions close to the paranoid also appear. It is

important, however, that the function returns afterward – he himself says that he knows how this sounds – so it is not that it is absent, but that affect floods it. Tolerance of frustration is at the lowest level in the entire presented period: every unmet wish demands an urgent act, and the time between the wish and its gratification is not endured.

Will and initiative are a separate finding. With them it is not a matter of reduced availability under crisis, because even before the crisis they were not at an autonomous level of functioning. There is will, and at a sufficient intensity, but it is heteronomous, in the service of gratifying another: the pattern of pleasing everyone, avoiding conflict and the feeling that he must be good to everyone are not a consequence of the crisis but a character trait that has existed for years. Initiative is inhibited by fear and guilt over his own wanting, and its origin stands in the material itself: in guilt over various trifles in childhood, for which his mother threatened punishment and evoked in him a feeling of fear and sinfulness.

Work with the Deficit (Phase 2)

In this phase the focus was not on interpreting the conflict, but on regulating intense affects and establishing a sense of security. I sought to understand and accept Luka's experience without diminishing his suffering, but also without moralizing or absolving him of responsibility. Instead of understanding the kiss solely as an act of infidelity, we explored together the emotional circumstances in which it occurred – the months-long emotional distance in the relationship, unmet needs for closeness, a suppressed need for autonomy. This approach was not an interpretation of the conflict – it was a developmental precondition for it.

Such understanding contributes to reducing the intensity of pathological guilt. When I asked Luka what he would say to his best friend if he had found himself in the same situation, he answered that he would tell him that he is not "the worst person in the world", that he stopped himself, and that it would be more important to understand why it happened and which need stands behind it. At the same time he recognizes that he is unable to offer himself the same understanding – which clearly points to a strong strict superego.

It is precisely at this moment that the deficit of object integration in the domain of the self-image becomes visible. For the first time Luka becomes aware of the existence of different parts of his personality – one that ruthlessly condemns, another that wants freedom but is flooded by fear, and a third, more rational part that tries to understand the situation. These parts are not integrated: in moments of panic the first two take over functioning, and the third becomes unavailable. My function in this phase was not only the regulation of anxiety – it was also retaining a whole image of Luka in the moments when he himself could not. Through a non-judgmental stance and exploration of the circumstances that led to the kiss, I modeled a way of viewing oneself as a person who made a mistake, without that meaning that he is "the worst person in the world". Through repeated experience of that relationship, Luka's functions became available even outside the immediate therapeutic relationship, which is consistent with the interpretation that their internalization took place. It is important to note that this insight was not stable in the early phase – in moments of heightened anxiety Luka would return to total self-condemnation, which is an indicator that object integration in the domain of the self-image is only beginning to be built.

At the end of one session Luka asks what he can do if the attacks recur – and adds that he would not want "to bother me". Along with a grounding technique, I told him that he is free to contact me again if he judges that he needs support. The significance of this intervention lies not only in giving a concrete technique. Equally important was my readiness to remain available at the moment when Luka experiences a loss of the inner sense of security – whereby the therapeutic relationship temporarily takes over the function that object constancy cannot currently perform.

At the same time a shift becomes visible in two other competencies as well. Mentalization begins to work retrospectively: Luka connects present reactions with earlier experiences and with motives that he attributes to himself and re-examines – he recognizes that his partner's jealousy bothered him and that flirting could have been a way of proving his own freedom to himself. In the moment of affect this function does not yet work, but in calm review it does, and that is the difference from the first phase. With tolerance of frustration one must be precise: indicators appear, but its threshold in this phase is not seriously tested, because there is no major frustration and the relationship still stands.

In this phase Luka also for the first time names what did not happen: he spontaneously notes that he was always good and that he did not go through a teenage phase of rebellion. This is an important moment, because the missing developmental step appears for the first time as something that can be spoken about. His own wanting appears, but in a conditional form. Initiative is not yet set in motion, but Luka returns to his own pleasures and ceases to be oriented solely toward repairing the damage.

As the therapeutic process advances, the effects of this developmental work become visible. The panic attacks cease, Luka no longer requests emergency sessions or checks whether I will be available. Ever more often he manages to endure unpleasant feelings without urgently seeking external help. He begins to speak more openly about his own feelings in therapy as well – although he says he is ashamed to cry in front of me, he no longer tries to hide his vulnerability. Neutralization is more stable, object constancy stronger, and the self-image becomes more whole. It is precisely this stabilization of developmental capacities that opens space for what comes next.

Emergence of Conflict After the Stabilization of Competencies (Phase 3)

As the intensity of anxiety decreases, the themes Luka brings to therapy also change. The conversations refer ever less to the fear of losing Maja, and ever more to questions of identity, autonomy and his own life choices. It is then that the dreams appear.

In the first dream Luka is sitting with Maja in a café, while at another table sits a group from the university who invite him to join them. The dream ends at the moment when he is to decide whom to approach. Luka spontaneously recognizes that the dream is not about a choice between two groups of people, but between two ways of life: the security and emotional closeness of a partnership versus the freedom and exploration symbolized by the university group.

The second dream deepens that symbolism. He describes a group of beings trapped beneath the frozen surface of water – at one moment almost all of them break through the ice and fly out into a vast, boundless sky, while one remains below. It is not clear to Luka whether that last one remains trapped forever or has yet to find its way. During the joint analysis he concludes that this dream depicts his inner conflict: the vast sky

symbolizes freedom and uncertainty, the frozen surface the security of the familiar relationship but also a sense of being trapped. It is especially significant that the dream offers no final solution – just as there is none in Luka's inner world.

The appearance of the dreams is not accidental. It is possible precisely because the developmental capacities are sufficiently stabilized – neutralization is now at a level that allows the affect accompanying the conflict to be symbolized in a dream, instead of being discharged through panic. The capacity to remain with ambiguity and contradiction without the need for quick resolution testifies to an availability of tolerance of ambivalence that was not previously possible. The dreams are not a sign that the conflict has arisen – they are a sign that the conflict has become available.

Only then does Luka begin to speak openly about fantasies that had long existed, but could not be acknowledged without intense guilt. He is drawn to the idea of going to Berlin and visiting clubs where he could have free sex, of playing at festivals, traveling, meeting new people and girls, having a freer sexual experience – all of these are expressions of the id impulse that earlier found a symptomatic outlet in the precipitating event, and now gains space for mentalization. He also mentions the possibility of traveling on his own for the first time or of getting a tattoo he had always wanted – not because of those acts themselves, but because he experiences them as symbols of freedom and autonomy. At the same time he is accompanied by a feeling that he is "late" and that at his age he should already be serious.

This motif gains a developmental context through the conversation about his childhood and his parents' divorce. Luka spontaneously connects his long-standing need to be a "good boy" with a wish to satisfy both parents after the divorce – with the unconscious idea that in this way they might reconcile and everyone be together again. He describes that he never went through the rebellious phase characteristic of adolescence. He himself says: "I never let myself go. I never messed around or did stupid things. And it is as if now I have a need to make up for what I missed."

These sentences represent an important moment. For the first time the need for freedom is no longer experienced as a threat to the survival of the relationship nor as proof of selfishness – it becomes a legitimate developmental need that can be talked about. This is possible precisely because the developmental capacities are sufficiently stable: object constancy makes it possible to explore ambivalence toward attachment without an experience of existential threat, and a more whole self-image makes it possible for the need for freedom not to be automatically experienced as a moral flaw.

At the same place a shift in will is also visible. When at the end of this phase he hears the demand to be more serious, Luka for the first time asks who is saying this – and that question immediately turns into a question about his own wish. It is a matter of opposition to an introjected voice, hence a step that was not made in adolescence, and the order is exactly the one that developmental theory predicts: one does not step out of the good-child pattern straight into one's own choice but through a re-activated opposition. Initiative is then set in motion for the first time, but weakly: Luka lists what he would like and in the same breath says that he does not know what to do with his free time. His own wanting is acquired, his own goal is not yet created, and guilt over wanting appears the very moment wanting appears.

After the final breakup, on Maja's initiative, this progress becomes even more clearly visible. Instead of panic attacks and catastrophic fantasies, mourning predominates. Luka cries during sessions, speaks of shared memories and admits that it is hard for him

to accept the end – but he manages to endure the partner's absence without a renewed development of panic symptoms. Grief, not disintegration. This is a qualitatively different experience from the one he came with.

This period is also the only time in which Luka's tolerance of frustration was seriously tested, and it holds. In the entry that follows the breakup he says that he can feel very bad without having to do something immediately in order for that feeling to disappear; a few weeks later he also endures a week without contact with Maja. The strongest indicator for this competency is therefore found here, and not in the final phase, where the frustrations were milder.

As the process of mourning advances, the focus and content of our sessions change. Over time Luka begins to think about how he wants to organize his own life and for the first time in therapy openly explores the questions: "What do I actually want? Who am I outside of relationships with others? What would I do if I were freed from others' opinions?"

In this sense, the appearance of dreams with conflictual symbolism can be understood as one of the indicators that the conflict has become more available to symbolization. It does not mean that the conflict did not exist earlier, but that the way in which Luka can psychically process it has changed.

Generalization and Stabilization of Competencies (Phase 4)

After finishing his university obligations Luka for the first time remains alone over the summer – earlier summers he spent with Maja, and before that he lived with his parents. At first he says that he does not know what to do with himself and that he feels "lost". His old university group is suddenly less interesting to him and a wish to meet new people appears. When he speaks of wanting something spontaneous and free – to travel on his own, for example, or to do something he had long wanted, such as getting a tattoo – I remind him of the pattern mentioned earlier: that he never went through a rebellious phase, that he never "let himself go". This normalization and giving himself permission to imagine and to want is accompanied by a feeling that he himself describes as "an awakening of aliveness, of will, a relief, excitement".

The change was neither linear nor complete. In one of the last sessions before the break Luka notices that no success is enough for him: one of his compositions is accepted at a significant music festival, but he does not rejoice much – he feels that, in order to be satisfied, he would need an award at one of the most prestigious world competitions. He himself recognizes how important the confirmation of others still is to him. This finding is important precisely because it shows that the stabilization of competencies did not entirely remove the need for external validation – it would rather be said that it became less generalized, present in some domains (professional achievement) while in others considerably less pronounced.

A clearer indicator of change comes from a situation outside the therapy room. In an encounter with an acquaintance who had earlier deliberately spilled a drink on him, Luka refuses to shake his hand when the man apologizes, and asks him to step aside. He says that he is proud of how he acted – but admits that at the same time he felt fear that others would reject him because of it. This time, however, he manages to "survive" that fear without giving up his own boundary. This is a more concrete indicator of change than a general mood – here Luka acts from his own judgment and endures the accompanying fear, instead of adjusting his conduct to the expected appraisal of others.

Similar changes are visible in his relation to closeness. Luka has sexual relations with two girls in the same period, without a need to promise one of them something in order to avoid guilt – he says that it matters to him that he was open with both, and this, unlike before, eases his feeling of guilt instead of intensifying it. At the same time he also recognizes the limit of his own need: when one of them embraces him after sex, he notices that this does not feel good to him and that he does not want closeness with her – which points to a more differentiated capacity to distinguish momentary bodily closeness from a wish for emotional bonding. When during a summer trip he sees Maja again and they have a sexual encounter, he feels "uncomfortable" for two days, but the state stabilizes on its own, without renewed panic or a need for emergency contact.

What changes most in this phase is initiative, which for the first time works in full form. Luka creates his own goals and sets them in motion: he plans the summer, arranges a trip, meets people outside his previous circle, approaches an unknown person. The boundary he sets with the acquaintance and the confrontation of a colleague, described above, should also be read as indicators of this competency. He himself formulates the rule by which he now acts – he wants something, he tries it, then he will see – instead of his earlier repeated deliberation about whether the decision is good. In addition, wanting is for the first time consistently translated into action. Mentalization is maintained even under pressure: when he makes a mistake in front of people, the first reaction is the old one, but he observes that reaction as a reaction and it passes without seeking external confirmation.

At the end of this period Luka himself proposes a pause in therapy, with the explanation that he does not currently need the sessions. He gets in touch only after several months without contact – he says that he feels good and that he did not feel a need to get in touch earlier. This absence of a need for therapeutic contact, maintained over a longer period and through several situations that would earlier have activated intense anxiety, is itself a clinical indicator: functions that in earlier phases were primarily available through the therapeutic relationship become ever more available to Luka on his own, outside the therapist's immediate presence.

Clinical Formulation of the Case

Luka's therapeutic process illustrates how conflict and deficit can be present simultaneously in the same client, but not organize psychic functioning equally – and thereby not be equally available to therapeutic work.

The intrapsychic conflict between the need for secure attachment and the need for autonomy was present from the very beginning – visible in perfectionism, the avoidance of conflict, suppressed ambivalence toward the relationship, and in the precipitating event that can be understood as a symptomatic breakthrough of a repressed id impulse. However, the activation of intense separation anxiety led to a temporary drop in the functional availability of neutralization, object constancy and object integration in the domain of the self-image – and under such conditions this conflict was not available to interpretive work. Luka's psychic apparatus was predominantly engaged in the regulation of affective flooding and the preservation of the endangered relationship, and not in exploring ambivalence toward it.

Through the transfer of functions – through stability, availability, a non-judgmental stance, the naming of affects and the retaining of a whole image of the client – I temporarily took over the regulatory and integrative functions that Luka could not

perform himself. Through repeated experience of that relationship he gradually internalized them, building capacities that enabled him in the later phase of therapy to function at a qualitatively different level – and in the long run to be able to endure separation, preserve a realistic self-image in moments of mistake, and explore his own needs without activating existential anxiety.

What changed is the hierarchical relationship between conflict and deficit: the temporary drop in the availability of competencies that had blocked access to the conflict gradually gave way to stabilized developmental capacities that made the conflict available for symbolization and interpretive work.

That this is not merely a temporary stabilization tied to the therapeutic relationship itself is also shown by the period without direct therapeutic contact: the restored capacities proved available in situations outside the therapy room as well, in the absence of the therapist as a regulator. This generalization, however, was neither complete nor uniform across all domains – in certain areas, such as professional achievement, the need for external confirmation remained more pronounced than in the domain of personal relationships – which indicates that the stabilization of the basic developmental competencies of the personality can be selective and domain-specific, rather than a generalized change of the personality structure as a whole.

This formulation, based on the therapist's reconstruction of the process, was independently checked through the content analysis of the client's diary entries from the same period, presented in the following chapter.

Findings of the Content Analysis of the Diary Entries

Corpus and Coding Reliability

The corpus comprised 18 diary entries, a total of 2,349 words, in the period from 06.03.2025 to 27.08.2025, distributed across all four phases: three entries in the first phase, three in the second, eight in the third and four in the fourth. Both raters coded the entire corpus, 47 ratings each. A combined overview of all ratings by codes and phases is given in Table 4.

Categorical ratings. Agreement by category was 87.2 percent, that is 34 of 39 ratings given with labels, with a Cohen's kappa of 0.80, with a confidence interval from 0.64 to 0.96, which on the usual scale of interpretation corresponds to very good agreement (Landis & Koch, 1977).

Labels with intensity, on a scale from minus three to plus three, 37 ratings. Weighted kappa was 0.81 with linear and 0.94 with quadratic weights, which means that the disagreements are predominantly adjacent, and not opposite. Spearman's coefficient between the two raters was 0.91.

Graded codes, will and transfer of functions, eight ratings. The ratings are identical in seven of eight: for transfer of functions in all four phases, for will in three of four.

Where the raters agreed on the category and where both entered an intensity, the intensity coincided in 16 of 24 ratings.

With all these numbers goes a limitation that bears directly on them: the units are not independent, since twelve codes across four phases of the same person form a nested structure. The probabilities are therefore more optimistic than they are, and the confidence interval narrower than it would be if the ratings were mutually independent.

Kappa and Spearman's coefficient do not measure the same thing. Kappa shows how much the raters were guessing the same category, and Spearman's coefficient how similarly they ranked the ratings by magnitude. Both refer to the agreement of the two raters. Neither speaks of the order of changes across the phases: that order is read from Table 4.

The disagreements were not evenly distributed but clustered, and that is itself a finding. There were five. Two concern the outcome of the conflict in the first two phases, where one rater entered absence and the other that there is not enough material; they were resolved by consensus in favor of the latter rating, since in the phases in which the processing of the conflict had not begun that code has nothing to measure. The remaining three disagreements are tied to the second phase and are all adjacent: for neutralization, mentalization and the outcome marker one rater saw confirmation of presence, the other a transitional state. These three were not resolved but kept as they are, because the material in the second phase is genuinely twofold – the same entry shows both the holding of affect by an auxiliary procedure and the holding by thinking, and explicitly says that this does not yet work every time. Both readings have support in the text.

First Phase

In this section the phases are referred to by ordinal number. The descriptive names that accompany them in the Methodology and in the Case Presentation stem from the therapist's clinical formulation, and the phase boundaries were set by dates and external events before any coding. The content analysis checks whether the same order is seen in the independent source as well, in the client's entries.

In the first phase all codes rated with labels stand in absence of presence for both raters, and predominantly at the highest intensity; the only difference is the outcome of the conflict, for which the author enters that there is no material, and the second rater absence. This is the most uniform finding in the entire corpus.

Neutralization: the entries describe hours-long episodes of flooding in which the tension is discharged through motor activity, with the incessant creation of catastrophic scenarios; there is no place at which the affect is held before reacting. Mentalization fails in the situation itself, and returns afterward, which was entered into the justification as an indicator that the function is developed but flooded. Object integration and self-image: there is global self-condemnation in which a single act is equated with the person's overall worth. Constancy: the partner's absence sets off panic and a need for immediate contact. Tolerance of frustration: every unmet wish demands an urgent act. Tolerance of ambivalence: the opposing sides of the relationship exist in the entry, but cannot be held together.

Will stands in the heteronomous form, in the service of gratifying another; initiative is inhibited. The availability of the conflict for processing is in absence – the conflict between security and freedom exists in the entries, but implicitly, covered by anxiety. The outcome of the conflict in this phase is not measurable, since processing has not begun. That the conflict in the first phase is not available is itself a finding that supports P1. Transfer of functions stands at the first level: the entries describe relief in the therapist's presence and the loss of that relief as soon as the client is left alone.

Second Phase

In the second phase, for the author no code stands any longer in absence of presence, and for the second rater only the outcome of the conflict remains in absence. The greater part of the codes passes into a transitional state: nine of ten for the author, six of ten for the second rater.

Neutralization shows two different procedures in the same phase. One is the holding of affect by means of distraction, which the client himself recognizes as what helps him; the other is holding by thinking, that is, the capacity to name the anxiety and let it pass, with the indication that this does not yet work every time. It is precisely on this twofold quality that the raters diverge. Mentalization works retrospectively: the client connects present reactions with earlier experiences and with motives, and for the first time notices his own pattern while performing it. Integration: global condemnation is gone, but so is integration. Constancy: solitude is still difficult, but there is no experience of disintegration; that one sentence carries two codes, because disintegration and loss of wholeness are an anxiety tied also to integration.

Tolerance of frustration gives the first indicators, but the threshold in this phase is not seriously tested. Tolerance of ambivalence: the client tolerates indecision and postpones the decision, and explicitly names this as new. Will remains heteronomous, but the missing phase of rebellion is named for the first time. Initiative is in a transitional state. The availability of the conflict for processing is in a transitional state: both sides are named, but not yet symbolized or explored. Transfer of functions passes from the first to the second level, in agreement for both raters.

Third Phase

In the third phase all codes except one reach confirmation of presence, for both raters. The only exception is the outcome of the conflict, which is in a transitional state for both.

The availability of the conflict for processing reaches its highest value, and the marker is the dreams. The first entry of this phase brings two dreams with conflictual symbolism, and the client in the same entry explicitly says that he can now look at both sides at once. Symbolization is thus not inferred but seen in the material, and on an exactly specified date. Tolerance of ambivalence reaches its peak: the client raises the question of whether he has to choose at all, and distinguishes his own non-deciding from deciding out of fear.

Neutralization and mentalization stand in full presence: the client notices fear and does not act automatically on it, and at the end of the phase separates the introjected voice from his own wish. Tolerance of frustration is in this phase seriously tested for the only time, and it holds. Object integration and self-image reaches a turning point at the humiliation from a third party: the first reaction is global self-condemnation, and then that reaction is stopped and corrected. Outcome marker: after the breakup, mourning without disintegration appears. Will passes into the autonomous form, and initiative is set in motion for the first time, but weakly: in the author's rating it is the only code in this phase rated at the lowest intensity.

Fourth Phase

In the fourth phase eleven of twelve codes stand at full value; the only exception is the availability of the conflict for processing, which in this phase is not measured. No code declines.

Neutralization, mentalization, integration and constancy are maintained at the highest level, and this in situations unrelated to therapy. The entries describe three separate, unrelated frustrations: a mistake of his own in front of people, rejection by an unknown person, and a plan that does not turn out as imagined. In all three cases the first reaction is the old one, and then it stops on its own and passes, without seeking external confirmation; the client notes that he called no one to reassure him and that he did not repair the impression.

Tolerance of frustration holds, but the frustrations in this phase are milder than in the third. Will stands in the autonomous form: wanting passes into action. Initiative works in full form for the first time. The outcome of the conflict reaches confirmation of presence: the last entry holds both sides together – that he can love someone and continue his life when that person is absent, and that he can be alone without feeling abandoned. Transfer of functions reaches the third level: in this entire phase there is not a single mention of the therapist or of therapy as a support, with a maintained level of functioning. That absence, alongside the maintained function, shows that the function is performed without the therapist's share; whether it is thereby newly built or freed is not visible from it.

One code diverges the raters in direction: the second rater records for tolerance of ambivalence a decline relative to the third phase. That decline is apparent – ambivalence in the fourth phase is no longer even posed as a dilemma, since there is no decision that would test it. The code remains without an occasion for measurement, and not without value.

The Relation Between the Availability of Competencies and the Availability of Conflict

The availability of competencies and the availability of conflict do not move independently. For both raters they change in parallel, and in such a way that the conflict in no phase stands in a higher category than the competencies: while the competencies are in absence, the conflict is not available for processing; when they emerge from absence, the conflict passes into an intermediate state; confirmation of presence it reaches in the same phase in which the competencies too have passed through that intermediate state. In the third phase, by intensity, the availability of the conflict is even the highest-rated code in Table 4, which means that symbolization then does not lag behind the capacities that make it possible.

Alongside this stands a datum that does not depend on rating, but on dates. The material on the holding of affect is found in an entry from the second phase, and the dreams with conflictual symbolism in the first entry of the third phase, two weeks later. The claim that the paper poses in P2 and P3 is thereby not inferred but shown.

Initiative lags behind the other competencies and reaches its full value only in the period without therapeutic contact. This coincides with the developmental order, since initiative rests on autonomous wanting, and with the material: will passes into the autonomous form at the end of the third phase, initiative only in the fourth. The turning point is visible in the last entry of the third phase, in which his own wanting is acquired,

his own goal is not yet created, and guilt over wanting appears the very moment wanting appears.

With this finding goes also an observation that was not the subject of coding. The type of anxiety changes together with the phases: in the first three what is endured are losses – solitude, breakup, the object's absence – and in the fourth these are exposures, that is, rejection, one's own mistake in front of people, and the question of what others think. Since the anxieties were not coded, their re-alignment with the phases is an independent check of the internal consistency of the division into phases.

"The Achilles Heel"

Both raters independently name the same theme on which Luka's endurance is lowest: intolerance of narcissistic frustrations tied to the self-image and to the possibility of being seen as bad and rejected because of it. The theme appears in the same form from the first to the last entry and is connected with his history – with guilt over various trifles in childhood, for which his mother threatened punishment, and with the good-child pattern.

What changed is not so much the sensitivity itself as its consequence. The client at the end explicitly says both that he still cares what others think, and that this no longer means that he is a bad person. The sensitivity, then, remained, but narrowed to a narrower content and no longer brings down functioning.

Table 4. Summary of coding by phase

Code	F1	F2	F3	F4
Neutralization	I 3	PR	P 2	P 3
Mentalization	I 3	PR	P 2	P 3
Object integration and self-image	I 3	PR	P 2	P 3
Object and self constancy	I 3	PR	P 2	P 3
Tolerance of frustration	I 3	PR	P 2	P 3
Tolerance of ambivalence	I 3	PR	P 2	P 3
Will	level 2	level 2	level 3	level 3
Initiative	I 1	PR	P 1	P 3
Conflict: availability for processing	I 3	PR	P 3	not measured
Conflict: outcome	N	N	PR	P 3
Transfer of functions	level 1	level 2	level 2	level 3
Outcome marker	I 3	PR	P 2	P 3

Labels: P confirmation of presence, PR transitional state, I absence of presence, N insufficient material; the number next to P and I is the intensity.

Comparison with the Therapist's Clinical Formulation

The findings of the content analysis were compared, code by code, with the therapist's clinical formulation from the Case Presentation (Table 5). The relation is largely convergent: no code gives an opposite finding in the two sources.

One deviation is worth noting, and it is a finding, not an error. Four competencies – tolerance of frustration, tolerance of ambivalence, will and initiative – exist in the

therapist's formulation as description, but without temporal specification; the diary gives them a curve across the phases. This is a datum about the difference between the two sources: the session captures content, the diary captures flow.

Table 5. Triangulation: the client's entries versus the therapist's formulation

Code	Finding from the diary entries	Therapist's formulation	Relation
NEU	Absence in F1, shift in F2, confirmation from F3.	Same: the affect is discharged through motor activity and seeking contact, later it is held.	Convergence
MEN	Absence in F1, works in retrospective review in F2, from F3 also in the situation itself.	The same shift described, without separate tracking.	Convergence
CEL	Absence in F1, integration from F3.	Same, with the same content of global self-condemnation.	Convergence
KON	The most even curve across all four phases.	Same.	Convergence
TF	Turning point in F3, where it is also most severely tested.	Described, without temporal specification.	Complement from the entries
TA	Peak in F3.	Described, without temporal specification.	Complement from the entries
VOL	Heteronomous in F1 and F2, autonomous from the end of F3.	Described through the good-child pattern and the missing phase of rebellion.	Convergence
INI	Inhibited in F1, set in motion in F3, working in F4.	Described through guilt over wanting and later setting in motion.	Convergence
KFL-a	Absence in F1, confirmation in F3, with dreams as a marker.	Same; the load-bearing finding of the case presentation.	Convergence
KFL-b	Visible only in F4.	Described as holding both sides simultaneously.	Convergence
PF	Leaning in F1, alternating in F2 and F3, internalized in F4.	Same, from the therapist's angle.	Convergence
ISH	The largest jump between F1 and F2, tested by loss in F3.	Same.	Convergence

Testing the Propositions

P1 is supported. In the first phase all codes rated with labels, except the outcome of the conflict which in that phase has nothing to measure, stand in absence of presence for both raters; the availability of the conflict for processing is in absence, and transfer of functions at the level of leaning.

P2 is supported. In the second phase no code is any longer in absence; the greater part passes into a transitional state, and transfer of functions passes from the first to the second level, in agreement for both raters.

P3 is supported. In the third phase tolerance of ambivalence and the availability of the conflict for processing reach confirmation of presence for both raters; the outcome of the conflict is the only code that in that phase is not yet in confirmation of presence.

P4a is supported, with one exception. In the fourth phase no code declines and eleven of twelve stand at full value; for tolerance of ambivalence the second rater records an

apparent decline, on which a note was given above.

P4b is partially supported. The third reading, situational dependence on the therapeutic relationship, is weakened by the fact that functioning in the fourth phase holds through three new and mutually unrelated frustrations, all outside the therapeutic frame, but it cannot be excluded. Distinguishing between the first two readings gives a different outcome per competency. Tolerance of ambivalence, will and initiative were not at an autonomous level of functioning even before the crisis – in the history stand the missing phase of rebellion, pleasing everyone and avoiding conflict – so with them it is a matter of unblocking a chronic, character blockade. The same holds for the availability of the conflict for processing, which is not a competency but a separate code. Object constancy and object integration functioned before the crisis, and in the crisis became unavailable; their availability returned in the third phase, so with them it is a matter of unblocking an acute blockade. For neutralization and mentalization, which in that phase stand at the highest intensity, nothing in the history says that he previously knew how to observe his own states in affect, so it is more likely a matter of new building, above the pre-crisis starting point.

The answer to the hypothesis. What is directly tested is confirmed. The indicators of the availability of competencies changed across all four phases in the same direction. In the first phase all competencies stand in absence of presence and the conflict is then not available for processing; in the second they all emerge from absence, and the conflict is in a transitional state, hence named but not yet symbolized; full availability to symbolization the conflict reaches only in the third phase. Nowhere in the corpus is the conflict available to symbolization while the competencies stand in absence. The hypothesis is thereby supported in this case, with a reservation: the temporal precedence is consistent with the claim that the availability of competencies determines the availability of the conflict, but does not by itself prove it.

The finding that the availability was maintained in the period without direct therapeutic contact as well does not enter this test, since the hypothesis claims nothing about it. It answers another question, the one posed by P4a: whether what was measured is a property of the client or a property of the therapeutic situation.

Rival Explanations

The finding of parallel movement also permits other readings. Here are stated those that would explain it without the assumption of work on the competencies, and what stands alongside each of them in the material.

Spontaneous calming of the crisis. If the drop was a reaction to an event, the recovery could be the simple passage of time. Against this speaks the fourth phase: functioning holds through three new and mutually unrelated frustrations, which are unconnected with the crisis.

Change in external circumstances. If the circumstances improved, the change could be their consequence. The turning point, however, falls in the third phase, and that is the period of the breakup, hence a worsening of external circumstances, and not an improvement.

General support instead of transfer of functions. The change could stem simply from the fact that the client had someone who listens to and accepts him, independently of which functions the therapist performed. Against this speaks what is seen in both sources: in the first phase the entries describe relief that lasts only in the therapist's

presence and disappears as soon as the client is left alone, and in the later phases the client performs the same procedures, the holding of affect and the naming of his own states, even without that presence. It is, then, a matter of specific functions that are transferred, and not of a general sense of being accepted.

Selective memory of the therapist. The case presentation is a subsequent reconstruction, so an orderly sequence could be a property of memory, and not of the process. To this the research design itself responds: the second source is the client's diary from the same period, which the therapist did not write, and which was also coded by a rater who had read neither the paper nor the hypothesis. The order that is seen in both sources is not explained by the therapist's memory.

Writing in accordance with the therapist's expectations. The client knew that the therapist reads the entries, so he could have written what he assumes is expected of him. The diary, however, was not written for research: it was kept for the sake of the therapy itself, so that what was written could be discussed in sessions, and consent for research use was sought and obtained only afterward. The paper's hypothesis therefore could not have influenced the writing. The entries, moreover, also contain places that deviate, among them the one that remains until the last entry: the sensitivity to the possibility of being seen as bad does not disappear, but narrows.

The break and relief. The fourth phase falls in the summer period without therapy sessions, in which external demands were also fewer, so the maintained functioning could be a consequence of relief, and not of internalization. Against this speaks the fact that in that phase there stand three new frustrations, a mistake of his own in front of people, rejection by an unknown person and a plan that does not turn out as imagined, hence the period was not without demands.

A seventh possible reading, a return to the pre-crisis level, was treated together with P4b, per individual competency, since for it the answer is not the same for all competencies.

None of these explanations is excluded by the material of a single case. Each is weakened by what is stated alongside it, and that is the reach that such a design allows.

Discussion

The presented case illustrates how the distinction between conflict and deficit is not a fixed category, but a dynamic relation whose hierarchical arrangement can change over the course of the therapeutic process.

Specifically, the temporary drop in the availability of neutralization, object constancy and object integration blocked access to the conflict; the restoration of these capacities opened space for symbolization and interpretive work.

From this follows an important clinical implication: a therapist who in the early phase interpreted Luka's conflict between autonomy and attachment would not have made an error in diagnosis – they would have made an error in the assessment of availability. The interpretation of accurate content at the wrong moment does not lead to insight; it most often remains without effect or additionally destabilizes.

This points to a distinction between two kinds of therapeutic assessment. Diagnostic assessment – understanding the personality structure, the dominant conflicts and the developmental arrests – is a necessary foundation of therapeutic work, but is not by itself sufficient. Equally important is the assessment of functional availability: understanding what is truly possible for the client at a given moment of the therapeutic

process – what their capacities are for accepting, processing and integrating an interpretation. While diagnostic assessment remains relatively stable over time, the assessment of functional availability must be continuous, since the client's psychic capacities change depending on life circumstances, the intensity of affect and the current stability of the therapeutic relationship.

From the tracking of individual competencies follows also a shift in the very question that this paper carries in its title. The question of whether it is conflict or deficit is not posed for the case as a whole but for each competency separately. In this client both kinds of blockade exist simultaneously, on different competencies, as was shown in the test of P4b. This also explains something that would otherwise remain unclear – why with some competencies availability returns, and with others it is only being established. Not because some are more resilient, but because with some a temporary blockade is removed, and with others work is done on what was never built.

Especially clinically significant is the mechanism through which the change was possible. The therapeutic relationship did not function only as a secure base – it was a developmental space in which, through the transfer of functions, the capacities that made the change possible were built. I did not interpret Luka's separation anxiety, first I regulated it with him. I did not immediately interpret his splitting of the self-image, I retained a whole image of him in the moments when he could not do so himself. Through repeated experience of that relationship Luka did not only temporarily use my functions – he internalized them as his own capacities.

The appearance of dreams with conflictual symbolism represents an indicative clinical marker of this change. The dreams were not possible in the early phase – not because the conflict did not exist then, but because neutralization was not stable enough for the affect to be symbolized, rather than acted out. When the dreams began to appear, it was not a sign that the conflict had arisen – it was a sign that it had become available. Recognizing such markers gives the therapist a clear signal that it is the moment to shift the focus from developmental work to interpretive work.

The findings of this case can be brought into connection with the broader psychodynamic literature. Kernberg's (Kernberg, 1975, 1984) distinction between neurotic and borderline personality organization rests on a similar logic: in neurotic organization the conflict is available to interpretation because the ego functions make it possible, while in borderline organization their deficit makes interpretive work insufficient without prior developmental work. Fonagy et al. (Fonagy et al., 2002) showed that mentalization is a precondition for productive interpretive work. Both contributions open the question of the relation between deficit and interpretability – Kernberg through the prism of object integration, Fonagy through the prism of mentalization. OLI IPP integrates these insights into a broader framework: through a taxonomy of all eight basic developmental competencies of the personality it offers an operationalized system for assessing which capacity is in deficit and concrete guidelines for developing it. The distinction between conflict and deficit thereby becomes a clinically usable tool, and not merely a theoretical category.

The question that this paper raises is open in the more recent literature as well. Zachrisson and Wong (2023) return to precisely this problem, comparing Bion's conception of containment with Killingmo's notion of affirmation; although they stem from different models, both procedures have the same goal – to establish meaning and trust in one's own lived experience before the unconscious content is approached. The

contribution of OLI IPP is not, then, in the claim that developmental work precedes interpretive work, since that claim is not new, but in that it offers an operationalized way to determine when that transition has occurred.

That the question is open empirically as well is shown by the systematic review of Yilmaz et al. (2024) on the relation between transference interpretations and therapy outcome: of twenty-one studies, thirteen find improvement on at least one outcome measure, but methodological differences do not permit a conclusion about effectiveness, so the authors describe that relation as a no-consensus relationship. The findings of this paper offer one possible explanation for that inconsistency: if the effectiveness of interpretation depends on the functional availability of capacities at a given moment, then studies that do not measure that availability cannot give a consistent finding, since they mix cases in which interpretation was possible with those in which it was not. In addition, Vierl et al. (2023) show by network analysis that psychodynamic conflicts and structural dimensions of the personality form separate but connected clusters, which is an empirical confirmation of the assumption on which this paper rests – that conflict and deficit are different levels of psychic functioning, and not two intensities of the same thing.

The finding about the "Achilles heel" gives an explanation for what would otherwise remain a mere observation. The case presentation records that the change is not complete but domain-specific; the tracking of tolerance of frustration shows why: overall endurance increased, and at the point of fixation the consequence of the sensitivity changed, not the sensitivity itself.

Contribution

The contribution of this paper is fourfold.

Conceptual: a distinction is introduced between diagnostic assessment and the assessment of functional availability, and it is shown that the second is equally necessary as the first, but that, unlike it, it is variable over time and must be renewed throughout the entire process.

Methodological: a procedure is proposed and applied by which functional availability is tracked over time, with a codebook that distinguishes presence, transitional state, absence and lack of material, and with two independent raters on the same corpus, along with the stated limitations of what may be concluded from the numbers.

Empirical, within the limits of a single case: it is shown that the availability of competencies and the availability of conflict do not move independently, and that the conflict in no phase stands in a higher category than the competencies.

Clinical: it is shown that the same client simultaneously exhibits both kinds of blockade on different competencies, so that the distinction between conflict and deficit must be posed per competency, and not for the person as a whole.

The choice between developmental and interpretive interventions is determined not by the type of pathology, but by the functional availability of capacities at a given moment. This shift of perspective, from diagnosis to the assessment of availability, represents the central clinical message of this paper.

It is important to note that the findings of this paper stem from a single case presentation, retrospectively reconstructed by a psychotherapist who is also the author of the paper, which gives the findings an illustrative, and not an evidential, status – which is indeed the aim of a chapter with a case presentation. This is certainly also

contributed to by the fact that the client is a young adult with a relatively high level of prior functioning, in whom the deficit was predominantly temporary and tied to a concrete life event; the relation between conflict and deficit described here need not manifest in the same way in clients with a long-lasting, stable deficit of the basic competencies – for example, in more severe personality disorders or lower levels of psychic organization.

One limitation concerns the very division into phases. The names of the phases stem from the therapist's clinical formulation and name in advance what is expected in them, so it could be objected that the finding about the relation between competencies and conflict merely repeats that division. The phase boundaries, however, were set by dates and external events – the precipitating event, the breakup and the break – before any coding, and what is coded is a second source, the client's entries, which the therapist did not write. What is checked is whether the same order is seen in that independent source as well. Several limitations concern the measure of agreement itself. The nested structure of the units limits how much may be read from the confidence interval. The sample is a single case, so the confidence interval is wide, and the conclusions are limited to theoretical, and not statistical, generalization. The unit of rating is coarse: one rating per code and phase does not show the fluctuations within a phase, and the total number of units is small, which also contributes to the width of the interval. The predominant category lowers the value of kappa (Feinstein & Cicchetti, 1990), which is why simple percent agreement is necessarily reported alongside kappa. The author rated their own case and, as the author, knew the hypothesis, which could have influenced their ratings; the second rater had read neither the paper nor the hypothesis. Both raters work within the same theoretical framework, so the agreement rests in part also on the shared framework, and not only on the clarity of the criteria. Finally, the corpus is a diary written in a calm state, so it could systematically overestimate mentalization; the rule about what is rated, stated in the Methodology, mitigates this and partly turns it into an advantage.

Conclusion

Interpretation remains one of the most powerful instruments of psychodynamic psychotherapy – but its effectiveness is not unconditional. It depends on whether the client, at a given moment, possesses the basic developmental competencies of the personality that enable them to accept it, process it, and translate it into change. When these capacities are unavailable, the interpretation of accurate content will not lead to insight – because there is no inner space that could receive it.

This paper has sought to show that the distinction between conflict and deficit is not a static diagnostic category, but a dynamic clinical tool. Conflict and deficit can coexist in the same client, and their hierarchical relationship can change – sometimes abruptly, under the influence of life circumstances that exceed the current capacities for self-regulation. In such moments developmental work is not an alternative to interpretive work, but its precondition.

From this follow four clinical messages.

First, the presence of conflict does not mean that it is available to interpretation. The assessment of functional availability, of what is possible for the client at a given moment, is as important as the diagnostic assessment of the type of psychopathology, and must be continuous throughout the entire therapeutic process.

Second, when the basic developmental competencies of the personality are insufficiently developed or temporarily unavailable, developmental work is the foundation without which interpretation remains without effect or destabilizes.

Third, the therapeutic relationship is not merely a frame in which interpretive work unfolds. It is a developmental space in which, through the transfer of functions, the capacities that only then make interpretive work possible are built. The role of the therapist as the bearer of functions that the client cannot perform alone – the regulation of affect, mentalization, the retaining of a whole image of the client – is theoretically grounded and clinically necessary.

Fourth, the shift of therapeutic focus from developmental work to interpretive work is not an arbitrary decision, but a response to the recognition that the capacities needed for interpretive work have become available. The appearance of dreams with conflictual symbolism, the possibility of exploring ambivalence without panic, the capacity to live through loss by mourning rather than through disintegration – all of these are clinical markers signaling that this moment has arrived.

The content analysis of the client's diary entries, carried out independently of the therapist's formulation and with a second rater, supported the hypothesis in this case: the stabilization of the basic developmental competencies of the personality temporally preceded the conflict becoming available to symbolization. In addition, the acquired functioning was maintained in the absence of direct therapeutic contact as well, which supports the interpretation that the measured availability was not limited to the therapeutic situation. It is a single case, so the finding is valid as a theoretical, and not as a statistical, generalization.

OLI Integrative Psychodynamic Psychotherapy offers a systematic framework for such an assessment and such work – through precisely operationalized basic developmental competencies of the personality, through an understanding of transference as the place at which developmental needs for functions are activated and resolved, and through the theoretically grounded role of the therapist as the bearer and transmitter of functions. This framework does not replace the classical psychodynamic understanding – it expands it, equipping the therapist with tools for work in those moments too when interpretation by itself is not sufficient. The question is not only what to interpret, but also when and under what developmental conditions interpretation can be effective at all – and it is precisely to this question that OLI Integrative Psychodynamic Psychotherapy offers a systematic answer.

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Theory of Change in O.L.I. Integrative Psychodynamic Psychotherapy: From the Interpretation of the Unconscious to the Development of Basic Competencies of Personality

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(theoretical-conceptual scientific paper)

Cite as: Jovanović, N., & Jovanović, S. (2026). Theory of Change in O.L.I. Integrative Psychodynamic Psychotherapy: From the Interpretation of the Unconscious to the Development of Basic Competencies of Personality. *Insights*, 3, pp. 37-61. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.2>

Abstract

This paper examines the theory of change in OLI Integrative Psychodynamic Psychotherapy (OLI IPP), which conceptualizes change as the development of basic developmental competencies of personality, mental operations by which emotionally significant experience is tolerated, understood, and turned into choice and action, rather than solely as an effect of interpreting unconscious contents. Building on psychoanalytic and ego-psychological traditions, OLI IPP further specifies the concept of basic developmental competencies of personality as operational carriers of therapeutic change and links them to work with transference, resistance, and the process of transfer of functions. A taxonomy of therapeutic goals is presented, enabling developmentally structured planning of therapeutic work and the integrative use of techniques from different psychotherapeutic approaches within a unified psychoanalytic framework. The relationship between basic developmental competencies, more complex psychological capacities, and the final outcomes of therapy is explored; in OLI IPP, these outcomes are defined in terms of the capacity for mature love, the capacity for work, and existential tolerance. The paper offers a coherent theoretical and clinical model of change that integrates psychoanalytic understanding of personality with a developmental and integrative approach to the psychotherapeutic process.

Received: 1 Aug 2026

Accepted: 1 Sep 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords: *theory of change; OLI Integrative Psychodynamic Psychotherapy; basic developmental competencies of personality; transfer of functions; integrative approach*

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Introduction

In psychoanalytic and psychodynamic psychotherapies, the question of change cannot be reduced to symptom reduction or behavioral modification. Change is understood as a profound transformation in the way a person experiences themselves and others, organizes relationships, processes emotional experiences, and tolerates internal and external conflicts. In this sense, the theory of change represents a central—though often implicit—component of psychoanalytic thinking.

Classical psychoanalysis laid the foundations for understanding change through the concepts of unconscious conflict, insight, working through, transference, and resistance. Change is not regarded as a direct result of therapeutic interventions, but rather as the outcome of a process in which unconscious contents become available for symbolization and integration. However, within the psychoanalytic tradition itself, the theory of change has rarely been systematically formulated as a distinct conceptual framework; instead, it is more often dispersed across metapsychological assumptions and clinical descriptions of the therapeutic process.

The development of ego psychology represents an important shift in this regard: the focus moves from conflict itself to the ego's capacities to process, tolerate, and integrate conflict. Change is no longer understood solely as a result of interpretation and insight, but also as a process of developing psychological functions that enable more stable, flexible, and autonomous functioning. This shift opens the possibility of conceptualizing change not only as conflict resolution, but also as the development of ego functions.

Despite this theoretical advancement, several questions remain open: which specific ego functions develop in therapy, how they are interconnected, how their development is recognized within the therapeutic process, and how the theory of change can be consistently linked to therapeutic goals and techniques. These questions become particularly relevant in work with clients characterized by developmental deficits, unstable affect regulation, and limited capacities for symbolization.

The question of the mechanism of change also has a contemporary empirical justification. The most comprehensive review of outcomes to date, combining 102 meta-analyses with more than 650,000 participants, finds that the added effect of psychotherapies and pharmacotherapies over placebo or treatment as usual remains around 0.35, with response rates not exceeding one half, which the authors describe as a ceiling reached by treatment research so far (Leichsenring et al., 2022). Psychodynamic psychotherapy is superior to control conditions in these comparisons, while its differences relative to other established therapies are small and clinically negligible (Leichsenring et al., 2023). This finding does not in itself mandate a turn to mechanisms, but it explains why the contemporary literature increasingly examines mechanisms of change, transdiagnostic processes, and the modular combining of interventions according to the needs of the individual client (Fonagy, 2015; Schramm et al., 2024; Cuijpers et al., 2026). It is at this level that OLI IPP formulates its theory of change.

OLI Integrative Psychodynamic Psychotherapy (OLI IPP) has been developed within the psychoanalytic and psychodynamic tradition as an attempt to articulate these questions more precisely. While preserving the central role of transference, resistance, and the therapeutic relationship, OLI IPP introduces a developmental model of change based on the concept of basic developmental competencies—fundamental psychological capacities that enable the processing of emotional experience and the organization of relationships. Within this framework, psychopathology is often understood not only as a

consequence of conflict, but also as an expression of deficits or regressions in these competencies.

The integrative nature of OLI IPP does not refer to its theoretical framework, which remains psychoanalytic, but rather to its methodological level: techniques of different origins are used in the service of clearly defined developmental goals related to basic developmental competencies. In this way, eclecticism is avoided and a consistent link is maintained between the theory of change and clinical practice.

The aim of this paper is to present the theory of change in OLI IPP by positioning it in relation to classical psychoanalysis and ego psychology, elaborating the role of transference and resistance in the developmental process, and outlining a coherent model of change based on the development and interplay of basic developmental competencies.

The Theory of Change in Classical Psychoanalysis

In classical psychoanalysis, psychotherapeutic change is understood as a consequence of bringing unconscious conflicts into awareness and working through them symbolically. Symptoms are viewed as compromise formations, and the therapeutic process as a space in which repressed affects, fantasies, and impulses are reactivated and become available for mental processing. Accordingly, change is not conceived as a direct goal of therapeutic interventions, but as the outcome of processes of insight and working through.

Free association, dream analysis, interpretation, and work with transference and resistance play a central role in this process. Regression, facilitated by the analytic setting, allows a return to earlier developmental points, but under conditions in which they can be understood and integrated. Resistance is not regarded as an obstacle to therapy, but as an integral part of the process, indicating ambivalence toward change and efforts to preserve the existing psychic equilibrium.

Although this model offers a profound understanding of psychic change, it implicitly assumes that the ego possesses sufficient capacities to tolerate regression, frustration, and interpretation. When these capacities are insufficiently developed, interpretative work may fail to produce lasting effects or may even lead to destabilization. This limitation becomes particularly evident in work with clients characterized by developmental deficits and unstable affect regulation (Jovanović, 2026).

The Theory of Change in Ego Psychology: The Development of Ego Functions as a Condition of Change

The development of ego psychology represents a shift from a focus on conflict to the ego's capacity to process and integrate it, thereby positioning the development of functions as a key condition of sustainable change (Hartmann, 1939/1964; A. Freud, 1936).

Within this framework, an important distinction is introduced between conflict and deficit. While conflict refers to opposing tendencies within a relatively intact personality structure, deficit points to insufficiently developed or unstable ego functions. In such cases, the interpretation of conflict is not sufficient to produce change, as the ego lacks the capacity for its symbolic elaboration.

Ego psychology thus expands the understanding of the therapeutic process: in addition to interpretation and insight, the development of ego functions—such as affect

regulation, reality testing, impulse regulation, and the capacity to sustain ambivalent experiences—comes into focus. The concepts of the therapist as an auxiliary ego and the transfer of functions further specify how the therapeutic relationship can become a developmental space in which specific capacities are acquired and internalized (Hartmann et al., 1951).

Transference as a Developmental Indicator of Ego Functioning

Within an ego-psychological and developmental psychodynamic framework, transference acquires a pronounced developmental dimension. It is not viewed solely as a repetition of early object relations, but also as an indicator of the current level of ego functioning within an emotionally significant interpersonal relationship. The way in which the client responds to frustration, interpretation, and the therapeutic setting reflects the capacities that the ego does or does not have available at a given moment.

This understanding of transference has important implications for the role of the therapist. The therapist is no longer solely an analyst who interprets the meaning of transference reactions, but also an active participant in the developmental aspects of the therapeutic process. Within the psychoanalytic tradition—particularly in ego psychology and later developmental approaches—it has been theoretically articulated that the therapeutic relationship may involve the transfer of functions, the meeting of function-related developmental needs, and the modeling of ways of processing emotional experience. In this sense, the therapist may function as an auxiliary ego, a teacher, and a carrier of functions that the client is not yet able to perform independently (Rapaport, 1959).

It is precisely this understanding of transference as both an analytic and a developmental phenomenon that provides the immediate starting point for further elaboration of the theory of change in OLI Integrative Psychodynamic Psychotherapy, in which the developmental implications of transference are systematically linked to the concept of basic developmental competencies.

From Content to Process: Functional Transformation of the Ego and the Two Levels of Therapeutic Work in OLI IPP

If the metapsychological shift introduced by ego psychology can be described as a transition from drives to functions, then the theory of change within this paradigm can be understood as a shift from content to process. Change is conceived as a reorganization of the way the ego functions—its capacities for perception, regulation, synthesis, and adaptation (Jovanović, 2025).

Within this framework, it becomes possible to speak more precisely about the functional transformation of the ego: rather than primarily changing what a person thinks and feels, therapy transforms how they think and feel. The therapeutic process does not only lead to new insights or reinterpretations of personal history, but to a change in the way emotional experiences are processed, affects are tolerated, and internal and external conflicts are managed. This transformation allows new contents to become mentally accessible and integrated, rather than being repeated through symptoms, acting out, or rigid patterns of functioning.

OLI Integrative Psychodynamic Psychotherapy builds on this developmental line within ego psychology, while further specifying and systematizing it. The concept of “ego strength,” often used in ego psychology in a relatively imprecise manner, is

operationalized in OLI IPP through the concept of basic developmental competencies. These competencies do not represent abstract capacities, but clearly defined developmental abilities for processing emotions and organizing relationships, which can be identified in clinical material, tracked within the therapeutic process, and deliberately developed. OLI IPP identifies these competencies not only within ego psychology, but also across other psychoanalytic traditions, defining their developmental trajectories, typical blockages and counter-developmental skills, as well as techniques that may facilitate their development—in a systematic and operational manner (Jovanović, 2013).

This understanding of the theory of change is directly reflected in the methodology of therapeutic work in OLI IPP. As already indicated, the OLI IPP therapist works simultaneously on two interrelated levels: the level of content and the level of process.

At the level of content, the therapist, as in classical psychoanalysis, follows the client's narrative: their current relationships, presenting problems, developmental and family context, symptom history, character patterns, and recurring transference structures in present and past relationships. The therapist assists the client in reconstructing and understanding their life history, in “connecting the dots” into a coherent and mature narrative of the self.

At the level of process, the focus of therapeutic work shifts to how the client processes the emotional experiences associated with the content being discussed. The therapist observes typical patterns of thinking, emotional reactions, and behavior, as well as modes of affect regulation and strategies for dealing with frustration and ambivalence. These patterns are brought into awareness together with the client, linked to their consequences for functioning, and understood within a developmental framework. On this basis, the “zone of proximal development” of basic developmental competencies is identified, and a plan for therapeutic work is formulated.

At this level, the therapeutic process also involves the transfer of functions: through both declarative and procedural learning, the therapist temporarily makes available their own developed capacities for emotional processing and regulation, which the client is not yet able to perform independently. The aim of this process is not the establishment of lasting dependency, but the gradual internalization and autonomization of these functions. In this way, work at the level of process becomes the key mechanism of lasting psychological change, while work at the level of content continues to unfold as a necessary, but not sufficient, condition for therapeutic progress. It is precisely at this level of functional transformation of the ego that OLI IPP introduces the concept of basic developmental competencies as precisely operationalized carriers of change.

Theory of Change in OLI Integrative Psychodynamic Psychotherapy: The Development of Basic Competencies as Carriers of Change

Building on the insights of classical psychoanalysis and ego psychology, OLI Integrative Psychodynamic Psychotherapy (OLI IPP) develops a theory of change explicitly grounded in the development of psychological capacities for processing emotional experience. Rather than understanding change solely as the resolution of conflicts or the outcome of insight, OLI IPP conceptualizes it as the development and stabilization of basic developmental competencies that enable emotionally significant experiences to be processed without regression, splitting, or acting out.

The concept of basic developmental competencies of personality refers to developmentally acquired mental operations that enable the regulation of affect, the organization of the experience of self and others, and the maintenance of relationships under conditions of emotional load. These competencies are understood not as static “ego strengths,” nor as isolated skills, but as developmental achievements that are formed in early relationships with significant others, may remain insufficiently developed or fragmented, and are subject to regression under stress.

All of them are basic; that is, none is a complex ability composed of others, and each has its own developmental lines, typical arrests, and modes of compensation. This does not mean that they occupy the same place in the developmental sequence, which is discussed further in the section *The Developmental Order of Competencies*.

Within this framework, psychopathology is primarily understood as a consequence of deficits or regression in one or more basic developmental competencies. When competencies are insufficiently developed, the individual is unable to maintain affect within the mental space, integrate opposing experiences, or sustain relational continuity, leading to rigid defensive patterns and counter-developmental skills. When competencies are unstable, affective overload leads to their disintegration, which is clinically manifested through regressive transference reactions.

A distinctive feature of OLI IPP lies in organizing the theory of change around the interplay of multiple basic competencies, whose coordination enables more mature functioning. The theory of change in OLI IPP allows for a differentiation between conflict and deficit and guides therapeutic work accordingly. When conflict predominates, interpretation plays a central role; when competencies are insufficiently developed, the focus shifts toward developing the capacities that make interpretation accessible and effective.

Understanding basic developmental competencies as carriers of change also allows for a clearer connection between theory and clinical practice. The therapeutic process is not organized around general goals such as “insight” or “integration,” but around concrete developmental tasks: the capacity to hold affect without acting out, to tolerate ambivalence without splitting, to sustain relationships despite frustration, and to assume responsibility for one’s choices without regression or rigid self-sufficiency.

This understanding of change provides the basis for a further elaboration of transference in OLI IPP—not only as a repetition of past relationships, but as a dynamic map of the functioning of basic developmental competencies within the present relationship.

Transference in OLI Integrative Psychodynamic Psychotherapy: Object-Seeking Needs and Function-Related Needs

In OLI Integrative Psychodynamic Psychotherapy (OLI IPP), transference retains its central role as a core phenomenon of the therapeutic process, but is understood within a broader developmental framework. It is not viewed solely as a repetition of early object relations, but also as a manifestation of developmental needs for functions—that is, developmental competencies that are not yet sufficiently developed or integrated at the time of therapy. In this sense, transference becomes a space in which both object-seeking needs and function-related needs are simultaneously expressed. OLI IPP differentiates between object-seeking needs for gratification, which are analyzed through transference, and needs for functions, which are developed through the transfer and internalization of ego functions. In this way, the therapeutic relationship in OLI IPP is not only a site for the analysis of transference, but also a developmental context in which the gradual internalization of ego functions is enabled through the transfer of functions. The concept of transfer of functions thus represents a developmental extension of the classical psychoanalytic understanding of transference.

Object-seeking needs manifest within the therapeutic relationship as needs for presence, care, validation, love, or a special emotional bond with the therapist, among others, reflecting patterns established in earlier relationships with significant figures. In line with the psychoanalytic tradition, these needs are not regarded as developmental and are not directly gratified within the therapeutic relationship; rather, they are analyzed through transference, symbolized, and integrated through interpretation. Their direct gratification would lead to regression, dependency, and a blurring of the boundaries of the therapeutic relationship.

In contrast, function-related needs represent developmental needs for psychological functions that the client is not yet able to perform independently. These include capacities for affect regulation, impulse neutralization, mentalization, tolerance of frustration and ambivalence, maintenance of object integration and object constancy, as well as will and initiative. These needs do not seek gratification from the object, but rather its assistance in the development and internalization of ego functions that enable autonomous functioning.

Within OLI IPP, the therapeutic relationship becomes a space for differentiated work with these two groups of needs. While object-seeking needs are recognized, mentalized, and interpreted, function-related needs are addressed developmentally through the temporary transfer of functions from therapist to client. In this process, the therapist may function as an auxiliary ego, a model, and a teacher—not by “being the object,” but by enabling the client to experience how specific emotional operations are carried out.

This differentiation has direct implications for the theory of change. In OLI Integrative Psychodynamic Psychotherapy, therapeutic change does not occur through the gratification of transference needs, but through the gradual internalization of psychological functions that the client temporarily “borrows” from the therapist within the therapeutic relationship. Transference thus becomes a space in which developmental needs for functions are activated and recognized, and in which functions are gradually developed, while object-seeking needs are not gratified but analyzed.

In this sense, transference in OLI IPP operates simultaneously on two planes of therapeutic work. On the plane of content, the therapist follows and interprets

transference fantasies, expectations, and affects that pertain to the therapist as an object. On the plane of process, the therapist follows how the client processes emotions within the therapeutic relationship itself, recognizes the limitations of basic developmental competencies, and purposefully supports their development through the transfer of functions and procedural learning.

In this way, transference becomes a key mechanism of the theory of change in OLI IPP. It does not serve only to understand the past, but also to enable the development of psychological functions within the present relationship that form the basis of mature functioning. The development of basic developmental competencies within the transference relationship allows conflictual contents to be subsequently processed without regression and supports the stabilization of psychological change (Jovanović, 2026b).

If transference represents a map of the current functioning of competencies within the relationship, resistance marks the point at which their limits become clearly delineated.

Working with Resistance in OLI Integrative Psychodynamic Psychotherapy: A Developmental Process of Psychological Change

In the psychoanalytic tradition, resistance is understood as an expression of unconscious ambivalence toward change and as an attempt to preserve the existing psychic equilibrium. Although it is often experienced as an obstacle to the therapeutic process, resistance simultaneously represents a valuable source of information about points at which development has been arrested or compromised. OLI Integrative Psychodynamic Psychotherapy builds on this understanding, but further conceptualizes resistance as a developmental phenomenon that indicates the limits of currently available developmental competencies.

In this sense, resistance is not viewed solely as opposition to insight or interpretation, but as a signal that certain psychological functions are not sufficiently developed or stable to support change. When the client lacks the capacity to hold and process affect, tolerate ambivalence, or assume responsibility without regression, resistance becomes a mode of self-regulation—albeit one that constrains development in the long term. Understanding this function of resistance represents the starting point of therapeutic work (Jovanović & Jovanović, 2025).

The first step in working with resistance in OLI IPP involves identifying counter-developmental skills—maladaptive but functionally understandable attempts to cope with developmental tasks. These can be understood as a kind of “bugs” in emotional information processing: rigid patterns of thinking, behavior, and emotional regulation that allow the client to avoid pain, discomfort, or responsibility, while simultaneously maintaining the symptoms and problems that brought them to therapy. They are not signs of “poor motivation,” but indicators of points at which developmental capacities are insufficient.

The next phase involves confronting these counter-developmental skills and defenses, while clearly linking them to the client’s current difficulties. The therapist helps the client recognize how their habitual modes of responding, although they may provide short-term relief or a sense of control, generate suffering in the long term and block development. In this process, it is important to identify the secondary emotional gain

associated with maintaining the problem, without moralizing or exerting pressure to change.

A central moment in working with resistance is the recognition and relinquishment of secondary gain, which in OLI IPP is elaborated and operationalized through a process referred to as emotional accounting. The client is confronted with an internal struggle between two modes of functioning: one oriented toward avoiding discomfort, pain, effort, and responsibility, and the other oriented toward development, autonomy, and more mature functioning, but requiring greater effort and tolerance of frustration. The aim of emotional accounting is not to “persuade” the client to change, but to enable a conscious choice regarding how they will relate to their own life.

Once the client commits to development, the acquisition of basic developmental competencies becomes part of the working alliance. At this stage, resistance loses its character of passive opposition and is transformed into material for learning. The therapist can then initiate developmentally oriented work, in which the client is guided in new ways of processing emotions, regulating affect, and making decisions. This process includes procedural learning, through which the therapist models modes of emotional processing and gradually transfers functions to the client.

It is important to emphasize that working with resistance does not end with a single decision in favor of development. During the process of acquiring new competencies, new forms of resistance may emerge, particularly in stressful situations that reactivate earlier defensive patterns. Regressions to previous counter-developmental skills are not interpreted as therapeutic failure, but as indicators of the limits of the current stability of newly developed functions. They are worked through as an integral part of the developmental process, with a renewed return to emotional accounting and a strengthening of the working alliance. In this sense, work with resistance in OLI IPP represents a dynamic and cyclical process in which the theory of change is enacted in clinical practice. Resistance becomes the point at which this process is realized through the development of capacities that gradually render it unnecessary.

Following the elaboration of transference and resistance as developmental phenomena, it becomes necessary to describe in greater detail the basic developmental competencies that serve as the carriers of change.

Basic Developmental Competencies as Carriers of Change in OLI Integrative Psychodynamic Psychotherapy

In OLI Integrative Psychodynamic Psychotherapy, the theory of change is based not solely on uncovering unconscious contents, but on the development of basic competencies of personality, which enable a different way of processing experience, the regulation of affect, and the relation to self and others. OLI IPP specifies which ego functions change in the therapeutic process, how their development can be fostered, and how they are interconnected into a dynamic system.

The key metapsychological shift introduced by ego psychology was the transition from drives to functions—that is, from the question of what is experienced to the question of how experience is processed. Within this framework, therapeutic change does not involve only insight into repressed contents, but also a functional transformation of the ego—a change in modes of perception, thinking, affect regulation, synthesis, and adaptation to reality. OLI IPP operationalizes this process through the concept of basic developmental competencies, which represent developmental preconditions of mature

psychological functioning.

Basic developmental competencies of personality are developmentally acquired mental operations by which a person processes emotionally significant experience: tolerating it, understanding it, and turning it into commitment and action, without distorting reality. They develop in the early relationship with significant objects, but can develop further and be reorganized in the psychotherapeutic process, especially in the context of transference and the transfer of functions.

What Are Basic Developmental Competencies of Personality

The concept of basic developmental competencies of personality describes the same level of psychic functioning that has already been named in various ways in the psychoanalytic tradition—as ego functions, ego strengths, developmental capacities, or functions of the self. It is therefore necessary to state precisely what this concept adds to that series, since otherwise it would be merely another name for what is already known.

The definition contains four features: level (developmentally acquired, hence not innate), kind (mental operations, not states or traits), domain (emotionally significant experience, processed up to commitment and action), and the distinction from defense (without distortion of reality). The last feature is decisive for the theory of change, because it separates competence from a defense mechanism within the definition itself, rather than through subsequent evaluation: both defense and competence process the same emotional experience, but defense does so by altering the perception of reality, whereas competence does not.

Competencies are that part of ego functions which is acquired by passing through conflict. They thereby differ from innate foundations—such as perception, memory, motor function, language, and intelligence—which develop outside conflict and which in this framework we call potentials. This distinction corresponds to Hartmann's distinction between primarily and secondarily autonomous ego functions (Hartmann, 1939/1964): perception is not acquired by passing through ambivalence, whereas tolerance of ambivalence is acquired solely in that way. The set of competencies is therefore not a subset of ego functions in general, but pertains only to developmentally acquired achievements.

Basic competencies differ from complex ones in that they cannot be decomposed into other competencies from the same set. They are the atoms from which molecules are built: the capacity for a close relationship, the capacity for work, patience, or self-confidence arise from the joint operation of several basic competencies. Both do something; the difference is not whether they operate, but whether they can be decomposed.

This distinction has a clinical consequence. The client, as a rule, comes with a complex ability, because it is visible. He says that he has no patience, that he cannot be alone, that his relationships fall apart. He does not see the basic competency, because it is not directly visible; only what it makes possible is visible. Therapeutic work is therefore directed not at the complex ability but at the competencies of which it is composed.

A competency exists on two levels that are easily confused in clinical assessment. Developedness is how far the ability is built up, and functional availability is how far it is available to the person in a given state. A person who cannot think during an exam is not

a person who has not developed the ability to think, but a person to whom a developed ability is momentarily unavailable. Work on developedness and work on availability are not the same therapeutic work: the first builds, the second removes what closes off access. Therefore, in OLI IPP one assesses not only whether a competency exists, but also under what conditions it ceases to be available.

This also refines the concept of ego strength. In ego psychology it is global and unoperationalized: it describes the overall resilience of the apparatus, but does not say what exactly develops or what is worked on. This framework decomposes it into named operations, each of which has a developmental line, a typical arrest, recognizable counter-skills, a manifestation in transference and resistance, and techniques of development (Jovanović, 2013). The contribution, then, lies not in introducing a new level of psychic functioning, but in its operationalization to the degree at which it becomes an object of planned therapeutic work.

By What Criterion They Were Selected

The set did not arise by enumeration but by the application of a criterion. A construct enters the set of basic developmental competencies of personality only if it satisfies all three conditions: that it is grounded in a recognizable psychoanalytic tradition, hence is not a newly coined concept; that there is independent evidence for it as a mechanism of change, and not only as a descriptive category; and that it is accessible to systematic clinical work, that is, that it can be worked on and not merely described. A construct that satisfies two of the three conditions remains outside the set.

None of the eight is a new concept. Neutralization and object constancy were introduced by Hartmann (1952); object integration rests on the synthetic function of the ego, which runs from Freud through Nunberg to Fenichel (1945); mentalization has its root in Winnicott's description of the mother's mirroring function and was systematized by Fonagy (2001); tolerance of frustration and tolerance of ambivalence are already constructs, not descriptive words, in Fenichel (1945); will runs from Rank (1972) through May (1966); initiative is Erikson's (1959). The contribution of OLI IPP lies not in the concepts but in their assembly into a developmental architecture: in the division into a core and those competencies built upon it, in the rule that separates a basic competency from a complex one, and in the claim that competencies stand in describable relations of interdependence.

The Developmental Order of Competencies

The competencies are not equal in their place in development. The first four—object integration, object constancy, neutralization, and mentalization—constitute the core: without them the others cannot be built, and their being built up determines the level of personality organization. Tolerance of ambivalence stands immediately behind the core, as a threshold dividing functioning governed by deficit from that in which conflict becomes possible at all. It cannot appear before the object has been experienced as whole, since opposing feelings can come into conflict only when they are directed at the same person. Its developedness is therefore at once a sign that the core has been completed.

This ordering is not a classificatory decision of this framework. Klein (1935) calls the step from the part-object to the whole object a crossroads from which the paths determining the entire psychic makeup diverge in different directions, and holds that

ambivalence sets in only at that point, since it pertains to whole and real objects.

For clinical assessment this means the following. As long as the organization is governed by splitting, the good and the bad sides of the same person do not come into contact, so there is no conflict of feelings; what the client experiences as anxiety arises from the experience of threat, not from an internal conflict. A conflict of feelings presupposes that the object is one. Work on object integration therefore precedes work on tolerance of ambivalence and cannot be replaced by it.

The Status of the Set

From the criteria stated it follows that each of the competencies described belongs to the set; it does not follow that the set is closed, nor that their number is theoretically derived. The word “basic” here denotes minimal coverage, not an exhaustive inventory: the model is a heuristic metamodel intended for the planning of therapeutic work, not a final taxonomy of psychic functions. It is open to supplementation if some construct proves to satisfy all three conditions, as well as to the merging or separation of items if any of the existing ones proves not to.

OLI IPP distinguishes eight basic developmental competencies that form the foundation of its theory of change. Their development does not proceed linearly or in isolation; rather, they function in mutual interplay, such that the arrest or underdevelopment of one competency often entails disturbances in the functioning of others. In what follows, they are presented as interrelated developmental functions that support mature psychological functioning. Their order of presentation reflects an approximate developmental logic of their interconnection, although in actual therapeutic processes they develop in parallel and in interaction.

For the sake of clinical clarity, each competency in the OLI IPP model is also assigned a metaphorical designation that reflects its function within psychological functioning.

Neutralization – “the regulator of the psyche” (Hartmann, 1939/1964) – refers to the capacity to transform instinctual energy (sexual and aggressive) into neutral energy that becomes available for thinking, problem-solving, and goal attainment.

Mentalization – “the articulator of the psyche” (Fonagy, 2001) – refers to the capacity to understand one’s own and others’ mental states, including beliefs, desires, intentions, and emotions, and to relate these states to behavior and context.

Object integration – “the glue of the psyche” (Klein, 1940, 1948) – refers to the capacity to experience and accept another person (or a desired goal, activity, or role) as a whole, encompassing both positive and negative aspects. It enables the experience of self and others as complex and multidimensional, and supports complexity in thinking. It represents a prerequisite for the development of object constancy and tolerance of ambivalence.

Object constancy – “the stabilizer of the psyche” (Hartmann, 1952; Mahler, 1963) – refers to the capacity to maintain a stable internal connection with a loved object without the need for its constant presence, forming the basis for separation and the development of psychological autonomy.

Tolerance of ambivalence – “the orienting function of the psyche” (Hartman & Zimberoff, 2003) – refers to the capacity to tolerate opposing feelings toward the same person, self, or activity, with a predominance of positive affect. It enables decision-making and directional choice. In contrast to disturbances in object integration, where opposing aspects are split within the vertical unconscious and not simultaneously

accessible (Jovanović, 2024), ambivalence involves conflicts within the horizontal unconscious, where one side is repressed while the other is reactively intensified. The development of tolerance of ambivalence enables emotional accounting—that is, the conscious weighing of gains and losses—which forms the basis of mature decision-making.

Tolerance of frustration – “the immune system of the psyche” (Fenichel, 1945; Kernberg, 1970) – refers to the capacity to cope with the discomfort produced by the non-fulfillment of needs. It enables the individual to endure frustration, obstacles, and delay without loss of self-regulation. In OLI IPP, it is conceptualized as the “immune system of the psyche”, which may be general or selective. Clinically, it is important to identify the domains in which tolerance of frustration is particularly underdeveloped, as these “Achilles’ heels” often activate resistance and regression in the therapeutic process.

Will – “the engine of the psyche” (May, 1966; Rank, 1972) – refers to the capacity to sustain continuous effort in the pursuit of developmental goals. It enables the implementation of decisions through persistence and effort. However, it may also be directed in non-developmental directions—toward manipulation, domination, or instrumentalization of others. Its strength alone is not an indicator of psychological health; its developmental value depends on its orientation toward individuation, reciprocity, and responsibility.

Initiative – “the activating function of the psyche” (Erikson, 1959; Ikonen, 1998) – refers to the capacity to take responsibility for initiating action, to think and act without reliance on another person’s prompting. Like will, it may be directed in both developmental and non-developmental directions—toward proactivity, creativity, and reciprocity, or toward manipulation, domination, and instrumentalization of others.

In the following section, a taxonomy of therapeutic goals in OLI IPP will be presented, systematizing the relationship between basic developmental competencies, typical developmental blockages, and therapeutic interventions, as well as their contribution to the development of more complex capacities and the ultimate outcomes of the therapeutic process.

Taxonomy of Therapeutic Goals in OLI Integrative Psychodynamic Psychotherapy

Building on the concept of basic developmental competencies, OLI Integrative Psychodynamic Psychotherapy (OLI IPP) develops a taxonomy of therapeutic goals that enables a systematic linkage between the theory of change and clinical practice. This taxonomy represents an attempt to provide a clear answer to the question of what exactly is developed in therapy, in what sequence, and through which forms of therapeutic work.

In contrast to approaches that define therapeutic goals primarily in symptomatic or thematic terms, in OLI IPP therapeutic goals are organized developmentally and functionally. The basic assumption is that lasting change is not achieved through the direct removal of symptoms, but through the development of developmental competencies that enable a different mode of processing experience, more stable affect regulation, and more mature relationships.

The taxonomy of therapeutic goals is grounded in the eight basic developmental competencies described earlier. Each of these competencies may be: underdeveloped

(deficit), developed in a non-developmental way (maladaptation), or developed in accordance with the developmental tasks of individuation and reciprocity.

The task of therapy is to identify which competencies are arrested, how this arrest is manifested in symptoms, transference, and resistance, and which interventions may facilitate their further development. In this sense, the taxonomy of therapeutic goals is not merely a list of techniques, but a map of developmental priorities within the therapeutic process.

At the first level, the taxonomy enables therapeutic goals to be linked to ego developmental functions. For example, difficulties in affect regulation point to insufficiently developed neutralization; problems in understanding one's own emotional states indicate a deficit in mentalization; unstable relationships and intense fluctuations in the experience of others may be associated with insufficient object integration or object constancy. In this way, symptoms and behavioral patterns acquire developmental meaning, rather than being treated as isolated problems.

At the second level, the taxonomy connects therapeutic goals with typical forms of resistance. Within this framework, resistance is not understood as opposition to therapy, but as an indicator that the client has not yet developed the developmental competencies required to cope with specific developmental demands. For example, impulsive acting out may be understood as a deficit in tolerance of frustration, while rigidly positive transference may indicate difficulties in the tolerance of ambivalence.

The third level of the taxonomy concerns therapeutic interventions and the transfer of functions. In OLI IPP, interventions are not tied exclusively to a single theoretical orientation, but are selected according to the competency that needs to be developed. Techniques from different psychotherapeutic modalities may be used, but always within a psychoanalytic understanding of personality and the therapeutic relationship. In this way, OLI IPP retains its psychoanalytic theoretical foundation while employing an integrative repertoire of therapeutic interventions.

The taxonomy of therapeutic goals also has an important heuristic function. It helps the therapist distinguish between situations in which interpretative work on unconscious conflicts is primary and those in which developmental work through learning, modeling, and the transfer of functions is necessary. This avoids both reductionism—where every problem is approached solely through interpretation—and the opposite risk of treating developmental deficits purely educationally, without understanding their psychodynamic background.

From this developmental order there follows also the order of work. When the core is not built, the interpretation of conflict remains without a foothold, because the competencies that would process it are lacking; work then begins with object integration and object constancy, neutralization and mentalization. Only when the core is completed does tolerance of ambivalence become available, and with it conflict as an object of work. The question is therefore not only what the psychopathology is, but also what is available to the client for work at a given moment, on which this issue writes in more detail from the standpoint of the distinction between conflict and deficit (Civrić, 2026).

In the tabular presentation that follows, basic developmental competencies will be linked to their developmental functions, typical counter-developmental skills and developmental arrests, manifestations in transference and resistance, principal directions of therapeutic work, and forms of function transfer.

In this way, the table does not serve as a “checklist” of interventions, but as an orienting framework that enables the therapist to view the therapeutic process as a whole and to plan the work in accordance with the client’s developmental needs.

In the section Complex Competencies and the Final Outcomes of the Therapeutic Process, it will be shown how basic developmental competencies combine and unite into more complex competencies, and how their joint development leads to the final outcomes of the therapeutic process—the capacity for mature love and work.

Table 1. Taxonomy of Developmental Therapeutic Goals in OLI IPP

NEUTRALIZATION (“the regulator of the psyche”)Developmental function
The rhythmic modulation and calming of instinctual and affective energy to a level that enables thinking, symbolization, and the postponement of action. Instinctual energy is by its nature arrhythmic, and it is precisely this arrhythmic quality that creates tension, driving the subject toward rapid discharge and immediate gratification. Neutralization enables this energy to be brought into rhythm, thereby reducing tension and rendering affect usable for thinking, regulation, and choice. Neutralization does not imply repression or deadening of emotions, but rather bringing them into rhythm, which reduces tension and opens space for reflection and choice.
Typical counter-developmental skills / developmental arrests
Affective flooding, intense emotions that “explode,” arrhythmic affects (sudden jolts, contractions, somatic reactions), impulsive acting out as a way of discharging tension, or avoidance of emotions through dissociation or crude control, chronic bodily tension, or emotional numbness.
Manifestation in transference and resistance
Inability to speak about emotions before they are “acted out,” pressure on the therapist to respond or intervene quickly, affective “outbursts” or withdrawal into silence, resistance to staying with emotion, rapid loss of the working alliance under affective pressure.
Developmental focus of therapeutic work
Development of the capacity to remain with emotion without acting, along with a gradual reduction of tension and an increased tolerance of affective experience. Learning to “carry” emotion rather than discharge or avoid it.
Developmental links with other competencies
Neutralization is a precondition for mentalization, and its deficit significantly affects object integration and tolerance of frustration and ambivalence; without it, the ego remains flooded by affect or resorts to primitive defenses.
MENTALIZATION (“the articulator of the psyche”)
Developmental function
The capacity to understand and interpret one’s own and others’ mental states—emotions, thoughts, intentions, and desires—as internal processes that mediate experience and behavior. Mentalization enables emotional experience to be translated into meaning, emotions to be symbolized and linked to context, rather than being experienced as vague bodily states or external events. It represents the key link between emotional experience and thought.
Typical counter-developmental skills / developmental arrests
Inability to recognize and name one’s own emotions, affective undifferentiation (“good,” “bad,” “nervous”), responses such as “I don’t know why I feel that way,” concretization of emotions (emotion = fact or external event rather than an internal state), hypermentalization (over-elaborate, speculative explanations without affective grounding), rationalization and intellectualization as substitutes for emotional understanding.
Manifestation in transference and resistance

Difficulties speaking about internal states in therapy, focus on external events without emotional meaning, rigid beliefs about the therapist's intentions without reflection on one's own affects, loss of mentalization in situations of heightened affect or frustration, resistance to exploring the inner world ("that is not important," "there is nothing there to understand").
Developmental focus of therapeutic work
Development of the capacity to distinguish emotions, thoughts, and behaviors, as well as their interconnections. Learning to think about one's own inner states, to name them, and to understand them in the context of relationships and life events.
Developmental links with other competencies
Mentalization builds upon neutralization: for emotion to be thought about, it must first be sufficiently calmed and rhythmically regulated. Underdeveloped mentalization impedes object integration and tolerance of ambivalence, while its development enables the integration of emotional experience into a more stable image of self and others.
OBJECT INTEGRATION ("the glue of the psyche")
Developmental function
The capacity to experience oneself and others as whole, complex, and multidimensional, with the simultaneous presence of positive and negative aspects. Object integration enables relationships not to be organized around partial representations ("all good" / "all bad"), but around a realistic and integrated representation of both the other and the self, thereby creating the basis for stable and mature relationships.
Typical counter-developmental skills / developmental arrests
Splitting of the object (idealization-devaluation), experiencing others as entirely good or entirely bad, sudden and extreme shifts in the evaluation of people and relationships, unstable self-image dependent on external validation or frustration, projection of unacceptable aspects of the self into others, aversion to simultaneously holding opposing experiences within the same mental space.
Manifestation in transference and resistance
Idealization of the therapist followed by sudden devaluation, intense emotional reactions to minor frustrations, pressure on the therapist to occupy an "entirely good" or "entirely bad" position, resistance to integrating different aspects of the relationship, rapid changes in the experience of therapy and of the therapeutic alliance.
Developmental focus of therapeutic work
Development of the capacity to integrate opposing aspects of the object and the self, while tolerating the emotional complexity of relationships. Supporting the client in seeing both others and themselves as carriers of both satisfying and frustrating characteristics, without regression into splitting.
Developmental links with other competencies
Object integration builds upon mentalization: different aspects of the object must be thinkable simultaneously in order to be integrated. Severe disturbances of this competency are characteristic of borderline and ego-deficit structures, while its development constitutes the basis for object constancy and relational stability. It is also a prerequisite for the development of tolerance of ambivalence.
OBJECT CONSTANCY ("the stabilizer of the psyche")
Developmental function
The capacity to maintain an internal emotional bond with a significant object during its absence, as well as continuity in the image of the other and of the self over time. Object constancy enables the relationship to be experienced as lasting and stable, independent of immediate frustration, distance, or separation. In OLI Integrative Psychodynamic Psychotherapy, it is emphasized that object constancy is based not only on the experience of warmth and continuous immediate presence, but

also on the object's capacity to transfer functions, so that these may be internalized and enable independent functioning in the object's absence.
Typical counter-developmental skills / developmental arrests
Intense fear of abandonment, difficulty tolerating separations and breaks, the experience that the relationship ceases as soon as immediate contact is interrupted, excessive dependence on the other's presence, withdrawal from or devaluation of the object in its absence, lack of internal self-soothing strategies.
Manifestation in transference and resistance
Heightened anxiety during breaks between sessions or during the therapist's absence, idealization of the therapist's presence accompanied by feelings of emptiness in their absence, difficulty ending sessions or therapy, increased dependence on the therapeutic relationship, resistance to autonomy and independent functioning between sessions.
Developmental focus of therapeutic work
Development of the capacity to retain the object internally together with its functions, so that the client can independently perform emotional operations previously "borrowed" from the therapist. Support for the development of self-soothing, continuity of relationships, and tolerance of separation without regression.
Developmental links with other competencies
Object constancy builds upon object integration: for the object to remain "inside" during absence, it must first have been experienced as whole. Underdeveloped object constancy impairs tolerance of frustration when need gratification must be postponed, as well as the development of patience. Will may fluctuate depending on the object's presence, and initiative may evoke fear of separation.
TOLERANCE OF FRUSTRATION ("the immune system of the psyche")
Developmental function
The capacity to endure the non-fulfillment of needs, obstacles, delays, and limitations without losing emotional regulation, realism, and continuity of action. Tolerance of frustration allows the tension produced by non-gratification not to be immediately resolved through action, discharge, or regression, but to be endured, processed, and integrated into a broader life context. In OLI Integrative Psychodynamic Psychotherapy, this competency is understood as a psychological immune system that protects the ego from disintegration under the pressure of frustration.
Typical counter-developmental skills / developmental arrests
Low tolerance for delay and waiting, intense emotional reactions to limitations and "no," impulsive acting out or withdrawal in response to frustration, experience of frustration as injustice or attack, development of secondary gains from a position of helplessness and passivity, selective intolerance of frustration linked to specific needs ("Achilles' heel"). As maladaptations, skills of manipulating the will of others may develop in order to gratify one's own needs.
Manifestation in transference and resistance
Intense reactions to the boundaries of the therapeutic frame, experiencing the therapist as withholding or cold, heightened demands and testing of limits, withdrawal from or devaluation of therapy in response to frustration, resistance to taking responsibility and making effort, regression into earlier defensive patterns under stress.
Developmental focus of therapeutic work
Development of the capacity to tolerate frustration without regression, through the gradual strengthening of ego capacities to endure discomfort, limitations, and responsibility. Particular focus is placed on identifying the specific needs in relation to which tolerance is poorly developed—that is, identifying the client's "Achilles' heel" and the counter-developmental skills aimed at avoiding frustration that cannot be tolerated.
Developmental links with other competencies

Tolerance of frustration relies on neutralization and object constancy: for frustration to be endured, affect must be regulated and the internal object stable. Its development is a prerequisite for tolerance of ambivalence and for the implementation of decisions through will.
TOLERANCE OF AMBIVALENCE (“the orienting function of the psyche”)
Developmental function
The capacity to simultaneously perceive, hold, and reflect upon opposing emotions, motives, and tendencies toward the same object, choice, or decision, without the need to repress or deny one side. Tolerance of ambivalence enables the conscious “weighing” of emotional gains and losses and constitutes the basis of mature commitment and decision-making. Unlike object integration, this involves conflicts taking place in the horizontal unconscious, where opposing tendencies were once consciously accessible, but one side has been repressed.
Typical counter-developmental skills / developmental arrests
Repression of one side of the conflict accompanied by reactive strengthening of the other, rigid emotional one-sidedness (“only love” or “only hatred”), difficulty making decisions, prolonged indecisiveness or impulsive commitment, regression into splitting under conditions of heightened conflict, intensified guilt related to ambivalent feelings.
Manifestation in transference and resistance
Continuously positive transference without the emergence of negative feelings, idealization of the therapist with absence of criticality, resistance to exploring negative feelings in therapy, fear that negative feelings would “destroy the relationship,” a relatively stable but emotionally one-sided transference bond, occasional regression into splitting under stronger conflict pressure.
Developmental focus of therapeutic work
Development of the capacity to hold opposing emotions simultaneously in awareness, without the need to split or repress them. The aim of therapy is to bring all emotional “weights” back into awareness, thereby enabling realistic emotional accounting and mature commitment.
Developmental links with other competencies
Tolerance of ambivalence builds upon mentalization and tolerance of frustration: for opposing emotions to be reflected upon, they must first be recognized and endured. Its underdevelopment is characteristic of neurotic conflicts, whereas severe disturbances of object integration are more typical of borderline and ego-deficit structures.
WILL (“the engine of the psyche”)
Developmental function
The capacity to carry out decisions through sustained effort, persistence, and work despite fatigue, frustration, and delayed gratification. Will does not serve decision-making itself, but rather the realization of decisions in reality; it enables continuity of action, the formation of work habits, and persistence along a chosen path over time.
Typical counter-developmental skills / developmental arrests
Contrawill (active opposition to demands and expectations, spite), “good will” oriented toward meeting the demands of others while lacking autonomy, reliance on external pressure rather than inner will, rapid giving up at the first effort or frustration, passivity masked by rationalizations, non-developmental instrumental will directed toward manipulation, parasitism, or domination over others.
Manifestation in transference and resistance
Resistance to continuity in therapeutic work, irregular attendance, lateness, and interruptions of the process, reliance on the therapist as a “motivator” rather than assuming effort oneself, passive agreement without implementation in practice, active testing of the therapist through rejection of agreements and responsibilities that have been taken on.

Developmental focus of therapeutic work
Development of autonomous, developmentally oriented will connected with individuation, responsibility, and reciprocity in relationships. Therapeutic work is aimed at strengthening the client's capacity to persist in effort, to distinguish a decision from its implementation, and to recognize the difference between will in the service of development and will in the service of control or avoidance of responsibility. Training of will and the development of work habits are also involved.
Developmental links with other competencies
Will relies on tolerance of ambivalence as the basis of decision-making and on tolerance of frustration as the basis of enduring effort. Without initiative there is no beginning of action, but without will there is no completion; the sheer strength of will is not in itself an indicator of development, but rather the direction in which it is oriented.
INITIATIVE ("the activating function of the psyche")
Developmental function
The capacity to initiate action and relationships out off inner motivation, without reliance on external pressure or prompting. Initiative enables the subject to recognize their own wish, interest, or impulse toward action and to move toward the world. Unlike will, which ensures the implementation of decisions, initiative ensures the beginning of action and represents a key driving force of developmental processes.
Typical counter-developmental skills / developmental arrests
Lack of initiative in the form of passivity, withdrawal, and postponement; activity driven exclusively by external expectations, which in fact represents will directed toward pleasing others; malignant (non-developmental) initiative in the form of tireless activity aimed at competition, winning, or depriving the other of initiative; excessive need to prove oneself through activity; fear of initiative associated with guilt, shame, or punishment, including castration anxiety (in the broader psychodynamic sense).
Manifestation in transference and resistance
Passive waiting for the therapist to lead the therapeutic process, shifting responsibility for initiating topics and change onto the therapist, taking initiative away from the therapist through competition in knowledge or interpretations, resistance to assuming initiative in therapy, pressure for the therapist to remain the constant source of ideas and direction.
Developmental focus of therapeutic work
Development of authentic, developmentally oriented initiative arising from inner motivation and connected with individuation and reciprocity in relationships. Therapeutic work includes understanding the fears and guilt associated with initiative, as well as differentiating initiative from conformism, compliance, or manipulation.
Developmental links with other competencies
Initiative relies on mentalization, which enables understanding of one's own motives, and on neutralization, which regulates the affect accompanying the initiation of action. Lack of object constancy inhibits initiative because initiative is experienced as separation. Tolerance of ambivalence gives direction to initiative, while tolerance of frustration provides patience and resilience in the face of obstacles. Without initiative, development cannot begin; without will, initiative quickly fades. Non-developmental forms of initiative may coexist with strong will, but they do not lead to maturity.

For clarity and easier overview of the relations among the individual elements of the theory of change, a synoptic overview of basic developmental competencies and therapeutic goals is given below in Table 2. This overview summarizes the key developmental functions, the dominant risks in the case of deficit, and the developmental outcomes, integratively connecting the taxonomy elaborated in detail in

the previous table.

Table 2. Synoptic Overview of Basic Developmental Competencies and Therapeutic Goals in OLI IPP

Basic Developmental Competency	Developmental Function	Dominant Risk in Deficit	Developmental Outcome
Neutralization (the regulator of the psyche)	Rhythmic modulation of affect and regulation of instinctual tension	Affective flooding / dissociation	Affect becomes material for thinking
Mentalization (the articulator of the psyche)	Symbolization and understanding of internal states	Concreteness / hypermentalization	Understanding of self and others
Object integration (the integrator of relationships)	Integration of positive and negative aspects of the object	Splitting	Realistic perception of self and others
Object constancy (the stabilizer of the psyche)	Maintenance of internal connection across absence and over time	Separation anxiety	Autonomy and continuity of experience
Tolerance of frustration (the immune system of the psyche)	Endurance of non-gratification and limitations	Impulsivity / withdrawal	Delay, patience, responsibility
Tolerance of ambivalence (the orienting function of the psyche)	Simultaneous awareness and tolerance of opposing tendencies	Neurotic conflict or regression to splitting	Mature commitment and decision-making
Will (the engine of the psyche)	Implementation of decisions through effort and persistence	Passivity / instrumentalized will	Continuity of action and work
Initiative (the activating function of the psyche)	Initiation of action from internal motivation	Inhibited or malignant initiative	Self-initiation and development

The Taxonomy of Therapeutic Goals as a Basis for the Integration of Psychotherapeutic Techniques

On the basis of the taxonomy of therapeutic goals thus defined in OLI Integrative Psychodynamic Psychotherapy, a systematization of the psychotherapeutic techniques of various therapeutic orientations has been carried out according to which basic developmental competency they can develop. Instead of viewing techniques as the property of particular schools, they are here treated as developmental tools whose application is justified by the function they serve in the development of specific competencies. In this way OLI IPP retains its psychoanalytic theoretical foundation while at the same time enabling the integrative use of techniques of various origins, always in accordance with the developmental needs of the client and the phase of the therapeutic process.

This selection of techniques according to developmental function is a particular operationalization of a broader contemporary movement toward the modular and mechanism-driven combining of interventions (Fonagy, 2015; Schramm et al., 2024; Cuijpers et al., 2026). These sources do not confirm the taxonomy proposed here, but describe the direction in which it stands.

Further in the text, Table 3 presents how different types of learning and knowledge (conceptual-declarative, procedural, and metacognitive) can be linked to the development of specific basic developmental competencies. A detailed elaboration and description of concrete psychotherapeutic techniques, organized according to this developmental model, is provided in the monograph *Psychotherapeutic Techniques for the Development of Basic Developmental Competencies* (Cmiljanović & Škorić, 2024).

Table 3. Taxonomy of Therapeutic Goals - Techniques

Types of Learning /Knowledge	Basic Developmental Competencies						
	Neutralization & Mentalization	Object integration	Object constancy	Tolerance of frustration	Tolerance of ambivalence	Will	Initiative
Conceptual-declarative	M	E	T	H	O	D	S
Procedural	M	E	T	H	O	D	S
Metacognitive	M	E	T	H	O	D	S

Interpretation of the Relationship Between Types of Learning and the Development of Basic Developmental Competencies

The presented table shows that the development of basic developmental competencies in OLI Integrative Psychodynamic Psychotherapy (OLI IPP) does not occur through a single type of knowledge or learning alone, but through a combination of different forms of learning that operate simultaneously and in a complementary manner. Conceptual-declarative learning enables the client to understand emotional processes, name them, and relate them to a theoretical framework; however, on its own, it is not sufficient to produce lasting changes in functioning.

Procedural learning occupies a central place in the development of developmental competencies, as it is through the therapeutic relationship, the repetition of experience, and the implicit acquisition of patterns of regulation, mentalization, and relating that new emotional functions become internalized. It is precisely this form of learning that constitutes the foundation of the transfer of functions in OLI IPP and explains why changes often occur before the client is able to articulate them clearly.

Metacognitive learning enables the client to gain insight into their own ways of thinking, responding, and learning, thereby strengthening capacities for self-regulation and self-correction. It allows developed competencies to be maintained and further elaborated beyond the therapeutic context. In this way, the therapeutic process does not remain limited to specific situations, but contributes to the broader development of autonomy and psychological stability.

The combined action of these three forms of learning demonstrates that therapeutic change in OLI IPP is neither exclusively educational nor exclusively interpretative, but rather a developmental process in which knowledge, experience, and reflection complement one another in the service of building mature ego functioning.

Graphical Representation of the Relationship Between Basic and Higher-Order Competencies

The development of basic developmental competencies and their mutual interplay leads to the formation of more complex psychological capacities, as schematically presented in Figure 1. The diagram illustrates that basic competencies do not operate in isolation, but rather combine and support one another, creating the conditions for the development of higher-order functional capacities, such as reality testing, the capacity to be alone, the capacity for self-regulation, and mature empathy. These capacities are further integrated into even more complex abilities—namely, the capacity for mature love and the capacity for work.

The ultimate outcome of this developmental process is tolerance of existence, which in OLI IPP is understood as the result of the integration of both basic and higher-order competencies.

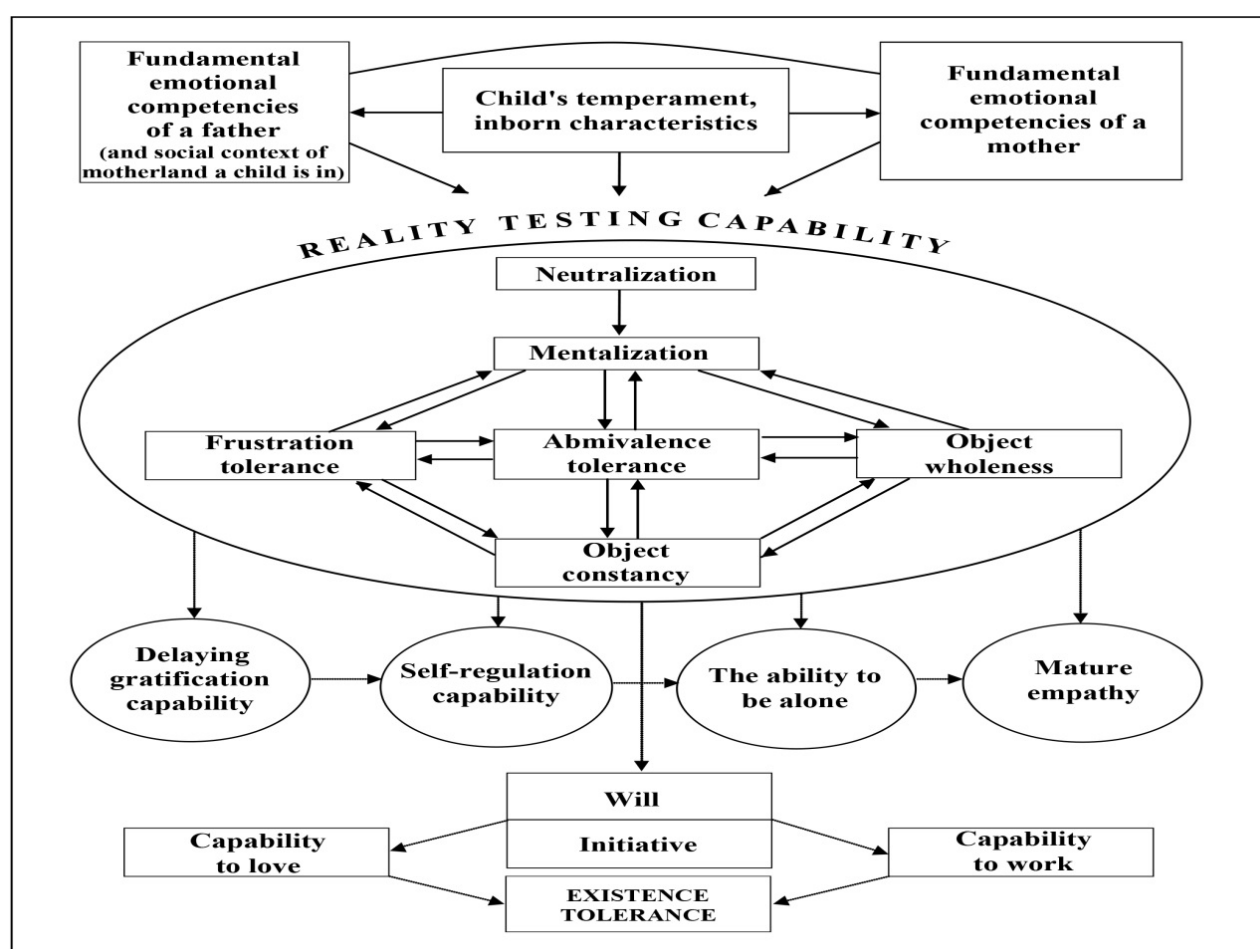


Figure 1. Diagram of the Interrelations Among Basic Developmental Competencies and the Development of Higher-Order Competencies

Higher-Order Developmental Competencies and the Ultimate Outcomes of the Therapeutic Process

In OLI Integrative Psychodynamic Psychotherapy (OLI IPP), basic developmental competencies do not represent the final goal of therapy, but rather the developmental foundation upon which more complex psychological capacities are formed. Only through their mutual interplay does stable and mature functioning in reality, relationships, and work become possible. For this reason, the theory of change in OLI IPP is not limited to

the development of individual ego functions, but also encompasses the manner in which these functions are integrated into more complex patterns of psychological functioning.

Higher-order competencies emerge as the result of the coordinated interplay of multiple basic developmental competencies.

For example, the capacity for reality testing involves the ability to differentiate internal experiences from external reality, as well as to revise subjective interpretations in accordance with feedback from the environment. This capacity cannot develop without sufficiently neutralized affect, developed mentalization, object integration, and tolerance of ambivalence and frustration. It arises through the integration of these basic developmental competencies.

The final developmental outcomes of the therapeutic process in OLI IPP are formulated through two categories which in the psychoanalytic tradition are associated with Freud and which in this form derive from Erikson (1950/1963): the capacity for mature love and the capacity for work. Mature love implies the possibility of establishing relationships that are at once emotionally close and differentiated, in which there is mutuality, tolerance of difference, ambivalence, and frustration, as well as the capacity to preserve one's own autonomy. Such love is not possible without the integration of all basic developmental competencies.

The ultimate developmental outcomes of the therapeutic process in OLI IPP are formulated through two classical psychoanalytic categories: the capacity for mature love and the capacity for work. Mature love implies the ability to establish relationships that are both emotionally close and differentiated, characterized by reciprocity, tolerance of differences, ambivalence, and frustration, as well as the preservation of one's autonomy. Such love is not possible without the integration of all basic developmental competencies.

OLI IPP additionally introduces the concept of tolerance of existence as the ultimate outcome of the therapeutic process. Tolerance of existence refers to the capacity to accept the fundamental conditions of human existence—transience, limitation, uncertainty, loss, and inevitable frustration—without regression into primitive defenses or rigid patterns of functioning. It does not develop directly, but emerges as the result of the integration of mature capacities for love and work, along with the stable functioning of higher-order competencies.

In this way, the theory of change in OLI Integrative Psychodynamic Psychotherapy can be understood as a developmental process that begins with the strengthening of basic developmental competencies, continues through their integration into more complex psychological capacities, and culminates in the establishment of a mature relationship toward oneself, others, and existence as a whole.

The theory of change in OLI Integrative Psychodynamic Psychotherapy is based on a developmental understanding of psychic functioning, in which therapeutic change arises not primarily from insight into unconscious contents, but from the development and reorganization of basic developmental competencies of personality—mental operations by which a person processes emotionally significant experience up to commitment and action. Building on the psychoanalytic and ego-psychological tradition, OLI IPP precisely defines which functions develop in the therapeutic process, how their arrests are manifested, and in what way they can be systematically fostered.

Within this framework, basic developmental competencies represent the operational basis of the theory of change. Their development enables a different way of processing affects, more stable relationships with significant objects, and more flexible decision-making. Through work with transference and resistance, as well as through the transfer of functions in the therapeutic relationship, the client gradually acquires abilities that were previously insufficiently developed or organized in a non-developmental way.

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The taxonomy of therapeutic goals in OLI IPP allows theoretical concepts to be directly linked to clinical practice, so that the therapeutic process can be understood as developmentally structured and purposefully guided. On this basis, it becomes possible to use psychotherapeutic techniques from different therapeutic orientations in an integrative manner without losing the psychoanalytic identity of the approach, since techniques are selected according to their developmental function rather than their theoretical origin.

The development of basic developmental competencies leads to the formation of higher-order psychological capacities, enabling stable reality testing, the capacity to be alone, and mature functioning in relationships and work. The ultimate outcomes of the therapeutic process in OLI IPP are formulated as the capacity for mature love and the capacity for work, while tolerance of existence is understood as their integrative result.

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Separation Resistance in the Termination Phase of Psychotherapy

An Integrative Approach from the Perspective of OLI Psychodynamic Psychotherapy

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(review article)

Cite as: Cvetković, M. (2026). Separation Resistance in the Termination Phase of Psychotherapy: An Integrative Approach from the Perspective of OLI Psychodynamic Psychotherapy. *Insights*, 3, pp. 62-78. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.3>

Abstract

The termination phase of psychotherapy is a specific developmental period in which therapeutic gains are consolidated while separation-related themes are simultaneously reactivated. The aim of this paper is to examine the phenomenon of separation resistance — the defensive patterns through which a client seeks to avoid the intensity of parting from the therapist — and its function in the termination phase. The paper proceeds from the thesis that separation resistance is not a new problem arising at the end but the final version of patterns present throughout therapy, now placed in the context of the actual relinquishing of the relationship. The phenomenon is analyzed from five theoretical perspectives: psychoanalytic theory, object relations theory, self psychology, attachment theory, and contemporary relational approaches. Particular attention is given to distinguishing developmentally expected from defensive termination, to transference and countertransference reactions, and to typical patterns across clients with pronounced narcissistic, borderline, dependent, avoidant, and obsessive-compulsive organizational features. A clinical illustration of a client with pronounced dependent organizational features is presented. The paper integrates these perspectives within the framework of OLI integrative psychodynamic psychotherapy, in which readiness for termination is conceptualized through the development of basic developmental competencies of personality and the internalization of the therapeutic relationship. In conclusion, clinical interventions are proposed that allow the therapist to work through separation resistance without hastening or delaying termination, along with directions for further research, primarily the empirical operationalization of developmental indicators of the termination phase.

Received: 30 Jun 2026

Accepted: 30 Aug 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords: separation resistance, termination of psychotherapy, separation-individuation, basic developmental competencies of personality, OLI IPP

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Introduction

The termination of psychotherapy has long been regarded as a technical, almost administrative moment of the process — the point at which, once symptoms have receded, therapist and client simply part. Clinical experience, however, suggests otherwise. It is precisely at the end, when the relationship has already become significant and its loss looms, that the deepest layers of what brought the client to therapy reopen. In this sense, the termination phase may rightly be described as a maturity test for the entire process: the way a client copes with parting reveals how much of what happened in therapy has truly become their own.

Despite this clinical weight, the termination phase remains among the least elaborated parts of the psychotherapy literature. It is written about as an outcome and rarely as a process with its own internal dynamics. Systematic reviews show that most theoretical attention to termination has come from the psychoanalytic tradition, but predominantly in the context of long-term analyses and without a consistent operationalization of concepts (Joyce et al., 2007; Rabinowitz et al., 2025).

The central concept of this paper — separation resistance — refers to the set of defensive maneuvers by which a client, consciously or unconsciously, seeks to avoid the pain of parting. The thesis advanced here is that these resistances are not a new problem born at the end, but the final version of patterns present throughout the entire therapy. If the client previously avoided painful content, they may now avoid termination itself; if closeness was once difficult, it is now difficult to relinquish. Resistance, therefore, does not disappear as the end approaches — it changes form and function. In this sense the termination phase acts as a second chance for working through earlier separation conflicts, much like the second individuation of adolescence (Blos, 1967).

The aim of the paper is twofold. First, to examine separation resistance through five complementary theoretical perspectives: psychoanalytic theory, object relations theory, self psychology, attachment theory, and contemporary relational approaches. Second, to integrate these perspectives within the framework of OLI integrative psychodynamic psychotherapy (OLI IPP; OLI stands for the Serbian phrase *Otkrivanje lične istine otklanjanjem lažnih informacija*, i.e., the discovery of personal truth through the removal of false information; Jovanović, 2013), in which readiness for termination is assessed not only by symptom reduction but by the development of basic developmental competencies of personality and the degree to which the therapeutic relationship has been internalized. Methodologically, the paper is conceived as a theoretical, integrative review rather than an empirical study.

Methodological framework

This paper is conceived as a narrative, integrative theoretical review rather than a systematic review in the strict sense or an empirical study. This approach was chosen because the aim of the paper is to connect and integrate several theoretical traditions around a shared phenomenon rather than to quantitatively summarize findings; a narrative review is better suited to this task, as it allows for conceptual synthesis and interpretation.

Since the paper is conceived as an integrative theoretical review, the literature was selected through a combination of two procedures. First, by searching the databases PsycINFO, PubMed/MEDLINE, Scopus, and Google Scholar, using key terms and their combinations: “termination,” “ending of psychotherapy,” “separation resistance,”

“separation-individuation,” “object constancy,” “selfobject,” “attachment and termination,” and “therapy dropout.” Second, by searching the reference lists of the retrieved articles (the so-called snowball procedure) and by including the foundational, canonical works of the psychodynamic tradition that are not always fully indexed in these databases (Freud, Klein, Winnicott, Mahler, Bowlby, Kohut, Kernberg, Masterson). Priority was given to peer-reviewed sources and primary theoretical works; the inclusion criterion was the theoretical or clinical contribution to understanding separation dynamics in the termination phase, rather than a temporal restriction, since this is a review connecting classical and contemporary contributions.

The concept of separation resistance and its function

The concept of resistance belongs to the very foundations of psychoanalysis. Freud (1937) defined it as everything in the client that opposes the work of making the repressed conscious — a force that, paradoxically, protects the very psychic equilibrium whose rigidity led the client to seek help. In this sense, resistance is not a mere obstacle to be removed but a communication: a message about what is too dangerous for the psyche to touch directly.

Separation resistance is a specific kind of resistance tied to the theme of parting. It is activated when the loss of the relationship becomes a real possibility and when, with that loss, earlier experiences of abandonment are re-lived. Its function is not to obstruct therapy but to protect the client from the intensity of separation — from the anxiety, grief, and emptiness that parting brings.

For clinical precision it is important to distinguish several related concepts. Separation anxiety is an affective response to the threat of losing a significant object (Bowlby, 1973). Separation grief, or mourning, is the process by which loss is worked through and the object internalized (Klein, 1940). Regression denotes a temporary return to earlier modes of functioning under the pressure of separation. Separation resistance, finally, is neither the affect itself nor the loss itself, but a defense against them — a set of procedures by which confronting the end is postponed, avoided, or rendered meaningless. Distinguishing these levels is no academic trifle: a therapist who confuses resistance with anxiety risks soothing where they should understand, while one who confuses it with mourning risks forcing grief before the defense has been worked through.

Manifestations of separation resistance in the termination phase

Separation resistance rarely appears as open opposition to termination. Far more often it is woven into seemingly reasonable behavior, which is precisely why it is easy to overlook. Below we single out four typical forms.

Avoidance and postponement of the topic of termination

The most direct form of separation resistance is the absence of the topic of termination where it would naturally arise. Although the problems that brought the client to therapy have largely been resolved, the question of ending is not raised. Therapy continues without clear development, content becomes repetitive, and the relationship is maintained but no longer deepens. This is a stagnation easily rationalized as “maintenance work.”

Prolongation through rationalizations

A second common form is the prolongation of therapy on seemingly rational grounds. Statements such as “just a little longer to stabilize the changes” or “so that you are there just in case” appear mature and responsible at first glance. Yet behind them often lies an emotional dimension — a need for security, continuity, and holding on to the relationship. The therapist’s task is not to take these statements at face value but to explore their meaning: what exactly “just in case” means, what the client experiences as unstable, and whether this is a realistic appraisal or a difficulty in relinquishing a relationship that has become important.

Covert resistance and silent dropout

Particularly significant are covert forms, among which the silent abandonment of therapy stands out. A client may end the work without explicitly closing the process, through formulations such as “we’ll be in touch” or “I’ll call,” after which they never do. Such an ending allows avoidance of a direct confrontation with separation and with the emotions it carries. Contact is broken without full processing and symbolization — the loss, in order to be avoided, is simply not named.

Regression and the return of symptoms

Finally, in the last phase it is not uncommon for “old” symptoms to return or for the client to regress to earlier modes of functioning. Although it looks like a deterioration, such a return often has a defensive function: the reactivated symptom seems to announce that the work is not yet finished and that parting should be postponed. For this reason the therapist does not automatically interpret such moments as failure, but as part of a separation dynamic that needs to be understood.

Theoretical perspectives

Separation resistance can be illuminated from several theoretical angles, each emphasizing a different aspect of the same phenomenon. Below, each perspective is presented briefly and then linked to the corresponding concept of the OLI framework — in the sections titled “OLI conceptualization.”

Psychoanalytic theory

In classical psychoanalysis, separation resistance is most naturally understood through the concepts of resistance and the repetition compulsion. In his late paper *Analysis Terminable and Interminable*, Freud (1937) asks whether analysis can ever have a definitive end, pointing to the persistence of the repetition compulsion and the depth of character structures that resist change. For him, termination is not the same as cure; rather, it is a matter of the client acquiring the capacity to deal more freely with inner conflict. Half a century later, this dilemma of the “terminable and interminable” remains the focus of debate on termination (Blum, 1987).

Particularly instructive in the psychoanalytic tradition is the concept of the negative therapeutic reaction — a worsening that occurs precisely when improvement would be expected, which Freud links to an unconscious sense of guilt and a need for punishment. In the termination phase this reaction takes a specific form: progress and the possibility of parting are unconsciously experienced as something one must not allow oneself, so a symptom revives in order to undo the success. Hence the classical view that termination

is not merely a technical outcome but the final round of working through — above all the working through of mourning, in which libido is gradually withdrawn from the therapist as object and made available again for new relationships. Termination thus proves to be work rather than the mere cessation of work.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, separation resistance is the repetition compulsion in the key of termination — an attempt to avoid anxiety, except that it now unfolds at the level of relinquishing the relationship. The criterion of ending thereby shifts from symptom reduction to a more durable structural change.

Object relations theory

Object relations theory shifts the focus from drives to the inner world of relationships. Klein (1940) links the capacity to bear loss to the depressive position and the capacity for mourning: a mature parting presupposes that the client can mourn the object without either destroying or idealizing it. Winnicott (1953, 1958) introduces the transitional space and the capacity to be alone — the ability to remain alone in the presence of an internalized good object; without this capacity, every parting threatens to be experienced as abandonment. Mahler et al. (1975) describe separation-individuation and the rapprochement subphase, in which the child oscillates between the need for autonomy and the need for closeness — a pattern that is almost literally reactivated in the termination phase of therapy. Kernberg (1975), finally, emphasizes how fragile the integration of the object is in more disturbed personality organizations, so that parting easily triggers splitting into the idealized and the persecutory.

The depth of this approach is also evident in the fact that parting once again tests the transition from the paranoid-schizoid to the depressive position: as long as the object is experienced partially — now ideally good, now persecutory bad — parting threatens to be a catastrophe, because one loses “all the good” or is violently “freed” from “all the bad.” Only when the object is experienced as whole, with good and bad sides in one person, are true mourning and reparation possible. Winnicott’s concept of the use of an object is especially instructive here: the object becomes genuinely usable only after it has been “destroyed” in fantasy and has survived that destruction. A client who in the termination phase dares to express anger about parting, and whom the therapist survives without retaliation or withdrawal, experiences that the relationship can bear aggression — a precondition for mature separation.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, all these ideas are condensed into the competence of maintaining object constancy: the ability for the therapist to remain “good” and present in the inner world even when physically absent. Termination is possible once this constancy is stable enough to survive parting.

Self psychology

Kohut (1971, 1977) describes the relationship with the therapist through the concept of the selfobject — an other who performs functions of maintaining cohesion and self-esteem that the client is not yet able to perform alone. In the termination phase, the theme of losing the idealized selfobject and the soothing, regulating presence the therapist provided is especially activated. The key developmental outcome is transmuting internalization: the gradual taking over of selfobject functions into one's own structure through a series of tolerable, "optimal frustrations." Parting thereby ceases to be a loss and becomes the assumption of a function. A similar dynamic of selfobject loss and the initiation of mourning has been described in the group context as well, at the intersection of contemporary object relations theory and self psychology (Schermer & Klein, 1996).

Kohut distinguishes several types of selfobject transference — mirroring, idealizing, and twinship — and each carries a specific loss in the termination phase: the loss of affirmation, the loss of the idealized strength the client relied upon, or the loss of the sense of essential likeness and belonging. An important theoretical controversy concerns whether selfobject needs are ever fully "transcended." Unlike the classical ideal of complete autonomy, self psychology holds that selfobject needs persist throughout life and are not abolished but mature — from archaic toward more mature forms. In this light, termination does not mean that the client no longer "needs" the therapist, but that the client is able to find selfobject functions in more mature relationships and within themselves.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, this is recognized as the internalization of the relationship — the moment when the therapist becomes the client's "inner voice." A client who says, "It's as if I now know what you would tell me, and then I tell it to myself," is describing transmuting internalization in her own words.

Attachment theory

Bowlby (1973, 1980) provides a developmental and evolutionary framework for understanding reactions to parting. The threat of losing the secure base triggers separation protest and then grief; attachment patterns shape how the client will cope with the ending. The contemporary application of attachment theory to termination shows that parting activates the attachment systems of both client and therapist, and that it triggers emotion-regulation strategies that may increase engagement or, conversely, intensify defense (Holmes, 1997; Marmarosh, 2017). Thus a client with an avoidant pattern will be more prone to premature distancing and deactivation, while one with a preoccupied pattern will tend toward prolongation and hyperactivation.

At the heart of this approach is the concept of internal working models — unconscious "maps" of how available others are and how worthy the self is of care. At best, therapy enables earned security: a gradual revision of these models through the experience of a reliable, sensitive therapist as a secure base. Termination is the decisive test of this revision, because it is precisely at parting that one checks whether the client has truly internalized the image of an available other or whether security has remained tied to the therapist's physical presence. In disorganized attachment, where the attachment figure was simultaneously a source of comfort and of fear, parting may activate especially confusing, contradictory reactions, and thus requires a particularly patient and

predictable framework of termination.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, this belongs to the competence of tolerating separation: the ability to endure parting with present but bearable ambivalence, without fleeing into premature termination or into endless prolongation.

Contemporary relational approaches

Contemporary relational psychoanalysis sees termination not as the therapist's decision that the client receives, but as a jointly constructed process in which both sides participate and both lose something. The emphasis shifts from interpretation to encounter: Stern et al. (1998) describe "moments of meeting" as agents of change that operate beyond interpretation. This accords with the frequent clinical observation that clients remember as most important not great insights but small, seemingly everyday moments of understanding and authentic interest. Fonagy et al. (2002) add the concept of mentalization: the capacity to keep one's own and others' mental states in mind, which allows even parting itself to be thought about rather than merely (en)acted.

The relational turn also brings a shift in the understanding of the therapist's role at the end: instead of a neutral "screen," the therapist is understood as a real participant who also lives through the parting. The concept of mutual recognition emphasizes that the client's autonomy is not born in isolation but in the encounter of two subjects who recognize each other as separate. In the termination phase this opens the sensitive question of the therapist's authenticity — how much and how to share one's own feelings about parting. Here a live controversy emerges between the classical caution toward self-disclosure and the relational conviction that a thoughtful, measured acknowledgment of the therapist's experience can be precisely that "something more" than interpretation which enables the integration of experience.

OLI conceptualization. From the perspective of OLI integrative psychotherapy, at work here is the basic premise that change is brought not by technique but by the relationship: what the client takes away is not only understanding, but the experience of being able to be in a relationship and, at the same time, to be oneself.

Transference and countertransference reactions at termination

The termination phase is perhaps the strongest test of the transference-countertransference field. On the client's side, the announcement of the end revives earlier losses and abandonments, so that parting from the therapist is unconsciously equated with earlier partings. Transference in this phase may take various forms: idealization of the therapist and prolongation of dependence ("I can't manage without you"), but also its opposite — devaluation and denial of the importance of therapy, as a defense against the pain of loss. A particular form is "flight into health," the sudden and premature declaration of full recovery by which parting is taken over before separation anxiety has had a chance to be felt.

On the therapist's side, countertransference in the termination phase carries three typical pitfalls. The first is a need to prolong therapy — out of attachment to the client, a sense of meaning in the work, or one's own discomfort before parting; thus arises the phenomenon of "holding on to the client." The second is a tendency to unconsciously hasten the ending — out of fatigue, saturation, or avoidance of emotionally demanding

separation themes. The third is minimizing the importance of the relationship, by which the therapist eases parting for themselves but at the same time deprives the client of space for the full integration of the experience. In all cases it is crucial that the therapist not attribute their own reactions solely to the client, but recognize them as part of a shared process and bring them into understanding — most often with the help of supervision.

Developmentally expected versus pathological reactions to separation

Not every difficulty at parting represents a resistance to be “resolved.” A certain measure of anxiety and grief at the end of therapy is not only expected but is also a sign that the relationship mattered and that real change occurred. Mourning that accompanies a mature parting speaks of successful internalization, not of pathology. Clinically, therefore, it is crucial to distinguish developmentally expected reactions from pathological forms of resistance.

The criteria of distinction concern the intensity, duration, and flexibility of the reaction, as well as the capacity for mentalization and the outcome. A developmentally grounded reaction is bearable, transient, and can be thought about and shared within the relationship; the client can feel both grief and satisfaction at the same time. Pathological resistance, by contrast, is rigid, prolonged, prone to acting out, and resistant to reflection — loss is not mourned but avoided, somatized, or turned into a sudden crisis.

From this follows the key distinction between developmentally grounded and defensive termination. A client may end therapy because they have developed the capacity for autonomous functioning — but they may equally “end” it in order to avoid deeper closeness, separation, or the activation of earlier conflicts. It is up to the therapist not to take termination at face value but to understand its function in the concrete case: whether it is mature self-emancipation or a flight well wrapped in the language of progress (Mahler et al., 1975; Masterson, 1981).

Typical patterns across different personality organizations

Although the separation dynamic is universal, its form depends on the client’s personality organization. For each, one can single out the dominant separation fear, the characteristic resistance, and the countertransference pitfall into which the therapist most easily falls.

Narcissistic organization

In clients with pronounced narcissistic organizational features, parting threatens the loss of the idealized selfobject and of the mirror that maintained self-esteem (Kohut, 1971). The typical resistance is devaluation — a sudden diminishing of the importance of therapy and therapist (“it didn’t help me much anyway”), by which the pain of loss is preempted. The countertransference pitfall is the therapist’s woundedness or a need to prove their own worth.

Borderline organization

In clients with pronounced borderline organizational features, termination activates abandonment depression and the threat of disintegration of the object (Kernberg, 1975; Masterson, 1981). Resistance manifests through oscillation between approach and rejection, through crises just before the end, and through the risk of acting out and abrupt dropout. The countertransference pitfall is for the therapist, driven by guilt and fear, to endlessly postpone parting or, conversely, to reactively rush to end it.

Dependent organization

In clients with pronounced dependent organizational features, the fear of autonomy and the belief “I can’t manage on my own” dominate. Resistance takes the form of prolongation, helplessness, and the appearance of “new crises” by which the end is postponed. The countertransference pitfall is for the therapist to accept the role of a permanent support and thereby, paradoxically, confirm the client’s belief in their own incapacity.

Avoidant organization

In clients with pronounced avoidant organizational features and a deactivating attachment strategy (Bowlby, 1980), parting is defended against by premature distancing and denial of the importance of the relationship. Typical is the silent dropout: “I’ll call” — and disappearance. The countertransference pitfall is for the therapist to readily accept the apparent ease of parting and fail to name what is being avoided.

Obsessive-compulsive organization

In clients with pronounced obsessive-compulsive organizational features, the separation affect is defended against by intellectualization and control. Resistance is seen in excessive planning, “summarizing,” and control of the pace of termination, by which grief is kept at a safe distance. The countertransference pitfall is for the therapist, too, to flee into a technical, “tidy” closing of the process and thereby avoid the emotional part of parting.

The OLI model of the termination phase

The framework of OLI integrative psychodynamic psychotherapy (Jovanović, 2013) allows the perspectives presented above to be connected into an operational clinical model. In it, the termination phase is understood as a developmental period rather than a technical closure, with three key foci: separation, integration, and evaluation. Its specificity lies in the fact that it simultaneously represents a test of the stability of the basic developmental competencies developed during therapy.

The original contribution of the OLI approach can be defined, in relation to the existing literature on termination, on three points. First, whereas the criterion of termination is traditionally tied to symptom reduction or, in psychoanalysis, to interminable structural change (Freud, 1937; Joyce et al., 2007), the OLI framework operationalizes that criterion through the development of basic developmental competencies — thereby making the intuitive assessment of readiness verifiable. Second, rather than viewing termination as an outcome or a technical act, OLI elaborates it as a process with five defined elements of work, giving the therapist an operational map of the phase. Third, OLI does not choose among the five theoretical

traditions but unites them under the shared construct of competencies. In this way OLI adds to the existing theories of termination not a new theory but an integrative and operational framework that translates them into clinical criteria and steps.

The five elements of the work

The termination phase is not a single moment but a process with internal steps. The OLI model singles out five elements of the work that intertwine in practice yet retain a logical sequence: recognizing separation themes, working through separation anxiety, recognizing and understanding separation resistance, planning the ending, and finally the closing session as a symbolic rounding-off of the process. A common clinical error is skipping a step — for example, moving to planning the ending while separation anxiety has not yet been worked through.

Basic developmental competencies of personality as the criterion of readiness

The key contribution of the OLI framework is the shift of the criterion of termination from the question “does the client feel better” to the question “does the client function differently.” Readiness for termination is assessed by the development of basic developmental competencies, among which the following are especially relevant for this phase: tolerating separation, regulating affect without external support, maintaining object constancy, and the capacity for independent reflection. The assessment, then, is not only whether the goals have been achieved, but whether the changes are sufficiently integrated to be sustained outside the therapeutic relationship. These competencies can be explicitly enumerated in the model and operationalized through indicators, which makes the model clearly defined and amenable to empirical testing.

The OLI framework distinguishes eight basic developmental competencies (Jovanović, 2013), which we briefly describe here for readers not primarily trained in the model:

Neutralization (“the psyche’s regulator”) — the capacity to convert instinctual energies (aggressive and libidinal) into neutral energy in the service of rational thinking and problem-solving; the person “does not lose their head” even in emotionally charged situations.

Mentalization (“the psyche’s articulator”) — the capacity to reflect on one’s own inner states and to grasp that others have their own beliefs, wishes, and intentions; the basis of a “map of the mind” and of secure attachment.

Object wholeness (“the psyche’s glue”) — the capacity to experience another person, and oneself, as a whole, with good and bad sides, without splitting into the ideal and the demonic.

Object constancy (“the psyche’s stabilizer”) — the capacity for the bond with the loved object to remain stable even when the object does not gratify a need or is not physically present; the capacity to “hold it within.”

Frustration tolerance (“the psyche’s immunity”) — the capacity to cope with the discomfort of an ungratified need without abandoning the goal; the person learns from failure and changes strategy.

Ambivalence tolerance (“the psyche’s steerer”) — the capacity to bear opposing feelings toward the same person or activity with a predominance of positive ones, and still reach a clear decision.

Will (“the psyche’s motor”) — the capacity to invest continuous effort in developmental goals; the central force of individuation.

Initiative (“the psyche’s mover”) — the capacity to independently begin and take responsibility for setting something in motion, without another’s prompting.

These capacities, like atoms, are interlinked and build the more complex “molecules” of the psyche — the capacity for love and work.

When brought into relation with the termination phase, it becomes clear that the tolerance of separation is not a separate capacity but their resultant. Neutralization and mentalization allow the affects of parting — anxiety, sadness, anger — not to be enacted through impulsive acting-out or somatization but to be thought and symbolized. Object wholeness makes the therapist be experienced as a whole, avoiding the defensive splitting into idealization (“I can’t manage without you”) and devaluation (“it didn’t really help me”). Object constancy is most closely tied to the parting itself: it is the capacity for the therapist to remain present in the inner world even when physically absent, so that the relationship survives that absence. Frustration tolerance permits bearing the non-gratification of the need to continue the relationship, and ambivalence tolerance allows gratitude and anger to coexist while a decision about the ending is nonetheless reached. Finally, will and initiative carry the developmental meaning of termination: parting is not only a loss but a step of individuation. The tolerance of separation is thus a test of the maturity of the whole set, not of a single isolated capacity.

Internalization of the relationship

One of the key developmental outcomes of the termination phase is the internalization of the therapeutic relationship. What initially existed as an external relationship with the therapist gradually becomes part of the client’s inner world — as the ability to understand, soothe, perceive, and support oneself. It is precisely this process that allows parting to be experienced not as a loss but as a transformation of the relationship: the therapist moves from an external support to an “inner voice.”

Developmental indicators of the termination phase

To distinguish a developmentally grounded from a premature or defensive termination, the OLI framework offers a framework for clinical reflection — not a rigid checklist but a map for orientation. Table 1 summarizes the main developmental indicators.

Table 1: Developmental indicators of readiness for termination

Area	Indicators of developmental termination	Signs that further work is needed
Relation to the problem	Recognizes patterns and reacts differently in real situations	Understands the problem but still reacts the same
Affect regulation	Tolerates unpleasant feelings without an urgent need for relief	Seeks quick soothing or external support
Independent thinking	Pauses, reflects, and decides without relying on the therapist	Expects confirmation, advice, or guidance
Ego functions	Does on their own what they previously did with the therapist (recognizes, pauses, regulates)	Still depends on the therapist to understand and regulate
Separation	Can think about the ending with bearable ambivalence	The ending provokes strong anxiety or is avoided
Relation to the therapist	The therapist becomes an “inner voice” (internalization)	The therapist remains the primary source of regulation

Area	Indicators of developmental termination	Signs that further work is needed
Resistance	Resistances are recognized and can be reflected upon	Resistances are active (postponement, rationalization, dropout)
Stability of change	Changes are present over time and across situations	Changes are fragile or situational
Relation to the ending	Can express both grief and satisfaction about the end	The ending is experienced as loss or its significance is denied

Source: author of the paper.

Clinical interventions

The basic principle of working with separation resistance can be summed up in one sentence: do not force the ending, but do not ignore it either. The therapist seeks a pace of parting attuned to the client's capacities — neither too fast, which avoids separation, nor too slow, which sustains dependence.

The first intervention is translating behavior into meaning. Instead of taking the statement "I come to maintain this" literally, the therapist opens it up: "What would happen if you did not come? What does 'maintain' mean to you?" In this way rationalization is turned into material for the work, and the covert fear of autonomy is given space.

The second concerns working with resistance through the sequence validation — interpretation — exploration of personal meaning. The therapist first recognizes and validates the affect (validation), then links the current reaction to a broader pattern (interpretation), and then explores its unique meaning for the client. In this way resistance is not broken but understood.

The third intervention is support for the process of internalization. Questions such as "What was most significant to you in this relationship?" and "In what way can you now give yourself what you received here?" help translate the experience of the relationship into an inner resource. The aim is not for the client to remember the therapist, but to take over the therapist's functions.

Finally, working with separation resistance is inseparable from the therapist's work on their own countertransference. The questions the therapist asks themselves — "Do I have a need to prolong the work, and why? Am I hastening the ending because I am uncomfortable staying with separation themes? Am I minimizing the importance of the relationship in order to ease parting for myself?" — are as much a part of the intervention as what is said to the client. Supervision here is not a luxury but a means of protecting the process.

CLINICAL ILLUSTRATION: SEPARATION RESISTANCE IN A CLIENT WITH PRONOUNCED DEPENDENT ORGANIZATIONAL FEATURES

The client's identifying details have been altered to protect confidentiality.

Client M, 32 years old, came to therapy because of difficulties in becoming autonomous and a chronic sense of being responsible for the moods of others. She grew up with a possessive mother who experienced any separation on her part — going out, a relationship, a view of her own — as a betrayal, responding with the withdrawal of love or open anger. M thus learned early that autonomy is dangerous: that every step toward herself wounds the other and that punishment follows. These pronounced dependent

organizational features, with an unresolved separation-individuation conflict, formed the core of her difficulties.

The work was conducted once a week, face to face, over about a year and a half. The process can roughly be divided into three stretches: an initial phase of establishing the working alliance and mapping the separation-individuation conflict; a longer middle phase of working through — centered on the relationship with the mother and on the pattern by which autonomy meant aggression and punishment; and the termination phase, which lasted about three months and whose specific separation dynamic is the subject of this illustration.

Over about a year and a half of work, M developed firmer boundaries and greater security in relationships. When the therapeutic goals had largely been achieved and I first opened the topic of a possible ending, claustrophobic symptoms appeared in her — seemingly out of nowhere: attacks of discomfort in elevators and on crowded buses, a sense that she “lacked air,” and a need to get outside immediately. The symptom, as usual, spoke a language M could not yet put into words: she was trapped between two seemingly impossible options — to stay meant suffocating in fusion, and to leave meant committing an aggression for which she would be punished. Claustrophobia thus became the bodily metaphor of separation resistance: the closeness she was not allowed to leave had turned into a room without air.

The decision to open the topic of termination was preceded not only by symptom remission but by an assessment of the development of the basic developmental competencies. By then M could neutralize and think about affects that would earlier have flooded her (neutralization, mentalization) — instead of reacting impulsively or withdrawing, she could name what she felt and talk about it. Her experience of others had ceased to split into idealized and persecutory figures, indicating a consolidated object wholeness. Most indicative was the development of initiative: M had begun to independently start new activities, to assert and expose herself, without seeking my approval or confirmation — a sign that she was freeing herself from the need for constant reliance on an external object. What still “lagged” was object constancy, that is, the tolerance of separation — the capacity to hold me “within” even when I am not physically present. This competency was therefore set as the explicit focus and criterion of the termination phase.

Recognizing the separation theme. M initially said that we should continue “just a little longer, just in case.” Instead of taking that statement literally, I explored its meaning: what it would mean for her to no longer come. After a long pause she said: “I have the feeling I’d be leaving you in the lurch.” The ambivalence between the need to leave and the fear of thereby hurting someone proved to be the central material of the termination phase.

Working through separation anxiety. We connected the claustrophobic symptom with separation. Suffocation in a closed space proved to be a bodily image of her inner relation to a closeness she must not leave. I did not rush to soothe her; instead, we worked on making the feelings speakable and connected to meaning. As that connection became clearer, the attacks subsided.

Working with separation resistance. At the core of the resistance was a transference fantasy: M believed that, if she left, I would become angry with her — just like her mother. I asked her how she imagined me after her departure. She described an image of a therapist who was “hurt and cold,” who had “given up on her.” Thus we

reached the core of the resistance: in her unconscious, autonomy was an aggression that destroys the object, and prolonging therapy a way to spare the object.

The meaning of the therapist's anger. The central part of the work was distinguishing me from the maternal figure. We explored the difference between her mother's experience of her separation as betrayal and my stance, according to which her departure is a sign of success, not abandonment. The question "what would my anger mean to you?" opened up a whole layer: for M, another's anger had always meant the loss of love and confirmation that she was "bad" when she wanted something for herself. Gradually she was able to bear the idea that someone can let her go without anger — and that her autonomy need not hurt anyone.

The nature of the interventions was, throughout the therapy and in the termination phase as well, predominantly transferential-interpretive rather than advisory or supportive. The work proceeded in two steps: we first analyzed in detail her relationship with her mother — the way every separation had been experienced as betrayal and followed by a withdrawal of love — and then found its link (the transferential connection) to the current relationship with me. Only once this connection had become conscious could the separation resistance be worked through rather than merely understood rationally. The ending itself was neither imposed nor hastened: the pace was hers, through a gradual spacing out of sessions.

Planning the ending and the closing session. We planned the ending together, through a thinning of sessions, so that the pace would be hers and not imposed. In one of the last sessions M said: "Strange — now that I know I'm allowed to leave, I no longer feel suffocated." The claustrophobic symptom, which had carried the unbearable separation, receded once separation became thinkable. In the final session she said that, when she feels the old panic, she "hears" my voice telling her that she is allowed — a sign that the relationship had become her inner resource, that is, that internalization of the therapeutic relationship had taken place.

Discussion: controversies and directions for further research

The topic of termination is burdened by several enduring controversies. The first is Freud's dilemma about when therapy is truly "finished" — a question that no criterion has so far resolved in a generally accepted way, so it remains open whether termination should be tied to symptom reduction, to structural change, or to the capacity for independent work. The second is the tension between the model of a "clean" ending, with a clear and definitive parting, and more flexible, relational models that allow an open ending, occasional consultations, and the possibility of return. The third concerns the difference between time-limited and open-ended therapy, in which the separation dynamic has neither the same form nor the same intensity.

A particular question is raised by the increasingly widespread combination of in-person and online work, whose advantages and limitations the contemporary literature is mapping ever more systematically (Furmańska et al., 2025). If separation in the termination phase is played out, at least in part, through the loss of a shared physical space — the room, the waiting room, the ritual of arriving and leaving — then the absence of a physical meeting in online work changes the very "scene" of parting. Two opposite hypotheses are possible. According to one, the screen already represents a partial separation, so the final parting is less abrupt — the therapist was never fully "there," and their loss is more easily cushioned. According to the other, it is precisely

this absence of full bodily presence that hampers internalization: without a shared space as an “enveloping” holding (Winnicott, 1958), the internal object may remain less firm and parting paradoxically harder. The online setting additionally facilitates covert forms of resistance — silent dropout is reduced to a failure to log in, a single “click” instead of the bodily act of not showing up. This is an open empirical question: whether the medium changes the nature of separation resistance or only its form remains to be examined in future research.

The most serious limitation of the field is the empirical deficit: the psychodynamic literature on termination is rich theoretically but poor in systematic research (Rabinowitz et al., 2025). Here the clearest direction for further work opens up. The OLI framework offers concrete, operationalizable constructs — basic developmental competencies and a table of developmental indicators — that could be translated into measurement instruments and empirically tested. Future research could examine whether these indicators predict the stability of change after termination, and could qualitatively map the processes through which the therapeutic relationship is internalized. This would fill the gap between rich clinical theory and scarce empirical evidence that characterizes this field.

Conclusion

Separation resistance in the termination phase is not an obstacle to be removed, but the last and often deepest opportunity for work. The way a client copes with parting mirrors the way they coped with the whole relationship, with change, and with their own inner conflicts — so the termination phase is, in the true sense, the integrative moment of therapy.

A review of the five perspectives shows that they are not competing but complementary, and that each illuminates a different layer of the same process. Psychoanalysis names resistance, the repetition compulsion, and the work of mourning; object relations theory explains how the object is internalized, mourned, and survives the client’s aggression; self psychology describes the gradual taking over of selfobject functions into one’s own structure; attachment theory places parting in the context of the secure base and the revision of internal working models; and contemporary relational approaches emphasize mutuality, encounter, and the therapist’s authentic presence. Where they meet lies a shared insight: a mature ending is not the absence of pain, but the capacity to bear that pain, think it, and turn it into growth.

The specific contribution of the OLI framework is that it translates this theoretical mosaic into an operational clinical language. By tying readiness for termination to the development of basic developmental competencies — tolerating separation, regulating affect without external support, maintaining object constancy, and the capacity for independent reflection — the OLI model offers testable benchmarks for a decision that has traditionally remained largely intuitive in the literature. The table of developmental indicators and the five elements of the work give the therapist a map that guards against two symmetrical errors: a premature “clean cut,” by which separation is avoided, and endless postponement, by which dependence is maintained.

The clinical illustration of client M shows that these principles concern not abstract theory but a concrete body and a concrete fear: the claustrophobic symptom receded the moment separation became thinkable and the therapist, in the client’s experience, ceased to be the mother who punishes separation. Herein lies the essence of the stance

this paper advances — separation resistance is neither overcome by force nor bypassed, but understood, as the last and most honest message about what parting has always meant for the client.

In the end, everything returns to the basic premise of psychotherapy — that change is brought not primarily by what is said, but by the way we have been in the relationship. What the client takes away is not only understanding, but the experience of being able to be in a relationship and, at the same time, to be oneself. And the most reliable sign that the work is done is that moment when the therapist, no longer needed as an external support, continues to exist as an inner voice.

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Latency in a Fragmented Culture: Industry, Belonging, and the Construction of the Cultural Ideal

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(review article)

Cite as: Ivanišević, L. (2026). Latency in a Fragmented Culture: Industry, Belonging, and the Construction of the Cultural Ideal. *Insights*, 3, pp. 79-96. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.4>

Abstract

In classical psychoanalytic literature, the latency phase is described as a period of drive sublimation and relative quiescence preceding adolescence. This paper proposes that latency is, at its core, a period in which the child builds an answer to two questions – where do I belong, and by what standard am I worthy – and that this process becomes harder to accomplish in contemporary culture when, instead of one coherent cultural ideal, the child receives contradictory standards from family, school, the peer group, and the digital world. The paper links the classical Freudian picture of latency with object relations, ego psychology, and self psychology, systematically threading them through the model of eight basic developmental competencies of personality (OLI IPP), and shows, through the lens of Erikson's industry-versus-inferiority axis, how three seemingly different processes converge: Kohut's decahexis of grandiosity, the Kleinian integration of aggression and libido, and the ego-psychological synthetic function – all of which, at bottom, describe the same capacity: to tolerate an encounter with a present limitation (momentary inferiority) without a collapse of sublimation, so that one can keep trying and still see oneself as competent even when something is not going well. From this theoretical framework, the paper draws concrete therapeutic implications for work with adult clients who carry unresolved "schoolyard problems," illustrated through a composite clinical vignette.

Received: 14 Aug 2026

Accepted: 5 Sep 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords: latency, industry, cultural ideal, basic developmental competencies, self psychology, ego ideal, OLI integrative psychodynamic psychotherapy

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Introduction

Why is latency the most neglected phase in the psychotherapeutic literature? Freud's early phases and the Oedipal phase receive hundreds of pages of explanation, an entire branch of developmental psychology is devoted to adolescence, while the period between the ages of six and eleven most often passes in a few sentences about the "quiescence of the drives" and "sublimation," as if nothing in particular were happening in the child during those years. This is strange, because it is precisely in this period that the child for the first time independently steps out of the family circle into the wider social world of school and the peer group, where it first receives an answer to the two questions that will accompany it throughout life: where do I belong and by what measure am I worth.

This paper starts from the thesis that latency is not a period of waiting but a period of active construction. The child at this age builds what we might call a cultural ideal, an inner image of what the community values and rewards, and measures itself against that image through industry, achievement, and belonging to the group. Erikson called this task the axis of industry versus inferiority. The classical formulation leaves open the question of what exactly happens when the child fails to build that sense of industry, competence, initiative, and productivity, and, even more important for the contemporary therapist, what happens when the community that ought to offer one coherent cultural ideal instead offers several mutually contradictory ones.

This need for reconceptualization is also recognized by contemporary literature: Maroudas, Wiseman, and Harel (2023) propose a shift from the image of latency as "psychosexual quiescence and psychic rigidity" toward middle childhood as a period of psychic growth, developmental challenges, and emotional fragility (the child is, by their metaphor, "at once a wave and a particle" – in constant growth, yet structured).

The paper has two aims. The theoretical aim is to show that the classical Freudian picture of latency by itself does not sufficiently explain what actually happens in this phase, and that three additional theoretical lenses – object relations, ego psychology, and self psychology – reveal three faces of the same process, which the model of the eight basic developmental competencies of OLI Integrative Psychodynamic Psychotherapy systematically links with the classical psychoanalytic theory of latency into one coherent account. The clinical and contemporary aim is to show that the construction of the cultural ideal is today made difficult in a way that Freud's era did not know, because the child simultaneously receives measures from the family, the school, the peer group, and the digital world that rarely agree; adult clients who come to therapy carrying an unresolved "schoolyard problem," a chronic insecurity about their own worth and their place in the world, often carry precisely the consequence of that fragmentation. The paper concludes with a consideration of what this means for therapeutic work: how to recognize the contradictory inner voices that the client has internalized and how to help the client build his own, integrated cultural ideal. A comprehensive overview of a century of changes in the understanding of latency – from Freud's psychosexual theory to contemporary dynamic systems models – is given by Knight (2014).

The Classical Freudian Picture of Latency

The latency phase begins after the resolution of the Oedipal conflict and lasts until puberty. Freud (1905) saw this period as a relatively calm pause in drive development, but “calm” here does not mean empty – a great deal of inner work is needed in order to achieve and preserve that calm. In order for the raw sexual and aggressive drives to be contained and redirected into learning, play, and social adaptation, three pillars must be established.

The first pillar is a relatively consolidated superego, a psychic agency that does not allow the breakthrough of the raw impulse. Freud (1923) describes its formation as the introjection of parental prohibitions and values, a process that transforms the superego from an external authority into an internal one. Without this consolidation, the drive is neither postponed nor redirected but erupts through acting-out or regressive behavior.

The second pillar is an ego capable of sublimation. Freud (1923) attributes to the ego its own energy that propels it toward the mastery of reality, and it is precisely this energy, together with that released by the repression of the drives, that the ego in latency channels into activities of cultural and social significance. The well-known image of the rider and the horse (Freud, 1923) here takes on concrete content: the horse is temporarily reined in thanks to the superego, while the rider guides it toward new, socially accepted goals.

The third pillar is external: culture and the peer group offer real and symbolic objects toward which the drive energy is directed. School, sport, art, and play function as channels of sublimation that lead to intellectual and moral development, not merely to the discharge of energy (Freud, 1930).

From dyad to triad. Franieck and Günter (2010) situate latency within the continuity of the earlier developmental path: in the earliest period the child experiences the world exclusively through the mother, in a narcissistic fusion without a clear boundary between the self and the other, in what Freud (1930) calls the oceanic feeling. With the arrival of the father as a third, the child learns that relationships are not exclusively fusional; the father functions as a representative of law, the world, and culture, and his presence interrupts that early narcissistic dyad and introduces the child into a wider, real world. The adequate presence of that function in the Oedipal phase enables separation, and in latency that same father is transformed into something broader: the representative of school, culture, and group values. It is precisely in this transition that the superego is consolidated, within which two separate, kindred concepts further develop.

Ego ideal versus cultural ideal. This distinction deserves special attention, because it is often lost in the clinical literature. Franieck and Günter, drawing on Freud’s conception from “The Future of an Illusion” (1927), describe the internalization of culture as a two-stage process. The first level encompasses the oldest, universal prohibitions (incest, cannibalism, murder), whose inhibition makes the survival of civilization possible and whose resolution through the Oedipal conflict forms the superego itself, what Freud calls the vehicle of civilization. The second level, active precisely in latency, encompasses the secondary, culturally specific values by which the already formed superego is supplemented. The ego ideal originates from narcissistic strivings tied to individual perfection and competence, what the child wishes to become for itself. The cultural ideal is tied to a narcissistic reminiscence in the direction of belonging to the group, what the group asks of the child so that it may belong. The first

measures “how good I am,” the second measures “how much I belong,” and children in latency build both measures simultaneously, often without awareness that these are two different demands. Reich (1954) sums up this difference in a formula: the ego ideal expresses what one wishes to be, while the superego expresses what one ought to be.

The origin of the concept of the cultural ideal in Freud’s own work. It is worth pointing out that the concept of the cultural ideal, although Franieck and Günter (2010) formalize and name it, is not their independent innovation but derives directly from Freud’s (1921) *Group Psychology and the Analysis of the Ego*. There Freud describes how the individual, in joining a group, may abandon his own ego ideal and replace it with the group ideal, which is symbolically embodied in the leader, because the leader absorbs the idealized traits of each member of the group. This replacement brings a sense of liberation and triumph, the same narcissistic quality that, according to Freud (1927), lies at the basis of cultural pride: the satisfaction that culture affords its participants is of a narcissistic nature. It rests on pride in what has already been achieved, and that satisfaction is further reinforced by comparison with other cultures that have chosen different ideals. Franieck and Günter merely name and empirically elaborate a mechanism that Freud had already described: the cultural ideal is a group ego ideal, accepted by the same narcissistic logic by which the individual accepts his own.

Terminological evolution: from the ideal ego to the superego. The concept itself went through several revisions in Freud’s work, which explains why the terms are today used less precisely than they should be. In “On Narcissism” (1914) Freud introduces the ideal ego and the ego ideal almost interchangeably, as an agency that inherits infantile narcissism and measures the actual ego against that ideal – what we would today call conscience. In *Group Psychology* (1921) the term ideal ego is abandoned, and the ideal and the “critical agency” (conscience) merge into the ego ideal, the first root of what will become the superego in 1923. In *The Ego and the Id* (1923) the superego is constituted as a separate agency, the heir of the Oedipus complex. Only in the *New Introductory Lectures* (1933) does Freud make a fine distinction: the superego is the “vehicle of the ego ideal,” while the ideal itself remains tied to the Oedipal parents as idealized figures.

Later authors resolve this terminological ambiguity in kindred ways. Loewald (1962) distinguishes them by their relation to time: the ideal ego is the earliest, narcissistic stage in which perfection is imagined only in the present, because the difference between the self and the world has not yet been established; only through the integration of the Oedipal objects, at the very beginning of latency, does that future projection become truly one’s own, and the superego is formed. Hammerman (1965), Chasseguet-Smirgel (1975), and Hanly (1984) arrive at a kindred conclusion by different paths: the ego ideal remains closer to primary narcissism and more primitive identification, the superego closer to the Oedipus complex and secondary identification. The common thread, regardless of the author: the ego ideal is a question of “I would like to be,” the superego a question of “I ought to be” – the distinction that Reich condensed into a single sentence.

A garrison at the level of civilization as well. Freud (1916–17), in Lecture XXII of his *Introductory Lectures on Psychoanalysis*, describes the development of the libido with a military image: like an army advancing through territory, the libido at each developmental point leaves behind a garrison, a portion of its forces that holds that position. When the advance later meets strong resistance, for example in the form of the

Oedipal conflict, it does not retreat at random but returns exactly to the point where the garrison was strongest, where the defense was already prepared. This image explains why fixation at a particular developmental point, once established, is difficult to abandon, even when the external danger that provoked it has long since passed – a garrison once posted rarely withdraws of its own accord, because regrouping would require the complete conquest of the next developmental territory into which the garrison should be moved, which is not possible with the current capacities. The same military metaphor appears in Freud at the level of civilization itself. In *Civilization and Its Discontents* (1930) Freud writes that civilization masters the dangerous aggressiveness of the individual by weakening and disarming it and by establishing within him an agency that watches over it, “like a garrison in a conquered city.” The superego is itself a garrison, but a garrison that civilization posts within the individual in the name of culture, not a garrison that the individual builds for himself at points of developmental fixation. These two meanings of the same image, one individual-developmental, the other civilizational, show how deeply the military metaphor was built into Freud’s way of thinking about how control, once established, is maintained long after the external danger has passed.

Franieck and Günter (2010) further deepen this distinction by tying it to two layers of narcissism from classical theory. Secondary narcissism, self-love that arises from introjection and identification with the object, is the root of the ego ideal, an already familiar connection in the psychoanalytic literature. The authors, however, add that the cultural ideal too is rooted in narcissism, but in its earlier, more primary layer. The authors draw on Lou Andreas-Salomé (1962) and her idea of a “dual orientation of narcissism,” according to which one direction of narcissism is oriented toward the attainment of individuality and the other toward merging with the whole, and they introduce the concept of an impulse of narcissistic reminiscence: an unconscious trace of that early, dual orientation that remains embedded in the psyche throughout development, like the root of a plant that remains in the soil while the stem grows toward the light. The cultural ideal, the authors argue, is not arbitrary but represents which of the two possible orientations (individuality or merging) a given culture chooses as its basic matrix. Their empirical study confirms this: German children in the research build their cultural ideal around individual competence, an orientation toward the attainment of individuality, while Brazilian children build their cultural ideal around family merging, an orientation toward joining with the whole.

Here it is worth clarifying a seeming paradox, because one might easily think that belonging is reserved only for cultures turned toward merging, while the individualistic orientation leads to a kind of cultural non-belonging. This is not true. Both orientations are equally paths to belonging, merely two different paths to the same goal. The Brazilian child achieves belonging through merging with the family and the group, through how well it preserves the common bond. The German child achieves belonging through individuality, because it belongs to a culture that recognizes and rewards competence, boundaries, and independence as a value. Individualism is not “I belong nowhere, and I do not need that,” but “I belong to a culture that values precisely this kind of self-reliance.” In short, the ego ideal rests on secondary narcissism and asks “how good am I by my own, personal measure?”, while the cultural ideal rests on primary narcissism and asks “through which of the two basic orientations, individuality or merging, does my culture achieve and reward belonging?”

Franiack and Günter (2010) add that this process is not culturally neutral: cultures with a stronger, independent conception of the self reward standing out and competitiveness, while interdependent cultures reward attunement and solidarity: two different paths to the same group cohesion. When the family culture is not in conflict with the wider social environment, the child more easily internalizes the cultural ideal and develops a sense of belonging that further motivates learning and cooperation.

The dominant anxieties of this period arise from that same consolidation. Freud (1923, 1926) notes the transition from the sexual-aggressive anxiety of the earlier phases toward moral anxiety, the fear of punishment by the superego, and realistic anxiety, the fear of failure and of the loss of parental love. Novick and Novick (2005) add anxiety tied to competence and belonging to the group, while Gilmore (1990) describes the particular sensitivity of children of this age to exclusion and shaming, which is expressed as shame and inhibition or as hyperactive compensation. At the basis of these fears stands not bare survival but the ability to preserve the narcissistic equilibrium in the face of the demands of the peer group and of culture.

Expanding the Theoretical Picture: Three Additional Lenses

The classical picture explains why the drive quiets down, but it does not sufficiently explain what the child actually builds while the drive is quiet. Three theoretical currents – object relations, ego psychology, and self psychology – reveal three faces of the same process of integration.

Latency as a new rehearsal of the depressive position. Klein (1935, 1940) situates the depressive position in the first year of life: the moment when the infant integrates the good and the bad image of the mother into one, whole person and for the first time becomes capable of true ambivalence. That integration is not achieved once and for all; every new developmental challenge tests it anew, and the peer group in latency is the first such challenge outside the family circle – rivalry and friendship toward the same person, a failure that must be endured without the collapse of the image of the self. Segal (1957) distinguishes two outcomes: authentic reparation, in which the child endures disappointment and derives real effort from it, and the manic defense, which flees into compulsive, triumphant achievement. The difference is already visible in the schoolyard after a quarrel over a ball: the child who tolerates ambivalence says “I’m angry at him, but he’s still my friend” and returns to the game the next day; the child who cannot tolerate it splits the friend into wholly good or wholly bad.

The transition from play to work. Hartmann’s (1939/1958) synthetic function of the ego explains how the mind connects inner desire with external limitation into a unified act. In latency this function takes on a concrete form: the unstructured play of earlier childhood passes into work, an activity tied to rules, delayed reward, and external evaluation – the school task, sporting discipline, the long-term project. That leap is the ego-psychological concretization of sublimation: the ability to endure delay, accept the rule, and persist through frustration to a real result.

The transformation of the grandiose self. Kohut (1971, 1977) describes how the child’s grandiosity, the need to be perfect and to receive admiration, is gradually transformed into realistic ambitions, under the condition of optimal frustration. In latency this mirroring function is taken over in part by the peer group, which carries a risk that parental mirroring does not carry: a friend can openly win. Benign rivalry allows the child to test grandiosity under real conditions, to lose sometimes and remain

connected; when this process succeeds, grandiosity matures into an ambition that can withstand defeat, and when it fails, the child remains dependent on winning as the only proof of its own worth.

Bion (1977) sees grandiosity and belonging to the group as two opposing forces, narcissism and sociality, mediated by the capacity for “feeling with” and “feeling like” the other members of the group; when the group rejects a member, a narcissistic wound arises, a threat to the very sense of worth, not merely an ordinary failure. Rosenfeld (1987) and Green (2001) add nuances that prevent the automatic equation of narcissism with pathology: Rosenfeld separates the pathological narcissistic object relation from narcissistic protection, a healthy builder of self-esteem, while Green distinguishes positive, “life” narcissism, which strives toward integration, from negative, “deadly” narcissism, which strives to reduce the investment in the self to zero. The aim of latency, then, is not the abolition of narcissism but its maturation: healthy narcissism is not the opposite of social belonging but, as Bion suggests, its precondition, because a child without any self-esteem has nothing from which to build the capacity for “feeling with” others.

We propose that these three processes – the integration of ambivalence, the synthesis of desire and rule, and the maturation of grandiosity – be read as three descriptions, from three different angles, of the development of the same ability: the ability to endure limitation without a collapse of sublimation.

OLI Basic Developmental Competencies in the Latency Period

OLI Integrative Psychodynamic Psychotherapy views development through eight basic developmental competencies. These are functional abilities for processing and managing emotions. Unlike defense mechanisms, they do not distort reality. They are built gradually, through practice, until they become automatic, similar to walking or speaking.

Latency is a second chance for all of them. If some ability had until that moment been poorly developed, the new environment, school and the peer group, can strengthen it. But equally, if the environment does not provide what is needed, latency can further entrench an already existing arrest.

Neutralization and mentalization. These two abilities work side by side: neutralization quiets the affect and turns it into energy directed toward solving a problem; mentalization understands one’s own and others’ actions as meaningful, on the basis of wishes, needs, and intentions. Latency is a second chance for both, under the condition of a stable environment in which adults respond calmly to affect and the child is allowed to speak about feelings before immediately acting on them. Without that condition, two outcomes arise: hyperintellectualization, in which the child philosophizes about motives but the thinking never turns into a real act (from the outside it resembles industry, on the inside it is an arrest), or the abandonment of thinking in favor of direct discharge through action and risky decisions, without thinking ahead. Morra (2020), in the case of a child preoccupied with the theme of infinity and death, cautiously raises the question of whether early philosophizing may also have a healthier side, when it is shared with an adult who understands its emotional meaning, rather than being a pure defense against anxiety.

Object integration and object constancy. These two abilities too depend on the same condition: a consistent, structured environment that acts from a position of friendly

power, an authority that is at once firm and well-meaning. This principle is confirmed by the most successful therapeutic approaches for more severe disorders – borderline personality disorder, addictions, antisocial personality organization: Winnicott (1960) called it the holding and containing environment, Jones (1953) elaborated it into the model of the therapeutic community, Linehan (1993; Linehan et al., 1991) built it into dialectical behavior therapy. A school and a family that together provide such an environment strengthen this ability; when they fail to do so, which in the 21st century is ever more difficult, because the child today passes through the family, the school, the peer group, and the digital world, none of which any longer has a monopoly over its time and attention, chaotic behavior has ever more serious consequences and hinders the return to sublimation in the service of autonomy.

Frustration tolerance. We divide frustration into four kinds according to developmental phase: oral (receiving, waiting), anal (giving, control), phallic (rivalry, defeat), and narcissistic (the self-object needs for merging and idealization). Sublimation turns the raw, aggressive-libidinal force that frustration awakens into the ability to wait, to share, and to compete healthily; without it there arises passive avoidance or a desperate, unfair demand for immediate satisfaction. Narcissistic frustration deserves particular attention: here sublimation turns the need for mirroring and idealization into mature ambition, and the child learns that the absence of complete admiration does not abolish its worth. Without mastery, the outcome is similar across all four kinds: the child avoids situations in which frustration might appear, and that avoidance over time shapes ever larger life decisions, at the cost of development in that area coming permanently to a halt.

Tolerance of ambivalence. This ability is, above all, the ability to make a decision: in order to sublimate a loss, a defeat, or a forbidden wish, the child must endure the ambivalence between the options offered and its own wishes and possibilities, choose one option, and stay with it. Segal (1957) links this ability with the depressive position: out of the ability to endure the loss of the whole, loved object is built the very ability of symbolization, the foundation of all sublimation. Klein (1957) adds that gratitude, the ability to acknowledge and receive the good that the object has given, grows from the same source as reparation; we propose that gratitude, following this logic, precedes sublimation in the sequence of the child's experience. Latency daily offers small occasions for this practice through the choice of activities and friends; when the choice remains bearable, tolerance of ambivalence strengthens, and when it fails, defensive patterns develop – superficiality, the avoidance of decisions – which in adolescence begin to shape the rest of life.

Initiative and will. These two abilities constitute what Erikson calls industry, and both rest on sublimation: free will comes when the child learns to direct persistent effort toward a real goal, instead of remaining trapped in counter-will or blind obedience; developmental initiative comes when the child learns to turn the risk of exposure and competition into a productive undertaking, instead of into reckless pushing ahead or complete withdrawal. What sets latency apart is that these two processes for the first time gain a real, external stage outside the family: the child who succeeds emerges with the experience that effort and risk bring a result, the child in whom sublimation fails emerges with the opposite experience, which becomes the basis for further avoidance in adult life.

These eight competencies do not function separately. A child who cannot tolerate frustration will also more hardly tolerate ambivalence toward a friend who has just frustrated it. A child without stable object constancy will more hardly find the will to persist when alone, outside the parental gaze. It is precisely this interweaving that explains why latency, a seemingly narrow developmental phase, carries within itself such a large part of the psychic architecture.

Industry versus Inferiority: The Knot of Integration

Erikson (1950) called this developmental crisis industry versus inferiority. It is interesting that in everyday speech we use the expression “laziness” for the opposite of industry. But the word laziness itself carries a moral overtone that obscures what is actually happening. A child who fails to develop industry rarely experiences itself as lazy, morally deficient, unwilling to invest effort. It experiences itself as inadequate, structurally incapable of producing what is asked of it, regardless of the effort it invests. This difference is not merely terminological: we see laziness as a choice that can be corrected by the decision to invest more effort; inadequacy is a lack of capacity that a decision by itself does not repair.

As we have proposed, the three additional theoretical lenses can be read as three descriptions of the same process, seen from three different points. Kohut’s decaathesis of grandiosity describes this process through the fate of narcissism: the child in latency practices surviving a blow to its own grandiose image of itself – defeat, criticism, and comparison with peers who are better – without that image disintegrating into fragments. The Kleinian integration of aggression and libido describes the same process through the fate of the object: the child in latency practices enduring that the same teacher, the same parent, the same friend simultaneously loves and frustrates, without splitting into a wholly good and a wholly bad figure. Also, the child learns not to split the image of itself upon encountering its limitations: industry implies that we go on trying and attempting, even after failed attempts. A few failures do not mean absolute inferiority, and being bad at something is the first step in becoming good at something. The ego-psychological synthetic function describes the same process through the fate of action: the child practices connecting inner desire with external limitation into one, coherent act that moves toward a real goal, instead of remaining torn between desire and rule.

This formulation also changes the clinical picture of what we call the sense of inferiority in the adult client. A client who says in therapy “I was never good enough” rarely describes one, isolated failure; he describes a chronic inability to integrate failure, criticism, or comparison into his own narrative without a fragmentation of the self. When a limitation threatens the self instead of being merely information about the current state of a skill, the only available defense becomes either the complete avoidance of exposure, outwardly resembling modesty or a lack of ambition, or a compulsive, manic achievement that never allows itself a moment of real, sad, but bearable failure. Industry, in the full sense, is not the absence of failure but the ability for failure to occur, to be felt, and to be integrated, while the child nonetheless remains in the game.

The child may emerge from the latency period with a real, resilient sense of competence (industry), or with one of two distortions, chronic avoidance of exposure or compulsive, never-good-enough achievement. The following section shows why a healthy

developmental outcome of latency is today less certain than in Freud's time. Once the child had to integrate limitations before one, coherent measure of worth, whereas today it does so before several, mutually contradictory systems of values.

The Problem of the Fragmented Cultural Ideal

Freud imagined latency as a period of the calming of the drives that requires a predictable environment and consistent rules. Sarnoff (1976) names this requirement precisely, as the work of latency: latency is not a passive respite but active psychic work that the child must carry out, and that work is possible only in a sufficiently reliable environment, protected from sexual and aggressive hyperstimulation. Instead of such a lull, the contemporary child receives constant hyperstimulation: media, social networks, and popular culture ceaselessly incite sexualization, aggression, consumption, and competitive logic, and thereby delay or hinder the development of sublimation and intellectual curiosity. Morra (2020) describes contemporary families as hyperstimulating and "fluid" in their own structure and roles, incapable of freeing the child from Oedipal and pre-Oedipal attachments, precisely the function that the father as a third ought to perform. When that work of latency is absent, the child is pushed toward an early, unstable process of adolescence, built, as Denis (2003) and Guignard (2011) describe it, on quicksand, without a stable inner structure that could support that process. The pervasiveness of digital devices, if not accompanied by adult guidance, becomes one of the main sources of this hyperstimulation in children of latency age (Bergès-Bounes and Forget, 2017). Families are often chaotic and inconsistent, and the wider system of values contradictory: what adults promote as an ideal (a good pupil, an obedient child, responsibility) collides with what the peer group rewards – popularity, transgression, the breaking of rules. On social networks this contradiction is further amplified: the child is at once called upon to be a "nerd" and a "cool kid," obedient and rebellious, moral and pragmatic.

Empirical material gives this a cautious frame: a meta-analysis of 87 studies with 159,425 children (Eirich et al., 2022) finds a WEAK, but significant and correlational (not causal) link between longer screen time and behavioral problems in children up to age 12 ($r \approx .11$ for externalizing, $r \approx .07$ for internalizing; the authors explicitly warn that the link is not to be read causally). Theoretically more relevant for latency is the proposed mechanism: screens may crowd out sleep, movement, social exchange, and learning – precisely the activities through which the child builds competencies and the cultural ideal. The influence of the digital world specifically on the early latency period is examined in detail by Meersand (2017).

Jovanović (2024a) traces this change through the concept of the vertical unconscious. Unlike the horizontal unconscious, organized around repression as the dominant mechanism, the vertical unconscious rests on splitting and atomization, new defense mechanisms that lead to a state in which the conscious parts of the mind remain mutually unconnected. A child exposed to an overload of external stimuli – informational, technological, sexual – does not develop one, coherent ego that integrates experience, but an ego that functions in parallel, weakly connected segments: the version of the self that exists for the parents, the version for teachers, the version for peers in person, and the version for the anonymous or semi-anonymous audience on the network rarely meet in one, reflective consciousness that would compare and reconcile them. Jovanović and Stevanović (2024) trace a parallel change on the side of the superego: the path from the

neuroses of conflict of the Victorian age, in which the ego dreaded a strict, moralistic superego, through the narcissistic culture with a narcissistic ego ideal, to the perverse culture in which the superego is, in their words, demolished, and the exploitation of the other and the drawing of the other into one's own exploitation become the new normal state of mind.

These two works, read together, give a more precise language for what we have described as the difference between the ego ideal and the cultural ideal. The child in latency, according to the classical model, builds one cultural ideal that comes through the family as its first representative, and that ideal, however strict or mild, however individualistically or collectivistically colored, remains one, internally coherent.

Franiack and Günter (2010) showed this cultural coloring empirically: in a study with 41 children in Germany and 41 in Brazil (Franiack, 2005), German children and parents were organized around a model of individual competence (self-reliance, personal achievement), Brazilian children around a model of family idealization (solidarity, social empathy). The most striking finding: the variable "brave self," parental encouragement of the child toward boldness and risk-taking, had opposite effects in each culture – in Brazilian children associated with greater social empathy, in German children with greater anxiety. The same parental act, in other words, does not carry one, universal psychic meaning but is refracted through the cultural matrix of the child. If even one, coherent cultural filter differs so markedly in its processing of the same signal, it is hard to imagine what happens to a child who must simultaneously process four filters – familial, scholastic, peer, and digital – that are mutually opposed. It should be emphasized that this study shows the variation of the cultural ideal between two milieus, not fragmentation within a single child; its transfer to the situation of simultaneous, contradictory measures in the same child represents a theoretical assumption of this paper, not a direct empirical finding.

Developmental Needs of Children in the Latency Period

In order for the latency period to fulfill its function, the child needs five conditions in the environment, whose absence directly explains the fragmentation described in the previous section: (1) stability and predictability, a reliable, structured environment with consistent adult figures (Morra, 2020); (2) clear, consistent boundaries, which now are not merely prohibitions as in the Oedipal phase but frameworks for acting, and which, when contradictory between home, school, and the internet, leave the child without an orientation point; (3) group belonging and cultural fit, the harmony or disharmony between the family culture and the culture of the wider community, which directly determines how easily the child internalizes a sense of belonging, most sharply in children of migrant families (Franiack and Günter, 2010); (4) structured fields of competence, school, sport, and play as arenas where energy is sublimated into competition and knowledge; and (5) the affective availability of the parents, an emotional anchorage that accompanies the child's first successes and failures in the external world. When these conditions are met, the aggressive and sexual drives are sublimated into learning, play, and exploration, a healthy ego ideal is formed, and a cultural ideal that do not exclude one another; their absence leads to different patterns of pathological development, depending on which condition was most lacking.

Pathological Development in the Latency Phase

Freud (1905, 1923) sees the failure of latency as a consequence of insufficiently stable boundaries and incomplete repression: the drive remains raw and erupts through acting-out, aggressiveness, or maladapted sexual behavior. Erikson (1950, 1963) distributes this failure across two poles: maladaptation arises when the environment overemphasizes achievement, the child develops hyperintellectualization and compulsive achievement, and represses its emotional life through rationalization and rigidity. Anna Freud (see Sandler and Freud, 1985) sees early intellectualization in latency as a worrying sign of a possible schizoid structure; Morra (2020) nuances this assessment through the case of Filip, a nine-year-old from a deeply disturbed family who early on asked the therapist “Is God omnipotent? If He is, then He is evil,” and after eighteen months of work arrived at the question of his own mortality. According to Morra’s interpretation, this early philosophizing was not a defense that replaces feeling but an attempt by the child to process affect at the symbolic level, made possible precisely because he had a therapist who followed its emotional meaning: the same, seemingly worrying phenomenon can be both a symptom and a sign that the child is building the ability to think what it would otherwise have to evacuate through action.

Within a broader, as yet unpublished theoretical work on the characterology of OLI Integrative Psychodynamic Psychotherapy, we propose the working hypothesis that malignity and maladaptation are organized into a recognizable network of latency subtypes, from inert-withdrawing to grandiose virtuoso patterns, connected by what we call the ternary schema of the will (Jovanović, 2013): a deficit of will says “I cannot,” a rigid will says “I must,” a mature will says “I choose.” We here only announce this network, not as a confirmed classification but as a proposal elaborated in the aforementioned work.

An exception are hysterical characters, who typically do not develop any of these subtypes but show a lack of latency consolidation altogether, because latency is interrupted by pubertal sexuality before the working ego functions have had time to consolidate. This finding reminds us that the fragmentation of the cultural ideal is not the only path to incomplete consolidation: in these characters the Oedipal theme remains the dominant organizing force.

The problem of latency also gives us a better understanding of the well-known personality disorders from the DSM classification. Obsessive-compulsive personality disorder is an extreme form of what was supposed to be built, rigid conscientiousness and a need for control (Freud, 1908) – in OLI terms, a deficit of tolerance of ambivalence, where the person, through compulsive control, abolishes ambivalence instead of integrating it. The avoidant pattern arises when the child internalizes a chronic sense of inferiority and a fear of peer evaluation – a deficit of initiative, where the person organizes his whole life around avoiding the scene on which comparison could occur. Disorders in the spectrum of narcissism arise when an adequate distribution of narcissistic energy between the ego ideal and the cultural ideal does not take place (Franićek and Günter, 2010) – a deficit in the tolerance of narcissistic frustrations, where grandiosity remains raw and dependent on continuous external confirmation.

These categories are not always pure; a child often carries a combination of deficits, especially when it is exposed to an unattuned family and wider culture as a result of migration or social marginalization, where a chronic sense of non-belonging overlaps

with depressive tendencies and identity confusion. Anna Freud (1936) and Hartmann (1939/1958, 1964) add an important note here: the abilities for learning, concentration, and the execution of tasks, what they call the working ego functions, are central capacities that are built in latency, and their deficit rarely remains isolated to one, pure diagnostic category but rather threads through several of them simultaneously.

Clinical Illustration

The following vignette is composite and anonymized, assembled so as to illustrate the dynamics described in the previous sections, not to represent one, recognizable person.

The client is a little over fifty years old and holds a managerial position in a technology company. She came to therapy because she is considering leaving the corporate world for independent consultancy entrepreneurship. She says of herself that she is prone to “piling things onto herself” and that she is accompanied by the chronic question “am I good enough,” despite the fact that she proved herself in her career long ago; independent work would mean that she must prove her worth to herself, without an institution that delivers that confirmation through a title and a salary.

Her experience of latency carries exactly the kind of doubleness that we have described. As a child she associated with older children, striving to catch up with them; when she surpassed them, the teacher would say in front of the class, “if that younger one can, why can’t you?” Her effort was not seen in any situation, because both catching up and surpassing were taken for granted, not noticed as progress. This is a vicious circle in which the invisibility of effort, instead of rendering it meaningless, only entrenches it.

The same dynamic erupts on family vacations as well: she would rather sit on the beach, but she almost always takes part in the active holiday with the teenagers, because it seems to her that she is missing out on something. In our work we arrived at the difference between “I can do this, but I won’t” and “I can do this, and therefore I must, in order to show that I can” – the latter is Rank’s (1936) conscientiousness of duty in its pure form, an act that looks like a free choice but is in fact a proving of oneself before an inner court that does not accept refusal as a legitimate answer.

The sentence “he could, he just won’t” we usually tie to the immature anger of dependent structures that do not yet experience the object as limited; maturation implies a shift toward “he cannot, and that is sad, we all have limits.” In this client that same sentence today stands before her from the other side: as a mother she should be the one who without guilt says “I could dive with you, but I won’t,” not feeling that she is depriving anyone of anything. That same ability to say “I can, but I choose otherwise” without a need to justify it with proof is also what she lacks in order to make the decision to leave the corporate framework as a free choice, and not as yet another field on which she must prove success in advance before she even tries.

Therapeutic Implications

When an adult client carries an unresolved schoolyard problem, therapeutic work targets three abilities that we can view hierarchically: each higher ability rests on the foundation of the preceding, lower one.

Recognizing the contradictory inner voices. The therapist’s first task is not to immediately seek one clear measure behind the client’s insecurity, but to help the client identify and recognize several different, often opposing inner voices, each formed in a

different segment of the latency period. In the client from the previous section, one voice demands that she catch up with the older children, another demands that she surpass them, a third tells her that her kind of “feminine” competence is not a real value in the “masculine” engineering world. While these voices are unconscious and unacknowledged, they act as one, monolithic verdict, “you are never good enough.” Only when they are separated and named individually can the client evaluate each one for itself, instead of enduring them as a single, unquestionable judgment. Object integration and tolerance of ambivalence are the key abilities that must carry this process.

Recognizing the voices, by itself, does not free the client from the need to satisfy each of them. In the client from the previous section we observe a need to be good enough for the older children, and for the teacher, and for the engineering culture that does not recognize her kind of competence as valuable. There is present a fantasy of her own perfection that would at the same time please each of these voices, which in reality is impossible. Therapeutic work here targets precisely that fantasy: what Kohut calls the decathexis of grandiosity is the gradual withdrawal of narcissistic investment from the idea that there exists one, final measure that would silence all the voices, and its redirection into a real but limited ambition. In the client, this is seen most clearly in the difference between “I must prove” and “I can, but I won’t”: the first sentence still seeks the approval of the voices, the second no longer seeks anything, because worth no longer depends on whether someone else has noticed the effort. Only when that need for confirmation eases does space open for the next task: now that we no longer have to prove worth to any individual voice, we can try to combine the different values for which the different voices advocate into one, coherent image of the self. In other words, it is necessary for the client to develop, to a sufficient degree, tolerance of the frustration of narcissistic needs, before moving on to the next level.

Hartmann’s synthetic function, which we have described as the ability to connect inner desire with external limitation into a coherent act, takes on a new application in therapy: instead of connecting desire with limitation in a single task, the client learns to combine several conflicting identity demands into one, bearable image of the self. The aim is an integration in which competence and belonging, academic success and gender role, effort and its recognition can coexist, without one having to defeat the other.

Building one’s own, integrated cultural ideal. The last and most demanding step is for the client, often for the first time in life, to consciously choose by what measure he wishes to measure himself, instead of accepting the inherited measure as given. This step in practice rarely happens through insight by itself; it happens through repeated practice in real, everyday situations, precisely those that originally formed the problem. In the client, this meant literally uttering the sentence “I can, but I won’t” in the family context and remaining in her own body while the reaction of those around her comes, instead of automatically withdrawing into proving. In the taxonomy of therapeutic goals of OLI IPP, through this working-through and practice of the sentence “I can, but I won’t,” free will is developed through an explicit tolerance of another’s disappointment. The client knows that his act may perhaps fail another’s expectation and remains present with the discomfort that follows, instead of avoiding it in advance or compensating for it with subsequent excessive effort. The therapist here does not offer a new, more correct measure that should replace the old one; the therapist holds a space in which the client discovers that refusal need not entail punishment and that a limitation need not be accompanied by guilt.

These three levels follow the sequence established through the work. First, object integration and tolerance of ambivalence (Klein, Segal) are checked and consolidated. On that foundation one can further work on the gradual decathexis of grandiosity (Kohut), by which tolerance of the frustration of narcissistic needs is developed. Finally, the synthetic function of the ego (Hartmann) applied to the whole identity strengthens the mature will.

Object integration and tolerance of ambivalence are built through a renewed working-through of the depressive position in the face of new challenges of culture, so that the self and the object can be seen as good enough despite the contradictory demands of that same, fragmented culture. The decathexis of grandiosity further frees the client from the need for constant confirmation from others, through the development of real self-esteem and ambitions, by which tolerance of the frustration of narcissistic needs is strengthened. In everyday language, the client accepts and endures that the world cannot be pleased. The synthetic function enables the client to satisfy his drive needs through willed action attuned to the aspects of culture that are meaningful to him, which brings a sense of competence: "I can function in this culture or community. I am good enough, I am able to learn diligently and master the skills that are meaningful to me for life, and I do so in accordance with my talents and limits, within the communities important to me to which I feel I belong." The questions of latency - the questions of belonging to a culture, of contribution to the community, and of one's own worth within the community - remain present throughout life. The mastery of sublimation is an ever-current task that therapy can continue where development, because of a fragmented environment, came to a halt.

Conclusion

Latency is not a pause in development, nor an idle stretch before adolescence. It is a period in which the child builds two answers, one to the question of how much it is worth, and the other to the question of where it belongs. The classical Freudian picture, object relations theory, ego psychology, and self psychology describe, each in its own language, the same developmental knot: the ability for sublimation to be practiced and maintained despite limitations and failures. For some things we are talented and diligently develop that talent; for others we are inferior, but through effort we become better to the extent that life demands; and for some we remain inferior, and that is all right, because we need not all be good at everything, just as a top athlete need not also be a top mathematician. Most of us would feel inferior before the task of traveling into space, but that does not mean we are not enterprising, productive, and competent in those spheres that we ourselves have chosen as important.

This developmental task has always been demanding. Freud's time offered the child, at least in principle, one, coherent measure by which that task was solved. Today the child rarely has that support. The family, the school, the peer group, and the digital world offer parallel, often conflicting measures, and the child must integrate not one limitation but several, mutually contradictory demands before it even reaches the question of whether it is "good enough." The vertical unconscious and the fragmentation of the superego, which Jovanović and Stevanović describe in the contemporary cultural context, shape the everyday experience of the child in the classroom and the schoolyard

and leave a trace that the therapist meets decades later, in a seemingly successful, competent adult client who still does not know by what measure to measure himself. (This claim should be understood as a hypothesis, not as an established historical fact: the Vienna of Freud's era too was culturally heterogeneous. What is asserted here is the relative increase in the number and mutual contradiction of the measures to which the contemporary child is exposed.)

This paper is an attempt to return latency to the center of attention as a living, active process that continues to unfold, or remains unfinished even in adulthood. Further research could empirically examine to what extent the fragmentation of the cultural ideal correlates with specific OLI competency deficits and whether therapeutic work that explicitly targets the synthetic function applied to identity, as proposed here, accelerates integration better than an approach that targets individual symptoms. Until then, it remains for every therapist, in encountering the client's own schoolyard problem, to recognize that it is important to work through the confusion that arises when the client tries to evaluate himself according to several mutually conflicting criteria.

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Specific Features of Transference Work in OLI Integrative Psychodynamic Psychotherapy: A Case Presentation

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(professional paper – case presentation)

Cite as: Jovanović, N. (2026). Specific Features of Transference Work in OLI Integrative Psychodynamic Psychotherapy: A Case Presentation. *Insights*, 3, pp. 97-117. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.5>

Abstract

Transference represents a central construct in psychoanalytic and psychodynamic therapeutic processes, yet its understanding and the ways of working with it vary depending on the theoretical and methodological framework. This paper presents the specific features of working with transference within OLI Integrative Psychodynamic Psychotherapy (OLI IPP), a contemporary psychoanalytically grounded integrative modality with a pronounced developmental focus. Building on the classical psychoanalytic conception of transference as the repetition of earlier relationships and affective patterns within the therapeutic relationship, OLI IPP retains the analytic dimension of working with transference while expanding it through a developmental understanding of ego functions and basic developmental competencies of personality.

In this paper, transference is viewed not only as a regressive phenomenon, but also as an indicator of insufficient development of basic developmental competencies within emotionally significant relationships. Particular attention is devoted to distinguishing transference manifestations arising from the regression of previously developed capacities from those that indicate structural ego deficits. The theoretical presentation is complemented by an extensive clinical case presentation, which illustrates how transference processes, countertransference experiences, and the development of basic developmental competencies are intertwined in therapeutic work. The aim of the paper is to highlight the contribution of OLI IPP to understanding transference as a developmental context in which, alongside insight, learning, internalization, and the strengthening of ego functions necessary for lasting psychological change take place.

Received: 1 Aug 2026

Accepted: 15 Aug 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords

transference; integrative psychodynamic psychotherapy; basic developmental competencies of personality; ego functions.

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Building on the psychoanalytic tradition, OLI Integrative Psychodynamic Psychotherapy (hereinafter OLI IPP) retains the central significance of transference as a context in which earlier relational patterns, affects, and conflicts are activated (Freud, 1923). However, within OLI IPP, transference is not understood exclusively as a phenomenon of repetition and projection, but also as a developmental space in which functions that could not be sufficiently formed or internalized in earlier development can be learned and rehearsed.

Accordingly, OLI IPP draws on core ego-psychological insights into the auxiliary ego and the transfer of ego functions, while further developing and systematizing them through the concept of basic developmental competencies of personality. These competencies are not derived from a single school; rather, they have been identified and described across major psychoanalytic traditions—classical psychoanalysis, ego psychology, object relations theory, and self psychology—under different names and in different conceptual vocabularies. Within OLI IPP, they are identified, integrated, clearly named, and situated within a coherent developmental model of the psychotherapeutic process.

In support of shifting the emphasis from interpretation alone toward affirmative and structure-building interventions, empirical findings are relevant: systematic reviews show that the relationship between transference interpretation and therapy outcome is not unequivocal (Yilmaz et al., 2024).

Conflict and Deficit: Two Sources of Psychopathology and Implications for Transference Work

Contemporary psychodynamic thought distinguishes two different sources of psychological difficulties — intrapsychic conflict and structural deficit — and this distinction has direct implications for technique. Killingmo (1989) showed that the pathology of conflict calls for interpretation, which uncovers repressed meaning, whereas the pathology of deficit calls for affirmative interventions that establish and build up missing psychic structures: in deficit there is no repressed meaning to be reconstructed, but an underdeveloped function that must be developed. Sugarman (1995) formulates the same problem as the question of whether psychoanalysis treats conflict or deficit, emphasizing that assessing the nature of the difficulty determines the choice of therapeutic approach.

Glita (2010) demonstrates the clinical usefulness of the concepts of deficit and defect in psychodynamic psychotherapy, drawing on Kohut, Balint, and other authors, and warns against the risk of a premature diagnosis of deficit as well as against the interpersonal nature of such an assessment, since deficit is also recognized through the countertransferential experience of the limits of therapeutic work. Druck (1998), in a paper titled precisely as an “attempt at integration” of conflict and deficit, defines deficit as compromised ego and superego capacities that go beyond the limited effects of neurotic symptoms, and argues for an integrative position according to which conflict and deficit are not mutually exclusive but coexist and intertwine in work with the same client.

That this distinction is not merely theoretical is confirmed by a recent metasynthesis of case studies: Krivzov and Meganck (2021) systematically analyzed published case reports in the treatment of medically unexplained symptoms and showed how the same clinical picture is conceptualized and treated differently depending on whether the therapist foregrounds conflict or deficit. In this way, the relevance of distinguishing

conflict and deficit is demonstrated at the level of case-study methodology as well, such as the one presented here.

In this light, transference cannot be reduced to a single phenomenon. In the classical tradition (Freud, 1912, 1914), transference is above all repetition and regression in the service of conflict, resolved through interpretation within the working alliance. Self psychology (Kohut, 1971), however, describes selfobject transferences — mirroring and idealizing — that are not primarily conflictual but express developmental needs and deficits in the regulation of the self. Racker (1968) emphasizes the inseparability of transference and countertransference, while Gill (1982) locates transference within the analysis of the “here-and-now” relationship. Together, these approaches show that a transference experience may simultaneously carry both a conflictual and a deficit-related component.

It is precisely OLI integrative psychodynamic psychotherapy that can be read as one response to the conflict/deficit dilemma. While retaining interpretive work on conflict, OLI IPP also understands transference as an indicator of the (under)development of basic developmental competencies and ego functions, and therefore extends work with transference from the interpretation of meaning to the development of missing functions — through the transfer of ego functions and the model of the “auxiliary ego.” In this way, conflict and deficit are integrated in OLI IPP into a unified framework of the theory of change, elaborated below through a specific approach to transference.

Transference in OLI IPP: Regression vs. Deficits in Basic Developmental Competencies of Personality

In OLI Integrative Psychodynamic Psychotherapy, transference is not understood as a process in which “something is transferred” from significant figures of the past onto the therapist, but rather as a situationally and developmentally conditioned change in the functioning of basic developmental competencies within the context of an emotionally significant relationship. It is like a fuse that trips under increased load because it is not rated to withstand it—one that functions adequately under lighter load. These “fuses” of our psyche are the basic developmental competencies discussed in OLI IPP.

When a relationship becomes sufficiently important, emotionally charged, or existentially relevant, the person’s emotional processing system can become overloaded. Under such conditions, the way a person perceives, experiences, and reacts can change significantly, creating the impression that patterns from earlier relationships are being activated. In OLI IPP, however, the key question is not what from the past is being repeated, but what is happening to emotional processing capacities within the present relationship.

Here, OLI IPP introduces an important distinction between the regression of developed competencies and the structural deficit of competencies.

In some clients, basic developmental competencies are fundamentally developed and available in most life situations. However, within emotionally significant relationships—such as the therapeutic relationship—they may become temporarily blocked or regress to a lower developmental level. In such cases, transference phenomena do not indicate a lack of functions, but rather their decompensation under emotional load. Treatment then focuses on restoring access to, re-establishing, and stabilizing existing competencies, so that they can once again be used at a more mature level.

For another group of clients, particularly those with pronounced ego deficits, the problem is not the regression of developed functions, but their insufficient or uneven development. In these cases, transference experiences are not the result of a decline in capacity, but indicate that certain basic developmental competencies were never sufficiently developed. The therapeutic relationship then serves not only as a context in which regression occurs, but as a developmental space in which these functions are formed for the first time.

This distinction has direct implications for understanding transference. In clients with developed but labile competencies, transference appears as a signal of overload and temporary regression, whereas in clients with ego deficits, transference emerges as a manifestation of a structural lack of functions. In both cases, the phenomenon may appear similar on the surface—idealization, devaluation, dependency, aggressive demands—but its developmental status and the appropriate therapeutic response differ substantially.

From this perspective, what is described in classical psychoanalysis as the “transfer” of relationships can be understood as a reactivation of a lower level of emotional processing, either due to the regression of existing capacities or due to their absence. It is not the object that is transferred; it is the level of functioning of competencies that changes.

Working with transference in OLI IPP therefore involves two distinct, yet interconnected developmental strategies. In cases of regression, the therapeutic focus is on restoring functions to their previously attained or a higher developmental level, whereas in cases of deficit, the focus is on the gradual development and learning of functions that were not sufficiently formed. In both cases, the aim is not permanent external support, but the internalization of capacities and their stable, autonomous functioning.

In this way, transference in OLI IPP acquires a clearly differentiated developmental meaning. It is no longer a single phenomenon with a single origin, but an indicator of the relationship between emotional load and the availability of competencies. Psychotherapeutic work is then not directed exclusively toward interpreting the past, but toward restoring or building the capacity to endure, understand, and live the present relationship at a more mature level. In this context, the therapist in OLI IPP assumes a more active and developmentally explicit role: not only as an analyst of transference meanings, but also as a teacher, guide, and trainer of basic developmental competencies, that is, ego functions.

This activity does not represent a departure from neutrality, but rather transparency in the transfer of functions that enables learning. The therapist does not remain hidden behind a “mirror,” but thinks aloud—demonstrating how they think, how they make connections, how they tolerate ambiguity, how they integrate contradictory information, and how they regulate their own emotional reactions. In this way, functions that the client has not sufficiently developed, or that have regressed under the pressure of transference, are demystified, and space is opened for their internalization.

One technique that has proven particularly useful in this process is the extraction of function from introjects (an introject is an internalized representation of another person and of the relationship with them, which takes on a particular function within the psyche). Instead of viewing the introject exclusively as pathological content to be interpreted or dismantled, it is mentalized: we explore which function a particular

parental behavior attempted to perform, what its intention was in meeting the child's developmental needs, and in what way this attempt was inadequate or harmful. By separating the function from the immature mode of its execution, what is referred to in OLI IPP as the maturation of introjects is made possible—a process in which raw, “swallowed” attitudes, demands, and prohibitions are transformed into more mature, flexible, and developmentally appropriate ego functions (Jovanović, S., 2025).

Such work simultaneously contributes to the mentalization of primary figures: parents are no longer experienced solely as “bad” or “good” objects, but as persons who often had developmentally meaningful intentions yet lacked adequate capacities to realize them. In this way, transference material is not exhausted in the repetition of the past, but becomes a field of learning in which earlier functions are recognized, separated from their immature forms, and developed into more mature basic developmental competencies that the client can use in present relationships.

In previous works on OLI IPP (N. Jovanović, 2013, 2025), the basic concepts of this psychotherapeutic modality have been presented in detail: basic developmental competencies (neutralization, mentalization, object wholeness and object constancy, tolerance of ambivalence and frustration), the concepts of secondary gain and counter-skills (rigid or maladaptive strategies developed around deficits in basic developmental competencies), and the two levels of therapeutic work (content and process levels). These concepts will now be connected with work on transference (which is also resistance).

Manifestations of Underdevelopment and Regression of Basic Developmental Competencies of Personality in Transference

In OLI Integrative Psychodynamic Psychotherapy, transference is understood as a relational context in which deficits, blockages, or regressions of basic developmental competencies become visible, as well as the specific counter-skills that organize around these deficits. It is important to emphasize that the underdevelopment of a given competency does not always manifest through its obvious “lack,” but often through excessive, rigid, or avoidant patterns that may initially appear adaptive or even mature.

Within the transference relationship with the therapist, these counter-skills become further crystallized, as the relationship is emotionally significant, asymmetrical, and developmentally challenging.

Neutralization: Impulsivity and Rigid Control

When neutralization is underdeveloped or has regressed, transference does not necessarily manifest exclusively through overt impulsivity and acting out. In some clients, affect is rapidly transformed into action: verbal outbursts, accusations directed at the therapist, abrupt termination of therapy, threats of leaving, or demonstrative withdrawal. The therapist is experienced as the immediate cause of the affect, and the relationship becomes a site of discharge. (Hartmann, 1955)

However, in other clients with the same deficit, an opposite counter-skill develops: the avoidance of all situations in which an impulse breakthrough might occur. In transference, this manifests as rigid control, emotional distance, “reasonableness,” intellectualization, or an excessive emphasis on calmness. The client may appear stable and self-controlled, but the therapeutic relationship remains emotionally “sterile,” without risk and without genuine contact. In both cases, the common denominator is the

inability to flexibly hold and process affect.

Mentalization: Concretization or Hypermentalization

In cases of deficits in mentalization, transference often manifests through the concretization of the relationship: the therapist is experienced in a personalized manner, as someone who “does something against me,” “does not understand me,” or “has hidden intentions.” Each intervention is experienced as a personal comment or attack, and the capacity for reflection on one’s own internal state is limited. (Fonagy et al., 2002)

At the same time, a maladaptive counter-skill of hypermentalization may develop. The client may then appear highly reflective, analytical, and psychologically sophisticated, but mentalization loses its connection to affect and reality. In transference, the therapist is experienced as a figure to be “read,” “uncovered,” or “exposed,” while the actual emotional experience remains unprocessed. Mentalization thus serves as a defense against emotional contact rather than as a means of understanding.

Whole-object integration: Idealization, Devaluation, and “Moral Pride”

Underdeveloped whole-object integration leads to transference marked by splitting: the therapist is experienced as either completely good or completely bad. Minor frustrations can result in sudden and intense shifts in the perception of the relationship. (Klein, 1946)

In addition to overt idealization and devaluation, counter-skills often develop that are masked as moral clarity, passion, or authenticity. The client may develop a neurotic pride in “pure emotions,” “uncompromising sincerity,” or a “clear distinction between good and evil.” In transference, the therapist may be experienced as someone who “relativizes,” “is not sufficiently clear,” or “does not take sides,” which is perceived as a threat to the client’s identity. The essence of the problem, however, lies in the inability to integrate opposing aspects of the relationship.

Object Constancy: Dependency and Emotional Withdrawal

In cases of insufficient object constancy, transference often manifests through fear of losing the relationship, hypersensitivity to interruptions, breaks, and changes in session schedules. The client continually checks the therapist’s availability and seeks confirmation of relational continuity. (Mahler, Pine, & Bergman, 1975)

At the same time, an opposite counter-skill may develop: emotional withdrawal and the minimization of the importance of the relationship, as an attempt to avoid the pain of separation. In transference, this may appear as distance, “self-sufficiency,” or insistence on independence, while underlying these manifestations is an inability to mentally maintain the relationship in the absence of the object.

Tolerance of Ambivalence: Polarization and Pressure on the Therapist

When tolerance of ambivalence is underdeveloped, transference becomes organized around the need to simplify relationships. The therapist is experienced as someone who must be either fully supportive or fully frustrating. Any attempt to simultaneously understand the client and set limits is experienced as a contradiction or a betrayal. (Klein, 1940)

In transference, a counter-skill of pressure often develops: the client implicitly or explicitly demands that the therapist take a clear side, make decisions on their behalf, or

confirm one position as “correct.” Ambivalence cannot be tolerated, but must be resolved externally.

Will: Passive Dependency and Oppositional Autonomy

Underdeveloped will in transference may manifest through passive dependency: the expectation that the therapist will lead the process, provide solutions, and assume responsibility for change. The client remains in a position of “I can’t,” “I don’t know,” “you are the expert.”

Conversely, an oppositional counter-skill may develop: a rigid rejection of any suggestion as an attempt at control. In both cases, the transference relationship becomes a site of struggle over responsibility, while the development of capacities for self-support and perseverance is avoided.

Initiative: Waiting and Sabotaging the Process

In cases of underdeveloped initiative, transference manifests through waiting for the therapist to “initiate the therapy.” The client may arrive without topics, repeat the same content, or remain in emptiness, with an implicit demand that the therapist assume the initiating role and “lead” the process.

At the same time, a counter-skill of passive sabotage may emerge: formal participation in therapy without genuine investment, which maintains the status quo and prevents change, while simultaneously allowing for secondary gain from “trying.”

In cases of underdeveloped or rigidly organized initiative, transference does not manifest only through passive waiting for the therapist to assume the initiating role, but also through an opposite maladaptive pattern of hyperactive initiative. In this latter case, the client assumes full control over the therapeutic process within the transference: selecting topics, defining goals, structuring each session, and leading the conversation—often with a pronounced need for the therapy to “make sense” and to move constantly toward solutions.

At first glance, such a client may appear motivated, responsible, and engaged. However, underlying this pattern is often an inability to surrender to the emotional process, a fear of losing control, and an avoidance of contact with the unpredictable or dependent aspects of the relationship. The transference relationship is then used as a space of organization and control, rather than as a space of experience and change. Initiative, instead of serving activation and development, becomes a counter-skill through which emotional vulnerability is avoided.

In both patterns—passive waiting and hyperactive control—the common denominator is a lack of flexible initiative that would allow both the initiation of the process and the capacity to surrender to its course. Therapeutic work in such cases is directed toward the development of initiative that does not serve control or avoidance, but authentic participation in an emotionally significant relationship.

In this way, through process analysis and the implicit “algorithms” or recurring patterns of forming relationships, transference in OLI IPP becomes a map of the functioning of basic developmental competencies, as well as a map of the counter-skills that have developed around their deficits. Transference patterns are neither random nor exclusively historically conditioned; they represent current survival strategies within an emotionally demanding relationship, which need to be understood, dismantled, and replaced by developmental capacities.

Of course, in work with transference it is always possible—and often very useful—to recognize the historical trace of a particular transference manifestation and to interpretatively link it to significant figures from the past. Such interpretations can deepen the understanding of the origins of certain emotional reactions and illuminate the developmental context in which relational patterns were formed.

However, the approach discussed here enables another important level of understanding. Through recognizing the process—that is, the pure pattern of relationship construction activated in transference—the client can gain insight not only into where something originates from, but also into how that pattern functions in present relationships. In this way, the focus shifts from the specific object onto which experience is “transferred” to the algorithm of establishing and maintaining emotionally significant relationships itself, which repeats independently of the particular person with whom the relationship is formed.

By analyzing this pattern—including the counter-skills activated within it and the secondary gains that sustain it—it becomes possible to clearly point to its consequences for relationships and to connect them with the difficulties that bring the client to psychotherapy. Thus, therapeutic work does not stop at insight into repetition, but opens space for learning and practicing alternative, more mature ways of processing emotions and building relationships, that is, for the development of basic developmental competencies capable of replacing maladaptive patterns.

In this sense, transference in OLI IPP remains a site of historical understanding, while at the same time becoming a laboratory for experimenting with new ways of relating, in which changes are not only understood but also concretely practiced and integrated into everyday life. Transference is viewed as the context in which the manner in which the client processes emotionally significant relationships is most clearly manifested. When basic developmental competencies are underdeveloped, partially developed, or prone to regression, their decline or absence becomes visible precisely within the transference relationship with the therapist. Transference then does not manifest primarily through the content of what is transferred, but through the specific way of experiencing, reacting, and organizing the relationship.

Case Study

(Jovanović, N., 1990)

The following case study illustrates how these theoretical principles are manifested and worked through in clinical practice. All clinical material is presented in anonymized and paraphrased form and serves exclusively for academic and educational purposes. Prior verbal consent was obtained from the client to present the therapeutic process.

Although it rests on a single case presentation, this format has a recognized value as a “bridge” between research and clinical practice (Binder, 2025).

In the following account, the reader will be able to follow two parallel dimensions: (1) the development of the transference relationship through its manifest content, and (2) changes in the manner of emotional processing, that is, in the development of basic developmental competencies.

I began working with M. when she first joined a group project, that is, a group activity within body-oriented psychotherapy. The group was not defined as therapeutic, but rather as recreational and educational. Its aim was to familiarize participants with the principles of body-oriented psychotherapy, help them become more aware of their own

bodies, recognize chronic muscular tensions, and—through group exercises—work on increasing bodily vitality and vibratory processes, releasing muscular tension, and expressing emotions.

As her motivation for joining the group, M. stated a need to get into better contact with her body. She complained that she had lost contact even with her basic physiological needs. She did not feel the need to go to the toilet until she began to experience abdominal pain caused by intense tension in the colon or bladder. She relied on the clock to determine when it was approximately time to attend to her physiological needs or to eat (she was markedly underweight). She described feeling as if her head and body were beginning to separate, and she was afraid that this meant she was “going crazy.”

These difficulties began to manifest following a summer vacation (five months earlier). During the vacation, she met a young man whom she experienced as overwhelmingly attractive. She described him as gentle and somewhat feminine, with full, sensual lips that reminded her of her younger brother. He was younger than she was, and she felt a strong urge to take the lead. When the relationship moved toward physical intimacy, she suddenly froze and developed acute choking sensations and panic while he was kissing her. She later described a moment of severely dysregulated sexual enactment that left her frightened and ashamed. After he left the country, she became preoccupied with the fear that she might have contracted HIV/AIDS.

In a panic-driven fear of AIDS and of going crazy, she sought psychiatric help and joined a psychotherapy group, which she soon left because she “got into a fight with the therapist, who was too harsh, yelled at her, and told her she was spoiled and rude.” As one of her motivations for joining the group I was leading, she also mentioned that at the first meeting she saw in my eyes that I was “something special, that I radiated an unusual warmth and that I could help her.” Her then-boyfriend also joined the group, as she put it, “more because of me than because of himself.”

During that period, they were unsuccessfully trying to end a one-year relationship (at her initiative), because M. felt that he was suffocating her, but she was unable to break up out of fear that this might trigger a dangerous escalation of violence—toward himself or toward her. In the following account, I will first present only the clinical material, leaving the theoretical connections for the end.

I felt ambivalent about M.’s participation in the group from the very beginning. On the one hand, I felt that she was highly motivated for therapeutic work and that she brought a certain dynamism into the group process through her readiness to present unpleasant material, thereby eliciting sympathy and compassion from some group members. On the other hand, over time it became increasingly evident that she needed me to focus on her more than on the group as a whole and that she needed to remain at the center of attention.

I felt that the group was not the most appropriate setting for working with her and began to consider proposing individual therapy. I was concerned that expressive body-oriented exercises might provoke more intense reactions in her, which would require a far greater investment of time focused on M. and could lead to dissatisfaction among group members, as well as anxiety due to the sudden breakthrough of contents and feelings for which they were not prepared. In addition, the group was not defined as a therapeutic one, and its size would have been inappropriate for working with this type of problem (15 members).

At that point, her problem with boundaries became clearer to me on an experiential level. I will describe several aspects through which this problem began to manifest more distinctly. One of the first group meetings began with a discussion about breathing. Group members shared their observations about limitations in their breathing, and some volunteered to lie down, try to relax, and breathe deeply. M. expressed a wish to try as well.

I felt a slight sense of discomfort, although at that moment I could not clearly define it. She began to breathe more deeply, and at first this was pleasant for her. She found my presence comforting and started to verbalize her experience of the situation. She had an image of something round above her head—something she wanted very much. It was enormous, and she felt that her desire was enormous, but that her mouth was small. She opened her mouth wide and began to choke, to call for help, panicked that her heart would stop, and asked me to reassure her that nothing would happen to her. I told her to stand up and that nothing would happen to her, after which she calmed down.

After the session, I felt uncomfortable and dissatisfied. I tried to understand and differentiate several mixed feelings. I felt concern for M. (even though she had my phone number in case of need), anger at myself for not having already suggested individual work, a sense of guilt, but also a certain anger toward her that I did not understand at the time. I also felt resistant to the idea of working with her individually, because I sensed that it would require a considerable investment of time and, above all, emotional engagement, for which, at that period, I was not fully prepared.

At that time, I experienced M. as a person who “grabs,” who shows little respect for the needs of others, and who, when her needs are not met, is ready to engage in destructive and self-destructive enactments. Her dramatic expressions of helplessness, panic, and similar behaviors—in the group, in her relationship with her boyfriend, and with her parents—were experienced as manipulative, aimed at forcing the other person (usually through guilt and fear for M.) to satisfy her needs.

I felt guilty for not following my initial impression and for including her in a group to which she had now become attached, as well as for the feeling that she had somehow intruded into my space more than I had wanted—that my boundaries were being violated. Alongside these negative feelings, she was unusually interesting to me; she often surprised me with the sharpness of her observations about herself and the group members, as well as with her sense of humor. I was moved by her tense yet powerful will to make something of her life.

The reactions of the group members were similar. M. evoked sympathy, compassion, and protective reactions in some group members, but also aggression because of her “lack of measure,” manipulation, and “hysterical behavior aimed at getting attention.” One group member described M. in the following way:

“She is capable of getting inside a person, of seeing them, of reading them better than many people, and of saying everything straight to their face, believing she is being honest. But she is not capable of feeling the other person or establishing contact. Maybe I am not ready for that, or maybe I don’t want to hear it. Maybe I don’t like someone crawling into my stomach. M. more openly says that she wants to touch someone in the group or hug them. It’s as if she has no moral limits, but she doesn’t really see the other person. It’s as if others are just objects for satisfying her needs. If someone is not ready for that, she will try to seduce them in various ways to get what she wants. When she takes up time, she thinks she has a full right to it because she needs it more. As if the

group exists for her. When she is in a crisis, she does not recognize the limits that are necessary for us to cooperate here as equals. She has a need to push through and break things..."

Her boyfriend offered similar observations. From the very beginning of their relationship, he played the role of her "manager." They met through music. He had many connections in the music scene and tried to support her career. Very quickly, their relationship turned into an "exclusive contract" of sorts. M. had a need to possess him completely and to be together all the time.

Before he met her, he had been constantly active, always on the move, and practical. He did not think much about himself or about psychology. She shook him up, "broke through his shell," and told him many things—that he was a latent homosexual, artificial and essentially feminine, and that he played the role of a macho man as a defense. She unsettled him deeply; he felt that the relationship was pulling him further and further in, yet he could not bring himself to end it.

These observations of M. by others represent only one side of the coin. On the other side is her fear for her own boundaries and the weakness of those boundaries in the opposite direction. I will mention several of her experiences that illustrate this.

At one of the early group meetings, a yoga instructor was present—someone with whom M. had previously attended a course. The instructor began to criticize some of the exercises from a yoga perspective, at which point M. interrupted her and said that she was advertising herself and that the group had come to listen to me and to learn about my approach to body work, not to hear a lecture on yoga. After the meeting, M. felt very disturbed, because she was afraid that this woman might harm her through mental or psychic influence. She knew this was unrealistic, but she felt that the instructor could enter her and harm her, as if she were a witch.

M. is often distressed when strong emotional expressions emerge in other group members. She describes her experience in the following way: "I feel as if the other person has entered me and that I am experiencing their feelings. When G. started sobbing, I felt as if something hit me in the stomach, like a knife. As if her sobbing and fear were taking over me and that I was going to lose control."

She reports several similar experiences: "I was standing in line at the grocery store and saw a woman who seemed interesting to me. At that moment, I felt as if I was leaving myself and entering her—or she was entering me—feeling and thinking as she did..."; "I feel that N. (my boyfriend) is suffocating me, that in the relationship with him I am losing myself. When I try to leave him, I panic that he will kill himself or do something terrible... or that he will kill me."

M. reported a dream that vividly reflects her lack of boundaries and problems with differentiation from the object: "I dreamed that N. and I were standing on some terrace. I felt that I should take care of him. As if N. was at the same time my mother. He falls from the terrace. In panic, I run downstairs and find a little girl who seems to be crazy. She has uncoordinated movements, like a broken robot doll. Each part moves separately, as if she is falling apart. That is me. When he falls—or when my mother falls—I fall apart too."

She further compares her feelings toward N. and toward her mother, describing her inability to say no to them or to separate herself. "My mother gets terribly inside me. She is strong, intrusive, always talking, snapping, killing me with words, with some masculine strength that hits me in the stomach. When I feel good, it's enough for her to

enter the room and start nagging or mocking me. I automatically begin to feel the same, as if cursed. I have no protective wall against her, as if I have no skin..." (She also physically appeared as "skin and bones.")

After several group meetings, I proposed individual work to M., explaining that there was not enough time in the group setting to work adequately on her problems. She accepted this gladly, pleased that I was "thinking about what was best for her." We began meeting twice a week. M. was "thrilled" with the therapy—"this is the real thing" for her. She compared me to people she had previously thought might become her teachers in life. I was the only one, she said, who did not impose himself or try to fit her into his own system of thinking.

She experienced me as a rescuer, "like some kind of sun from which she absorbs warmth and gets filled up... then she feels better, and she is better toward others." The sessions were filled with a wide range of material, often very painful, but chaotic.

For the most part, the content of the sessions was determined by everyday events—conflicts at home, conflicts with her boyfriend, and similar situations. I listened patiently, showing understanding and compassion, but I had the impression that much more important processes were being reflected—though unspoken—within the relational field between her and me, and that the concrete content was less important at that moment.

She had a habit of asking for another five minutes, asking to at least deepen the session a little because she had not yet told me everything, or calling me on the phone to "just tell me something briefly." At one session she described it like this:

"I want you to know every little detail about me, so that nothing important remains that you don't know—I'm afraid I might leave something out. Somehow, if you know everything about me, it's as if I am inside you, and then I feel safer. That's how it has been with my notebook-diary. I wrote everything in it; the notebook absorbs everything like some kind of whirlpool, but it pulls me away from reality. It's as if we are one, it and I... my best friend... no boundaries.

I had a dream. A very strange one, but I think very important. It left a strong impression on me. It starts with me looking at the night sky and seeing a dot far away in space. It comes closer to me out of the darkness and I begin to make out a shape. I see that it is a fetus approaching my face, but between me and it there is some invisible boundary. It looks at me in a pleading way. I want to reach for it because I know it is cold out there in space and that it is alone. I feel in this world like that fetus. I know that is me..."

After a few months of work, a noticeable tendency emerged regarding the scheduling of sessions. M. began to emphasize as a problem the fact that the most important things often happened when we did not have a scheduled session, and that she "barely survived" until the agreed appointment. Later, she would say that it felt "awkward" to tell me about it afterward, since she had not been able to do so at the moment when she needed me.

I sensed reproach in her voice, although she denied being angry with me because of this. Even increasing the frequency of sessions to three times a week did not help, because M. felt the need to call me precisely "when we had not agreed," to say that she was "in a crisis," and I would usually accept having an extra, unscheduled session. I felt that she did not want us to have fixed appointments, but rather to meet whenever she needed it, regardless of whether I was occupied or not.

I explained to her the advantages of having fixed session times—that knowing when she would see me could help her regulate herself between sessions. She replied that it was easy for me to tell her to postpone things, but that she was not capable of doing so; it was stronger than her. I decided to accept her idea of scheduling sessions according to her needs, but I warned her that it might happen that I would be unavailable at the time she called.

It soon became clear how much space this way of scheduling sessions opened for fantasies of rejection. There were times when, due to other obligations, I was not able to see her whenever she asked. Then questions would arise such as: “But weren’t you usually free at that time?” or “Don’t you work until five on Thursdays?” and similar remarks. She began to develop fantasies that I wanted to avoid her, that I was deliberately tormenting her “like a baby, by taking her off the breast.” On one occasion, this enactment became obvious even to her herself.

It was a holiday. One day before the holiday, M. had the opportunity to attend a session, but she did not call. She was aware that working hours were shortened on the eve of the holiday. On the holiday itself, she called around 10 a.m. and asked me to see her. I told her that I was sorry, but that I could not see her and suggested that we meet on Monday. In an angry voice, she told me that I was irresponsible and abruptly ended the call.

At our session on Monday, she described how overwhelmingly angry she had been with me. She said she had imagined coming to my office and destroying it, telling me that I was irresponsible and that I treated people like experimental subjects. She claimed that she could have lost control and caused serious harm, to herself or to others. She accused me of being responsible for the impulsive behaviors she had displayed during the weekend—shouting in the street, on the bus, and at home—insisting that none of this would have happened if I had been willing to see her. In her experience, I was a powerful figure holding her fate in my hands, able to handle her as I wished.

I reminded her that she could have contacted me the day before and that she might reasonably have expected that I would be unavailable on a holiday. She replied that this was precisely what she expected of me—that I should always be available. She described feeling intense rage when she heard sounds of celebration in the background during our phone call. She questioned how I could be enjoying something without her and how anything could be more important than her. She felt that she should be the most important person to me, and that since I had taken responsibility for working with her, I should always have time for her. I asked her whether this meant that I should always be at her disposal.

As the conversation continued, it became clear that she expected me to be constantly available and to anticipate when she would need me. This also revealed her need to control the relationship and to continually test whether I cared for her—something that the flexible scheduling arrangement readily facilitated. When she felt confident that she could almost always reach me when needed, she was sometimes able to postpone contact and even feel proud of herself for having managed something on her own.

A striking shift was evident in her experience of me depending on whether her needs were being met. When they were, I was perceived as a “special person,” the only one who truly understood her, almost a deity—an “embodiment of love.” When she experienced frustration or refusal, I became the “devil”: a powerful figure who tormented her, an irresponsible experimenter. In such moments, she described hating

me “from the depths of her soul” and feeling an urge to expose and destroy me.

In each of these affective states, there was only an intellectual awareness that the opposite experience existed, while the emotional reality of it felt completely inaccessible. “As if it were someone else who felt that, not me,” she said. One particular session illustrated this dynamic clearly.

The session began with intense anger toward her mother. She felt rejected and helpless, like an object that could be taken up when needed and discarded when no longer useful. This, she said, was how her mother treated her—as if she existed only in relation to her mother’s needs.

She then shifted to another topic which she described as even more important: her relationship with me. She spoke of persistent fantasies of physical closeness and felt that such contact would resolve all of her difficulties. She knew that I was her therapist and that such contact was not appropriate, yet she held onto hope. She said that this hope had drawn her to therapy from the very first moment she saw me, and that I should have understood this from the beginning.

Because I had listened to her and acknowledged her feelings without rejecting her, she felt she had allowed these feelings to grow. She experienced me as responsible for this and demanded a clear answer—yes or no—as to whether I would satisfy her expectations. I responded that I would not.

She stood up, said that everything disgusted her, that she hated me, that her own needs disgusted her, and that she hated herself for having needs. She declared that she never wanted to see me again and left the room.

After several minutes, however, she returned, explaining that she had been unable to leave the building due to an intense fear that she might die if she moved away. She felt compelled to resolve the situation with me and urgently wanted to know what I now thought of her and whether I would still be willing to see her.

I told her that she had enacted precisely what she had described earlier in relation to her mother: I had been idealized as long as there was hope that I would satisfy her needs, and when that hope was denied, I became unbearable and she felt driven to reject and discard me as an object. She began to cry and said that she recognized how she repeated with others what she experienced her mother as doing to her. She felt as if her mother lived inside her and described a recurring pattern of seeking closeness through seduction, control, and urgent demands rather than through genuine contact.

With sadness, she recognized that the specific person involved was often interchangeable—someone onto whom she could attach an intense fantasy and then attempt to secure through manipulation. She acknowledged that she had related to me in the same way and expressed relief that I had not allowed this dynamic to be acted out, and that I had neither merged with her nor rejected her as an object.

Throughout the therapeutic process, M. did not show a lack of associations or affect. On the contrary, she was often flooded by internal material or external events. The central difficulty lay in integrating contradictory contents and opposing emotions. I experienced her as a person “without flesh,” lacking sufficiently strong psychological defenses, as if whatever occurred was immediately expressed. She described herself as a “whirlwind,” moving in a disorganized way and pulling in whatever came along.

She felt a strong need to write down everything that emerged during sessions in order to organize it, to prevent disintegration, and to create structure. She described this as something she was learning for the first time—that her thinking was becoming more

directed and organized. Initially, she relied on me for this function, but gradually she began to do it herself, and she felt proud of this new capacity.

One of her dreams expressed this experience vividly. She dreamed that a dome fell from a tower and water poured out. She felt that the tower represented her body and the dome her head, while the water symbolized her emotions overwhelming her. For the first time, she did not panic. A flood occurred, and she found herself in a small boat with three other people. Two behind her were the parents of a close friend—kind people who accepted her. At the stern stood a young man who resembled me. In the dream, she knew that the boat and all its occupants represented herself.

She saw a small child in a state of panic. She took the child into her arms, and although the child was initially inconsolable, she felt capable of calming it. She sensed that her own body could contain the child's panic and maintain balance. She felt proud as the child settled. This reminded her of the ego states—Parent, Adult, and Child—from Transactional Analysis.

M. often described herself as someone who lived “on the border.” Although her parents were divorced, they lived in the same apartment: her mother with her brother in one room, her father in another, and M. in between. She felt she belonged nowhere. As a child, she frequently served as an intermediary between her parents, both of whom confided in her and sought her allegiance. She experienced them as entering her and struggling within her.

She described a recurring dream in which she was a specially chosen border guard defending a vital central station, which she knew represented her mind. Countless paired figures approached—representations of her parents—while she attempted to protect the center from disintegration. She interpreted this as an expression of her lifelong position between opposing forces.

Her accounts of family dynamics further illustrated diffuse boundaries and pervasive intrusion. Her father was emotionally distant and withdrawn into intellectual pursuits, while her mother was experienced as intrusive, dramatic, and controlling. M. described feeling repeatedly invaded, emotionally overwhelmed, and unable to protect her inner space.

To conclude this case presentation, I will briefly describe a session that took place after one year and nine months of work. The session began with intense guilt toward her father following a hospital visit after his surgery. She oscillated between anger toward him and fear of losing him. She recognized how aggression had served as a way to secure attention and contact, while simultaneously evoking catastrophic fantasies of harm.

We spoke about the difficulty she had in allowing love and hatred toward the same object to coexist. When these feelings came close together, intense guilt and fear of disintegration emerged. She described the experience as “a short circuit.”

She then connected this pattern to her relationship with me, noticing that whenever she sensed reduced availability, she felt compelled to test or control the relationship. She recognized her difficulty tolerating separation, waiting, and emotional emptiness without resorting to old defensive strategies.

Toward the end of the session, she expressed discomfort with positive feelings such as gratitude, which she associated with vulnerability and dependence. With visible embarrassment, she said she felt grateful for having met me and noted with surprise that she could express this feeling and survive it.

I did not interpret this moment but focused on maintaining contact with the emerging affect and allowing it to be endured without action. In subsequent sessions, demands and testing behaviors diminished, while her capacity to articulate insecurity increased. Although old patterns reappeared at times, they were recognized earlier and with less intensity.

This shift did not eliminate conflict, nor did it resolve her relationships with significant figures. However, the way M. processed emotionally meaningful relationships changed. The transference relationship ceased to be primarily a site of repetition and became a space in which new forms of emotional regulation and relatedness could be experienced.

This case illustrates that therapeutic change occurs not only through insight into past experiences, but also through transformation in the processing of emotions within the present relationship. When a client can tolerate ambivalence, recognize impulses without acting on them, and remain in contact despite shame and insecurity, the development of previously unavailable basic developmental competencies becomes possible. In this sense, the transference relationship functioned not only as a means of understanding, but also as a space for learning and maturation.

Interpretation of Content and Integration with Theoretical Concepts

In the “clinical picture,” that is, in the characteristic way M. functions in relationships with others and in relation to herself, one can observe those features that Kernberg (1975) identifies as characteristic of borderline personality organization: (a) low tolerance for anxiety, (b) limited impulse control, and (c) insufficiently developed channels of sublimation. The primary defense mechanism in M. is splitting. The ego protects itself from excessive anxiety through dissociation and the active maintenance of distance between positive and negative introjects.

In M., it is striking that these opposing ego states are alternately activated as if governed by a rigid on-off switch, with the initial stimulus for the shift being frustration, non-gratification of her needs, abandonment, or rejection (that is, what she experiences as abandonment or rejection). As long as these states remain separated from one another, M. does not experience intense anxiety. When they come closer together—as occurred in the later work in her feelings toward her father—a tearing sense of guilt develops, along with fear of destroying the object through her own aggression and fear of ego disintegration (as reflected in the dream of falling from the terrace). This points to difficulties in achieving a stable transition from the paranoid-schizoid position described by M. Klein (1940) toward the depressive position and its characteristic defensive capacities. Due to the intensity of aggression, the ego fails to achieve a fusion of positive and negative identifications and to neutralize aggression, which in turn reinforces splitting.

Splitting also helps explain the perception of others that M. is unable to respect other people’s boundaries, as well as her own sense of being justified in her expectations of others. On the one hand, a tendency toward primitive idealization leads to unrealistic expectations of the object, which in such moments is experienced as omnipotent, entirely good, and without limitations. In these states, M. loses contact both with the realistic capacities of the other person and with her own boundaries, resulting in demands that inevitably remain unmet. When frustration occurs, idealization abruptly reverses into devaluation, and the object is experienced as malevolent, cold, or rejecting.

This sudden shift in states further intensifies internal instability and contributes to the reactivation of splitting as the primary defense mechanism. In the transference relationship with the therapist, the same pattern is clearly repeated: in certain phases, the therapist is experienced as the only person who can understand, help, and protect, while in other phases the therapist is experienced as emotionally unavailable, frustrating, or rejecting. These shifts are not proportionate to actual events in the therapeutic relationship, but are instead determined by internal movements within the ego structure, which fails to integrate opposing feelings toward the same object.

When positive and negative experiences move closer to one another, there is a sudden increase in anxiety, an intense sense of guilt, and fantasies about the destructive potential of one's own aggression. In such moments, the limited capacity to neutralize aggressive impulses and to sublimate them becomes evident, further destabilizing ego functioning. The dream of falling from the terrace can be understood as a symbolic expression of fear of losing control and of the disintegration of the ego structure at moments when defensive separation ceases to function.

The analysis of this case indicates that, in M., the central therapeutic task was oriented toward strengthening ego functions that enable the tolerance of ambivalence, the integration of opposing affects, and the gradual abandonment of primitive defense mechanisms. To the extent that the ego gradually becomes able to endure the simultaneous presence of love and aggression toward the same object, it becomes possible to reduce the need for splitting and to establish a more stable relationship to oneself and others. From this perspective, the therapeutic process with M. cannot be viewed exclusively as the resolution of individual conflicts, but rather primarily as long-term work on transforming structural modes of functioning that underlie her interpersonal difficulties and inner instability.

Process Analysis: Transference, Resistance, and the Development of Basic Developmental Competencies of Personality from the OLI IPP Perspective

In the preceding case presentation, the clinical material was analyzed at the level of content. From the perspective of OLI IPP, however, the key locus of change lies in the way the therapist intervenes in real time within the transference relationship, with the aim of developing basic developmental competencies that allow for a different mode of processing experience.

Neutralization

In M., intense affects rapidly shifted either into action or into rigid control. Therapeutic interventions were not directed toward suppressing aggression or toward its direct discharge, but rather toward modeling neutralization. The therapist remained emotionally present and calm in moments of her anger, pressure, and demands, thereby demonstrating that intense affect can be endured without acting upon it. Through thinking aloud and naming what was occurring within the relationship, the therapist slowed down the process. Affect was gradually translated into mental content rather than impulse.

At the same time, the therapist also neutralized his own potential reactive anger, neither entering into a power struggle nor withdrawing, thereby implicitly demonstrating a more mature mode of processing aggression.

Mentalization

When M. lost the capacity for reflection and experienced the therapist concretely (as a partial object) as depriving or malevolent, the therapist did not attempt to convince her otherwise, but instead redirected attention to process: how her experience of the relationship was changing in that moment and how that experience influenced her reactions. Through questioning, joint reflection, and shifting the focus from “what you are doing to me” to “what is happening within you,” the therapist supported the restoration of mentalization within the transference relationship itself. Thus, mentalization was not treated as an abstract capacity, but as a functional process embedded in affect regulation.

Whole-object integration (Object Wholeness)

The abrupt alternation between idealization and devaluation of the therapist was not directly interpreted as a defense mechanism, but was lived through within the relationship. The therapist remained the same—consistent, emotionally available, and with clear boundaries—both during phases of idealization and during phases of attack. This made it possible for the client gradually to experience that the object could remain the same despite changes in her internal states, which constituted a foundation for the development of object wholeness.

In addition, the therapist drew the client’s attention to the pattern of splitting as it emerged within the relationship—how it appeared, when it occurred, what function it served, which needs it satisfied, what it protected her from, and what its negative consequences were—thereby enabling a gradual preparation for the depressive position and for the tolerance of ambivalence.

Object Constancy

In working with separations, pauses, and fluctuations in availability, the therapist used a realistic yet predictable structure. In certain situations, he responded to her initiatives for additional sessions that were not prearranged but arose in response to her needs, when it was assessed that this had developmental value; at the same time, he clearly pointed out the reality that this would not always be possible. Of particular importance was the fact that he anticipated and explicitly named the possibility of her anger and dissatisfaction in such situations, thereby helping frustration to be experienced rather than avoided or discharged explosively.

Tolerance of Ambivalence

The therapist did not attempt to “resolve” ambivalence, nor to persuade the client either to love or not to hate. On the contrary, he remained in contact with both affects, without reacting intensely either to expressions of love or to attacks. This made it possible for positive and negative affects to appear simultaneously within the relationship, without a breakdown of the relationship itself. This “survival of ambivalence” had a strong developmental effect: the client learned to tolerate opposing emotions without resorting to splitting.

Tolerance of Frustration

M.'s non-developmental needs were not gratified—the therapist did not remove frustration, did not “rescue” her from discomfort, nor did he guarantee constant availability. At the same time, frustration was neither cold nor punitive. The therapist helped the client recognize how frustration activated her relational pattern, how it led to pressure, dramatization, and secondary gain, as well as the long-term damage this pattern produced in her relationships outside therapy. This corresponds to the principle of optimal frustration, in which frustration is neither avoided nor imposed, but used developmentally.

Will

M.'s will was strong, but it had become instrumentalized toward the coercive gratification of needs. The therapist gradually redirected her will away from controlling the relationship and toward enduring the process: remaining in therapy even when dissatisfied, tolerating waiting, and accepting that change does not occur immediately. In this way, will ceased to serve pressure and began to serve development.

Initiative

When M. assumed complete control over the therapeutic process or, conversely, passively expected the therapist to lead, interventions were directed toward the development of flexible initiative. The therapist accepted her proposals while simultaneously using them as material for process analysis—how difficult it was for her to surrender, how control functioned to avoid emotional uncertainty, and what a different form of initiative might look like.

Process of Change

In this case, the transference relationship was not merely a site of repetition, but a site of learning. Through his own manner of responding, the therapist separated functions from introjects. He demonstrated that the functions the client had “swallowed” from her parents were not pathological per se, but that the way in which they had been used was immature and destructive. Through the relationship, new ways of processing emotions were gradually introduced, which could then be generalized to relationships outside therapy.

From the OLI IPP perspective, this case demonstrates that work with transference is not limited to interpretation, but involves the therapist's active participation in the development of ego functions through consistency, survival, thinking aloud, optimal frustration, and the modeling of more mature basic developmental competencies. Within this framework, transference in OLI IPP is not merely a place where the past is uncovered, but a space in which one learns how relationships are built, endured, and transformed.

Conclusion

Work with transference in OLI Integrative Psychodynamic Psychotherapy is grounded in the classical psychoanalytic understanding of transference as a central space of the therapeutic process, while simultaneously expanding it through a developmental and functional framework. In this approach, transference is not viewed exclusively as the repetition of earlier relationships and conflicts, but also as a context in which deficits, blockages, or regressions of basic developmental competencies—that is, ego functions enabling mature processing of emotional experience—become visible.

The presented theoretical framework and clinical material point to the importance of distinguishing between transference phenomena that arise from a temporary regression of previously developed capacities and those that reflect structural ego deficits. This distinction has direct implications for therapeutic technique, as it requires different types of intervention: the deblocking and stabilization of existing functions in the former case, and their gradual development, learning, and internalization in the latter. In this way, work with transference shifts from an exclusively interpretative level toward the integration of interpretation, corrective emotional experience, and procedural learning.

Within OLI IPP, the transference relationship becomes a developmental space in which, in addition to insight into repetition, the transfer of functions, strengthening of basic developmental competencies, and the construction of secondary ego autonomy take place. In this process, the therapist does not remain merely an analyst of transference meanings, but also becomes an active bearer of functions that the client is not yet able to perform independently, with a clear temporal limitation and the aim of their internalization. Thus, change is not exhausted in understanding the past, but is confirmed in the client's increased capacity to regulate affects, tolerate ambivalence and frustration, maintain relational continuity, and assume responsibility for her own functioning in present relationships.

Conceived in this way, transference enables a connection between the classical psychoanalytic tradition and contemporary developmental and integrative approaches to psychotherapy. OLI Integrative Psychodynamic Psychotherapy thus offers a model of work with transference that preserves the depth of analytic understanding while simultaneously providing clear, clinically applicable guidelines for developmental intervention and enduring psychological change.

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Application of the OLI IPP Approach in Working with a Woman in Perimenopause: A Case Study Through the Lens of Time

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(professional paper – case presentation)

Cite as: Rueger, M. (2026). Application of the OLI IPP Approach in Working with a Woman in Perimenopause: A Case Study Through the Lens of Time. *Insights*, 3, pp. 118–132. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.6>

Abstract

Aim: This paper aims to illustrate, through a case presentation of a woman in perimenopause, the application of the OLI Integrative Psychodynamic Psychotherapy (OLI IPP) approach and the concept of basic developmental competencies of personality (BEC) in understanding and treating difficulties related to eating behavior, physical activity, and self-regulation, with particular attention to time as a clinical dimension of experience.

Method: A qualitative single-case presentation from clinical practice was used. The client, a 49-year-old woman, sought help due to difficulties in regulating body weight, eating behavior, and physical activity in the context of perimenopause. An integrative approach was applied, combining psychodynamic formulation through BEC with principles of lifestyle medicine and behavioral and coaching interventions.

Results: Psychodynamic analysis revealed deficits in mentalization, neutralization, object constancy and wholeness, tolerance of frustration and ambivalence, will, and initiative, which maintained patterns of impulsive eating, abandonment of physical activity, and self-punitive attitudes. Targeted interventions led to improvements in eating regulation, tolerance of discomfort, physical functioning, and the client's internal dialogue.

Conclusion: Difficulties in changing life habits during perimenopause cannot be adequately understood or treated solely as a lack of discipline or motivation. They require an integrative approach connecting psychodynamic understanding of emotional capacities, medical assessment of bodily changes, and structured behavioral and coaching interventions, together with an understanding of how the person lives in time throughout the process of change.

Received: 21 Jun 2026

Accepted: 8 Aug 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords: perimenopause, time in psychoanalysis, OLI integrative psychodynamic psychotherapy, basic developmental competencies of personality, lifestyle medicine.

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Introduction

Before approaching the analysis of specific symptoms and difficulties, it is important to consider the perimenopausal period through an analytical framework that includes the category of time as a fundamental dimension of experience. Freud observed that the unconscious knows no time - processes in the unconscious are timeless (*zeitlos*), and affects and traumatic experiences do not "age" but remain active as though they are occurring in the present moment. Hence arises the clinical paradox encountered in working with women in perimenopause: the person responds as though the past were the present, as though a loss were still ongoing or had never been resolved, despite the objective passage of time (Freud, 1915/2004).

Jung described this period through the metaphor of the midday of life (*Lebensmitte*) - the moment when the sun crosses its zenith and the psychic organization of the first half of life can no longer sustain itself in the same way. The values, identity, and roles of the first half of life - achievement, adaptation, external validation - lose their former force. If no inward turning occurs, no construction of a new inner foundation, the person remains trapped in a form she has outgrown, caught between a past to which she returns and a future toward which she cannot yet orient herself (Jung, 1930/1981). It is precisely this inner dynamic - between what has been and what has not yet come to be - that constitutes the clinical context in which the difficulties and patterns the client brings to therapy must be understood.

Perimenopause is a developmental period with biopsychosocial specificities, in which hormonal, somatic, emotional, and relational changes frequently intertwine in ways that resist simple explanation. Women in this period often consult multiple specialists due to a range of symptoms: weight gain, changes in blood pressure, sleep disturbances, mood fluctuations, musculoskeletal pain, reduced energy, cognitive fatigue, and difficulties maintaining established life routines. The problem arises when each specialty addresses only its own domain, and the woman herself is left without an integrated account that would connect the body, emotions, identity, habits, relationships, and sense of personal efficacy.

In clinical practice, this frequently leads to a reductive interpretation of difficulties with behavioral change as laziness, lack of willpower, or insufficient discipline. Such an approach is particularly inadequate when the person genuinely wishes to change but does not possess sufficiently developed or sufficiently accessible emotional capacities to sustain, organize, and maintain that change.

Within the OLI IPP framework, basic developmental competencies constitute a key lens for understanding why a person, despite motivation and insight, fails to translate a decision into action or to remain consistent in the face of obstacles. At this juncture, symptoms such as impulsive eating, abandoning a dietary plan, vacillating about exercise, feeling overwhelmed by external criticism, or a self-punitive relationship with oneself cease to be a "character weakness" and become signals for more nuanced psychodynamic inquiry.

This paper proceeds from the premise that understanding and treating perimenopausal difficulties cannot be adequate without integrating multiple levels of intervention: psychodynamic understanding of internal conflicts and emotional capacities, medical assessment of hormonal and somatic changes, and structured interventions from the domains of coaching and behavioral therapeutic approaches.

In this sense, the OLI IPP approach was used as the primary organizing framework, enabling psychodynamic formulation through basic developmental competencies, analysis of secondary gain, and identification of counter-skills as patterns that maintain the presenting problem.

These interventions were directed toward the implementation of lifestyle medicine principles, which involve systematic change across key life domains (nutrition, physical activity, sleep, stress regulation, elimination of harmful habits, social connectedness) with the aim of improving health and functional capacity.

Contemporary approaches oriented toward long-term health and quality of life - including wellness, longevity, and the use of available technological and functional methods (biohacking) for optimizing physical functioning and reducing somatic limitations - were also integrated into the work.

This integrative approach was not an adjunct to the therapeutic work but its necessary foundation, given that the client's difficulties manifested simultaneously across somatic, emotional, and behavioral levels.

Theoretical-methodological framework: OLI IPP approach, basic developmental competencies of personality, and counter-skills

The OLI IPP method represents an integrative psychotherapeutic, counseling, and coaching approach with a fundamentally psychodynamic orientation. Central to this framework are the basic developmental competencies - capacities for the processing and regulation of emotional states (Jovanovic, 2013).

Viewed through the lens of time, each of the basic developmental competencies carries a direct temporal dimension: neutralization is the capacity to survive the interval between impulse and action - to remain in the psychic space "between"; object constancy is the capacity to maintain continuity of self and goals across time, despite emotional fluctuations; tolerance of frustration is, at its core, the capacity to endure waiting and the deferral of gratification; tolerance of ambivalence is the capacity to live between opposing forces without requiring immediate resolution; will is the capacity to persevere across time in the absence of spontaneous pleasure; initiative is the capacity to organize and repeat action over time. Deficits in these competencies, therefore, are not merely deficits in emotional regulation - they are deficits in the way a person inhabits time.

The concepts of counter-skills and secondary gain also contribute significantly to the understanding of the clinical material.

Counter-skills refer to learned behavioral patterns that represent attempts at regulating emotional tension, but which, while reducing discomfort in the short term, serve in the long term to maintain the problem and prevent the development of more mature emotional capacities. In this sense, they may be understood as functional "substitutes" for insufficiently developed basic developmental competencies.

The phenomenon of secondary gain refers to the implicit psychological benefits a person derives from maintaining the problem, such as avoiding unpleasant emotions, conflicts, responsibilities, or relational changes. These benefits are most often not consciously recognized, yet they contribute significantly to the maintenance of resistance to change.

Analysis of counter-skills and secondary gain enables a deeper understanding of resistance, as it points to the inner conflict between the drive toward change and the need to retain existing, albeit dysfunctional, regulatory patterns (Jovanovic & Jovanovic, 2025).

The OLI IPP approach was used as the foundation for psychodynamic understanding, while specific interventions were chosen flexibly, in accordance with clinical assessment and the client's needs.

Alongside the psychological work, interventions also incorporated principles of lifestyle medicine, as well as elements of contemporary approaches oriented toward improving health and quality of life (wellness, longevity, and functional approaches to the regulation of somatic symptoms) (Anekwe et al., 2025; Mosconi, 2024).

Case presentation

Background and Reason for Referral

The client, a 49-year-old woman, sought psychotherapeutic work with a specific aim: she had identified the therapist as someone who works with women in perimenopause and who is able to bridge medical and psychological understanding of the presenting difficulties. Her explicit motivation for coming was not simply a need "to talk," but a need for integrated understanding of a state she experienced as fragmented across multiple specialist consultations.

Prior to seeking therapy, she had consulted a gynecologist, an internist for elevated blood pressure, a physiatrist for joint pain and "clicking," an endocrinologist, and a nutritionist for weight gain, low energy, and poor laboratory results. From various specialists she had received partial recommendations and treatment within their respective domains, but was left with the impression that no one was addressing the totality of her problem. In her experience, previous psychotherapy had also not led to change, because the themes she considered central had not been addressed: improving health, building discipline, sustaining motivation, and achieving genuine change in everyday habits.

Primary Complaints and Presenting Difficulties

Over the past six years, the client had gained approximately twelve kilograms. With the weight gain came other signs of metabolic syndrome: elevated blood pressure, a disrupted lipid profile, and then musculoskeletal manifestations - joint pain, reduced range of motion, crepitus, and frozen shoulder. Declining energy and efficiency, along with a sense of no longer being "her old self," were drawing her into anxiety; intrusive automatic thoughts arose that she was unable to dismiss, and these were disrupting her sleep. These changes had begun to affect her professional functioning, her partnership, and her experience of her own vitality.

Although on the surface her motivation might appear primarily aesthetic ("I look like a pig"), closer anamnesis revealed that the principal motivation was in fact health-related: she wished to prevent further deterioration of her condition, to reduce the risk of chronic illness, to recover a sense of strength and functional capacity, and to regain a sense of control over herself. She expressed a feeling of helplessness: "I don't have a clear plan, I don't know where to begin, I don't know what would be good for me or what would help," she repeated several times.

Previous Attempts to Address the Problem

The client reported that she had managed to follow the dietary plan given by the nutritionist for only one week, after which she gave up in disappointment. Attending the gym had been frustrating, as she had the sense that effort was being demanded of her beyond her actual capacities, with an implicit message that she needed to "endure more" if she wanted results. Her descriptions reveal a pattern of brief initial engagement and enthusiasm - resolve - followed by overwhelm, self-criticism, a sense of failure, and abandonment.

She experiences the people around her as lacking in empathy: they do not understand her, they only criticize. Her family adds to the difficulty because they "do not accept her efforts to change her eating habits and turn toward healthy lifestyles."

Anamnestic and Clinical Focus of Assessment

Following a review of existing medical documentation and laboratory findings, the conversation was organized according to the priorities the client herself had identified. Laboratory results confirmed the clinical impression that the client was under significant stress and displayed signs of sympathicotonia; accordingly, it was suggested that she consider approaches to stress regulation that encompass not only technique-based methods but also changes in nutrition and physical activity. The priority was reduction of body weight, primarily for health reasons and secondarily for aesthetic ones.

Based on prior experience, it was clear that dry recommendations alone would not take hold. The clinical assessment was that the client needed to be sufficiently informed about the significance of lifestyle change. It was not enough to remain at the level of advice about "what to eat"; the plan therefore encompassed psychodynamic understanding of her behavior. I also introduced her in greater depth to the concept of lifestyle medicine as an evidence-based medical discipline, and to the way in which each of its "pillars" was relevant to the improvement of her condition.

Given that the work was taking place within a rehabilitation centre, the client had access to certain diagnostic and therapeutic procedures directed at alleviating somatic symptoms. One significant problem was urinary urgency, which was limiting her movement, physical activity, and social contacts.

Addressing this symptom through medical and functional interventions had a multiplex effect: reduction of somatic discomfort, increased confidence in everyday functioning, and - indirectly - improved social connectedness and readiness to engage in activities outside the home (such as going to the gym or socializing with others).

This segment of the work illustrates how body-directed interventions - within medicine and functional approaches - can have direct psychological and relational effects, further affirming the need for an integrative model of practice.

Relationship with Food and Eating Situations

The assessment encompassed the following questions: whether the client distinguishes physiological hunger from the need for food in response to stress, boredom, loneliness, or the desire for a specific taste (hunger versus appetite); how much she can tolerate hunger and at what point she loses the capacity for delay; what the concrete pattern of her meals looks like - whether she eats in a calm state or in a rush, planfully or automatically, whether she prepares food or orders it; whether she recognizes satiety and the nutritional adequacy of a meal; how she feels after eating - including sensations of pleasure and enjoyment, or alternatively guilt, remorse, bloating, heartburn, and other somatic discomforts; whether there are rituals, automatisms, social pressures, or family patterns that hinder change; and what role food plays in her identity, enjoyment, sociality, self-presentation, and sense of belonging.

Her responses illustrate this dynamic: "I eat when anxiety overtakes me; some foods remind me of happy times in childhood." "Sometimes I feel angry and realize I'm actually hungry, and then there's no waiting." "I often eat while checking emails; sometimes I don't even sit down at the table." "Often after a meal I feel overfull, and on top of that I ate poorly" - after which self-reproach most commonly follows. Family patterns further complicate change: "There must be at least three meals a day, lunch isn't lunch without potatoes and schnitzel, wash it down with plenty of water, a glass of red wine after dinner is healthy, a teaspoon of honey in the morning is a must, and then coffee," and "you can only enjoy yourself once you've finished all your obligations." Food is also part of identity and belonging: "My social life revolves around restaurants," and "I receive the most compliments when I invite friends over for a lunch I've prepared myself."

Relationship with Movement and Exercise

The second priority she herself identified concerned physical activity. Here too, a similar structure of obstacles emerged: a mismatch between actual capacities and expectations, a sense of being required to meet demands beyond her means, rapid abandonment when frustration arises, vacillation between the desire for health and aversion to effort, and a weak sense of connection to long-term goals.

Family and Social Context

At home she confronts a disorganized kitchen, a lack of structure, and a family that prefers unhealthy food and does not consistently support her attempts to introduce a healthier regime. In social situations she finds it difficult to refuse food and alcohol, as she experiences this as a risk of being perceived as difficult or unpleasant, or of being symbolically "excluded from the group." This means that relational themes - belonging, assertiveness, boundaries, and fear of rejection - are directly implicated in her relationship with food.

Psychodynamic formulation of the case through basic developmental competencies of personality

Within the framework of basic developmental competencies, analysis of the clinical material revealed patterns pointing to insufficient development or unstable availability of certain capacities, particularly in situations of heightened emotional tension and the need for self-regulation.

Mentalization

A person with intact mentalization capacity recognizes, articulates, and reflects upon her own and others' mental states: feelings, motives, desires, conflicts, somatic signals, and the meaning of behavior.

In the context of eating, this would mean that the client is able to differentiate physiological hunger from emotional need, stress-induced food craving, automatized reaching for food, or the need for comfort, reward, belonging, or tension regulation.

However, the client frequently fails to understand what is happening in the moment when the urge to eat "takes hold." She feels poorly before eating, during eating, and after eating, but cannot recognize the inner sequence: what triggered the impulse, whether it is hunger, anger, disappointment, emptiness, fatigue, a need for reward, or a reaction to criticism. She has the experience that something "just happens."

Neutralization

With intact neutralization capacity, a person is able to process an impulse, affect, or tension rather than immediately discharging it into action. In other words, she can "ride out the wave," respond non-mechanically, and create a space between the urge and the behavior.

In the context of binge eating, this capacity is critical in preventing the desire for food from automatically leading to ordering, snacking, or impulsive consumption of large quantities. From a temporal perspective, neutralization is the capacity to remain in the interval - to survive the psychic space between impulse and behavior, to not skip directly from the present moment into action.

Object Wholeness

Object wholeness enables a person to simultaneously hold both the good and the bad aspects of herself and others, without splitting into the wholly idealized and the wholly devalued.

In work with this client, the deficit in this capacity becomes apparent when, following an episode of overeating, her relationship with herself becomes harsh, condemnatory, and annihilating. The sense of her own personhood is then lost: rather than recognizing that she has experienced a failure in one particular situation, she experiences herself as wholly bad, weak, or unacceptable. This further amplifies shame and increases the likelihood of new self-destructive patterns.

Object Constancy

Object constancy involves the capacity to maintain a stable experience of important relationships, goals, and values despite frustration, disappointment, criticism, or momentary emotional distance.

In the context of behavioral change, this means that the person can remain connected to her long-term reason for change even on days when she lacks motivation, when she receives criticism, or when her environment fails to support her efforts. It also provides a stable relationship with oneself.

The client shows a tendency, when she receives criticism at work, when something disrupts her, or when she does not feel well enough on a given day, to lose contact with the long-term reason for which she wanted change. The image of herself as a healthy, vital, and stable person then loses its sustainability. In other words, the current

emotional situation cancels out continuity of purpose. In Freudian terms - the unconscious does not preserve the past as an argument for the present; in Jungian terms - a bridge between yesterday's decision and today cannot be established.

Tolerance of Frustration

Tolerance of frustration is the capacity to endure the thwarting of a need, the deferral of gratification, or the reality that change requires effort, discomfort, and repetition. Without it, every instance of fatigue, hunger, boredom, tension, or obstacle easily becomes a trigger for abandonment.

Although the client displays considerable patience in general, there are situations in which her tolerance of frustration is particularly vulnerable. In her professional domain she can endure a great deal and appear persevering, but in the areas of food, drink, and self-care, the threshold for tolerating discomfort is considerably lower. Hunger, fatigue, domestic chaos, uncertainty about what to prepare, boredom, or the denial of pleasure rapidly become unbearable.

Tolerance of Ambivalence

This capacity enables a person to endure the simultaneous existence of opposing desires and their consequences. The client is torn between several legitimate needs: health versus pleasure, individual change versus family cohesion, self-respect versus the need for acceptance, discipline versus spontaneity. She finds it difficult to bear that a decision in favor of one side necessarily entails the loss of the other, which leads to her becoming stuck between "I will and I won't," resulting in abandonment.

When tolerance of ambivalence is weak, vacillation becomes blockage, and decisions are rapidly reversed. From a temporal perspective, this is also a being torn between a past way of being - which was comfortable, familiar, and identity-sustaining - and a new way that is uncertain: the person remains "frozen" between two points in time, neither here nor there.

Will

Will is not the same as current motivation. It denotes the capacity for self-support, perseverance, and maintaining orientation toward a goal even in the absence of spontaneous pleasure. In this case, will is particularly important for continuing initiated changes in nutrition, food preparation, daily organization, and movement. When change ceases to be inspiring and becomes burdensome, will collapses and rationalizations and procrastination appear. Will is, therefore, the capacity to remain in the process across time - not to resolve everything once and for all, but to repeat tomorrow, and the day after, and after failure.

Initiative

Initiative is the capacity to set activity in motion, to take the first step, to conceive a direction, and to engage actively with what matters to oneself.

In this client, the weakness of initiative manifested in the difficulty of moving from desires and attempts at change toward the organization of a realistic plan that could be carried out in daily life. Her initiative is also dependent on the need for immediate pleasure, so she is unable to contain impulse; she is moved by the need to preserve relationships, but also by narcissistic motives ("I display my culinary skill and am admired for it"), as well as by the need to create the "perfect combination of flavors" and

to master a skill. Her attempts to initiate change within the family system lack a sustainable plan, alliances, and a sense of meaning, and obstacles from the environment easily extinguish the initial momentum.

Mapping Typical Client Statements to Deficits in Basic Developmental Competencies of Personality

It is instructive to show how typical statements of the client may be mapped onto specific basic developmental competencies:

"I don't understand what happens to me when I start eating" - deficit in **mentalization**.

"When the urge overtakes me, there's no delay, I just take food" - deficit in **neutralization**.

"When I make a mistake, I feel disgusted with myself" - deficit in **object wholeness**.

"It only takes something to disrupt me and everything falls apart" - deficit in **object constancy**.

"There are things I simply cannot endure" - deficit in **tolerance of frustration**.

"I want change, but the consequences are unacceptable to me" - deficit in **tolerance of ambivalence**.

"I don't have the strength to continue when it gets hard" - deficit in **will**.

"I start a hundred times but never manage to truly begin anything" - deficit in **initiative**.

Such a map enables the therapist to respond with targeted intervention and a choice of technique that corresponds to the specific emotional difficulty.

An important insight for the client was that food does not represent merely a nutritional need but carries multiple psychological functions. It is associated with experiences of pleasure, social connectedness, aesthetic expression, and narcissistic confirmation. This insight was pivotal in understanding the role of food in her life and in differentiating behaviors that on the surface appear similar but have distinct psychological foundations. Understanding the center of initiative enabled her to recognize when her behavior originates from somatic need, the need to regulate affect, the need for belonging, or the need for self-affirmation.

Therapeutic goals and interventions

Therapeutic Goals

The following goals were defined for the work:

Developing clearer differentiation between physiological and emotional hunger.

Reducing impulsive eating through the development of neutralization and mentalization.

Strengthening a more compassionate and realistic relationship with oneself following setbacks.

Maintaining contact with health-related goals even when motivation fluctuates.

Increasing tolerance of frustration and the capacity to defer gratification.

Working through ambivalence around changing habits, pleasure, sociality, and belonging.

Strengthening will through small, repeatable, and realistic tasks.

Developing initiative and organizing the environment in a way that supports the goal.

Learning assertive communication in family and social contexts.

Connecting behavioral changes to a sense of meaning, health, and self-care.

Interventions

Psychoeducation and Normalization of the Perimenopausal Experience

The first step was to link her somatic and emotional experiences to the perimenopausal period rather than to personal failure or lack of discipline. We discussed how hormonal changes can affect sleep, mood, fat distribution, energy, hunger perception, recovery, cardiovascular function, bone density, and musculature. This served to reduce her tendency toward self-criticism and opened space for understanding change as a demanding but achievable process.

Interventions Directed Toward Mentalization

Questions were used that slow down automatism and introduce reflective function: What happened within you immediately before you reached for food? Was your body seeking energy, or were you seeking comfort, respite, reward, or rebellion? How would you articulate that need if it were not "speaking through food"? In which situations can you tolerate hunger without panic, and in which can you not?

The aim of these interventions was not only insight but the creation of a language through which the client could think about herself, rather than simply attacking herself or automatically discharging impulse.

Interventions Directed Toward Neutralization

We worked on introducing a small space between urge and action: a brief delay, a change of location, a glass of water, three questions to oneself before ordering food, naming the feeling, brief breathing, or agreed-upon "micro-routines" (for example, putting down cutlery between bites until swallowing). The aim was not total control but an increase in the capacity to tolerate the urge without requiring its immediate execution.

Work on Object Wholeness and the Relationship with Oneself

Particular attention was paid to the self-punitive inner voice. The interventions aimed to help the client learn that a failure in one situation does not mean she is "wholly bad," nor does one difficult day cancel the entire process. We worked on accepting that she can simultaneously wish to be healthy and occasionally stumble, be valuable even when not ideal, and be responsible even when things are difficult.

Work on Object Constancy

When the goal was to maintain connection to the long-term meaning of change, formulations such as the following were used: "What is it that made you set out on the path of change in the first place?" "What does your healthier self look like when you are not measuring it by today's mood?" "What sentence would you say to preserve your connection to the version of yourself you are working toward?" In this way, the focus shifted from a perfectionistic outcome to continuity in the relationship with both the current and the changing self.

Work on Tolerance of Frustration

The work emphasized that changing habits necessarily involves hunger, waiting, planning, relinquishing immediate comfort, and accepting that the body and the psyche do not receive everything at once. Rather than a rigid diet, the work moved toward a gradual increase in the capacity to endure discomfort ("delay the first meal by ten minutes") without impulsive discharge.

Work on Tolerance of Ambivalence

Ambivalence was not treated as an obstacle to be "eliminated" but as a reality that needed to be recognized and borne. The losses that change entails were explored: less spontaneous hedonism, possible disagreements with the family, reduced social comfort, letting go of the image of herself through food and restaurants. Simultaneously, what the client stood to gain was considered: health, energy, less pain, greater autonomy, self-respect, and long-term freedom.

In this process, "psychological accounting," or emotional bookkeeping, was used: the client gradually came to view the balance between the gains and losses of existing patterns and potential changes. This approach was not directed toward "rational resolution" of the dilemma but toward increasing the capacity to simultaneously hold both the positive and negative aspects of choice.

Work on Will and Initiative

Rather than large and unsustainable resolutions, the plan was built through small, concrete, repeatable steps. The emphasis was not on "everything different from tomorrow" but on identifying the first possible step she could realistically initiate and repeat. In this way, will is relieved of grandiose demands, and initiative gains direction.

Behavioral Interventions

Practical structures were introduced that reduce reliance on spontaneous inspiration:

- a pre-prepared list of quick, simple, and nutritionally acceptable options for breakfast, lunch, dinner, and snacks;

a weekly shopping list;

- pre-defined "safe" options for when the kitchen is in disarray or the client is exhausted;

- gradual adjustment of movement and exercise to actual capacities, without frustrating pressure;

- planning for a "good enough" rather than a perfect day.

Assertiveness and Emotional Intelligence

Since food and drink in this client are strongly associated with belonging, an important part of the work concerned assertive communication. Sentences for social situations were rehearsed: how to refuse additional food or drink without guilt, how to request support from the family, how to speak about her own needs without feeling she must choose between her health and belonging. This was directly connected to her profile of basic developmental competencies: weaker tolerance of ambivalence, a need for confirmation, and difficulty tolerating the potential displeasure of others, alongside fears of abandonment and inadequacy.

Techniques from Other Therapeutic Approaches in the Service of Developing Basic Developmental Competencies

In order to develop specific basic developmental competencies, techniques from other therapeutic approaches were also employed: Gestalt techniques in work on object wholeness, particularly through exercises that enable the simultaneous holding of "good" and "bad" aspects of the self, thereby reducing splitting and self-criticism following setbacks; Gendlin's focusing, used to develop the connection between somatic sensations and emotional states, which was particularly important in differentiating physiological hunger from emotional need for food; and elements of rational emotive behavior therapy, applied in work on irrational beliefs, particularly in relation to rigid rules such as "I have the right to rest only when I have finished all my obligations," which in practice was unattainable and was leading to a chronic sense of deprivation.

Work on these beliefs opened space for the development of a capacity for mature hedonism - the capacity to integrate pleasure, rest, and self-care into everyday life without guilt and without the need to "earn" them.

Course of the therapeutic process

The course of work with the client was not linear but was marked by phases of initial enthusiasm, followed by the emergence of resistance and ambivalence, and by the gradual establishment of more stable patterns of self-regulation.

In the early phases of the work, a need for rapid solutions predominated, along with an expectation that change would come through clear directives and structure. As the work progressed, it became apparent that the key obstacles were connected to emotional capacities rather than to a lack of information.

In the middle phase of the work, more pronounced resistance emerged, particularly at moments when changes began to require relinquishment and confrontation with loss. During this period the client more frequently abandoned agreed-upon steps, accompanied by heightened self-criticism and a sense of failure.

With further work came the gradual strengthening of mentalization capacity and tolerance of frustration, enabling a more flexible relationship with setbacks and a reduction of the rigid "all or nothing" patterns.

In the later phases of the work, greater stability in everyday habits became apparent, alongside more realistic expectations and a reduction in the self-punitive relationship with herself, together with a greater capacity to integrate concern for health with the need for pleasure and social contact.

Transference, Resistance, and Defense Mechanisms

In the course of the work, elements of transference reactions, resistance, and defense mechanisms also became apparent, which further illuminated the difficulties in behavioral change.

In the transference relationship, the client at times experienced the therapist as a figure who evaluates, expects, and potentially disagrees - in keeping with her earlier experiences with authority figures and significant others. In such moments there was heightened self-criticism, a need to "be good," or, conversely, withdrawal and abandonment.

Resistance manifested through ambivalence toward change ("I will and I won't"), procrastination in implementing agreed-upon steps, and through rationalization and minimization of the significance of particular interventions. Changing life habits carried not only gains but also an experience of loss - "even that little bit of pleasure,"

spontaneity, belonging - which further amplified resistance.

At the level of defense mechanisms, a tendency toward introjection and identification with critical objects is observed: external criticism is rapidly internalized and experienced as one's own inner voice ("I am lazy and undisciplined," "I am worthless"). This dynamic contributes to the loss of object wholeness and intensifies the self-punitive relationship with oneself.

Furthermore, in certain situations an element of projection may be observed: the experience of inadequacy or failure is attributed to external sources ("my family doesn't support me, others are sabotaging me"), which simultaneously protects against the sense of personal inadequacy and guilt while also impeding the assumption of personal responsibility for change.

Understanding these processes was crucial to the choice of interventions, as it enabled resistance to be seen as a psychological reaction to inner conflicts and fears related to change.

These mechanisms are directly connected to deficits in basic developmental competencies, particularly in the domains of object wholeness and constancy, as well as tolerance of ambivalence.

Examples of Basic Developmental Competency Deficits in Relation to Physical Activity

As in the domain of eating, a similar logic applies to physical activity:

Mentalization: "Am I avoiding exercise because I am tired, ashamed, angry, discouraged, or because the plan is unrealistic?"

Neutralization: "Can I endure the initial aversion to effort without immediately giving up?"

Object wholeness: "If I did not exercise today, does that mean I am a failed person?"

Object constancy: "Can I remain connected to my goal even when today has not been a good day?"

Tolerance of frustration: "Can I accept that results will not come quickly?"

Tolerance of ambivalence: "Can I accept that I want both comfort and health, while not always being able to maximize both?"

Will: "Can I do the minimum of what the plan requires even when I don't feel like it?"

Initiative: "Can I myself conceive of a sustainable form of movement that suits me?"

Outcomes

Although the primary aim of the work was not exclusively reduction of body weight but the establishment of sustainable patterns of self-regulation and reduction of anxiety, positive shifts were noted across multiple levels during the process.

The client reports improved regulation of eating behavior, a reduction in impulsive eating episodes, and a greater capacity to differentiate physiological from emotional need for food. She also notes increased tolerance of discomfort and a reduced tendency to abandon efforts following setbacks.

On the somatic level, there has been subjective improvement in energy and functional capacity, as well as greater engagement in physical activity. Particularly significant is the reduction of limitations in everyday functioning arising from somatic symptoms,

which has also enabled better social inclusion.

On the psychological level, a gentler inner dialogue is apparent, along with a reduction in self-criticism and a greater capacity to integrate different aspects of herself, pointing to the development of certain basic developmental competencies.

Discussion

This case illustrates several important points for work with women in perimenopause, particularly when considered through the lens of time.

First, somatic symptoms, weight change, and failure in behavioral change cannot be adequately understood without the context of developmental phase, hormonal change, and overall life organization. Perimenopause is a neuroendocrine transition and a period of redefining identity, somatic experience, self-confidence, priorities, and relationships. The Jungian metaphor of the midday of life here acquires its clinical weight: the woman who comes to therapy is not merely seeking resolution of symptoms - she is passing through a crisis of continuity between a past and a future self, between what she knew of herself and what has not yet become clear.

Second, advisory and medical approaches often remain at the level of recommendation, while an assessment of the emotional capacities required to implement the recommendation is absent. A person may know what she "ought" to do and yet be unable to do it when she encounters frustration, loneliness, a conflict of loyalties, or a narcissistic injury.

Third, OLI IPP formulation through basic developmental competencies enables symptoms to be translated into developmental and therapeutic language. This renders the work more precise: rather than working on general motivation, the specific capacity that is lacking for a given behavior to become possible and sustainable is developed.

Fourth, in cases such as this, the integration of psychodynamic and behavioral interventions is particularly important. Interpretation alone, without concrete anchors in everyday life, may prove insufficient; while behavioral structure alone, without understanding inner conflicts, often proves short-lived. It is precisely the combination of reflection, emotional work, micro-planning, assertiveness, and psychoeducation that offers the greatest probability of sustainable change.

Conclusion

The presented case demonstrates that difficulties in changing life habits during perimenopause cannot be adequately explained solely by a lack of discipline or motivation. They require an understanding of emotional processing, self-regulation, inner conflicts, and the patterns that maintain the existing state.

The OLI IPP approach enabled the problems in eating, movement, and self-relationship to be viewed through basic developmental competencies, as well as through counter-skills, secondary gain, and resistance to change. In this way, the focus of the work was not only on what the client needed to change, but on how she might develop the capacities needed to sustain change.

The central shift was not only in behavior, but in a greater capacity to recognize inner states, defer impulse, endure frustration and ambivalence, and establish a less self-punitive relationship with herself.

This case affirms the significance of psychodynamic assessment in perimenopause, and also demonstrates that medical, behavioral, and lifestyle interventions achieve their

full effect only when they are connected to an understanding of psychodynamic processes and the development of emotional capacities - and, as is the subject of this paper, to an understanding of how the person lives in time. The therapeutic achievement was not only in behavior, but in the acceptance that change is not an event that occurs once and is concluded, but a process that unfolds in time, requiring repetition, return, and perseverance. In Jung's words: accepting that midday has passed does not mean that all is lost - it means that a different journey is beginning.

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Technology in Therapeutic Interaction

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Cite as: Uglev, S. L. (2026). Technology in Therapeutic Interaction. *Insights*, 3, pp. 133-138. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.7>

Abstract

The article examines the role of technology and digital media in therapeutic interaction through the lens of M. Heidegger's philosophy, especially the concept of enframing (*Gestell*). Online therapy is shown to have important practical advantages: it increases access to psychological care, extends the geographical reach of therapeutic contact, and makes the interaction more flexible and cost-effective. At the same time, the digital format is not a neutral medium of communication, since it belongs to a broader technological mode of revealing reality that subordinates human relations to the logic of calculation, control, and reproducibility. In this context, the therapeutic relationship risks being reduced to a service, while psychic suffering becomes an object of operational management. The author argues that in the age of planetary technology, preserving a space of non-productive relation becomes especially important, as it allows room for pause, silence, symbolic work, and a genuine human encounter. As a response to the technologization of therapy, the article proposes not only professional technique, but also moral maturity, ontological openness, and the therapist's heartfelt involvement. These qualities make it possible to preserve in therapy a dimension of meaning that cannot be reduced to technical efficiency or digital control.

Received: 6 Jun 2026

Accepted: 18 Jun 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords: *technology, enframing (Gestell), therapeutic interaction, online therapy, ontology of psychotherapy*

In this article we should like to turn not to the questions usually debated — disputes about the effectiveness of psychotherapeutic interaction when technical means of communication are used, and about their positive and negative features — but to the involvement of technology itself in the therapeutic process, and to its influence (Heidegger, 1993, pp. 221-237; Bibikhin, 2002, pp. 145-150).

Debates about technology are usually conducted at the applied level: does it improve something in therapy or make it worse? Among the positive features of using technology, the following are commonly cited: the availability of specialists, flexibility of scheduling, savings of time and travel costs, the possibility of receiving help without local restrictions, and the possibility of consulting an expert with a narrower specialization (Barak et al., 2008, pp. 109-160; Backhaus et al., 2012, p. 432). Video sessions also make it possible to use online tools for exposure, functional assignments, and symptom monitoring between meetings. Sergio Benvenuto, the well-known Italian psychoanalyst,

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philosopher, and writer, in his interview “Why psychoanalysis is not practised remotely,” points to the current “experimental” character of such interaction (Benvenuto, n.d.).

Among the drawbacks one may cite limited access to the full range of non-verbal language because of the camera frame and connection quality, which can complicate the interpretation of emotional states; questions of privacy, data storage, and compliance with professional standards on online platforms; and interruptions of connection and problems with software and equipment (Rochlen et al., 2004, pp. 269–283; Simpson, 2009, p. 518). Among the specific features of in-depth psychodynamic work is the fact that physical presence and a specially equipped space are considered important elements of the therapeutic process; the shift to online work may alter the dynamics and intensity of that work. These claims, however, may vary considerably within the therapeutic community (Gabbard, 2014, p. 89; Turkle, 2011, p. 134).

Leaving these questions to specialists in their field, let us note that online psychotherapy and psychoanalysis may also be considered a concrete manifestation of the power of technology-as-enframing (Gestell): the remote format draws the therapist and the interlocutor into a mode of “ordering production,” in which the psyche, speech, relationships, and time become resources to be organized, accounted for, and used efficiently (Bibikhin, 2012; Heidegger, 1993).

This process may be seen in M. Heidegger’s description as follows: the essence of modern technology may be described as enframing, a particular mode of revealing the concealed in which every being shows itself merely as “standing-reserve” (that is, a resource at one’s disposal). Enframing is not simply an aggregate of devices, but a gathering challenge that “concentrates the human being upon ordering production,” compelling him to relate to everything as to what must be extracted, processed, accumulated, and distributed (Bibikhin, 2012; Heidegger, 1993). The human being himself is seized by this mode of revealing: he no longer disposes of technology freely, but is included in its destinal order (Bibikhin, 2012; Heidegger, 1993).

In this light, online therapy may likewise be seen as part of ordering production. Digital platforms, the internet, and video communication are examples of technology that structures communication into forms of “information” and “messages” subordinated to the logic of production and management. In online therapy, the psychic content of the session is transformed into a flow of data: words, images, and metrics that must be delivered in good time — supplied, processed, documented, paid for, and fitted into a schedule, into the interface of the platform. In the technological age, language risks being reduced to a “sequence of messages” (information), losing its own content; this bears directly on the speech of the therapeutic session when it is formatted by the interface, the timing, and the protocols of an online service (Bibikhin, 2012; Heidegger, 1993).

From the standpoint of enframing, the advantages (accessibility, convenience, scalability) mean that life and suffering become better integrated into the technological order: psychic suffering, too, is now a resource that can be “promptly serviced” in a global network (Bibikhin, 2012; Heidegger, 1993). The therapeutic dyad acquires new possibilities, but precisely as nodes in a network of “ordering production” of help, where relationships are normed by platform protocols, regulations, tariffs, and specialist-matching algorithms (Bibikhin, 2012; Heidegger, 1993).

Technology also favours accounting and control: session recordings, electronic records, statistics, and algorithmic support may increase the reproducibility and

transparency of therapy (Luxton et al., 2016, p. 32; Naslund et al., 2017, pp. 486–500). For enframing, this corresponds to the tendency towards the “quantification” and “objectification” of relationships, in which the human is revealed first of all as that which lends itself to measurement and management (Bibikhin, 2012; Heidegger, 1993, p. 237).

Alongside such evident advantages, however, there are evident drawbacks. The human being, for his part, becomes an object of monitoring, targeting, and data processing; his suffering is incorporated into the chain “identify the request — select a specialist — conduct a session — collect an evaluation — optimize the product.” Enframing itself compels one “to supply the actual as standing-reserve”; the therapist, his time, his attention, and even his own personality appear as a managed resource in the networked production of services (Bibikhin, 2012; Heidegger, 1993). The therapeutic relationship is reduced to a service, the psyche to a “case” within the system, and conversation to an exchange of information; the possibility of a genuine revealing of the being of the human is thereby obscured by the logic of service (Bibikhin, 2012; Heidegger, 1993).

Heidegger himself emphasized that the power of enframing is dangerous because it “drives out other modes of revealing” and conceals the very possibility of a different, non-productive relation to beings. He also wrote, however, that the task is not to destroy technology but to prepare a “free relationship” to it — that is, to see in it not only an instrument but also a destiny of revealing, while at the same time not allowing it to monopolize the truth about the human being (Bibikhin, 2012; Heidegger, 1993).

From these conclusions it may be determined that the digital form is not a neutral channel but a particular “mode of revealing” that structures the experience of each participant in the therapeutic interaction (Bibikhin, 2012; Heidegger, 1993). The deliberate preservation of spaces of non-productive relation (silence, pause, symbolic work not reducible to the exchange of information) allows another dimension to emerge within technology — one close to the “poetic revealing” of which Heidegger spoke as a possible counterweight to enframing (Heidegger, 1993, p. 237; Bibikhin, 2002, p. 189).

We have written elsewhere that the therapeutic process, understood ontologically, may be called an “unfolding” rather than “instruction,” “upbringing,” “persuasion,” “compassion,” and so forth (Uglev, n.d.). Such a therapist does not transmit his knowledge and experience; he assists in the formation of an “equivalent” acquired in the course of his own analysis, by cultivating the *gisements profonds d’un sol mental*, the “deposits of the mental soil” of the analysand, being merely a guide in the world of the analysand’s own analytic journey. The fullness of the therapist echoes the theme of holiness; all of this could be said otherwise. “The blessing added nothing to the content of the conference; the consecration of an apartment is something other than moving furniture into it — it adds nothing to the apartment.” This is already a priestly function: just as the priest does not work miracles by his own power, so neither the therapist nor the psychologist does so by his own — he merely does something that will later allow what is to happen to occur of itself, without any help from him; he is the “shepherd of Being.” And the therapist, exactly like the priest, is a witness — a witness of confession and of changes that have taken place, an oracle, a teller, and a poet of the being of thought (Bibikhin, 2012, 2024; Uglev, n.d.).

But what is to be done with technology itself, which divides, controls, and schedules the actions of every participant in therapy? The problem is in fact far broader and does not concern only the time of the session. Smartphones and personal computers with

internet access; social services, messengers, e-mail, planners; at home and at work, at friends' places, in the bathroom, before sleep and upon waking. People aged between 16 and 64 (data from the "Digital 2020" conference) are online for about seven hours a day (We Are Social & Hootsuite, 2020). This is an enormous figure: roughly 100 days a year. If sleep is excluded, we spend almost half of our conscious time in the digital world. And it is precisely this world that shapes the themes and experiences arising in therapeutic interaction, being not something incidental but the real itself. It is the human being who becomes incidental.

Originally, the Platonic understanding of creation as a bringing forth from non-being into being, and the Greek τέχνη as "art, craft, creation," were understood as "technology": the historically original creative mode of human existence that enabled the human being to survive and to master the world. At the same time, following Heidegger, in the age of planetary technology the essence of technology as enframing has shifted the emphasis from the poetic, creative disclosure of truth to a total technological disclosure, in which everything is grasped as an element of a productive scheme (Bibikhin, 2012; Heidegger, 1993). Herein lies the radical difference between the creative "automaton" (the self-movement of spirit, of art) and the technological automaton: the latter, historically embodied in the bureaucratic and totalitarian machines of the twentieth century and today in digital platforms, social networks, and messengers, forms a generation that "feeds" on technology and sees the Other as a functional mechanism (Bibikhin, 2002, 2012, 2024).

If the therapeutic relationship should finally submit to the logic of the technological automaton, then the destruction of humaneness (and of humanity — both rendered in English by the same word, "humanity") may surpass the catastrophes of the past, whereas the therapist's task consists in preserving the poetic, non-productive dimension of the encounter, where a genuine event of the new is possible. "If the essence of technology, enframing as the danger sent by Being, is Being itself, then technology can never be brought under control by a merely willed human effort, whether positive or negative. Technology, whose essence is Being itself, will never allow the human being to overcome it. That would mean that the human being had become the master of Being," Heidegger wrote in his work "The Turning" (Heidegger, n.d.). The event has already become impossible. Should time come to a halt, creation will halt, and life will halt with it.

What, then, is the way out of all this? A way out of the technological may be defined not by the abolition of technology but by a transition to other modes of relation, resting upon the moral purity of the heart and upon ontological — and in some cases theological — experience (Bibikhin, 2002, pp. 210–215). The human being is thereby not merely freed from intrusive thoughts, but becomes receptive to a supra-subjective influence at the level of the transcendentals, the universals: love, goodness, truth, beauty, honesty, justice (Bibikhin, 2002; Uglev, n.d.). This level corresponds to the maxim of the ontological dimension of psychotherapy: technology, enframing, and digital automatisms continue to operate, but they no longer set absolute criteria of value; a person suddenly "succeeds" in experiencing fullness, ineffable joy, and light as events that he does not "produce," but to which he is admitted when the "door of the heart" opens — not by his own effort (Bibikhin, 2002).

In recent times, therapeutic emphases have begun to shift from neutrality towards client-centredness — not, however, as some set of methods and practices that can be

learned, but as qualities inherent in the therapist himself (Bibikhin, 2002; Uglev, n.d.). Sustaining heartfelt presence and receptivity to “practical wisdom,” which create an ontological steadfastness, and the subsequent unfolding towards Being, make it possible to bridge the gap between one’s personal experience and the client’s experience — including for beginning therapists who seek to fill that space with experience not yet available to them (Bibikhin, 2002; Uglev, n.d.). M. K. Mamardashvili linked the parallel theme of *amechania* to a completed state of human maturity (Mamardashvili, 1997, p. 147), to the accumulation of a certain life experience. This brings therapeutic interaction to a new level, where technology remains merely a means, while the decisive condition becomes the therapist’s mature heartfelt involvement, through which the space of a genuine human encounter and the birth of new experience are sustained.

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Temporality, Separation, and Psychic Integration Through the Lens of a Friendship: Do Narcissus and Goldmund Still Live Within Us?

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Cite as: Grčić, O. (2026). Temporality, Separation, and Psychic Integration Through the Lens of a Friendship: Do Narcissus and Goldmund Still Live Within Us?. *Insights*, 3, pp. 139-149. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.8>

Abstract

Hermann Hesse's novel "Narcissus and Goldmund" represents a multilayered literary work that opens possibilities for the psychological exploration of interpersonal relationships and the search for psychological wholeness. The aim of this paper is to analyze selected psychodynamic motifs within the novel through two interconnected perspectives: the perspective of friendship as a developmental relationship and the perspective of integrating inner psychic polarities.

In the first part of the paper, the relationship between Narcissus and Goldmund is examined as a developmental relationship through the concepts of basic developmental competencies of personality within the OLI Integrative Psychodynamic Method. The development of capacities for love between friends is explored through seven basic developmental competencies: object wholeness, object constancy, neutralization and mentalization, frustration tolerance, ambivalence tolerance, will, and initiative.

In the second part of the paper, the characters of Narcissus and Goldmund are analyzed as symbolic representations of different psychic principles. Drawing on selected elements of Jung's theory, their relationship is understood as an interaction between the principles of Logos and Eros, whose integration represents an important aspect of psychological development.

Temporality is not viewed in this paper merely as a chronological sequence of events, but as a psychological space in which experiences acquire meaning, relationships become internalized, and different aspects of personality gradually become integrated into a whole.

The paper highlights the significance of literary works as a space for understanding developmental processes relevant to psychotherapeutic practice.

Received: 7 Aug 2026

Accepted: 30 Aug 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords: Hermann Hesse; object relations; basic developmental competencies of personality; psychic integration; friendship

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Introduction

Although almost a century has passed since its publication, Hermann Hesse's work "Narcissus and Goldmund" remains a subject of literary and psychological reflection (Hese, 2023). This paper addresses selected psychodynamic motifs of the novel, without any pretension of encompassing them fully. The artistic value of this work lies precisely in its multilayered quality and its enduring resonance — in the union of literature and deep personal psychological insight, insights that were bound up with the author's own life experience and his processes of personal searching.

The novel can be read as a story about the friendship of two men that fosters the development of personality, but also as a portrayal of the inner relationship between opposing developmental tendencies present in every person. Narcissus and Goldmund are not presented as two sides that must struggle for dominance, but as different principles that, through their relationship, mutually shape and complement one another.

One of the central themes of this paper is the question of development through time. Temporality is understood here not merely as the external flow of life events, but as a psychological space in which experience acquires meaning. Through time, relationships are formed, losses are integrated, and the people who matter to us become part of our inner world. Psychic growth requires experience, and experience requires time in order to be shaped and integrated within the inner world.

In this sense, love is understood not primarily as an emotional state, but as a set of developmental capacities that make the endurance of a relationship possible. The ability to experience the other as a whole person, to retain them within oneself even when they are not physically present, and to bear difference, frustration, and ambivalence, is the result of a complex development that unfolds through relationships.

The aim of this paper is not to present the relationship of Narcissus and Goldmund as an idealized model of love. Their relationship contains differences, mistakes, ambivalence, misunderstandings, and divergent life choices. It is precisely this complexity that makes their relationship psychologically significant, for it shows that closeness does not arise in the absence of difference, but through the capacity to tolerate the otherness of the other over time.

The paper analyzes the novel through two interconnected perspectives. The first perspective concerns the friendship of Narcissus and Goldmund as a developmental relationship in which the basic developmental competencies of personality needed to sustain a relationship through time and separation are formed. In this part, selected concepts of the OLI Integrative Psychodynamic Method are used.

The second perspective concerns the symbolic dimension of their relationship, in which Narcissus and Goldmund represent different polarities of the psyche. Drawing on certain elements of Jung's theory, their bond is understood as a process of bringing together the principles of Logos and Eros — that is, thought and experience, structure and creativity, reflection and the immediate experience of life.

In this way, the novel becomes a meeting place of literature and psychotherapeutic theory. The analysis of the relationship between Narcissus and Goldmund allows us to consider questions that remain central to psychotherapeutic work: how the capacity for love arises, how a relationship is maintained despite separation, and in what way different parts of the psyche can be brought into a process of integration.

Methodological Approach

This paper represents a theoretical review and a hermeneutic analysis of Hermann Hesse's novel "Narcissus and Goldmund" from the perspective of psychodynamic theories. The object of analysis is the relationship of the main characters as a symbolic representation of developmental processes connected with the formation of identity, the capacity to maintain a relationship through separation, and the integration of different aspects of psychic life.

The paper applies a psychodynamic interpretive approach, in which selected motifs of the novel are considered through the concepts of basic developmental competencies within the OLI Integrative Psychodynamic Method and Jung's concept of psychic integration. The aim of the analysis is not the psychological diagnosis of literary characters, but an examination of the ways in which a literary text can constitute a space for understanding developmental processes relevant to psychotherapeutic theory and practice.

The analysis is directed at two interconnected levels: the relationship of Narcissus and Goldmund as a developmental relationship in which the capacity for love is shaped, and the symbolic level at which the characters represent different psychic principles whose integration contributes to greater wholeness of personality.

The Friendship of Narcissus and Goldmund Through the Lens of Object Relations

Narcissus and Goldmund meet at the monastery of Mariabronn as two young men of exceptional inner potential. Narcissus is several years older, a teacher and a thinker, oriented toward order, spiritual discipline, and a rational understanding of the world. Goldmund is intuitive, emotionally sensitive, and open to experience, embodiment, and creativity. Their difference does not represent an obstacle to their relationship; on the contrary, it becomes one of its most important developmental drivers.

Their relationship does not rest on a need to change the other or to adapt them to one's own needs. On the contrary, their closeness arises through the recognition and toleration of difference. Narcissus recognizes in Goldmund a potential that Goldmund himself is not yet able to fully understand, while Goldmund recognizes in Narcissus a stability and inner organization that he himself lacks.

In a psychodynamic sense, their relationship can be understood as a developmental relationship in which, through the encounter with the other, the inner representations of self and object are transformed and reshaped. The person with whom the relationship is built ceases to be merely a source of need-satisfaction and instead becomes a space for encountering one's own unexplored parts. Through his relationship with Narcissus, Goldmund draws closer to understanding his own nature, while through his relationship with Goldmund, Narcissus comes into contact with aspects of experience that, in keeping with his own life choices, had remained less developed or repressed.

Their friendship therefore does not represent merely the emotional bond between two people — although this too is an important connective element of the relationship — but a process of mutual development. Each of them brings into the relationship what he possesses, and the aim of their relationship is not mutual merging. On the contrary, development requires the preservation of difference and the possibility of learning precisely through the encounter with it.

Dialogue: Coming to Know the Inner World of the Other

One of the key aspects of their relationship is the constant effort to understand each other's inner world through deep conversation. Their dialogues become a space in which the other person is seen as an individual with his own wishes, needs, and conflicts.

In this sense, their bond bears a certain resemblance to the psychotherapeutic relationship. Closeness does not arise from a complete understanding of the other person, but from a readiness to come to know the other continually. Love for another requires tolerance of the fact that the other always retains a part of their own individuality that we cannot fully grasp — but toward which we can remain curious.

This aspect of the relationship can be connected with the concept of mentalization — the capacity to understand oneself and others as beings with inner psychic states. Narcissus demonstrates the capacity and the willingness to perceive Goldmund's inner nature even when it is still unclear to Goldmund himself. Narcissus sees Goldmund beyond his current manifest behavior and strives to recognize the zone of his next development, which emerges from his conflicts.

At the same time, through his relationship with Narcissus, Goldmund develops the capacity for reflection. His experiences gradually acquire meaning through an inner dialogue with the friend who is no longer physically present.

A special place in the process of coming to know one another is held by the word. Both religious and psychoanalytic traditions attribute particular significance to language as a means of connecting inner worlds. To love another entails an attempt to reach their inner world, and the word is one of the most important paths of that encounter.

Freud pointed to the special power of the word in the psychic life of the human being (Frojd, 2016). In the psychotherapeutic process, it is precisely through symbolization and verbalization that affects, memories, and inner conflicts — which would otherwise remain insufficiently integrated — become accessible.

The relationship of Narcissus and Goldmund reminds us that closeness is built not only by presence, but also by the capacity to preserve the inner world of the other through communication, meaning, and memory.

Basic Developmental Competencies of Personality and the Development of Love Over Time

Within the OLI Integrative Psychodynamic Method, basic developmental competencies represent developmental capacities that make possible a more stable relationship toward oneself and others (Jovanović et al., 2013; Jovanović, 2025). In the relationship of Narcissus and Goldmund, seven basic developmental competencies whose development is necessary to support a close relationship through time and separation were examined.

It is important to emphasize that these competencies are not presented as completed achievements, nor does their friendship represent an idealized example of a fully mature relationship. On the contrary, their relationship can be understood as a space in which these capacities develop through experience, loss, integration, conflict, and inner processing.

Object Wholeness

Object wholeness entails the capacity to experience the other as a whole that includes different, even opposing, parts. The person we love is not merely a bearer of positive characteristics, nor does the relationship survive only when mutual similarity exists.

In the relationship of Narcissus and Goldmund, this capacity is visible in their acceptance of each other's differences. Narcissus recognizes Goldmund's artistic nature, his need for experience, and his inner conflicts, even when Goldmund does not yet have sufficient clarity about his own path. Goldmund, for his part, accepts Narcissus's rationality, discipline, and devotion to the spiritual life, without any need to steer him toward his own life choices.

Their bond survives because they do not reduce the other to a single aspect of his personality, nor only to the aspect that pleases them. They accept the other as a person who is at once close and different.

Object Constancy

One of the central motifs of the novel is separation. After Goldmund's departure from the monastery, their relationship is no longer based on daily presence, but on an inner connection. It is precisely here that temporality acquires a special psychological significance. Time can distance two people, but it can also serve as a stimulus for the development of the capacity for a stable image of oneself and the other.

Object constancy makes it possible for a person who matters to us to remain present in psychic space, even when they are not physically available. This capacity represents an important developmental task, for it enables the maintenance of a relationship through time, absence, and change.

Throughout his life's journey, Goldmund relies on Narcissus's words and on the memory of their bond. Narcissus, too, retains an inner connection with the friend he does not see in his physical world for years. By using the capacity to carry the other within our inner world, separation does not become the end of the relationship, but a space in which the relationship is transformed from an external into an inner connection.

Neutralization and Mentalization

With the aid of the inner representation of the other — that is, of a developed object constancy — Narcissus and Goldmund become more capable of mentalizing and neutralizing their experiences. This entails the possibility of viewing one's own emotions and inner conflicts with greater distance, and of accepting the differences between them without any need to change or reject the other.

In challenging moments, Goldmund often returns to the inner representation of Narcissus, which enables him to calm and reorganize his own experiences. It may be assumed that Narcissus, too, through their later meetings and conversations, used his relationship with Goldmund as a space for understanding and integrating his own experiences.

Frustration Tolerance

Frustration tolerance entails the capacity to preserve a bond even when the immediate satisfaction of a wish is not possible. In a psychodynamic sense, the ability to delay immediate satisfaction constitutes the foundation for developing more complex forms of relationship, in which the other can be experienced as a separate and whole person, and not merely as a source of emotional fulfillment.

In the relationship of Narcissus and Goldmund, it is precisely temporal distance that becomes the space in which this capacity develops, for the absence of the other does not necessarily lead to the loss of the bond, but can contribute to its inner strengthening. Love that endures through time is not based solely on the intensity of encounters, but on the capacity for the relationship to exist even during periods of absence.

Ambivalence Tolerance

In addition to frustration tolerance, ambivalence tolerance also plays an important role. A more mature relationship requires the capacity for different feelings toward the same person to coexist simultaneously: love and disappointment, closeness and the need for separation, admiration and lack of understanding.

Narcissus and Goldmund do not share the same view of the world, nor do they choose the same life path. Their different natures evoke ambivalent feelings in them. Closeness deepens ambivalence rather than resolving it, because ambivalence is inherent to human nature.

Their friendship shows that the maturity of a relationship does not entail the absence of conflict and difference, but the capacity to keep difference within the relationship without any need for destruction — that is, that ambivalence within closeness must be tolerated.

Will and Initiative

Will and initiative are capacities that make possible the conceiving, initiating, and investing of effort over time, regardless of the period of separation. In his artistic creation, Goldmund shapes the figure of the Apostle John after the inner image of Narcissus. In this way, the friend becomes part of his creative world. Narcissus, although not personally an animal lover, takes over the care of Goldmund's horse, Zvezdan. Later, he intervenes in order to free Goldmund from prison.

These acts show that a relationship survives through investment. Love is not merely a feeling that exists independently of behavior, but entails choice, responsibility, and action.

Friendly Love as a Developmental Relationship

In the psychological literature, particular attention has traditionally been devoted to parental and partner relationships, while friendship often remains less explored as a developmental space. However, the relationship of Narcissus and Goldmund shows that a friendly bond can have a powerful transformative potential.

Their relationship is not based on possession, symbiosis, or the abolition of differences. On the contrary, its strength arises from the capacity for the other to be seen and supported as a separate person. Narcissus helps Goldmund to leave a life that does not suit his nature, even though in doing so he accepts the loss of daily closeness.

Goldmund, for his part, accepts that Narcissus belongs to a different world and does not try to lead him along a path that is not his own.

This form of love approaches the conception of love emphasized by Erich Fromm, according to which love includes knowledge, care, responsibility, and respect for the other (Fromm, 2006). In the relationship of Narcissus and Goldmund, these dimensions are not presented as perfectly realized, but as a developmental process.

Their friendship shows that a relationship can be significant precisely because it makes development possible. The other person is not merely someone who accompanies us on our life's path, but someone through whom we come to know ourselves and develop capacities we could not develop on our own.

From the perspective of object relations, the relationship with the other becomes part of the inner world. What was once an external relationship gradually becomes an inner capacity: the capacity to love, to bear absence, to understand the other, and to remain connected despite differences.

In this way, the friendship of Narcissus and Goldmund represents an example of how love and development mutually shape one another. Love is not only the consequence of psychic maturity, but also one of the paths of its emergence.

Narcissus and Goldmund as Polarities of the Psyche: A Path Toward Integration

In addition to the analysis of their relationship through the perspective of object relations, the novel "Narcissus and Goldmund" can also be viewed on a symbolic level, where the two main protagonists represent different aspects of the psyche. Such a reading does not entail reducing the characters to simple symbols, but opens the possibility of understanding their relationship as a portrayal of the inner tensions that exist within the human psyche.

From a Jungian perspective, psychic development unfolds through the process of individuation (Jung, 2015), which enables a person to gradually come to know and accept the different parts of their inner world. This process entails becoming conscious of feelings, traits, and other psychic contents that were previously neglected, repressed, or insufficiently developed. The aim of individuation is not the elimination of inner opposites, but their integration into a whole and balanced personality.

In this sense, Narcissus and Goldmund can be understood as bearers of different principles that exist in every person. Their relationship represents a dialogue between the need for structure and the need for experience, between reflection and spontaneity, between thinking and feeling.

Logos and Eros: Two Principles of Psychic Development

Narcissus is closer to the principle of Logos — the principle of order, organization, structure, and reflective thought. His inner world is shaped by devotion, intellectual contemplation, and spirituality. He strives for understanding, inner orderliness, and the search for meaning. In a developmental sense, these very aspects of his personality represent at once his strengths and his limits. Namely, a pronounced orientation toward spirituality and the world of ideas can distance him from immediate contact with life.

By contrast, Goldmund is closer to the principle of Eros — the principle of feeling, embodiment, creativity, and immediate experience. His personality develops through relationships with people, through losses, wanderings across the world, and artistic

creation. Goldmund comes to know the world through immediate experience rather than through its subsequent intellectual contemplation.

Nevertheless, neither of these two principles is in itself sufficient for attaining psychic wholeness. Experience needs reflection, for without it experience may remain unconnected and insufficiently meaningful. On the other hand, reflection without experience loses the fullness of immediate contact with life.

Narcissus needs the experience that Goldmund brings into their relationship, while Goldmund needs the inner organization, form, and meaning that Narcissus symbolizes within that relationship. For precisely this reason, their relationship can be understood as a symbolic portrayal of the process of integration — the joining of Logos and Eros in the direction of psychic wholeness.

The Search for a Lost Part of the Self

One of the important themes of Goldmund's development is his search for his mother and the experience of an inner lack that sets him on his life's journey. This search can be understood as a symbolic quest for lost or insufficiently developed parts of the self.

In Jungian theory, the Anima represents the inner feminine principle within the male psyche (Jung, 2020) — that is, an archetypal function that enables a relationship to the unconscious aspects of the personality and to the inner world. Within this interpretive framework, the women whom Goldmund encounters throughout his life can be understood as figures onto whom different inner contents are projected, enabling him gradually to come to know and accept his own psychic aspects.

Development does not unfold through the discovery of a single external object that would resolve his sense of inner emptiness, but through the very process of searching and the experience that arises from it. Goldmund gradually integrates the parts of himself that had previously been inaccessible to him, passing through various relationships, losses, encounters, and experiences of the world in which he moves.

What he initially seeks outside himself, he begins over time to recognize as part of his own inner world. In this sense, temporality plays an important role: his development is not possible without the passage of time and the series of experiences through which his personality is gradually shaped and integrated.

Creativity as a Process of Psychic Integration

Artistic creation represents an important part of Goldmund's developmental path. Through art he succeeds in translating his inner world into form, in connecting the previously scattered and fragmented parts of experience, and in finding a way to express them. This is a process of transforming personal experience into a symbol.

In creating a work of art, Goldmund does not abandon the world of experience but integrates it. In this sense, the creative act can be understood as a process akin to psychic integration: different, sometimes opposing, elements find a way to coexist in a new and more whole form.

Art thus becomes a space in which, on Goldmund's developmental path, the principles of Logos and Eros meet. Through creation, the relationship between Goldmund and Narcissus — which initially existed as an external relationship between two personalities — gradually becomes internalized and turns into an inner relationship between different aspects of the self.

The Return to Narcissus: An Encounter of Different Parts of the Psyche

The end of the novel, in which Goldmund returns to Narcissus and dies, represents one of the most complex moments in the work. This return should not be understood as the defeat of the principle of experience by the principle of the spirit, nor as a renunciation of vitality in favor of contemplation and reflection.

On the contrary, it can be viewed as a moment of the integration of different aspects of the psyche. Goldmund returns to Narcissus after a life's journey filled with experiences, relationships, losses, and creation. He is no longer the person who left the monastery, but a personality shaped by his encounters with the world and with his own inner experiences.

At the same time, the encounter with Goldmund represents an important moment in Narcissus's development as well. A man who devoted his life to order, the spirit, and thought is confronted with the question of finitude, as well as with the significance of the bodily and experiential aspect of existence, of which Goldmund is the bearer.

Their final encounter symbolically portrays the process of integration: two principles that had previously appeared opposed become part of a broader psychic whole.

Hesse's message is not a choice between order and freedom, spirit and body, thinking and feeling. Psychic wholeness does not arise through the dominance of one principle over the other, but through their mutual dialogue and connection.

Narcissus and Goldmund thus remain symbols of the inner principles that repeatedly meet within every person: the part of the personality that strives to understand the world and the part that desires immediate experience of life. Neither of them has absolute priority, for only through their joining can a person attain greater psychic wholeness.

Significance for Psychotherapeutic Practice

Literary works can constitute a significant space for understanding complex psychic processes portrayed through symbolic form. Psychological vocabulary is not always sufficient to convey the multilayered quality of human experience in the way that literature can. The novel "Narcissus and Goldmund" introduces the reader to the themes of friendship, love, closeness, separation, the search for identity, and the integration of different aspects of the self through the development of the main protagonists.

A particular contribution of this novel lies in its portrayal of a deep friendly relationship between two men. In this way, the significance of non-romantic and non-sexual love as a space of psychic development comes to the fore. Their relationship shows that closeness matters not only because of emotional support, but also because it represents a context in which the capacities necessary for a mature personality develop. Through their mutual relationship, Narcissus and Goldmund gradually develop the capacity to see themselves and the other as whole persons, to tolerate separation, frustration, and ambivalent feelings, as well as the capacities for mentalization, will, and initiative. It is precisely these capacities that allow the relationship to become a space of psychic development, and not merely of emotional exchange.

None of these capacities arises in a vacuum. Basic developmental competencies develop within relationships and have a dynamic nature, which is why their development lasts throughout life. What begins in the relationship with parents continues to be shaped through friendly, partner, and other significant relationships. In this sense, the

novel represents an important reminder that friendly love is not a transient developmental stage, nor something that loses its significance once a partner relationship is established, but a lasting source of psychological development.

The way in which Narcissus strives to understand Goldmund and, together with him, to explore their differences represents an important inspiration for psychotherapeutic practice. Their relationship is reminiscent of the quality of the therapeutic relationship, in which understanding, the acceptance of difference, and a shared search for meaning become drivers of change. At the same time, the motifs of separation and temporality indicate that development does not unfold in spite of separation, but often precisely through it. The novel shows that a relationship can remain developmentally significant even when it involves prolonged physical or emotional distance.

A special place in the novel is held by the process of integrating polarities, which represents one of the important themes of contemporary psychotherapeutic practice. Many clients try to reconcile opposing strivings — the need for freedom and for connection, spontaneity and reflection, order and chaos. The story of Narcissus and Goldmund offers a symbolic framework for understanding that psychic wholeness does not entail the elimination of one pole of the personality, but its connection with the other through a process of integration.

This idea is important for psychotherapists as well. From the standpoint of integrative psychodynamic psychotherapy, it serves as a reminder that no single theoretical approach is equally applicable to every client, and that therapeutic flexibility is one of the basic conditions of successful work. This entails a constant balancing between theory and immediate experience, between structure and spontaneity, between interpretation and remaining alongside the client's experience.

Finally, "Narcissus and Goldmund" reminds us that the aim of psychotherapy is not to change people according to a predetermined model, but to enable the becoming-conscious, the connecting, and the integration of what already exists within them. In this sense, Hesse's novel represents not only a literary work, but also a valuable symbolic framework for understanding psychic development, relationships, and the process of individuation.

Conclusion: Do Narcissus and Goldmund Still Live Within Us?

The novel "Narcissus and Goldmund" is significant not because it offers a recipe for life or portrays an ideal interpersonal relationship. Its value lies in the fact that it opens a symbolic space for understanding the complexity of psychic development, the shaping of personality through closeness, and the search for identity.

Their relationship represents a story about the development of the emotional capacities necessary for a relationship with oneself and with others. At the same time, it is a story about the significance of friendship as a relationship that can represent a secure foundation for growth, development, and psychological maturation. The story of Narcissus and Goldmund reminds us that psychic wholeness is not attained by rejecting particular parts of the personality, but through their gradual becoming-conscious, acceptance, and integration.

In a certain way, the very process of writing this paper reflected the theme it addresses. The need for structure, theoretical argumentation, and clarity was continually intertwined with the need for creativity, intuition, and the freedom of creation. As with Hesse's protagonists, the path toward connecting these polarities was

not simple, but required time, reconsideration, and a gradual appreciation of the equal value of both aspects.

Perhaps this is precisely why the most important question that Hesse's novel leaves the reader is the same one with which this paper began: "Do Narcissus and Goldmund still live within us?"

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Why Understanding Does Not Always Lead to Change: From Insight to Psychic Transformation

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(professional paper)

Cite as: Lebedeva, E. V. (2026). Why Understanding Does Not Always Lead to Change: From Insight to Psychic Transformation. *Insights*, 3, pp. 150-159. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.9>

Abstract

The article examines the problem of the limited effectiveness of interpretation in psychodynamic psychotherapy. Despite the central place of interpretation in classical psychoanalysis, clinical experience shows that the awareness of unconscious conflicts does not always lead to stable psychic change. Many analysands demonstrate a high level of self-understanding and are able to describe their internal conflicts and mechanisms of functioning with considerable precision, yet they continue to reproduce previous modes of experiencing and behaviour.

The author considers the distinction between intellectual insight and psychic transformation. Particular attention is given to the concepts of containment, alpha function, and the processing of emotional experience, developed by W. R. Bion and further elaborated in contemporary theories of the analytic field. The article proposes that therapeutic change is associated primarily with the transformation of emotional experience that had previously resisted psychic processing, rather than being a direct consequence of becoming aware of previously unconscious aspects of inner life.

Received: 4 Jun 2026

Accepted: 14 Jun 2026

Published: 20 Sep 2026

OPEN ACCESS

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Keywords: *interpretation, insight, psychic transformation, containment, analytic field.*

Introduction: The Problem of the Analysand Who Understands but Does Not Change

In recent years, I have increasingly encountered analysands who come to the consulting room already well acquainted with psychological language. They know the history of their traumas, are able to discuss defence mechanisms, attachment patterns, and the influence of early experience on their present life. Some easily connect what is happening in the present with events from the past and at times even anticipate the therapist's interpretations before they are spoken.

From the outside, it may seem that such work is close to completion. Yet clinical reality often looks different. A month passes, a year, sometimes several years, while habitual ways of experiencing and relating remain almost unchanged. Similar conflicts continue to be repeated; familiar states of anxiety, helplessness, or loneliness return again and again.

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This paradox deserves particular attention. If understanding truly has transformative power, why does deep self-knowledge so often fail to produce visible change? Why does knowledge about one's own suffering not free a person from it?

The most obvious answer is to assume that the analysand has not yet understood himself or herself sufficiently. Perhaps there is a more accurate interpretation, a deeper level of conflict, or an unconscious meaning that has not yet been discovered. Clinical experience, however, forces us to question this explanation.

The ability to speak about an experience does not necessarily imply the ability to live through it. One may describe one's pain in detail while remaining separated from it, understand the causes of anxiety while continuing to be governed by it, or see the destructive nature of one's relationships while repeatedly reproducing the same scenario.

Gradually it becomes evident that there is no direct link between understanding and change.

This question touches on one of the central problems of psychoanalytic theory: what exactly produces psychic change? Awareness? Interpretation? Insight? Or is there something else at work in the therapeutic process that cannot be reduced to the acquisition of new knowledge about oneself?

The history of psychoanalysis is, in many respects, a history of the gradual revision of the role of interpretation. Whereas the classical model focused primarily on uncovering repressed content, later developments increasingly turned to the question of how emotional experience becomes available for psychic processing.

The ideas of Wilfred Bion occupy a particular place in this movement. His work shifted attention from the content of the unconscious to the mind's capacity to process emotional experience. At the centre is no longer the hidden meaning of the symptom, but the conditions under which an experience can be transformed into thought.

This perspective makes it possible to reconsider the problem of the analysand who understands but does not change. Perhaps the source of suffering persists not because of a lack of knowledge, but because a particular emotional experience remains unprocessed.

The task of therapy then moves far beyond explanation. The analyst must create a space in which an experience can acquire form, meaning, and a place in the analysand's inner world.

It is this transition, from understanding to psychic transformation, that will be the focus of the following discussion.

Insight as a Necessary but Insufficient Condition of Therapy

In Freud's early work one can trace a belief in the transformative power of awareness. What had been repressed was to become accessible to consciousness; what had been enacted through the symptom was to become capable of being understood and named. Psychic conflict was assumed to be resolved through its gradual uncovering. Freud linked the therapeutic effect of analysis with the expansion of consciousness and the transformation of the unconscious into the conscious (Freud, 2006).

Clinical practice, however, soon showed that the situation was considerably more complex.

James Strachey was among the first to draw attention to this contradiction. Analysing the nature of the therapeutic action of psychoanalysis, he concluded that change

depends not only on the content of the interpretation, but also on the emotional context in which it emerges. It is in this connection that Strachey introduces the concept of the mutative interpretation. Its therapeutic effect is not determined by the transmission of new knowledge about oneself, but by the fact that the interpretation arises within the living relations of transference and contributes to a change in the way they are experienced (Strachey, 1934).

This idea marked an important step in the development of psychoanalytic thought. Later, Bion shifted the centre of gravity of psychoanalytic work from the disclosure of unconscious meanings to the mind's capacity to process emotional experience (Bion, 2008). Contemporary authors within the field tradition, in turn, regard the analytic situation as a space of shared transformation of experience, where change is linked to the emergence of new forms of symbolisation (Ferro, 2007; Ferro & Civitarese, 2024).

Thus, the question of the limits of interpretation arises within the history of psychoanalysis itself and reflects a gradual transition from a model of uncovering hidden content to a model of transforming emotional experience.

Analysands often agree with the analyst's interpretations, recognise their accuracy, develop the proposed thought further, and find confirmation for it in their own biography. Yet intellectual agreement is not always followed by internal change.

This is especially clear in those whose functioning includes a high capacity for reflection. They are able to construct complex and convincing explanations of their own states, yet careful observation shows that their psychic life may remain almost immobile. In such cases, insight begins to serve a defensive function, maintaining distance from emotional experience.

A person may speak many times about his or her loneliness, describing in detail the circumstances of life and the reasons for distrust of others. But at a certain moment in a session, loneliness itself appears in the room. The pause becomes longer, the voice changes, and a sense of inner emptiness emerges that had previously existed only in the form of a narrative.

Such clinical observations suggest that psychic transformation cannot be reduced to the accumulation of insights and interpretations. Understanding remains important, but in itself it does not yet explain how internal change occurs. This forces us to turn to the fate of emotional experience within the psyche and to the conditions under which experience becomes available for thought.

Unprocessed Emotional Experience

Bion proposed that thinking should be regarded not as an original capacity of the mind, but as the result of the processing of emotional experience. According to his view, not every experience immediately becomes an object of thought. Initially, emotional experience may exist as raw impressions that have not yet acquired psychic representation and therefore remain inaccessible to thinking (Bion, 2008).

To describe such states, Bion introduced the concept of beta-elements. They do not possess psychic representations and therefore cannot be used for thinking, memory, or symbolisation. As a result, the psyche seeks to evacuate them through action, somatisation, or projective identification (Bion, 2008).

This idea allows us to reconsider the place of interpretation in analytic work. Contemporary psychoanalytic culture still tends to regard interpretation as the principal instrument of change. Yet a question arises: what exactly is being interpreted if

emotional experience has not yet acquired psychic form?

In such situations, interpretation may be premature. The analysand may understand its content, agree with it, and even incorporate it into his or her narrative about the self, but this does not yet amount to psychic change. On the contrary, a hasty explanation may sometimes promote intellectualisation of the experience. Instead of an encounter with emotional experience, another form of distance from it is produced. The significance of an interpretation is therefore determined not only by its content, but also by the state of the psyche at the moment of encountering it. The same interpretation may be transformative in one case and practically useless in another. Its therapeutic value depends on whether it can become part of the processing of emotional experience.

One of Bion's central ideas is that not all emotional experience becomes an object of thought. Some experiences are too intense or too early to be processed psychically. They do not receive a name, are not linked with other elements of inner life, and do not become part of meaningful experience. Instead, they continue to exist as emotional impact, manifesting as inexplicable anxiety, sudden rage, a sense of inner emptiness, somatic symptoms, or destructive forms of behaviour.

This is not a matter of thoughts or feelings in the usual sense. Rather, these are fragments of emotional reality that have not yet acquired form and meaning. Such experience cannot be remembered or symbolised, because it has never truly been processed by the psyche.

This perspective allows us to approach many clinical phenomena in a new way. An analysand who repeatedly enters destructive relationships is not always reproducing a familiar scenario as a result of unconscious choice. At times he or she is seized by emotional experience that cannot be represented within the psyche and therefore is constantly enacted externally. Some forms of somatisation and projective identification may be understood in a similar way, when an unprocessed experience is expressed through the body or begins to exist in the mind of another person.

Such observations compel us to move away from the notion of psychotherapy as work exclusively with meanings. Meanings usually do not appear immediately. At the beginning of analytic work, we often encounter emotional experience that has not yet become an object of thought. A person brings into the consulting room not only an account of his or her experiences, but the experiences themselves: anxiety, fear, helplessness, or despair that cannot yet be thought.

For this reason, the analyst faces a task more fundamental than interpretation. It is necessary to help the experience become bearable. Clinical experience shows that the capacity to live through emotional experience and the capacity to think about it do not always develop simultaneously. As long as the experience remains unbearable, the psyche will seek to get rid of it through action, the body, relationships, or the analyst himself or herself.

Only after emotional experience becomes bearable does the possibility of thought emerge. Bion called this process alpha function (Bion, 2008). Its task is to transform emotional experience into material suitable for thinking, memory, fantasy, and symbolisation. Through this process, chaotic impressions gradually acquire psychic form and become part of inner reality.

From this point of view, psychic development is connected with the expansion of the capacity to process emotional experience. In psychotherapy, therefore, what matters is not only what is experienced, but also what becomes available for holding, thinking, and

symbolising. It is precisely this capacity that creates the conditions for psychic transformation.

This perspective leads directly to the concept of containment. If emotional experience cannot yet be held and thought by the analysand, there is a need for a psychic space within which such processing becomes possible.

Containment: The Capacity to Bear

If the source of psychic change is linked to the processing of emotional experience, the question arises as to how this processing becomes possible.

Every analyst encounters situations in which a person brings into the consulting room a state that is difficult to describe in ordinary language. It may be anxiety without an obvious cause, an experience of inner disintegration, a feeling of emptiness, rage, or grief. Such states rarely exist in the form of a coherent narrative. More often they manifest through the atmosphere of the session.

A person may speak about everyday events, while the analyst gradually begins to feel tension, confusion, anxiety, the meaninglessness of what is occurring, or despair. It seems that the most significant content is present in the room outside words.

Faced with an intense emotional state, the analyst often feels the urge to give meaning to what is happening as quickly as possible. The wish to connect the experience with the past or to place it within a theoretical construction is understandable. Yet such a position carries a certain risk. A hasty explanation may perform a defensive function and help the analyst distance himself or herself from the emotional reality of the other person. In this case, interpretation begins to serve not the exploration of experience, but the evacuation of it.

If emotional experience has not yet acquired psychic form, interpretation often remains merely intellectual information. The person may understand and accept it, yet internal change does not occur. Moreover, premature explanation may intensify the distance between the subject and his or her experience, turning understanding into a way of avoiding emotional contact.

Bion proposed a different view of the analyst's task. In his model, the primary function of the mother is not to explain the infant's experiences, but to receive and hold them. The infant brings fear, excitement, hunger, frustration, and terror in an as-yet unformed state. The mother's task is to receive this experience, process it within her own psychic apparatus, and return it to the child in a more bearable form. Bion designated this process with the concept of containment (Bion, 2008).

In analytic work, containment means the capacity to receive an experience without immediately seeking to get rid of it or to give it a final meaning. What is brought into the consulting room is not only the content of thoughts and memories, but also those aspects of experience that cannot yet be held independently. The analyst has to endure periods of uncertainty, maintaining contact with the experience until it becomes available for thought.

In this sense, containment is not so much a technical procedure as a particular internal position of the analyst. Gradually, the analysand begins to use this function as a model for the formation of his or her own psychic capacities. He or she discovers that an experience can be held without destroying it and without being destroyed by it; that anxiety can become an object of reflection, and pain a part of inner experience.

It is under such conditions that internal transformation becomes possible. An experience that previously existed as an unbearable state gradually acquires psychic form and becomes available for thought. Containment creates the conditions for this process.

From this point of view, analytic work is not limited to the transmission of new understanding. Its significance lies in creating the conditions in which emotional experience can be held, processed, and thought. This perspective naturally leads to the next question: where exactly does this transformation take place: inside the analysand, inside the analyst, or in the special space that arises between them in the analytic encounter?

The Analytic Field as a Space of Transformation

The concept of the analytic field has become one of the most significant directions in the development of post-Bionian thought. Ferro regards it as an emotional environment of shared meaning-making, in which the material of the analytic session is created by both participants in the process. In this approach, the analysand's inner world ceases to be viewed as a fixed object of investigation and becomes part of a continuously developing emotional reality (Ferro, 2007).

Developing this line of thought, Ferro and Civitarese emphasise that the analytic field is a space of emotional resonance, where psychic content receives a new form and becomes available for thought (Ferro & Civitarese, 2024).

If containment helps us understand how emotional experience becomes bearable, field theory allows us to see where this work takes place. In the course of the analytic encounter, a special reality emerges that does not belong exclusively to either participant. The material of the session is formed in the space of shared unconscious interaction.

The analysand brings fragments of his or her inner world: feelings, memories, fantasies, bodily sensations. In the process of shared work, these elements gradually become connected with one another, acquire new meanings, and are included in a broader context of psychic life.

Whereas the analyst was once understood primarily as an interpreter of hidden meanings, increasing importance is now given to his or her participation in creating the conditions under which meanings can emerge. The emotional reality that appears in analysis is not a ready-made content waiting to be decoded, but a living process that develops and is transformed in the encounter itself.

Changes do not always become visible at the moment of interpretation. A person may leave a session without the sense of an important discovery or new understanding, yet after some time notice that the very way of living through his or her own experience has changed. States that were previously experienced as unbearable become more tolerable, and affects that had demanded immediate action or discharge gradually acquire the possibility of being thought.

In this sense, the analytic field can be understood as a space of psychic transformation. It is here that the transition becomes possible from immediate emotional impact to its internal processing. What had previously existed as an unbearable state gradually acquires symbolic form and becomes woven into the fabric of inner life.

Clinical Vignette

A thirty-five-year-old analysand sought therapy with complaints of repeated failures in relationships. Each new romance began with intense emotional involvement and an expectation of closeness, but after several months the relationship invariably turned into a source of anxiety, jealousy, and a painful sense of rejection.

By the time our work began, she already had many years of experience in psychotherapy. She was well oriented in psychological literature, used professional terminology freely, and demonstrated a high level of reflection.

In the early stages of therapy, it seemed that her personal history had been understood by her in considerable depth. The analysand spoke in detail about a mother who could alternate periods of warmth with periods of emotional coldness and rejection. She easily linked her present fear of losing relationships with early attachment experience, understood the origins of her jealousy, and spoke about dependence on the object, separation anxiety, and an unconscious expectation of abandonment.

Each new interpretation was quickly incorporated into an already established system of self-understanding. Yet after a year of work it became clear that this understanding had almost no effect on the nature of her emotional reactions. If her partner failed to answer a message or cancelled a meeting, the entire volume of accumulated understanding seemed to disappear. She was once again overwhelmed by panic: nights passed without sleep, the phone was checked endlessly, and waiting for a reply turned into an almost physically experienced pain.

Interpretations concerning the fear of abandonment were received by her with readiness. She agreed, understood, and developed the thought further. Yet internally nothing changed.

Gradually, a sense of impasse began to emerge in the work. Each session appeared meaningful and productive, but behind this impression there was a strange immobility in the process.

My own experiences proved especially important. At a certain point, it began to seem to me that the therapy was moving in circles. I felt a desire to find a new interpretation that would finally allow the work to move forward. Later it became clear that this striving reproduced the same dynamic in which the analysand herself was caught: both of us were trying to avoid an encounter with the experience of emptiness by filling it with the search for explanations. Over time it became evident that this very atmosphere was part of the analytic material.

Behind the endless conversations about relationships, something else was hidden. She spoke about her anxiety, but almost never experienced it in the consulting room. She spoke about pain, yet the pain itself remained outside the analytic encounter. Gradually, words turned into a way of maintaining distance from emotional experience.

The turning point came during one session. The analysand was speaking about a recent conflict with her partner and suddenly fell silent. Usually such pauses were quickly filled with explanations, reflections, or questions. This time something different happened.

After a long silence she said quietly:

"It seems to me that if someone stops loving me, I will simply disappear."

A feeling of almost physical vulnerability arose in the room. For the first time, the issue was not the history of relationships, not the mother, not attachment, and not the fear of abandonment as a psychological concept. The experience itself had appeared in

the analysis.

Behind the words about jealousy and dependence, a fear of inner non-being was revealed. It became clear that she feared not so much the loss of the object as the loss of her own existence in its absence.

This understanding, however, did not lead to immediate change. On the contrary, over the following weeks the woman seemed to lose interest in the work that was taking place. She began arriving late for sessions more often, brought mostly everyday material, and spoke in detail about work issues and her relationship with her partner. The analytic process increasingly shifted toward intellectualisation.

At a certain point, there was a feeling that we were returning to the starting point. Later it became clear that this movement was itself part of the process. Approaching the experience of inner non-being proved so anxiety-provoking that the psyche sought to restore its habitual distance through conversations, explanations, and the analysis of external events.

This was especially clear in the countertransference. After some sessions, a feeling of boredom and meaninglessness appeared. There was a desire to accelerate the process or to return to interpretations that had previously seemed productive. Gradually it became possible to regard these states as a reflection of the impasse in which the analysand herself was caught.

For many months, this experience was present in the therapy while remaining hidden behind numerous explanations. After the first encounter with the experience of emptiness, she avoided this theme for a long time, returning to discussions of her partner, correspondence, and everyday conflicts. Each time the conversation approached the inner sense of non-being, attention shifted again to external events.

In the following months, the focus of the work gradually moved from the analysis of relationships to the investigation of emptiness itself. There were more pauses, more silence, fewer interpretations, and more attention to what was emerging between us in the present moment.

Over time, she began to notice how quickly she tried to fill any emotional emptiness with speech, fantasies, or anxious thoughts. Gradually, it became possible to distinguish the moments when the fear of abandonment arose even before any real signs of rejection had appeared.

What changed was not so much a set of beliefs as her relation to her own states. The anxiety did not disappear, but it ceased to be experienced as absolute reality. A space for observation appeared. The capacity emerged to remain alongside her state without dissolving into it completely.

Some time later she said a phrase that, in my view, reflected the essence of the change that had taken place:

"Before, it seemed to me that if I felt this emptiness, something truly terrible was happening to me. Now I understand that I can feel it and still remain myself."

In these words, a change became visible that is difficult to reduce to insight or to new knowledge about oneself. The very way of living through an experience that had previously been felt as unbearable had changed.

Such clinical observations compel us to return once again to the question of the nature of psychic change. If therapeutic transformation cannot be reduced to the awareness of unconscious conflicts, what exactly does a person acquire in the course of analytic work?

What Changes in the Course of Analytic Work

Clinical experience shows that psychic transformation affects not only the content of the inner world, but also the modes of psychic functioning. In the course of analytic work, the relation to one's own emotional experience changes.

In the early stages of therapy, many analysands are seized by their experiences. Anxiety is perceived as a threat, loneliness as confirmation of one's own unwantedness, and shame as evidence of inner defectiveness. Experience and the representation of the self are fused together.

As the analytic process develops, this fusion gradually gives way to the capacity for internal observation. Experiences retain their emotional significance, but they cease to determine psychic life completely. The possibility emerges of holding them within a space of thought, reflecting on them, and linking them with other aspects of inner experience.

What is at stake is the development of the capacity to transform emotional experience into an object of inner thinking. Fear can be experienced as fear, pain can become an object of reflection, and loss can retain its significance without destroying the capacity to think about what is happening. This possibility is formed within relationships and is gradually internalised as a stable psychic function.

One result of analytic work is the development of internal functions of containment. The capacity is formed to tolerate uncertainty and frustration, to maintain contact with one's own experiences, and not to resort to immediate discharge through action.

Such changes become visible far beyond the analytic situation. The capacity to tolerate ambivalence increases, dependence on impulsive modes of reaction decreases, and greater freedom appears in relation to one's own emotional experience. From this point of view, psychic transformation is the development of the capacity to be the subject of one's own experience. Experiences cease to be perceived as something that entirely determines inner life and become part of a psychic reality that can be held, thought, and included within the broader context of one's existence.

This is why therapeutic change rarely appears as the result of a single insight or one accurate interpretation. More often it is the result of the gradual formation of internal conditions through which emotional experience acquires form, meaning, and a place in psychic life.

Conclusion: From Knowledge About Oneself to the Capacity to Be with Oneself

The question of what exactly produces psychic change remains one of the central questions of psychoanalysis. For a long time, interpretation and insight were assigned the leading role in explaining therapeutic action. Yet clinical experience shows that understanding one's conflicts does not always lead to stable internal change.

The ideas considered in this article suggest that what is decisive is not knowledge about oneself as such, but the fate of emotional experience within the psyche. It is possible to have a deep understanding of the causes of one's experiences while preserving the same way of living through them. Transformation becomes possible when emotional experience that had previously resisted thought becomes capable of being held, processed, and included in inner life.

From this point of view, containment and the analytic field are not auxiliary elements of therapy, but the conditions within which psychic change takes place. It is within

relationships that the transformation of experience into thought, and of affect into experience that can be thought and appropriated, becomes possible.

The result of analytic work therefore cannot be reduced to the accumulation of insights or to the achievement of fuller self-understanding. Far more significant is the development of the capacity to remain in contact with one's psychic reality without resorting to its immediate denial, evacuation, or enactment.

In this sense, psychoanalysis involves not only the expansion of knowledge about oneself, but also the development of the capacity to remain in contact with one's own emotional experience. Where experience receives form, meaning, and a place in inner life, not merely understanding but psychic transformation becomes possible.

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Psychoanalysis and Psychotherapy as Education

Nebojša Jovanović (2026). *Psychoanalysis and Psychotherapy as Education*. Belgrade: OLI Centar, 453 pp.

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(book review)

Cite as: Simić, D. (2026). Book review: *Psychoanalysis and Psychotherapy as Education* (N. Jovanović, 2026). *Insights*, 3, p. 160–161. **DOI:** <https://doi.org/10.67978/INSIGHTS.2026.3.10>

Received: 14 Jun 2026

Published: 20 Sep 2026

OPEN ACCESS

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With the book *Psychoanalysis and Psychotherapy as Education*, Nebojša Jovanović brings to a close several decades of work on the development of O.L.I. Integrative Psychodynamic Psychotherapy, while at the same time returning to one of the oldest yet least elaborated questions of psychoanalysis — the question of what actually happens in the therapeutic process and why it may be understood as a form of education. Drawing on Freud's idea that psychoanalysis is an “education in truthfulness toward oneself”, the author consistently frames psychotherapy as a subsequent, corrective education — above all as a form of the intellectual and moral education of the adult human being.

The central thread of the book is the tension between truth and the good — between intellectual education, understood as the cultivation of the capacity to seek and defend the truth about oneself, and moral education, understood as the formation of values and of one's relation to “received morality”. Starting from the concepts of the pleasure principle and the reality principle, the author shows how the discrepancy between human nature and the demands of morality gives rise to a dread that, on his understanding, is the fundamental driving force of all education; the key question then becomes how this dread is to be “used creatively”.

The opening parts of the book analyse the psychoanalytic situation and the relationship between analysand and analyst, before turning particular attention to work with the superego — the path “from a conscience of fear to a conscience of love” and the notion of the “new-normal superego”. The author then reads the foundational psychoanalytic concepts — free association, resistance, transference and the working alliance — as instruments of moral education, linking the therapeutic relationship to the development of the capacity for mature love. There follows a comprehensive account of the psychoanalytic understanding of the development of morality and of the capacity to perceive reality — from Freud's path, through the contributions of Melanie Klein and object relations theory, to Edith Jacobson — thereby building a bridge between developmental theory and the theory of therapy.

In its second great arc, the book introduces the author's original concepts: the “vertical unconscious” and new defense mechanisms, together with the social influences on their formation. From there it develops the transition “from defense mechanisms to emotional competencies”, along with the concepts of secondary gain and

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counter-developmental skills. The core of the O.L.I. model — the eight basic emotional competencies (neutralization, mentalization, object integration and object constancy, tolerance of frustration and of ambivalence, will and initiative) — is here placed within the broader framework of intellectual and moral education and underpinned by the integration of the four psychoanalytic psychologies: classical drive theory, ego psychology, object relations theory and self psychology.

The value of the book lies in its rare combination of theoretical erudition, philosophical parallels and clinical usefulness. The author moves with assurance in linking the psychoanalytic tradition (Freud, Klein, Jacobson, Kohut, Winnicott) with philosophy, ethics and pedagogy (Marcuse, Piaget, Fromm, Aristotle), without ever losing sight of concrete therapeutic work and its technical implications. An extensive bibliography of more than four hundred entries, together with a systematic yet accessible writing style that remains dynamic throughout — and is not infrequently infused with the author's distinctive humour — make the book at once a reference work and a genuinely readable one.

Although theoretically demanding, the book is intended for a wide readership: psychotherapists in training and in practice, supervisors, but also anyone interested in a deeper understanding of the relationship between psychotherapy, morality and human development. Its concluding thesis — distilled in the sentence that psychotherapy is not treatment but education — is no mere provocative turn of phrase, but a considered invitation to understand the psychotherapeutic process as an ethical and developmental endeavour, in which the client is helped to transform dread into a force for his or her own development. In this way, *Psychoanalysis and Psychotherapy as Education* represents a valuable contribution to the Serbian and regional psychotherapeutic literature and a logical culmination of the author's work to date.