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

Abstract

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

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

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

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INTRODUCTION

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

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

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

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

2. Basic Concepts of OLI IPP

2.1 Basic Emotional Competencies

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

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

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

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

2.1.1 Eight Basic Emotional Competencies

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Secondary gain – benefit derived from one's own harm

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

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

How Do We Explore Secondary Gain?

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 1. Taxonomy of Psychotherapeutic Goals

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

3.1 Ultimate Goals of Therapeutic Intervention

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

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

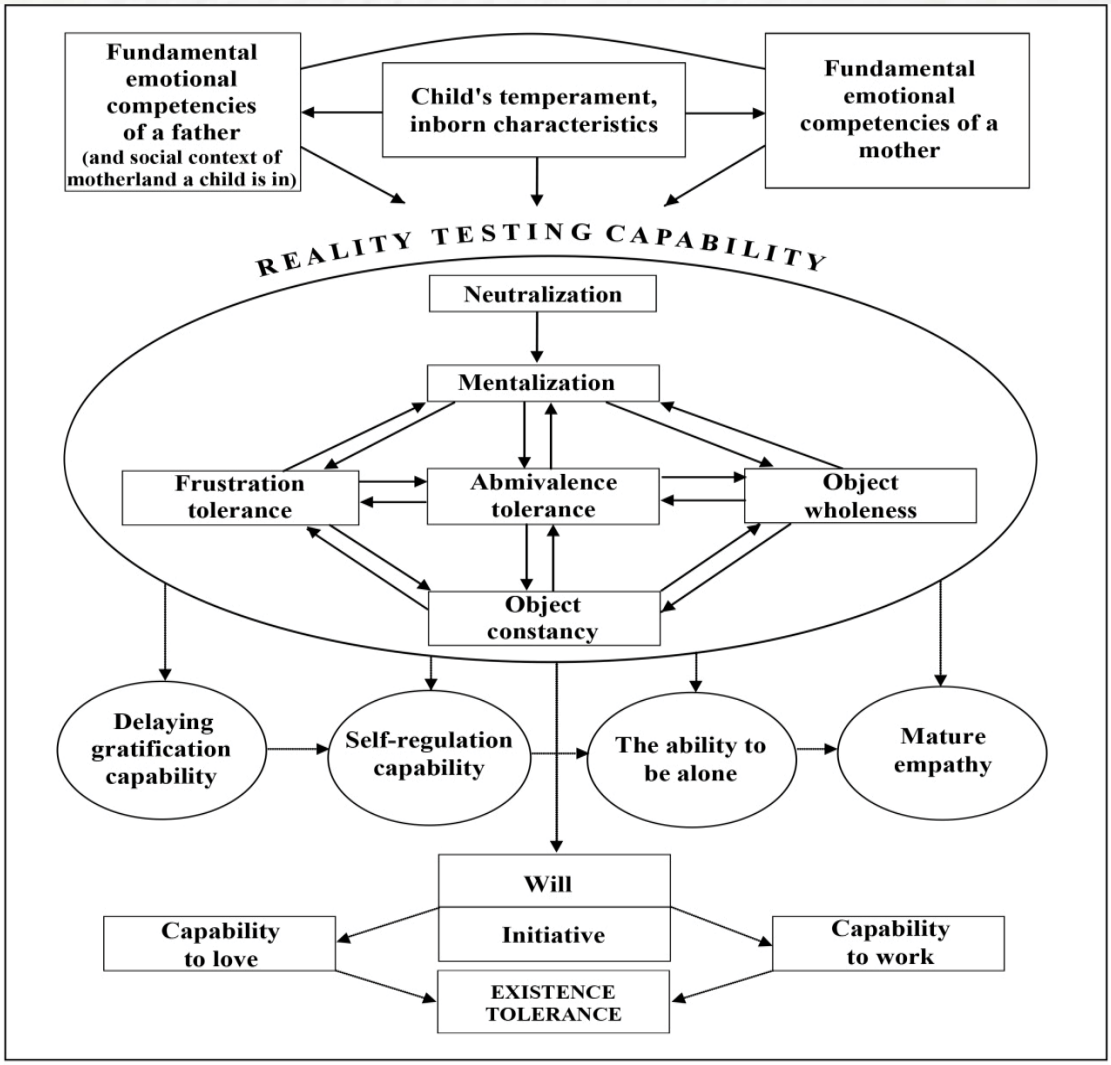

Figure 1. Diagram of Basic Emotional Competencies and the More Complex Capacities Emerging from Their Interaction.

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

4. Theory of Change in OLI IPP

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

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

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

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

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

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

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

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

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

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

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

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

5. Working with Resistance in OLI IPP

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

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

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

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

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

Example of Working with Resistance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.Conclusion

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

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

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

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

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

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

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

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

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