

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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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

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competency, not for the client as a whole.

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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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