

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

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Abstract

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

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Introduction

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

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

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

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

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

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

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

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

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

The Theory of Change in Classical Psychoanalysis

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

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

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

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

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

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

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

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

Transference as a Developmental Indicator of Ego Functioning

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

psychological functioning.

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

What Are Basic Developmental Competencies of Personality

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

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

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

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

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

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

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

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

By What Criterion They Were Selected

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

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

The Developmental Order of Competencies

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

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

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

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

The Status of the Set

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

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

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

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

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

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

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

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

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

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

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

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

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

Taxonomy of Therapeutic Goals in OLI Integrative Psychodynamic Psychotherapy

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 1. Taxonomy of Developmental Therapeutic Goals in OLI IPP

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

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

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

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

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

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

the previous table.

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

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

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

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

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

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

Table 3. Taxonomy of Therapeutic Goals - Techniques

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

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

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

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

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

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

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

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

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

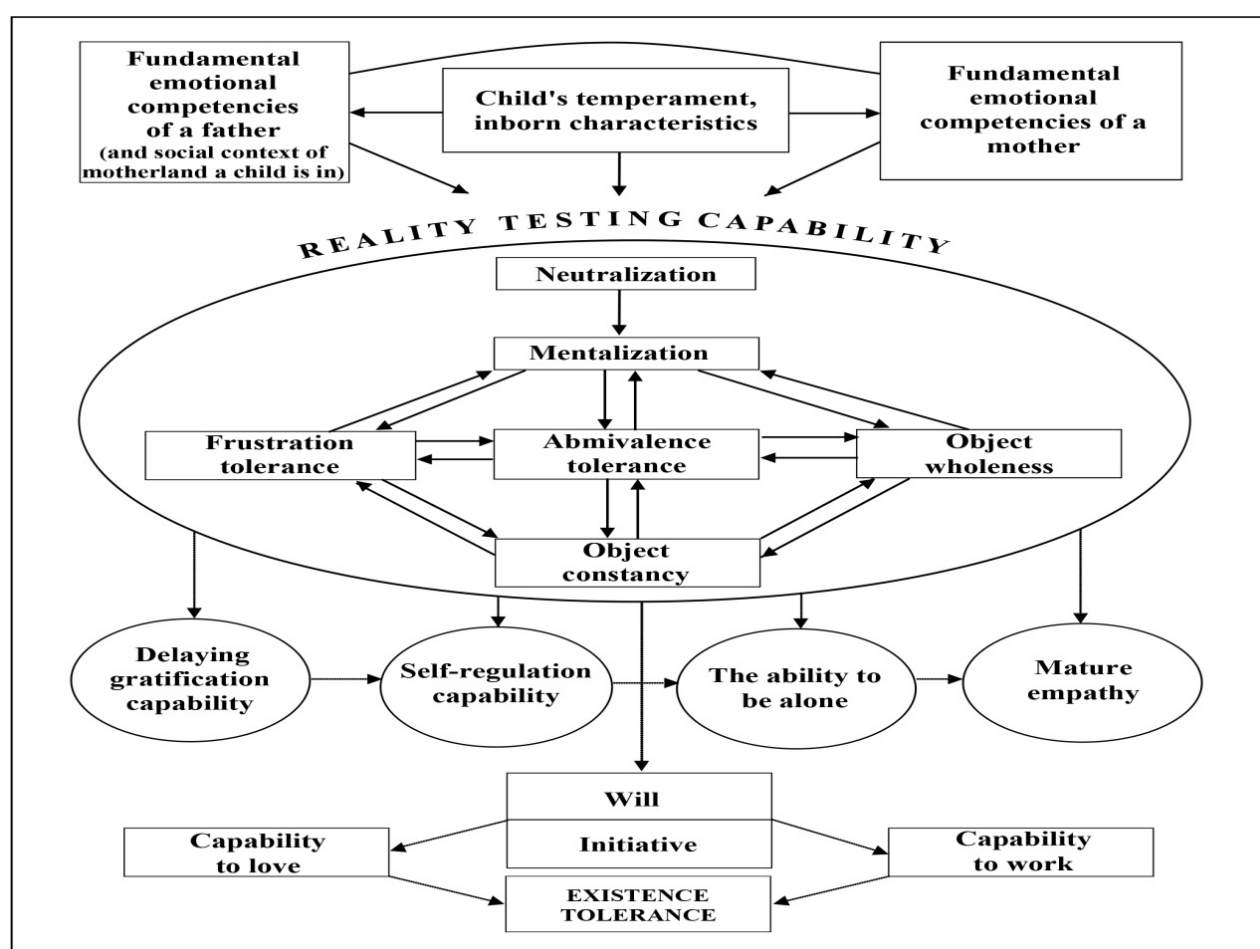


Figure 1. Diagram of the Interrelations Among Basic Developmental Competencies and the Development of Higher-Order Competencies

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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