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What is the approach to anxiety disorder in O.L.I. integrative psychodynamic psychotherapy

Eight types of panic attacks

Abstract

This paper explores the connection between various forms of anxiety and panic attacks and deficits in the development of core emotional competencies: neutralization, mentalization, object wholeness and object constancy, tolerance of ambivalence and frustration, will, and initiative. These competencies represent fundamental emotional processing and regulation capacities that enable individuals to cope with life's challenges and the emotions they evoke. When underdeveloped, each of these competencies gives rise to a specific form of anxiety: a deficit in neutralization leads to anxiety related to emotional overload and loss of control; impaired mentalization is associated with social anxiety and misinterpretation of one's own and others' actions; a lack of object wholeness results in persecutory anxiety and fear of disillusionment or guilt when love and aggression are directed toward the same object; compromised object constancy underlies separation anxiety; low frustration tolerance manifests as anxiety in the face of unmet needs; insufficient ambivalence tolerance produces decision-making anxiety; a weakened will leads to anxiety around self-support and persistence; and deficits in initiative evoke fears of visibility, rivalry, and symbolic "castration anxiety." These distinct anxieties are frequently observed in clients suffering from one of the eight identified types of panic attacks. Identifying the specific fears associated with each underdeveloped emotional competency allows clinicians to detect areas of deficit and focus therapeutic work on unlocking and strengthening the relevant capacity, using targeted techniques outlined in the taxonomy of therapeutic goals within OLI Integrative Psychodynamic Psychotherapy.

Keywords: anxiety, emotional competencies, fear, panic attacks, integrative psychodynamic psychotherapy

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1. Introduction

Why would a person be so afraid of life, or something in life, that he gets a panic or anxiety disorder? The most logical answer to that is: because he feels that he lacks some ability, or abilities, with which he could overcome the situation or problem.

O.L.I. IPP does not deny that many things can be the basis of panic states or attacks, which are discussed in different psychotherapy approaches: unconscious causes, trauma, compulsion to repeat for the sake of mastery, irrational beliefs, life script... All of this is true. But why does someone keep some content in their unconscious that they could become aware of and overcome? Why do they repeat the trauma instead of realizing it, psychologically processing it, and overcoming it? Why does an intelligent person create and maintain irrational beliefs about themselves, the world, and life? If they were to reflect on the way they think on their own, and without the help of a therapist, they might realize that they hold irrational beliefs. Life constantly confronts us with our irrational beliefs through the consequences we face. Why don't we learn from those experiences?

We believe that the answer lies in basic emotional processing skills – emotional competencies that we have not developed, and which would allow us to cope with life's problems and the emotions they cause. When a person does not develop the necessary abilities, they try to solve life's problems as best as they can without those abilities, using, as a substitute, various "expensive" and ineffective defense mechanisms. They find different ways to do some life work without the necessary tools, to "fix" something "so-so", according to the principle of "good enough until it breaks again." In this way, people develop organized systems of thoughts, emotions, and behaviors that in O.L.I. we call "counter-skills."

Counter-skills are illegitimate ways to perform some life tasks – forms of "botched work" with which we try to "patch the holes" in our own abilities to cope with life. They are, in the short run, easier ways to overcome some tension, discomfort, or pain. But in the long run, they stop the development of our life competencies – abilities – and cost us a lot. Counter-skills are seemingly easier, but extremely expensive ways to overcome unpleasant emotions and states. These are forms of "business with life in the dark," forms of laziness that we pay for dearly, but with deferred payment. The most common name for these forms of behavior is "defense mechanisms." Every defense mechanism is some kind of lie, an unconscious distortion of reality to make it easier for us. Of course, these were forms of adaptation to the environment in which the person grew up and had their own developmental function. The problem with infantile adaptive mechanisms is that an adult can develop more mature mechanisms and abilities to process emotions that serve to adapt rather than distort reality.

Are "mature defense mechanisms" the maximum range of human development? They are not. Instead of defense mechanisms, people can develop basic abilities to process emotions – emotional competencies that are not based on distorting reality, but on testing and mastering it. These emotional competencies have already been discovered in psychodynamic theories, in four psychoanalytic psychologies: classical psychoanalysis – drive theory, ego psychology, object relations psychology, and self psychology. While building the O.L.I. method, I did not "reinvent the wheel" nor "discover fire," but rather extracted from various psychodynamic theories the

basic abilities for processing emotions, and from various psychotherapy modalities, techniques that can serve for their development or unblocking. In the O.L.I. method, we approach anxiety disorder by building or unblocking the basic ability to process emotions that are not working, and because of which these anxiety reactions or disorders occur.

2. Basics of OLI IPP

2.1. Emotional Competences

O.L.I. IPP is an integrative approach. The foundation for integrating various theoretical frameworks, methods, and techniques is provided by a model of basic emotional competencies. The core principle of the O.L.I. method is that "there's no craft without tools," meaning a person cannot change unless their fundamental "tools for life"—the basic abilities for processing emotions—are developed or unblocked. These abilities serve as the "software" of our psyche, processing emotional information (emotions being a form of information processing). "Bugs" or "viruses" in these executive programs lead to dysfunctional emotions, misperceptions, and misinterpretations of relationships with oneself, others, and the world. The O.L.I. IPP psychotherapist works on two levels: the level of content and the level of process. While listening to the client's content, discussing life events, relationships, love, and work, the therapist pays particular attention to the patterns the client uses—the typical ways they process their experiences and the emotions those experiences evoke.

One of the fundamental life principles or laws governing human behavior, which we teach our clients in O.L.I. IPP, is: "People do what they shouldn't because they don't do what they must—develop themselves." People employ various manipulative skills (counter-skills) on themselves and in their relationships with others because they haven't developed, or are not using (due to blockages), legitimate human capacities for managing emotions. The O.L.I. method focuses on two key, complex abilities: the capacity for love and the capacity for work. These two complex human abilities are like "Lego bricks," composed of a set of smaller, simpler building blocks—basic emotional competencies.

Therapeutic techniques from various approaches are incorporated into the work with the client if they can contribute to developing a specific basic emotional processing ability. This is the foundation for integrating techniques from different schools of thought, whether they originate from psychodynamic, behavioral, or other orientations.

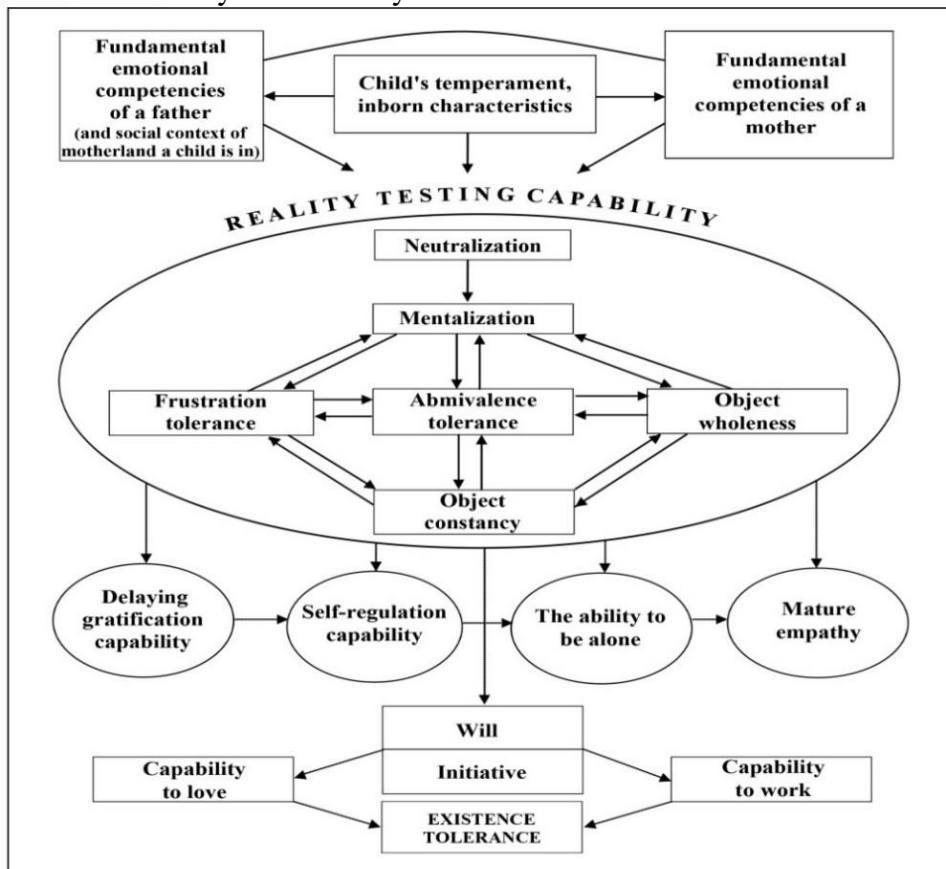
What are these emotional competencies?

- 1. Neutralization – “The regulator of the psyche”**
- 2. Mentalization – “The articulator of the psyche”**
- 3. Object wholeness – “The glue of the psyche”**
- 4. Object constancy – “The stabilizer of the psyche”**
- 5. Tolerance for frustration – “The immune system of the psyche”**
- 6. Tolerance for ambivalence – “The guide of the psyche”**
- 7. Willpower – “The engine of the psyche”**
- 8. Initiative – “The driver of the psyche”**

Without any of these foundational components, the psyche becomes impaired—an individual is metaphorically “missing a screw,” a critical element of psychological functioning. Their capacity to love and work becomes compromised.

Without developed neutralization, the individual is at the mercy of their instincts—impulsive, irrational, and inarticulate—much like a “headless chicken.” Without object wholeness—the ability to perceive another person (the “object”) in an integrated, holistic way—experience becomes fragmented, split into dichotomies of good and evil. The person “loses their grip,” seeing others either through rose-colored glasses or in total darkness, prone to idealization or devaluation. Without object constancy—the stabilizer of the psyche—the individual becomes emotionally unstable and excessively dependent on others. A lack of frustration tolerance renders the person psychologically unprotected from life’s inevitable frustrations in love, work, and relationships, causing them to “break under pressure.” Without ambivalence tolerance, the individual becomes indecisive, unable to manage or integrate conflicting emotions toward others, situations, or themselves, and struggles to evaluate options and make decisions. Without willpower, they lack the stamina and inner energy required to consistently pursue their goals and desires. Without initiative, they remain reactive—unable to “turn the key” and activate their own “engine,” depending on external forces to motivate action. These competencies are not isolated; rather, they interact and influence one another, as illustrated in the following diagram:

Picture 1: Ability to test reality



Source: Author of the paper

Through forty years of practice as a psychotherapist, I have come to understand that human beings are inherently competent and will not engage in any behavior unless it offers them some form of benefit. Even when individuals participate in clearly destructive or self-destructive actions, they do so because these behaviors provide some emotional payoff—whether a sense of satisfaction or, at the very least and often at great cost, a temporary relief from tension, fear, pain, or other distressing emotional states. This “benefit” does not necessarily promote personal growth; it does not direct the individual toward development, the acquisition of life skills, or the enhancement of their capacities. Rather, it simply renders something—if only momentarily—more tolerable, easier to endure, or less painful, functioning as a kind of “lesser evil.”

Although defense mechanisms can serve as protective strategies against various forms of anxiety, each mechanism inherently involves a degree of reality distortion—a kind of self-protective deception. Freud (1964) regarded repression as inherently pathological. He stated:

“Defense mechanisms help in controlling danger... and probably the ego could not achieve this during development without their involvement. But it is also certain that they themselves can become dangerous. The ego often does not relinquish them after the complex years of early development, which can lead to infantile behavior.” (p. 237) Most classical psychoanalysts hold that, when defense mechanisms fulfill their developmental role of protecting the immature ego, they should ideally “retire”—or be activated only in acute crisis situations to protect the vulnerable ego until it regains stability. However, individuals tend to resist relinquishing anything that reduces their anxiety unless they have developed a more effective means of managing it.

Hartmann (1958), however, proposed that mechanisms which originally served a developmental purpose are not discarded but instead transformed into more mature, adaptive forms. His thinking aligns with Freud’s view that the adoption of genital primacy does not eliminate pregenital drives, but rather integrates them into genitality, thereby diminishing their earlier infantile predominance. “Nothing is thrown away,” but is instead transformed into more developmentally advanced and adaptive expressions. Defense behaviors that initially emerged as responses to internal conflict, once the conflict is resolved, may evolve into behaviors that become autonomous from their origins and serve new adaptive functions. This conceptual framework guided the identification of mature, reality-based mechanisms for coping with anxiety—emotional competencies—which became foundational elements in the integration of the OLI IPP model. However, in order to access these competencies within the therapeutic process, it is first necessary to address immature defense mechanisms, counter-skills, and the secondary gains clients derive from them.

2.2. Secondary Gain – Benefit from One’s Own Harm

One of the crucial reasons why people do not transition to more mature patterns—emotional competencies without distortion of reality or manipulation of themselves and others—is the concept of secondary gain. This exists in every immature behavior, symptom, and manipulative pattern. It always plays a role. To help educators remember and consistently keep it in mind while working with clients, I introduced a “law” of psychodynamics that states: “A person never

does anything unless they gain some benefit from it.”Of course, it is impossible for behavior to exist without motive. This is a fundamental psychological fact. Every behavior serves to fulfill a need, driven by some motive.

Gain is a psychoanalytic concept first recorded and defined by Freud (1917). Freud described two types of psychological gain resulting from defense mechanisms (and “illnesses”): primary and secondary. For Freud, primary gain was the reduction of anxiety caused by the defensive operation that resulted in the creation of a symptomatic illness.

An example of primary gain could be a patient who shoots at his wife using his right hand. He feels guilty and has an internal conflict due to this action. Then, the right hand becomes paralyzed through a mechanism called conversion (transforming a psychic conflict into a physical symptom). This punishment results in reduced guilt and a decrease in intrapsychic conflict and anxiety—i.e., the primary gain. Freud further defined secondary gain as interpersonal or social benefits that the patient achieves as a result of the illness (e.g., support, attention, sympathy, protection, allowance for dependency...).

In the literature, a wide range of secondary gains is described:

1. Satisfaction of existing dependency needs (Ross, 1982).
2. Satisfaction of vengeful desires (e.g., receiving compensation for idleness in environments where employees felt undervalued or engaged in high-risk jobs; revenge against parents for poor parenting—“see what you made”).
3. Obtaining attachment; attempts to elicit concern (Bokan, 1981).
4. Overprotection by significant others.
5. Family antagonism (anger) arising from a disability or incapacity may increase the patient's dissatisfaction and reinforce their conviction that they have the right not to work, feeling harmed by society and assuming a kind of "mission" to resist.
6. Work-related benefits; less strenuous working conditions; avoidance of work.
7. Sympathy and concern from family and friends.
8. The possibility of withdrawing from unpleasant or unsatisfying life roles or activities.
9. The role of “patient” enables the individual to communicate and relate to others in a new, socially sanctioned manner.
10. Financial benefits associated with disability (e.g., disability pension).
11. Access to medication for reducing tension or inducing calmness.
12. Keeping a spouse in the marriage.
13. Maintaining status within the family.
14. Maintaining family affection.
15. Exerting dominance within the family.
16. Release from socio-emotional roles.

It is widely accepted that both primary and secondary gains operate through unconscious mechanisms.

We could say that at the core of secondary gain lies the ambivalence between the need for dependency, parasitism, remaining in a childlike role, and living off others, versus the need for maturation and independence—living on one’s own terms, not only financially but also

emotionally. Secondary gain is considered unhealthy because it is not directed toward development. There is always a part of us that desires an easier path—to "cocoon," to "score" something, to "win" through manipulation—and a part of us that aspires to growth, independence, and mutuality in relationships. The latter constitutes the foundation for establishing a working alliance in the therapeutic process. When we succeed in linking the client's symptoms and the suffering that brings them to therapy—the harm they experience as a result of secondary gains—with their immature and manipulative behavior patterns, they reach a point of choice (now being aware of these patterns). At this point, they must choose whether to relinquish the secondary gains or to accept and reconcile with the suffering caused by their continued reliance on them. One cannot have "both the lamb and the money." However, it is not possible to take something away from a person without offering something in return. To give up immature behavioral patterns, individuals must develop more mature forms of behavior—and the mature gains that come with them—which requires the development of emotional competencies.

People are highly creative and diverse in forming their own maladaptive strategies, often becoming experts in practicing them. They become specialists in generating the very symptoms from which they suffer. This is especially true in anxiety disorders—those who suffer from them often become highly skilled in producing such states. Therefore, we should approach them not as victims, but as experts. What does this mean? It means identifying the ways—the algorithms—through which they create these psychological states.

To fully understand the behavioral patterns that lead to secondary gains, it is not enough to simply identify what the client gains in an immature way; we must also understand how they achieve these gains. This brings us to the concept of counter-skills.

2.3. Counter-skills - "job-doing" behavior patterns

Counter-skills are more complex forms of behavior than defense mechanisms, often involving the interplay of multiple defense mechanisms and related patterns. The term counter-skill is used to emphasize both abilities and "counter-abilities" (Jovanović, N., 2013). We distinguish counter-skills from defense mechanisms because they represent the misuse of defense mechanisms—used for secondary gain, even when unnecessary. Counter-skills are dead ends on the path of development. Just as it is important to understand the direction in which developmental abilities are moving and where they should lead, it is equally crucial to know where they can go astray and how they can return to the developmental path after reaching a dead end. Recognizing and illuminating counter-skills—also referred to as "job-doing" skills because they provide certain emotional benefits while causing significant harm, primarily by halting the client's development—are essential. This process includes recalculating them (i.e., reassessing both the gain and the harm through the process of emotional accounting, a technique developed in Integrative Psychodynamic Psychotherapy), relinquishing them, and replacing them with core emotional competencies. These steps are necessary for initiating the process of change.

Every behavior reflects a certain skill and strategy. No skill or strategy is inherently bad; they are evaluated in relation to their goal. Is being clumsy a skill? Of course. The question is: who

needs such a skill, and what goal does it serve? Take Mr. Bean, for instance. He earns a substantial income from the perfected skill of appearing clumsy, awkward, and silly. Do you think this can be convincingly performed without understanding the essence of those skills and the process that led to their refinement? Is being depressed a skill? Of course—just as being enthusiastic and good-natured is. If there were an audience, individuals prone to depression who had the motivation to consciously explore their skills could hold seminars and workshops. If you wonder why someone would develop a skill that doesn't serve anything positive, then you may be missing a fundamental characteristic of human nature (or of living nature in general): people never develop skills that serve no purpose. People never do anything from which they don't gain some benefit, because there would be no motivation to initiate that behavior. Where there is behavior, there is motivation. Where there is motivation, there is also a need that the behavior satisfies, along with a belief that such a need can be fulfilled in some way, and that it is worth the effort.

To change outcomes—if we are dissatisfied with certain consequences in our lives—we need to change the skills that lead to them. First, we must recognize and identify our maladaptive strategies, and then replace them with basic emotional competencies. O.L.I. Integrative Psychodynamic Psychotherapy (IPP) is directed toward this process. It is an approach to the person through their skills—the process of becoming aware of maladaptive strategies and developing basic emotional competencies.

The method of working can therefore be outlined in several steps:

- Discovering “maladaptive strategies,” “bugs” in the processing of emotional information—how the client creates their problem by attempting to master some developmental task in an inadequate manner.
- Confronting the client with defenses, “counter-skills,” and unsuccessful forms of adaptation.
- Educating about emotional competence, which is a healthy adaptive mechanism. Demonstrating “how it's done,” procedural learning.

3. Types of Anxiety and Panic Attacks – Connection with Deficiencies in Basic Emotional Competencies

A panic attack can occur when a life situation demands the use of certain abilities that are either undeveloped or blocked. In essence, panic arises when we want something but lack the internal resources or capacities to achieve it. When counter-skills are insufficient to help us attain something important, to regulate anxiety, and basic emotional competencies have not been developed to replace them, this results in heightened anxiety—which can escalate into panic attacks or persistent panic states. We will not experience panic if we fully give up on a goal that is important to us. If we suppress our desires, needs, and surrender the goal—effectively numbing ourselves—we are more likely to experience depression. Panic occurs when we still want, but cannot. In this sense, panic is paradoxically a kind of ally, however strange that may sound. It serves as an internal alarm signaling that something is fundamentally wrong—“we can't go on like this”—and that we either need to change something in order to move toward what we want, or face the painful alternative: the suppression of desire and need. Panic is an

inner call to grow, a signal that development is necessary. A panic attack is an opportunity. If we make use of it, it can push us toward growth and greater competence. If we ignore or avoid it, it often leads to the use of more costly counter-skills, resulting in numbing, detachment from reality, and self-deception. We must replace counter-skills with competencies, because—as the saying goes—“there is no craft without tools.” Basic emotional competencies are our tools for navigating life. Each of them functions as a tool for the healthy management of a specific type of anxiety. There is no single, uniform anxiety disorder. Each basic emotional competency corresponds to a specific form of anxiety that emerges when that ability is underdeveloped. The therapist’s approach is therefore determined by the type of anxiety presented and the deficit in a particular emotional competency that they are working to develop or unblock in the client. Let us now explore which emotional tools are necessary, and what types of anxiety emerge from their absence.

3.1. Neutralization

Neutralization – *Anxiety of Overwhelm and Loss of Control* (In a panic attack, fears may include: going insane, losing control over impulses, harming others or oneself when impulses break through, fear of uncontrolled sexual outbursts, or dying from a heart attack during emotional turmoil.)

Neutralization refers to the individual’s capacity to remain reasonable, *to calm emotional arousal*, and to convert the *energy of passion* into the *energy of reason*, directed toward problem-solving, adaptation, and the rational fulfillment of needs. It represents a core function of self-regulation—essentially, the psyche’s internal regulator. When psychic energy is balanced, a person becomes capable of mentalizing: of reflecting upon and understanding their own internal states as well as those of others, and only then proceeding to action. In everyday language, people intuitively describe the processes of neutralization and mentalization through phrases such as: “Calm down first,” “Settle yourself,” “The morning is wiser than the evening... Then think about why this is happening to you, why you feel the way you do, why he or she feels the way they do... and only then will you know what to do... calm your passions, don’t react on impulse... hormones are clouding your judgment... think it through, reflect on it, and things will look different.” These expressions describe moment-to-moment processes of neutralization and mentalization. However, these abilities also manifest as enduring traits. Some individuals are generally reasonable and reflective, whereas others tend to be impulsive and unthinking in their reactions. Some think before they act; others act first and reflect later.

3.1.1. Deficits in Neutralization:

Without developed neutralization (Hartmann, 1939, 1950; Kris, 1951), the individual remains at the mercy of their drives—“like a headless chicken”—impulsive, irrational, and affectively unmodulated, behaving as though “something has taken hold of them.” Such individuals often verbalize this experience through expressions like: “It’s stronger than me,” or “I get taken over.” The corresponding anxiety is one of overwhelm, closely linked to fears of obsession, madness, loss of control, or mental disintegration. It also includes concerns about possible psychosomatic consequences of unregulated emotional states—most commonly, fear of cardiac issues—manifesting as a diffuse and pervasive fear of one’s own impulses and their potential outcomes.

3.1.2. Counter-skills in neutralization

Two common types of avoidance counter-skills can be observed in individuals with underdeveloped neutralization, corresponding to Erikson's (1982) concepts of maladaptations (an excess of a trait) and malignancies (a deficit of a trait). Maladaptation involves the development of a neurotic pride in impulsivity, where impulsive behavior is rationalized and reframed as spontaneity, openness, passion, or intense emotionality. In contrast, malignancy entails the avoidance of all situations in which impulses—particularly aggressive or sexual—might emerge. This often includes social withdrawal, seclusion at home, and the use of panic attacks as a justification for avoiding environments where emotional or instinctual breakthroughs are possible. In such cases, obsessive-compulsive behaviors and intrusive thoughts may function as powerful defenses, serving to compensate for the individual's insufficient capacity for neutralization.

3.2. Mentalization

Mentalization – *social anxiety related to misunderstandings of one's own and others' actions.* (During a panic attack, fears such as: feeling "lost" in social situations, "I won't know what to say if someone says something to me," misunderstandings of one's own and others' actions or emotions, maladjustment, fear of appearing as a "social idiot," "weirdo," or "naive.")

Mentalization is a mental process through which a person implicitly or explicitly interprets their own or others' actions as meaningful based on intentional psychological states such as desires, needs, feelings, beliefs, and reasons (Bateman and Fonagy, 2004).

3.2.1. Deficits in mentalization

The inability to reflect on one's inner state, and the failure to recognize that others possess their own beliefs, desires, and intentions, characterizes a deficiency in mentalization. This results in the individual's inability to understand both themselves and others, leading to insecure emotional attachment. Such an individual is prone to drastic mood swings and fluctuating self-representations, remaining at the mercy of both external and internal events. *Psychic equivalence* refers to the phenomenon where mental states are equated with physical reality, while *omnipotence of subjectivity* is the belief that one's own mentalization is infallible, leading the individual to assume they are always correct.

3.2.2. Counter-skills in mentalization

Counter-skills (Defensive Patterns): As with deficits in the development of any emotional competence, maladaptations or malignancies may emerge. In maladaptations, *hyperactive mentalizing occurs*—an attempt to perceive mental content even where it does not exist, such as in delusional ideas of reference or paranoid thoughts. The individual struggles to distinguish fantasy from reality, and their functioning reverts to a "make-believe" mode, where they pretend to understand and mentalize. *Omnipotence of subjectivity arises*—where the person believes their mentalization is infallible, and they are always right. In malignancies, the individual avoids any reflection or discussion about emotions or psychological states. They may claim, "I don't

understand such things," or express a dislike for overthinking or analyzing. They believe that matters should occur spontaneously, without much consideration of motives or psychology, as this, they argue, "spoils the authenticity of relationships and experiences." These individuals primarily discuss facts and events, avoiding conversations about internal experiences, motivations, or psychological states. They interpret actions solely in terms of physical constraints or observable goals, often adhering to the belief that thoughts and feelings change exclusively through action (e.g., "Do this, and you'll feel better"). This avoidance often extends to social situations, particularly those involving closer interactions, personal conversations, or discussions about emotions.

3.3. Object wholeness

In the case of undeveloped object constancy, *persecutory anxiety arises*, along with a *fear of disappointment* (following idealization or infatuation). This is accompanied by a fear of persecutory guilt and disintegration, particularly when love and aggression are directed toward the same object. The individual may attempt to avoid the depressive position due to the intense, opposing feelings they experience toward the same person. A prominent manifestation of this dynamic is the "fear of personality disintegration," characterized by drastic oscillations in self-experience, such as alternating between an inflated sense of self ("superhuman") and a deeply diminished sense of self ("miserable self"). Such an individual may display arrogance and a sense of superiority in some areas and situations, only to exhibit helplessness and a sense of worthlessness in others. This successive splitting, or "temporal splitting," leads to the division of self or object representations over time, resulting in fragmented personalities that seem to possess independent existences (Kohut, 1977). Common expressions, often voiced after the loss of a relationship with a loved one, include: "I'm falling apart," or "I'm bursting at the seams."

During panic attacks, individuals experience intense fears. In the context of negative emotions, there is a fear of losing neutralization and control, along with the fear of acting impulsively and dangerously toward oneself and others. Additionally, there is a fear that others, onto whom aggression is projected, may retaliate or commit harmful acts against them. Persecutory anxiety emerges, accompanied by the fear of destruction and disintegration, as expressed in thoughts such as, "I will be destroyed" or "I will fall apart." The mechanisms of splitting and projection dominate, fueling anxiety about one's own destructiveness—"the evil within me will destroy all that is good." In the context of positive emotions, there is a fear of self-idealization, leading to the person potentially appearing "blind," "stupid," "naive," or "exploited," and experiencing deep disappointment and hurt. If the individual has such experiences—likely in cases where object wholeness is underdeveloped—there is a simultaneous desire for idealization (e.g., falling in love) and fear of new injury, which can amplify anxiety and trigger panic attacks when stronger positive emotions occur. Furthermore, the fear of ambivalence is also prevalent in individuals with underdeveloped object wholeness, particularly the fear of persecutory guilt and disintegration if love and aggression toward the same object coexist. This leads to the avoidance of the depressive position, as individuals experience extreme opposing feelings toward the same person.

Object wholeness is the capacity to maintain and integrate the different aspects of experience (both positive and negative) related to a person, oneself, or reality as a cohesive whole. In terms

of its function, object wholeness has been described as the "glue" of the psyche. The concept of "object wholeness" was introduced into psychoanalytic theory by Melanie Klein (Klein, 1940). Developing object wholeness involves overcoming the mechanism of splitting, a primitive defense mechanism by which the psyche separates the positive and negative aspects of an object's experience, treating them as if two distinct objects exist. In psychoanalysis, the term "object" refers to a person, object, or situation toward which feelings of love or hate are directed. According to Melanie Klein, every child undergoes a phase of early development referred to as the "schizoid-paranoid position," during which splitting is the predominant defense mechanism, and there is no perception of the object as a whole (Klein, 1948). In this phase, the perception of the mother is divided into the "good mother" (the "good breast"), who is loved, and the "bad mother" (the "bad breast"), who is hated. As the child matures, integrating the good and bad aspects of the object, oneself, and the world leads to what Klein calls the "depressive position." This phase is marked by feelings of guilt related to the child's aggressive impulses toward an object that is now perceived as whole. If positive feelings toward the object predominate in the child's experience, the child develops a need to "repair the object"—to mend the "damage" caused by aggressive fantasies directed at the loved object. However, if negative experiences and feelings toward the object dominate, the reparative process fails, leading to overwhelming tension that the ego cannot manage. This results in a regressive return to the schizoid-paranoid position, accompanied by a renewed separation of good and bad objects.

3.3.1. Deficit in object wholeness:

When object wholeness is not functioning properly, individuals in everyday speech often describe the perception of someone with a deficit in object wholeness using expressions such as: "not whole," "cracked," "snapped," "falling apart," or "fragmented." Experts refer to this condition as "personality fragmentation." Without object wholeness, the "glue" of the psyche—the capacity to experience both another person ("object") and oneself in a cohesive and integrated manner—is lost. As a result, experiences of the other person or the self are split into a black-and-white dichotomy of good and evil (often described as having "snapped"). The primary mental operation becomes categorization, where experiences are reduced to binary classifications of good and bad, with no continuum between them. This leads to intense emotions—either overwhelmingly positive or overwhelmingly negative.

3.3.2. Counter-skills in object wholeness

Counter-skills (defensive patterns): These can develop into maladaptations or malignancies. In maladaptations, a person intensifies splitting and rationalizes it by clearly distinguishing between good and evil, having "pure" emotions, not feeling "in the gray area," not relativizing good and evil, and experiencing strong emotions because they are passionate and morally clear-cut individuals. They build their neurotic pride around this extremity, interpreting the outcomes of black-and-white views and reactions as the consequences of honor, honesty, and morality in a world of people who are not "pure," who do not clearly distinguish between good and evil. In a person with a deficit in object wholeness, there is persistent splitting of self and object representations, accompanied by intensified emotions. Temporal splitting leads to erratic behavior (a person may love one day, hate the next, without awareness of the opposing feeling in the previous period). They do not see and do not feel the contradiction, minimizing its effect

on their partner ("these are just my quirks," "I got out of bed on the wrong foot"...). They perceive this variability and moodiness as their character that others should accept as it is, without protest. Symptoms such as splitting, emotional overload and violence, malignant erotic transfer (Akhtar, 1994), paranoid states and reactions also appear.

Splitting, emotional overload and violence

A failure to develop object wholeness results in persistent splitting of self and object representations, leading to the loss of object wholeness. Splitting induces recurrent, intense, and convincing oscillations in self-esteem (Akhtar & Byrne, 1983; Kernberg, 1976; Mahler, 1971), which sustains an insecure sense of identity. This "diffusion of identity" not only causes noticeable contradictions in personality traits but also produces temporary discontinuities in self-perception, akin to living in fragments (Pfeiffer, 1974). The inner world becomes populated by caricatured partial objects, and the individual perceives themselves and others in a fragmented manner—either as wholly good or entirely bad. These fragmented perceptions do not integrate but instead function independently. There is an inability to understand others in their totality or to tolerate ambivalence, resulting in a tendency to respond to real challenges with negative mood fluctuations. In clients with an actively directed ego, overwhelming aggression that cannot be neutralized may lead to destructive and violent behavior.

In the case of malignant erotic transference (a term referring to the client's behavior within a therapeutic context, though it may also manifest outside psychotherapy), the client may experience the belief that "in love, anything is permissible." This includes gross violations of another person's boundaries, imposing demands, insisting on the fulfillment of personal needs, engaging in blackmail, or manipulation, because the client operates under the notion that "need is the law."

Paranoid states and reactions

While idealization of an object of love is a normal and integral component of intimate attachment, when employed defensively, it functions to shield the dyad from ambivalence. Such relationships are inherently fragile, as they are unable to withstand disappointments. When a disappointment occurs, the idealized object is abruptly transformed into its opposite, the "bad object," and intimacy shifts into hatred (Kernberg, 1995). The exaggerated and unrealistic nature of idealization hinders the formation of a genuine intimate bond, as true intimacy necessitates a realistic perception of the other. Although love and hatred are present in most human relationships, intimacy requires the capacity to integrate these conflicting emotions and the ability to tolerate ambivalence (Kernberg, 1984). Another primary defensive mechanism, prevalent in the paranoid-schizoid position and obstructive to intimacy, is projective identification. This defense, which is closely tied to splitting, involves projecting unwanted aspects of the self—primarily destructive ones—onto others. The other person is subsequently induced to act in a manner that aligns with these projections, leading the projector to perceive them as a threat, compelling a need to control them. These primitive defenses obstruct genuine contact, dialogue, reciprocity, and authentic connection with the other. As a result, under these circumstances, intimacy becomes unattainable.

In malignancies, there is a retreat from communication and a life dominated by fantasy. Akhtar identifies two prominent types of such fantasies: the fantasy of "one day..." (where one expects a future devoid of pain and conflict) and the fantasy of "if only..." (where one imagines that everything in life would be different if a specific past event had not occurred). Individuals who engage in these fantasies demonstrate little interest in the present or future, becoming fixated on events from the past. By dwelling on what has already happened, they cling to the belief that life would be fine if only a particular event had been avoided. This leads to the idealization of life before that event, fostering a sense of heightened vulnerability and nostalgia. Both fantasies create a magical fusion with the good object, either in the past or future, while withdrawing from present reality. Additionally, these fantasies hinder the ability to mourn or process grief.

3.4. Object constancy

In the context of panic attacks, the specific phase of separation-individuation in which an individual has stalled influences the type of anxiety experienced. In the symbiosis phase, there is anxiety characterized by feelings of helplessness and "cosmic loneliness." The differentiation phase generates anxiety related to being "suffocated" or "losing oneself in a relationship," coupled with a strong desire for symbiosis and a corresponding fear of suffocation, loss of self, and boundary dissolution. The reapproachment phase brings anxiety related to losing support, fear of "no going back," and an inability to return to the object once separation occurs, accompanied by guilt due to the process of separation. The separation phase involves the fear of losing the object, an inability to be alone, and a fear of loneliness and independence.

Hartmann (1952) introduced the concept of object constancy in psychoanalytic literature, stating, "...it is a long way from an object that exists only while satisfying needs to that form of satisfying object relation which includes object constancy." This concept refers to a developmental stage in which a child's connection to a cherished object stabilizes, becoming an internalized, enduring connection that is independent of the object's immediate function in fulfilling needs.

Anna Freud (1965) described the progression from dependency to reliance on one's own strength, highlighting the 'stage of object constancy,' wherein a positive internal image of an object is maintained, regardless of satisfaction or dissatisfaction. The term 'object' in this context predominantly refers to the mother, a point made explicit in Spitz's (1946, 1965) concept of the 'libido-invested object,' which refers to the development of a stable bond between the child and the mother. However, it was Margaret Mahler's work that most prominently placed the concept of object constancy within the context of the mother-child relationship. Mahler (1963) proposed that the emergence of object constancy occurs in the later stages of childhood, specifically between 25 and 36 months of age, during the fourth sub-phase of the separation-individuation process. Her primary criterion for this development was the child's ability to tolerate short separations from the mother—a capacity that Mahler believed resulted from the child's formation of a stable internal representation of the mother. The process of separation-individuation, as part of personality development, involves complex, circular interactions between psychosexual development, ego maturation, and the differentiation of self and object representations, which together facilitate the achievement of object constancy.

Separation and individuation involve two interdependent processes and complementary types of development. Separation refers to the intrapsychic process that leads to self-object differentiation and "objectification" (Hartman, 1956). It is the process by which the mother begins to be perceived as separate from the self. Individuation, on the other hand, centers around the child's developing self-concept and arises through the evaluation and expansion of the child's autonomous ego functions. Together, these processes lead to readiness and satisfaction in independent functioning. The capacity to maintain and utilize a stable mental representation of the libidinal object results from interdependent, reciprocal relationships between maturation, modulation, and the fusion of libidinal and aggressive drives; ego development, including perceptual apparatus and memory; defensive and adaptive functions; as well as actual experiences of gratification and frustration in the child's life. This process particularly depends on the emotional availability of the mother and the quality of the mother-child interaction (McDevitt, J.B., 1975).

What always loves us, what constantly meets all our needs, is often not perceived as such; rather, we tend to regard it as an inherent part of our subjective ego. We dismiss what has always been hostile toward us. However, for that which does not unconditionally fulfill our desires—what we love because it brings us pleasure and hate because it does not serve us in every regard—we attach specific mental markers and traces in our memory that carry the quality of objectivity (Ferenczi, 1926). This psychological pattern can also be observed in adult relationships. If we have a partner who always pleases us, who behaves in such a way that "wherever we turn, they're right there," we may begin to overlook them as a person. We take them for granted, assuming what they do. In the current system of "child-centered education," parents are often seen in this way by their children, as if everything they receive from their parents is assumed, as though the kindness and support they consistently offer go unnoticed.

3.4.1. Deficit in object constancy

To develop object constancy, it is essential for the child to first achieve object integration—integrating various aspects of their experience with the mother into a cohesive whole, recognizing her as a person who both satisfies and frustrates. Prior to the development of object constancy, the object does not exist as a whole entity. Object constancy is attained when the specific defense mechanism—splitting the object's image—is no longer easily accessible to the ego (Mahler & Furur, 1968).

Mahler also proposed a sequence of stages through which the child must progress to achieve a sufficiently stable sense of self and others:

- *Symbiosis Subphase* (up to 4 months): During the symbiotic phase, the 'basic core' (Weil, 1970) of the child is in a state of entanglement with the mother's self.
- *Differentiation Subphase*: From around 4-5 to 8-9 months, this first subphase of separation-individuation involves the child being drawn inward toward autonomy, beginning to recognize their psychological separateness through rudimentary exploration of the self, the mother, and their environment.

- *Practicing Subphase* (from 9 to 16-18 months): In this phase, the child, now crawling and later walking, exuberantly explores their newfound psychological autonomy and motor freedom. While still seeking emotional reassurance from the mother, the primary focus is on practicing their ego functions and expanding the circle of exploration.

- *Reapproaching Subphase* (between 16 and 24 months): In this subphase, the child feels that their autonomy and psychomotor freedom are now constrained, and they begin to recognize that the external world is more complex than they previously imagined. A child who has experienced a narcissistic injury realizes they are not as powerful and capable as they once thought in the earlier phase. As a result, they regress, hoping to find symbiotic unity with the mother again. However, this return invokes ambivalence, as the drive for individuation has already taken hold, and the child has experienced the gratification of ego development through autonomous functioning. This ambivalence manifests in behavioral contradictions, with the child sometimes seeking closeness and fusion with the mother, and at other times confidently distancing themselves to assert autonomy, control, and separation (Mahler, 1974).

- The final *subphase of separation-individuation*, occurring between 24 and 36 months, culminates in the achievement of object constancy and, consequently, self-constancy. During this subphase, the child develops a more stable and realistic sense of self. It also involves the consolidation of a deeper, though somewhat ambivalent, internalized object representation of the mother, with libidinal attachment that is less vulnerable to transient frustrations. Object constancy ensures the long-term presence of the mother within the child's mental structure. Meanwhile, self-constancy establishes a coherent, autonomous self-representation with minimal fluctuations under the pressure of drives. Together, these functions eliminate aggression towards the self and object through repression, rather than through splitting. The capacity to tolerate ambivalence now emerges as a key developmental milestone.

The child becomes capable of more complex relationships with the object (Kramer & Akhtar, 1988). The internal presence of a "good-enough mother" (Winnicott, 1962) diminishes the need for her physical presence. Through both clinging to and separating from her, the child maintains an "optimal distance" (Bouvet, 1958; Mahler, 1974). This "psychic positioning" allows for intimacy without sacrificing autonomy and separation without experiencing painful loneliness (Akhtar, 1992). Simultaneously, the development of "constant reality" (Frosch, 1966) occurs, enabling the autonomous ego functions to tolerate environmental changes without psychic disturbance or maladaptive disruption.

Achieving constancy of self and object is not a one-time event, but an ongoing process that continues to unfold. Mahler (1968, 1971, 1974) emphasized that while her descriptions focus on the separation-individuation phase, this process continues to evolve and stabilize throughout further maturation, even into adulthood.

Understanding the subphases of the separation and individuation process, along with the issues that arise if a person becomes "stuck" at any stage, helps us better recognize specific anxieties in adult clients and link them to fears associated with panic attacks.

Without the development of object constancy, which serves as a stabilizer of the psyche (Hartman, 1952), a person remains "unstable" and dependent on others. They lack a stable mental representation of both the other and themselves, and struggle with self-regulation. This leads to a pronounced "need-fear" dilemma, marked by a strong desire for symbiosis alongside a fear of suffocation, losing oneself, and boundary dissolution in relation to the ego (Akhtar, 1987, 1990, 1994; Burnham et al., 1969). Depending on the stage of object constancy development, various anxieties can dominate:

- Anxiety of helplessness or "cosmic loneliness," with a feeling that "the world is empty, without an object" – during the symbiosis phase.
- Anxiety of suffocation or "losing oneself in the relationship" – during the differentiation of self and object phase.
- Anxiety of losing support or "no turning back," often accompanied by guilt over separation – during the reapproachment phase.
- Separation anxiety, marked by fear of losing the object, an inability to be alone, and fear of solitude and independence – during the separation phase.

3.4.2. Counterskills in object constancy

These maladaptations are also categorized into two groups: maladaptations and malignancies. In the case of maladaptation, the person focuses on controlling the object and establishing a symbiotic, dependent relationship. Depending on the stage in which the development of object constancy has stalled, counter-skills can manifest as patterns of merging, building symbiotic relationships without differentiation. For instance, in the symbiotic phase (or failure of differentiation), the couple may become an undifferentiated "We," with no clear boundaries between individuals. There is no optimal distance between them, and their identities are overly fused. When there is a standstill in the reapproaching sub-phase, counter-skills are organized around attempting to achieve both symbiosis and separation, leading to a "need-fear dilemma." This manifests in behaviors like "one rushes toward, the other runs away," or cycles of breakup and reconciliation, where one partner takes freedom at the cost of the other's dependence. Individuals with borderline personality disorders often oscillate between rapprochement and escape, symbiosis and separation (Akhtar, 1990). They are on a constant "seesaw" between these extremes, creating chaotic and unstable relationships, marked by oscillations between love and hate (Gunderson, 1985; Melges & Swartz, 1989). Periods of idyll and periods of intolerance occur as they struggle with the fear of complete union and, simultaneously, the desire for it. On the other hand, a person with a narcissistic organization may show more stability and less frequent oscillations (Adler, 1981; Akhtar, 1989; Kernberg, 1970a). However, narcissistic individuals build double standards for themselves and others. They do not want to relinquish their complete autonomy in relationships, but they also refuse to acknowledge their partner's autonomy or respect their separate mental life.

In cases of malignancy, counter-skills emerge in the form of avoiding real relationships and fulfilling the need for symbiosis through fantasy. A paranoid personality recoils at any shift in distance initiated by others (Akhtar, 1990b), relying instead on the 'reliability' of their fear of betrayal (Blum, 1981). When feelings of closeness and the need for another person arise, the paranoid individual responds with paranoid fears directed at the object of affection, maintaining

emotional distance. Simultaneously, rather than forming a genuine emotional connection, they sustain a fantasy of a special, magical bond with the object (e.g., sharing thoughts, being constantly “in each other’s heads”). The paranoid personality cannot tolerate indifference, yet neither can it tolerate contact. Constructing a “special connection” becomes a substitute for real intimacy. However, this substitute resembles being perpetually “online”—an experience that is itself threatening. When negative emotions emerge within the relationship, such a connection is perceived as dangerous, as though the partner might “enter their mind and control them.”

A schizoid personality, on the other hand, appears to withdraw while maintaining a vivid, imagined connection with their objects (Akhtar, 1987; Fairbairn, 1952; Guntrip, 1969). Instead of engaging in relationships with real people, the schizoid individual resolves the need-fear dilemma by retreating from real interaction and sustaining connections that exist solely “in their mind,” with imagined figures.

3.5. Frustration tolerance

Frustration tolerance - anxiety of not being able to stand being frustrated (“I can’t stand it”) Depending on the type of needs related to some phase of psychosexual development or the injury of some need related to self-image, narcissistic injury, we can also notice specific anxieties related to certain needs whose unsatisfaction, or even the suspicion that they may be unsatisfied, can cause panic attacks:

- “oral” needs - fear of not being able to satisfy the need for protection, to be tucked away, to be the center of someone’s attention, to receive without the obligation to give.
- “anal” - fear of losing autonomy, of being trapped by something, that someone or something will impose their will on us, fear of losing control over the situation, one’s own emotions.
- “phallic” - fear of standing out (castration fear punishes us for exhibitionism or rivalry), fear of losing pride (of one’s masculinity or femininity).
- narcissistic needs - fear of losing self-worth, good self-image. Fear of negative reflection of one’s features, actions, ambitions, fear of contempt from others, loss of self-esteem, feeling of worthlessness, inferiority, irrelevance. Fears of losing the idealized image of parents or some other group to which I belong, the destruction of ideals.

In OLI IPP, we called frustration tolerance the immunity of the psyche, because this ability is the basis of our resistance to frustrations that life brings with it. Like physical immunity, frustration tolerance is developed by experiencing weakened triggers – optimal frustrations (Kohut, 1971). In the psychological sense, the ontogenetic development of man is not possible without frustration; at the same time, the level of frustration must be adequate to the specific developmental stage and children’s capacities, which can differ individually according to the constitutional peculiarities themselves.

3.5.1. Deficit in frustration tolerance

Basically, we can say that undeveloped frustration tolerance has its roots in two types of sources:

1. Trauma (traumatic failure to satisfy certain developmentally important needs), and
2. Fixation (excessive satisfaction, lack of optimal frustration, eroticization).

We compared frustration tolerance with immunity. When we talk about immunity, we distinguish between what we call "general immunity"—the body's overall ability to deal with pathogens—and "specific immunity" to particular pathogens. A similar distinction can be made regarding the ability to tolerate frustration. We can say that some individuals generally tolerate frustration better than others, possessing a stronger "general psychological immunity" to the frustrations that life inevitably brings.

However, it is also true that each person has their own "Achilles' heel"—a particular type of frustration that is more difficult to endure than others. These types of frustration can, even in adulthood, be experienced as "typical representatives" of frustrations tied to one of the aforementioned developmental stages and the unmet needs associated with those stages. In such cases, the individual may respond in ways similar to their reactions during childhood.

In defending themselves against frustrations they cannot bear (or are convinced they cannot bear), individuals typically employ one of two common strategies: 1. avoiding all situations in which they might experience the frustration of a need to which they are particularly sensitive (malignancies), or 2. attempting to coerce or manipulate others into satisfying that need (maladaptation).

- Without frustration tolerance, a person lacks immunity to the frustrations brought by life, love, and work, and tends to "crack under pressure."
- The person has an "Achilles' heel"—a specific type of frustration they cannot tolerate, accompanied by a fear of "what if this happens to me."
- Specific intolerances—anxieties related to the inability to tolerate frustration—can include: "oral" (frustration of the need for receiving, care, protection), "anal" (frustration of the need for autonomy, retention of "ownership," control over impulses), "phallic" (frustration of exhibitionistic or rivalrous needs).
- Lack of frustration tolerance related to narcissistic needs manifests as hypersensitivity to injuries to one's self-image (grandiose self) and the image of the idealized object (idealized parental image)—resulting in narcissistic injury anxiety (shame, embarrassment, etc.).

3.5.2. Counter-skills

Also, these behaviors are organized into two groups: maladaptations and malignancies. In the case of maladaptation, the individual is focused on actively manipulating others to force them into satisfying their needs, as they are unable to tolerate the satisfaction of those specific needs. This manipulation may involve force, oversensitivity, or inducing guilt, among other tactics. In contrast, with malignancy, the individual withdraws from situations in which they might experience frustration regarding a particular need to which they are especially sensitive. They may devalue or deny the need itself ("I don't care...", "It's stupid..."), thereby avoiding, through rationalization, the experience of frustration. Alternatively, they may project the need onto another person with whom they identify and partially satisfy the need through that person, "living vicariously through them," while the other person is exposed to the risks the individual themselves fears.

3.6. Ambivalence tolerance

Ambivalence tolerance is associated with anxiety related to decision-making and the fear of making mistakes. There is also a fear of guilt if conflicting emotions are directed toward the beloved object. In cases of panic attacks, intense anxiety arises when a decision must be made.

3.6.1. Deficit in ambivalence tolerance

The fear of making a mistake, of taking responsibility for decisions made, and of losing something is a central aspect of ambivalence. Deciding on something often implies the loss of something else. Individuals exhibiting this fear have identified with both polar opposites, and their identity depends on maintaining both. They may perceive resolving ambivalence as equivalent to losing a part of themselves. The fear of commitment in ambivalent individuals is often closely related to a profound fear of death, including the fear of losing their social identity through death. As adults, they may develop an ego identity characterized by procrastination, engaging in a constant but ultimately unfulfilled pursuit of specific goals and values that are intended to guide their lives, but without realization. The refusal to commit to anything, the refusal to take a stance, impedes the formation of a solid identity. The fear of death is frequently linked to a sense of an unfulfilled, unlived life, a result of persistent ambivalence. Decision-making, determination, and commitment can be perceived as "something definitive," embodying finality—death.

Patrick McGuinness (2004) conceptualized new anxieties of the modern age related to the fear of missing something, or the fear of losing something: FOMO and FOBO. FOMO (Fear of Missing Out) refers to the anxiety associated with missing out, being out of touch, or failing to stay informed. This fear often leads individuals to experience anxiety when they lack internet access, feel disconnected, or miss opportunities for social interaction. It involves fears of not being part of significant social events or making the "right" choices in a world where every experience is expected to be fully enjoyed. This fear can also be observed in the lives of clients who express concerns about missing out on aspects of life, failing to experience all that life has to offer, being late in their achievements, or feeling inefficient and unable to fully engage in life's opportunities.

FOMO is closely related to FOBO (Fear of Better Options), which refers to the fear of committing to a choice because a better option may always emerge. Every decision entails both gain and loss. For instance, if I choose one partner, what if a better option appears later, or if I select a job, what if a better one comes along? FOBO is characterized by feelings of anxiety, frustration, stress, and unhappiness. These fears stem from an overabundance of freedom of choice, which becomes problematic for the postmodern individual who lacks clear criteria to guide their decisions. In their postmodern, Faustian desire to overcome all limitations, they struggle to accept that, in life, something must always be sacrificed in order to embrace what is truly valuable and chosen. Parenthood, for example, represents a choice to forgo many opportunities for career advancement or leisure in favor of dedicating time, love, and energy to one's children.

- The ability to tolerate ambivalence has often been referred to as the psyche's guide. It represents the capacity to tolerate conflicting emotions toward another person, oneself, or activities, with the predominance of positive feelings. This ability involves the capacity to commit, to make decisions, and to move toward or away from something. Commitment is possible only if we can simultaneously acknowledge different emotions. Fleeing to one side of the polarity does not represent tolerance or resolution of ambivalence but rather serves as a defense against it. In psychoanalysis, the term ambivalence describes the simultaneous existence of conflicting feelings toward the same object (person, item, phenomenon, etc.). The term was introduced by Paul Eugen Bleuler in 1952.
- Manifestations of a Developed Ability: A person with a developed tolerance for ambivalence is able to decide whether to remain in a relationship or engage in an activity, despite negative feelings. The decision is clear. When they say "yes," they truly mean it, despite being aware of some negative feelings toward the relationship or activity. When they say "no," they make a definitive decision and refrain from engaging in the relationship or activity. When working, they do not sabotage themselves with ambivalence, procrastination, or exaggeration. Instead, they work in accordance with the demands of the task or goal they have set.
- A person without ambivalence tolerance is indecisive, unable to confront conflicting emotions toward another person, an activity, or even themselves. They struggle to weigh emotions honestly and make a commitment or decision. A mature decision requires "measuring without cheating"—an honest and thorough assessment of all the emotions we have toward the object of our decision.

3.6.2. Counter-skills in ambivalence tolerance

They manifest as maladaptations and malignancies. In maladaptations, various maximalist patterns emerge in which the individual "cuts corners," acts with apparent decisiveness and commitment, and demonstrates excessive care and effort toward the person they "love." They may overemphasize the positive aspects of the relationship while repressing the negative, or conversely, highlight the negative while repressing the positive—yet still remain in the relationship. Perfectionism is one such maladaptive pattern. The opposite expression of the same mechanism can be found in passive-aggressive behavior. In malignancies, the person tends to be superficial, struggles to make decisions, avoids commitment, delays decision-making, and attempts to "have it both ways." They often build superficial relationships in order to avoid the internal conflict produced by ambivalence, emotionally "fluttering" from one connection or option to another. FOMO and FOBO are included among malignancies, as they reflect chronic indecisiveness driven by a persistent fear of missing out on something better or more meaningful.

3.7. Will

In the case of undeveloped will, *anxiety related to self-support, perseverance, loss of freedom, and autonomy develops.*

3.7.1. Deficit in Will

In panic attacks, the following anxieties are present: anxiety about the lack of self-confidence – "Can I rely on my own perseverance," will, self-discipline, work habits... Anxiety about the loss of freedom, autonomy, and fear of being exploited – "They will impose on me, trap me, use me..." A person with undeveloped will "positions" themselves to be controlled and then resists control. Fear of a "slave-like life" (employment, fixed working hours, constant obligations, loss of freedom...). Fear of losing will, fear of relaxation – a person with a strong, disciplined will, which serves as overcompensation, fears relaxation, slipping into the opposite extreme, the laziness hidden within them. Fear of intimacy – resorting to manipulative skills, manipulating the will of others. Fear of contradictions within oneself, fear of hidden weakness, fear of hidden strength, fear of exposure and breakdown of manipulative skills, and fear of being unmasked.

We called the will "the engine of the psyche." That engine should lead a person toward personal development and encourage the development of others. Rank (1932) attributed to the will a positive line of development that leads to the achievement of the highest form of human creation—the creation of personality. The instrument of that creativity is the human will, "which can manifest negatively as inhibition (control) or as creative energy that moves, gives direction, and purposefulness." Will, however, is an engine that can "drive" in different directions. The key characteristic of a mature will is that it "drives" in the direction of development, adaptive behavior, and living at one's own expense. The key characteristic of an immature will is that it "drives" in a direction that does not lead to the development of the person (nor to the development of others) but is directed toward manipulation of oneself and others, and some form of "parasitism," living at someone else's expense. A mature will is directed toward exchange and reciprocity; an immature will is directed toward exploitation—taking from others, with the help of manipulation, without reciprocity, proper, or adequate exchange. We have already mentioned one of the "laws" of OLI IPP: "people allow themselves to do what they shouldn't because they don't allow themselves to do what they should—to develop" (Jovanović, N., 2013).

Rank described several stages in the development of the will. The first developmental stage of the will manifests as "counter-will," as a "won't" that opposes the will of others—what "must" be done. The second stage, the phase of positive expression of will, or good will, refers to the willingness to do with one's own will what must be done ("what must be done is not difficult"). The third, creative phase, relates to the person being willing to do what they themselves want (achieving their own goals). A halt in any of these stages leads to specific deficits in the development of the will.

3.7.2. Counter-skills in will

The deviation of will is the imposition of one's own will on others through various means of active and passive manipulation. People with weak will manipulate passively, using some form of weakness, typically attaching themselves dependently to active manipulators with stronger will. Those with strong will, who are not focused on development, use active manipulative skills

(counter-skills) to dominate the will of others. Manipulations of will are based on projecting one's own inner contradictions (the parts they hide or repress) onto others.

A will that is weak or not directed toward development is used for passive or active manipulation of others. It can become "stuck" in "counter-will"—constant opposition and defiance, in "goodwill"—the need to please, manifest as "self-will," or as "lack of will."

All these manifestations are directed toward some form of manipulation instead of self-actualization. Love is replaced by power, irresponsibility, dependence, the use of others, fear-based respect, a sense of personal righteousness, or the feeling that others depend on the person—for some "comforting reward." In manipulating others' will, a person denies a part of themselves, which they then control in others.

Counter-skills are organized around maladaptations—active skills for imposing one's will on others—and malignancies—passive ways of attaching to others' will. These are described in detail in the book *The Ability to Love and Work – OLI Integrative Psychodynamic Psychotherapy* (Jovanović, 2013). While the active manipulator gains by winning, the passive manipulator gains by losing. Active manipulators (maladaptations) manipulate through some form of overt power: "The Dictator" exaggerates their strength, "The Calculator" exaggerates their control, "The Bully" exaggerates aggression, and "The Judge" exaggerates criticism. Passive manipulators (malignancies) manipulate through some form of weakness: "The Weakling" exaggerates sensitivity, "The Clinger" exaggerates dependence, "The Do-Gooder" exaggerates care and love, suffocating others with kindness, and "The Protector," the opposite of The Judge, exaggerates support. Both The Do-Gooder and The Protector can also fall into the category of active manipulators.

3.8. Initiative

Initiative – anxiety of standing out, rivalry, "castration anxiety." Fear of guilt for taking initiative, for taking matters "into one's own hands." Fear of envy for success, of being degraded out of envy, malice, or rejection by the environment. Fear of punishment for bold desires, for standing out, or for competitiveness. In panic attacks related to deficiencies in initiative, these fears particularly arise when the person is exposed, advancing, or wishes to advance, to achieve or conquer something, or when they are in or anticipating rivalry—especially if they "dare" to stand out.

Initiative is the ability to independently start or initiate something, the willingness to take the first step, and the responsibility to persist in the initiated activity. Initiative means "recognizing and doing what I believe needs to be done before someone asks me to do it." According to Erikson's (1985) theory, a mature, developed capacity for initiative is the ability to develop activities or projects, along with the confidence and belief that it is acceptable to do so, even if there is a risk of failure or mistakes. The basic virtues or skills involved in initiative include a sense of purpose and direction, the ability to make decisions, the ability to collaborate with and lead others, the ability to define personal direction and goals, and the capacity to take initiative and appropriate risks.

Failure: If expansion and attempts at initiative during development are followed by excessive fear, feelings of guilt due to rivalry and sexual fantasies, it may lead to a halt and abandonment of initiative. Failure in resolving this crisis leads to the entrenchment of feelings of guilt, anxiety, and fears for life and limbs (the so-called "castration anxiety"—"I stood out too much, showed my power, so they could punish me by cutting off my penis"). In girls, this leads to an unconscious belief that they had male genitalia, which were cut off as punishment for secret deeds and thoughts. Initiative is lost, and a "persecutory conscience" develops—a constant internal voice that constantly watches, accuses, burdens with guilt, and drives self-punishment. Such an outcome of the crisis can lead to persistent self-limitation, not allowing the individual to live in accordance with their capacities. Another possible resolution is initiative expressed despite strong feelings of guilt. The tension created in the person's body during this can lead to "tireless efforts" to show their initiative by working compulsively (workaholism), as if their worth consists solely of what they strive to do. This way of resolving the crisis often leads to psychosomatic illnesses.

3.8.1. Deficit in initiative

Without initiative, a person becomes reactive, lacking the "key" to their "motor"; they require someone else to initiate actions on their behalf. They fear acting independently and taking responsibility for their actions. "Castration anxiety" arises—the fear of being "demeaned," "removed from position," or "punished for standing out, exhibiting themselves, or claiming something that doesn't belong to them." This is accompanied by anxiety related to rivalry, defeat, and "impotence," symbolized as "a smaller penis." The individual fears that the rival will defeat and demean them, leading to anxiety related to phallic-narcissistic injury.

3.8.2. Counter-skills

Maladaptations—Initiative developed despite guilt, which denies the presence of guilt, can lead to a merciless pursuit of initiative at the expense of others, insensitivity, and the "theft" of initiative from others, often even from one's own children (for example, a parent who consistently initiates activities related to the child's interests before the child can express their own desires or interests). As with the development of autonomy and will, autonomy acquired through the denial of shame and doubt can lead to impulsiveness, self-will characterized by thoughtlessness, and disregard for others. The sexual initiative of a phallic-retributive individual, as Erikson describes, can be a maladaptive response to the initiative stage crisis versus guilt—exploitative, ruthless, aimed at collecting trophies and satisfying sexual needs and ambitions. This can also apply to women, where the "fatal femme" initiative focuses on seducing and abandoning, trophy collecting, and even performing castrative actions. Malignancies—Aversion to any risk and a lack of initiative. Such individuals avoid exposure, advancement, competition, and any form of rivalry. They are content with a job beneath their potential, as it avoids attracting attention, standing out, or provoking envy and rivalry. They may opt for a less attractive partner to avoid arousing jealousy or the risk of their partner being "stolen." Often, individuals with malignancies in initiative avoid sports, as it involves rivalry, winning, and losing.

Implications for Working Techniques in the O.L.I. I.P.P. Method:

- We do not approach every type of anxiety in the same way.
- In fact, we do not "treat" anxiety directly, but rather focus on developing the emotional competencies that have not been fully formed. This is the psychodynamic mechanism through which anxiety is overcome.
- We correct the "errors in the software" that form the underlying basis for the "clinical picture."

Since each of the basic emotional competencies has its own algorithm, with specific steps that occur within our mental apparatus when we engage them, we are able to more precisely define the types of learning and psychotherapeutic techniques that facilitate the development or unblocking of a particular ability. This is made clearer by the therapeutic goal taxonomy we have developed, which helps in sorting psychotherapeutic techniques and learning methods throughout the process of psychotherapy.

- Therapeutic techniques are "sorted" based on which ability they activate or unblock, and at which stage of development. (Cmiljanović, Škorić, 2024)
- The O.L.I. method also offers a taxonomy of therapeutic goals, clarifying which types of learning occur during psychotherapy and which abilities are activated by specific forms of learning.

Table 1

Taxonomy of Psychotherapeutic Goals – Sorting Psychotherapeutic Techniques by Types of Learning and Applicability for the Development of Specific Emotional Competencies.

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

Conclusion:

In this paper, we have linked various types of anxiety and panic attacks with deficiencies in the development of certain basic emotional competencies: neutralization, mentalization, integrality and object constancy, ambivalence tolerance, frustration tolerance, will, and initiative. These are fundamental abilities for processing and managing emotions, which, if undeveloped, hinder our ability to cope with life's challenges and the emotions they trigger. The anxieties we encounter in clients often relate to one of the eight types of panic attacks. Recognizing the specific fears that emerge when any of these competencies are underdeveloped can help identify which emotional competency is deficient. This, in turn, allows us to focus on its deblocking and development, utilizing specific techniques designed to cultivate these abilities, as outlined in the taxonomy of therapeutic goals in OLI Integrative Psychodynamic Psychotherapy.

Broad-spectrum techniques and targeted techniques: It is often unclear what a technique is actually meant to address or develop. Commonly, these techniques are generalized, with assumptions like "expanding awareness," "confronting rejected aspects of oneself," or "taking responsibility." These "general practice techniques" are akin to a broad-spectrum antibiotic—casting a wide net to address whatever issues may arise.

However, by understanding the basic emotional competencies and their functions in our minds, we can select specific techniques that target the development of these abilities. Recognizing the specific fears that arise from deficiencies in any of these competencies enables us to pinpoint which emotional competence is lacking and direct our focus toward its development. Panic attacks occur when an individual perceives that a life task cannot be accomplished due to the absence of the necessary competence.

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