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Jennifer Louise Sigurddatter

Jennifer.sigurd@outlook.com

Tallinn University

Research Article

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Escalation at the Threshold: Productive Dynamics

Jennifer Louise Sigurddatter
Jennifer.sigurd@outlook.com
Tallinn University

Abstract

Human experience is continuously organized through biographically based meaning structures that shape how present situations are interpreted and how future possibilities are anticipated. In psychotherapy, developmental movement toward the future may become particularly visible at moments in which a person approaches a threshold of change. This article introduces escalation as a specific relational intervention tactic that may operate at such moments. Escalation is understood as the deliberate intensification of a tension already present within the interactional field. Such intensification may involve affective or symbolic expressions and becomes developmentally significant when the Other moves beyond the immediately given organisation in a way that may loosen the organizing force of an existing blockage and enable previously constrained movement.

Drawing on four clinical and interpersonal illustrations, the article examines escalatory interventions. Particular attention is given to the role of imagination in this process. Across the examples, escalation may imaginatively radicalize an existing future trajectory, introduce an imaginative symbolic position, or operate through imaginative relational positioning by the Other. These forms are not meant to cover all possible forms of imagination forms in escalation, but illustrate different ways in which escalation may interact with imagination. The article distinguishes productive escalation, which may loosen existing blockings and expand imaginative possibilities, from reproductive escalation, which strengthens the dominant organization and may further restrict developmental movement.

Keywords: escalation; developmental blocking; imagination; meaning-making; developmental transition; psychotherapy; relational processes; cultural psychology; retrospective imagination

Introduction - From Therapeutic Affect to Escalation

The Internship Example

The idea for this article developed from an experience I had as an intern in a psychotherapeutic clinic during my Master's studies. I was observing the work of a therapist with whom I was interning, and one particular patient repeatedly created a strong sense of tension in the therapeutic room. She was severely ill and refused to eat. She seemed to approach possibilities for change, yet repeatedly stopped or withdrew at the point at which such change began to become concrete. During these sessions, I often noticed a strong feeling of anger emerging in myself.

In one session, the therapist suddenly responded to the patient with visible anger. He said something along the lines of, *"We cannot do more. You need to want it yourself, or you have to go!"* The intervention was striking because it differed considerably from the more containing therapeutic responses I had observed before. The patient appeared surprised. I was equally surprised, thinking to myself, *What kind of internship have I started?* At the end of the session, after the patient had left the room, the therapist calmly turned toward me with a smile and asked: *"So, did you believe me?"*

The moment stayed with me. The therapist had deliberately made an affective response visible within the therapeutic interaction. What had appeared to be spontaneous anger had been used intentionally as an intervention. In the following weeks, the therapist and patient began to develop a more effective and affective therapeutic working relationship, my impression was that the patient felt somewhat understood and taken seriously.

Such moments of escalation are not limited to psychotherapy. Human development is filled with small dramas in everyday life in which people challenge themselves or others, approach unfamiliar possibilities, and encounter resistance. These moments may involve emotional intensification, as in the example above, or they may take the form of an escalating realization within the person in an ordinary everyday setting. A person may imagine a different future while simultaneously experiencing strong reasons not to move toward it. These opposing directions may coexist within an ongoing dialogical process. The example therefore points toward a specific process question: How can an intensified moment alter the organization of an interaction or inner dialogue sufficiently for something new to become possible?

Escalation Within a Dialogical Imaginative Temporal Field

The present article extends my previous work on imagination, temporality, and developmental change. In my earlier work, future possibilities are understood in relation to biographical experience: present affective responses may carry insufficiently regulated "biographical emotions" whose patterns become accessible in the present, but given meaning through imaginative movement toward the past. By containing these emotions in the present and supporting their biographical exploration, the Other may temporarily perform a developmental function through which previously insufficiently regulated affective processes become regulatable. As their organizing force changes, blockings that previously constrained future possibilities may gradually loosen, allowing new forms of action to become possible.

The present article builds on this process model of imagination developed in my previous work, in which psychological life is understood as continuous movement across temporally distributed positions. Drawing on Zittoun's imaginative loop (Zittoun & Cerchia, 2013; Zittoun & Gillespie, 2016), imagination is understood as movement beyond the immediately given present toward past experiences, future possibilities, or alternative realities. The present model extends this perspective by emphasizing that past, present, and future form a continuously reorganizing temporal field in which meanings located across different temporal positions mutually influence one another. From a dialogical perspective, this temporal field may also contain multiple coexisting positions whose relative organizing force changes over time. Development may therefore involve shifts in the relation between positions that remain simultaneously psychologically available (Kullasepp, 2021). It further extends the understanding of how movement toward an opened future possibility may occur. In the context of escalation, such movement can be understood as a shift within the temporal field in which the organizing force of an existing blockage is altered, allowing an already imaginable future possibility to gain greater developmental force (see Model X below).

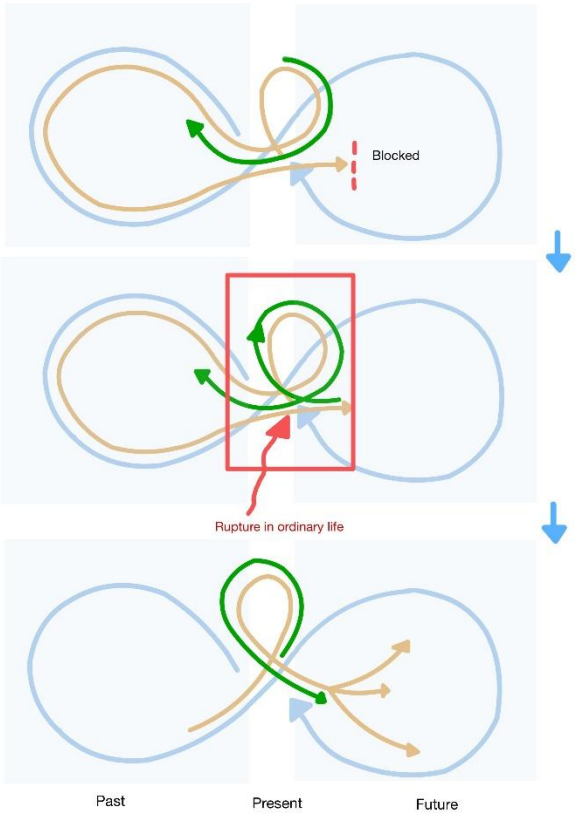


Figure 1 Alternative future possibilities become available through a rupture in the form of escalation, which enables new imaginative positions. The yellow line represents the person, the green line represents the Other, and the blue infinity-shaped line symbolizes the temporal field across past and future.

Figure 1 above extends a figure from my previous article. It depicts a moment in therapy in which the patient recognizes that something is blocking further movement and begins to understand this blockage by looking back toward biographical experience, among other sources of meaning. At the same time, there is a wish to move forward, and alternative future possibilities have already become imaginable. The red rectangle in Figure 1 marks the point of escalation. At this moment, escalation may alter the organizing force of the existing blockage by intensifying a tension or introducing an alternative imaginative position. In this way, it may create an enablement that allows previously constrained developmental movement to continue.

By creating an alternative imaginative position, the therapist responds differently from what is expected within the existing relational pattern, as demonstrated in the internship example. The Other thereby interrupts the way in which the blocking organization would normally continue to reproduce itself. Escalation may thus feed imaginative production beyond the previously dominant organization, as illustrated in Figure 2 below.

Escalation is an intervention that should only be introduced within a developmental movement that is already underway. Across the productive examples, escalation appears particularly relevant at specific developmental moments or thresholds: an alternative

possibility, position, or trajectory has already begun to emerge, but movement becomes blocked as it approaches greater realization. The person therefore has alternatives; something beyond the dominant organization has already become psychologically available. Such coexistence of competing positions can also be understood dialogically, as different meanings and self-positions remain simultaneously available and enter into tension within the developmental field (Gamsakhurdia, 2026). Escalation may thus be understood as a tactic used precisely at these points, where an emerging possibility is present but remains constrained by an existing blocking organisation.

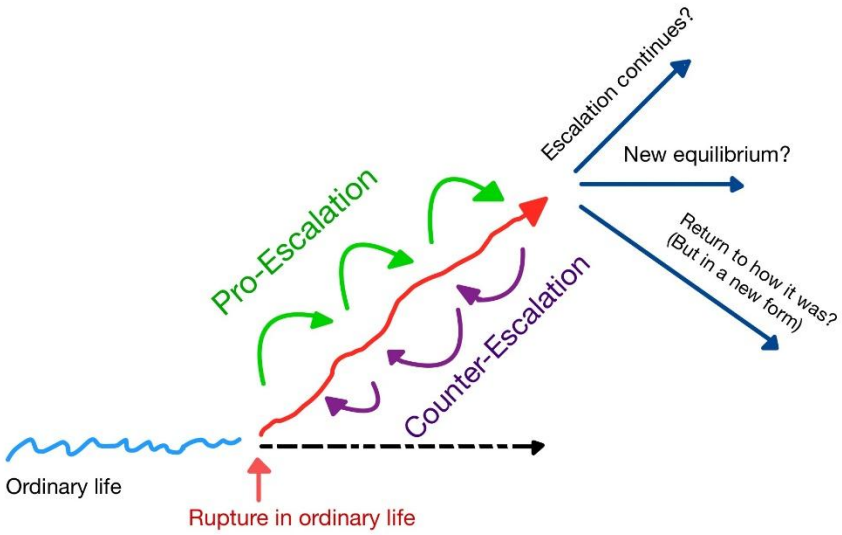


Figure 2 Escalation at a particular developmental treshold

The blue line in Figure 2 represents the course of ordinary life. A rupture within this continuity may occur through escalation, represented in red. Such escalation may be carried not only by what is said, but also by its semiotic form: tone, timing, emphasis, or even an exclamation mark may intensify the moment and contribute to the rupture (Valsiner & Calhau, 2026).

Escalation is dialogically related to opposing movements within the field. Pro-escalation**,** represented in green in Figure 2 above, refers to movements that intensify or support the escalation, whereas counter-escalation, represented in purple, refers to movements that reduce or resist it. Depending on its strength, counter-escalation may weaken the developmental movement opened by the escalation. For example, a therapeutic intervention may strengthen an emerging possibility, while thoughts such as *"I will not succeed anyway"* may counteract this movement. Escalation can therefore be understood as part of a dialogical system of pro-escalating and counter-escalating movements. The following analysis presents three examples of pro-escalation and one contrasting example of counter-escalation.

The model in Figure 2 then presents three possible outcomes: continuation, return, or a new equilibrium. In the present article, these are offered as preliminary possibilities based on observations from psychotherapy. An escalation may continue, remaining a highly charged topic with strong dynamics over an extended period of treatment. A new equilibrium may also be reached, for example when a previously blocked developmental goal is finally realized, such as moving into a new apartment. A third possibility is a return to the previous course, but in an altered form: the person has still not moved toward the goal, yet the old organization no

longer feels quite the same. A patient might say, for example: *“I still have not changed it, but this time it feels different. Continuing as before does not quite feel like my own path anymore. Should I try again?”*

This altered return is important because time is irreversible. Even when outward behavior appears similar, the person does not return to exactly the same developmental position. The escalation has become part of the person's temporal field and may change how the previous organization is experienced. Within irreversible time, even a relatively small interaction may therefore become a meaningful developmental event.

The developmental function of escalation may also be understood in relation to failure and repositioning. In Baldwin’s concept of persistent imitation, an unsuccessful attempt does not necessarily terminate intentional movement. Instead, the person may modify their position and try again. Failure can therefore become part of an ongoing developmental process in which new ways of relating to a goal are explored. From this perspective, escalation may remain developmentally relevant even when the desired change is not immediately realized, because the person may return to the same goal from a newly organized position.

From this perspective, escalation may operate as a magnification of an existing difficulty rather than as an immediate attempt to reduce it. By intensifying a tension or making an unsuccessful pattern more visible, escalation may create conditions in which the familiar response becomes less sufficient and another position can be explored. What matters, however, is what is being intensified. Productive escalation may open possibilities for repositioning, but does not necessarily always lead directly to developmental change. Counter-escalating thoughts and meanings may continue to oppose the movement that the intervention has intensified. A productive escalation may therefore create an enablement without immediately overcoming the existing blocking organisation. Reproductive escalation, on the other hand, may magnify the same meanings of failure that already sustain the blocking organisation. This will be shown in the examples.

In this form, three forms of productive escalation and one form of reproductive escalation are introduced. Despite their differences, they share an important characteristic: escalation intervenes in the relation between an existing blocking organisation and emerging developmental possibilities.

Analytical Framework

The following selected interactional moments are used as process examples for theory-building. The analysis examines how escalation operates within ongoing developmental processes. The analysis also examined how its function changes depending on the organization of the interaction in which it occurs.

Across the examples, particular attention is given to the relation between developmental blocking, emerging possibilities, relational interaction, and imagination. The analysis asks whether developmental movement is already underway, how an existing blocking organization constrains this movement, what the escalatory intervention alters within the interaction, and what becomes possible—or remains blocked—afterwards.

Analytical Orientation

The examples are considered through the following processual questions:

1. Dominant organization: What established meaning organization structures the situation?
2. Developmental movement: What alternative possibility, position, or trajectory has already begun to emerge?
3. Blocking: How does the dominant organization constrain this movement, particularly as it approaches realization?
4. Escalation: What does the escalatory intervention intensify, interrupt, or reposition within the interaction?
5. Relational change: How does the intervention alter the relational organization through which the existing pattern has been maintained?
6. Imaginative field: What happens to the imaginative field following escalation? Are existing possibilities strengthened, new positions introduced, trajectories extended, or possibilities narrowed? How does the person deal with uncertainty?

These dimensions provide an analytical orientation for comparing how escalation operates across the examples.

Four Examples of Escalation

Example 1: "Then Drop Out!"

First, escalation may operate by imaginatively radicalizing a future trajectory already present within the interaction. A person may introduce a possible future without yet having to position themselves fully toward its realization, particularly when the expected response from the Other would reduce the tension and restore the previous course. The future therefore remains imaginable while its implications do not yet have to be fully confronted. Escalation may interrupt this blocking relational organization by taking the introduced possibility seriously and imaginatively carrying it closer toward its possible realization. In doing so, escalation does not create the future trajectory itself, but gives greater force to a possibility already present in the field, requiring the person to engage more directly with whether this is actually the future they want.

For example, a student can express the wish to discontinue the studies: *"I want to drop out."* Within the interaction, this statement already contains a possible future trajectory. At the same time, it may implicitly invite a familiar relational response from the Other: sympathy, reassurance, or encouragement to continue.

Instead, the response is:

"Then drop out!"

This response intensifies the future possibility already present in the field. Rather than persuading the student to remain in his studies, the Other moves beyond the expected relational response and gives the possibility of withdrawal greater force.

This can be seen in Figure 3 below. The rupture marks the point of escalation, while the upward green arrows symbolize the intensification of the objection *"Then drop out."* In this example, the counter-escalation leads back toward "how it was" in the sense that the person does not actually drop out. However, the return takes place in a changed form: *"Sometimes I would like to drop out, but if I do, I would also no longer be part of the studying and research environment that is doing me good and where I feel that I belong."*

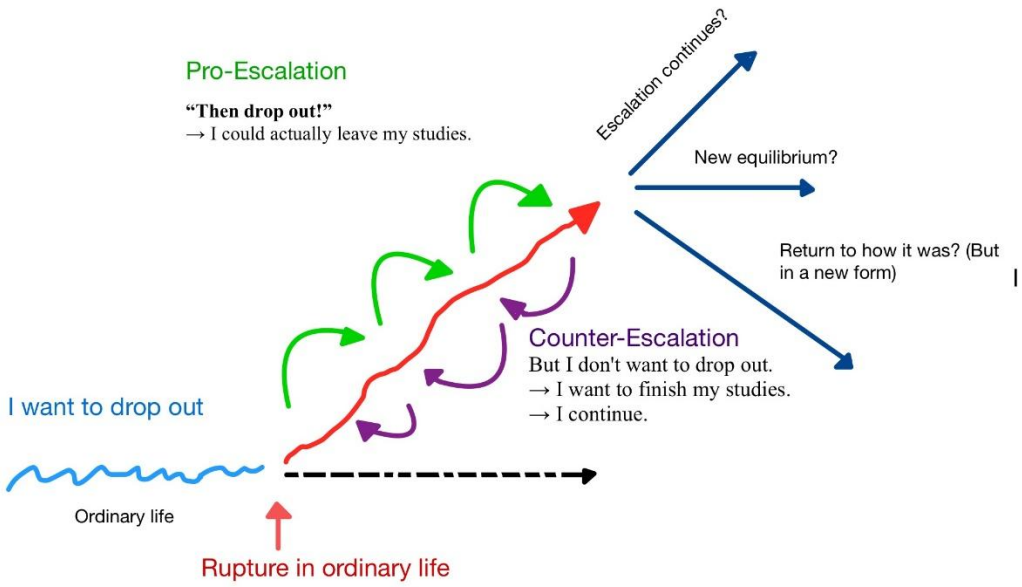


Figure 3 Escalation by imaginatively radicalazing a future trajectory already present within the interaction

So in this case, the student did not receive the reassurance that would allow the tension to be resolved externally. Instead, the student was confronted more directly with the future possibility that they had themselves introduced. The escalation thereby loosens the existing blocking organization and requires the student to take a more direct position toward that possibility.

From the perspective of imagination, the intervention carries an already imagined future further toward its possible realization. After the escalatory response, the possibility has to be imaginatively engaged with more directly: Is dropping out actually the future I want? What would it mean if I did? What alternative future do I want instead? Would I maybe feel left out of a group that I feel that I belong to?

The escalation does not determine the student's decision. Rather, it loosens an existing blocking organization by imaginatively radicalizing a future trajectory already present, thereby opening the possibility for new meaning production.

Example 2: "You Cannot Let Your Mother Win!"

Second, escalation may operate by introducing an imaginative symbolic position into the interaction. Such dramatization is also common in everyday life, where situations are symbolically intensified in order to make particular positions more salient, as can be seen, for

example, in advertising and other public forms of communication. By reformulating the situation beyond its immediately given organization, the Other may introduce a position that did not previously exist in exactly this form and from which the existing blocking can be experienced differently. The intervention does not remove the dominant position, but introduces and strengthens an alternative position that can acquire greater organizing force within the field. In this way, escalation may loosen the blocking by changing the relation between competing positions: the historically dominant organization remains psychologically available, but no longer stands uncontested. Within this example, Escalation therefore functions by introducing an imaginative position from which developmental movement becomes differently organized.

This second examples involves escalation by introducing such an imaginative position. In this example, the patient is struggling with psychological separation from the mother. The interactional field is already organized by a tension between autonomy versus dependency, and movement versus surrender. The patient repeatedly approaches greater independence, but the mother's influence retains strong organizing force. The maternal position therefore continues to function as a blocking organization despite developmental movement already being underway.

The escalatory intervention is:

"You cannot let your mother win!"

Objectively, there is no war and no literal victory. Yet imagining the conflict as a war creates a new symbolic position and opens new possibilities for action. The statement therefore moves beyond a neutral description of the situation and introduces an imaginative symbolic position into the interaction. The therapist reformulates the situation into something that did not previously exist in exactly this form: the question is no longer only whether the patient can separate from her mother, but whose organization of the patient's life will prevail.

This can be seen in the figure below. Again, the rupture marks the point of escalation: *"You cannot let your mum win."* Before this point, represented by the blue line, the relational dynamics had been strongly organized around a sense of *"we do everything for our mum"* or, more simply, *"mum is king."* When I have used this type of intervention with patients, I have often become visibly emotional. Patients have later reported that this emotional response helped them feel validated and taken seriously. In the example below, the escalation therefore communicated something close to: *I recognize the importance of this struggle; I am emotionally affected by it; I cannot respond to it as though it were insignificant.*

As a result, the therapeutic process moved toward a new equilibrium, represented by the dark blue arrow in the figure below. Over the following months, this equilibrium became more balanced and increasingly stabilized. The person began to make decisions about the future and to take greater responsibility for improving their life. These changes included career-related decisions as well as allowing themselves to focus more on their own family possibilities and personal wishes for the future.

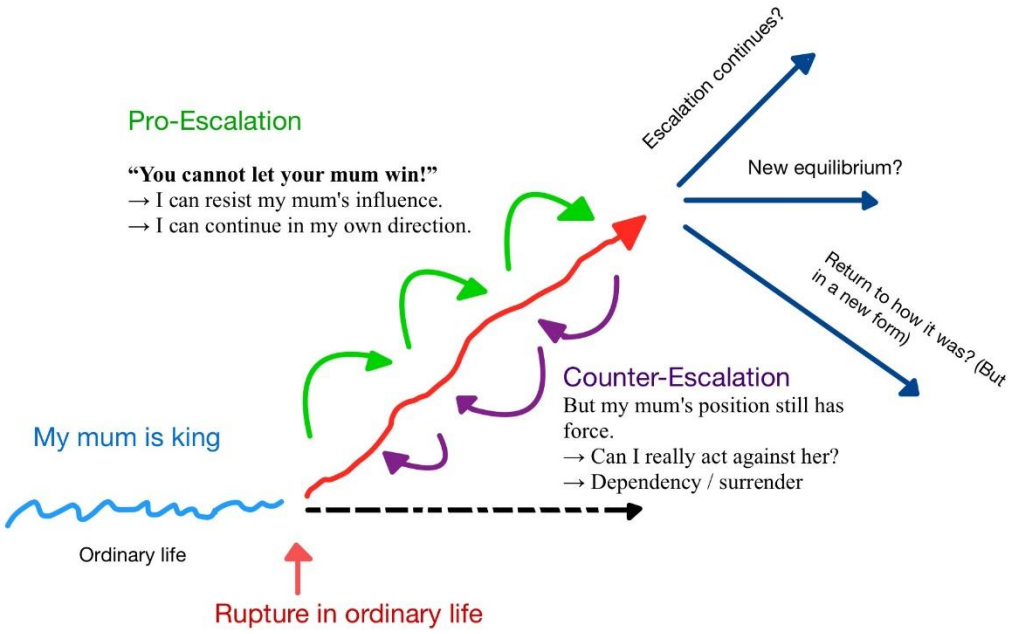


Figure 4 Escalation by introducing an imaginative symbolic position into the interaction.

The intervention does not eliminate the mother-position. The mother's influence remains psychologically available. Rather, the escalation introduces and strengthens an alternative position that had previously carried less organizing force: the possibility of resisting, separating, and continuing developmental movement. In this sense, escalation may loosen the existing blocking organization by altering the relative force of the positions within the field.

Example 3: «I take it more seriously than you do!»

Third, escalation may operate through imaginative relational positioning by the Other. A future possibility may already have become extensively imagined and increasingly concrete, while a historically established blocking organization continues to constrain movement toward its realization. Here, escalation does not need to create or extend the imagined future. Rather, the Other may temporarily occupy an imaginative relational position that was previously insufficiently available within the person's biographical organization. By positioning herself as someone for whom the person's developmental possibility carries significance, the therapist changes the relational organization around an already imagined future. Escalation may thereby loosen the blocking not by introducing a new developmental trajectory, but by providing an alternative relational position in relation to which movement toward an already imaginable future can become possible.

In this example, a patient had for a long time expressed the wish to begin living on their own and had gradually taken several concrete steps toward making this transition possible. The movement toward change was therefore not merely hypothetical. Yet, at the threshold of transition, the patient cancelled the contract meeting of a carefully considered apartment choice, with no specific emotional reaction. In the particular session, the non-reaction surprised me, as we had worked toward this goal for an extended period of time.

In other words; the patient approaches change, retreats when the transition becomes real, minimizes the retreat, and ordinarily encounters no strong relational response that would give the withdrawal greater significance. In this way, the historically familiar blocking organization can continue to reproduce itself.

A more expected therapeutic response might be interpretive or exploratory: *What happened there?* or *What made you cancel the contract meeting?* In this example, the therapist instead responded with visible frustration and communicates something close to:

"I have the feeling that I take this more seriously than you do!"

The intervention is particularly significant within the patient's relational and biographical history. The patient's developmental movement had repeatedly not been taken seriously by the mother, whose own interests contributed to maintaining the patient's dependency. In contrast, the intervention introduces an imaginative relational position into the interaction, along the lines of: *"I will be the mother who takes this person seriously."*

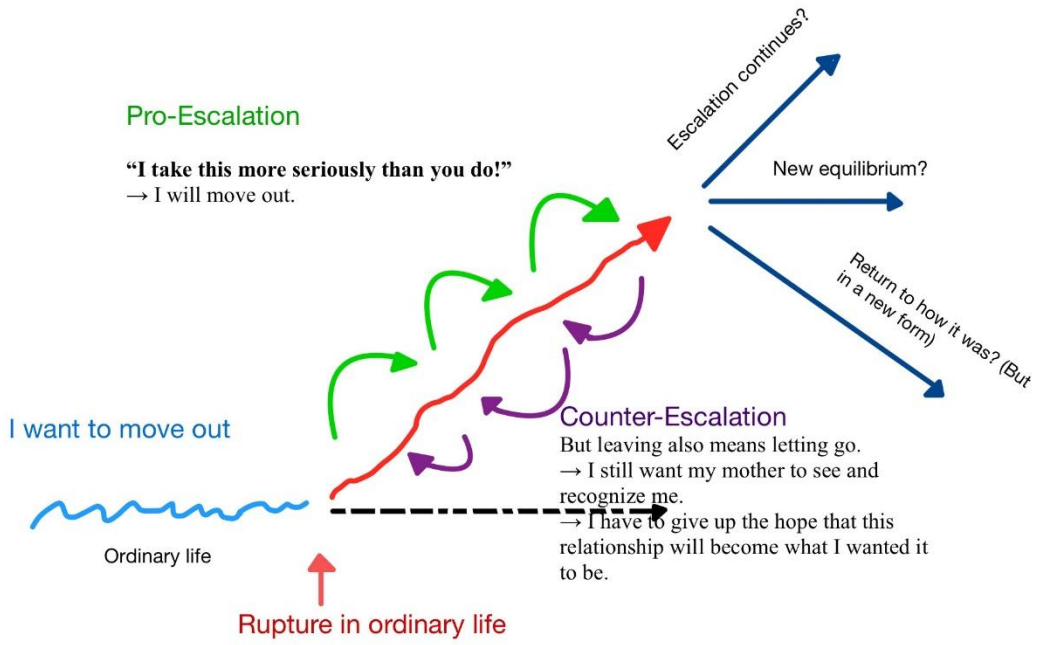


Figure 5 Escalation through imaginative relational positioning by the Other.

By imaginatively occupying a relational position that had previously been insufficiently available—namely, that of a primary object who takes the patient seriously—the therapist may loosen the existing blocking organisation, represented by the downward purple arrows, and support movement toward a future that has already become imaginable, represented by the upward green arrows.

In the example above, the escalation remained active across several sessions, represented by the dark blue arrow as a continuation of escalation. It repeatedly returned as a topic and remained emotionally "hot," with noticeable tension in the therapeutic room. At one point, even the continuation of therapy itself came into question, as change also had to occur outside

the therapeutic setting if the pathological symptoms were to shift. The patient eventually took action in a more constructive direction and made the necessary changes in their life.

The persistence of this tension suggests that the escalation was not only located in what was said, but also in the relational position the therapist came to occupy. Objectively, the therapist is not the person whose future is at stake. It is the patient who will either leave or remain. Yet, within the escalatory moment, the therapist temporarily positions herself as someone who takes the patient's developmental possibility so seriously that its repeated abandonment becomes emotionally consequential to her as well. In this sense, the therapist imaginatively moves beyond the ordinary therapeutic position, and the historically expected organisation does not receive its expected relational confirmation.

Example 4: "She has to hurry — she is getting old!"

Finally, a contrasting form can be understood as reproductive escalation, in which intensification does not move beyond the dominant organization but instead amplifies the blocking organization itself. Rather than introducing or strengthening an alternative imaginative position, the intervention gives greater force to meanings that already constrain developmental movement. For example, an existing meaning such as *"I cannot do this"* may become intensified into *"I am a failure."* The anticipated future may consequently become even more narrowly organized through the existing blocking structure, reducing rather than expanding alternative possibilities.

The fourth example illustrates this process. The patient already experiences herself as being behind, being late, and running out of time. When this temporal pressure is further intensified, the intervention reinforces rather than loosens the patient's sense of inadequacy and failure. The escalation therefore reproduces the existing blockage instead of opening another position from which movement could become possible.

Within a supervisory conversation about the patient's developmental difficulties, the supervisor responds: *"She has to hurry — she is getting old!"*

The statement clearly intensifies the tension already present. Yet, unlike the previous examples, the escalation does not introduce or strengthen a position beyond the dominant organization. Instead, it amplifies precisely the meaning structure that is already constraining developmental movement: *I am late. I am behind. I am running out of time* (purple arrows in Figure 6 below).

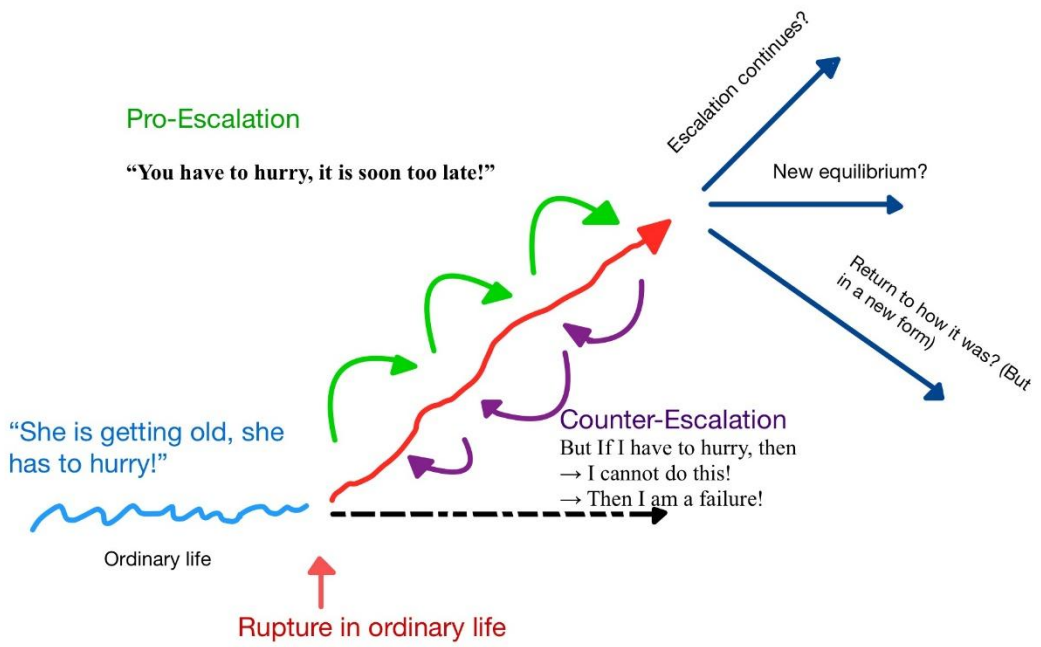


Figure 6 Reproductive escalation, in which intensification does not move beyond the dominant organization but instead amplifies the blocking organization itself

This is particularly important because the patient's imagined future is already organized through a narrowing of possibilities. In Figure 6, this is represented along the blue line of "ordinary life." The escalatory position *"she has to hurry"* (green arrows) does not open an alternative way of imagining this future. Rather, it reproduces and intensifies the same anticipated future through which the patient is already blocked (purple arrows), for example: *"If I have to hurry, I feel that I cannot do this,"* or *"I have wasted all this time; I am a failure."* The process therefore returns toward "how it was," but in an intensified form: *"I now feel even worse about myself,"* or *"I am now even more certain that I am a failure."*

This example therefore points toward an important distinction between productive and reproductive escalation. Productive escalation intensifies an existing tension while introducing or strengthening a position beyond the dominant organization, thereby potentially loosening the blocking and opening the field toward alternative meaning production. Reproductive escalation, in contrast, intensifies the dominant organization itself. Rather than loosening the blocking, it may strengthen its organizing force and further narrow imaginative possibilities.

Escalation is therefore not inherently developmental, but depends on what is being intensified and how the escalatory position relates to the existing blocking organization.

Discussion

This article has explored escalation as a relational tactic that may become developmentally significant when an emerging possibility is constrained by an existing blocking organisation. Escalation may alter the relational and imaginative conditions through which such a blockage is maintained.

The examples suggest three preliminary forms of productive escalation: extending an already imagined future trajectory, introducing a new symbolic position, and allowing the Other to occupy an alternative relational position. These forms are neither exhaustive nor mutually exclusive. In each case, escalation moves beyond the dominant organisation and may loosen its organizing force. Reproductive escalation, by contrast, strengthens the already dominant blocking organisation and may further narrow developmental possibilities.

Carefully situated escalation may therefore become particularly relevant at developmental thresholds where alternative future possibilities have already become imaginable, but remain constrained by an established blocking organisation. Its developmental potential lies in shifting the organization of the field sufficiently for these alternative possibilities to gain greater organizing force.

Escalation in Relation to Possibilities, Hesitation and the Other

This transitional process may also be considered in relation to hesitation and time**.** Hesitation may create a temporal space in which an immediate response is interrupted and alternative meanings can emerge. Without such a space, the person may return directly to a familiar way of responding, leaving little opportunity for symbolic reorganisation (Miyashita, 2026). Escalation may contribute by intensifying a tension that can no longer be resolved in the usual way. However, escalation does not itself guarantee that hesitation will become developmentally productive.

From a Trajectory Equifinality perspective, such transitional moments may also be understood as points at which several possible trajectories remain available and their relative direction has not yet stabilized (Tsuchimoto & Sato, 2024). Escalation may therefore intervene within such an already open developmental field.

In this sense, the temporal organisation of the transition may be as important as the escalation itself. The developmental function of escalation therefore depends on its relation to particular points within the temporal field and to the developmental possibilities already emerging there**.**

Escalation is also understood to depend on another particular point within the temporal field: the relation to the present Other in the moment, for example within the therapeutic relationship. In this transitional space, the relationship may provide relational stability, allowing the patient to move away from a familiar organisation without yet having secure footing “on the other side.” The therapist’s function, however, may extend beyond holding the uncertainty produced by escalation. The examples suggest that the therapist may also temporarily occupy a developmental position that was previously insufficiently available, for example a guiding role or a pole of security. In this way, the Other may introduce, embody, or temporarily occupy a relational position from which another organisation becomes possible.

Importantly, however, relational disruption alone does not make escalation productive. Escalation needs to be carefully situated within a developmental process in which alternative possibilities for action have already become sufficiently imaginable. Without such alternatives, an unexpected response may instead be experienced as criticism, rejection, intrusion, or abandonment. Productive escalation therefore depends on a particular relational tension in which emerging possibilities are already present within the temporal field and sufficient relational continuity is preserved. The therapeutic relationship is thus important not only as the context in which escalation takes place, but also as part of the process through which escalation may become developmentally productive.

A→Transition→ B-Model

In a previous article on retrospective imagination, the following A → Transition → B model was proposed. Within this model, escalation does not constitute B, nor does the therapist determine what B should become. Its developmental significance may instead lie precisely at the threshold between an organisation that continues to exert force and an alternative possibility that has already begun to emerge but has not yet acquired sufficient organizing force. Such thresholds can also be understood as bifurcation zones in which alternative developmental trajectories remain open and are negotiated through ongoing semiotic processes (Tsuchimoto & Sato, 2024).

This threshold can be considered in relation to Zittoun's understanding of imagination as movement beyond the immediately given and, particularly, as an expansion of experience (Zittoun & Cerchia, 2013). Rather than treating the following forms as categories derived directly from Zittoun, I suggest that escalation may contribute to such imaginative expansion in several different ways. In *"Then drop out,"* escalation expands a future possibility that is already present by carrying it further toward its possible realization. In *"You cannot let your mother win,"* escalation introduces an intensified symbolic construction through which the existing conflict can be reorganized. In *"I take this more seriously than you do,"* the therapist temporarily occupies a relational position that had previously been insufficiently available, thereby adding something to the relational field from which an already imagined future may be approached differently.

The direction of further development nevertheless remains open. The person may move toward a new organisation, remain within the transition, or return toward the familiar organisation. Escalation therefore does not determine the outcome of the transition but may change what becomes possible within it.

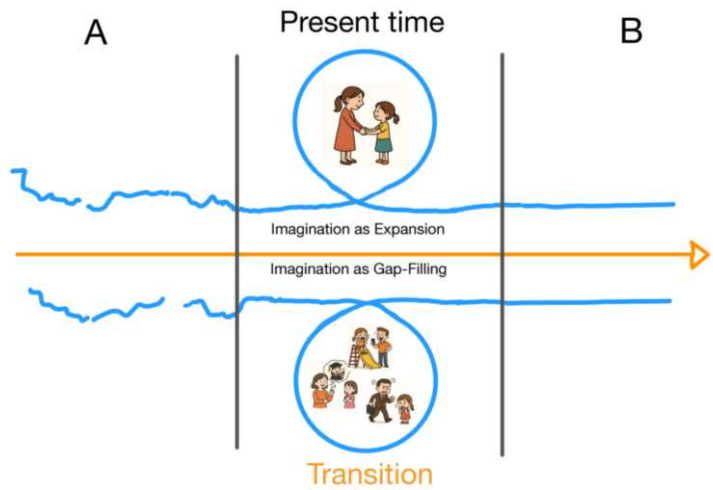


Figure 7 Threshold of development

Future Directions – Escalation Within Countertransference

A developmental or therapeutic blockage may not always be located within the patient alone. It may gradually become organized within the therapeutic relationship, as patient and therapist come to occupy particular, mutually related positions. Countertransference may provide an important perspective on this process, as the therapist's emotional responses can reflect the relational position into which she has gradually been drawn.

The third example in this article offers a small illustration of such a process. The statement *"I take this more seriously than you do"* represents only one moment within a broader therapeutic interaction in which the therapist had come to occupy a particular relational position and experienced increasingly strong affect within it. The escalation occurred when this countertransference affect was no longer only experienced internally, but was deliberately used to respond differently within the interaction. In this sense, escalation may involve a movement from occupying a relational position to actively repositioning oneself within the therapeutic field.

Future research could examine more closely how therapeutic blockages develop within countertransference, how therapists become positioned within recurring relational organizations, and under what conditions the affect emerging from these positions can contribute to the discovery or creation of new relational positions. Escalation may then be understood as one possible moment of relational repositioning through which the organization between patient and therapist begins to change.

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