TRIDESET GODINA INSTITUTA ZA GRUPNU ANALIZU (IGA)

/ THIRTY YEARS OF THE INSTITUTE OF GROUP ANALYSIS (IGA)

Ljiljana Moro

Kad kažemo da netko ima trideset godina, ne doživljavamo ni da ima malo niti da ima mnogo godina; nije više dijete, nego osoba koja kreće svojim životnim stazama. Kao da je tek započela pravi, vlastiti način života. Tako mislim da je i s našim Institutom. Trebalo mu je dugo da se rodi, ali sada kao da je počeo razmišljati kao odrasla odgovorna osoba.

Za desetu godišnjicu nismo se još bili pravo snašli, a već se dogodila. Upravo su završili Domovinski rat i naš *diploma course* koji smo vodili s IGA-om London. Za dvadesetu godišnjicu izdali smo malu knjižicu radova. Kad listam tu knjižicu, ponosna sam na sve nas. Pisali smo, otvoreno govorili o svojem radu, razgovarali o svojim stručnim dvojbama. Pisali smo o poteškoćama u radu s narcističnim pacijentima. Tada smo još bili u sklopu Klinike za psihološku medicinu, u roditeljskoj kući.

Tridesetu godišnjicu proslavili smo promocijom svojih novih supervizora/edukatora. Više nismo u sklopu Klinike

When we say that someone is thirty years old, we do not perceive them as either young or old. They are no longer a child, but a person who is embarking on their own life's journey. As if they have only just begun their own real way of living. I think the same is true of our Institute. It took a long time for it to be born, but it now seems it has begun to think like a responsible adult.

The tenth anniversary took us by surprise, and yet there it was. The Homeland War had just finished, as had our diploma course, which we had been running together with the London IGA. For the twentieth anniversary we published a small book of papers. When I turn the pages of that booklet today, I am proud of us all. We wrote, spoke openly about our work and discussed our professional dilemmas. We wrote about the difficulties of working with narcissistic patients. At that time, we were still part of the Clinic for Psychological Medicine, our parental home.

We celebrated the thirtieth anniversary with a promotion of our new supervisors/educators. We are no longer part of the

za psihološku medicinu, sad smo podstanari, razmišljamo kako se snaći u novim trendovima. Psihoterapija kao struka dobila je status zanimanja, zvanja. Više nije „povlastica" medicinara, psihologa i socijalnih radnika. Postala je zanimljiva za sve profile stručnjaka i Institut se postupno privikava i priprema za prihvaćanje novih ljudi u novom vremenu.

Što nas danas muči u psihoterapijskom radu? Čini mi se isto što i prije deset godina. Narcistični pacijent i danas je naša preokupacija. Kako mu prići, pomoći da se lakše snalazi u svakodnevnim situacijama. Kako mu pomoći da izađe iz svoje kapsule i uključi se u zajednicu. U želji da se prisjetimo „dobrih starih vremena" kad smo o tome mnogo razgovarali, odlučili smo u ovom broju zamoliti kolege koji su prije deset godina sudjelovali u radu okruglog stola ***XI. stručnog sastanka Instituta za grupnu analizu Zagreb*** pod ravnateljskom palicom Eduarda Klaina da ponude svoj osvrt na to kako danas gledaju na problem narcizma u istoj kliničkoj situaciji o kojoj su govorili, tj. pisali prije deset godina. Eduard Klain izložit će nam povijesni razvoj Instituta za grupnu analizu. Dragan Josić osvrnut će se na rad s narcističnim pacijentima u grupi i pružiti nam savjete kako se nositi s tim teretom u svakodnevnom radu. Njegov originalni članak iz knjižice nećemo tiskati jer je dio već izišao

Clinic for Psychological Medicine, we are now tenants and are trying to find our way in the world of new trends. Psychotherapy as a profession has gained the status of an occupation, a vocation. It is no longer a "benefit" of medical workers, psychologists and social workers. It has become interesting to all profiles of professionals, and the Institute is gradually adjusting and preparing to receive new people in a new period.

What are the problems we face today as psychotherapists? It seems to me they are the same as they were ten years ago. The narcissistic patient has remained our preoccupation. How to approach them, help them handle everyday situations more easily. How to help them leave their cocoon and join the community. In our wish to remind ourselves of the "good old days", back when we used to talk about this a lot, in this issue we have decided to ask the colleagues who ten years ago participated in the round table of the **XIth professional meeting of the Zagreb Institute for Group Analysis**, led by Eduard Klain, to provide their present views on the problem of narcissism in the same clinical situation they spoke or wrote about ten years ago. Eduard Klain will discuss the historical development of the Institute for Group Analysis. Dragan Josić will discuss working with narcissistic patients in a group, as well as provide "advice" on how to manage this burden in everyday work. His original paper from the booklet will not be published because a part of it has al-

u našem časopisu (Narcizam u grupi, *Vol.* 30 *No.* 2, 2016., str.188 – 211). Članke Zdenke Brumen Budanko i Slavice Pavlović donosimo u cijelosti kako su tiskani prije deset godina i nakon toga njihov osvrt. Zdenka Brumen Budanko osvrnut će se na problem kontratransfera koji može pobuditi narcistični pacijent u grupi. Slavica Pavlović piše kako je odigrala (*enactment*) pacijentovu majku, a da u tom trenutku nije toga bila posve svjesna.

Vjerujem da će mnogi čitatelji od tog štiva imati koristi u radu s narcističnim pacijentima, bilo u grupi ili individualno. Dobit će sliku o tome koliko je kompleksan rad s narcističnim pacijentom i što sve narcistični pacijenti mogu izazvati u voditeljima/psihoterapeutima, u grupi kao cjelini i u pojedinom članu grupe.

ready been printed in our journal (Narcissism in a group, Vol. 30, No. 2, 2016, pp. 188-211). The papers by Zdenka Brumen Budanko and Slavica Pavlović are presented in the form they were published in ten years ago, followed by their discussions. Zdenka Brumen Budanko will discuss the problem of countertransference, which may be initiated in a group by a narcissistic patient. Slavica Pavlović writes about enacting the role of a patient's mother without being aware of this at the moment.

I trust that many of those who read this will benefit from it in their work with narcissistic patients, whether in a group or individually. They will gain insight into the complexity of working with narcissistic patients and the extent of what narcissistic patients can induce in us as leaders/psychotherapists, the group as a whole and in individual group members.

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TRIDESET GODINA INSTITUTA ZA GRUPNU ANALIZU (1988. – 2018.)

/ 30 YEARS OF THE INSTITUTE FOR GROUP ANALYSIS (1988-2018)

Eduard Klain

MALO POVIJESTI

Profesor Betlheim s grupom suradnika osnovao je 1953. godine u Jugoslaviji prvi psihoterapijski odjel u okviru Neurološko-psihijatrijske klinike Medicinskog fakulteta u Zagrebu. Na odjelu su se primjenjivale razne tehnike individualne psihoterapije. Profesor Stjepan Betlheim u ranim je šezdesetima posjetio London i svojeg prijatelja, doktora H. S. Foulkesa, koji ga je upoznao s načelima grupne analize. Tako je, vrativši se u Zagreb, profesor Stjepan Betlheim započeo grupnu psihoterapiju. Njegova najbliža suradnica, profesorica Duška Blažević, također je nakon posjeta Londonu započela s grupnom psihoterapijom studenata. U kasnijim šezdesetim godinama prof. dr. sc. Eugenija Cividini i prof. dr. sc. Eduard Klain započinju koterapijske grupe i vode ih godinama. Prvi pokušaji edukacijskog rada u grupnoj analizi pojavljuju se 1972. godine kad je profesor Leopold Bregant iz Ljubljane

SOME HISTORY

In Yugoslavia, in 1953 Prof Betlheim and a group of associates founded the first psychotherapy ward within the Clinic for Neurology and Psychiatry of the Zagreb Medical School. Various techniques of individual psychiatry were employed on the ward. In the early 60's, Prof Stjepan Betlheim visited London and his friend Dr H. S. Foulkes, who introduced him to the principles of group analysis. Upon his return to Zagreb, Prof Stjepan Betlheim began with group psychotherapy. His closest associate, Prof Duška Blažević, also visited London, and upon her return started using group psychotherapy of students. In the late 60's, Prof Eugenija Cividini, PhD and Prof Eduard Klain, PhD start co-therapy groups and lead them for many years. First attempts at educational work on group analysis took place in 1972, when Prof Leopold Bregant from Ljubljana asked Prof Cividini and Dr Klain to lead groups of his educatees during one semester. This was the beginning of two groups, which lasted for the duration of the summer semester of that

zamolio profesoricu Cividini i doktora Klaina da vode grupe njegovih edukanata tijekom jednog semestra. Tako su počele dvije grupe koje su trajale ljetni semestar te godine. Nažalost, grupe su se prekinule kad se zapravo razvio grupni proces. Ohrabreni tim početnim uspjehom i smatrajući da našim kolegama treba pružiti mogućnost vlastita doživljaja terapijskog procesa, profesorica Cividini i doktor Klain započeli su edukaciju naših psihijatara iz grupne analize, odnosno osnovali smo dvije grupe naših djelatnika iz Klinike za psihološku medicinu. Grupa se sastajala jednom na tjedan tijekom tri godine. Od početka smo bili svjesni teškoća koje će nastati jer smo zajedno radili. Međutim, zaključili smo da je ipak korisno da radimo sa svojim kolegama u grupi uza sve probleme koje takav rad donosi. Grupno-analitičko društvo London ponudilo nam je da organiziramo šesti simpozij i radionicu iz grupne analize. Tu smo radionicu 1984. godine organizirali u Zagrebu. Na njoj se okupilo sto sudionika iz raznih zemalja u Europi. Uspjeh je bio znatan. Tada se počelo razgovarati o EGATIN-u, europskoj mreži instituta koji educiraju o grupnoj analizi. Budući da smo se pokazali dobrim organizatorima, Međunarodno udruženje za grupnu psihoterapiju povjerilo nam je organizaciju 9. međunarodnog kongresa za grupnu psihoterapiju, koji se održao u Zagrebu

year. Unfortunately, the groups ended once the actual group process developed. Encouraged by this initial success and convinced that our colleagues should be offered the opportunity to experience the therapy process, Prof Cividini and Dr Klain started educating our psychiatrists about group analysis, and two groups were formed and consisted of the employees at the Clinic for Psychological Medicine. The group met once a week for three years. From the very beginning, we were aware of the difficulties we would face because we worked together. However, we decided that it was still useful to work with our colleagues in the group despite all the problems such work entails. The London Group Analytic Society offered us the opportunity to organize the sixth symposium and workshop on group analysis. In 1984 we organized the workshop in Zagreb. There were 100 participants from various European countries. The success was significant. That was the beginning of the discussion about EGATIN, a European network of institutes which offer education about group analysis. Since we were recognized as good organizers, the International Association for Group Psychotherapy entrusted us with the organization of the 9th international congress on group psychotherapy, which was held in Zagreb in 1986. There were 1135 participants from different countries from around the world. The president of the organizing committee was Dr Eduard Klain, and the chief secretary was Dr Ljiljana Moro. EGATIN was founded at that congress. The London

1986. godine. Na njemu je bilo 1135 sudionika iz raznih zemalja. Predsjednik Organizacijskog odbora bio je dr. Eduard Klain, a glavna tajnica dr. Ljiljana Moro. Na tom kongresu osnovan je EGATIN. Institut za grupnu analizu iz Londona u suradnji s nama organizirao je edukaciju iz grupne analize koja je počela 1988. godine, a trajala je do 1994. godine. Ta je dugotrajnost bila uzrokovana ratom, kad je edukacija prekinuta na dvije godine. Tu izobrazbu započela su 24 kandidata iz Hrvatske i Slovenije, i to psihijatri i psiholozi. Edukaciju je završilo dvadeset kandidata. Voditelji su bili dr. Peter Lewis i dr. Don Montgomery, obojica psihijatri i edukatori iz grupne analize. Uz njih su bili dr. Klain i dr. Moro.

Iste godine osnovan je i naš Institut za grupnu analizu, koji je imao sve uvjete da odmah postane punopravni trening-institut EGATIN-a.

DJETINJSTVO INSTITUTA ZA GRUPNU ANALIZU

O tome je već pisano u povodu dvadesete godišnjice Instituta.

Kao što je poznato, osnovni je zadatak takva Instituta izobrazba grupnih analitičara, grupnih psihoterapeuta i grupnih terapeuta te posebna izobrazba za edukatore iz grupne analize. U Institu-

Institute for group analysis cooperated with us on the organization of education for group analysis, which began in 1988 and lasted until 1994. Due to the war, the education was suspended for two years. The education began with 24 candidates from Croatia and Slovenia, made up of psychiatrists and psychologists. The education was completed by 20 candidates. The leaders were Dr Peter Lewis and Dr Don Montgomery, both of whom were psychiatrists and educators on group analysis. Their associates were Dr Klain and Dr Moro.

In the same year our Institute for group analysis was founded and met all the conditions for becoming a full-fledged training institute of EGATIN.

THE CHILDHOOD OF THE INSTITUTE FOR GROUP ANALYSIS

This has already been written about on the occasion of the twentieth anniversary of the Institute.

It is common knowledge that the primary task of this type of institute is the education of group analysts, group psychotherapists and group therapists, as well as special training of educators for group analysis. The Institute also values professional and scientific work and publication activities.

Apart from experts from Zagreb, from the very beginning our Institute also

tu je važan i stručni i znanstveni rad te publicistička djelatnost.

Naš Institut od početka je osim stručnjaka iz Zagreba obuhvatio i stručnjake iz Rijeke, Splita i Pule. Vrlo brzo navedeni su centri osposobljeni za cjelovitu edukaciju iz grupne analize.

Posebnu pozornost Institut je posvetio edukaciji psihijatara i psihologa u psihijatrijskim bolnicama. U četiri psihijatrijske bolnice, i to u Jankomiru, Vrapču, Popovači i na Rabu, provodila se edukacija liječnika putem supervizija njihovih grupa sa psihotičnim pacijentima. Smatram vrlo važnom edukaciju medicinskih sestara iz grupne psihoterapije u navedenim bolnicama.

Osim u Hrvatskoj Institut je educirao i u drugim državama, naprimjer u Bosni i Hercegovini. U dva navrata naši su edukatori određeno vrijeme educirali u Sarajevu. U Tuzli je početak bio već u vrijeme Domovinskog rata i od tada se kontinuirano provodi, tako da u Tuzli imamo velik broj visokoeduciranih grupnih analitičara. U Bosni i Hercegovini edukacijom su obuhvaćeni i stručnjaci u Mostaru.

Članovi Instituta educirali su i educiraju u Sloveniji i Italiji. Držali su predavanja na međunarodnim kongresima, a bili su i pozvani predavači i voditelji grupe u drugim europskim zemljama. Naši grupni analitičari objavili su zna-

included experts from Rijeka, Split and Pula. Those centres were soon qualified to provide complete education on group analysis.

The Institute paid special attention to the education of psychiatrists and psychologists in psychiatric hospitals. In the psychiatric hospitals in Jankomir, Vrapče, Popovača and Rab physicians were educated through supervision of their groups with psychotic patients. I believe that the education of medical nurses in group psychotherapy in the aforementioned hospitals was of great importance.

Apart from Croatia, the Institute also carried out education in other countries, such as Bosnia and Herzegovina. On two separate occasions our educators also worked in Sarajevo. Work began in Tuzla during the Homeland War, and has been carried out continuously ever since, which has led to Tuzla having a great number of highly trained group analysts. In Bosnia and Herzegovina, the education also encompassed experts from Mostar.

Members of the Institute have also educated and continue to do so in Slovenia and Italy. They have given lectures at international congresses and have been invited to lecture and lead groups in other European countries. Our group analysts have published a significant number of professional and scientific articles in highly-regarded journals. They have also published books on group psychotherapy, as well as chapters in books in and outside of Croatia.

tan broj stručnih i znanstvenih članaka u uglednim časopisima. Objavili su i knjige iz grupne psihoterapije te poglavlja u knjigama u Hrvatskoj i izvan Hrvatske.

Najvažnije okupljanje članova Instituta događa se svake godine tijekom takozvanih Studijskih dana. Tijekom dva dana održavaju se velike i male grupe, supervizijske grupe i predavanja s raspravom. Tim događajima prisustvuje velik broj edukatora iz grupne analize, članova Instituta i edukanata. Predavanja velikim dijelom održavaju strani stručnjaci, posebno iz Instituta za grupnu analizu u Londonu. Neka predavanja održavaju i naši članovi. Dosad su održana 23 Studijska dana.

ZRELA DOB INSTITUTA ZA GRUPNU ANALIZU

Nakon dugog djetinjstva i adolescencije Institut je ušao u zrelu dob. Najvažnije su godine 2013. i 2014.

Najesen 2013. Institut izlazi iz Klinike za psihološku medicinu i postaje samostalan i privatan. Članovi Instituta imali su suprotne osjećaje prilikom odlaska iz Klinike. Institut je sada samostalan, odgovoran sam za sebe i ima slobodu odlučivanja u svakom pogledu. No dugotrajan rad s kolegama i život u Klinici nužno su ostavili traga. Zbog toga je bilo i malo tuge i nelagode. Naj-

The most important gathering of the members of the Institute takes place every year, during the so-called Study Days. Over two days, small and large groups are held, which includes supervision groups and lectures with discussions. These events are attended by a large number of educators in group analysis, members of the Institute and educatees. Most of the lectures were held by foreign experts, mainly experts from the London Institute for Group Analysis. Some lectures were given by our members. So far, 23 Study Days have been held.

THE MATURE PERIOD OF THE INSTITUTE FOR GROUP ANALYSIS

After a long childhood and adolescence, the Institute enter its mature period. The most significant years were 2013 and 2014.

In the fall of 2013, the Institute left the Clinic for Psychological Medicine and became independent and private. The members of the Institute had conflicting feelings when the Institute left the Clinic. On the one hand, the Institute was now independent, responsible for itself and has the liberty of making decisions in every respect. On the other hand, the long-standing work with colleagues and life in the Clinic inevitably left a trace. Due to all of this, there was also some sadness and discomfort. The saddest

tužnije je što je Klinika za psihološku medicinu, koja je nastavak Psihoterapijskog odjela koji je osnovao profesor Stjepan Betlheim 1953. godine, promijenila orijentaciju i nije više glavna ustanova za razne oblike psohoanalitičke psihoterapije.

Na čelo Instituta 2014. godine dolazi prof. dr. sc. Ljiljana Moro. Ona je vrlo stručna i poduzetna, s izrazitim organizacijskim sposobnostima. Uspjela je osvježiti Institut u svakom pogledu. Program Instituta osuvremenjen je i pretvoren u module. U vezi s razvojem modernih tehnologija, Institut je dobio internetsku stranicu na hrvatskom i engleskom jeziku. Pojačana je i međunarodna suradnja. Tako je naprimjer u listopadu 2016. godine održan sastanak EGATIN-a u Institutu u Zagrebu, a 2017. europski sastanak EGATIN-a. Bilo je 154 sudionika iz sedamnaest zemalja. Iste smo godine učlanjeni u Europsku federaciju psihoanalitičkih psihoterapeuta. No vratimo se na osnovne zadatke Instituta. Od 2016. godine u Institutu se održava Pripremna izobrazba iz grupne analize. Važno je napomenuti da smo uspjeli postići da je u okviru specijalizacije psihijatrije obvezna Pripremna izobrazba iz grupne analize, koja na neki način regrutira kandidate za edukaciju iz grupne analize. Od rujna 2017. godine održava se *Diploma Course* s dvadeset sudionika, a od veljače 2019. *Diploma Course* s osamnaest sudionika. Oba te-

fact is that the Clinic for Psychological Medicine, which is the extension of the Psychotherapeutic ward, founded by Prof Stjepan Betlheim in 1953, changed its orientation and is no longer the main institutions for various forms of psychoanalytic psychotherapy.

In 2014, Prof Ljiljana Moro, PhD took charge of the Institute. She is very professional and ambitious, with pronounced organizational abilities. She succeeded in refreshing the Institute in every respect. The Institute's program was modernized and turned into modules. When it comes to the development of modern technologies, the Institute also received a web page in Croatian and English. International cooperation was intensified. For example, in October of 2016, a meeting of EGATIN was held in the Institute in Zagreb, and in 2017 a European meeting of EGATIN took place. There were 154 participants from 17 countries. In 2017 we received membership in the European Federation of Psychoanalytic Psychotherapists. To return to the main tasks of the Institute, since 2016 the Institute holds preparatory training in group analysis. It is important to mention that we have succeeded in making preparatory training in group analysis a mandatory part of the specialization for psychiatry, which, in a way, recruits candidates for the education in group analysis. A Diploma Course with 20 participants has been held since September 2017, and a Diploma Course with 18 participants has been held since February 2019. Both of

čaja omogućuju sudjelovanje kolega iz cijele Hrvatske jer se održavaju prema blok-sustavu jedanput u dva mjeseca zajedno s teorijskom izobrazbom.

Naš Institut aktivno je uključen u ponovno izlaženje časopisa „Psihoterapija" od 2016. godine. Od 2018. godine časopis izlazi dvojezično, na hrvatskom i engleskom jeziku. Za to je najzaslužnija prof. dr. sc. Ljiljana Moro.

Institut ima 98 članova i 83 edukanta u raznim fazama edukacije. U Institutu rade 34 edukatora.

Mislim da možemo biti zadovoljni radom i razvojem Instituta za grupnu analizu. Velik broj stručnjaka završio je neku od edukacija koje nudi Institut. Uspješno širimo ideju grupne analize u stručnim krugovima.

the courses enable the participation of colleagues from across Croatia because they are held in blocks once a month, together with theoretical education.

Our Institute has been actively involved in the renewed publication of the journal "Psychotherapy" since 2016. It has been published in Croatian and English since 2018. Prof Ljiljana Moro, PhD is largely responsible for this achievement.

The Institute has 98 members and 83 educatees in various stages of education. 34 educators work at the Institute.

I believe we can be very satisfied with the work and development of the Institute for Group Analysis. A great number of experts has completed some of the education courses offered by the Institute. We are successfully spreading the idea of group analysis in professional circles.

LIJEČENJE NARCISTIČNIH PACIJENATA U GRUPI

/ TREATING NARCISSISTIC PATIENTS IN A GROUP

Dragan Josić

SAŽETAK/SUMMARY

Na početku članka autor govori o teorijskom konceptu liječenja grupnom analizom. Zatim se osvrće na voditelja grupe i spominje važne poželjne značajke njegove osobnosti koje trebaju biti u njemu integrirane.

U nastavku se opisuje proces odvajanja subjektova *selfa* od objekta čemu je posvećen najveći dio članka. O prelasku selfobjektnog odnosa u odnos u kojem subjekt može upotrebljavati objekt poziva se na Winnicotta, koji smatra da je to „možda najvažnija stvar u ljudskom razvoju". Smatra se važnim što se u grupnoj analizi, kao ni u kojoj drugoj terapiji, pružaju mogućnosti da se proces diferencijacije *selfa* od objekta promatra kao u laboratorijskim uvjetima, jer se u isto vrijeme vide subjekti na različitim stupnjevima napretka na putu odvajanja *selfa* od objekta.

Poznato je kako je agresija nužna da bi se taj proces zbivao. U grupnoj analizi ona može biti usmjerena na voditelja, na grupu kao cjelinu, ali i na pojedinog člana. Osim agresije prema drugim objektima, postoji i autoagresija subjekta. Ona može biti vrlo snažna i pogađa kontratransferne osjećaje objekta snagom kojom to čini i izravna agresija, tako da se zbog toga ta dva vida agresije mogu izjednačiti.

Da je agresijom ugrozio osjećaje voditelja i grupe, pacijent ne osjeća svjesno, ali nesvjesno to postiže, kao da intuitivno zna da je to jedini put ka zdravom novom odnosu. Kao i za izravno ispoljenu agresiju, i za autoagresiju uvjet je da je voditelj i grupa preživljavaju, jer će se jedino tako subjektov *self* moći odvojiti od objekta.

/ The authors begins by discussing the theoretical concept of treatment using group analysis. He then discusses the group leader and mentions the important qualities of their personality that they must have integrated within themselves.

He continues by describing the process of separating the subject's self from the object, which is the main focus of the paper. On the transfer of the self-object relationship to a relationship in which the subject can use the object, the author refers to Winnicott, who believes that this "may be the most important thing in human development". It is considered significant that group analysis, unlike any other form of therapy, offers the opportunities for the process of the differentiation of the self from the object to be observed as if in laboratory conditions because subjects which are in different stages of the separation of the self from the object can be observed simultaneously.

It is known that aggression is necessary for this process to occur. In group analysis, it can be directed at the leader, the group as a whole or an individual member. Apart from aggression towards other objects, there is also autoaggression of the subject. It can be very powerful, and it strikes the countertransferential emotions of the object with the power of direct aggression, so the two forms of aggression may be equated.

The patient is not aware of the fact that they have affected the feelings of the leader and the group with their aggression, but this is achieved unconsciously, as if they intuitively know that this is the only path to a healthy new relationship. As with directly expressed aggression, the condition for autoaggression is for the leader and the group to survive it, because this is the only way for the subject's self to separate from the object.

KLJUČNE RIJEČI / KEY WORDS

separacija *selfa* od objekta / *separation of the self from the object*, agresija / *aggression*, autoagresija / *autoaggression*

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Neutralizacija libidnog nagona omogućuje izgradnju objektnih odnosa, a neutralizacija agresije (agresivnog nagona) omogućuje separaciju i individualizaciju.

Blanck G&R. (1) .

UVOD

Na kvalitetu liječenja grupnom analizom najviše utječu voditeljeva emocionalna zrelost, iskustvo i poznavanje teorije, a sve to treba biti integrirano u njegovu osobnost.

The neutralization of the libidinal drive enables the construction of object relationships, and the neutralization of aggression (the aggressive drive) enables separation and individualization.

Blanck G&R (1)

INTRODUCTION

The quality of treatment by group analysis is mostly affected by the leader's emotional maturity, their experience and knowledge of theory, and all of this must be integrated within their personality.

U svojem bavljenju grupnom analizom vrlo sam se čvrsto pridržavao koncepta po uzoru na osnivača grupne analize, britanskog analitičara Sigmunda Heinricha Foulkesa (2), koji je bio prihvaćen u našoj sredini. Iznimno sam mu zahvalan jer mi je pomagao da razumijem specifičnosti mnogih grupnih fenomena i zbivanja u grupi. S vremenom sam u svoje grupne terapije uvodio i psihoanalitičke elemente liječenja pojedinaca u grupi. Kao što članovi grupe vođene Foulkesovim modelom brzo nauče izvangrupne situacije razumijevati u svjetlu zbivanja u grupi, tako grupa kad se bavi pojedincem brzo nauči razumijevati odnose u njegovu djetinjstvu, prošlosti i sadašnjosti s njegovim intrapsihičkim objektnim odnosima, ali i intersubjektivnim odnosima u grupi i izvan nje. Svaki terapeut koji dugo radi upoznaje mnoge terapijske teorijske koncepte pojedinih velikih autora i primjenjuje dijelove tih koncepata za koje mu je iskustvo pokazalo da su vrijedni i koji su se u njemu integrirali. Tako se u grupnoj analizi mogu primjenjivati mješavine raznih terapijskih koncepata i svatko izgrađuje vlastiti način i stil liječenja. Ostaje uvijek osnovno pitanje razumijemo li kako radimo, jesmo li odgovorni za to što radimo pred sobom i pred pacijentima i daje li naš rad dobre rezultate.

In my experience of group analysis, I have always used the concept based on the founder of group analysis, the British analyst Sigmund Heinrich Folkes (2), which was accepted among us. I am very grateful to him because he helped me understand the specificities of numerous group phenomena and occurrences in a group. Over time, I introduced psychoanalytic elements of treating individuals into my group therapies. Just like members of a group led according to Folkes' model quickly learn to understand situations from outside the group in light of events in the group, when dealing with an individual the group also quickly learns to understand relationships in their childhood, past and present, with their intrapsychic object relationships, as well as intersubjective relationships within the group and outside it. Every therapist who has been working for a long time encounters many therapeutic theoretical concepts of certain great authors and uses parts of those concepts which their experience has shown to be valuable and which have been integrated within them. In group analysis, mixtures of various therapeutic concepts may be used, and everyone develops their own form and style of treatment. The basic question remains: do we understand how we work, are we responsible for what we are doing to ourselves and the patients, and does our work have good results?

VODITELJ I NARCISTIČNI PACIJENT

Kad u grupi ima narcistične pacijente, voditelj treba znati i treba imati iskustva kako raditi s njihovim osjetljivim narcističnim transfernim osjećajima koji se razvijaju tijekom terapija. To je znanje teorijsko, ali od njega neće biti nikakve koristi ako voditelj nije dostigao svoju zrelost, a to znači prije svega da ima razvijenu empatiju i da prati i razumije pacijente kako bi ih mogao kontejnirati. On treba osjećati grupu, zbivanja u njoj i u svakom pojedincu, što je blisko riječima Pavela Fonde (3): „Samo uz analitičarevu empatiju pacijent može osjećati da je njegov iznimno bolan dio prihvaćen, da se nalazi u blagotvornom *holdingu* i da može biti kontejniran (Bionov *containment*) (4)." U takvoj terapijskoj klimi, u tako stvorenom „matriksu grupe", prema Foulkesu, moći će se aktivirati razvoj i rast koji su u prošlosti traumatično zaustavljeni. Kad se razviju pozitivni višestruki narcistički transferi u grupi, pokreće se razvoj i rast pacijenata, ali i njihova velika osjetljivost. Tada samo duboka empatija voditelja i grupe može prevladati sumnje i očekivanja pacijenata koje je tako izrazito lako povrijediti, koji se na najmanji znak nedostatka empatije u trenu udalje i povuku ili postanu agresivni. Voditelj treba biti otvoren kako bi mogao primiti projektivne identifikacije pacijenata koje

THE LEADER AND THE NARCISSISTIC PATIENT

When a group includes a narcissistic patient, the leader must know how to work with their sensitive narcissistic transferential emotions which develop during therapy. This knowledge is theoretical, but it is of no use if the leader has not reached their own maturity, which primarily means having developed empathy and having the ability to follow and understand patients in order to contain them. They must feel the group, the events within it and within every individual, which is closely tied to the words of Pavel Fonda (3): "Only with the analyst's empathy can a patient feel that their extremely painful part has been accepted, that they are in a beneficial holding and that they can be contained (Bion's containment)" (4). In this sort of therapeutic environment, in such a "group matrix", according to Foulkes, it is possible to activate development and growth which had been traumatically neglected in the past. Once positive multiple narcissistic transfers in the group develop, development and growth of the patient are initiated, but so is their great sensitivity. During that time, only deep empathy of the leader and the group can overcome doubts and expectations of such vulnerable patients who, at the slightest non-empathic sign, temporarily either become distant and withdrawn or aggressive. The leader must be open in order to receive the projective identifications of patients, which they must then be able to process

u sebi treba moći procesuirati i kontejnirati i tako ih u njemu prerađene i izmijenjene vratiti pacijentima da ih reintrojiciraju. Ako terapeut odluči nuditi interpretacije, one trebaju pacijentu pokazati koje je njegove projekcije analitičar primio i na koje se interpretacijom osvrće. Da bi pojedini pacijenti napredovali, terapeut i grupa trebaju moći mnogo puta primiti projektivne identifikacije koje su prenesene iz najranijih faza pacijentova života i koje prerađene u voditelju mogu utjecati na promjenu subjektovih unutarnjih objekata i na izgradnju novih objektnih odnosa. Ako se terapijski odnosi dugo pozitivno razvijaju, u pacijentima će se početi pojavljivati osjećaj ljubavi, za koju Fonda kaže da je jedini pravi način na koji se ljudska bića mogu izvući iz nemoćne osamljenosti.

NARCISTIČKI ODNOSI I MOGUĆNOSTI RJEŠAVANJA

Često čujemo kako je vrlo važno da se subjektov *self* može odvojiti od objekta (odvajanje *selfa* od objekta) te se može steći dojam da je to kratkotrajan proces. Naprotiv, to je dugotrajan proces u kojem pacijenti postižu vrlo različite stupnjeve odvojenosti, a to znači i različite razine napretka prema zdravlju, jer je stupanj odvojenosti *selfa* od objekta izravno proporcionalan postignutom stupnju zdravlja.

and contain within themselves, and thus transformed and changed return to the patient in order for them to re-introject them. If the therapist decides to provide interpretations, they should show the patient which of their projections have been received by the analyst and which ones they are referring to through interpretation. For some patients to progress, it is necessary for the therapist and the group to be able to repeatedly receive projective identifications which have been transferred from the earliest stages of the patient's life and which, transformed in the leader, may affect the change in the subject's inner objects, as well as the construction of new object relationships. If the therapeutic relationship is positively developed over a long period, patients will begin to feel love which Fonda claims is the only real way for human beings to extricate themselves from helpless loneliness.

NARCISSISTIC RELATIONSHIPS AND THE POSSIBILITY OF RESOLUTION

We often hear that it is important for the subject's self to be able to separate from the object (separation of self and object) and one can get the impression that this is a short-term process. However, this is actually a lengthy process in which patients achieve various stages of separation, which also means various levels of progress towards health, since the stage of separation of the self from the object

Poznato je iz individualne analize kako je agresija nužna da bi se taj proces događao. Analitičaru nije lako podnositi agresiju subjekta u vrijeme kad ga agresijom razara. Terapeut bi mogao imati potrebu da interpretacijama ukazuje na nerealnost subjektove agresije što bi izrazito oštetilo razvojni proces „uporabe objekta" (5) tijekom kojeg je nužno agresivno razaranje objekta, ali najbitnije je njegovo preživljavanje. Kad bi se terapeut miješao u taj proces, pacijent bi to mogao doživjeti kao zabranu svoje destruktivne potrebe i zato je najbolje ne reagirati i pustiti vremenu da to riješi. U tom razdoblju terapeut treba preživjeti napade agresije što je u djetinjstvu zadaća dobre majke, a na terapijama dobrog terapeuta i grupe. Odvajanje *selfa* od objekta kod djece se, ako je njihov razvoj bio dovoljno dobar, ostvaruje do napunjene treće godine života, a do šeste se učvršćuje da bi u daljnjem životu moglo biti na dobrobit i zadovoljstvo subjekta u svim njegovim odnosima.

Donald W. Winnicott opisao je taj važan proces: Kad se proces odvajanja *selfa* od objekta ostvari, postignuto je stanje ili sposobnost *iskorištavanja ili uporabe objekta*. Subjekt ulazi u zajedničku realnost u kojoj je i objekt, a svi ostali vanjski objekti prestaju se doživljavati kao projekcija unutarnjih prvih objekata od kojih je sada *self* subjekta odvojen. Tek tada može razviti

is directly proportional to the achieved level of health.

Individual analysis has shown that aggression is necessary for this process to take place. It is difficult for the analyst to bear the aggression of the subject when they are being hurt by aggression. The therapist may feel the need to use interpretations to show the patients the unreality of the subject's aggression, which would greatly damage the developmental process of "using the object" (5), during which aggressive destruction of the object is necessary, but their survival is of utmost importance. If the therapist interferes with this process, the patient may see this as a prohibition of their destructive need, so it is best not to react and allow time to sort this out. During this period, the therapist must survive the aggressive attacks, which is in childhood the task of a good mother, and in therapies the task of a good therapist and a good group. The separation of the self from the object is in children, if their development has been good enough, achieved by the third year, and by the sixth year it is strengthened so that in later life it may provide benefit and contentment to the subject in all their relationships.

Donald W. Winnicott described this important process: when the process of the separation of the self from the object is fulfilled, the state or ability of *using or employing the object* is achieved. The subject enters a mutual reality with the object, and all other external objects

sposobnost za simbolizaciju i za kreativne igre. Ako se taj proces tijekom ranog razvoja djeteta nije ostvario, što je slučaj s našim pacijentima, onda se on treba ostvarivati u novom odnosu na dobroj psihoterapiji, samo što će tada za to trebati mnogo godina. Ako se taj proces ni tijekom terapije ne ostvari, ta terapija nikad neće moći završiti, što se događa kod psihoza i graničnih pacijenata.

Kad su se razvili snažni narcistički transferi prema grupi i prema voditelju, tek u takvu terapijskom ozračju može se pojavljivati spomenuta nužna agresija koju transferni objekt analitičara treba preživjeti da bi se mogao događati proces od posjedovanja, pripadanja objektu do „uporabe objekta", kako je to opisivao Donald W. Winnicott, koji je rekao: „U početku je pripadanje, posjedovanje objekta, na kraju je uporaba objekta, a između toga *događa se možda najvažnija stvar u ljudskom razvoju*, koja se od svih prijašnjih razvojnih situacija najteže ostvaruje, a koja će kasnije dovesti do olakšanja (str. 712)."

U procesu „uporabe objekta" subjekt (pacijent) postavlja objekt (analitičara) u novu poziciju. Objekt nije više u području subjektove omnipotentne kontrole i nalazi se izvan djelovanja stalnih subjektovih projekcija i projektivnih identifikacija, a to je novi manje ili više odvojeni odnos *selfa* od objek-

cease to be experienced as a projection of internal first objects, from which the subject's self is now separated. Only then can it develop its ability for symbolization and creative games. If this process was not achieved in the child's early development, which is the case with our patients, then it has to be achieved in a new relationship in good psychotherapy, but this will take many years. If this process is not achieved even in therapy, then this therapy will never be completed, which occurs in psychoses and borderline patients.

Once strong narcissistic transfers towards the group and the leader have developed, this type of therapeutic environment can enable the development of the abovementioned necessary aggression, which the transfer object of the analyst has to survive so that the process can go from possession and belonging to the object to "using the object", as Donald W. Winnicott described it. He said: "In the beginning, there is belonging, possessing the object, and in the end there is using the object, and in between *happens something that is perhaps the most important thing in human development*, which is of all early developmental situation the hardest to achieve, and which will later lead to relief" (p. 712).

In the process of "using the object", the subject (the patient) puts the object (the analyst) in a new position. The object is no longer in the area of the subject's omnipotent control and is located outside the action of the subject's constant projections and projective identifications,

ta. Dotad je postojao samo stari odnos koji je bio dirigiran iz subjektova nesvjesnog, prema tipu odnosa s njegovim prvim idealiziranim introjektima. I svi vanjski odnosi tada su samo bili projekcija vladajućeg odnosa (simbiotičnih ili selfobjektnih) u subjektovu nesvjesnom. To su neseparirani odnosi s arhajskim lošim i idealiziranim introjektima koje zovemo narcistički odnosi.

Kad subjekt uspije svoj *self* odvojiti od objekta, tek tada može doživljavati objekt s njegovim pravim značajkama. Da bi do toga došlo, bilo je nužno da u procesu svojeg rasta subjekt razara objekt, da zapravo razara selfobjektnu, tj. idealiziranu simbiotičnu vezu s njim, a uvjet je da objekt mora preživjeti to razaranje. Ako objekt ne može preživjeti spomenuto razaranje, subjekt će stalno ostati u nezrelom odnosu (selfobjektnom). Ako je objekt preživio razaranje, on u subjektovim osjećajima dobiva vrijednost zato što je preživio razaranje i time omogućio subjektu da izađe iz selfobjektnog odnosa. Dok ga je razarao, subjekt je volio objekt jer ga je smio razarati, a objekt je to na terapiji višekratno preživljavao. Tako je objekt postao pouzdan te ga subjekt može upotrebljavati za daljnji rast. To je početak individualizacije subjekta, koji sada može početi živjeti život odvojen od objekta (terapeuta) i biti s njim u istoj realnosti. Dobra majka,

which is a new and more or less separated relationship of the self and the object. Until then, there was only the old relationship, which was directed from within the subject's unconscious, according to the type of relationship with its first idealized introjects. All external relationships were then only the projection of the dominant relationship (symbiotic or self-object) in the subject's unconscious. These are non-separated relationships with archaic, bad and idealized introjects which we refer to as narcissistic relationships.

When the subject achieves in separating its self from the object, the subject can finally perceive the object with its real traits. For that to happen, it is necessary for the subject to destroy the object during the subject's growth, whereby it actually destroys the self-object or idealized symbiotic relationship with the object, with the precondition that the object must survive this destruction. If the object did not survive the aforementioned destruction, the subject would perpetually remain in an immature relationship (self-object). If the object survived the destruction, in the subject's emotions it gains in value because it survived the destruction, thus enabling the subject to leave the self-object relationship. While being destroyed, it was loved by the subject because the subject was allowed to destroy it, and through therapy the object survived this repeatedly. Thus, the object became reliable and the subject can use it for further growth. This is the beginning of the individualization of the subject, which can now begin living a life sepa-

dobar analitičar, ali i dobra grupa omogućit će subjektu da ih razori u starom simbiotičnom ili selfobjektnom odnosu i dopustit će njegovu *selfu* da se razvija sa što manje nekadašnjih idealizacija objekta. Ako se taj proces zbog nesposobnosti analitičara, voditelja grupe, grupe kao cjeline ili zbog težine pacijentovih oštećenja (prevelikih deficita) ne može odigrati, takva analiza nikad neće biti završena.

GRUPNA ANALIZA I PROCES DIFERENCIJACIJE

Grupna analiza vrlo je pogodna za promatranje procesa odvajanja *selfa* od objekta. U grupi možemo istodobno promatrati pacijente koji su se različito razvili i koji su na različitoj dubini u tom procesu. Neki pacijent nije ga ni započeo pa se čvrsto drži u selfobjektnom odnosu s voditeljem ili s nekim članom grupe koji mu figurira kao roditeljski selfobjekt. Drugi pacijenti raspoređeni su na ljestvici na vrlo različitim stupnjevima odnosa sa selfobjektima, obično oscilirajući oko razine do koje su se razvili u tom trenutku svoje terapije. U grupi može biti i pacijent koji je blizu izlaska ili je uspio izaći iz selfobjektnog odnosa. Voditelj osjeća da mu je takav pacijent vrlo blizak, da dobro osjeća i razumije poziciju drugih u grupi. Pacijent koji je to dostigao nalazi se u istoj, tj. zajedničkoj realnosti s vo-

rated from the object (the therapist) and exist with it in the same reality. A good mother, a good analyst, and a good group will enable the subject to destroy them in the old symbiotic or self-object relationship and will allow its self to develop with as few as possible of the former idealizations of the object. If, due to the incompetence of the analyst, the leader of the group, the group as a whole or the severity of the patient's injuries (deficits that are too severe), this process cannot take place, then this type of analysis will never be completed.

GROUP ANALYSIS AND THE PROCESS OF DIFFERENTIATION

Group analysis is very good for observing the process of the separation of the self from the object. In a group, we can simultaneously observe patients who have developed differently and who are at different stages of this process. Some patients never even begin this process and are firmly entrenched in the self-object relationship with the leader or other group member who acts as the parent self-object. Other patients are at various stages of the relationship with self-objects, usually oscillating around the stage they had reached in their development during therapy. The group may also contain a patient who is close to leaving or has already left the self-object relationship. The leader feels very close to such a patient, one who has a good understanding of the position of other members of

diteljem. Oni se vrlo dobro osjete i razumiju i tada grupni analitičar osjeća kao da ima dobrog kolegu u grupi. Kad je grupa dugo i dobro radila, u približno isto vrijeme mogu se pojaviti i dvije osobe koje su kao pravi kolege grupnog analitičara što je za njega prava pomoć, kontratransferno zadovoljstvo.

O procesu odvajanja *selfa* od objekta govorili su mnogi autori različitim pristupima, ali suština razmatranja bila je ista. Donald W. Winnicott opisao ga je kao razvojni put do uporabe objekta, Margaret Mahler (6) kao odvajanje i individualizaciju, a Heinz Kohut (7) smatrao ga je ključnim i nazvao ga je „transmutacijskom internalizacijom". Obratio je pozornost na zapažanja iz praktičnog rada i naglasio da postoje dva razdoblja u kojima narcistični pacijenti postaju vrlo osjetljivi i mogu reagirati agresijom ili bolnim povlačenjem: prvo je razdoblje kad se narcistički transferi počnu pojavljivati, a agresija nastaje zato što je pacijente strah od pojavljivanja ponovne ovisnosti kako se ne bi ponovila loša iskustva s njihovim primarnim objektom. To se može vidjeti u početku rada grupe kad je većina subjekata vrlo zakočena u interakcijama. Možda se njihov bolesni dio još više boji uspostavljanja novog i nepoznatog bliskog transfernog odnosa, što nisu imali u svojim iskustvima. Tijekom rada grupe to može biti olakšano jer se interakcije lakše uspostav-

the group. The patient who has reached this level is in the same, i.e. mutual reality with the leader. They can feel and understand each other well, and then the group analyst feels they have a good colleague in the group. If the group has worked well for a long time, at a similar point in time there may also develop two people who resemble the analyst's real colleagues, which is for the analyst very helpful, a countertransferential pleasure.

Numerous authors have commented on this process of the separation of the self from the object, but the core of their thinking has been the same. Donald W. Winnicott describes it as a developmental journey to using the object, while Margaret Mahler (6) defines it as separation and individuation and Heinz Kohut (7) considers it key and calls it "transmutational internalization". He paid attention to the observations from practice and emphasized that there were two periods in which narcissistic patients become very sensitive and may react aggressively and by painfully retreating: the first period is when narcissistic transfers begin to appear, and aggression occurs because the patients fear the return of addiction and the bad experiences with their primary object. This can also be observed at the beginning of group work, when most subjects are still very stiff in interaction. Perhaps their diseased part fears the establishment of a new and unfamiliar close transferential relationship, which they have not experienced. During group work, this can be made easier because interactions are more easily initiated with

ljaju s drugim članom grupe, koji može figurirati kao specifični grupni prijelazni objekt do odnosa s voditeljem.

Drugo je razdoblje još važnije i osjetljivije, a dolazi kad je terapija iznimno napredovala i kad narcistički transferi postaju slabiji kao što postaje slabija dominantna narcistička struktura pacijenata, a njihov pravi *self* postaje sve jači. Pacijenti u tom razdoblju postaju preosjetljivi, reagiraju agresivno ili se povlače čim osjete i najmanji nedostatak empatije u voditelja. Takva preosjetljivost i obrana agresijom proizlaze iz straha od nepoznatog i od rizika koji su preuzeli jer se prvi put odvajaju i ostavljaju selfobjektni svijet.

Poduzimanje tog velikog koraka u napretku, kad se pacijenti usude raskinuti simbiotičnu vezu s objektom, iznimno je dobro opisao Ronald Fairbairn (8) govoreći da pacijent u transfernoj situaciji ima uz sebe posebno dobar objekt analitičara (dodao bih i grupu) i time je stavljen u poziciju da može riskirati oslobađanje svojih libidno investiranih loših objekata iz nesvjesnog.

Ono što naziva „libidno investiranim lošim objektom" isto je što i Kohutov selfobjekt ili Winnicotov idealizirani omnipotentni objekt ili simbiotični objekt o kojem je govorila Margaret Mahler (6). Sve takve libidne investicije s lošim objektima trebaju se raskidati (odvajati) i u analizi što više razriješiti.

another group member, who may act as a specific temporary object until the relationship with the leader.

The second period is even more important and more sensitive, and it occurs when therapy has advanced significantly and narcissistic transfers become weaker, just like the dominant narcissistic structure of the patient itself, while their true self becomes stronger. In this period, patients become too sensitive, react aggressively or retreat as soon as they sense the slightest sign of a lack of empathy in the leader. This oversensitivity and aggressive defensiveness occurs due to the fear of the unknown and the risk they have accepted because the subjects are separating for the first time, thus leaving behind the self-object world.

In order for the patients to take this important step in their development, their decision to dare break the ties of the symbiotic relationship with the object has been described well by Ronald Fairbairn (8), who claims that, in a transferential situation, the patient has available a particularly good object of the analyst (and of the group, I would add), which places them in the position of risking the liberation of their libidinally invested bad objects from the unconscious.

What he refers to as "libidinally invested bad object" is the same as Kohut's self-object or Winnicott's idealized omnipotent object or symbiotic object that Margaret Mahler spoke of (6). All such libidinal investments with bad objects should be de-

Može se reći da se agresivnim naletima polako gradi proces odvajanja *selfa* od objekta. Terapijski uvjet za prave promjene jest da grupni analitičar agresiju koja se upućuje njemu ne vraća pacijentima, nego da je proživljava i preživljava. To mu omogućuje njegova sposobnost kontejniranja i razumijevanje situacije u kojoj su pacijenti kao i njegovo teorijsko znanje.

ODVAJANJE *SELFA* OD OBJEKTA / REZULTAT DIFERENCIJACIJE

Kod nekih pacijenata u grupi, kad su blizu završetka terapije, često se pojavljuje iznenađujuće snažna agresija čiji je cilj *konačno* odvajanje *selfa* od objekta.

Autoagresija projektivnom identifikacijom djeluje jednakom snagom kao agresija i ima snažan utjecaj na analitičara i grupu.

Autoagresija svojom agresijom daje energiju za odvajanje *selfa* od objekta. Hoće li se agresija ili autoagresija pojavljivati kao pretežan način koji će voditi k rastakanju selfobjektne veze, ovisi o tome dominira li u subjektovu narcizmu grandiozni *self* (izrazitija agresija) ili idealizirana roditeljska slika (izrazitija autoagresija).

Autoagresija putem pogoršanja **somatskog** stanja prikazuje se kao psihosostroyed (separated) and resolved as much as possible during analysis.

We may say that aggressive outbursts are used to slowly build the process of the separation of the self from the object. The therapeutic precondition for real changes is for the group analyst not to direct the aggression directed at him back at the patients, but to experience it and survive it. Their ability to contain and understand the situation in which the patients find themselves, as well as their theoretical knowledge, enable them to do so.

SEPARATING THE SELF FROM THE OBJECT/THE RESULT OF DIFFERENTIATION

In some patients in a group, when they are nearing the end of therapy, there is the often-surprising onset of strong aggression which has as its goal the *final* separation of the self from the object. Autoaggression through projective identification acts as powerfully as aggression and has a strong influence on the analyst and the group.

Autoaggression provides the energy for the separation of the self from the object through its aggression. Whether aggression or autoaggression will appear as the dominant way that will lead to the destruction of the self-object relationship depends on whether a grandiose self (more pronounced aggression) or an idealized parental image (more pronounced

matska reakcija vrlo velikog intenziteta.

Autoagresija koja se očituje velikim **emocionalnim** pogoršanjem u vidu je dramatičnih emocionalnih proživljavanja napetosti, zbunjenosti i iznad svega straha.

Oba oblika autoagresije putem projektivnih identifikacija agresijom pogađaju kontratransferne osjećaje analitičara i grupe, što oni trebaju preživjeti. Zahvaljujući tome što su preživjeli pacijentovu agresiju, postaju sve pouzdaniji objekti i to daje energiju za slabljenje libidne selfobjektne veze s lošim objektom, sve do raskidanja.

Razlozi pojave obaju oblika autoagresije nastaju zbog lošeg objekta (arhajskog selfobjekta) koji subjektu nije pružio potrebno emocionalno razumijevanje i sigurnost, a agresijom ga želi držati u strahu i pokornosti u starom odnosu. Pacijent koji je počeo napredovati u terapiji to teško prihvaća i dolazi do njegove pobune, kad udara autoagresijom na svoje somatsko ili emocionalno stanje. Pacijent još nema dovoljno zdravlja kako bi mirno, bez oštećenja sebe, autoagresijom izlazio iz vlastita starog selfobjektnog odnosa.

Razdoblje u kojem se više izražava agresija ili autoagresija nastaje kad je pacijent napredovao u dugotrajnom procesu sve većeg odvajanja njegova

autoaggression) dominates within the subject's narcissism.

Autoaggression through the worsening of the somatic state appears as a psychosomatic reaction of a very pronounced intensity.

Autoaggression manifested through a serious emotional worsening comes in the form of dramatic emotional experiences of tension, confusion and, above all, fear.

Both forms of autoaggression impact countertransferential emotions of the analyst and the group through projective identification, which they have to survive. By surviving the patient's aggression, they become more reliable objects, which provides energy for the weakening of the libidinal self-object relationship with a bad object until its final destruction.

Causes for the appearance of both forms of autoaggression can be found in the bad object (archaic self-object), which did not provide emotional understanding and safety to the subject, and now uses aggression to maintain its fear and obedience from the old relationship. A patient who has started progressing in therapy finds this difficult to accept, which leads to their rebellion, and they attack their somatic or emotional state using autoaggression. The patient is not yet sufficiently healthy to calmly and without hurting themselves with autoaggression leave their old self-object relationship.

The period during which aggressions or autoaggression are more pronounced oc-

selfa od objekta što je praćeno jakim osjećajem straha, zbunjenosti, čak i izgubljenosti, jer se rastvara njegova narcistička organizacija osobnosti. Pacijent osjeća da doživljava nešto nepoznato i novo, a burni doživljaji (simptomi koje stvara agresija ili autoagresija) svaki put kad se pojave oslobađat će motive i energiju za prekid veze njegova *selfa* s objektom.

U vrijeme liječenja analitičar i grupa predstavljaju transferne projekcije arhajskog objekta, ali velika je razlika od njega u tome što oni mogu izdržati i preživjeti agresiju subjekta i time je metabolizirati. Dokazom da mogu preživjeti agresiju analitičar i grupa uspješno su prošli pacijentovo testiranje njihove pouzdanosti i zato im se pacijent okreće kao dobrim objektima kako bi se mogao sve više odvajati od lošeg odnosa sa svojim idealiziranim introjektom. U svim tim fazama agresivnog transfera grupa i analitičar preživljavaju i kao nagrada za to razvijaju se pacijentovo povećano povjerenje u njih i veća ljubav.

KAKO ANALITIČAR TREBA RADITI DOK SE DOGAĐA TAJ PROCES U GRUPI?

Postavljaju se i pitanja tehnike terapije u opisanim situacijama: kako se postaviti u terapiji kad dođe do izrazite agre-

curs when a patient has advanced during the long-term process of separating its self from the object, which is followed by a strong feeling of fear, confusion and even bewilderment because their narcissistic organization of personality is being dissolved. The patient feels they are experiencing something unfamiliar and new, and turbulent sensations (symptoms created by aggression or autoaggression) provide motives and energy for the breakdown of the relationship between their self and the object.

During treatment, the analyst and the group represent transferential projections of the archaic object, but they differ from it by being able to withstand and survive the aggression of the subject, thus metabolizing it. By proving they can survive the aggression, the analyst and the group successfully pass the patient's test of their reliability, which leads to the patient turning to them as good objects in order to increase their separation from the bad relationship with their idealized introject.

The group and the analyst survive all these stages of aggressive transference, and the award for this is the patient's increased confidence in them and greater love.

HOW SHOULD THE ANALYST FUNCTION WHILE THIS PROCESS IS TAKING PLACE IN THE GROUP?

There are also questions regarding the functioning of therapy in the outlined situations: which position should one

sije? Pozvao bih se na Heinza Kohuta, koji je o tome rekao da analitičar može reći kako vidi težinu njegova agresivnog psihosomatskog ili emocionalnog stanja i da mu to nije nepoznato te da zna zbog čega je sad pacijent u takvim teškoćama. To pacijenta ohrabruje i najčešće mu pruža olakšanje. Može reći kako će o tome razgovarati na budućim seansama u grupi kad prođe pacijentova blokiranost simptomima. U stanjima kad agresija preplavi pacijenta ne treba interpretirati budući da on interpretaciju ne može primiti jer su mu svi osjećaji blokirani strahom. Pacijentu se ponekad mogu ponuditi dodatne individualne seanse i ostaviti mogućnost da ih prihvati ili odbije, a najbolje bi bilo kad bi pacijent to sam zatražio. Tom smo ponudom za razliku od iskustava s arhajskim selfobjektom pokazali da smo uz pacijenta, da imamo empatijsko razumijevanje za njega posebno kad je teško, a i povjerenje u svoj rad te da smo uvijek tu za pacijentove potrebe. Ako pacijent prihvati ponudu za dodatnim individualnim seansama, može nastaviti agresiju, može je smanjiti ili prekinuti. Ako pacijent nastavi s agresijom, analitičar treba biti spreman da po tko zna koji put preživi kako bi došlo do sve većeg odvajanja *selfa* od arhajskih selfobjekata. To će dovesti do ulaska subjekta u zajednički realitet s nekim članom grupe koji se već prije odvojio i s ana-

assume during therapy when there is strong aggression? I would like to refer to Heinz Kohut, who said something about this: the analyst can say they see the severity of their aggressive psychosomatic or emotional state and that this is not unfamiliar to the analyst, which is why they know why the patient is experiencing such difficulties. This encourages the patient and, in most situations, provides relief. We may say that this will be discussed in future sessions once they cease being blocked by symptoms. When aggression overwhelms the patient, we should not interpret, since they cannot accept interpretation because all of their emotions are blocked by fear. The patient can sometimes be offered additional individual sessions and let the accept or refuse this offer, and it would be best if the patient asked for them. By offering this, we show that, unlike the experience with the archaic self-object, we stand by the patient and have an empathic understanding of them, especially when they are in a difficult period, and we also show confidence in our work and that we are always there for the patient when they need us. If the patient accepts the offer of additional individual sessions, they may continue showing aggression, reduce it or stop it. If the patient continues being aggressive, the analyst has to be ready to survive it for the countless time so that increased separation of the self from the archaic self-objects can take place. This will lead to the subject entering the mutual reality with some of the

litičarem. Subjekt sad može iskoristiti analitičara i druge objekte za svoju dobrobit. Prema mojem iskustvu grupa dobro reagira na dopunske individualne seanse jednog člana jer drugi pacijenti iz grupe osjećaju koliko je to subjektu bilo potrebno.

group members who have already separated themselves, as well as with the analyst. The subject can then use the analyst and other objects for their benefit. In my experience, the group reacts well to additional individual sessions for one member because other group members feel how necessary it is for the subject.

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NIKA (NARCIZAM TERAPEUTA I NARCIZAM ČLANA GRUPE)

/ NIKA (THE NARCISSISM OF THE THERAPIST AND A GROUP MEMBER)

Zdenka Brumen-Budanko

SAŽETAK/*SUMMARY*

U okviru studijskih dana Instituta za grupnu analizu Zagreb 2007. godine, glavna tema skupa bila je: *Narcizam u grupi*. U svome radu prikazala sam „kriznu situaciju" unutar grupnoga procesa koji se prethodno razvijao već nekoliko godina. Podnaslov rada glasio je: *Narcizam terapeuta i narcizam člana grupe*. U grupu sam približno dvije godine prije tog izlaganja, uvela novu članicu, Niku, koja je s teškoćom prihvaćala „spori način rada". Za mene se daljnji rad u toj grupi svodio na prvom mjestu na introspekciju kontratransfera, unutar koje su se ljuštili jedan po jedan dijelovi vlastitih narcističnih slojeva, aktiviranih identifikacijom s dijelovima Nikine osobnosti kojima je od samih početaka uspješno „napadala" moje empatijske kapacitete. Poremećaj koji je zahvatio grupu bi se slikovito mogao prikazati u upadljivosti Nikinih visokih, bijelih cipela, „nezažniranih"(tj. na kraju visokoga žniranja nevezanih, sa slobodno padajućim jednako efektnim završetcima žniranaca). U osnovi mojega terapeutskoga „povlačenja" koje sam razabrala u intenzivnoj i u nekom smislu bolnoj introspekciji kontratransfera, bila je podudarnost ranih traumatskih zbivanja u Nikinu i mojem razvoju. Tri desetljeća međusobno razmaknuti, i u vrlo različitim općim životnim okolnostima, i kod jedne i kod druge doveli su do nužnosti formiranja narcističnih obrana, premda sadržajno različitih. U međuvremenu, stvarnu ulogu terapeuta u grupi preuzela je, spontano i uspješno, sama grupa. Nika je s iznenađujućom zrelošću „pregovarala" s grupom oko svojega preuranjeno planiranoga izlaska iz terapije, što je njezin izlazak i odmaknulo za još nekoliko produktivnih mjeseci. A ovaj je sažetak, sada, za mene nešto kao: „Nika, treći put." I, s dosta autoironije, pada mi na pamet rečenica jedne moje mudre stanodavke, dok sam na svome profesionalnome početku neko kraće vrijeme radila u lijepome zapadnoslavonskome gradiću smještenom približno na polovici puta između Zagreba i mjesta mog rođenja. Rekla mi je komentirajući neku „susjedsku" situaciju: „Znate, kod nas se kaže: ima ljudi koji s jednom pameti ne znaju zažnirati dvije cipele".

/ At the 'study days' organized by the Institute for Group Analysis in 2007., the main subject was Narcissism in the Group. In my paper I reviewed a "crisis situation" within the group process, previously developed for several years. The subtitle of the paper was Narcissism of the Therapist and Narcissism of a Group Member.

A new member, Nika, was introduced to the group approximately two years before this presentation. She had difficulties accepting "a slow pace of the work". For me, the further work

in that group has been presumably about the introspection of countertransference, which exposed the layers of my own narcissism one after another, all of them activated through the identification with parts of Nika's personality, parts she used from the beginning to successfully attack my capacities for empathy.

A disorder that spread all over the group one can picturesquely describe with Nika's striking white high shoes, with untied, "free-falling" ends of shoelaces.

In the basis of my therapeutic "withdrawal", which I discerned during the intense and somewhat painful introspection of countertransference, was a coincidence of the early traumatic events in both Nika's and my own development. These events, separated by three decades and by very different overall circumstances, led both of us to urgency of formation of narcissistic defenses, although different in content.

Meanwhile, the role of real therapist in the group took over, spontaneously and successfully, the group itself. Nika herself, surprisingly maturely, "negotiated" with the rest of the group her prematurely planned exit from the therapy, which led to postponing this exit for several more productive months.

This summary is for me something like "Nika, part three". And it strikes my mind, quite auto ironically, something my wise landlady said, as I was still on my professional beginning, working in a nice small town in western Slavonia, halfway in between Zagreb and my birth place. She said, commenting on some situation in the neighbourhood:

"There are people who can't tie two shoes with one brain."

KLJUČNE RIJEČI / *KEY WORDS*

grupna analiza / *group analysis*, narcizam / *narcissism*, kontratransfer / *countertransference*

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Nika je ušla u već razvijenu grupu od tri muška i tri ženska člana. Moglo bi se reći da se grupa u toj fazi doista uspješno bavila odnosima na razini uzajamnosti. Prevladavali su trenutci u grupnom procesu kad se misli i osjećaji u grupi bez jačih potresa slažu jedni do drugih, a u pojedinim se seansama dostiže mirno, kreativno stanje vedri-

Nika joined an already developed group consisting of two male and three female members. One could say that, at this stage, the group was successfully working on relationships on the level of mutuality. The sessions were dominated by those intervals in the group process in which thoughts and emotions join without great upheavals, and in certain sessions a calm, creative state of light-heart-

ne. U drugim seansama zrcaljenje i rezonancija povećavali bi grupnu tenziju, ali najčešće bi se uspijevao pronaći izlaz u benignijim oblicima projektivne identifikacije (1).

Najbolesniji član grupe, L., umjetnik ranjiva *selfa* i granične strukture, moj višegodišnji pacijent s magijskim potrebama za jedinstvom i cjelinom, prije nekoliko je mjeseci izišao iz svoje kratkotrajne psihotične epizode. Grupa je dobro kontejnirala njegove arhajske sadržaje i strahove. Sad je funkcionirao s nekom vrstom „instrumenta" kojim kao da je mjerio toplinu, vlažnost i tlak „grupnog zraka". Reagirao bi svaki put kad bi se afektivne kvalitete u grupi približile ili čak i prešle granične vrijednosti agresije. Kretao se u rizičnim granicama potrebe za opstankom „grupne iluzije" (2). Iluziju sad, međutim, grupa nije više trebala i uspijevala bi mu svaki put iznova vratiti osjećaj da se ni grupa niti on neće raspasti zbog kakve oštrije konfrontacije.

Nika je došla s fantazijom o tome da grupu vodi iskusan terapeut i da je riječ o „modernoj" grupi koja „ne zatupljuje" i u kojoj će ona napokon biti prihvaćena sa svojim prilično ekscentričnim životnim stilom i u više smjerova rizičnim životnim potezima. Dvoumila sam se oko njezina uključivanja u grupu – bilo je potpuno očito da Nika želi „aha" učinke, a ne introspektivan put strpljiva

edness is achieved. In other sessions, mirroring and resonance would increase the group tension, but the members usually found a way out through more benign forms of projective identification (1).

The most seriously ill patient in the group, L., an artist with a vulnerable self and a borderline structure, my patient of many years with magical needs for unity and wholeness, had ended his short-term psychotic episode several months before. The group successfully contained his archaic contents and fears. Now he functioned with a sort of "instrument" he used to measure warmth, humidity and pressure in "the group air". He would react every time the affective qualities in the group approached or even surpassed the borderline values of aggression. He moved within risky borderlines of the need for the preservation of the "group illusion" (2). However, the group itself no longer needed the illusion and repeatedly succeeded in making him feel that neither he nor the group would collapse because of a harsher confrontation.

Nika arrived with a fantasy about the group being led by an experienced therapist, a group that is "modern" and does not make one "dull", one in which she will finally be accepted, along with her significantly eccentric lifestyle and risky life choices. I had second thoughts about including her in the group – it was completely obvious Nika was looking for the "aha" effects and not an introspective journey of patient and careful research. She was an intelligent, attractive per-

i pažljiva istraživanja. Bila je inteligentna, atraktivna osoba mlađe srednje dobi, naglašeno mladenačkog izgleda i samosvojnog, distanciranog, ali nesumnjivo zavodničkog ponašanja. Okolina ju je vidjela kao nadarenu i uspješnu u mnogim područjima, ali i kao „drugačiju", pa i ekscentričnu osobu.

Za T.-a je od početka pokazivala mnogo razumijevanja. Čudila se, najprije suzdržano, a zatim sve otvorenije i sve srditije, iskazivala je svoje neslaganje s načinom na koji se grupa bavila dvjema situacijama: njegovom, pokazujući mu kako bezobzirno ruši prepreke, a zatim se guši u panici, i njezinom, u kojoj su prevladavale ljubavne drame sa znatno mlađim muškarcima, u teško razmrsivim čvorovima uzajamnog divljenja i mučenja. Grupa je postojano ukazivala na povezanost njezine potrebe za intenzivnim doživljajima – strastvenom plesanju po klubovima, prisustvovanju premijernim predstavama i susretima s poznatim osobama i sl. – s očajem, potištenosti i osjećajem usamljenosti koji bi ih redovito slijedili nakon čega bi postajala gnjevnom. Nika je smatrala da je upućuju na dosadan život kakav ne samo da ne želi nego i ne treba živjeti.

Kad bi iznova pobuđena T.-ova uznemirena potraga za uspjesima dovela do njegova agiranja na seansi, na kojoj bi uzrujano iznosio priču o svojem neuspješnom ljubavnom pothvatu, površnom i manipulirajućem, a grupa

son in her early middle age, with a very youthful appearance and a distinct and distanced but undeniably seductive behaviour. The people around her saw her as talented and successful in numerous areas, but not as "different" or even eccentric.

She showed a lot of understanding for T. from the very beginning. She expressed her surprise in a reserved manner at first, but then did so more openly and angrily, showing her disagreement with the way the group dealt with two situations: his own, showing him how he arrogantly tore down barriers and then was strangled by panic, and her own, in which jealous episodes involving much younger men prevailed and were based on knots of mutual admiration and torture that were difficult to disentangle. The group continuously pointed out the connection between her need for intense experiences – passionate dancing in clubs, attending show premiers, meeting famous people, etc. – and desperation, depression and the feeling of loneliness that would inevitably follow, therefore making her feel angry. Nika believed they were directing her towards a boring life she not only did not want, but also should not live.

When T.'s revived anxious need for success led to his reacting during sessions, he would talk in an upset way about his unsuccessful romantic attempt, one that was superficial and manipulative, and the group would be unable to respond with resonance. Nika would sometimes address him in a calming

ne bi mogla odgovoriti rezonancijom, Nika mu se znala obratiti umirujućim glasom, nježno, biranim riječima. Naglašavala bi koliko je važno da on samo vrati „povjerenje u sebe" (a ne u ovu zlobnu grupu i njezinu voditeljicu), činilo bi mi se da ustvari govori da „pozitivno misli". Tješila bi ga raskošnim glasovnim registrom: najprije mir, predah, samo danas, neće trajati dugo, romorila je. Onda kao i ja možeš u zalet, mamila ga je (tako mi se činilo). I on bi se smirivao, opčinjen. Ostale članove grupe nije bio u stanju čuti. Javljala su mi se sjećanja na Heineovu „Lorelei", kojom smo se dugo bavili u gimnaziji u grupi slobodnih aktivnosti. Ili bih imala dojam da sam zalutala na lošu kazališnu predstavu, a da ionako ne znam što igra. U takvim okolnostima činilo mi se da Nika iz seanse u seansu napada moje empatijske mogućnosti.

U jednoj od takvih seansi, napregnut preko mjere, „podivljao" je instrument L.-a, mojeg „favorita". Ranjivi *self* prokrvario je bujicom prema T.-u: „Ti si mrtav čovjek, navijena limena igračka, daj oživi, da te osjetimo, prestani klopotati za Nikom. A ti, nas druge, Nika, uopće ne vidiš, čekaš da nešto zasvijetli nad tvojom glavom i da se uzneseš. Ti ne znaš što sam ja sve prošao da stvari vidim kakve jesu. Stalno napadaš doktoricu da nas ne zna tješiti, a nismo mi tu zato da se samo umirujemo međusobno. Svi mi imamo svoju kriminalnu prošlost."

voice, gently choosing her words. She would emphasise how important it was for him to simply regain "confidence in himself" (and not in the vicious group or its leader), and it would seem to me that she was actually telling him to "think positively". She would comfort him in a wide range of vocal intonations: at first peace, reprieve, only for today, it will not take long, she cooed. Then, just like me, you can fly high, she enticed him (or so it seemed to me). And he would calm down, as though "enchanted". He was unable to hear the other members of the group. I was reminded of Heine's "Lorelei", which we spent a lot of time on in high school in the group of free activities. Otherwise, I would have the impression I had wandered into a bad theatre production, without knowing what was being shown. In such situations, it seemed to me that Nika was attacking my empathetic capabilities from one session to another.

In one such session, strained beyond the breaking point, L.'s instrument "went wild". The vulnerable self started pouring out towards T. "You're a dead man, a wind-up tin toy, come on, liven up, let us feel you, stop rattling after Nika. And you, Nika, you don't even see the rest of us, you're waiting for something to shine over your head and for you to be exhilarated. You don't know what I've been through in order to see things as they are. You keep attacking the doctor about not knowing how to comfort us, but we're not here just to comfort each other constantly. We all have our criminal past."

Znam da je govorio još nešto, ali sam bila prestala pratiti grupu, vjerojatno na nekoliko trenutaka. Gledala sam u Nikine razvezane visoke bijele cipele. Te je sezone bila takva moda: visoke, bijele, razvezane. Nadolazilo mi je sjećanje: imam oko tri i pol godine, na Mirogoju sam s roditeljima i starijom sestrom koji malo podalje nešto pažljivo traže (kasnije sam shvatila da su, u to vrijeme nakon rata, tražili nekoga). Popela sam se na glatku svjetlu površinu velike, tek izgrađene grobnice i zapetljala vezice svojih svojih visokih cipela, ružnih, smeđih, naslijeđenih od sestre koja ih je prerasla. Koraknula sam poskočivši i skotrljala se. Nisam se ozlijedila.

Grupa je, valjda u međuvremenu, zašutjela. Bez prethodnog promišljanja rekla sam: „Nika, čini mi se da Vi i ja imamo neka svoja međusobna pitanja. L. se osjeća ponukanim da brani mene, Vi zastupate T.-a, drugi šute. Možda bi bilo korisno da svi zajedno pokušamo razumjeti što se događa."

Mislim da sam htjela reći kako imamo „neraščišćene račune", ali nisam to rekla. „Pitanja" smo grupa, Nika i ja pokušavali razumjeti sljedeće dvije godine, dok Nika nije, prerano, ali ipak prema dogovoru, poslije duljeg napornog „pregovaranja" (1) napustila grupu.

Mislim da Nika nije mogla uspostaviti vezu s temeljnim osjećajnim stanjima u grupi kao cjelini; mogla je „hvatati"

I know he said something else, but I had stopped following the group, probably for a few moments. I was staring at Nika's untied high white shoes. That season that was the fashion: high, white, untied. I remembered something: I am around three and a half, I'm in Mirogoj with my parents and older sister, who are carefully searching for something. (Later I realized they had been searching for someone at that time.) I climbed on top of the smooth, shiny surface of a recently constructed tomb and entangled the laces of my high, ugly brown shoes, which I had inherited from my sister, who had grown too big for them. I jumped and tumbled down. I was not hurt.

In the meantime, the group had become silent. Without thinking about it, I said: "Nika, it seems you and I have some mutual questions. L. feels impelled to defend me. You represent T, and the others are silent. It may be useful for all of us to attempt to understand what is happening."

I think I wanted to say we had some "unfinished business", but I did not say that. The group, Nika and I attempted to understand those "questions" for the following two years, before Nika prematurely, but still according to our agreement, left the group following a long and strenuous "negotiation" (1).

I think Nika was unable to establish a connection with the basic emotional states in the group as a whole, she could "catch" only T.'s disturbances and, it seems, as a mirror reflection of her own.

samo T.-ove uznemirenosti, i to, čini se, kao zrcalni odraz vlastitih. Postupala je s njim kao što je, na nekoj razini, željela da se postupa s njom. Istodobno je na njemu isprobavala – kako se kasnije ispostavilo – određene tehnike smirivanja koje je naučila na alternativnim terapijama koje je neko vrijeme pohađala usporedo s grupom. Ostale interakcije u grupi uspješno je blokirala, uključujući moj mogući empatijski odgovor, aktivirajući istodobno moje stare narcističke ozljede (3). Ako se nije mogla baviti izabranim – ustvari devaluiranim – članom na svoj način, prepuštala se svojoj potištenosti, u hladnoj izolaciji unutar grupe, distancirajući se od svake komunikacije. To je bilo nalik opisu narcističnih pacijenata: „Na kritičnost ili indiferentnost drugih odgovaraju hladnom indiferentnošću ili snažnim osjećajem bijesa, inferiornošću, sramom, poniženjem ili ispražnjenošću (4)." U takvim se stanjima ipak moglo nekako dokučiti koliko se Nika grozi da će kad ostari postati nalik svojoj zajedljivoj depresivnoj majci.

Pitam se nije li se u Nikinu slučaju razvila situacija o kojoj govori Stolorow (5), kad se u terapijskom odnosu ne zadovolji selfobjektna dimenzija pa *self* postane latentno agresivno opterećen. Umjesto „empatije u funkciji pružanja strukturirajućeg iskustva" (6) moguće je da se stalno ponavljala situacija kontratransfernog zbivanja u kojem

On one level, she treated him in the same way she wanted to be treated. As later became obvious, she was simultaneously testing certain techniques of pacification which she had learned in alternative therapies she attended – for a while in parallel with attending the group. She successfully blocked the rest of the interactions in the group, including my potentially empathic response, simultaneously activating my old narcissistic injuries (3). If she was not able to deal with her chosen – in reality, devalued – member in her own way, she became depressed, coldly isolated within the group, distancing herself from all communication. This resembled the description of narcissistic patients: "To the criticism of indifference of others they respond with cold indifference or a strong feeling of anger, inferiority, shame, degradation or emptiness" (4). In such states, however, it was possible to recognize how much Nika was afraid of becoming her cantankerous, depressed mother once she grew older.

I wonder whether in Nika's case there developed a situation that Stolorow (5) writes about, the one in which the self-object dimension is not satisfied, which leads to it becoming burdened with latent aggression. Instead of "empathy in the function of providing a structuring experience" (6), it is possible that there was a repetition of a situation of countertransferential occurrence in which the therapist is "stuck" in one of the positions, whether projective or in-

terapeut „zaglavi" u nekoj od pozicija, projektivnoj ili introjektivnoj, ili, zajedno s grupom, u slabo branjenoj trenutačnoj anksioznosti (7).

Vjerujem, međutim, da se u seansi prikazana situacija „zaglavljenosti" terapeuta ipak riješila pravodobnim vraćanjem u grupu te su se iznimno narcistički nabijene sukcesivne interakcije *selfova* (Nikina i terapeutkinjina te Nikina i L.-ova) uspjele vratiti do razine nužne homeostaze.

Retrospektivno, čini se da se u grupnom procesu dulje, možda sve od Nikina ulaska u grupu, osjećao nedostatak „empatijske sinkronizacije", da je došlo do poremećaja „empatijskog slušanja", kojeg je Nika kronično bila gladna. Moglo bi se reći da je posrijedi bila pojava opisana kao „mirrorhunger person" (8). I u navedenoj situaciji aktivirala se voditeljičina „kontratransferna spremnost" (9) s dovoljno brzom (Predsvjesnom?) introspekcijom, prije nego empatijski kapacitet. (Ipak, možda nam je dopušteno zapitati se nije li voditeljičin doživljaj bio potaknut nekom vrstom empatije ili narcističkog zrcaljenja dok je bila usredotočena na Nikine cipele? Ili bi se mogli pretpostaviti nesvjesni obrambeni potezi terapeutkinje, kao da je s pacijenticom bila uvučena u agiranje u nekoj „pobuđujućoj fantaziji", da bi ubrzo introspekcijom svojeg subjektivnog doživljaja

trojective or, together with the group, in poorly defended momentary anxiety (7).

However, I believe that the situation of the therapist being "stuck" was in due time resolved by a return to the group and the narcissistically charged successive interactions of the selves (Nika's and the therapist's and Nika's and L.'s) successfully returned to the level of necessary homeostasis.

Retrospectively, it seems that for a long time, perhaps ever since Nika joined the group, the group process involved a lack of "empathic synchronization", a disorder of "emphatic listening", which Nika had a chronic hunger for. One may say that this was a situation known as "mirrorhunger person" (8). In it, the leader's "countertransferential readiness" (9) was activated with a sufficiently rapid (pre-conscious?) introspection before empathic capacity. (However, we may ask whether the leader's own experience was instigated by a form of empathy or narcissistic mirroring while being focused on Nika's shoes. Or the therapist's unconscious defensive actions may be assumed, as though she had been involved, together with the patient, in the activity of a certain "stimulating fantasy", which was soon followed by a deeper understanding of her own feelings through the introspection of her own subjective experience.)

I believe this is an example of how working with the problems of narcissism (both that of a group member and that of the

dublje zahvatila i razumjela vlastite osjećaje.).

Vjerujem da je to primjer kako se i u radu s narcističkom problematikom (i člana grupe i voditelja), kad se zbog različitih razloga ne primjenjuje empatija kao istraživačka metoda *per se* (6), introspekcijom kontatransfera može uspješno obaviti zadatak istraživanja grupne situacije. Slično vrijedi i za individualnu psihoterapijsku seansu (10).

Mislim da je Nika imala duboke okomite rascjepe u osobnosti (6).

Kako bi se obranila od patnje – najviše u što se usudila upustiti bila je mrzovoljna potištenost – nije mogla primijeniti iskustva iz grupe i upustiti se u stalan rad s agresivnim (nagonskim) derivatima što bi joj možda omogućilo da stupi u dodir sa svojim nuklearnim *selfom* (11, 12). Pomišljala sam da to više i nije bilo moguće.

Moje mi terapeutsko iskustvo pokazuje da se mogu lakše nositi s „krvarećim" narcizmima nego s „grandioznima". Ranjivi „narcisi" teški su, boje se jer često ugrožavaju sebe i prijetnja je raspada njihova *selfa* stalna, ali čini se da, kad im se pruži ono što je potrebno da prestanu krvariti, mogu razviti uzajamnost sa „svojim" objektima. Tako sam se uspješnije nosila s često teškim psihičkim stanjima L.-a, kod kojeg su narcističke obrane bile u funkciji

therapist), whereby for various reasons empathy is not used as an investigative method *per se* (6), introspection of countertransference may be used to successfully fulfil the task of studying the group situation, which is also true of individual group sessions (10).

I believe Nika had deep vertical fissures in her personality (6).

In order to defend herself from suffering – the furthest she went was an ill-tempered depression – she could not use the experiences from the group and engage in constantly working with aggressive (impulsive) derivates, which would perhaps have enabled her to get in touch with her nuclear self (11,12). I thought that this was no longer possible.

My experience with therapy shows that I can handle "bleeding" narcissism more easily than the "grandiose" one. Vulnerable narcissists are difficult and afraid because they are often a threat to themselves, there is a constant threat of the decomposition of their self, but it seems that, once they are offered whatever it is they need to stop bleeding, they are able to develop mutuality with "their" objects. This helped me handle more successfully the difficult psychological states of L., whose narcissistic defences were in the function of psychological survival; over numerous years, persistently and with great suffering, he developed the capacity to gather "good" introjects in order to repeatedly gather the authentic fragments of his self, which crumbled easily.

psihičkog opstanka; on je uporno i s mnogo boli godinama razvijao kapacitet da skuplja „dobre" introjekte kako bi mogao uvijek iznova okupljati autentične djeliće svojeg *selfa* koji se lako fragmentirao.

U Nikinu slučaju ostaje otvoreno pitanje koliko je zakazivanje terapeutove empatije, preciznije, terapeutova kontinuiranog osjećaja napadnutosti u njegovoj empatijskoj funkciji, bilo povezano s Nikinim iznimno organiziranim manipulativnim agiranjem. To ne isključuje stajalište prema kojem se u dinamici grupe, „uzduž razvojnog i defanzivnog kontinuuma normalne potrebe za zrcaljenjem", mogu pojaviti potrebe ili želje za egzibicionističkom (grandioznom) ili kompetitivnom gratifikacijom, a pacijenti s poremećajem *selfa* mogu „možda defanzivno primjenjivati grandioznost da bi se očuvali od naglašenih osjećaja zavisti i bijesa" (13). Tim više postoji opasnost o kojoj govori Spacal (10), tj. da u sličnim okolnostima terapeut „može izgubiti empatiju kao model opažanja i nekritički se prepustiti introspekciji kontratransfera" s poteškoćom da odvoji vlastite osjećaje od osjećaja koje projicira pacijent. Ipak mislim da, zrcaljen i u grupi, ostaje temeljni doživljaj Nikine intrapsihičke dinamike prema kojem nije bila posrijedi prijetnja dezintegracijom jednog slabo kohezivnog *selfa* u frustrirajućim okolnostima (to je isku-

In Nika's case, however, there is the open question of how the lack of the therapist's empathy or, to be more precise, the therapist's continued feeling of being attacked in her empathic function, was connected with Nika's highly organized manipulative activities. This does not exclude the position according to which the needs or wishes for exhibitionist (grandiose) or competitive gratification may occur in the dynamic of the group "along the developmental and defensive continuum of the normal need for mirroring", while patients with a disorder of the self may "use grandiosity defensively in order to preserve themselves in the face of heightened feelings of jealousy and anger" (13). Moreover, there is an even greater danger of which Spacal writes (10), saying that in similar situations the therapist "may lose empathy as an observation model and uncritically engage in the introspection of countertransference", with the difficulty of separating their own feelings from the ones projected by the patient. However, I think that there is still the basic experience of Nika's intrapsychic dynamic, also mirrored within the group, according to which there was no threat of disintegration of a poorly cohesive self in frustrating circumstances (this was an experience the group repeatedly went through and knew well from the case of L.), but more commonly the manifestation of Nika's "chronic narcissistic anger" (6), with the consequence of attacking and devaluing the therapist and the group as a whole. While her grandiose self mainly retained its coherence,

stvo grupa stalno proživljavala i stoga dobro poznavala u L.-ovu slučaju), nego najčešće manifestacija Nikina „kroničnog narcističkog bijesa" (6) čija je posljedica bio napad i devaluacija terapeuta i grupe kao cjeline. Dok je njezin grandiozni *self* uglavnom zadržavao svoju koherentnost, na razini grupe kao cjeline rasla je koherentnost (koja obuhvaća više razine kohezivnosti) što je dugoročno rezultiralo ublaživanjem destruktivnosti para koji se formirao (Nika – T.). Pritom je važno istaknuti da se čini, premda je to bilo predmet kontratransfernog preispitivanja, kako nije bilo znakova da se u grupi razvija proces „žrtvenog jarca" koji bi, uz prešutnu „tajnu vezu" s terapeutom, iscrpljivao libidnu energiju grupe, pa i doveo do napuštanja terapije (14, 15).

Pitanje je koliko nas takvo viđenje psihodinamike Nike i grupe dovodi u sukob s Kohutovim gledištem prema kojem agresija povezana s narcističkim bijesom uvijek ukazuje na specifičnu patologiju *selfa* u smislu njegove integrativne slabosti (11). Ono nas također vraća prethodnim Kohutovim stajalištima prema kojima narcistične osobnosti konstituiraju kohezivne arhaične objekte i mogu očuvati kohezivni *self* (6,16) te stajalištima nekih drugih, postkohutovskih autora (17), prema kojima je „asertivni set osjećaja" neovisan od dezintegrativnih stanja *selfa*, a agresija može i potaknuti konstitutivne procese

on the level of the group coherence grew (coherence which includes higher levels of cohesiveness), which in the long term resulted in the lessening of the destructiveness of the couple that had formed (Nika – T.). It is important to emphasize that it seems, despite it being the subject of countertransferential questioning, that there were no signs of the "scapegoat" process being developed in the group, which would, along with a silent "secret connection" with the therapist, exhaust the libidinal energy of the group and even lead to leaving therapy (14,15).

There is the question of how much this view of the psychodynamics of Nika and the group leads to a collision with Kohut's view, according to which aggression connected with narcissistic anger always indicates a specific pathology of the self in the sense of its integrative weakness (11). On the other hand, this takes us back to Kohut's previous views, according to which narcissistic personalities construct cohesive archaic objects and may preserve a cohesive self (6,16), but also to other, post-Kohut authors (17), according to whom the "assertive set of emotions" is independent of the disintegrating states of the self, and aggression may actually encourage the constitutive processes in the self (18). This is in line with Kernberg's concept of narcissistic personality, according to which narcissistic structures have a stronger self than borderline ones (19). The fulfilment of self-object needs (empathic understanding without introspective elaboration) in

u *selfu* (18). U skladu je i s Kernbergovom konceptualizacijom narcistične osobnosti prema kojoj narcistične strukture imaju jači *self* nego granične (19). Zadovoljavanje selfobjektnih potreba (empatijsko razumijevanje bez introspektivne elaboracije) u takvim okolnostima možda bi se moglo više okarakterizirati kao „gratifikacija izvan (razvojne) faze" nego kao terapijska potpora u svrhu transformacije strukture.

Naposljetku, postavlja se i pitanje ne bi li pacijent poput Nike možda mogao imati više koristi od kombinirane terapije (grupne i individualne analitičke psihoterapije kod istog terapeuta), koju je voditeljica vrlo uspješno godinama primjenjivala u radu s drugim narcističnim pacijentima.

such circumstances may be better characterized as "gratification outside (the developmental) stage" than as therapeutic support for the purposes of the transformation of structure.

Finally, there is the question of whether a patient like Nika may benefit more from combined therapy (group and individual analytic psychotherapy with the same therapist), which the leader had applied very successfully for numerous years with other narcissistic patients.

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NIKA: DESET GODINA POSLIJE

/ NIKA – TEN YEARS LATER

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Ništa ne znam o pravoj Niki deset godina poslije. Tema je ovog osvrta dakako ponovno čitanje „Nike" deset godina poslije. Novo čitanje bilo kojeg teksta uvijek je ne samo drugo nego i drugačije čitanje. Prvo što me potaknulo u novom promišljanju već je podnaslov teme koju sam iznijela na Okruglom stolu: „Narcizam terapeuta i narcizam člana grupe". Podnaslov je bio zadan, izlaganje prilagođeno, ali bilo je i psihodinamički opravdanih razloga da prilagodba podnaslovu ne mora biti „nategnuta" zbog zadatka. Pa ipak, danas bih unatoč mnogim uočljivim elementima narcizma kao podnaslov radije navela: Kontratransferno potaknuta bujica terapeutovih „sjećanja" i sjećanja Nikinim ulaskom u grupu. (Usputna napomena, riječ je o grupno-analitičkoj grupi odškrinutih vrata koja je svoj grupni život u vrijeme Nikina dolaska neprekidno živjela već punih 17 godina; kontinuitet se održavao postojanom poveznicom pri ulasku novih članova, putem još uvijek

I do not know anything about the "real" Nika "ten years later". The topic of this paper is, of course, "a new reading of 'Nika' ten years later". A new reading of any text is not just another reading, but a new one. Firstly, the thing that incentivised me to think about everything again is the subtitle of the topic I talked about at the Round table: The narcissism of the therapist and the narcissism of the group. The subtitle was assigned, the presentation adjusted, but there were true psychodynamically justified reasons for the adjustment to the subtitle not to be "strained" because of the task. Even so, despite numerous noticeable elements of narcissism, nowadays I would rather put the following as the subtitle: Countertransferentially instigated storm of the therapist's own "memories" and memories, at the time when Nika joined the group. (As a side note, this was an open-door group analytic group which had at the time when Nika joined it existed for 17 years; the continuity was maintained when new members joined by two or three "old" members of the group, the "guardians" of tradition.)

prisutna dva ili tri „stara" člana grupe, „čuvara" tradicije.)

Nika je bila mlada, obrazovana, inteligentna žena, oduševljena procvatom velikog broja psihoterapijskih tehnika od kojih je neke već isprobala, s obzirom na mogućnosti njihova izbora „na slobodnom tržištu". Voditeljica grupe radi s postojanim povjerenjem u psihoanalitičku teoriju kao temelj kliničkih psihoterapijskih metoda. Najčešće se događa da pozornošću voditeljice, pa i cijele razvijene grupe, novi član postupno hvata osnovnu nit rada bez posebnog „učenja" o tome, snagom učinka specifičnosti komunikacije u analitičkoj grupi s njezinom metodom „slobodno lebdeće diskusije". Nika je od početka pokazivala snažan otpor prema takvoj vrsti rada u grupi.

To navodim radi činjenica, a sve ostalo što se događalo u prikazanim isječcima rada grupe povezano je i sa specifičnošću voditeljičina kontratransfera, koji se nenadano i neobično snažno razvio ulaskom Nike u grupu. Visoke bijele nepotpuno zavezane Nikine čizme bile su samo otponac za razvoj toga kontratransfernog razbuktavanja, prividno, tj. svjesno, pažljivo nadgledavana.

U voditeljičinu se doživljaju osim prikazane „mirogojske epizode" s čvrsto međusobno zapetljanim vezicama visokih sestrinih cipela ružne boje, na vlastitim nogama, događala i dublja

Nika was a young, educated, intelligent woman, her head full of numerous psychotherapeutic techniques, some of which she had already tried since they were available on the "free market". The group leader, on her part, has a strong belief in the psychoanalytic theory as the basis of clinical psychotherapeutic methods. Most commonly, through the attention of the leader and the entire developed group, the new member gradually grasps the basis of how the group functions without "learning" about it, through the power of the effect of the specifics of communication in the analytic group with its method of "free floating discussion". From the very beginning, Nika showed resistance to this form of working within a group.

I say this for the sake of facts, and everything else that occurred in the aforementioned snippets of the group's work is connected with the specificity of the leader's countertransference, which was suddenly and unusually strongly developed with Nika's entrance into the group. High, white, untied boots worn by Nika were a trigger for the development of this countertransferential burgeoning, which was apparently but consciously and carefully supervised. Apart from the outlined episode set in Mirogoj, with the tightly tied laces of her sister's high shoes of an ugly colour on her own feet, a deeper drama from the leader's childhood was taking place in her experience. This was connected with the facts from Nika's childhood, which had been expressed in

drama iz voditeljičina djetinjstva. To je bilo povezano s činjenicama iz Nikina djetinjstva iskazanim u grupi što je, iako samo s dalekom i površnom sličnošću, mene, voditeljicu, duboko potreslo i paradoksalno uistinu umanjilo moju empatijsku spremnost za Niku, a pojačalo kontratransferne otpore prema njezinu razumijevanju. Vjerujem ipak da i danas stoji ono što sam prema Spacalu (1991.) već navela u prikazu: da se introspekcijom kontratransfera može uspješno provesti zadatak istraživanja grupne situacije (ako ne dođe do nekritičkog oblika ispitivanja kontratransfera). Vjerujem da sam doista uspjela prevladati kraću fazu kontratransfernog otpora i vratiti se kontroliranoj (dovoljno kritičkoj; no možda bih ipak sada stavila i upitnik) introspekciji vlastitih osjećaja i doživljavanja koje je pobudila sličnost Nikinih i mojih biografskih narativa. Za svoje vjerujem da su u temeljima moje narcističke ranjivosti.

Narativne sličnosti ukratko su sljedeće: Nika, kao ni ja, nije rođena u gradu u kojem živimo od svojih prvih mjeseci. Razlozi su za to različiti, ali u oba se slučaja mogu svesti na vanjske okolnosti koje su potaknule vraćanje naših majki u mjesta života njihovih majki neko vrijeme prije poroda pa se i Nikino i moje rođenje (s tridesetak godina razlike) tamo i dogodilo. Nika i ja volimo svaka svoj grad i rado bismo

the group and which had, through merely distant and superficial similarity, deeply shaken me, the leader, and paradoxically truly diminished my empathic readiness towards Nika, while increasing countertransferential resistance to understanding Nika. Still, I believe that what I said according to Spacal (1991) holds true even today: that introspection of countertransference may successfully perform the task of studying the group situation (unless there is an uncritical form of questioning countertransference). I believe that I truly managed to overcome the short phase of countertransferential resistance and return to controlled (sufficiently critical; maybe today I would add a question mark?) introspection of my own emotions and experiences stirred by the resemblance of Nika's and my own biographical narrative. I believe that mine are at the basis of my own narcissistic vulnerability.

The narrative similarities are, in short, the following: neither Nika nor I were born in the cities in which we have lived since the earliest months of our lives. The reasons for this are different but may in both cases be reduced to "external" circumstances, which caused our mothers to return to the places where their own mothers lived, for a period of time before they gave birth, so both Nika's and my birth (with a thirty-year difference) occurred in those places. Both Nika and I love our cities and would gladly include them in our birth certificates and ourselves as the places where we were born.

ih u matične knjige i u sebe upisale kao svoja mjesta rođenja. Daljnjih sličnosti ima još, ali mislim da su manje važne. Mislim da sam svoje kontratransferne osjećaje, kako je u vrijeme Nikine terapije još uvijek i vrijedio „nauk" u našem pozivu, „uredno" nadgledala. Nije mi se stoga iz kontratransfera stvorila prilika (nisam si je omogućila) za uspostavljanje fleksibilnijeg dodira s Nikinim naglašenim konfliktnim odnosom s njezinom majkom što se, dakako, prenosilo u njezin transferni odnos, ali i u nekoliko lateralnih transfera spram članova grupe.

Što se mojeg rođenja tiče, unatoč mnogim analitičkim pokušajima nisam uspjela otkriti u sebi s tim povezane motive ljutnje na svoju majku, koje je uostalom bilo malo i doista se rijetko manifestirala. Preostajala je uvijek samo neka tiha žalost zbog Zagreba koji volim, koji zauvijek jest, ali nije posve moj grad, i vrlo tiha zavist prema sestri za koju sam bila snažno emotivno vezana. Kao da sam razumjela da je u poratnom Zagrebu uistinu bilo teško pribaviti mnogo toga, pa i obuću. Još uščuvane jer bi ih djeca brzo „prerasla", cipele bi bilo normalno ostaviti mlađem djetetu na uporabu. Ali sestra je usto još i rođena u Zagrebu. I tomu slične dodatne „sitnice".

Postoji međutim mnogo važniji trenutak koji je utjecao na nepovoljnu tran-

There are further similarities, but I think they are less important. According to the belief of our profession in the time of Nika's therapy, I think that I supervised my countertransferential memories well. Therefore, countertransference did not afford me a chance (nor did I create one for myself) for establishing a more flexible contact with Nika's pronounced conflict relationship with her mother, which was, of course, transferred to her transferential relationship, but also to several lateral transferences towards group members.

Regarding my birth, despite numerous analytical attempts, I have not succeeded in discovering in myself the related motivation for being angry with my mother, of which there was little and was fairly rarely manifested. There was always a certain quiet sadness about Zagreb, which I love, which has always been and is not completely my city, and an equally quiet jealousy towards my sister, with whom I had a strong connection. As if I understood that after the war, it was difficult to find a lot of things in Zagreb, including shoes. Still usable because children would quickly outgrow them, shoes would usually be inherited by a younger child. However, my sister was also born in Zagreb. And, along with that, other similar "titbits".

There is, however, a more significant situation which affected the unfavourable transferential/countertransferential constellation in Nika's therapy, which I said nothing about in my overview from

sferno-kontratransfernu konstelaciju u Nikinoj terapiji o kojem u prikazu otprije deset godina nisam napisala ni riječi. Nika je zbog „gastarbajterskih" okolnosti njezine majke u prvoj godini života ostala s ostalim članovima obitelji u svojem gradu dok je njezina majka obavljala svoj posao u jednoj od europskih zemalja. Moja je majka u mojem približno desetom mjesecu života (završavajući s mojim dojenjem) sestru i mene „na tjedan-dva" (tako ide obiteljska priča) odvela „u goste" našoj baki i svojoj starijoj sestri s kojom je baka živjela kako bi ona i otac u Zagrebu riješili neke stambene probleme. To ne bi mogla obaviti brinući se, kao i velik broj stanovnika Zagreba, za nabavu mlijeka i ostalih potrepština u okolnim selima, često i pješačeći do njih ako se ne bi našao kakav prijevoz. Bila je to jedna od najtežih godina Drugoga svjetskog rata. U velikom srijemskom selu Nijemcima u kojem sam rođena bilo je još uvijek mlijeka i druge hrane.

Sjećam se kako sam se već vrlo rano u djetinjstvu pitala kako se to moja majka u vrijeme žestokih ratnih događaja u koje su se ubrajali i nenadani noćni napadi eksplozivom upravo na željezničke linije usudila s dvoje male djece putovati željeznicom na toj zapravo dugoj relaciji: među ostalim, za putovanja su joj bile potrebne i službene propusnice. Odakle je potjecala snaga te želje da u tako teškim okolnostima

ten years ago. Due to her mother working abroad, for the first year of her life Nika lived with the other members of her family in her city, while her mother performed her job in one of the European countries. In my tenth month (which was around the final stage of breastfeeding), my mother took my sister and me to "visit" our grandmother and her older sister, who lived with our grandmother, for "a week or two", according to our family story, so that she and our father could resolve certain problems with our home in Zagreb. She would have been unable to do this while worrying, like many of those living in Zagreb, about purchasing milk and other necessities in the surrounding villages, often by walking to them if there was no transport to be found. This was one of the hardest years of the Second World War. In the large village of Nijemci in Srijem, where I was born, there was still milk and other food.

I remember how, very early in my childhood, I wondered how, in a time of fierce battles and sudden night attacks with explosives that targeted railroads, my mother had the courage to travel long distances by railway with two little children: among other things, she needed official passes to travel. What was the source of this desire to maintain contact with her family in such difficult times? The Allied bombings of Zagreb, which started at the time of this second trip after my birth and arrival in Zagreb, when I was less than two months old, and which were (later, of course) used to explain to

održava kontakt sa svojom rodbinom? Saveznička bombardiranja Zagreba koja su započela u vrijeme tog drugog putovanja poslije mojeg rođenja i mojeg dolaska u Zagreb s nepuna dva mjeseca, oko pola godine kasnije, i kojima mi je to drugo putovanje (kasnije, naravno) objašnjeno, bila su, izgleda, dovoljno snažan dodatni argument da dalje naglas ne postavljam pitanja.

„Tjedan-dva" pretvorilo se u dugih osam mjeseci, bez majke. U međuvremenu je otvoren takozvani Srijemski front, velika, dugotrajna i krvava bitka rata koji će završiti za nepunu godinu dana. U Nijemcima su se počele smjenjivati vojske, a stanovništvo, različitih opredjeljenja, odlazilo je u izbjeglištvo ovisno o situaciji; najčešće su odlazili svi jer je bilo teško predvidjeti koja će vojska koje noći ući u njihove kuće. Povremeno bi se mogli vratiti, za zatišja, a nakon nekog vremena ponovo bi morali pobjeći. Posljednje izbjeglištvo naše obitelji trajalo je mjesecima. Moja sestra i ja bile smo neprestano uz baku jer su druga djeca uz sebe imala svoje majke (naše dvije tete, mamine sestre). Baka je nakon nestalnosti odlazaka i povrataka odlučila s nama otići u svoj rodni grad, stari srijemski grad koji svoje ime i danas nosi prema imenu iz starorimskog vremena, i kojim je tijekom tisućljeća prohujalo mnogo panonskih ratova, a ipak je opstajao. U njemu se tada više nisu vodile borbe i

me this second trip, were, it seems, a sufficiently strong argument for me to stop asking further questions out loud.

"A week or two" turned into eight long months without my mother. In the meantime, the so-called Srijem frontline was opened, a large, protracted, bloody battle in a war that would end in less than a year. Different armies came to Nijemci, and the population, which was of various leanings, became refugees, depending on their individual situations; most commonly everyone would leave because it was difficult to predict which army would enter their houses in which night. It was possible to return, during quiet periods, but they would run away again after that. The final period of our family living as refugees lasted for months. My sister and I were constantly with our grandmother because other children had their mothers (our two aunts, our mother's sisters). After the impermanence of coming and leaving, our grandmother decided to take us to the town where she was born, an old town in Srijem which still bears the same name from the time of ancient Rome, and through which numerous Pannonian wars have swept through over the millennia, and still it has survived. There were no more battles taking place in it by then, so my grandmother's mother (our great-grandmother) and my grandmother's brother took us in. Our mother, who was in Zagreb (the railroad tracks were then truly cut off), did not know where we were or if we were even alive up until the very end of the war. There is a story that

bakina majka (naša prabaka) i bakin brat su nas prihvatili. Naša majka u Zagrebu (pruge su tada doista bile presječene) gotovo do pred kraj rata nije znala gdje smo ni jesmo li uopće živi. Govorilo se da je „preko noći" posijedila. Doista je se ne sjećam kao izrazito crnokose kakva je bila, i prema fotografijama. Nakon nekog je vremena, ipak dobivši vijesti o nama, prvim popravljenim kolosijekom pruge kojom se još povlačila njemačka vojska, uspjela doputovati. Nisam je prepoznala, odbijala sam joj prići. Izvadila je iz torbe lutke koje je sama sašila od tkanina ispunjenih nečim mekanim te im stavila „prave glave" od potrganih lutaka djece iz susjedstva i obukla im haljinice. Jednu mi je pružila i prihvatila sam je. (Starija sestra, govorili su, odmah je dotrčala do nje.) S lutkom u ruci sjela sam mami u krilo (tako ide priča, ja se toga ne sjećam; nisam još imala dvije godine) i počela joj nešto govoriti. Otac je došao po nas i uskoro smo se svi vratili u Zagreb.

Prije nekoliko godina trebala sam zbog nekog pravnog posla novi rodni list. Jedna moja rođakinja vodila je općinski ured, pa i matice rođenih, te mi pribavljanje izvadaka daleko od Zagreba nikad prije nije bilo teško. Sad mi je, međutim, iz u međuvremenu promijenjenog općinskog središta rečeno da su dokumenti za 1943. godinu spaljeni u prošlom ratu u Hrvatskoj jer je mjesto

she went grey overnight. I really do not remember her as having a black head of hair, which is what she had looked like according to photographs. At some point she received news about us and managed to travel to the village using the first repaired railway, which the German army was using for their retreat. I did not recognize her and refused to approach her. She took out dolls from her bag which she had sewn herself out of something filled with soft fabrics and for which she had used heads from torn dolls from neighbourhood children and dressed them in clothes. She offered me one and I accepted it. (They say my older sister immediately ran over to our mother.) Holding the doll, I sat in my mother's lap (according to the story, I do not remember this; I was not yet two years old) and started telling her something. Our father came for us and soon we all returned to Zagreb. Several years ago, I needed a new birth certificate for some legal work. One of my cousins was in charge of the municipal office and the birth registry, so acquiring copies while I was far away from Zagreb was never a problem. Now, however, there had been a change in the municipal office, and I was told that the documents from 1943 had been burned in the previous war in Croatia because the place had been occupied and they had no record of me. My birth certificate issued by the police administration in Zagreb was made on the basis of the most basic data from the earlier copies. It no longer contains the note I have saved in my original certificate of christening: "Born

bilo okupirano i da „mene nemaju". Moj rodni list u Policijskoj upravi zagrebačkoj sastavljen je od osnovnih podataka starijih izvoda. U njemu više ne stoji zabilješka koju imam u sačuvanom originalnom krsnom listu: „Rođena u Nijemcima gdje joj je majka boravila kod rodbine. Prebivalište roditelja: Zagreb."

Evo koliko skraćena, a u zbilji s još mnogo važnih detalja ispunjena priča o onome što je zacijelo nemalo utjecalo na moj razvoj i život, može biti zgusnuta u transferno/kontratransfernom procesu jedne individualne ili grupne analitičke psihoterapije. I utjecati, među ostalim, na krajnje osjetljiv odnos kontratransfera i empatije, i mimo obostranih narcističkih aspekata tog terapijskog odnosa. Zapravo, razmislim li ponovo, podnaslov prikaza o Niki doista ne pogađa baš precizno bit tog odnosa. Nadam se da je grandiozna/urušavajuća Nikina struktura (za koju ipak sad vjerujem da je više obrambenog nego strukturnog karaktera u smislu osobnosti) pronašla ravnotežu Nikinim daljnjim sazrijevanjem. Za to mi nadu daje čak i iznenađujuća zrelost „pregovora" oko njezina izlaska iz grupe, kojima smo posvetili mnogo pozornosti, uz konstruktivno i emocionalno vrlo angažirano sudjelovanje cijele grupe. Tako se Nikin izlazak, iako preuranjen, zapravo provodio neočekivano plodonosno i za Niku i za grupu. A voditeljici grupe? Njoj je, zbog ustvari još

in Nijemci, where her mother had been staying with her relatives." Her parents' residency: Zagreb.

This how a shortened story, which is in reality filled with much more detail, about what significantly affected my development and life, can be condensed in one transferential/countertransferential process of an individual or group analytic psychotherapy. Also, it can affect the extremely sensitive relationship between countertransference and empathy, beside the mutual narcissistic aspects of the aforementioned therapeutic relationship. Actually, if I think about it again, the subtitle of the overview about Nika does not express the core of that relationship very precisely. I hope that Nika's grandiose/crumbling structure (which I now believe was more defensive than structural in the sense of personality) found a balance by Nika's further maturation. I am inspired to hope for this by the surprising maturity of the "negotiation" about her leaving the group, which we paid a lot of attention to, along with a constructive and emotionally very engaged cooperation of the entire group. Thus, Nika's departure, although premature, proved to be very fruitful for both Nika and the group. And how about the group's leader? For her, for some unexplained reasons, it left another layer of her own "story", which had first stopped her from using countertransference for therapeutic purposes, significantly increasing her countertransferential caution, and then, "ten

ne posve providnih razloga, ostavio još jedan sloj njezine vlastite „priče" koja joj je jednom zakočila slobodu primjene kontratransfera u terapijske svrhe, povećavajući do krajnjih granica kontratransferni oprez, a drugi put, deset godina poslije, ponovo jednom otvorila izvore snažnog uzbuđenja.

Potaknuta time, što mi možda otežava završetak osvrta, umjesto da izmjerim krvni tlak i uzmem dodatni lijek, imam želju prikazati jednu od nezaboravnih scena povezanih s Nijemcima, u koje već desetljećima ne odlazim (od bakine smrti: ostatak rodbine postupno se većim dijelom preselio u Zagreb). Bilo je to ovako. Imam nešto više od pet godina, Badnjak je, Božić je još i službeno dopušteno obilježavati i imati neradni dan. Moja obitelj putuje brzim vlakom za Nijemce. Od stanice vlaka do mjesta ima šest-sedam kilometara. Snijeg je prekrio beskrajnu ravnicu, cjelovit je, bijel i sjajan u sumraku koji je nestvaran modrozelenkast „svjetlomrak" nad bjelinom i kakav, čini mi se, nikad više nisam vidjela. Po nas su došle velike saonice s dva upregnuta konja s praporcima – to znam jer konji topću nogama, nestrpljivi da krenu, a praporci zveče u skladu s topkanjem konjskih nogu. Saonicama upravlja mamin prijatelj iz djetinjstva, zovu ga Pavel. Vedar je, nasmijan. Klizimo opušteno uz zvon praporaca. Roditelji s Pavelom započinju neki ozbiljan razgovor i

years later", once again opened sources of intense excitement.

Under the influence of the latter, which perhaps makes it more difficult to finish this overview, instead of measuring blood pressure and taking another medicine, I wish to describe one of the unforgettable scenes connected with Nijemci, where I have not been for decades (since my grandmother's death: most of the rest of my family has gradually moved to Zagreb). It happened like this: I am a little over five years old, it is Christmas the next day, it is still officially allowed to celebrate it and have a day off work. My family travels by fast train to Nijemci. From the train station to the village there are six or seven kilometres. Snow has covered the endless plain, it is white and sparkling in the dusk that is an unreal blue-green light-and-dark over the whiteness, one which, it seems to me, I have never seen since then. A large sleigh with two horses came to pick us up at the train station, and the horses had bells, which I know because horses stomp their legs, impatiently waiting to leave, and the bells ring with the stomping of the horses' hooves. The sleigh is being ridden by my mother's childhood friend, they call him Pavel. He is cheerful, smiling. We slide, relaxed, followed by the sound of bells. My parents start some serious conversation with Pavel, and it seems to me that he is no longer smiling. Years later I realise what they had been talking about. He is a descendant of "Danubian Germans", perhaps the only one left in this region,

meni se čini da on više nije nasmijan. Godinama kasnije shvaćam o čemu su razgovarali. On je potomak „podunavskih Švaba“, možda jedini preostao u tom kraju, ostali su protjerani ili su „izabrali“ odlazak. Bili su to dobri predratni mamini prijatelji. Preko nekoga od njih mama je za našeg izbjeglištva napokon dobila vijesti o nama. Pavel je nosio visoke zavezane čizme. To još i danas posve pouzdano znam.

Može li se takva ili slična emocijama nabijena priča, na koju terapeut u sebi naiđe u nekom kontratransferno potaknutom trenutku, doista „iskoristiti“ za ljekovitu intervenciju u kakvu je god podvrstu od mogućih svrstali? Ili je takva priča prikladnija za tihu kontemplaciju, možda poslije seanse, za razmišljanje o pacijentu tijekom cijele terapije, za prosudbu „što je od toga ipak samo moje“? Toliko je načina da se prebrode preuranjena odvajanja; i možda ne treba tu kontratransferom probuđenu „građu“ unatoč asocijacijama koje se pojavljuju uz emocije ugrađivati u terapijski proces, sjedinjavati elemente koji možda potječu iz sasvim različitih psihodinamičkih slojeva pacijenta i terapeuta, unatoč vanjskoj sličnosti; u svakom slučaju treba biti oprezan, pa i uz cijenu „manjka“ empatije, a viška kontratransfera, ako se s pacijentom može ophoditi i bez kontratransfernog otvaranja. Empatija je ipak, uz ostalo, uistinu i „unutarnja istraživačka me-

while the others have been chased away or they “chose” to leave. Those were my mother’s good pre-war friends. Through one of them our mother finally received news about us while we were refugees. Pavel wore high, laced boots. Even today, I am completely certain about this.

Can an emotionally charged “story” like this, which a therapist encounters within themselves in some countertransferentially instigated moment, truly be “used” for a therapeutic intervention, whatever the category we place it under? Or is a “story” like that more appropriate for a quiet contemplation, perhaps after a session, for thinking about a patient during the entire therapy, for the estimation of “which of this is just mine”. There are so many ways to overcome separations that happen too early, and perhaps this countertransferentially awakened “content” does not have to be, despite the associations that emerge with emotions, incorporated into the therapeutic process, merging elements that may come from entirely different psychodynamic layers of the patients and the therapist, despite external similarity; in any case, one must be careful, even at the cost of a “lack” of empathy and a surplus of countertransference, in case this can be done without countertransferential opening. Empathy is still, along with everything else, truly an “inner research method”, but this is something the introspection of countertransference can also be. If there is truly no empathy, but there is a disturbing, uncritical countertransference, it is neces-

toda", ali to može biti, znamo, i introspekcija kontratransfera. Ako empatije doista nema, ali ima ometajućeg, nekritičkoga kontratransfera, treba temeljito i otvoreno spram sebe istražiti uzroke. Ni deset godina poslije nemam osjećaj da nisam spram Nike osjećala empatiju. Najbliži mi je doživljaj da je moja empatija nekako „mirovala". Kao da sam postojano čekala kako će biti dalje, uz osjećaj da nikamo ne trebam žuriti, a da se svojim bavim u sebi, dok Niku pratim, slušam (možda citat iz prikaza o nedostatnom empatijskom slušanju i nije bio posve primjeren u našem slučaju; no ipak nije mogao biti ni slučajno odabran). Mislim da nije nedostajalo povezivanja tog slušanja s njezinim interakcijama u grupi, sa smjerom kojim su se kretali grupna komunikacija i Nikini doprinosi toj komunikaciji i pokušaja da razumijem kad ju je ona nekim vanjskim, a kad unutarnjim grupnim zbivanjem imala potrebu prekinuti ili dramatizirati. Bi li pomoglo kontratransferno otvaranje? Mislim da bi ono samo pridonijelo dramatiziranju grupnog procesa, koji je već bio „uzdrman" T.-ovim potrebama za prečacima i prije Nikina ulaska u grupu. Nika je odabirom riječi i načinom na koji ih je izgovarala („romorila" je kao tiha kiša, tako mi se činilo; mogao bi to biti učinkovit zvuk uz scenu nekog art-filma, pada mi sad na pamet) izvanjski utišavala buku T.-ove drame

sary to study the causes thoroughly and openly towards oneself. Even "ten years later", I do not have the feeling that I did not feel empathy for Nika. The most I can say is that my empathy was somehow "resting". As if I was waiting to see what would happen next, with a feeling that I do not have to hurry anywhere, and to deal with my own problems in myself, while I follow and listen to Nika (!; perhaps the quote from the overview about insufficient empathic listening was not entirely appropriate in our case? But it could not have been chosen by accident.) I think that there was no lack of connection between the listening and her interactions in the group, with the direction of group communication, and Nika's contributions to this communication, my attempts to understand her when, through some "external" or group occurrence felt the need to interrupt it or be dramatic. Would countertransferential opening have helped in this case? I think it would have only made the group process more dramatic, it being already "shaken up" by T.'s need for shortcuts even before Nika joined the group. On the one hand, with her choice of words and her pronunciation (she sounded like the patter of soft rain, that is what it seemed like to me; this could be an effective sound in a scene of some "art" movie, it occurs to me now), she quieted T.'s noise of impatience. On the other hand, by inviting the group in a more "intense" life, she herself increased the drama of the sessions. The need for a more "intense" life could surely be connected with the state of depriva-

nestrpljivosti. No pozivajući grupu na „intenzivniji" život, sama je povećavala dramatiku seansi. Potreba za „intenzivnijim" životom zacijelo bi se mogla povezati s uskraćenošću djeteta dojenačke dobi koje je ostalo bez majčine skrbi, kakvu god, više ili manje sretnu ili nesretnu zamjenu primarnoga objekta dobilo, sa svim implikacijama na njegove kasnije razvojne i životne faze. Bismo li se s tim u vezi sad mogli vratiti na pitanje u prikazu povezano „s mogućim nesvjesnim obrambenim potezima voditeljice, kao da je s pacijenticom bila uvučena u agiranje u jednoj 'pobuđujućoj fantaziji', da bi ubrzo introspekcijom svojeg subjektivnog doživljaja dublje zahvatila i razumjela vlastite osjećaje"? Nikine faze grandioznosti i potonuća s posljedičnim gnjevom mogle su se razumjeti upravo s pozicija rane uskraćenosti, oduzimanja nečega dobroga i „velikoga" što je već bila iskusila. Stanja potonuća nužno su morala uslijediti majčinim odlaskom, a kasnije doživljajima različitih gubitaka narcističke gratifikacije nakon kojih bi uslijedio napadaj gnjeva, ali Nika je u grupi odbijala bilo kakvo istinsko bavljenje svojim ekstremnim i brzim promjenama raspoloženja. Tek u fazi „pregovaranja" oko njezina odlučno najavljenoga te zatim u grupi gotovo godinu dana prorađivanog izlaska iz grupe moglo se prepoznati da su se nastojanjem grupe u Nikinoj

tion of an infant who is left without its mother's care, whatever the fortunate or unfortunate replacement of the primary object it receives, with all the implications this has for its later stages of development and life. Could we, in relation to this, now return to the question from the overview related to the "possible unconscious defensive actions of the leader, who seemed to be drawn, along with the patient, into action in a 'stimulating fantasy', and soon, through the introspection of her subjective experience, understood her own emotions more thoroughly." Nika's phases of grandiosity and sinking, with the consequence of anger, could be understood precisely from the position of early deprivation, the withdrawal of something good and "great" which she had already experienced. The sinking stages had to follow because of her mother's departure, and later because of the experiences of various losses of narcissistic gratification, which would be succeeded by an outburst of anger, but Nika refused to deal within the group with her extreme and rapid mood swings. Only in the aforementioned stage of "negotiation" about her decisively announced departure, which she processed in the group for almost a year, could one recognize that the group's efforts had contributed to the creation and sedimentation of traces of the internalizing process of a somewhat altered direction within Nika's intrapsychic reality. Unfortunately, her departure from the group, caused by, among other reasons, her life circumstances at the time, could not be prevented. I can

intrapsihičkoj stvarnosti počeli stvarati i taložiti tragovi internalizirajućeg procesa ponešto promijenjenog smjera. Nažalost, njezin izlazak iz grupe, među ostalim i zbog složenog sklopa njezinih tadašnjih životnih okolnosti, nije se mogao spriječiti. Preostaje mi nadati se da su tragovi internalizacije „dobre tvari" koju je dobivala u grupi mogli kod nje u njezinim daljnjim procesima internalizacije (Nije li to potencijalni cjeloživotni proces?) privlačiti i nove, iz okruženja, i jačati njezine već postojeće, primarne i one stopljene s tragovima nastalim u grupi.

Da se još jednom prisjetim misli već rečenih u prikazu:

„Kad se zbog različitih razloga ne primjenjuje empatija kao istraživačka metoda *per se* (Kohut, 1971.), introspekcijom kontatransfera (Ali ne nekritičkom!) može biti uspješno proveden zadatak istraživanja grupne situacije" (prema Spacalu, 1991.).

only hope that the traces of internalization of the "good thing" she received in the group were able to attract other good things from her surroundings in her further processes of internalization (is this not the potential life-long process?) and strengthen her existing, primary ones and ones already merged with traces created within the group.

To remind myself once again of the thoughts mentioned in the overview, when for numerous reasons empathy is not used as a research method per si (Kohut, 1971), the introspection of countertransference (but not an uncritical one!) may be used to successfully complete the task of studying the group situation (according to Spacal, 1991.).

NARCISTIČKI BIJES ČLANA GRUPE

/ NARCISSISTIC RAGE IN A GROUP MEMBER

Slavica Pavlović

SAŽETAK/*ABSTRACT*

U korijenu narcističke patologije su višestruka i kumulativna traumatska iskustva najčešće u ranom uzrastu, koja se mogu reaktivirati u analitičkoj grupi. Repeticija takvih iskustava u grupi nosi s jedne strane snažan potencijal za promjenu pojedinog člana, dok istovremeno može biti prijetnja za drugog člana, terapeuta, ali i opstanak grupe.

Vjerojatno pojava narcističkog bijesa u analitičkoj grupi nije tako česta, ali je vrlo neugodna i krajnje delikatna pojava. Narcistički bijes može ugroziti i razoriti 'kao da' kvalitet grupnih interakcija i komunikacija. Voditelj je u posebnim iskušenjima. Njegova uloga je delikatna kada postoji rizik da bi aktivirani narcistički bijes mogao izmaći kontroli i biti usmjeren prema nekom članu grupe.

Takav proboj narcističkog bijesa može zahtijevati od voditelja da izađe iz svoje analitičke uloge i direktno intervenira kako bi zaštitio pojedinog člana ili grupu. Pacijentu bi trebalo pomoći u otkrivanju izvora bijesa ('tamo i nekada') i proraditi vezane osjećaje i fantazije sa 'ovdje i sada'. Grupi bi prije svega trebao pomoći da preživi tu destruktivnu fazu i iz nje izađe bez značajnijih oštećenja empatijskog kapaciteta.

Opisani procesi su ilustrirani kliničkim materijalom.

/ Narcissistic pathology is routed in multiple and cumulative traumatic experiences usually taking place at an early age and which can reactivate in group analysis. The repetition of such experiences in the group has, on the one hand, great potential for effecting change in the individual member, while simultaneously being a potential threat for other group members, the therapist, and the survival as the group as whole.

It is likely that the manifestation of narcissistic rage in group analysis is not very common, but it is a very uncomfortable and extremely delicate event. Narcissistic rage can threaten and destroy the quality of verisimilitude in group interaction and communication. The therapist is especially tempted. Their role is at its most delicate when there is a risk that the activated narcissistic rage could spin out of control and become directed towards a member of the group.

Such a surge of narcissistic anger may require the therapist to step out of their analytical role and directly intervene to protect an individual member or the group as a whole. The patient should be helped to identify the source and the rage ("then and there" and process these feelings and fantasies with the "here and now". The group should above all

be helped to survive this destructive phase without significant damage to its emotional capacity.

These processes are illustrated through clinical materials herein.

KLJUČNE RIJEČI / *KEY WORDS*

Grupna analiza / *Group analysis*, narcistički bijes / *narcissictic rage*

Slavica Pavlović, psihologinja, grupna analitičarka
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TERAPIJSKI PROSTOR GRUPE I ZDRAVI NARCIZAM

Ashbach i Schermer uočavaju da se Kohut i Foulkes slažu u tome da je primarna funkcija grupe empatijsko zrcaljenje *selfa* te da članovi grupe putem transfera imaju priliku obnoviti i ojačati koheziju *selfa* i osloboditi veći prostor za razvoj autentičnoga na račun lažnoga *selfa* (1). Grupa članovima postaje korektivni selfobjekt, koji pruža ugodno iskustvo stapanja s idealiziranim objektom, koje „hrani" autentični *self*, održava i jača njegovu koheziju.

Premda je ulazak u grupu narcistička ozljeda, potraga za izgubljenom svemoći i grandioznošću i za infantilnim zrcaljenjem snažni su motivi zbog kojih pacijenti ulaze u grupu. Korijeni potrebe za empatijskim zrcaljenjem u simbiotskoj su fazi iz koje potječu fantazije i potrebe za stapanjem – jedinstvom s objektom, kojima se pridružuju grandiozno-omnipotentne fantazije.

THE THERAPEUTIC SPACE OF THE GROUP AND HEALTHY NARCISSISM

Ashbach and Schermer have noticed that Kohut and Foulkes agree on the fact that the primary function of a group is empathic mirroring of the self and that group members have the opportunity to restore and strengthen the cohesion of the self through transference, freeing up more space for the development of the authentic self at the expense of the false self (1). The group becomes the corrective self-object, which offers the pleasant experience of fusion with an idealised object, which "feeds" the authentic self and maintains and strengthens its cohesion.

Although joining a group is an injury of narcissism, the search for lost omnipotence and grandiosity, as well as the need for infantile mirroring, strongly motivate patients to join a group. The roots of the need for empathic mirroring are in the symbiotic stage, from which fantasies and the need for a fusion with an object stem,

Terapijska grupa pacijentima pruža ponovnu priliku da se infantilno, grandiozno, idealizirajuće i svemoćno precjenjuju i zrcale. Međutim, empatijska komunikacija i neposredno korektivno emocionalno iskustvo putem interakcija i komunikacija u grupi omogućuju zrelije zrcaljenje koje korigira i proširuje autentični *self* (2). Cilj je terapijske grupe da se infantilno zrcaljenje grandioznosti i omnipotencije postupno zamijeni realističnom procjenom *selfa*, tj. zrelijim zrcaljenjem.

Za razvoj odgovarajućeg doživljaja *selfa* u grupi najvažniji je odnos pacijent – terapeut – grupa; on treba biti tako usklađen da može pružiti dovoljno (narcističkih) gratifikacija svim njezinim članovima. To je blisko Kohutovu stajalištu da u radu s narcističnim pacijentima treba dopustiti razvijanje narcističkih transfera (zrcalnog, idealizirajućeg, blizanačkog) i narcističke alijanse. Kad je ona dovoljno stabilna, pacijent može internalizirati terapeuta i zatim se s njim identificirati. Tako internalizirani terapeut, koji postaje pacijentovo privatno, unutarnje dobro, preuzima ulogu svojevrsne unutarnje narcističke (samo)zaštite (3).

Terapijska grupa svojim članovima pruža *holding* analogan onom koji dovoljno dobra majka pruža djetetu. On obuhvaća prostor za ugodu u tjelesnim senzacijama; smanjivanje grandioznih, omnipotentnih fantazija i fantazija o

and they are joined by fantasies of grandiosity and omnipotence. A therapeutic group offers patients another chance to overestimate and mirror themselves in an infantile, grandiose, idealised and omnipotent way. On the other hand, empathic communication and direct corrective emotional experience through interactions and communication in a group enable a more mature mirroring which corrects and expands the authentic self (2). The goal of a therapeutic group is to gradually replace infantile mirroring of grandiosity and omnipotence with a realistic assessment of the self, i.e. a more mature mirroring.

For the development of an appropriate experience of the self in a group, the patient-therapist-group relationship is of the utmost importance; it needs to be so balanced that it can offer sufficient (narcissistic) gratification to all its members. This is similar to Kohut's belief that when working with narcissistic patients, one should allow the development of narcissistic transference (mirrored, idealised, twin-like) and narcissistic alliance. When this is sufficiently stable, the patient can internalise the therapist and begin to identify with them. Thus, the internalized therapist, who becomes the private, internal good of the patient, takes over the role of a sort of internal narcissistic (self-) preservation (3).

A therapeutic group offers its members a holding similar to the one a sufficiently good mother offers to her child. It includes a space for enjoying pleasant bodily sensations; the reduction of fantasies

savršenosti; identifikaciju s idealiziranom slikom roditeljskih figura; odgovarajući doživljaj ljubavi i prihvaćanja djetetova tijela, igre i postignuća; kontrolu i toleranciju „zločestoća"; fazno odgovarajuće ohrabrivanje pri povećanju autonomije; osjećaj da ga se razumije (4).

U takvoj grupi postaje moguće neutralizirati agresivne porive; potiče se težnja prema autonomiji; dopušteno je osjetiti i iskazati „uobičajene" porive (ljubomoru, ljutnju, bijes, prkos, neposluh) bez posebnih očekivanja; nema potrebe da se bilo kome ugađa, može se razviti i pokazati ono što se pokrenulo tijekom grupnog procesa; može se iskoristiti/kontrolirati grupu/voditelja/članove jer su oni neovisni; moguće je uspješno odvojiti *self* od objekt-reprezentacija; pokazati ambivalentne osjećaje i naučiti promatrati sebe i objekt kao dobre i kao loše tako da nema potrebe za cijepanjem objekta na dobar i loš dio; objektna ljubav postaje moguća jer je svaki član voljen – prihvaćen kao neovisna osoba; uravnoteženošću frustracija u funkciji rasta i razvoja mogu se integrirati vlastite narcističke potrebe bez potiskivanja ili rascjepa; transformacija narcističkih potreba tako postaje moguća, kao i razvoj matriksa za (samo)regulaciju nagonskih poriva (5).

Parafrazirajući Winnicotta i Miller, može se reći: ako grupa ima dovoljno dobrog voditelja koji joj je na dispozi-

of grandiosity, omnipotence and perfection; identification with an idealised image of parental figures; an adequate experience of love and acceptance of the child's body, play and achievements; control and tolerance of "naughtiness"; adequately encouraged increase in autonomy; the feeling that it is understood (4).

In such a group, it becomes possible to neutralise aggressive impulses; encourage autonomy; allow one to experience and express "common" impulses (jealousy, anger, fury, defiance, disobedience) without special expectations; there is no need to please anyone, it is possible to develop and show whatever has been started during the group process; it is possible to use or control the group, the leader or the members because they are independent; it is possible to successfully separate the self from object-representations; show ambivalent emotions and learn to observe oneself and the object as good and bad, so there is no need to divide the object into a good and a bad part; object love becomes possible because each member is loved and accepted as an independent person; through the balance of frustrations for the purposes of growth and development, it is possible to integrate one's own narcissistic needs without repression or division; the transformation of narcissistic needs thus becomes possible, as well as the development of the matrix for (self-) regulation of instinctive impulses (5).

To paraphrase Winnicott and Miller, we may say the following: if a group has a sufficiently good leader, who is at the

ciji i dopušta da se u njega narcistički investira i da ga se „upotrijebi" u cilju rasta i razvoja zdravog narcizma, članovi grupe moći će razviti zdravo samopoštovanje. U osnovi, razvit će vlastitu slobodu i moći će ostvariti izravan dodir s unutarnjim autentičnim sadržajima *selfa*. Miller podsjeća da taj automatski, prirodni i spontani dodir s vlastitim emocijama i željama daje snagu i samopoštovanje te jača sigurnost u sebe. Neovisno o tome hoće li zbog toga član biti voljen ili ne, moći će u takvoj grupi slobodno pokazati osjećaje bez straha da će time ugroziti introjiciranu majku – grupu (5).

NARCISTIČKI BIJES

Mnogi autori (Symington, Kohut, Kernberg, Gabard) smatraju da je trauma izvor narcističke patologije. Često se u anamnezi narcističnih pacijenata nalaze višestruke, kumulativne traume uvjetovane karakterom i osobnošću roditelja. Što je dijete mlađe kad se trauma pojavi, snažnije će biti gurano prema patološkom narcizmu (4).

Traumatična iskustva dovode do fiksacija na lažni ili fragmentirani, necjeloviti *self* koji sadržava roditeljske narcističke projekcije i investicije. Da bi sačuvali ljubav objekta i izbjegli kaznu, ti pacijenti selektivno razvijaju samo oblike ponašanja za koje osjećaju

group's disposal and who allows the patients to narcissistically invest and use them for the purposes of the growth and development of healthy narcissism, the group members will be able to develop healthy self-respect. Basically, they will develop their own freedom and be able to develop a direct contact with the internal authentic contents of the self. This reminds us that this automatic, natural and spontaneous contact with one's own emotions and wishes provides strength and self-respect and strengthens self-assurance. Whether or not this leads to a member being liked, in such a group they will be able to freely express their feelings with no fear of threatening the introjected mother-group (5).

NARCISSISTIC ANGER

Numerous authors (Symington, Kohut, Kernberg, Gabard) believe that trauma is the source of narcissistic pathology. In the medical history of narcissistic patients, there are often several cumulative traumas conditioned by the character and personality of their parents. The younger the child when trauma occurs, the stronger it will be pushed towards pathological narcissism (4).

Traumatic experiences lead to fixations on a false or fragmented, incomplete self which contains narcissistic parental projections and investments. In order to preserve the love of the object and avoid punishment, such patients selectively

da ih roditelji žele i trebaju. Neprihvatljive osjećaje, koji su najčešće izravno povezani s traumatičnim iskustvima, treba sakriti i od sredine i od sebe.

Narcistički bijes primitivna je reakcija na ugroženo samopoštovanje i integritet *selfa*, reakcija na narcističku ozljedu ili neadekvatnost self-objekta. On obuhvaća kontinuum iskustava, od prolazne ljutnje do rastrojenosti kao što su katatoni nemir i paranoidna ideja (6). Zbog svojeg omnipotentnog i grandioznog *selfa* narcistični pacijenti izrazito su osjetljivi i na stvarnu i na očekivanu narcističku ozljedu, na koju reagiraju sramom i/ili narcističkim bijesom. Budući da i svoje self-objekte doživljavaju omnipotentnima i sveznajućima, izostanak očekivane zaštite i podrške uvijek se doživljava katastrofično i kao da je namjeran. Osjećaj ugrožene svemoći grandioznog *selfa* budi snažnu i neodgodivu potrebu za trenutačnom odmazdom kako bi se poništila uvreda.

Najrazorniji oblici narcističkog bijesa pojavljuju se u osoba kojima je osjećaj potpune kontrole nad sredinom nuždan za održanje cjelovitosti *selfa* i samopoštovanja. One ovise o bezuvjetnoj raspoloživosti odobravajućeg i ogledavajućeg self-objekta. Stoga takav bijes izbija kad je izgubljena potpuna kontrola nad zrcalnim self-objetom ili kad je svemoćni idealizirani self-objekt nedo-

develop only those forms of behaviour which they feel their parents want and need. Unacceptable emotions, which are most commonly connected with traumatic experiences, should be hidden both from others and from oneself.

Narcissistic anger is a primitive reaction to endangered self-respect and the integrity of the self, a reaction to an injury of narcissism or an inadequacy of the self-object. This encompasses a continuum of experiences, from passing anger to derangement such as catatonic distress and paranoid ideation (6). Due to their omnipotent and grandiose self, narcissistic patients are exceptionally sensitive to real or anticipatory injury of narcissism, to which they react with shame and/or narcissistic anger. Since they see their self-objects as omnipotent and all-knowing, the lack of expected protection and support is always experienced as catastrophic and intentional. The feeling of endangered omnipotence of the grandiose self awakens a strong and immediate need for revenge in order to nullify the injury.

The most destructive forms of narcissistic anger occur in people whose feeling of absolute control over their surroundings is necessary for the maintenance of a whole self and self-respect. They depend on an unconditional availability of a condoning and mirroring self-object. Thus, such anger emerges when absolute control over the mirrored self-object is lost or when the idealised self-object is unavailable, i.e. when the people around

stupan, tj. kad se sredina (neempatična majka, terapeut, grupa) odbije podčiniti i ne odgovara na djetetove želje.

Pojava bijesa u svoj njegovoj razornoj snazi nosi opasnost od uništenja osobe iz vanjskog svijeta (ako je doživljena kao dio vlastita *selfa*) ili, ako za to postoji neka prepreka, da se *self* fragmentira budući da sadržava introjicirani objekt bijesa. Projekcija je najvažniji kanal odvođenja bijesa iz *selfa* i mehanizam koji *self* u osnovi čuva od fragmentacije. Arogancija i okrutnost narcističnih osoba u odnosima s drugima mogu se objasniti pretpostavkom da je rano traumatizirano dijete projicirano u drugu osobu, a narcistični pacijent postaje traumatizirajući agens – roditelj (5).

TERAPIJSKI RAD S NARCISTIČKIM BIJESOM

Kohut naglašava: kada se u terapiji narcističkog poremećaja osobnosti obrambeni zid prividnog unutarnjeg mira koji je održavan socijalnom izolacijom, odvojenošću i distanciranošću od drugih te fantaziranom superiornošću počne rušiti, pojavljuje se narcistički bijes, koji se može smatrati znakom oslobađanja rigidne strukture osobnosti (grandioznog *selfa*) i stoga on jest analitički i terapijski napredak (6).

On upozorava da takav razvoj terapeut ne smije zaustavljati, nego ga mora na

them (a non-empathetic mother, therapist or group) refuse to respond to the child's wishes.

The appearance of anger in all its destructive power brings with it the danger of destroying the person from the outside world (if it is experienced as part of one's own self) or, if there is some obstacle for the fragmentation of the self, since it carries within it the introjected object of anger. Projection is the most significant form of channelling anger away from the self and is a mechanism which the self essentially guards from fragmentation. The arrogance and cruelty of narcissistic people in relations with others may be explained with the assumption that an early traumatised child is projected into another person, while the narcissistic patient becomes the traumatising agent-parent (5).

THERAPEUTIC WORK WITH NARCISSISTIC ANGER

Kohut emphasises the following: when, in the therapeutic treatment of the narcissistic personality disorder, the defensive wall of an apparent internal peace maintained through social isolation, separation and distancing from others begins to crumble through fantasised superiority, there is the phenomenon of narcissistic anger, which may be considered a sign of the liberation of the rigid structure of personality (grandiose self), which makes this an analytic and therapeutic progress (6).

neko vrijeme prihvatiti s implicitnim odobravanjem. Narcistički bijes porobljava i imobilizira ego, koji pod njim funkcionira samo kao njegova igračka i racionalizator. Mobilizacija narcističkog bijesa stoga nije krajnja točka analize, nego početak nove faze – faze prorade koja završava uspostavom dominacije ega u tom aspektu osobnosti. Terapijski cilj – preobražaj narcističkog bijesa ne postiže se izravno, npr. zahtjevima i porukama upućenim egu da poveća kontrolu nad impulsima, nego se izaziva posredno, sekundarno u odnosu na postupni preobražaj segmenta narcizma iz kojeg je bijes proizišao.

Poput Kohuta, i Safán-Gerard smatra da pacijentov narcistički bijes ili paranoidna reakcija mogu biti dio razvoja terapijskog procesa i napretka. To je znak da je projicirani infantilni *self* doveden i vraćen natrag u *self* (7). Slom narcizma i pojava narcističkog bijesa mogu voditi paranoidnoj obmani koja se može prevladati interpretacijom koja pacijenta gura dalje prema pravoj ovisnosti, u depresivnu poziciju i edipovski sukob.

Napominje da je cilj tretmana pomoći narcističnom pacijentu da pronađe i spasi ovisni, zdravi dio *selfa*, ali i pomoći mu da postane svjestan rascijepljenih, destruktivnih dijelova *selfa*. Kad se pacijentu pomogne da prepozna vlastitu infantilnu prirodu i *self*, njego-

He claims that such development must not be prevented by the therapist but accepted for a period of time with implicit approval. Narcissistic anger enslaves and immobilises the ego, which then functions only as its toy and rationalizer. The mobilisation of narcissistic anger is therefore not the ultimate point of analysis but the beginning of a new stage – the stage of working through, which ends with the establishment of ego domination in this aspect of personality. The therapeutic goal, the transformation of narcissistic anger, is not achieved directly, e.g. through demands or messages directed at the ego to increase its control over impulses, but is achieved indirectly, in a secondary way in relation to the gradual transformation of that part of narcissism from which the anger grew.

Like Kohut, Safán-Gerard also believes that narcissistic anger or paranoid reaction of the patient may be part of the development of the therapeutic process and progress in the patient, which is a sign that the projected infantile self has been brought back to the self (7). The break of narcissism and the appearance of narcissistic anger may lead to paranoid defence, which may be overcome through interpretation, which pushes the patient further towards real addiction and into a depressive position and Oedipal conflict.

Safán-Gerard points out that the goal of treatment is, on the one hand, to help the narcissistic patient find and rescue the addicted, healthy part of the self; and, on the other hand, to help it become aware

va omnipotencija slabi; on počinje razlikovati vlastitu ljutnju, ubojite osjećaje prema vanjskim objektima i prijetnje od unutarnjih ubojitih napada. Osobito je važno da pacijenti prepoznaju dramu koju iznose i koju proživljavaju „ovdje i sada" i da je to ustvari njihova unutarnja drama.

Psihoterapijska, a posebno grupno-analitička situacija, može biti vrlo traumatična, i za pacijenta i za grupu, kada dođe do ponavljanja frustracije koju je dijete doživjelo od odraslih i kad se te najranije traume oživljavaju u transferu (7). Međutim, do izvorne se traume, tj. do njezina ponavljanja u transferu, može doći samo nakon što se prorade masivni obrambeni slojevi i oslabi grandiozni patološki *self*, za što su prema Kernbergovu iskustvu, naprimjer, potrebne najmanje tri godine psihoanalize.

Pojavljivanje mržnje prvi je znak da se zbiva promjena narcizma (7) jer ona indicira priznavanje i postojanje drugih i kidanje iluzije da osim *selfa* ne postoje drugi. Ta mržnja prema drugima pridružena je mržnji prema infantilnom *selfu* koji pokušava izroniti van. Pomak prema drugima može promijeniti neugodno otporan i tvrdokoran narcizam.

Kako bi terapeut omogućio terapijski rast i promjenu, mora imati dovoljno tolerancije prema bijesu koji se pojavljuje u pacijentu kad njegove narcističke potrebe nisu potpuno i trenutačno

of the divided, destructive parts of the self. When the patient is aided in recognising their own infantile nature and the self, its omnipotence weakens, they begin to differentiate their anger and their murderous feelings toward external objects and threats from the internal murderous attacks. It is of special importance for patients to recognize the drama they are expressing and which they are living through "here and now", and that this is actually their internal drama.

The psychotherapeutic and especially the group-analytic situation can be very traumatic for the patient and the group when there is a repetition of the frustration which adults caused to the child and when the earliest traumas are revived in transference (7). However, the source trauma, i.e. its repetition in transference, may be accessed only after massive defensive layers are worked through and the grandiose pathological self weakened, for which at least three years of psychoanalysis are needed, according to Kernberg.

The appearance of hatred is the first sign of a change taking place in narcissism (7) because it is an indication of admitting that others apart from the self exist and a destruction of the illusion that no one else apart from the self exists. This hatred towards others joins the hatred towards the infantile self, which is trying to emerge. The shift towards others may change the uncomfortably resistant and obstinate narcissism.

In order for the therapist to enable therapeutic growth and change, they need to

ispunjene. Terapeutov je osnovni zadatak u takvim okolnostima da svojim intervencijama pomogne pacijentu u otkrivanju i lociranju izvora bijesa i u identificiranju i prepoznavanju osjećaja i fantazija koji su povezani s izvorom bijesa. Potrebno je krajnje pažljivo i uravnoteženo empatijsko razumijevanje puno potpore s čvrsto i jasno utemeljenom interpretacijom.

M. S. Foulkes je primijetio da članovi grupe primjenjuju agresiju kako bi napali neurozu drugoga prije nego se napadne njih same. Međutim, to se ne može reći za situacije kad je narcistička povreda takva da aktivira destruktivan narcistički bijes koji ozbiljno prijeti da će izmaći kontroli i usmjeriti se prema nekom članu grupe. Tada grupa prolazi destruktivnu, kriznu fazu i procese o čijem ishodu može ovisiti i njezin opstanak.

Uloga je voditelja u tim destruktivnim fazama grupe posebno osjetljiva. Trebao bi obaviti dva zadatka: ohrabriti grupu da nastavi s radom na otkrivanju, ali i pomoći grupi da „preživi" ono što se dogodilo, tj. da očuva integritet (8).

Kad se u grupnoj komunikaciji izgubi kvaliteta „kao da", kad postoji velik rizik od destruktivnog *acting outa,* terapeut će biti primoran izići iz analitičke uloge i izravno intervenirati kako bi zaštitio grupu ili nekog njezina člana. Tada

have enough tolerance for the anger that is manifesting in the patient when their narcissistic needs are not sufficiently and momentarily fulfilled. The therapist's basic task in such circumstances is to use their interventions to help the patient discover and locate the source of anger, as well as identify and recognize those emotions and fantasies which are connected with the source of anger. There is a need for a careful, balanced and supportive empathetic understanding with a strong and well-founded interpretation.

M. S. Foulkes noticed that group members use aggression to attack the neurosis of others instead of attacking their own neurosis. However, this is not true of situations in which narcissistic injury is such that it activates destructive narcissistic anger which seriously threatens to get out of control and direct itself at one of the group members. The group then goes through a destructive crisis stage and processes which its own survival can depend on.

In such destructive stages, the role of the leader is very delicate. They should perform two tasks: on the one hand, encourage the group to continue working on discovery and, on the other hand, help the group to "survive" what has just happened, i.e. preserve its integrity (8).

When group communication loses the "as if" quality, when the risk of destructive acting out is strong, the therapist is forced to abandon their analytic role and directly

više ne vrijede Foulkesove riječi da je grupna analiza „analiza grupe, u grupi i putem grupe, uključujući voditelja", podsjeća Roberts. Ono što se tada može vidjeti jest „destrukcija grupe, u grupi i putem grupe, uključujući voditelja". Nastavlja riječima: „Sve smo svjesniji toga da se mogu događati i neugodne i osjetljive situacije i (...) spremljeni smo, ako je nužno, reagirati kako bismo održali optimalno sigurnu i kreativnu grupu (8)." Unatoč tome, najteži je posao voditelja u osnovi suočavanje s istinom o destruktivnosti u njegovoj grupi kad se ona pojavi.

Snažni i slojeviti negativni kontratransferni odgovori posebna su poteškoća. Velik rizik nose situacije u kojima su aktivirani negativni transferi i destruktivne transferne reakcije, koje vrlo izravno napadaju terapeutov osnovni i profesionalni narcizam. Najčešći su kontratransferni odgovori na aroganciju i bijes narcističkog pacijenta ljutnja, bijes i strah. Opasnost za grupu i terapeuta postoji kad terapeut ne može razlikovati vlastite od projiciranih osjećaja.

KLINIČKI MATERIJAL

Toni je samac u ranim četrdesetim godinama, živi s roditeljima čije je jedino dijete. Odrastao je u kontinuiranom teroru verbalno i fizički agresivne i odbacujuće majke i uz pasivnog,

intervene in order to protect the group or one of its members. At that point, Foulkes' claim that group analysis is an "analysis of a group, in a group and through a group, including the leader," is no longer valid, according to Roberts. He continues: "We are becoming more aware that both unpleasant and delicate situations can occur and [...] we are ready, if necessary, to react in a way that will preserve an optimally safe and creative group (8)". Nevertheless, the leader's most difficult task is facing the truth about the destructiveness in their group when it occurs.

Powerful and layered negative countertransferential replies represent a special difficulty. There is a great risk in situations which activate negative transference and destructive transferential reactions, which very directly attack the therapist's basic and professional narcissism. The most common countertransferential responses to arrogance and anger of a narcissistic patient are anger, fury and fear. There is danger for the group and the therapist when the therapist cannot distinguish their own emotions from projected ones.

CLINICAL MATERIAL

Toni is a single man in his early forties, lives with his parents and is their only child. He grew up continually terrorized by a verbally and physically aggressive and rejecting mother, while his father was passive and autistic. Initially a bril-

autističnog oca. Na početku briljantan student, poslije višegodišnjih pokušaja prekinuo je studij do čijeg je završetka ostalo pet ispita. Nema stalan posao i nekoliko godina nema stalnu vezu.

Tijekom godina više je puta pokušavao uspostaviti terapijski odnos s više terapeuta, ali ga je stalno prekidao. Na terapiju se javio prije više godina zbog depresije i glavobolja koje su ga smetale u učenju. Prije uključenja u grupu bio je na individualnoj terapiji oko tri godine u dvotjednom ritmu koji je sam odredio, s čestim duljim pauzama. Imao je naglašenu potrebu za kontrolom svega u terapiji, posebno materijala i „asocijacija", surađivao je tehnički korektno, sve vrijeme bio iznimno oprezan, distanciran i dozirano zavodljiv. O psihoanalitičkoj psihoterapiji prethodno se izvrsno informirao iz kvalitetne stručne literature. Prijedlog za grupu prihvatio je s ambivalentnim olakšanjem.

Jedini je muški član u homogenoj grupi regresivnih pacijenata od pet članova. Grupi staroj pet godina priključio se godinu dana nakon njezina početka, prije četiri godine. Šesta članica grupe prije godinu dana napustila je grupu. Najavljena je nova članica čijem se dolasku diskretno protivio.

Seansa s novom članicom: Toni dolazi potpuno promijenjen, „opasna" izgleda; ukočena, mračna lica. Očito je da s

liant student, he dropped out of university after many years of attempts despite being only five exams away from graduation. He has no regular job and has not had a stable relationship for several years.

Over the years, he attempted to establish a therapeutic relationship with several therapists many times but would always end it. He applied for therapy many years ago because of depression and headaches, which distracted him from studying. Before joining the group, he was in individual therapy twice a week for around three years, which was a rhythm he determined, although he often had long breaks. He had a pronounced need to control everything in therapy, especially materials and "association", technically cooperated well, was extremely cautious, distanced and seductive at all times. He had previously informed himself excellently about psychoanalytic psychotherapy using quality professional literature. He accepted the invitation to the group with ambivalent relief.

He is the only male member in a homogenous group of regressive patients consisting of five members. He joined the five-year-old group one year after it started, four years ago. The sixth member of the group had left it one year ago. A new female member was announced, whose arrival he directly opposed.

A session with the new member: Toni arrives completely changed, looking "dangerous", with a stiff, dark face. It is obvi-

ogromnim naporom suzdržava svoj razorni, ubojiti bijes. Smrknuto i prijeteći šuti. Stare su članice poput mene zbunjene i uznemirene tom promjenom u njegovu ponašanju. Jedna od njih, atipično svojem ponašanju, počinje agresivno „ispitivanje" nove članice.

Nakon pola sata nova članica pažljivo i s taktom poziva Tonija da se uključi u grupu. Na to on potpuno promijenjenim, prijetećim i opasnim glasom, jedva se suzdržavajući, govori kako se cijeli tjedan osjećao užasno, nikada mu nije bilo gore. Bjesnio je, bacao i razbijao sve po kući, noćima nije spavao, ima strašne glavobolje, nikamo nije izlazio iz kuće, opsjedale su ga strašne ubojite misli. Okrećući se meni kaže: „Vi ste za sve krivi! Jesam li vam rekao da je ne dovodite, da ja ne želim novog člana! Krivi ste jer se moje zdravlje jako pogoršalo, nikada mi nije bilo ovako, liječite me pogrešno! Mislio sam Vas tužiti Komori, Institutu! Vi ne znate što radite, ne poštujete pravila grupe. Da mogu, promijenio bih grupu!" Zatim se okreće novoj članici riječima: „Ja, gospođo, ne želim da vi budete ovdje, najbolje je da odmah odete, ovdje nikome ne trebate." Jedva suzdržavajući bijes, nastavlja govoriti o ubojitim mislima i fantazmima s kojima se borio cijeli tjedan.

Grupa i ja smo zatečeni destruktivnom agresijom i bijesom. Jedna članica

ous it is taking him great effort to reign in his destructive, murderous rage. He is quiet while being sullen and threatening. The old members are, like me, confused and disturbed by this change in his behaviour. One of them, which is unusual for her behaviour, begins to aggressively "question" the new member.

After half an hour, the new member carefully invites Toni to join the group. He replies in a completely different, threatening and dangerous voice, barely containing his anger, and says that he had been feeling awful that entire week, and that he had never felt worse. He raged, threw things around his house and broke them, did not sleep for many nights, had terrible headaches, never left his house and was preoccupied by murderous thoughts. Turning to me, he says; "This is all your fault! Didn't I tell you not to bring her, that I didn't want a new member? You're guilty because my health has seriously worsened, I've never felt like this, you're treating me wrong! I wanted to complain about you to the Chamber, the Institute! You don't know what you're doing, you don't respect the rules of the group. If I could, I'd change groups!" He then turns to the new member and says: "Lady, I don't want you to be here, it would be best if you left immediately, nobody wants you here." Barely containing his rage, he continues to talk about murderous thoughts and phantasms he struggled with for the entire week.

The group (and I) were stunned by the destructive aggression and rage. One mem-

kaže da je znala da će tako biti, toga se i bojala. Na pitanje kako je to znala i tko tako reagira, odgovara: „Svi, moj muž, otac i brat! Kad god nije po njihovom, provali iz njih takav bijes da se svi sledimo; samo se ja tada naljutim i idem se svađati s njima, s kojim pravom nas teroriziraju! To me strašno iscrpljuje, poslije budem sva slomljena." Druga članica dodaje da ona sluti, u biti zna da je i njezin muž u dubini takav te da se toga u njemu boji premda je fin i discipliniran i nikad dosad nije tako reagirao." Članica koja se „solidarizirala" s Tonijem prepoznaje u njegovu ponašanju sebe iz vremena razvoda, međutim, grupa joj pokazuje da je i njezin drugi muž takav.

Završavam seansu riječima da je Toni imao vrlo težak tjedan, da je uspio doći u kontakt s vlastitim bijesom, osjetiti ga, verbalizirati i podijeliti s grupom. Strah da će izgubiti kontrolu nad sobom bio je samo strah. Iako s velikim naporom, uspio je kontrolirati svoj bijes, a i svi mi smo ga izdržali. To što ga razara ipak su samo fantazije, svi smo preživjeli. Vrlo me uznemireno slušao, ljutnja je u njemu bivala sve jača i sve češće mi je upadao u riječ. Odlučila sam ići dalje i dodala sam da smatram da je vrlo važno razmisliti i shvatiti odakle bijes potječe, kad se prije slično osjećao. Vrlo ljut, kao da je jedva dočekao priliku svađati se sa mnom, što sam (ljutito i uznemireno) prekinula.

ber said that she knew it would be like that and that she feared it. When asked how she knew it would happen and who reacts like that, she says: "Everyone, my husband, father and brother! Whenever things don't go the way they want them to, they let out such rage that we all freeze up; I'm the only one who gets angry then and argues with them, what right do they have to terrorize us? This drains me terribly, I am all exhausted afterwards." Another member adds that she felt or actually knew that her husband was essentially like that too and that she was afraid of that side of him, although he is nice and has self-control and has never reacted like that. One member, who sympathised with Toni, recognizes herself in him from the time of her divorce, but the group shows her that her second husband is also like that.

I end the session by saying that Toni had had a very difficult week, that he had managed to get in touch with his anger, feel it, verbalise it and share it with the group. The fear of losing control over himself had only been a fear. Although with great difficulty, he had managed to control his anger and all of us had endured it. It was only a fantasy that it was destroying him, since we had all survived. He listened to me in a very upset state, the anger inside him grew even stronger and he kept interrupting me more and more often. I decided to go further and added that I thought it was important to think and discover where the rage was coming from and whether

Odlučila sam se za vrlo izravnu interpretaciju: vidim najmanje dvije situacije s kojima se mogu povezati takvi njegovi osjećaji. Jedna proizlazi iz vremena kad je njegova majka dovodila svoju nećakinju njegovih godina u goste za praznike (često je govorio kako tu rođakinju mrzi), a druga je ljutnja na mene što sam mu srušila idealiziranu sliku o sebi – grupi.

Sljedeću seansu gotovo je cijelu prešutio, bio je nešto manje napet i prijeteći. Na poziv članica da se uključi nije odgovarao, bijes je u njemu još bio prijeteći i razoran, kao da bi izgubio kontrolu nad njima ako bi počeo govoriti. Grupa ga je pustila da sam prorađuje svoje osjećaje.

Dvije seanse poslije ulaska nove članice ponovno je imao potrebu napasti mene i novu članicu. Izravno i vrlo agresivno obratio se najprije njoj i rekao joj da u grupi nije poželjna. Ako joj se već takve stvari ponavljaju u životu, da je dočekaju kao nepoželjnu (o čemu je govorila seansu prije), onda valjda vidi da uopće ne treba ni biti tu. Kako je bio vrlo neugodan i prijeteći, morala sam intervenirati i zaštiti novu članicu. Upozorila sam ga da mora poštovati druge i njihove osjećaje, da može pokazati svoje osjećaje i govoriti o njima, ali da mora voditi računa o tome kako to čini. Moje suočavanje s narušavanjem pravila grupe kao da je jedva dočekao

he had felt like that before. He was very angry and seemed to be eager for an opportunity to argue with me, which I (very angrily) stopped. I decided on a very direct interpretation: I see at least two things with which his emotions can be connected. One stems from a situation in which his mother brought her niece, who was of his age, as a guest during holidays (he often said he hated that cousin) and the second one was anger he felt towards me for demolishing his idealised image of the self-group.

He was silent for almost the entire duration of the next session and was somewhat less tense and threatening. He did not reply to the invitation of other members to join in, the anger inside him was still threatening and destructive, as if he could lose control over it if he started speaking. The group let him work through his emotions alone.

Two sessions after the new member joined the group, he again felt the need to attack me and the new member. Directly and very aggressively, he first addressed her and told her she was unwanted in the group. If being unwanted was something that was happening to her repeatedly (of which she had spoken in the preceding session), then she must understand that she should not be there. Since he was very unpleasant and threatening, I had to intervene and protect the new member. I warned him that he had to respect others and their feelings, that he could show his emotions and talk about them but that he had to pay attention to how he did it.

kako bi se mogao izravno obračunati sa mnom. Kako je bio preplavljen bijesom, to mu nisam dopustila. Procijenila sam da ga moram izravno zaustaviti i zaštiti novu članicu, grupu i sebe. Suočila sam ga s tim da terorizira grupu, da bih ga trebala podsjetiti da sam ja ta koja je ovdje odredila pravila, koja vrijede i za njega, da poslije četiri godine grupe i tri godine individualne terapije i truda koje smo grupa i ja uložili u njega očekujem od njega barem da se može kontrolirati i pristojno ponašati, poštovati grupu i njezine članove. Već i sama vrlo ljuta (i uplašena), dodala sam da sam, ako to nije u stanju, vjerojatno ja pogriješila i precijenila njegove kapacitete.

SLIJEDILA JE SEANSA KOJA NIJE ODRŽANA ZBOG PRAZNIKA

Seansa nakon praznika bila je bez nove članice, koja je najavila izostanak. Na toj su seansi „stari" članovi elaborirali prethodna događanja. Toni je opet bio onakav kakvog smo ga poznavali, možda neznatno napetiji. Rekao je da je „došao k sebi" , što smo svi dočekali s olakšanjem. Tijekom ta dva tjedna intenzivno su mu se vraćale slike i osjećaji s početka osnovne škole kad je majka tijekom nekoliko godina dovodila nećakinju k njima na praznike. Grupa i ja smo iz prijašnjih razgovora

He seemed to be eagerly awaiting my comment about breaking the rules of the group so he could directly confront me. Since he was overwhelmed with anger, I did not allow this. My assessment was that I had to stop him directly and protect the new member, the group and myself. I confronted him with the fact that he was terrorizing the group and I reminded him that I had set the rules that he had to obey, that after four years of the group and three years of individual therapy and effort that the group and I had invested in him I expected him to at least control himself and behave politely, respect the group and its members. Being very angry (and frightened) myself, I added that if he was unable to do so, then I had probably made a mistake and overestimated his abilities.

THE FOLLOWING SESSION WAS NOT HELD DUE TO THE HOLIDAYS

The session after the holidays did not include the new member, who had announced her absence in advance. In this session, the "old" members described the events that had taken place. Toni was once again back to his old self, perhaps only slightly more tense. He said he had come to his senses, which we all felt relieved about. Over the two-week period, he intensively relived images and emotions from the beginning of primary school, when his mother brought her niece to spend time with them during the holidays. (From previous conversations, the

o tim susretima imali dojam da je to bilo u vrijeme srednje škole. Prema djevojčici je majka bila divna, nježna, pažljiva, davala joj sve za čime je on čeznuo. Sve je to morao gledati, osjećao je strašan bijes i mržnju prema objema, ali to se nije smjelo vidjeti jer bi bio okrutno kažnjen batinama. Majka je tada bila potpuno „luda", tako da je rođakinju htjela i posvojiti. U to se nesvjesno umiješao i nehotično ga zaštitio inače vrlo pasivni otac komentarom da ne bi mogli izdržati te financijske troškove. U to vrijeme idile majke i njezine nećakinje Tonija su često slali roditeljima nećakinje na selo. Tamo se osjećao užasno, mrzio je sve u tom selu, nije mogao podnijeti tu kuću, iz nje je stalno bježao. Godinama je imao noćne more povezane s tim prostorom i selom (snovi tog tipa i sadržaja ponavljali su se tijekom života, ali i tijekom cijele terapije). U tih je dva tjedna postao svjestan da je sav taj ogroman bijes, koji je tih godina morao skrivati i potisnuti duboko u sebi, sada izronio. I sam je bio zatečen i vrlo uplašen njegovom ubojitom i razornom snagom. Tjednima je bio mučen užasnim destruktivnim fantazijama i mislima, jako se bojao da gubi razum.

Tijekom ta dva tjedna postao je svjestan i koliko mu je bilo lijepo i ugodno u grupi, potpuno se uljuljao, „kokolavao" i uživao u tome da nam je važan, da se oko njega trudimo, da nam je stagroup and I had thought that these events had taken place during high school.) The mother was wonderful to the girl, gentle, caring, gave her everything he yearned for. He had to observe all of this and felt a terrible anger and hatred toward both of them but was not permitted to express this because he would be cruelly punished with beatings. His mother was then completely "mad" and even wanted to adopt the cousin. His otherwise very passive father got involved at this point and inadvertently protected him by saying that they would not be able to withstand the financial expenses. At this time of his mother and her niece's idyllic time, Toni was often sent to the niece's parents' place in the village. There he felt awful, hated everyone in the village, could not stand the house, kept running away from it. For years, he used to have nightmares about that place and the village (dreams and content of this type repeated during his life but also during the entire therapy). Over the two weeks, he had become aware of the fact that this enormous anger which he had had to suppress and hide deep inside himself had now come bursting out. He himself was stunned and frightened by its murderous and destructive power. For weeks he was torn by terrible destructive fantasies and thoughts and was very afraid he was losing his mind.

Over those two weeks he realised how pleasant it felt to be in the group, he enjoyed it completely and savoured the fact that he was important to us, that we were making an effort for him, that we cared. He was not aware of how much

lo. Nije bio svjestan koliko se u grupi opustio i uživao. Takvo iskustvo nije imao nikad prije u životu. Napokon je imao svoje mjesto za ugodu. A onda sam mu ja to prekinula i pokvarila, to ga je razbjesnilo. No postaje mu jasno da je u osnovi stagnirao, da se ništa nije događalo, da se nije mijenjao, kao ni grupa. Polako shvaća da je vrijeme da odraste. Spoznaje do kojih je došao mogao je prepoznati uz odnos s majkom, uz bespoštedni rat koji je vodio s njom i kojem je posvetio cijeli svoj život. Sad vidi da je tako kaznio sebe, ne nju. Ostao je zarobljen njome, osiromašen, uskraćen za mnogo toga u životu. Pitao se što bi sve bilo da je tu energiju koju je trošio na borbu s njom u sebi iskoristio za vlastiti razvoj, za zadovoljstva u životu.

he had relaxed in the group and how much he was enjoying it. He had never had an experience like that. He finally had his place for pleasure. And then I interrupted that for him and ruined it, which angered him. On the other hand, he realised he had been stagnating, that nothing was happening, that he was not changing, and neither was the group. He slowly realised that it was time for him to grow up. The realisations he reached were recognised through his relationship with his mother, who he waged a vicious war against and whom he had dedicated his entire life to. Now he realised he had punished himself, and not her. He remained imprisoned by her and lacked many things in life. He wondered what would have happened if all the energy he had spent on fighting against her inside himself had been used for his own development and pleasures in life.

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NARCISTIČKI BIJES ČLANA GRUPE

/ NARCISSISTIC RAGE IN A GROUP MEMBER

Slavica Pavlović

Poziv na promišljanje o materijalu o kojem sam pisala desetljeće prije izazov je zbog osjetljive dinamike u prikazanoj grupi koja se zbivala kratko prije pisanja teksta. Što bih sve sad drugačije napisala (učinila)? Prije svega, imam potrebu dovršiti i zaokružiti, a ovo je izvrsna prilika za to. Prije deset godina grupi, Toniju i meni, imperativ je bio preživjeti tešku krizu, grupu na rubu incidenta. Tada sam osjećala da je to i više nego dovoljno, premda sam intenzivno razmišljala o prikazanom kliničkom materijalu, pitala se koji su i u čemu sve moji doprinosi/propusti. Pokušaji razumijevanja opisane dinamike, traganje za teorijskim konceptima koji bi mi bili od pomoći trebali su emocionalni i vremenski odmak. Ovih deset godina više je nego dovoljno!

The invitation to write about the subject I wrote on one decade ago is a challenge primarily due to the delicate dynamics in the group I discussed, which took place only a short while before the text was written. What would I have written (done) differently? First of all, I feel the need to finish everything, and this is the perfect opportunity. Ten years ago, for Toni and me the emphasis was on surviving a serious crisis, a group verging on an incident. At that time, I felt that would be more than enough, although I was thinking a lot about the reviewed clinical material and wondered about my contributions and failings. Attempts at understanding the described dynamic and the search for the theoretical concepts that would help me needed a distance of emotion and time. These ten years have been more than enough!

KOMENTAR

O opisanim dramatičnim procesima u grupi svakako se može promišljati na mnogo načina i iz različitih perspektiva. Smatram da praćenje transfera i transferno-kontratransfernog *ena-*

COMMENT

The described dramatic processes in the group can, of course, be thought of in numerous ways and from numerous perspectives. I believe that following transference and transferential/counter-

ctmenta (odigravanja) pruža potpuno razumijevanje. Dolazak nove članice u grupu bio je okidač za ponavljanje traumatičnog iskustva u transfernom polju grupe. Moje intervencije vodile su u *enactment* (odigravanje) traumatičnog odnosa majka – Toni, iz „tamo i nekad" u „ovdje i sad".

Toni je tijekom četiri godine u grupi uživao sve blagodati stapanja s idealizirajućim objektom – grupom koja je svojim prihvaćanjem, pažnjom i empatijom hranila i zrcalila njegovu grandioznost i omnipotenciju. Tomu je dodatno pogodovala činjenica da je dugo bio i jedini muški član. U grupi je pokazivao sve veće kapacitete da tolerira napetosti i intenzivne osjećaje članica. Trudio se biti im od pomoći, aktivnije se i konstruktivnije uključivao. U realnosti je ostvario bliskiji odnos s ocem, a s majkom je i dalje bio na velikoj distanci. Aktivno se uključio u rad svoje braniteljske udruge. Pripremao se da završi studij i bio nezadovoljan zbog poteškoća s koncentracijom. Stvarao se dojam da postiže sve veću autonomiju.

Grupa je znala da će nakon odlaska jednoga doći novi član u grupu. Nije želio dolazak novog člana jer bi to usporilo njihov rad. Kako su ostale članice imale drugačije osjećaje, povukao se. Dvije seanse prije dolaska nove članice govorio je da mu je važno da ta osoba barem ima određeno terapijsko iskustvo. Kako se približavala seansa

transferential enactment offers the most complete form of understanding. The arrival of a new group member triggered the repetition of traumatic experience in the transferential field of the group. My interventions led to the enactment of a traumatic relationship between Toni and his mother, from there and then to here and now.

Over a period of four years, Toni enjoyed all the benefits of joining the idealizing object-group which, through its acceptance, attention and empathy, fed and mirrored his grandiosity and omnipotence. This was further aided by the fact that for a long time he was the sole male member. In the group, he showed increasing capacity for tolerating tensions and intense feelings of the female members. He tried to be helpful and was more active and constructive. In reality, he achieved a closer relationship with his father, while continuing to be distanced from his mother. He actively engaged with the work of his veterans' association. He was preparing to finish university and was dissatisfied because of problems with concentration. My impression was that he was achieving greater autonomy.

The group knew that after one member left it, a new one would arrive. He did not want a new member to arrive because this would slow down their progress. Since the other members felt differently, he relented. Two sessions before the arrival of the new member he said it was important for him that the person have

u novom sastavu, postajao je šutljivijim. Kasnije je postalo jasno da je najava novog člana pokrenula strah od fragmentacije *selfa* i gubitka omnipotentne kontrole nad grupom i terapeutom. Agresivne osjećaje tada je mogao držati pod kontrolom.

Seansa s novom članicom cijeloj je grupi bila iznimno teška. U njemu se vodila duboka borba s razarajućim bijesom i strahom od gubitka kontrole koji je šuteći projicirao na grupu. Jedna je članica preuzela dio te agresije na sebe i počela agresivno ispitivati novu članicu, koja je uspijevala ostati smirena i izvan zamke ulaska u projektivne identifikacije. Osjećala sam zabrinutost za nju, za grupu, za Tonija. Kad se uvjerio da nova članica i grupa mogu kontejnirati njegov bijes, usmjerio ga je prema meni, ali mogao ga je verbalizirati što je otvorilo prostor za simboličnu, verbalnu komunikaciju.

Uključenje novog člana za njega je bila duboka narcistička ozljeda zbog gubitka kontrole nad zrcalnim self-objektom – grupom, ali i omnipotentnim i sveznajućim voditeljem. Kako bi spriječio fragmentaciju vlastita *selfa* zbog razarajuće mržnje prema introjiciranom objektu, morao ju je projicirati na novu članicu i mene. Postajalo je jasnije da je grupna situacija bila okidač za neke transferne osjećaje koji potječu iz prošlih sličnih iskustava. O okidačima za transfer u grupi govori König. Kako

some experience with therapy. As the session with the new member drew nearer, he became quieter. Later it became obvious that the announcement of the new member's arrival incited the fear of the fragmentation of the self and of the loss of the omnipotent control over the group and the therapist. Prior to this, he was able to control his aggressive feelings.

The session with the new member was extremely difficult for the entire group. Inside him, a difficult struggle between destructive anger the fear of loss of control was taking place inside him and he was silently projecting it onto the group. One of the members took over a part of that aggression and started aggressively questioning the new member, who managed to stay calm and not fall into the trap of entering projective identification. I felt worried for her, the group, and Toni. Once he was convinced the new member and the group could contain his anger, he directed it towards me, but he was able to verbalize it, which opened the room for symbolic, verbal communication.

The introduction of the new member was for him a deep narcissistic injury due to the loss of control over the mirror self-object group, but also over the omnipotent and all-knowing leader. In order to prevent the fragmentation of his own self by a destructive anger towards an introjected object, he had to project it onto the new member and me. It became clearer that the group situation was a trigger for certain transferential emotions stemming from similar past experiences.

bi neki član grupe, grupa kao cjelina, voditelj ili grupna situacija postali „okidačima za transfer", moraju imati neke iste/slične osobine kao osoba iz prošlosti. Osoba u regresiji ponovno doživljava aktualni, transferni objekt onako kako je osoba doživljena u prošlosti, ali također će oživjeti u sebi ono što je bila kad je tu osobu doživljavala. Regresija u biti djeluje kao svojevrstan vremenski stroj (K. König, 1987.).

Poznavajući Tonijevu osobnu povijest, prepoznala sam da prikazani procesi jesu ponavljanje vrlo sličnog traumatičnog događaja iz prošlosti u aktualnoj transfernoj situaciji. To sam i interpretirala, ali vrlo strogo i odlučno. Naknadno sam shvatila da sam odigrala ulogu njegove majke, tj. da smo oboje bili uključeni u ponavljanje traumatičnog događaja, njegove unutarnje drame.

Tijekom sljedećih nekoliko seansi pojavljivao se i prorađivao materijal koji nije simboliziran i mentaliziran, koji je bio vrlo konkretan – jezik aktualizirane i eksternalizirane traume. Traumatizirani *self* (dječak Toni) projiciran je na drugu osobu (novu članicu), a on sam postao je traumatizirajući objekt – majka.

Dječak Toni također se pokušao obraniti i obračunati s majkom – voditeljem grupe i uspio, u „ovdje i sada", verbalizirati mržnju i bijes koje je osjećao „tamo i tada", a nije ih smio ispoljiti. U

König writes on triggers for transference in a group. In order for a group member, the group as a whole, the leader or the group situation to become a 'trigger for transference', it has to have certain identical/similar characteristics as the person from the past. The regressive person relives the current, transferential object in the way the person was perceived in the past, but they also revive in themselves whatever they were when they perceived that person. Regression actually functions as a form of time machine (K. König 1987).

Knowing Toni's personal history, I saw that the processes were a repetition of a very similar traumatic event from the past in the current transferential situation. I interpreted this, but in a very strict and determined manner. Subsequently, I realized that I had enacted the role of his mother, i.e. that we had both been involved in the repetition of the traumatic event, his internal drama.

Over the next several sessions, material which was not symbolized and mechanized appeared and was worked through, but it was very concrete – the language of actualized and externalized trauma. The traumatized self (Toni the boy) was projected into another person (the new member), while he himself became the traumatizing mother-object.

Also, Toni the boy attempted to defend himself and confronted the mother-group leader, successfully verbalizing in the here and now the hatred and an-

literaturi se takav tip interakcija smatra *enactmentom* (odigravanjem), koji je sličan, ali se razlikuje od *acting-outa*. Dok se *acting-out* (djelovati, činiti) odnosi na postupanje jedne osobe, najčešće pacijenta, *enactment* ima interaktivni aspekt i uključuje najmanje dvije osobe. Određuje se kao proces pri kojem pacijentova nesvjesna fantazija u analitičaru pokreće kontratransfernu „akciju" na verbalnoj razini ili na razini ponašanja (Auchincloss, E. L., i Samberg). Predstavlja oblik simboličnih interakcija „kao-da" koje pacijent nesvjesno inicira izazivajući nesvjesnu suglasnost kod analitičara i koje imaju nesvjesna značenja.

Enactment je složen proces od pet koraka ili faza (Bohleber, W. *et al.*). Počinje nastojanjem da se očuva analitička funkcija neutralnosti, nastavlja se emocionalnom uključenošću u pacijentovu fantaziju, a slijede prepoznavanje „uhvaćenosti" u odigravanje, shvaćanje da je ostvarena pacijentova nesvjesna fantazija te nakraju interpretacija *enactmenta*.

Enactment općenito govori o prekidu analitičkog dijaloga jer je u njemu prisutna akcija, a ne promišljanje. On je prijelaz sa simboličnog na konkretno i jedini način da se težak traumatski materijal i sjećanja donesu u psihičko polje i postanu dostupni verbalizaciji i proradi. Kao da se neke unutarnje drame moraju ponovno dogoditi u psiho-

ger he felt then and there, which he had not been able to express. In the literature, this type of interaction is considered enactment, which is similar to but differs from acting-out. While acting-out refers to the actions of one person, most commonly the patient, enactment has an interactive aspect and includes at least two people. It is defined as a process in which the patient's unconscious fantasy initiates countertransferential 'action' in the analyst on the verbal or behavioural level (Auchincloss, E. L. and Samberg). It represents a form of symbolic as-if interactions which are unconsciously initiated by the patient and which cause an unconscious compliance in the analyst and have unconscious meanings.

Enactment is a complex process with five steps or phases (Bohleber, W. et al). It begins with the attempt to preserve the analytic function of neutrality, goes through emotional involvement in the patient's fantasy, the recognition of 'entrapment' in enactment, the realization that the patient's unconscious fantasy has been realized, and the interpretation of enactment.

Generally, enactment represents the end of analytic dialogue because it involves action and not thinking. It represents the passage from the symbolic to the concrete and in that form seems to be the only way for the difficult traumatic material and memories to be brought into the psychological field and become available for verbalization and working through. As though certain internal dramas must

loški povoljnijim okolnostima kako bi mogle biti mentalizirane i metabilozirane.

Mnogi autori smatraju da je *enactment* neizbježan zajednički događaj u radu s teško traumatiziranim i regresivnim pacijentima koji imaju velik potencijal za rekreaciju i proradu vlastite prošlosti.

occur again in psychologically favourable conditions in order to be mentalized and metabolized.

Numerous authors believe that enactment is an unavoidable communal event in the work with traumatized and regressive patients which has great potential for recreating and working through one's past.

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