

KONTRATRANFER I REVERIE U GRUPNOJ ANALIZI

/ COUNTERTRANFERENCE AND REVERIE IN GROUP ANALYSIS

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SAŽETAK/SUMMARY

Koncept kontratransfera je mjesto konsenzusa i konvergencije različitih psihoanalitičkih škola i pravaca (Gabbard 1995.) Foulkes je knjigom „*Introduction to Group Analytic Psychotherapy*“ (1948.) utemeljio grupnu analizu, povezao socijalne znanosti i psihoanalizu naglašavajući odnose, kontakt, uzajamnost i pripadnost grupi. Njegovi osnovni teorijski postulati anticipiraju temeljna načela intersubjektivne paradigme u psihonalizi koja se kristalizirala 30 godina kasnije. (13)

Pokušaj da shvatim svoje osjećaje predstavlja za mene igru i izazov u razvoju osobnog i profesionalnog identiteta. U psihoterapijskoj grupi koju sam prikazao doživljavao sam intezivne i zbunjujuće osjećaje a potreba da razumijem što se događa u meni i u grupi rezultirali su ovim radom. Prikazao sam evoluciju koncepta kontratransfera u individualnom i u grupnom settingu, te intersubjektivni pristup u grupnoj analizi, što mi je pomoglo u osvještanju i metaboliziranju kontratransfernih osjećaja u grupi, te razumijevanju sebe, pacijenata i dinamike u grupi.

/ The concept of countertransference is a point of consensus and convergence of different psychoanalytic schools and courses (Gabbard, 1995). With the book "Introduction to Group Analytic Psychotherapy" (1948), Foulkes introduced group analysis, thus linking social science and psychoanalysis, highlighting relationships, contacts, reciprocity and belonging to the group. His basic theoretical postulates anticipated the underlying principles of the intersubjective paradigm in psychoanalysis that became crystallised 30 years later. The attempt to understand my feelings represents for me a game and a challenge in the development of personal and professional identity. In the psychotherapeutic group I held, I have experienced intriguing and confusing feelings, and the need to understand what is happening within myself and in the group has resulted in this paper. I will present the evolution of the concept of countertransference in individual and group settings as well as the intersubjective approach in group analysis. The aforementioned theoretical concepts have assisted me in becoming aware and metabolising countertransference feelings in the group, as well as in understanding myself, my patients and the overall group dynamics.

KLJUČNE RIJEČI / KEY WORDS

grupna analiza / *group analysis*, kontratransfer / *countertransference*, intersubjektivnost / *intersubjectivity*, reverie / *reverie*

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„Da bi se pronašlo pacijenta, moramo ga potražiti u sebi. Ovaj proces neizbježno naglašava činjenicu kako u seansi postoje dvije osobe te time i dva komplementarna izvora slobodnih asocijacija.“

Christopher Bollas (1987)

KONTRATRANSFER

Freud uvodi koncept kontratransfera 1910. godine i shvaća ga kao prepreku, tehničku pogrešku koja ometa pacijentove slobodne asocijacije i analitički proces. Smatrao je da analitičar ne može ići dalje od vlastitih kompleksa, te da ih se treba osloboditi kroz vlastitu analizu, kako bi se omogućilo odvijanje analitičkog procesa. Kontratransfer je bio nekontrolirana reakcija na transfer pacijenta i ukazivao na slijepe pjege i neurotičnost analitičara. Analitičareva subjektivnost je za Freuda, nešto što treba, kroz pravilo neutralnosti, svesti na najmanju moguću mjeru. S druge strane, neki radovi opisuju Freuda (npr. Lipton 1977., 1983.) kao interaktivnog u odnosu sa pacijentima i veoma udaljenog od ideala neutralnog ogledala koje je zagovarao.

Jedini koji se u Freudovo vrijeme usudio eksperimentirati s kontratransferom (intuicija, empatija, uzajamna analiza, direktivna terapija, uloga emocija

“In order to find the patient, we must look for him within ourselves. This process inevitably points out the fact that there are ‘two patients’ within the session and therefore two complementary sources of free association.”

Christopher Bollas (1987)

COUNTERTRANSFERENCE

Freud introduced the concept of countertransference in 1910 and saw it as an obstacle, a technical error that hinders the patient's free associations and analytical process. He held that the analyst cannot go beyond his own complexes and should be freed through his own analysis, in order to enable the analytical process to be carried out. Countertransference was an uncontrolled reaction to the patient's transference and indicated the blind spot and neuroticism of the analyst. According to Freud, the analyst's subjectivity is something that, through the rule of neutrality, needs to be reduced to the least possible extent. On the other hand, some papers (e.g. Lipton 1977, 1983) describe Freud as interactive in relation to patients and very far from the ideal of the neutral mirror that he advocated.

The only one who dared to experiment with countertransference (intuition, empathy, mutual analysis, directive therapy, the role of the analyst's emotions) in Freud's time was Sandor Ferenczi, which resulted in his dissident status decades after his death and the reevaluation of



u analitičara) bio je Sandor Ferenczi što je rezultiralo njegovim disident-skim statusom kroz desetljeća nakon njegove smrti, te revalorizacijom njegova djela tek u osamdesetim i devedesetim godinama prošlog stoljeća. (8) M. Balint, Ferencijev učenik, kontra-transfer smatra važnim izvorom informacija, opisujući ga kao unutrašnju refleksiju odnosa između analitičara i analizanda unutar analitičara. On koristi koncept kontratransfer da objasni sveukupni stav i ponašanje analitičara prema pacijentu.

Prekretnicu u doživljavanju kontra-transfera označio je rad klajnjanke Paule Heimann iz 1950. godine (5). Heimannova upotrebljava izraz kontra-transfer za sve osjećaje koje analitičar osjeća prema pacijentu. „*Analitička međuigra odvija se između dvije osobe, njihovih emocija i afekata, sa jedinom razlikom, što to one sa svojim emocijama rade.*“ Njena je temeljna pretpostavka da analitičar nesvjesno razumije nesvjesno pacijenta. „*Ovaj duboki doživljaj se na površini pokazuje u obliku osjećaja kao emocionalni odgovor na pacijenta, njegov kontra-transfer. Upravo je to i najkorisniji alat za razumijevanje pacijenta, vrijedniji od analitičarevih svjesnih reakcija, ali isto tako, kontratransfer je nažalost previše kontaminiran analitičarovim osobnim nesvjesnim.*“ Najveću opasnost u takvom pristupu vidi u mo-

his work in the 1980s and 1990s. (8) For M. Balint, Ferenczi's student, countertransference is an important source of information and an internal reflection of the relationship between the analyst and the analysand within the analyst. He uses the concept of countertransference to explain the overall attitude and behaviour of analysts towards patients.

The turning point in experiencing countertransference was marked by the work of the Kleinian psychoanalyst Paula Heimann from 1950. (5) Heimann uses the term countertransference for all the feelings that the analyst has about the patient. "*An analytical interplay occurs between two people, their emotions and affectations, the only difference is what they do with their emotions.*" Her fundamental assumption is that the analyst unconsciously understands the patient's unconscious. "*This deep experience appears on the surface in the form of emotions as an emotional response to the patient, his countertransference. It is precisely the most useful tool for understanding the patient, more valuable than the analyst's conscious reactions, but also the countertransference is unfortunately too much contaminated by the analyst's personal unconscious.*" For her, the greatest danger in such an approach is the possibility of the analyst projecting his deficiency to the patient. The analyst's own analysis should allow them to handle infantile conflicts and anxiety and achieve a satisfactory balance, which would outline the roles that

gućnosti da analitičar projicira svoje nedostatke u pacijenta. Vlastita analiza bi mu trebala omogućiti, da proradi infantilne konflikte i anksioznosti i postigne zadovoljavajuću ravnotežu, kojom bi iznio uloge koje pacijent nesvjesno projicira u njega. (5)

Argentinski psihoanalitičar Racker slaže se sa Heimannovom u glavnim crtama i naglašava dvostruku uloga analitičara, kao interpretatora nesvjesnog procesa i istovremeno objekta tog istog procesa. Stoga, kontratransfer može pomoći, preinačiti ili ometati percepciju nesvjesnog procesa, ili pak percepcija može biti korektna, ali može izazvati neurotičnu reakciju koja narušava interpretativni kapacitet analitičara. Racker je opisao dvije vrste identifikacije „konkordantnu identifikaciju“, u kojoj se analitičar identificira s pacijentovim egom i idom i najbližije je onom što se svakodnevno misli pod empatijom i „komplementarnu identifikaciju“ u kojoj se analitičar identificira s unutarnjim objektima pacijenta i odgovor je analitičara u kojem „odigrava uloge“ koje mu „dodjeljuje“ pacijent. (15)

Veći dio psihoanalitičke literature o kontratransferu u pedesetim i šesdesetim godinama prošlog stoljeća, podjeljenog je stajališta. Klasični je pristup gdje se na kontratransfer terapeuta gleda kao prepreku, opstrukciju i nesvjesni odgovor na pacijentov

the patient projects into them unconsciously. (5)

Argentinean psychoanalyst Racker agrees with Heimann in the main assumptions and highlights the dual role of analysts as interpreters of the unconscious process and at the same time the object of the same process. Therefore, countertransference can help, alter or obstruct the perception of the unconscious process, or perhaps the perception may be correct, but it can cause a neurotic reaction that disturbs the interpretative capacity of analysts. Racker described two types of identification: “concordant identification” in which the analyst identifies with the patient’s ego and id and is most similar to what is perceived as empathy, and “complementary identification” in which the analyst identifies with the patient’s internal objects and which is the analyst’s response in which they plays the role assigned to them by the patient. (15)

A larger part of the psychoanalytic literature on countertransference in 1950s and 1960s shares a divided view. The classical approach perceives the therapist’s countertransference as an obstacle, obstruction and an unconscious response to the patient’s transference. Another approach sees countertransference as a useful tool for understanding an unconscious patient. Kernberg and Winnicott point out the need to fully utilize the emotional responses of analysts towards patients and that analysts’ responses have a specific diagnostic value in assessing the



transfer. Drugi pristup na kontra-transfer gleda kao koristan alat za razumijevanje nesvjesnog pacijenta. Kernberg i Winnicott ističu kako treba u potpunosti iskoristiti emocionalna reagiranja analitičara prema pacijentu i da reagiranja analitičara posjeduju posebnu dijagnostičku vrijednost u procjeni pogodnosti za tretman pacijenata. (18) Winnicott u svom klasičnom radu „*Hate in the countertransference*“ navodi da se „*prema pacijentima, osobito psihotičnim, kao i prema djeci, uz ljubav, javljaju i mržnja i strah. Mržnja koja može biti i opravdana trebala bi se osvjestiti, analizirati i zadržati, te tako biti dostupna za eventualnu interpretaciju. Bez rada na agresivnom (negativnom) transferu, analiza se ne može smatrati kompletnom.*“ (19)

U devedesetim godinama prošlog stoljeća klasični autori tragaju za konstruktivnom upotrebom kontra-transfera. Jacobs i drugi analitičari (Basseches, Chused, P. Ellman, Goodman, Helm, McLaughlin) proširuju klasični koncept kontratransfera na *kontratransferno odigravanje* (countertransference enactment), naglašavajući pritom uzajamnu ulogu analitičara i pacijenta u suptilnoj neverbalnoj interakciji osjećaja i akcije. Bollas je 1987. pisao o ekspresivnoj upotrebi kontra-transfera, a Burke o kontratransfernom otkrivanju. (8)

benefits of patient treatment. (18) In his classic work *Hate in the Countertransference* Winnicott states that “*alongside love, there is also hate and fear towards patients, especially psychotic ones, just like towards children. Hate that can be justified also needs to be made aware of, analysed and kept, thus making it available for a possible interpretation. Without the work on the aggressive (negative) transference, the analysis cannot be considered complete*”. (19)

In 1990s, prominent authors searched for a constructive use of countertransference. Jacobs and other analysts (Basseches, Chused, P. Ellman, Goodman, Helm, McLaughlin) expanded the classical countertransference concept to countertransference enactment, thus emphasizing the mutual role of analysts and patients in the subtle non-verbal interaction of feelings and actions. In 1987, Bollas wrote about the expressive use of countertransference, and Burke wrote about countertransference detection. (8)

COUNTERTRANSFERENCE IN A GROUP

Foulkes believes that the use of countertransference for all that the therapist feels towards the patient is too general and confusing. Each group assumes the features of the therapist and reflects their conflicts and blind spots, which can be predominantly seen in the case of therapists without experience. In a group

KONTRATRANSFER U GRUPI

Foulkes je smatrao da je preopćenita i konfuzna upotreba kontratransfera za sve što terapeut osjeća prema pacijentu. Svaka grupa nosi obilježja voditelja i reflektira njegove konflikte i slijepe pjege, što najviše dolazi do izražaja kod terapeuta početnika. U grupnom settingu slijepe pjege se manifestiraju na dramatičniji način nego u individualnoj terapiji. Individualni članovi mogu postati personifikacije parcijalnih aspekata voditelja, što ukazuje na kontratransferne probleme voditelja. Konflikti i slijepe pjege mogu se projicirati u grupu ili individualce. Vrlo je impresivno koliko je dubok utjecaj osobnosti voditelja na njegov pristup i pacijente. Promjena u njegovom odnosu prema grupi promijenit će slijed događaja u grupi. Ovdje se Foulkes približava onome što Balint naziva kontratransfernim utjecajem osobnosti terapeuta u stvaranju terapijske klime, atmosfere koja reflektira osobnost terapeuta. „Kapacitet terapeuta da opservira i razumije pacijenta i terapijski proces počiva na njegovom empatijskom kontaktu s pacijentom u grupi ili s grupom kao cjelinom. Nikad ne može biti distanciran u terapijskom procesu. Istodobno mora biti dovoljno slobodan od osobnih problema, da se ne utopi u emocionalnom vrtlogu svojih pacijenata.“ (7) Foulkes o kontratransferu govori i kao „role-response“ - uloga koja

setting, blind spots are manifested in a more dramatic way than in individual therapy. Individual members can become the personification of the therapist's partial aspects, indicating therapist's countertransference problems. Conflicts and blind spots can be projected into a group or individuals. (5) It is very impressive to see how deep the influence of the therapist's personality on their approach and on the patients is. The change in their relationship to the group will change the sequence of events in the group. Here Foulkes approaches what Balint calls the countertransference influence of the therapist's personality in creating a therapeutic climate, an atmosphere that reflects the therapist's personality. *“The therapist's capacity to observe and understand the patient and the therapeutic process lies on his empathic contact with the patient in the group or with the group as a whole. He can never be distant in the therapeutic process. At the same time, he must be freed enough from personal problems in order not to drown in the emotional whirl of his patients.”* (7) Foulkes also refers to the countertransference as a “role-response” – the role which corresponds to the patient's projective identification, which coincides with Racker's concept of complementary identification, where the therapist becomes the projected object of the patient's internalised objects and partial objects. Bion and Ezriel recognized very early that the very nature of regression in the group “draws” group therapists into certain roles. Bion thinks that in group



korenspondira sa pacijentovim projektnim identifikacijama, što se podudara sa Rackerovom idejom komplementarne identifikacije, gdje terapeut postaje projicirani objekt pacijentovih internaliziranih objekata i parcijalnih objekata. Bion i Ezriel su vrlo rano prepoznali da sama priroda regresije u grupi, „usisava“ grupne voditelje u određene uloge. Bion smatra da se u grupnom psihoterapijskom tretmanu sve interpretacije moraju zasnivati na emocionalnim reakcijama analitičara. Uvjeren je da te reakcije potiču iz činjenice da je analitičar u grupi prijemnik projektivnih identifikacija i da taj mehanizam igra vrlo značajnu ulogu u grupi. (1, 2). Projicirani sadržaj je predmet „sanjarenja“ i prorade osjećaja, što je ekvivalenten onome što Stern naziva *afektivna usklađenost* ili Winnicott-*majčinska zaokupljenost*. Analogno tome, u analitičkoj situaciji terapeut se mora moći prepustiti sanjaranju i slobodnom asociiranju, kao odgovor na pacijenta i kapacitet za igru. (10)

INTERSUBJEKTIVNOST I GRUPNA ANALIZA

Intersubjektivnost je psihoanalitički koncept u kojem se psihološke fenomene pokušava razumijeti ne više kao produkt izoliranih intrapsihičkih mehanizama, već kao produkt susreta

psychotherapeutic treatment all interpretations must be based on the analyst's emotional reactions. He is convinced that these reactions stem from the fact that, in a group, the analyst is a receiver of projective identification and that this mechanism plays a very important role in the group. (1, 2) The projected content is the subject of "reverie" and processing emotions, which is equivalent to what Stern calls *affective compliance* or Winnicott *motherly preoccupation*. Similarly, in an analytical situation, the therapist must be able to indulge in reverie and free association in response to patients and to play capacity. (10)

INTERSUBJECTIVITY AND THE ANALYTIC THIRD

Intersubjectivity is a psychoanalytic concept in which the psychological phenomena are understood no longer as a product of isolated intrapsychic mechanisms but as a product of the encounter of two highly interactive subjects. Psychological phenomena cannot be separated from the intersubjective context in which they arise. (Atwood and Stolorow, 1984) The intersubjective approach has the potential to bridge the gap between different psychoanalytic schools, just as the differences between psychoanalysis and group analysis. (13)

In his article "The Group as Matrix of the Individual's Mental Life" (1990), Foulkes introduces a radical intersubjective atti-

dvaju uzajamno interaktivnih subjekata. Psihološki fenomeni ne mogu se odvojiti od intersubjektivnog konteksta u kojem nastaju. (Atwood and Stolorow 1984.) Intersubjektivni pristup ima potencijal da premosti razlike među različitim psihoanalitičkim školama, baš kao i razlike između psihoanalize i grupne analize.(13)

Foulkes u članku „*The Group as Matrix of the Individual's Mental Life*“ (1990) donosi radikalni intersubjektivni stav kad piše o „transpersonalnim procesima, to jest mentalnim procesima koji poput X-zraka u tjelesnoj sferi, prolaze kroz pojedince koji čine takav matriks.“ (Foulkes, 1971: 224). Matriks je dinamička mreža, nesvjesnih i svjesnih misli i osjećaja članova grupe u njihovim međusobnim odnosima. Nadalje, intrapsihički um je svojstvo grupe, a procesi koji se odvijaju posljedica su dinamičke interakcije u komunikacijskom matriksu. Stoga se sve što se dešava u grupi mora odnositi na grupu kao sveobuhvatni intersubjektivni sustav.

Iako se pojam slobodnih grupnih asocijacija smatra ekvivalentom slobodnih asocijacija u psihoanalizi, Foulkes zapravo ima za cilj nešto drugo. Slobodne grupne asocijacije nisu nešto što leži unutar pojedinca, već nešto što se stvara isključivo unutar grupe od strane svih članova grupe zajedno. Poput matriksa, slobodna grupna asocijacija

tude when he writes about “transpersonal processes, i.e. mental processes which, like X-rays in the bodily sphere, go right through the individuals composing such a network”. (Foulkes, 1971: 224) The matrix is a dynamic network of unconscious and conscious thoughts and feelings of group members in their mutual relationships. Furthermore, the intrapsychic mind is a property of the group, and the processes that take place are dynamic interactions in the communication matrix. Therefore, everything that happens in a group must refer to the group as a comprehensive intersubjective system.

Although the notion of free group associations is considered equivalent to free associations in psychoanalysis, Foulkes is actually aiming at something else. Free group associations are not something that lies within an individual, but something that is created exclusively within the group by all members of the group together. Like a matrix, a free group association is one of the intersubjective group phenomena that have therapeutic effects on individuals.

Bion was one of the first psychoanalysts who uses the concept of projective identification in the study of unconscious group phenomena. For him, “the psychoanalytic situation is a *couple*, not *individual psychology*”. (1, 2) He believed that psychotic anxiety encourages an individual to fragment parts of the self and project them into the recipient. While at a conscious level the group has a specific task (working group), unconsciously, the



je jedan od intersubjektivnih grupnih fenomena koje imaju lječidbeni učinak na pojedinca.

Bion je jedan od prvih psihoanalitičara koji koristi koncept projektivne identifikacije u proučavanju nesvjesnih grupnih fenomena. Za njega je „psihoanalitička situacija *par* a ne *individualna psihologija*“. (1,2) Vjerovao je da psihoetična anksioznost potiče pojedinca da fragmentira dijelove selfa i projicira ih u primatelja. Dok na svjesnoj razini grupa ima određeni zadatak (radna grupa), nesvjesno, grupa fragmentira opasne djelove selfa i projicira ih u člana ili vanjski objekt sa pogodnom valencijom. On naglašava važnost sanjarenja (reverie) kao receptivnog organa za komunikaciju putem projektivnih identifikacija. Kao što majka preživi djetetove projektivne identifikacije i hrani ga metaboliziranim sadržajem, u psihoterapiji terapeut kapacitetom za sanjarenje, skuplja i metabolizira pacijentove projekcije i povremeno ih vraća kroz interpretativnu aktivnost i/ili komentare koji demonstriraju kako je dubinski razumio nesvjesno.

U „*Reverie i metafora*“ (12) Ogden opisuje načine na koje pokušava osjetiti što je živo i stvarno u svakom analitičkom susretu. Sanjarenje, kompulzivne ruminacije, usmjeravanje pažnje na naizgled nevažne stvari, zaokupljenost vlastitim somatskim preokupa-

group fragments the dangerous parts of the self and projects them into a member or an external object with a suitable valence. He emphasizes the importance of reverie as a receptive organ for communication through projective identification. Just like a mother survives a child's projective identification and nourishes it with metabolised content, in psychotherapy, the therapist's capacity for dreaming collects and metabolizes patient projections and occasionally returns them through interpretative activity and/or commentary that demonstrate how deeply they understands the unconscious.

In "Reverie and Metaphor" (12) Ogden describes the ways in which he tries to feel what is alive and real in every analytical encounter. Reverie, compulsive rumination, attention to seemingly irrelevant things, preoccupation with their own somatic concerns and fantasies, which may seem like their own narcissistic preoccupation, are the main means by which the analysts experience and understand the intersubjective experience. The analytic third is Ogden's concept for a new (third) subject in the analysis created in the interplay of the analytical couple, unconscious analyst and unconscious analysand, that is realised through projective identification as communication. (11)

For Winnicott, the game is the key to emotional and mental well-being. The game was considered necessary for the development of an authentic self, be-

cijama i fantazije, što može izgledati kao vlastita narcistična zaokupljenost, glavno je sredstvo kojim analitičar doživljava i razumijeva intersubjektivno iskustvo. Analitički treći je Ogdenov koncept za novi (treći) subjekt u analizi kreiran u međuigri analitičkog para, nesvjesnog analitičara i nesvjesnog analizanda koja se ostvaruje putem projektivnih identifikacija kao komunikacije. (11)

Za Winnicotta je igra ključ emocionalnog i psihičkog blagostanja. Igru je smatrao neophodnom za razvoj autentičnog selfa, jer kad se ljudi igraju, osjećaju se spontani i živi. Uvid u psihoanalizi je koristan kad se javi kao razigrano iskustvo kreativnog istinskog otkrića. Igranje se odvija u „potencijalnom prostoru“ - između djeteta i majke. Igra počinje sa osjećajem sigurnosti, a nastavlja se kada majka reagira toplo i zaigrano. Ako majka nikad ne odgovori u igri, prije ili kasnije dijete će prestati s pokušajima da se igra s njom. „Potencijalni prostor“ je Winnicottov izraz za interpersonalno područje doživljaja u kojem se fantazija (psihički realitet) i vanjski realitet preklapaju i gdje nastaju intimni odnosi i kreativnost, prostor u kojem se može biti spontan, razigran i istovremeno povezan s drugima. Poznata je Winnicottova hiperbola: „There is no such thing as baby (apart from the relationship with mother)“ koju Ogden parafrazira kao „ne postoji analizand

cause when people play, they feel spontaneous and alive. The insight is useful in psychoanalysis when it appears as a playful experience of creative true discovery. Playing takes place in a “potential space” – between a child and a mother. The game begins with a sense of security and continues when the mother reacts warmly and playfully. If the mother never answers the game, sooner or later the child will stop trying to play with her. “Potential space” is Winnicott’s term for an interpersonal field of experience in which fantasy (psychic reality) and external reality overlap and where intimate relationships and creativity arise, a space where one can be spontaneous, playful and simultaneously connected with others. There is a well-known hyperbole of Winnicott’s: *“There is no such thing as a baby (apart from the relationship with mother)”* which Ogden paraphrases as *“there is no analysis and beyond the transference/countertransference relationship with the analyst”*. (11)

Claudio Neri believes that two levels are formed in the process of the formation of group associations. The core of the first level is a manifest theme and preconscious fantasy, which the therapist notes and interprets in a traditional approach to the “group as a whole”. Fantasies of this kind are suitable for processing and are equivalent to what Bion calls transformation into K (knowledge). The second level (focal point) is the emergence of fantasy, which is yet to be defined. The emergence of fantasy has no form but



izvan transferno/ kontratransfernog odnosa sa analitičarom". (11)

Claudio Neri smatra da se u procesu nastajanja grupnih asocijacija, formiraju dvije razine. Jezgra prve razine je manifestna tema i predivjesna fantazija, koju terapeut opaža i u tradicionalnom pristupu „grupe kao cjeline“ interpretira. Fantazije ove vrste prikladne su za prorađu i ekvivalent su onome što Bion naziva transformacijom u K (knowledge). Druga razina (fokalna točka), je nastajanje fantazije, koja se tek treba definirati. Nastajanje fantazije nema oblik, ali ima jaku potisnu snagu. Nemoguće joj se približiti kroz znanje, jer je bez oblika, ali može nastajati i ekvivalent je onome što je Bion definira kao nastajanje nepoznatog. (10) Postojanje dviju razina asocijacija ima kliničku važnost u tome što se klasični pristup „grupe kao cjeline“ bavi isključivo sa prvom razinom i često je neefikasan jer ne komunicira sa drugom, dubljom razinom. Uloga grupnog analitičara je da olakšava nastajanje druge, dublje razine. Ova dublja razina se nikad ne javlja u jasnom obliku, ona je uvijek u nastajanju. Razmišljanje o procesu na ovaj način, podrazumijeva da je uloga grupnog analitičara osjetiti što se događa u grupi, razumijeti i ne nužno interpretirati. Sudjelovanje članova grupe u nastajanju ovih dubokih fantazija, bogatije je u terapijskom potencijalu u usporedbi sa razumije-

has a strong propelling power. It cannot be approached through knowledge, because it is formless, but it can be formed and is equivalent to what Bion defines through the formation of the unknown. (10) The existence of two levels of associations has a clinical relevance in that the classical approach of the “group as a whole” deals exclusively with the first level and is often ineffective because it does not communicate with another, deeper level. The role of the group analyst is to facilitate the emergence of the second, deeper level. This deeper level never appears in a clear form but is rather always in the making. Thinking about the process in this way implies that the role of the group analyst is to feel what is happening in the group, to understand and not necessarily to interpret. The involvement of group members in the emergence of these deep fantasies is richer in therapeutic potential than the understanding that comes through interpretation. (10)

CLINICAL EXAMPLES

I will present the clinical material that depicts the theoretical phenomena I mentioned earlier. The members of the group were Iva, Sanja, Nena, Tonina and Vlatko. They were between 32 and 48 years old and they all met the criteria for group analysis. Sessions were held once a week for a period of 90 minutes in the psychotherapeutic clinic of the General Hospital.

vanjem do kojeg se dolazi interpretacijama.(10)

KLINIČKI PRIMJERI

Prikazat ću klinički materijal koji prikazuje teorijske fenomene koje sam spominjao ranije. Članovi grupe su Iva, Sanja, Nena, Tonina i Vlatko. Imaju između 32-48 godina i svi zadovoljavaju kriterije za grupnu analizu. Seanse su se održavale jednom tjednom u trajanju od 90 minuta u psihoterapijskoj ambulanti opće bolnice.

U 40. seansi uveo sam u grupu dvije nove članice Nenu i Toninu, nakon čega se promijenila grupna dinamika i uzburkali su se odnosi u grupi. Sanji, Vlatku i Tonini se pogoršalo psihičko stanje. Češći su izostanci i kašnjenja, a Tonina i Sanja verbaliziraju potrebu za individualnim seansama. Tonina želi korigirati psihofarmakološku terapiju i dobiti „bolji“ lijek, a Vlatko, veteran Domovinskog rata, kasni sa donošenjem uputnica.

Primjer 1. (49. seansa)

Iva počinje seansu kako je čekala prijateljicu u kafiću, koja se nije pojavila, iako su imali dogovor. „*To me jako frustrira i podsjeća me na odnos s tatom. Nikad se nisam mogla pouzdati na nje-ga. Sanjala sam.*“

In the 40th session, I introduced two new members into the group, Nena and Tonina, after which the group dynamics changed and the relations in the group were stirred. The psychological state of Sanja, Vlatko and Tonina worsened. Absences and delays were more frequent, and Tonina and Sanja verbalized the need for individual sessions. Tonina wanted to change her psychopharmacological therapy and get “better” medication, while Vlatko, a Homeland War veteran, was late with obtaining referrals.

Example 1 (49th session)

Iva begins the session by stating that she waited for a friend at a coffee shop, who did not show up, even though they had a date. “*It frustrates me very much and reminds me of my relationship with my dad. I could never rely on him. I was dreaming.*”

Therapist: “*Can you share your dream with us?*”

Iva: “*In my dream, there was a young woman with my dad and she reminded me of my friend from Switzerland, whom I used to be close with, but we do not have a relationship anymore, because she just doesn't hear me. What does it mean?*”

Therapist: “*Does the group have any associations?*”

Iva continues: “*It hurt me that my dad did not give me the apartment but will leave it to his lover. It is my mom's apartment*



Terapeut: „Možete li podijeliti san s nama?“

Iva: „S tatom u snu je bila mlada žena koja me podsjeća na moju prijateljicu iz Švicarske, s kojom sam nekad bila dobra ali više nemamo odnos, jer me jednostavno ne čuje. Šta to znači?“

Terapeut: „Ima li grupa kakve asocijacije?“

Iva nastavlja: „Pogodilo me to, što mi tata nije darovao stan, već će ga ostaviti svojoj ljubavnici. To je ipak i mamin stan. Muči me to, što više nemam odnose sa ljudima koje sam imala ranije. Na prošloj seansi sam shvatila da sam distancirana i ne znam što ću s tim.“

Sanja: „To je normalno. Mislila sam da su prijatelji jedino oni koje stekneš u djetinjstvu i to je to, ali sam uspijela upoznati divne ljude na duhovnoj obnovi. S druge strane, neki s kojima sam se družila ranije, s njima se više ne družim.“

Terapeut: „Kao maslina kojoj treba odrezati stare grane da bi se pomladila. Ali vratio bih se na priču s početka seanse, jer me podsjeća na situaciju u grupi. Imamo dogovor, ali članovi se ne pojavljuju. Nekoliko puta ste i otvoreno rekli da vas to ljuti.“

Nena se brani: „Ma ja stvarno nisam mogla, muž mi nije mogao doći čuvati djecu ili je bar tako rekao, ali ja želim

too. I'm tired of having no relationships with the people I had relationships before. At the last session, I realized that I was distant and I do not know what to do with it.“

Sanja: “That’s normal. I thought friends are only the ones you befriend in childhood and that’s it, but I managed to meet wonderful people when participating in spiritual renewal. On the other hand, there are some with whom I had been socialising before, but I no longer hang out with them.”

Therapist: “Just like an olive tree that only needs its old branches to be cut off to rejuvenate. But I would like to return to the story from the beginning of the session, because it reminds me of the situation in the group. We have a date, but members do not appear. You said openly several times that it makes you angry.”

Nena defends herself: “I really could not attend, my husband could not come to babysit the children, or at least he said so, but I want to attend group sessions. Since I’ve been coming here, I feel physically better, I have no headaches and my allergy has decreased.”

Vlatko: “I could not attend the last two sessions because I had to go to the sea. I have a small pension, only 2400 Kuna and I have to live off something. Since the New Year (new members were introduced then), I no longer need the help from the group. I came here because of panic attacks and this problem is solved.”

dolaziti na grupu. Otkada dolazim na grupu, fizički sam bolje, nemam glavobolje a i alergija mi se smanjila.“

Vlatko: „Mene nije bilo zadnja dva puta, jer sam morao ići na more. Imam malu penziju od svega 2400 kuna i moram preživjeti. Od Nove godine (tad su uvedene nove članice) više nemam potrebu dobivati pomoć od grupe. Tu sam došao zbog paničnih napadaja i taj problem sam riješio.“

Iva ljutito: „Hoćeš reći da nas više ne trebaš?“

Vlatko: „Ma ne, naravno da vas trebam i dolazit ću kad god mogu, ali svaki slobodan dan sam na moru. Okreće glavu prema trapeutu. Osim ako me doktor ne isključi?“

Terapeut: „Nema potrebe da osjećate krivnju. Ovdje smo zbog različitih potreba i možete odustati u bilo kojem trenutku, ali iza ovih realnih potreba ponekad se kriju i neke druge potrebe.“

Sanja: „Ja još imam potrebu dolaziti na terapiju, još nisam gotova. Čini mi se da kad bi i rješila stvari koje me muče, taj osjećaj krivnje i nekompetentnosti... To cijeli život nosim sa sobom i u sve odnose ulazim s tim...“

Komentar terapeuta:

Dolaskom novih članica intenziviraju se rivalitetni i neprijateljski osjećaji

Iva angrily: “What are you trying to say, that you don’t need us anymore?”

Vlatko: “No, of course I need you and I will come whenever I can, but I’m going to the sea every day. He turns his head towards the therapist. Unless the doctor throws me out?”

Therapist: “There is no need to feel guilty. We are here for different reasons and you can give up any time, but sometimes some other reasons are hiding behind these real reasons.”

Sanja: “I still need to come to the therapy, I’m not done yet. It seems to me that even if I solved the things that are troubling me, these feelings of guilt and incompetence... I carry this my whole life and I bring them to all my relationships...”

Therapist’s comment:

The arrival of new members intensified rival and hostile feelings among members, and the issue of trust in the group and the therapist was reopened (e.g. Iva cannot rely on her father). When Sanja commented about “friends which you can only befriend in childhood”, she referred to the introduction of new members to the group. When she felt unconsciously what she said, she tried to moderate this by saying that “you can meet new friends” and stating her example from the “spiritual renewal”. As a justification for the introduction of new members, I commented castratingly “just like an olive tree that only needs its old branches (old members) to be cut off to



među članovima, te se ponovno otvara pitanje povjerenja u grupu i u terapeuta (npr. Iva se ne može pouzdati u tatu.) Sanja komentirajući „prijatelje za koje je mislila da se jedino mogu steći u djetinjstvu“ govori o uvođenju novih članova u grupu. Kad je nesvjesno osjetila što je rekla, pokušala je to ublažiti rekavši „da se i nova poznanstva mogu sklopiti“ navodeći za primjer grupu za „duhovnu obnovu“. U želji da opravdam uvođenje novih članova, kastrativno komentiram: „kao maslina kojoj treba odrezati stare grane (stare članove) da bi se pomladila...“ što povećava otpore u grupi. Nova članica, krhka Tonina, monopolizira grupu, a Vlatko se osjeća neshvaćen i odbačen. U realitetu mu se pokvario motor, te je postao „impotentan“. Psihološki, ponavlja se situacija iz njegove primarne obitelji, gdje je mlađa sestra zaokupila pažnju roditelja, nakon čega se osjetio odbačen, te je prestao komunicirati i potpuno prekinuo odnos sa roditeljima. Vlatkov fragilni self teško podnosi narcističku povredu i želi napustiti grupu. I ja sam se tada u svojoj radnoj grupi, koja nema senzibiliteta za psihoterapijski rad, osjećao neshvaćen, profesionalno impotentan i odbačen. Kao što mi je institucija „slala poruku da ne vrijedim i odbacivala me“, tako sam nesvjesno „odigravao ulogu“, u grupi nisam vrijedio i nesvjesno sam odbacivao pacijente (institucijski kontratransfer). Moj narcizam se nije mo-

rejuvenate“, which increased the resistance in the group. The new member, fragile Tonina, monopolised the group, and Vlatko felt misunderstood and discarded. In reality, his motorcycle broke and he was left “impotent”. Psychologically, it is as if a situation from his primary family was repeating itself, where his younger sister overtook the parents’ attention, after which he felt rejected, stopped communicating and completely ended his relationship with his parents. Vlatko’s fragile self had difficulties in tolerating the narcissistic violation and wanted to leave the group. Afterwards, in my working group which has no sensibility for psychotherapy, I felt misunderstood, professionally impotent and rejected. In the same way as the institution “sent me the message that I am not worth anything and dismissed me”, I unconsciously “played the role” and I was not worth anything in the group and I unconsciously rejected the patients (institutional countertransference). My narcissism could not cope with the feelings of being rejected, incompetent and guilty.

Example 2 (49th session)

Nena continues the session with a story about her mum who does not treat her children equally. She always reproaches Nena and praises her sisters.

Nena: *“I saw my younger sister, whose daughter I adore, the other day in the store. And I called her on her cell phone to meet her and she lied to me and said*

gao nositi sa osjećajem odbačenosti, nekompetentnosti i osjećajem krivnje.

Primjer 2. (49. seansa)

Nena nastavlja seansu pričom o svojoj mami koja pravi razliku među djecom. Njoj uvijek prigovara, dok sestre hvali.

Nena: „Vidjela sam mlađu sestru, čiju kćer obožavam, prije neki dan u trgovini. I zovem je na mobitel da se vidi-mo, a ona mi laže i govori da je u drugoj trgovini. Smrzla sam se. Ja ne mogu podnijeti laganje. Možeš mi reći ovo ili ono, ali mi nemoj lagati. Prije neki dan mi je kćer priznala kako je baki ukr-la 200 kuna u prvom razredu osnovne škole i ne znam što da radim s tim? Ne znam da li bi je udarila ili kaznila. Blizanci nisu takvi, njih se dvoje lijepo zaigraju, a Anamarija samo prođe kraj njih i pošara im nešto, pa kaže da je slučajno. Naljuti se iz čista mira.“

Terapeut: „Kao da pravite razliku između djece.“

Nena: „Kad su se blizanci rodili bila sam sama, i stavila sam sebi u glavu, da je ona velika i da može bez mene. Muža nije bilo i zbog toga sam ljuta na njega.“

Komentar terapeuta:

U drugom primjeru pravim razliku među članovima grupe, zanemarujem

she was in another store. I froze. I cannot tolerate lying. You can tell me this or that, but do not lie to me. A few days ago, my daughter admitted that she had stolen 200 Kuna from her grandmother in the first grade of elementary school and I do not know what to do about it? I do not know whether to hit her or punish her. The twins are not like that, they are playing beautifully and Anamarija just passes by them, ruins something for them and says it was an accident. She gets angry for no reason.“

Therapist: “Seems like you don’t treat your children equally.”

Nena: “When the twins were born I was alone, and I told myself that she is big and that she can do without me. My husband was gone and that is why I am angry with him.”

Therapist’s comment:

In the second example, I did not treat the members of the group equally, I neglected “old” members of the group who “had to grow up” when “new” members joined the group. I was not aware of the aggressive feelings in myself or in the group, thus supporting the fake self and hindering the development of the group members. A part of the aggression was projected from the therapist to the weakest member, which can cause the scapegoat phenomenon. (7) Nena did not treat her children equally. Her older daughter had to grow up when the twins were born and her husband was gone, which is why she



„stare“ članove grupe koji su „morali odrasti“ kad su u grupu ušle „nove“ članice. Nisam svjestan agresivnih osjećaja u sebi, niti u grupi, čime podržavam lažni self i kočim razvoj članova grupe. Dio agresije se s voditelja projicira u najslabijeg člana što može potaknuti nastajanje fenomena žrtvenog jarca.(7) Nena pravi razliku među djecom. Starija kćer joj je morala odrasti kad su na svijet došli blizanci, a muža nije bilo, zbog čega je ljuta na njega. U situaciji „ovdje i sad“, grupa je ljuta na terapeuta koji je emocionalno distanciran i ne pomaže u rješavanju ambivalencije, npr. „ne znam što da radim s tim, ne znam da li bi je udarila ili kaznila.“

Primjer 3. Vrtlog života – asocijacije na grupni san

U nastavku seanse Nena nam ispriča svoj san. Zajedno sa kliničkim materijalom prikazati ću i slijed svojih asocijacija za vrijeme i nakon grupne seanse.

Nena: „Sanjala sam neobičan san. U snu mi starija kćer ide autobusom u Split. Ne razumijem što će u Splitu? U sljedećem trenutku, vidim dijete u vrtlogu kako se guši. Strašno, što to znači? Neobično je to, što sam svega nekoliko puta bila u Splitu. Odakle taj put u Split?“ Šutnja (kraj seanse)

was angry with him. In the group, in the situation here and now, she was angry with the therapist who was emotionally distant and did not help in resolving the ambivalence, for example in saying “I do not know what to do about it, I do not know whether to hit her or punish her.”

Example 3 American Beauty – associations related to group dream

In the continuation of the session, Nena tells us her dream. Together with the clinical material, I will present the sequence of my associations during and after the group session.

Nena: “I had an unusual dream. In my dream, my older daughter was travelling to Split by bus. I do not understand why is she going to Split? The next moment I see a child drowning in a whirlpool (in Croatian: vrtlog). It’s awful, what does that mean? What is strange is that I have only been in Split a few times. Where does this trip to Split come from?” Silence (end of session).

My association to Nena’s dream was the movie American Beauty from 1999 (in Croatian: Vrtlog života). Although at first I did not see the link, I felt intuitively that my association, just like the dream, had a deep connection to the dynamics of the group. After the session I recalled the film and found a number of subtle analogies. In the movie, just like in the group, underneath a seemingly peaceful family life there are very intense feelings and rela-

Moja asocijacija na Nenin san je bio film *American Beauty (Vrtlog života iz 1999)*. Iako isprva nisam pronalazio vezu, intuitivno sam osjećao da moja asocijacija baš kao i san, imaju duboku vezu sa dinamikom grupe. Nakon seanse, prisjećajući se filma nalazio sam niz suptilnih analogija. U filmu se, baš kao i u grupi, ispod naizgled mirnog i uobičajenog obiteljskog života, kriju vrlo intenzivni osjećaji i odnosi. Glavni glumac Lester (glumi ga Kevin Spacey), prolazi kroz krizu srednjih godina, emocionalno je distanciran i odrađuje svoje uloge. Međutim, ljubavne i seksualne fantazije ga potaknu na promjene. Uspijeva nadvladati strah od smrti, pokušava ostvariti iskrenije odnose i počne otvoreno pokazivati osjećaje. Nakon što konfrontira svoju narcističnu suprugu sa njenom distanciranošću i izrazitom ambicijom, a susjeda, veterana Vijetnamskog rata sa njegovim homoseksualnim fantazijama i impotencijom, izazove bujicu agresije i susjed ratni veteran ubija Lestera.

Prepoznao sam se u liku Lestera, nakon čega sam osjetio razarajuću ljutnju. Vlatko, veteran u grupi je poput veterana iz filma, impotentan, osjetljiv na frustraciju i na rubu acting outa. Prva asocijacija mi je bila da se vjerojatno radi o projektivnoj identifikaciji, ali na taj način sam se pokušavao riješiti krivnje i pripisati svoje osjećaje članovima

tions. The main character Lester (played by Kevin Spacey) is undergoing a midlife crisis, he is emotionally distant and performs his roles mechanically. However, his love and sexual fantasies encourage him to change and he manages to overcome his fear of death. He wants to have more honest relationships and he starts to show his feelings openly. After confronting his narcissistic wife with her distance and ambition, and his neighbour, a Vietnam War veteran, with his homosexual fantasies and impotence, he causes a flood of aggression and the neighbour, the war veteran, kills Lester.

I recognized myself in Lester's character, after which I felt a devastating anger. Vlatko, the group's veteran was, just like the veteran from the movie, impotent, sensitive to frustration and on the verge of acting out. My first association was that it was probably the case of projective identification, but it was just my attempt to get over the guilt and attribute my feelings to the members of the group. Such intense anger in the group was my countertransference problem which I was not able to recognize at the moment. In the weeks that followed and with the help of supervision, I became aware of my professional resistance, feelings of ambivalence, incompetence and rejection which I was unable to cope with before, so I projected them to Vlatko and Sanja and to the group as a whole.

Therapist's comment:

In the group, Sanja occasionally travels to Split for *in vitro* fertilization to become a



grupe. Tako intezivna ljutnja u grupi je moj kontratransferni problem kojeg trenutno nisam mogao prepoznati. U tjednima koji su slijedili i uz pomoć supervizije, postao sam svjestan svojih profesionalnih otpora, osjećaja ambivalencije, nekompetentnosti i odbačenosti s kojima se do tada nisam mogao nositi, pa sam ih projicirao u Vlatka i Sanja i u grupu kao cjelinu.

Komentar terapeuta:

U realitetu u grupi, Sanja odlazi povremeno u Split radi *in vitro* fertilizacije da postane *roditelj* i terapeut radi supervizije da postane *voditelj*. San se može interpretirati na razini predsvjesne fantazije, kao rivalitet među članovima grupe koji se bore za ljubav terapeuta. Nena zavidi Sanji, što kao i terapeut odlazi u Split i oboje se trude postati roditelji. Međutim, na dubljoj razini, slika djeteta, simbola stvaranja i kreativnosti koje se guši u vrtlogu, predstavlja duboku ambivalenciju. Na grupnoj razini, grupa je moje dijete, za kojeg se bojim da se ne uguši u *emociionalnom vrtlogu*.(1,2,10)

Reverie u grupi, fantazija o filmu „Vrtlog života“ i asocijativna propitivanja vlastitih iskustava je refleksija nesvjesnog matriksa, intersubjektivni grupni fenomen tj. analitički treći u grupi. (11,12, 14). Niz asocijacija na grupni san, pomogli su mi prepoznati vlastite osje-

parent and I travel to Split for supervision to become a therapist. The dream can be interpreted at the level of preconscious fantasy, as a rivalry among members of the group struggling for the love of the therapist. Nena envies Sanja, who travels to Split just like the therapist, and they are both trying to become parents. However, at a deeper level, the image of a child, the symbol of creation and creativity, drowning in a whirlpool, represents a profound ambivalence. At the group level, the group was my child and I feared it would drown in an emotional whirlpool. (1, 2, 10)

Reverie in the group, phantasy about the movie American Beauty and associative questioning of own experience were the reflection of the unconscious matrix, the intersubjective group phenomenon, i.e. the analytic third in the group. (11, 12, 14) A series of associations to the group dream helped me recognize my own feelings, which I suppressed for fear of the disintegration of the group and professional failure. Where does such aggression come from and whom does it belong to, to the members of the group, to the group as a whole or to the therapist?

The next session brought an interesting turn of events.

Example 4 (50th session)

Vlatko, who is a silent member and speaks mainly when asked a question, starts the session in a manner rather

ćaje, koje sam potisnuo zbog straha od raspada grupe i profesionalnog neuspjeha. Odakle tolika agresija i kome pripada članovima grupe, grupi kao cjelini ili terapeutu? Sljedeća seansa donosi zanimljiv rasplet.

Primjer 4. (50. seansa)

Vlatko koji je šutljiv član i govori uglavnom kad ga se nešto pita, počinje seansu na za njega neuobičajen način. Pita za Željku, članicu grupe koje je postala psihotična, nakon čega je isključena iz grupe. Nakon kratkog objašnjenja terapeuta što se događa sa bivšim članicom, Vlatko nastavlja.

Vlatko: „Ja osobno smatram njeno liječenje neuspjehom grupe i psihijatrije.“

Terapeut: „Nekom se pomogne više a nekom manje.“

Vlatko: „Pa ja ne znam šta mi grupa može pomoći, jer živim na rubu siromaštva. Ne mogu sebi pomoći i ne vidim smisla da više dolazim. Nemam kapacitet da ratujem na dvije fronte. Recite Vi meni, kako mi možete pomoći?“

Terapeut: „Možete kroz grupu vidjeti neke stvari o sebi. Čini mi se da niste dobro u posljednje vrijeme, ali o tome ne govorite. Moj dojam je potvrdila činjenica da sam slučajno saznao kako ste ponovno imali napadaj panike.“

unusual for him. He asks about Željka, a member of the group who became psychotic and was excluded from the group. After the therapist briefly explained what was happening with the former member, Vlatko continues.

Vlatko: “I personally consider her treatment a failure of the group and psychiatry.”

Therapist: “Therapy helps someone more and someone less.”

Vlatko: “Well, I don’t know what the group can do for me, because I live on the verge of poverty. I cannot help myself and I don’t see the point of coming here anymore. I cannot fight on two fronts. Please tell me, how can you help me?”

Therapist: “The group can help you see some things about yourself. It seems to me that you are not well lately, but you don’t talk about it. My impression was confirmed by the fact that I accidentally found out that you experienced a panic attack again.”

Sanja: “Come on, explain it to me, why do you think Vlatko is not okay? I understand him.”

Therapist: “Iva, what do you think?”

Iva: “Well, I think that Vlatko talks very little about himself and we do not know anything about him, and that’s bothering me.”

Vlatko rhetorically: “Doctor, are you angry with me?”



Sanja: „Ma dajte, pojasnite Vi meni zašto mislite da Vlatko nije dobro? Ja ga razumijem.“

Terapeut: „Iva, što se vama čini?“

Iva: „Pa ja mislim da Vlatko malo priča o sebi i o njemu ništa ne znamo, i to me smeta.“

Vlatko retorički: „Doktore, vi se ljutite na mene?“

Terapeut mirno: „Da, u pravu ste Vlatko. Mislim, da sam vama u grupi najmanje dao, s vama jedinim nisam radio individualno i vaša udaljenost, to što ne pričate o sebi mi teško pada. Imam osjećaj bespomoćnosti i frustracije.“
Tišina.

Terapeut nastavlja: „U svojoj terapijskog grupi sam šutio baš kao i Vi i mislio sam odustati, a nakon što sam ostao u grupi, najviše sam napravio.“

Vlatko: „Vi ste profesionalac i trebali bi to riješiti. Ja sam suvišan ovdje. Nitko me ne primjećuje.“

Terapeut: „Imate svi podjednak prostor i nitko vam ne brani da ga koristite. Kao da očekujete da izvlačimo stvari iz vas. Meni je pak zanimljiv Nenin san o vrtlozima i utapljanju. Kao da prikazuje situaciju u grupi. Ispod površine puno je uzburkanih osjećaja.“

Vlatko: „Ja sam se preznojio.“

Therapist calmly: “Yes, you are right Vlatko. I think that I have given you the least, when compared to others in the group, I have not worked individually with you, and it is hard for me to see you distant and not talking to me about yourself. I have a feeling of helplessness and frustration.” Silence.

Therapist continues: “In my therapeutic group I was silent just like you and I thought about giving up, but after staying in the group, I made the most of it.”

Vlatko: “You are a professional and should solve this. I’m superfluous here. No one notices me.”

Therapist: “You all have the same space and nobody prevents you from using it. It’s like you expect us to get things out of you. On the other hand, I find Nena’s dream about the whirlpool and drowning interesting. As if it shows the situation in the group. There are a lot of stirring feelings below the surface.”

Vlatko: “I am all sweaty.”

Vlatko continues talking angrily about Tonina, and an open display of feelings among other members of the group begins.

Vlatko: “Tonina, however, started a relationship with a married man and we are all comforting her, but what would happen if her rival were here with us, would we comfort her too? I think she brought this on herself.”

Therapist: “It seems that you are angry with Tonina about something?”

Vlatko nastavlja ljutito pričati o Tonini a i ostali članovi grupe počnu otvoreno pokazivati agresivne osjećaje.

Vlatko: „Tonina je ipak ušla u vezu sa oženjenim muškarcem i mi je ovdje tješimo a šta bi bi bilo da je njena su-
parnica s nama, zar bi i nju tješili? Mi-
slim da je sama kriva.

Terapeut: „Kao da ste ljuti zbog nečega na Toninu?“

Vlatko: „Nisam ja ljut ni na koga.“

Sanja: „Mi smo ovdje od početka i ne-
kako drugačije funkcioniramo, razumi-
jem da su one tek došle i da im treba
prostora.“

Terapeut: „Kakvi ste vi bili na početku?“

Iva: „Meni se Nena čini ok, ali Tonina
samo o sebi priča.“

Sanja je prekida: „Ja sam pričala prošli
put, a ona me prekinula.“

Iva: „I ti druge prekidaš.“

Sanja: „Kako to misliš?“

Iva: „Pa to stalno radiš.“

Terapeut: „Možda vam to mužu ide na
živce.“

Sanja: „Pa da u pravu ste, ali mi ništa
nije jasno...“

Komentiraju kako drugačije komuni-
ciraju kad su „stari“ članovi u grupi a

Vlatko: “I’m not angry with anyone.”

Sanja: “We are here from the beginning
and we function somehow differently, I
understand that they have just arrived
and that they need space.”

Therapist: “What were you like at the be-
ginning?”

Iva: “I feel that Nena is okay, but Tonina
only talks about herself.”

Sanja interrupts her: “I was talking the
last time and she interrupted me.”

Iva: “You interrupt others too.”

Sanja: “What do you mean?”

Iva: “Well, you do it all the time.”

Therapist: “Maybe that annoys your hus-
band.”

Sanja: “Well yes, you’re right, but I don’t
understand anything ...”

They comment on how they communi-
cate differently when the “old” members
are in the group and differently when
they are not here. Vlatko talks very an-
tagonistically about his parents with
whom he does not communicate after
they gave their apartment to his sister.

Therapist: “You are acting like that in the
group as well, you have the feeling that
we do not see you.”

Therapist’s comment:

In the fourth example, Vlatko openly
showed his hostility towards the thera-



drugačije kad ih nema. Vlatko vrlo neprijateljski priča o svojim roditeljima s kojima ne komunicira nakon što su stan ostavili sestri.

Terapeut: „*I u grupi imate osjećaj da vas ne vidimo.*“

Komentar terapeuta:

U četvrtom primjeru Vlatko otvoreno pokazuje neprijateljstvo prema terapeutu. Dok sam u prvom primjeru ambivalentan i agresivan, nakon prorade kontratransfernih problema, uspio sam modificirati svoje ponašanje i u sljedećoj seansi uspijevam empatizirati sa Vlatkom i pozivam ga da ostane u grupi. U trenutku Vlatkovog otvorenog napada, sjetio sam se vlastite terapijske grupe u kojoj sam razmišljao da li da odustanem od grupe. Znao sam da tada i Vlatko razmišlja o odustanku od grupe, i pitao sam se, da li podijeliti s grupom vlastito iskustvo ili ne? Intuitivno sam otkrio vlastite osjećaje, dopustio sebi da budem ljut, bespomoćan i agresivan. Osjetio sam olakšanje, ali i krivnju, jer nisam znao radim li tehničku grešku ili ne. Nakon mog samootkrivanja i članovi grupe su „dobili dozvolu“ i počeli otvoreno pokazivati neugodne osjećaje koje su do tada prorađivali na predsvjesnom fantazmatskom nivou, a napetost u grupi se smanjila. Fantazija o Tonininom nepoštivanju granica (veza sa oženjenim muškarcem, tuđim

pist. Even though I was aggressive and ambivalent in the first example, I managed, after processing countertransference problems, to modify my behaviour and in the next session I managed to empathise with Vlatko and invited him to stay in the group. At the moment of Vlatko's open attack, I remembered my own therapeutic group when I thought about giving up on the group. I knew that Vlatko wanted to give up on the group and I wondered whether to share my own experience with the group or not. On intuition, I disclosed my own feelings, I allowed myself to be angry, helpless and aggressive. I felt relief, but also guilt, because I did not know whether I was making a technical mistake or not. After my self-disclosure the other members of the group got "permission" and started openly showing their unpleasant feelings that until then they had been processing on a preconscious phantasmic level, and the tension in the group decreased. The fantasy of Tonina's disrespect for boundaries (a relationship with a married man, one belonging to another woman) obviously touched the members on a deep level. To take the apartment, to lie, to take over the therapist... this was a common fear among all members, which due to Tonina's limited experience in the group could not be interpreted adequately. Unrecognized aggression was directed towards Tonina and partly intended for the therapist as well; she became a scapegoat and abandoned the group analysis in the 60th session.

muškarcem) očito je na dubokoj razini dotakla članove. Uzeti stan, lagati, preuzeti voditelja..., bio je zajednički strah za sve članove, što se s obzirom na Tonino malo iskustvo u grupi nije moglo adekvatno interpretirati. Prema Tonini se usmjerila neprepoznata agresija, jednim dijelom namjenjena i terapeutu, usisala se u ulogu žrtvenog jarca i u 60. seansi je odustala od grupe analize.

RASPRAVA

Kliničke primjere izdvojio sam zbog intenzivnih osjećaja koji su se javljali kroz nekoliko seansi, a navedeni teorijski koncepti su mi olakšali razumijevanje dinamike, metaboliziranje osjećaja i rješavanje problema u grupi. Opisani primjeri se odvijaju u središnjoj fazi grupe, oko pedesete seanse, kad u grupnoj dinamici dominiraju konflikti i neprijateljstvo, borba za moć i kontrolu, kako između članova grupe tako i članova prema terapeutu. Ova faza je često teška i osobno neugodna, osobito mladim terapeutima.(7) Dolazak novih članica u grupu, dodatno je amplificirao navedene grupne fenomene.

U prvom primjeru nisam svjestan svoje agresije, ambivalencije, osjećaja nekompetentnosti i odbačenosti. Moj se narcizam nije mogao nositi s navedenim osjećajima, pa članovi grupe Vlat-

DISCUSSION

I have outlined clinical examples because of the intense emotions that have manifested themselves in several sessions and the aforementioned theoretical concepts have facilitated the understanding of the dynamics, metabolising of emotions and solving of problems in the group. The described examples took place in the middle phase of the group, around the fiftieth session, when the group dynamics were dominated by conflicts and hostility and the struggle for power and control, both between group members and between the members and the therapist. This stage is often difficult and personally unpleasant, especially for young therapists. (7) The arrival of new members to the group has further emphasized these group phenomena.

In the first example, I was not aware of my aggression, ambivalence, feelings of incompetence and rejection. My narcissism could not cope with the aforementioned feelings, so the members of the group Vlatko and Sanja, and the group as a whole, became the personification of the partial aspects of the therapist, as described by Foulkes and Bion. (1, 2, 7) Because of the fear of group disintegration and of professional failure, I suppressed my feelings. Only when I managed to overcome the fear of disintegration, we began to show feelings and the group survived; it did not drown in the whirlpool. Foulkes wrote in 1975 that *"the therapist must become aware of his countertransference during or between sessions,*



ko i Sanja, i grupa kao cjelina, postaje personifikacija parcijalnih aspekata terapeuta, o čemu su pisali Foulkes i Bion. (1,2,7) Zbog straha od raspada grupe i profesionalnog neuspjeha, potiskivao sam svoje osjećaje. Tek kad sam uspio nadvladati strah od raspada, počeli smo pokazivati osjećaje i grupa je preživjela, nije se utopila u vrtlogu. Foulkes je pisao 1975. da „voditelj mora postati svjestan svog kontratransfera tijekom seanse ili između seansi, s ciljem da bi modificirao sebe i svoje ponašanje u grupi.“ (7) Analitičar u grupi je prijemnik projektivnih identifikacija (1,2,18), a uzajamne projektivne identifikacije, predstavljaju komunikaciju između nesvjesnog terapeuta i grupnog nesvjesnog, pri čemu u suptilnoj intersubjektivnoj međuigri nastaje grupni analitički treći (11), što bi zapravo odgovaralo Foulkesovom konceptu matriksa. (13)

Na kontratransfer terapeuta je imala utjecaj i institucija u kojoj je grupa radila, koja nema tradiciju psihoterapijskog razmišljanja i rada. Neodobravanje i neprihvatanje od kolega u radnoj sredini destabilizirali su moj profesionalni self, pojačala se nesigurnost, ambivalencija, razvio sam psihosomatsku reakciju. Da bi se grupa razvijala, bilo je neophodno osvjestiti i prevladati strah od raspada grupe, osjećaj odbačenosti i terapijske impotencije, afirmirati autentičan profesionalan self i odvojiti

with the aim of modifying himself and his behaviour in the group. (7) The analyst in the group is the receiver of projective identifications (1, 2, 18) and mutual projective identifications represent communication between the unconscious therapist and the group's unconscious, whereby the subtle intersubjective interplay creates the analytic third (11) that actually corresponds to the Foulkes' concept of a matrix. (13)

The therapist's countertransference was also influenced by the institution in which the group worked, which does not have a tradition of psychotherapeutic thinking and work. Disapproval and non-acceptance of colleagues in the workplace destabilised my professional self, increasing insecurity and ambivalence, thus causing me to develop a psychosomatic reaction. In order for the group to develop, it was necessary to become aware and overcome the fear of the group disintegration, the feeling of rejection and therapeutic impotence, to affirm the authentic professional self and to separate myself from the role I unconsciously "got and acted" in the institution – institutional countertransference. (3)

Reverie in the group, phantasy about the movie American Beauty and associative questioning of own experience are the reflection of the unconscious matrix and the intersubjective group phenomenon, i.e. the analytic third in the group. (12, 14, 17) These feelings were a common creation of the group and the therapist and were formed in a common interspace,

se od uloga koje sam nesvjesno „dobio i odigravao“ u instituciji - intitucijski kontratransfer. (3)

Reverie u grupi, fantazija o filmu „Vrtlog života“ i asocijativna propitivanja vlastitih iskustava je refleksija nesvjesnog matriksa i intersubjektivni grupni fenomen tj. analitički treći u grupi. (12,14,17) Navedeni osjećaji su zajednička kreacija grupe i terapeuta i nastaju u zajedničkom međuprostoru, „subjektivnom objektu smještenom između analitičara i pacijenta“ o čemu je pisao Bollas. Pitao sam se gdje je tu grupa, a gdje terapeut, koliko osjećaji pripadaju terapeutu, a koliko članovima grupe i grupi kao cjelini? Ogden smatra, da zadatak analitičara u odnosu majka-dijete kao i analitičar-analizand, nije raščlaniti odnos na konstitutivne elemente da bi se utvrdilo koja kvaliteta pripada kojem subjektu u analizi, već s intersubjektivne točke gledišta, pokušati što potpunije opisati specifičnu prirodu iskustva, u međugri individualne subjektivnosti i intersubjektivnosti. (11)

Samootkrivanje analitičara (*self-disclosure*) je tehnički alat i konsekvencija intersubjektivnog pogleda na psihoterapiju. (16) Analitičari svih teorijskih orijentacija nerado napuštaju stav analitičke anonimnosti. Ipak, samootkrivanje je ponekad neophodni alat u svrhu jačanja terapijskog saveza i

a “subjective object located between the analyst and the patient”, which was described by Bollas. I wondered where in all this was the group and where was the therapist? To what extent do the feelings belong to the therapist and to what extent to group members and the group as a whole? Ogden believes that the task of the analyst in a mother-child and analyst-analysand relation is not to break the relation into constituent elements in order to determine which quality belongs to which subject in the analysis, but, from the intersubjective point of view, to try to describe as completely as possible the specific nature of the experience in an interplay of individual subjectivity and intersubjectivity. (11)

The analyst's self-disclosure is a technical tool and a consequence of the intersubjective view of psychotherapy. (16) Analysts of all theoretical orientations reluctantly abandon the attitude of analytic anonymity. However, self-disclosure is sometimes a necessary tool in order to strengthen the therapeutic alliance and to heal the patient. At the same time, it is the subject of criticism, which is why some psychoanalysts consider it a danger for the future of psychoanalysis. (8) To the patient's rhetorical question, whether I was angry with him, I spontaneously confessed my anger, the feelings of helplessness and frustration, although I felt uncomfortable and guilty while doing so. When I showed my feelings, the group was “granted permission” for an open display of feelings. After that, the



ozdravljenja pacijenta. Istovremeno je predmet kritika, zbog čega ga neki psihoanalitičari smatraju i opasnošću za budućnost psihoanalize.⁽⁸⁾ Na retoričko pitanje pacijenta, da li sam ljut na njega, spontano sam priznao svoju ljutnju, osjećaj bespomoćnosti i frustraciju, iako sam pritom osjećao nelagodu i krivnju. Nakon što sam pokazao svoje osjećaje u grupi i članovi grupe su „dobili dozvolu“ i počeli slobodnije pokazivati osjećaje. Nakon toga se smanjila tenzija u grupi, grupa se stabilizirala, a vjerujem i spriječio Vlatkov *drop out*. „U pravilu grupa dobro prihvaća i cijeni spontanost terapeuta i kad terapeut pokaže vlastite osjećaje, što olakšava detronizaciju voditelja.“⁽⁷⁾ Winnicott smatra kako je pokazivanje agresije važno za objektno odnose pacijenata, jer će nakon tako važnog iskustva iskazivanja i preživljavanja agresivnih fantazija, moći ono što prije nisu mogli, koristiti objekte. (19,20)

ZAKLJUČAK

Kontratransferni osjećaji mogu biti prepreka, ali i putokaz, koristan alat u grupnoj psihoterapiji. Ambivalentni i agresivni osjećaji koji su prikazani u navedenim primjerima javljaju se zbog patologije pacijenata, središnje faze razvoja grupe kao i kontratransferskih problema terapeuta. Kao mladi

group's tension decreased, the group stabilized and I believe that Vlatko's drop out was prevented. *“As a rule, the group welcomes and values when the therapist is spontaneous and when he shows his feelings openly, which facilitates the dethronement of the therapist.”*⁽⁷⁾ Winnicott believes that the demonstration of aggression is important for the patients' object relations, because after such an important experience of expressing and surviving aggressive fantasies, they will be able to do what they could not do before – use the objects. (19)

CONCLUSION

Countertransference feelings can be an obstacle but also a guide, a useful tool in group psychotherapy. Ambivalent and aggressive feelings shown in the aforementioned examples occurred due to the patients' pathology, the central phase of the group's development, as well as due to therapist's countertransference problems. As a young therapist, I needed to have “good” members in the group and “the ideal setting”, which would confirm that I was a “good” therapist and gratify my narcissistic needs.

Reverie in the group, phantasy about the movie *American Beauty* and associative questioning are an intersubjective group phenomenon, i.e. the analytic third in the group. The questioning of own experience was an attempt to feel what is alive and real in the analytic encounter

terapeut, imao sam potrebu imati „dobre“ članove u grupi i „idealni setting“, što bi mi potvrdilo da sam „dobar“ terapeut i gratificiralo moje narcistične potrebe.

Reverie u grupi, fantazija o filmu „Vrtlog života“ i asocijativna propitivanja su intersubjektivni grupni fenomen tj. analitički treći u grupi. Propitivanje vlastitih iskustava reverija je pokušaj da se osjeti što je živo i stvarno u analitičkom susretu (12), što mi je poslužilo kao putokaz u rasvjetljavanju i metaboliziranju kontratransfernih osjećaja, nakon čega sam mogao postati kompetentniji terapeut o čemu su pisali Ogden i Bollas (11). Kroz superviziju sam uspio nadvladati strah od raspada grupe, osvjestiti vlastitu ambivalenciju, nesigurnost i osjećaj odbačenosti. Bolje razumijevanje sebe i pacijenata, omogućilo mi je restoraciju self objekta transfera i razvoj autentičnog selfa.

U grupi su snažno rezonirali Sanjini osjećaji ambivalencije i nekompetentnosti u nastojanju da postane roditelj i moja ambivalencija i pitanje vrijednosti u nastojanju da postanem voditelj-roditelj. Kao mladog psihoterapeuta posebno me dirnula simbolika, da istovremeno, sredinom lipnja 2014., kad sam završio posljednje supervizijske sate i odrastam u grupnog analitičara, Sanja je rodila sina Matu.

(12), which served as my guide to understanding and metabolising countertransference feelings, after which I became a more competent therapist, as described by Ogden and Bollas. (11) Through supervision I managed to overcome the fear of the disintegration of the group, to realise my own ambivalence, insecurity and feelings of rejection. Better understanding of myself and the patients enabled me to restore self-object transference and to develop my authentic self.

The group was strongly influenced by Sanja's feelings of ambivalence and incompetence in an effort to become a parent, by my ambivalence and the issue of worth in an effort to become a parent-therapist. As a young psychotherapist, I was especially touched by the following symbolism: in mid-June 2014, at the same time when I finished my last supervisory sessions and became a group analyst, Sanja gave birth to her son Mate.



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