

„KONVEKSNO, KONKAVNO“

(o ponekim aspektima u terapijskom odnosu muški pacijent - ženski terapeut)

/ “CONVEX, CONCAVE”

(on some aspects of the therapeutic relationship between a male patient and a female therapist)

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Rad je prikazan 9. prosinca 2017.g. na „Stručni sastanak Hrvatskog psihoanalitičkog društva (HPsD-a) povodom stjecanja statusa sastavnog društva Međunarodnog psihoanalitičkog udruženja (IPA)“

The paper was presented on December 9th, 2017 at the Experts' meeting of The Croatian Psychoanalytic Society (CPS) following the attainment of the status of an integral society of The International Psychoanalytical Association (IPA)

SAŽETAK/SUMMARY

Mnogobrojni aspekti utječu na psihoanalitički proces. U radu se razmatraju utjecaj spola pacijenta i spola terapeuta na sastavnice procesa. Naglasak je na odnosu muškog pacijenta i ženskog psihoanalitičara. Pojedini kontratransferni aspekti, nedoumice i problemi u tom obliku terapijskog odnosa predstavljaju izazov za psihoanalitičarku.

Značenje ženskog spola kod psihoterapeutkinje kao i njezine reakcija i doživljaji promatraju se u odnosu na razvoj manifestacija erotskog transfera, proces maskuline identifikacije muškog pacijenta s ženskim terapeutom i ulogom analitičarke pri rješavanju edipske situacije.

Utjecaj i osviještenost vlastitih nesvjesnih aspekata kod psihoanalitičarke omogućuju joj u terapijskom procesu otvaranje i rad na raznim razvojnim razinama i u raznim fazama terapijskog procesa s pacijentom. Vrijednost i značenje otvorenog vlastitog nesvjesnog prostora i postojanje „oca u majci“ kod analitičarke mogu pomoći muškome pacijentu da prebrodi „prijelazni prostor“ edipske situacije i na taj način mu se omogući stabilnost u triangularnoj situaciji (ili depresivnoj poziciji).

/ The psychoanalytic process is affected by numerous aspects. This paper deals with the influence of the sex of the patient and the sex of the therapist on the components of the process. The emphasis is on the relationship between a male patient a female psychoanalyst. Certain countertransference aspects, doubts, and problems in this form of therapeutic relationship pose a challenge for a female psychoanalyst.



The significance of being a female psychotherapist as well as her reaction and experiences are observed in relation to the development of manifestations of erotic transference, the process of masculine identification of a male patient with a female therapist, and the role of a female analyst in the resolution of Oedipal situation.

The influence and awareness of the female psychoanalyst's own unconscious aspects enables her to open and work in the therapeutic process on various levels of development and in various phases of the therapeutic process with the patient. The value and significance of the open-minded space of the analyst and the existence of a "father in mother" can help a male patient overcome the "transitional space" of the Oedipal situation and thus provide stability in the triangular situation (or depressive position).

KLJUČNE RIJEČI / KEY WORDS

muški pacijent / *male patient*, ženski psihoanalitičar / *female psychoanalyst*,
kontratransfer / *countertransference*, manifestacije erotskog transfera / *erotic transference*, maskulina identifikacije / *masculine identification*, razrješenje edipske situacije / *resolution of the Oedipal situation*, triangulacija / *triangulation*

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UVOD

Svjedočeći aktualnom trenutku u struci kao i mnogobrojnim člancima objavljenima u tiskanim i virtualnim medijima, na konferencijama, stručnim skupovima i aktivističkim nastupima dojam je da smo bombardirani pitanjem rodnog i spolnog identiteta, rodne i spolne pripadnosti, seksualne orijentacije. Promatrajući to zapitala sam se a što je s onim „običnim“ - svakodnevnim odnosima: odnosima koje zovemo

INTRODUCTION

When observing the current situation in the profession, as well as in numerous articles published in printed and virtual media, on conferences, at experts' meetings, and at activist presentations, one has the impression that we are bombarded with the question of gender and sexual identity, gender and sexual affiliation, or sexual orientation. Observing all of this, I asked myself: what about the *ordinary*, everyday relationships, the relationships we call male-female, which are realized

muško – ženskima i koji se ostvaruju u različitim okolnostima – od obiteljskih, partnerskih, socijalnih do terapijskih.

Jedna od varijacija terapijskog odnosa je odnos muškog pacijenta i ženskog terapeuta. U tom odnosu i obilju interakcija neke od njih su drugačije nego one u drugim varijacijama terapijskih odnosa temeljenih na spolnim obilježjima. Taj odnos možemo promatrati s aspekta pacijenta, ali i s aspekta ženskog psihoterapeuta, analitičarke.

Konveksno i konkavno možemo promatrati kao muške i ženske aspekte pojedinog sudionika terapijskog para. No svaki od sudionika u procesu ima svoje konveksne i konkavne elemente. U ovom radu osim aspekata vezanih uz muškog pacijenta izraženije se govori o konkavnim – ispupčenim, maskulinim aspektima terapeutkinje, ali i istovremeno njezinim konveksnim – udubljenim, ženstvenim, njegujućim aspektima koji uvremenjeni u aktualnom trenutku terapijskog procesa mogu omogućiti rast i integraciju pacijenta.

ŽENE U PSIHOANALIZI

U povijesti psihoanalitičkog pokreta žene - analitičarke su prisutne gotovo od samog početka. I kako se od početka psihoanalitičkog pokreta razmišljalo o raznim aspektima procesa intenzivno se i tada promišljalo o značenju uloge

in various circumstances – from familial, romantic, and social to therapeutic ones.

One of the variations of the therapeutic relationship is the relation between a male patient and a female therapist. In this relationship and the abundance of interactions, some of them are different from those in other variations of therapeutic relationships based on gender characteristics. This relationship can be observed from the patient's perspective, but also from the perspective of the female psychotherapist, or analyst.

The convex and the concave can be seen as male and female aspects of a particular member of the therapeutic couple. However, each of the participants in the process has their own convex and concave elements. In this article, apart from aspects related to the male patient, we mostly focus on the concave – protuberant, masculine aspects of the female therapist, but also and at the same time her convex – recessed, female, nurturing aspects which can, in the moment of the therapeutic process, enable the patient's growth and integration.

WOMEN IN PSYCHOANALYSIS

In the history of the psychoanalytic movement, female analysts have been present from almost the very beginning. Since from the start of the psychoanalytic movement attention has been paid to various aspects of the process, special attention was also paid to the significance



roda tj. spola terapeuta u analitičkom procesu. Raspon razmišljanja se kretao od nevažnosti značenja spola do gotovo presudnog značenja. Valja se prisjetiti imena pionirki psihoanalitičkog pokreta kao što su Maria Bonaparte, Lou Andreas – Salome, Emma Eckstein, Helen Deutsch; Sabina Spielrein, Anna Freud, Melanie Klein i mnoge druge. U današnjem psihoanalitičkom svijetu žene su intenzivno prisutne. Uvažavajući ulogu žena, ali i promišljajući o ulozi spola u psihoanalitičkom procesu sve više se posljednjih tridesetak godina proučava utjecaj spola oba sudionika terapije na samu terapijsku situaciju. U prilog tome govori i izložba o ženama, začetnicama psihoanalize koja je trajala šest mjeseci u Muzeju Sigmunda Freuda u Londonu 2015.- 2016.g. pod nazivom: „Dakle, to je jači spol“. Naziv izložbe je ironična rečenica koju je izgovorila Emma Eckstein u jednoj prilici pozdravljajući Freuda. Ovaj citat otvara mogućnost novim interpretacijama značenja uloge spola terapeuta i spola pacijenta.

U životu se susrećemo s različitim ulogama, posebno kada su u pitanju žene, iz kojih su vidljivi sociokulturni stereotipi i predrasude. Tako je na ovogodišnjem Svjetskom psihoanalitičkom kongresu Međunarodne psihoanalitičke organizacije, koji ima tradiciju održavanja od 1908.g., prvi put u povijesti te organizacije za predsjednicu izabrana žena, argentinska psihoanalitičarka Virginia Ungar.

of the role of the therapist's gender, or sex, in the analytic process. The interpretations ranged from the insignificance of gender to an almost crucial importance. We should remind ourselves of the names of the pioneers of the psychoanalytic movement such as Maria Bonaparte, Lou Andreas-Salomé, Emma Eckstein, Helen Deutsch, Sabina Spielrein, Anna Freud, Melanie Klein, and many others. In today's world of psychoanalysis, women are very present. While acknowledging the role of women and thinking about the role of gender in the psychoanalytic process, in the last thirty years there has been an increase in the amount of research of the influence of gender of both participants of therapy on the therapeutic situation itself. One proof of this is an exhibition about female initiators of psychoanalysis, which lasted for six months and took place in the Sigmund Freud Museum in London, from 2015 to 2016, entitled "So this is the strong sex." The title of the exhibition is an ironic statement once made by Emma Eckstein when greeting Freud. This quote opens a possibility for new interpretations of the meaning of the role of the therapist's and patient's gender.

In everyday life we encounter various roles, which is especially true for women, and such roles display sociocultural stereotypes and prejudices. At this year's world congress for psychoanalysis of the International Psychoanalytic Association, which has been held from 1908, the chosen president was a woman, an Ar-

Najbolji i najdostupniji primjeri koji doslovno slikovito govore o širokom, javnom doživljaju psihoanalitičarki su filmski uradci a promišljanje o njima je izneseno u radu Glenna i Krin Gabbard iz 1989.g.: „Žene psihoanalitičari u filmovima”.(1). Analizirali su prethodnih pet dekada filmske povijesti i uvidjeli da postoji nekoliko uočljivih stereotipa vezanih uz analitičarke: u jednoj grupi filmova analitičarke su prikazane kako pod utjecajem kontratransferne ljubavi prema muškom pacijentu postaju seksualno i romantično uključene - što otklanja mogućnost daljnje terapije. U velikom broju filmova prikazano je kako se analitičarke neetički seksualno ponašaju. Gotovo nikada nije prikazano da analitičarke imaju uspješnu profesionalnu karijeru, bračni i obiteljski život, a još manje se u filmu može vidjeti da su muški pacijenti uspješno tretirani od svojih analitičarki. (2,3) Možda približno najobjektivniji prikaz takvog odnosa je prikazan u seriji „The Sopranos“.

I u našoj vrlo tradicionalnoj i dominantno patrijarhalnoj sredini često se kod muških pacijenata susrećemo se s otporom pri mogućnosti izbora žene za terapeuta.

OD PRIMARNOG ODNOSA DO TERAPIJSKOG ODNOSA

Prvi odnos koji uspostavljamo u životu je taj tako subjektivni, zalijepljeni,

gentinian psychoanalyst called Virginia Ungar.

The best and most available examples that provide a vivid insight into the wide, public experience of female psychoanalysts are movies discussed in an article by Glen and Krin Gabbard from 1989, “The Female Psychoanalyst in the Movies” (1). The authors analysed the past five decades of film history and discovered there were several observable stereotypes of female analysts: in one group of films, the analysts are depicted as being under the influence of countertransference love for a male patient, due to which they become sexually and romantically involved – which removes the possibility of further therapy. A large number of movies show the analysts’ non-ethical sexual behaviour. The analysts are almost never depicted as having a successful professional career, nor a marital or family life, and there are even fewer examples of male patients being treated successfully by their female analysts (2,3). The most objective depiction of such a relationship may be found in the TV series *The Sopranos*.

In our very traditional and dominantly patriarchal society, we often see that male patients resist choosing women as their therapists.

FROM PRIMARY RELATIONSHIP TO THERAPEUTIC RELATIONSHIP

The first relationship we establish in life is the very subjective, adhesive, inter-



isprepleteni odnos koji nastaje još prije rođenja između majke i djeteta. Kako bi se iz te moćne dijade moglo odvojiti i kako bi subjektivni objekt mogao postati objektivni objekt (4) potrebna je pomoć trećeg. Važnog i nužnog trećeg - oca. Oca koji ulazi u vezu između majke i djeteta te tijekom razvoja pomaže djetetu kreirati svoj prostor, svoj self, sebe kako bi mogao odvojen zadovoljno živjeti. U ovih par jednostavnih rečenica sadržano je mnogo emocija, ljubavi, boli, patnje, iskrivljenja i bolesti koji traju u dugim godinama krugova razvoja. Sastavni dio toga su ti prvi, najvažniji odnosi i sav njihov popratni teret koji je u suštini prototip svih kasnijih odnosa. Tijekom života ostvarujemo različite odnose koji nose u sebi manje ili veće tragove tih prvih odnosa.

Za nas kao terapeute i za naše pacijente važno je stvaranje, život i evolucija našeg međusobnog odnosa. U tom odnosu mogu se stvoriti značajni pomaci – za oba sudionika. U psihoanalizi se suština terapijskog odnosa doživljava i razumijeva u transferno-kontratanfernom matriksu gdje se u području intersubjektivnog doživljava i kreacije odvija terapijski proces. I koliko god često govorimo o tom „odnosu pacijenta i terapeuta“ moramo ponekad zaviriti u detalje tog odnosa i pitati se: Tko je taj pacijent? Tko je taj terapeut? Ima li osim analitičkog susreta dvoje

twined relationship that is created even before birth between the mother and the child. In order to leave that powerful dyad and for the subjective object to become an objective object (4), a third party needs to provide help. An important and necessary third party – the father. The father who enters the relationship between the mother and the child, and during development helps the child create its own space, its self, itself in order to live separately in a satisfied way. These several sentences contain a lot of emotions, love, pain, suffering, distortion and diseases that last for many years in the circles of development. An integral part of this are those first, most important relationships and all of their accompanying burden, which is in essence a prototype for all subsequent relationships. In our life we establish various relationships that carry in themselves greater or lesser traces of those first relationships.

For us as therapists and for our patients, the life and evolution of our mutual relationship is important. In this relationship, significant improvements can be made – for both participants. In psychoanalysis, the essence of the therapeutic relationship is experienced and understood in a transference-countertransference matrix, where in the area of intersubjective experience and creation the therapeutic process takes place. And however often we speak of this “patient-therapist relationship,” we must sometimes peer into the details of this process and ask ourselves: Who is that patient? Who is that

ljudi ovdje još nekih faktora koji su važni?

MUŠKI PACIJENT I ŽENSKI ANALITIČAR

Gledajući iz vlastitog iskustva i promišljajući o svojim reakcijama na pacijente zamijetila sam da niti ne doživljavam niti ne osjećam jednakim analize s muškim i ženskim pacijentima. I naravno da su problemi u terapijskom procesu najčešće poticaj za intenzivnije promišljanje o različitim aspektima koji su mogli imati utjecaj na njihov nastanak. I tako promišljajući pitala sam se kako ljudi biraju terapeute? Koji su im odlučujući faktori? Zašto neki muškarci nikada ne bi odabrali muškog terapeuta? Zašto neki muškarci nikada ne bi odabrali ženskog terapeuta? Osim dilema muških pacijenta u izboru analitičar ili analitičarka postoje i druga veoma važna pitanja: Kako je analitičarki raditi s muškim pacijentom? Da li je taj proces isti kao i proces kada je pacijent žena? Koji su problemi s kojima se susreće analitičarka u svojem kontratransferu? Kakve su reakcije kod muškog pacijenta u radu s analitičarkom?

Potaknuta time pitala sam se kako taj problem vide druge žene u psihoanalizi i naišla na obilje stručnih tekstova i materijala koji govore o tome, a koji su

therapist? Are there any other important factors involved here, apart from an analytical encounter between two people?

A MALE PATIENT AND A FEMALE ANALYST

From my own experience and my own thoughts regarding my reactions to patients, I have noticed that I neither experience nor feel an equality between an analysis with male and female patients. Of course, problems in the therapeutic process are most commonly an incentive for an intensive examination of various aspects that may have lead to their creation. Thinking about all of this, I wondered how people chose their therapists. Which are their deciding factors? Why would some men never choose a male therapist? Why would some men never choose a female therapist? Apart from the dilemmas of male patients when choosing a male or female therapist, there are other important questions: What is it like for a female analyst to work with a male patient? Is the process the same when the patient is female? Which problems do female analysts face in their countertransference? What are the reaction of male patients when working with a female analyst?

Motivated by this, I asked myself how other women in psychoanalysis perceive the same problem and discovered a plethora of scientific articles and materials that discuss this point, mostly written



većinom nastali od devedesetih godina prošlog stoljeća do danas. Ti tekstovi su nastali u ozračju psihoanalitičkih teorija koje ističu važnost doprinosa oba sudionika terapijskog procesa samom procesu (5,6).

Kao polazna točka bilo je istraživanje koje je među psihoanalitičarkama provela Gornickova (7) i uočene su četiri dominantne teme u terapiji muških pacijenata:

Pitanje majčinskog transfera gdje je uočljiva pacijentova potreba za njegovanjem te se tijekom procesa uočava promjena od pozitivnog transfera prema negativnim aspektima maternalnog transfera u kojima majčinska figura može biti doživljena kao štetna i zahtjevna ili kao slaba i nesposobna da se na dovoljno dobar način brinu o pacijentu.

Borba za moć i kompeticija u transferu na razinama od intelektualne do različitih manifestacija agresivnih poriva koji su često znali biti stopljeni sa seksualnim impulsima i pomaknuti na druge ženske figure u transfernoj mreži.

Manifestacije erotskog transfera – koje ovise, kao i većina reakcija pacijenata, o temeljnim aspektima osobnosti pacijenta, a analitičarke su ih prepoznale tek kroz vlastite kontratransferne reakcije. Erotske manifestacije su kod

between the 1990s and today. These texts were created in the atmosphere of psychoanalytic theories that point out the importance of the contribution of both participants in the therapeutic process to the process itself (5,6).

The starting point was a study conducted among female psychoanalysts by Gornickova (7), which identified four dominant topics in the treatment of male patients:

The question of motherly transference, whereby we can notice the patient's need for nurturing. A change happens during the process from a positive transference to negative aspects of a maternal transference, in which the mother figure may be perceived as harmful and demanding or as weak and incapable of caring for the patient in a satisfactory way.

A struggle for power and a competition in transference from the level of intellect to manifestations of aggressive urges, which were often blended with sexual impulses and moved to other female figures in the transference web.

Manifestations of erotic transference – which depend, like most reactions of patients, on the basic aspects of a patient's personality, and which analysts have recognized only through their own countertransference reactions. In a group of patients, erotic manifestations were perceived as a defence from regressive tendencies or as a conversion through which the patient, due to their own feel-

dijela pacijenta doživljene kao obrana od regresivnijih težnji ili kao konverzija kojom se zbog osjećaja vlastitog srama pacijent osjeća ponižen i u inferiornoj poziciji, pa tom promjenom uloga sebe u fantaziji doživljava kao seksualnog pobjednika. Ovakav doživljaj je često, da ne kažem većinom, korišten u kinematografiji.

Problem identifikacije muškog pacijenta sa ženom koji nosi strah od prijetnji vlastitom maskulinom identitetu jer ženski identitet predstavlja slabost, kastriranost, pasivnost.

Posljednje dvije točke u radu Gornicove veoma su mi zanimljive - pitanje manifestacija erotskog transfera i kontratransfera te prijetnja završetka maskuline identifikacije, u što možemo uključiti i pitanje uspješnog razrješenja edipskog odnosa.

U psihoanalizama s muškim pacijentima, u razvijenim fazama terapije često bi se našla u nedoumici da li je, kada bi nastao zastoј ili problemi u procesu, ponovno u pitanju regresija na ranije faze ili se u erupciji različitih transfernim manifestacija krije neki novi pomak naprijed.

Tako za vrijeme odvijanja terapije, pacijent fluktuirao između iskustva analitičara kao majke – koja je istovremeno brižna njegovateljica i preplavljujuća prededipalna majka, i s druge strane

ing of shame, feels humiliated and inferior, and this change of role in the fantasy allows him to perceive himself as a sexual winner. This feeling is commonly, if not in most cases, used in films.

The problem of the male patient's identification with a woman, which carries with it a fear of a threat to his own masculine identity because the female identity represents weakness, castration, passivity.

The last two points in Gornickova's article are very interesting to me – the question of manifestations of erotic transference and countertransference, and the threat of the end of masculine identification, to which we may add the question of a successful resolution of the Oedipal relationship.

In the psychoanalysis of male patients, in developed stages of therapy, the female analyst was often uncertain whether, when faced with a standstill or problems in the process, the patient had once again regressed to earlier stages or whether the eruption of various transference manifestations actually concealed new progress.

Thus, during the therapeutic process, a patient fluctuates between the experiences of the analyst as the mother – who is simultaneously a nurturing caregiver and an overwhelming, pre-Oedipal mother, and on the other hand the father as a cruel and threatening pre-Oedipal father and – the father as an object



oca kao surovog i prijetećeg edipalnog oca i - oca kao objekta erotske čežnje s homoseksualnom i heteroseksualnom žudnjom. Na taj način se u terapiji dinamično izmjenjuju transferne slike i odnosi prema objektima i objektnim reprezentacijama u vidu panoramskog procesa koji ne može biti u potpunosti obrađen, (8) možda tek krajem tretmana se od fragmenata tog transfernog kaleidoskopa može složiti koherentni sadržaj.

Suglasnost je da spol može biti organizirajuća sila koja izaziva određene svjesne i nesvjesne fantazije; pomaže ili ometa otpore i utječe na redosljed kojim se posljedični psihoseksualni konflikti pojavljuju i odigravaju u cjelokupnoj transfernoj areni. Postoji značajna rasprava u literaturi o tome kada se manifestacije erotskog i paternalnog, očinskog, transfera pojavljuju u potpunosti kod muških pacijenata sa ženskim analitičarom. (9,10,11,12,13,14)

Mnogobrojne autorice (13,15,16) naglašavaju varijacije transfernih fenomena, pa tako i pojavnost oblika erotskog transfera, u terapijskom procesu muškog pacijenta i ženskog terapeuta u rasponu od suzdržanog do manifestnog. Poseban naglasak se stavlja na uočenu tendenciju ženskih analitičara da u terapiji zamijene paternalne transferne manifestacije sa slikom prededipalne falusne majke. (12,13)

of erotic longing with homosexual and heterosexual desire. In this way, there occurs in therapy a dynamic exchange of transference images and relations to objects and object representations as a panoramic process that cannot be processed in its entirety (8), and there is only the possibility that at the end of the treatment fragments of this transference kaleidoscope may assemble into a coherent content.

There is agreement that gender may be an organizational force that challenges certain conscious and unconscious fantasies; aids or disrupts resistances and affects the order in which consequent psychosexual conflicts appear and play out in the entire transference arena. There is a significant debate in literature on the time when manifestations of erotic and paternal, fatherly transfer appear in their entirety in male patients with a female analyst (9,10,11,12,13,14).

Numerous female authors (13,15,16) emphasize variations of transference phenomena, including the appearance of forms of erotic transference in the therapeutic process of a male patient and a female therapist, ranging from restrained to manifest. Special emphasis is placed on the observed tendency in female analysts to mistake paternal transference manifestations for an image of a pre-Oedipal phallic mother during therapy (12,13).

The greatest inhibitive image in the development and understanding of

Najveća inhibitorna slika u razvoju i spoznaji pojavnosti erotskog i oćinskog transfera muških pacijenata u tretmanu analitićarki je nesvjesni konflikt kod ženskih terapeuta između njihovog profesionalnog autoriteta i potpunog djelokruga njihove vlastite seksualnosti. Brojne klinićearki (11, 12, 14, 17, 18, 19, 20, 21, 22) pisale su o načinima na koje manifestacije eroticizma, majćinstvo i profesionalna stremljena mogu dovesti do konflikta ili upotpuniti jedno drugo. Poteškoće koje klinićearki mogu osjetiti u integraciji ova tri aspekta njihovog identiteta pridonose njihovim kontratransfernim reakcijama, koje se mogu ispreplesti s transfernim reakcijama muških pacijenta i time inhibirati razvoj aspekata erotskog i paternalnog transfera.

Nazire se promišljanje unutar psihoanalize da se erotsko ćini problematićnim ženskoj psihologiji jer postoji na analitićarke i suptilni sociokulturalni pritisak koji umanjuje pojavnost aspekata erotskog transfera kod muških pacijenata uz prihvaćanje nejasne osobne odgovornosti samih analitićarki ukoliko se pojavi udaljavanje od striktnog maternalnog njegujućeg stajališta. (12,13)

Abramowitz i dr. (23) navode da postoje spolno determinirane uloge u odnosu prema kontratransfernim obrascima i da su klinićearki općenito više inhibirane i senzitivnije u pojavnosti seksualnih tema u tretmanu.

the existence of an erotic and paternal transference in male patients during therapy with a female analyst is the unconscious conflict in female therapists between their professional authority and the complete scope of their own sexuality. Numerous female clinicians (11,12,14,17,18,19,20,21,22) have written about the ways manifestations of eroticism, motherhood, and professional ambitions may lead to conflict or complete each other. The difficulties the clinicians may experience in the integration of these three aspects of their identity contribute to their countertransference reactions, which may interweave with transference reactions of male patients and thus inhibit the development of aspects of erotic and paternal transference.

There is a belief in psychoanalysis that the erotic seems problematic to female psychology because of the existence of a subtle sociocultural pressure being applied to female analysts, which reduces the appearance of aspects of erotic transference in male patients, with the acceptance of unclear personal responsibility of the female analysts themselves in the case of distancing from a strict maternal nurturing position (12,13).

Abramowitz et al. (23) claim there are sex-determined roles in relation to countertransference patterns, and that clinicians are generally more inhibited and more sensitive in the case of incidence of sexual topics during treatment.



Klinička vinjeta

Na komodi u sobi u kojoj radim je fotografija sa stručnog skupa, meni osobno draga, na kojoj sam s nekoliko kolega. Jedan od njih je mojih godina, visok, ošišan gotovo na ćelavo s naočalama. Pacijent, peta godina analize, nikada nije pitao tko je na toj slici.

Prva seansa u tjednu:

P: "...danas na poslu me šef ponizio, rekao je da koliko god ja rezultata donio to ne vrijedi ništa jer da sam ja nula od čovjeka, da sam sebičan i samoživ...nakon tog razgovora me više nije pogledao a ja se nisam mogao smiriti, rekao mi je ono što mi je najbolnije, da sam sebičan i samoživ"....

Terapija se nastavila razgovorom o tom zbivanju.

Treća seansa u tjednu:

P: "...danas sam bolje, mirniji sam...ha, sada vidim ovu fotku na komodi...to Vam je muž?..."

A: "...što vas je potaknulo da pomislite da mi je to muž?"

P: "...tako, bez veze...noćas sam imao san...kao nekakvo je zbivanje, neki kongres i tamo je moj šef, ja znam da je to moj šef ali ne liči na sebe, nekako je visok i ćelav i ima neke čudne naočale....i onda je kao ta večera i ja dolazim do

Clinical vignette

On a dresser, in the room where I work, there is a photograph of me and several colleagues, taken at a conference, which is very dear to me. One of the colleagues is my age, tall, his hair cut very short, almost bald, wearing glasses. The patient, fifth year of analysis, had never asked who was in the photograph.

The first seance in the week:

P: "...today at work my boss humiliated me, he said that regardless of how many results I brought in, it was all worthless because I was a human zero, I was selfish and self-centred... After that conversation he didn't look at me anymore, and I couldn't calm down, he had said the most painful thing for me, that I was selfish and self-centred..."

The therapy continued with a conversation regarding that event.

The third séance in the week:

P: "...I'm better today, I'm calmer... ha, now I see this photo on your dresses... that's your husband?..."

A: "...What prompted you to think that was my husband?"

P: "...nothing really... I had a dream last night... there was something like an event, some conference, and my boss was there, I know it's my boss, but he doesn't look like himself, he's somehow tall and bald and has a strange pair of glasses... and then it's like a dinner, and I'm com-

njegovog stola, on sjedi, sjedi njegova žena, plavuša, ima neku crvenu haljinu i još neki ljudi su za stolom....i ja tako dođem, pred svima do njegovog stola i uzmem tanjur ispred njega i bacim ga na pod i taj tanjur se razbije... i onda od jednom zasniva neka glazba i ja povučem tu njegovu ženu i mi plešemo tako nekako strastveno i zaljubljeno...i onda sam se probudio i osjećao sam se užasno....nije mi jasno zašto sam se probudio, pa san nije bio tako opasan..."

U snu se vidi transferni pomak gdje su agresivni, negativni impulsi iz kruga paternalnog transfera s opasnog i ugrožavajućeg oca premješteni na bolesnikovog šefa koji liči „mom mužu“ s fotografije. Istovremeno sam u snu i željena edipska majka koju bi bolesnik u čežnji oteo i „zaplesao“ s njom strastveni ples. Intenzitet agresije prema ocu i straha od promjene doživljaja majke iz preedipalne u edipalnu bili su toliko intenzivni za bolesnika da je spas iz sna pronašao u naglom buđenju. San je za mene bio naznaka da se u terapijskom prostoru javlja traingularna situacija koja je bolesniku iz njegovog ranijeg iskustva konfliktna i nerazriješena. Reakcija erotske čežnje prema majci/analitičarki je tako nedopustiva njegovom svjesnom, ali manifestacija erotskog kroz naš zajednički „ples“ u snu na suprimirani je način bila prihvatljiva. Naš „ples“ i zavođenje majke/analitičarke doživjela sam kao početak

ing to his table, he's sitting, his wife is sitting, a blonde, she's wearing some red dress, and there are some other people at the table... and so I come over, in front of everyone, to his table, and take the plate in front of him and throw it on the floor, and the plate breaks... and then music suddenly starts playing from somewhere and I take his wife and we dance somehow passionately and in love... and then I woke up and felt awful... I'm not sure why I woke up, after all the dream wasn't that dangerous..."

The dream displays a transference shift in which aggressive, negative impulses from the circle of paternal transference are moved from a dangerous and threatening father to the patient's boss, who resembles "my husband" from the photograph. In the dream, I am both the desired Oedipal mother whom the patient wishes to snatch and "dance" with passionately. The intensity of the aggression towards the father and the fear of change in the experience of the mother from pre-Oedipal to Oedipal were so intense for the patient that he suddenly awoke in order to escape from the dream. For me, the dream was a sign of the appearance of a triangular situation in the therapeutic space, which is for the patient conflicting and unresolved on the basis of earlier experience. The reaction of erotic longing for the mother/analyst is therefore not allowed for his conscious, but the manifestation of the erotic through our mutual "dance" in the dream was acceptable in a suppressed form. I perceived our "dance" and the seduction of the mother/analyst



separacije od moćne, njegujuće majke i naznaku edipske triangulacije.

as the beginning of the separation from the powerful, nurturing mother and a sign of Oedipal triangulation.

O ULOZI MAJKE/ANALITIČARKE PRI ULASKU U EDIPSKU TRIANGULACIJU

Terapijski proces u svom razvoju prolazi kroz različite faze. Jedno od centralnih mjesta u Freudovoj teoriji zauzelo je pitanje razrješenja edipske situacija ili riječima teorije objektnih odnosa dostizanje depresivne pozicije.

Kako analitički proces napreduje mijenjaju se transferno – kontratransferni aspekti, mijenja se odnos. Nekako pojednostavljeno i simplificirano možemo reći da terapijski proces prati prosječan psihološki razvoj od faze simbioze i carstva dijade prema edipskoj situaciji. Edipski odnos je u transferu karakteriziran trijadnom obiteljskom konstelacijom i tada su libidni i agresivni derivati nagona investirani u roditeljske objektne reprezentacije. Pozitivan ili negativan edipski transfer ovisi o tome da li su libidna, erotska stremljenja pozitivna ili negativna, da li su ili nisu agresivno usmjerena prema roditelju istog ili suprotnog spola. Svi ti fenomeni transferiraju se na terapeuta.

Kao i svakom odnosu tako i u terapijskom emocionalne silnice nisu

ON THE ROLE OF THE MOTHER/ ANALYST IN THE ENTRANCE INTO OEDIPAL TRIANGULATION

The development of the therapeutic process entails several stages. One of the central questions in Freud's theory is the one about the resolution of the Oedipal situation or, in the words of the theory of object relations, the attainment of the depressive position.

As the analytic process advances, the transference-countertransference aspects change, and so does the relationship. In a simplified way, we can say that the therapeutic process follows the average psychological development from the stage of symbiosis and the domination of a dyad to the Oedipal situation. The Oedipal relationship is in transference characterized by a triad family constellation, in which the libidinal and aggressive derivatives of urges are invested in familial object representations. A positive or negative Oedipal transference depends on whether the libidinal, erotic ambitions are positive or negative, whether they are aggressively aimed at the parent of the same or different sex. All these phenomena are transferred to the therapist.

Like in every other relationship, in the therapeutic one the emotional forces

usmjerene samo s jedne strane - one pacijentove, nego postoje i emocionalne sile prisutne u terapeutu, što čini njegov kontratransfer. Kontratransfer je dobar instrument i dobar vodič u radu i u kreiranju zajedničkog analitičkog prostora. Osluškivanje i promišljanje o vlastitom kontratransferu, naravno ukoliko je sam terapeut svojoj vlastitoj trening analizi napravio dovoljno dobar razvoj, omogućuje nastavak i rast u terapiji. Tako i analitičarke u terapiji s muškim pacijentima se često oslanjaju na vlastiti kontratransfer i druga vlastita emocionalna iskustva čime se otvara mogućnost daljnjeg rada.

U prolasku kroz edipsku situaciju dječak nastoji, kako bi izbjegao tjeskobu, povući se nazad u dijadni odnos s majkom koji isključuje oca. U takvoj situaciji regresije, ukoliko separacija od majke tj. od unutrašnjeg majčinskog objekta postane nemoguća, mogu rasti aspekti unutrašnjeg terora u pacijentu. Ponekad to može dovesti čak i do odbacivanja realiteta i kreacije deluzionog sistema. Postavlja se pitanje kako što uspješnije proći kroz edipsku situaciju u terapiji? Kako uspješno razriješiti separaciju od te moćne unutrašnje majke? Kako majka od unutrašnjeg objekta može postati vanjski objekt? Kako to riješiti u terapijskom odnosu muškog pacijenta i analitičarke?

do not come from only one side – that of the patient, but are also present in the therapist, which makes up their countertransference. Countertransference is both a good tool and a good guide when working with a patient and creating a common analytic space. Listening to and thinking about one's own countertransference, with the precondition that the therapist achieved good development in their own training analysis, enables the continuation of therapy and growth within it. Thus, female analysts involved in a therapy with male patients often rely on their own countertransference and other personal emotional experiences, which open the door to the possibility for further work.

When passing through an Oedipal situation, in an attempt to avoid anxiety a boy tries to retreat to the dyadic relationship with the mother, which excludes the father. If the separation from the mother, or from the internal maternal object becomes impossible in this situation of regression, aspects of internal terror may grow within the patient. Sometimes it can even lead to a rejection of reality and the creation of a delusionary system. There is the question of how to pass through the Oedipal situation in therapy in the most successful way. How to successfully resolve the separation from that powerful internal mother? How can the mother go from an internal object to becoming an external object? How to solve this in the therapeutic relationship of a male patient and a female analyst?



R: Britton govori o „triangularnom prostorom“ – prostoru koji dozvoljava subjektu da bude oboje - sudionik u odnosu i promatrač odnosa između dvoje ljudi koji subjekt isključuju, taj prostor omogućuje subjektu da može tolerirati da bude promatran od drugih ljudi. Triangularni prostor pojavljuje se radom kroz edipski kompleks i depresivnu poziciju (24)

Tako u radu s muškim pacijentima, nailazimo na usko isprepletene ovisne i erotske osjećaje, koji tako isprepletene potiču fantazije ali i strah od fuzije s maternalnim objektom. Gotovo se može reći da je pravilo da muški pacijenti trebaju doživjeti ženskog terapeuta kao očinski objekt s kojim će moći učvrstiti svoju maskulinu identifikaciju prije nego budu u mogućnosti čeznuti za analitičarkom kao edipskim objektom bez zbunjenosti vlastitim erotskim osjećajima i fantazijama, koji su istovremeno prisutni uz čežnju za jedinstvom s prededipskom majkom u simbiozi. I nekako treba proći taj put od svemoći dijade i simbioze s majkom do doživljavanja majke kao objekta koji omogućuje opservaciju iz triangularnog prostora u koji je uključen otac. Ukoliko se ovaj triangularni prostor ne kreira pacijent će se povući nazad u dijadnu relaciju s ranim maternalnim objektom koji će biti doživljen kao ženska prisutnost u njegovom umu koja pokušava preuzeti njegovu muževnost i uništiti

R. Britton discusses the “triangular space” – the space which allows the subject to be both – a participant in the relationship and an observer of the relationship between two people who are excluding the subject, this space enables the subject to tolerate being observed by other people. Triangular space appears by working through the Oedipus complex and the depressive position (24).

Therefore, when working with male patients, we encounter tightly interweaved dependent and erotic feelings, which thus interweaved incite fantasies, but also the fear of fusing with the maternal object. We may almost say that it is a rule that male patients should see the female therapist as a paternal object with whom they can strengthen their masculine identification before being able to long for the analyst as an Oedipal object without feeling confused by their own erotic feelings and fantasies, which are simultaneously present alongside the desire for a union with the pre-Oedipal mother in a symbiosis. One must somehow pass from the powerful dyad and symbiosis with the mother to seeing the mother as an object, which enables one to observe from the triangular space in which the father is included. If this triangular space is not created, the patient will retreat to the dyadic relationship with the early maternal object, which will be seen as a female presence in his mind that is attempting to overtake his masculinity and destroy him. Anal-sadistic defences may then appear in the

ga. Tada se u odnosu mogu javiti analno – sadističke obrane kako bi ga obranile od opasnosti za self i za muškost. Kako muški pacijenti mogu uspješno prebroditi taj prostor prijelaza iz pre-edipskog perioda u edipski? Kako mu u tome mogu pomoći analitičarke?

Preneseno u terapijsku situaciju vidimo da je transferna slika konceptualizirana kao kretanje od preedipske majke preko edipskog očinskog transfernog aspekta prema manifestacijama erotskog edipskog maternalnog transfera.

Ogden navodi: „...U ovoj relativno diferenciranoj verziji fantazije primarne scene dječak kreira vlastitu unutrašnju priču u kojoj je prisutna spoznaja seksualne i generacijske različitosti, oca koji je falusno osposobljen i osnažen i jedan vanjski objekt – majku koja je spona prema tome, ali nije svedena na omnipotentnu preedipsku majku. Fantazija očevog penisa u majčinoj vagini konkretno predstavlja prisutnost trećega koji triangulira formalno dijadni odnos koji je postojao između dječaka i preedipske majke. U ovakvoj verziji fantazije primarne scene, dječak postaje interpretirajući subjekt (promatrač) koji je dostatno izvan seksualnog čina da se ne može poistovjetiti niti s falusom ali niti sa svemoćnom formom ženske seksualnosti niti sa samim seksualnim uzbuđenjem po sebi. Istovremeno može biti dostatno „unutar“

relationship in order to defend him from the danger to the self and his masculinity. And how can male patients pass from the pre-Oedipal period to the Oedipal? How can female analysts help them in that process?

In a therapeutic situation, we see that the transference image is conceptualized as a movement from the pre-Oedipal mother, over the Oedipal paternal transference aspect, to manifestations of erotic Oedipal maternal transference.

Ogden claims the following: „...In this relatively differentiated version of the fantasized primary scene, a boy creates his own internal story containing the realization of sexual and generational difference, a strong father who possesses a phallus, and one external object – a mother who is the link to it but is not reduced to an omnipotent pre-Oedipal mother. The fantasy of the father's penis in the mother's vagina concretely represents the presence of the third party which triangulates the formally dyadic relationship that existed between the boy and the pre-Oedipal mother. In this version of the fantasy of the primary scene, the boy becomes the interpreting subject (observer) who is sufficiently outside the sexual act that he cannot identify with the phallus, nor with the omnipotent form of female sexuality, nor with the sexual excitement itself. At the same time, he can be sufficiently “inside” the fantasy to experience himself as phallically empowered in the identification with



fantazije kako bi doživio samog sebe falusno osnaženog u identifikaciji s ocem (a koji je prvo otac u majci)" (25)

Klinička vinjeta

Četvrta i peta godina analize bile su obilježene pojavom niza otpora u terapiji, većina seansi je započinjala s konkretnim zahtjevima u vezi preplavljujućih konverzivnih i hipohondrijskih simptoma. Terapijska atmosfera bila bi mučna, ispunjena potisnutom i iskrivljenom agresijom, negativnim maternalnim transfernim projekcijama i negativnim aspektima paternalnog transfera koji bi se prelijevali u somatske simptome koji su preplavljivali pacijenta. U toj fazi terapije i meni je isto bilo mučno i dosadno, besperspektivno, osjećala sam se stisnutom u nekoj slijepoj ulici. U pojedinim seansama bi se pojavio bljesak mentalizacije, uvid bi bio djelomično prisutan. Pokušala sam kontejnirati, podržati, razumjeti, njegovati odnos. Smirenje bi dolazilo kada bi se u seansama spominjali maskulini aspekti i očinski objekt uglavnom transferiran na muške osobe iz pacijentove okoline. Nisam to baš u kontratransferu najbolje prepoznala nego sam dalje bila „njegujuća majka“ kojoj bi se ovi očinski i maskulini aspekti u odnosu pojavili nesvjesno i tako donekle smirili terapiju. I nekako intenzivno razmišljajući što će biti dalje, prepoznajući vlastitu

the father (who is first the father in the mother)" (25).

Clinical vignette

The fourth and fifth year of analysis were marked by the appearance of a series of resistances in the therapy, and most seances began with concrete demands related to overwhelming conversion and hypochondriac symptoms. The atmosphere during therapy was agonizing, filled with a repressed and distorted aggressions, negative maternal transference projections and negative aspects of paternal transference, which would turn into somatic symptoms that would overwhelm the patient. In this stage of therapy, I was also queasy and bored, lacked perspective, felt cramped into a dead end. In individual seances, there would be a flash of mentalization, an insight would be partially present. I attempted to contain, support, understand, nurture the relationship. Everything would calm down when, during seances, we mentioned masculine aspects and the father object, mostly transferred onto males from the patient's environment. I failed to completely recognize that in countertransference and instead continued to be the "nurturing mother" to whom these fatherly and masculine aspects would occur unconsciously in the relationship, thus somewhat calming down the therapy. Thinking intensively about what would come next, recognizing my own anger and dissatisfaction, and the

ljutnju i nezadovoljstvo, nedovoljno osvijestjenih svih aspekta aktualnog procesa, postajala sam spremna u vlastitoj kontratransfernoj fantaziji da kao „Damoklovim mačem“ pokušam razriješiti ovaj „Gordijski čvor“, gotovo bez straha od toga što će nakon toga slijediti. I nekako kao da je u tom isprepletanom matriksu, u našem intersubjektivnom prostoru analitičkog trećeg, pacijent u nesvjesnoj želji da pomogne meni, kako bi ja pomogla njemu, jedan dan došao i rekao mi što trebam učiniti za njega : „...evo me, došao sam, prije nego legnem samo da vas pitam...vi imate Samsungov mobitel?“

A.: (začudeno):...daa..

P:...molim vas, imate li ovdje punjač da vašim punjačem napunim svoj mobitel jer mobitelom jedino mogu otvoriti vrata parkirališta“

Poručio mi je da nađem muške, očinske aspekte u sebi kako bi zajedno otvorili novi, mirniji prostor u njemu. Nakon te pacijentove simbolične poruke počela sam promišljati kako u nešto ranijim fazama terapije su iskrice mojih maskulinih/očinskih aspekata u mojoj nesvjesnoj kontratransfernoj reakciji dovodile do sitnih pomaka u terapiji i o tome što se zbiva i u kojim okolnostima mogu u sebi ponovno potražiti, oživjeti i ojačati vlastite paternalne aspekte kako bi pacijentu pomogla ulazak u edipski prostor.

insufficiently illuminated aspects of the current process, in my own countertransference fantasy I became prepared to attempt to resolve this “Gordian knot” with something like the “sword of Damocles,” almost feeling no fear of what would happen after that. In that intertwined matrix, in our intersubjective space of the analytical third, it seems like the patient, out of an unconscious desire to help me so I could help him, one day came to me and told me what I had to do for him: “...here I am, I’ve arrived, but before I lie down, let me ask you... you have a Samsung cell phone?”

A (surprised): ...yes.

P: ...please, could you lend me your charger so I could charge my phone, my phone is the only way for me to open the gates to the parking lot.”

He told me to find male, fatherly aspects in myself in order for us to create a new, peaceful space within him. After the patient’s symbolic message, I started to realize that, in earlier stages of therapy, flashes of my masculine/father aspects in my unconscious countertransference reaction led to some small progress in the therapy, and I thought about what was happening and in which circumstances I could again search for, revive, and strengthen my own paternal aspects in order to help the patient enter the Oedipal space.

The vignette is related to the passage by Ogden quoted above, in which I stress



Vinjeta se nadovezuje na ranije citirani Ogdenov ulomak u kojem naglašavam posljednju rečenicu koja govori da će dječak sebe doživjeti dovoljno falusno osnaženim a ujedno mirnim i prihvaćajućim promatračem roditeljskog para ukoliko se prvi dio u identifikacije s muškim aspektima provede putem „prijelaznog prostora u edipskom razvoju“. Ovdje pojam prijelaznog prostora nije isto što i Winnicottov (26) prijelazni prostor u ranom razvoju, već prostor koji se kreira u odnosu dječaka s majkom i u kojem će se dječak susresti s muškim identifikacijama i razviti paternalne idealizacije putem postojanja takvih aspekata u majci. Tada je majka, analitičarka, istovremeno „otac u majci“ i „majka u ocu“. To nije lagani zadatak - a da bi se to ostvarilo majka, odnosno analitičarka, u svojem unutrašnjem svijetu treba imati stvorene vlastite nesvjesne edipske relacije iz vlastitog razvoja pomoću kojih će iste takve relacije razviti kod dječaka, pacijenta. Majka donosi tog falusnog oca u rastući edipski odnos putem svojeg vlastitog, majčinog, unutrašnjeg edipskog oca. (27).

Ovo je pokušaj da se odgovori na pokupe od postavljenih pitanja o tome koliko prisutnost maskulinih/očinskih aspekata u analitičarki može omogućiti pacijentu da pri razrješenju separacije od moćne unutrašnje majke, a putem kreacije „iluzije“, uspije razviti mogućnost za razvoj edipske relacije.

the final sentence claiming that a boy will perceive himself sufficiently phallically empowered and simultaneously a calm and accepting observer of the parental couple if the first part of the identification with male aspects is carried out through the “transitional space in Oedipal development.” Here the term transitional space is not the same as Winnicott’s (26) transitional space in early development, but a space that is created in the relationship between a boy and his mother, and in which the boy will meet male identifications and develop paternal idealizations through the existence of such aspects in the mother. The mother, or the analyst, is then simultaneously “the father in the mother” and “the mother in the father.” This is not an easy task – and in order for that to be achieved, the mother, or the analyst, must have in her inner world her own unconscious Oedipal relations from her own development, with the help of which the same relations will be developed in the boy, or the patient. The mother brings the phallic father into the growing Oedipal relationship through her own maternal, inner Oedipal father (27).

This is an attempt to answer some of the questions about how the presence of masculine/father aspects in the analyst may enable the patient to successfully develop the potential for the development of an Oedipal relation during the resolution of the separation from a strong inner mother through the creation of an “illusion”.

ZAKLJUČAK

U radu je spomenuto samo nekoliko aspekata odnosa muškog pacijenta i ženskog terapeuta. Pokušala sam navesti neka promišljanja u vezi tog odnosa, odnosa konveksnog i konkavnog. Konveksno i konkavno, osim što mogu biti sinonimi za muške i ženske aspekte, mogu se interpretirati i kao funkcija optike gdje se može udaljiti slika onoga što je bilo preblizu ali i približiti slika onoga što je daleko. U interakciji muškog pacijenta i ženskog terapeuta u prostoru koji će zajedno kreirati može se omogućiti dovoljno dobar razvoj sa svim aspektima maskuliniteti i mogućnosti za biti „treći“ za pacijenta. Rast do edipske situacije mora proći put od „unutrašnjeg glasa do vanjskog objekta“.

CONCLUSION

The article has mentioned only a few aspects of the relationship between a male patient and a female therapist. I have attempted to include some thoughts on this relationship, the relationship between the convex and the concave. Apart from being synonyms for male and female aspects, the convex and the concave can also be interpreted as a function of optics, whereby the image of what was too close may be pushed further away or bring closer the image of something that is far away. In the interaction between a male patient and a female therapist in the space they will create together, it is possible to enable a sufficiently good development with all aspects of masculinity and possibility of being the “third party” for the patient. The growth towards the Oedipal situation must go from “the inner voice to the outer object.”

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