Teorijski koncepti narcističnog poremećaja ličnosti. Prikaz narcističnog poremećaja u grupnoj analizi

/ *Theoretical Concepts of Narcissistic Personality Disorder. Overview of Narcissistic Disorder in Group Analysis*

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Narcizam se u novije vrijeme sve češće razmatra u psihijatrijskoj literaturi, prije svega jer se nalazimo u dobu kada je izrazito raširen te se često se vidi kod osoba na vodećim funkcijama tako da za neke postaje model poželjnog ponašanja. Patologija narcizma se počinje intenzivnije proučavati početkom 20. stoljeća te kulminira radovima Kohuta i Kernberga. Prema mnogim istraživanjima prevalencija narcističkog poremećaja ličnosti u općoj populaciji iznosi 1 % što je veliki broj, no s druge strane dijagnoza narcističnog poremećaja u kliničkoj praksi rijetko se postavlja. Dijagnoza je iznimno složena, te je teško povući granicu između normalnog i patološkog narcizma, a dodatne komplikacije izaziva nedovoljan naglasak u stručnoj literaturi na dva tipa ovog poremećaja: vulnerabilni i grandiozni. Liječenje poremećaja iznimno je dugotrajno i zahtjevno prije svega zbog izostanka uvida pacijenta kao i zbog njegove usmjerenosti na međuljudske odnose. Terapijski izbor kojim bi se moglo pomoći ovim osobama da osvijeste svoje stanje te ga kontroliraju kako bi im se omogućilo stvaranje zdravih međuljudskih odnosa je psihoterapija, što individualna, što grupna. U ovom je radu naglašen grupni rad koji bi narcističnim pacijentima empatijom koja se stvara u grupama i kohezijom koja je esencijalna za integraciju narcističnog pacijenta pomoglo izgraditi manjkave intrapersonalne strukture, a dinamikom grupnog rada i povratnom vezom (*feedback*) pokazati kako svojim ponašanjem utječe na druge.

/ Narcissism has been discussed in the literature with increasing frequency, primarily because we are living in an age when it is widespread and is often seen in people holding leadership positions, so that for some it has become a model of desirable behaviour. Pathological narcissism began to be more intensively studied in the early 20th century, which culminated in the works of Kohut and Kernberg. According to many studies, the prevalence of narcissistic personality disorders in the general population is 1%, which is a large number, but on the other hand its diagnosis in clinical practice is rarely described. Diagnosis is extremely complex, and it is difficult to distinguish the boundary between normal and pathological narcissism, while additional complications result in insufficient emphasis in the professional literature on the two types of this disorder: vulnerable and grandiose. Treatment of the disorder is extremely long-lasting and demanding, primarily because of the patient's lack of insight and its focus on interpersonal relationships. Psychotherapy, either individual or in a group, is emphasized as a therapeutic choice that could help patients revitalize their condition, control it and enable them to create healthy interpersonal relationships. In this paper, we discuss the group work, that could help narcissistic patients to build upon a lack of intrapersonal structures through group empathy and cohesion that is essential for the integration of a narcissistic patient through the dynamics of group work and based on feedback about how their behaviour affects others.

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UVOD

Narcističnim poremećajem ličnosti (NPL) se nazivaju načini odnošenja s drugima, u kojima su istinski i zreli odnosi s drugima oštećeni ili ne postoje, što znači da ne postoji opažanje i reakcija na drugu osobu (objekt) kao odvojenu od samog sebe (od vlastitog selfa) te razumijevanje i uvažavanje da ta druga osoba može imati vlastite potrebe, želje, misli i reakcije koje su drugačije od objektovih.

Prema mnogim istraživanjima prevalencija narcističkog poremećaja ličnosti u općoj populaciji kreće se oko 1 % što je veliki broj, no s druge strane njegova dijagnoza u kliničkoj praksi rijetko se postavlja. U svojoj knjizi *„The Culture of Narcissism"*, C.Lasch (1) navodi da je društvo postalo preokupirano sobom i narcistično. Danas su mnoga istraživanja pokazala da je narcistična samoapsorpcija zaista u porastu (2,3).

Osnovna obilježja narcistične osobnosti su pervazivna grandioznost, potreba za divljenjem i manjak empatije koji se javljaju u ranoj mladenačkoj dobi i perzistiraju u različitim kontekstima tijekom života (4).

U klasifikaciji DSM 5 narcistični poremećaj ličnosti šifriran je pod brojem 301.81 a u MKB 10 kao F 60.81 (4,5)

Dijagnostički kriteriji NPL-a (4) definiraju taj poremećaj osobnosti kao obrazac koji je

INTRODUCTION

Narcissistic ways of relating with others are those in which the true and mature relationships with others are damaged or do not exist. This means there is no perception and reaction to another person (object) as separate from oneself (from own self) and the understanding and appreciation that this other person may have their own needs, desires, thoughts and reactions that are different from the subject's.

According to many studies, the prevalence of narcissistic personality disorders in the general population is 1%, which is a large number, but on the other hand it is seldom diagnosed in clinical practice. In his book "The Culture of Narcissism", C. Lasch (1) states that society has become narcissistic and preoccupied with itself. Now, many studies have shown that narcissistic self-absorption is indeed increasing (2,3).

The basic features of narcissistic personality are pervasive grandeur, the need for admiration, and the lack of empathy occurring in early youth and persistent in different contexts throughout life (4).

In DSM 5, narcissistic personality disorder is under code number 301.81 and under F 60.81 in ICD-10 (4,5).

The NPD diagnostic criteria (4) define this personality disorder as a form that is constantly present, characterized by grandeur (fantasies

stalno prisutan, a odlikuje se grandioznošću (u fantazijama i ponašanju), potrebom za neprestanim divljenjem i nedostatkom empatije. Počinje u ranoj odrasloj dobi i prisutan je u raznim kontekstima. Za postavljanje dijagnoze mora biti zadovoljeno barem 5 od sljedećih 9 kriterija:

1. grandiozni osjećaj vlastite važnosti,
2. zaokupljenost fantazijama o neograničenu uspjehu, moći, ljepoti ili inteligenciji,
3. uvjerenje da je on ili ona posebna i jedinstvena, da ga razumiju samo slični njemu te da se treba povezivati samo s ljudima na visokim položajima,
4. potreba za pretjeranim divljenjem,
5. polaganje prava, očekivanje posebnog tretmana i poslušnosti od drugih,
6. sklonost iskorištavanju drugih u međuljudskim odnosima radi postizanja vlastitih ciljeva,
7. nedostatak empatije prema drugima, njihovim željama, osjećajima i potrebama,
8. intenzivna zavist prema drugima ili uvjerenje da drugi zavide njemu,
9. arogantnost i bahatost u ponašanju i stavovima.

Iz gore navedenih kriterija je evidentno da DSM-5 pažnju usmjerava na grandiozni tip narcizma, zanemarujući vulnerabilni koji je često vidljiv u kliničkoj praksi.

TEORIJSKI KONCEPTI FREUDA, KOHUTA I KERNBERGA

Freud razlikuje primarni i sekundarni narcizam. Primarni narcizam označuje libidnu investiciju ega odnosno selfa, stanje koje postoji prije nego što libido bude investiran u drugu osobu ili osobe. Sekundarni narcizam nastaje iz povlačenja katekse s objekta ponovno na self i pojavljuje se u odrasloj dobi (6). Prema Freudu sekundarni narcizam je stanje

and behaviours), the need for constant admiration and lack of empathy. It begins in early adulthood and is present in various contexts. For the diagnosis to be established, at least five of the following nine criteria must be satisfied:

1. Grand feeling of self-importance.
2. Fascination with fantasies about unlimited success, power, beauty or intelligence.
3. Belief that he or she are special and unique, that they can only understood by those similar to them and that they should be connected only to people in high positions.
4. Need for excessive admiration.
5. Claiming rights, expectation of special treatment and obedience from others.
6. Tendency to exploit others in interpersonal relationships to achieve their own goals.
7. Lack of empathy towards others, their wishes, feelings and needs.
8. Intense envy towards others or belief that others envy them.
9. Arrogance and haughtiness in behaviour and attitudes.

From the aforementioned criteria, it is evident that DSM-5 focuses on the grand type of narcissism, neglecting the vulnerable type that is often seen in clinical practice.

THEORETICAL CONCEPTS OF FREUD, KOHUT AND KERNBERG

Freud distinguishes between primary and secondary narcissism. Primary narcissism signifies a libidinous investment of the ego or self, a condition that exists before the libido is invested in another person or persons. Secondary narcissism is caused by the withdrawal of cathexis from the subject back to the self and appears in adulthood (6). According to Freud, secondary narcissism is a condition when people are occupied with themselves, and others serve as means to satisfy their needs.

kada su ljudi okupirani sobom, a drugi im služe kao sredstva za zadovoljenje njihovih potreba.

Sekundarni narcizam, kao libidna investicija selfa nastala povlačenjem libida investiranog u objekte na vlastiti self, za Freuda je primarno obrambeni manevar kojim se osoba štiti od anksioznosti i drugih bolnih afekata povezanih s objektima. Međutim, dobro mišljenje o sebi i visoko samopoštovanje može postojati kao stvarni osjećaj, bez obrambene namjere, što Freud nije uzimao u obzir. Stoga se prema toj postavci teško može razlikovati obrambeni od stvarnog osjećaja samopoštovanja. S druge strane, Kohut je smatrao da se narcizam ne treba promatrati kao nešto loše što vidimo kod nezrelih osoba, već da je narcizam preduvjet za uspješan život koji uključuje objektne odnose, a pojavu sekundarnog narcizma treba shvaćati kao ostatak normalnog procesa sazrijevanja (7).

Osnova Kohutove self psihologije i njegove teorije narcizma je koncept selfa. Self je identitet, tj. integrirano poimanje sebe kao jedinstvenog pojedinca koji doživljava, osjeća, misli, procjenjuje i djeluje sam ili u interakciji s drugim uz koherentan osjećaj vremena i vlastite prošlosti. Prema njemu self je srž osobnosti (8). Self-psihologijski model gleda na osobu kao na onu koja traži određenu vrstu odgovora od drugih u svojoj okolini da bi razvila i zadržala osjećaj samopoštovanja i blagostanja. Razvoj kohezivnog selfa postupan je i događa se tijekom ranog djetinjstva kao rezultat kontinuiranog roditeljskog zrcaljenja, ogledanja i empatiziranja (razumijevanja i odobravanja) djetetovih normalnih tendencija za idealizacijom i grandioznošću. Kohut je liječeći narcistične pacijente zamijetio da umjesto neurotskih simptoma oni imaju pritužbe na razočaravajuće socijalne i emotivne odnose uz preosjetljivost na omalovažavanje od drugih. Njegova teorija proizašla je iz kliničkog opažanja da takvi klijenti stvaraju jedan od

Secondary narcissism, as libidinous investment of the self created by withdrawing the libido invested into objects onto your own self, is for Freud primarily a defensive manoeuvre which protects a person from anxiety and other painful affects associated with objects. However, a good sense of self and high self-esteem can exist as a real feeling without defensive intent, which Freud did not consider. Therefore, according to this thesis, it is difficult to distinguish the defensive from the real sense of self-esteem. On the other hand, Kohut believed that narcissism should not be seen as a bad thing that we see in immature persons but rather that narcissism is a prerequisite for a successful life involving object relationships and the emergence of secondary narcissism should be perceived as the remainder of the normal maturing process (7).

The basis of Kohut's self-psychology and his theory of narcissism is the concept of self. The self is the identity, i.e. an integrated concept of self as a unique individual who experiences, feels, thinks, evaluates and acts alone or interacts with others with a coherent sense of time and of one's own past. According to him, self is the core of personality (8). The self-psychological model looks at a person as the one who searches for a certain type of response from others in their environment to develop and maintain a sense of self-esteem and well-being. The development of the cohesive self is progressive and occurs during early childhood as a result of continuous parental reflection, mirroring and empathizing (understanding and approval) of the child's normal tendencies for idealization and grandeur. During treatment of narcissistic patients, Kohut noticed that instead of neurotic symptoms they had complaints about disappointing social and emotional relationships with hypersensitivity to belittling by others. His theory stems from the clinical observation that such clients create one of two types of transfers, mirroring or idealizing (9). Mirrored transfer is that in which the lack of or incorrect response to the child's need

dvije vrste transfera zrcaleći ili idealizirajući (9). Zrcalni je transfer onaj u kojem je ponovno oživljeno nedovoljno ili krivo odgovaranje na dječje potrebe za prihvaćanjem i potvrđivanjem preko „zrcaljenja". Kohut je gledao na taj oblik transfera kao na oživljavanje situacije iz djetinjstva gdje se dijete isticalo kako bi dobilo majčinu pozornost, a koja mu je omogućila da se osjeća potvrđenim i vrijednim. Idealizirani transfer je onaj u kojem su ponovno oživljene potrebe za spajanjem s izvorom „idealizirane" snage i smirenja.

Kohutova self psihologija razlikuje se od ego psihologije po tome što umjesto konflikata kod njega centralno mjesto promatranja zauzimaju defekti i deficiti. Defektne strukture se smatraju odgovornima za defektno funkcioniranje i naglasak je na dječjim potrebama, a ne na potisnutim nagonima. Stoga se izgradnja psihičke strukture i popravljanje defekata selfa smatra važnijim od razrješenja konflikta.

Prema Kohutu, narcizam je komponenta psihe svakog čovjeka. Svi se rađamo s narcizmom, ali tijekom našeg razvoja on se mijenja i sazrijeva zajedno s nama pretvarajući se iz infantilnog narcizma u zdravi narcizam odrasle osobe (10,11). Ako se ovaj proces poremeti, nastaje narcistički poremećaj ličnosti. Naglašavao je da su ove osobe razvojno zastale na razini u kojoj trebaju specifičan odgovor od druge osobe u svom okruženju kako bi zadržali kohezivan self. Kada takav odgovor izostane (roditeljsko zakazivanje) dolazi do fragmentacije selfa pogotovo u stresnim situacijama, kada self izgubi kohezivnost te se javlja nesigurnost i gubitak samopoštovanja.

Narcistični self je prema Kernbergu integriran, iako patološki (12). Kernberg smatra da se ne radi o poremećaju u prijelazu infantilnog u zdravi narcizam, nego isključivo o patološkoj strukturi nastaloj u fazi razvoja ličnosti. Naime, pacijenti s narcističkim poremećajem identificiraju se sa svojom idealiziranom slikom kako bi

for acceptance and confirmation by "mirroring" is resurrected. Kohut looked at this form of transfer as a revival of the childhood situation where the child tried to stand out in order to gain maternal attention, which enabled it to feel confident and valuable. Idealized transfer is one where the need for merging with the source of "idealized" strength and calm is revived.

Kohut's self-psychology is different from ego psychology in the fact that, instead of conflict, the central place is occupied by observing defects and deficits. Defective structures are considered responsible for defective functioning, and emphasis is placed on the child's needs rather than on suppressed instincts. Therefore, building a psychological structure and repairing defects of the self is considered more important than conflict resolution.

According to Kohut, narcissism is a component of every person's psyche. We are all born with narcissism, but during our development it changes and matures together with us, turning from infantile narcissism to a healthy adult narcissism (10,11). If this process is disrupted, it results in a narcissistic personality disorder. He emphasized that the development of these people has stalled at a level where they needed a specific response from another person in their environment to maintain a cohesive self. When such a response is absent (parental failure), fragmentation of the self occurs, especially in stressful situations: the self loses cohesion and insecurity and loss of self-esteem arise.

According to Kernberg, the narcissistic self is integrated, although pathologically (12). Kernberg believes that this is not a disorder in the transition from infantile to healthy narcissism, but is exclusively a pathological structure created in the developmental phase of personality. Specifically, patients with narcissistic disorders identify themselves with their idealized picture to deny dependence on external objects (people) as well as their internal images. At the same time, they deny unacceptable images of themselves

porekli ovisnost o vanjskom objektu (ljudima) kao i njihovim unutrašnjim slikama. U isto vrijeme poriču neprihvatljive slike sebe projicirajući ih na druge (13). Patološki grandiozni self objašnjava relativno dobro ego funkcioniranje u prisutnosti primitivnih mehanizama obrane koji su tipični za pacijente s graničnim poremećajem ličnosti (rascjep, projektivna identifikacija, omnipotencija, devaluacija, idealizacija, negiranje) (14).

Kernberg je narcizam vidio kao rezultat patološke organizacije selfa (doživljaj sebe), idealnog selfa (idealizirane verzije sebe) i idealnog objekta (idealizirane slike druge osobe, najčešće majke) (12,15). Ove se tri psihičke strukture sjedinjuju u grandiozni self (15). Kernbergov grandiozni self isključivo je patološki element koji ima obrambenu funkciju, pogotovo protiv investiranja u druge i ovisnosti o drugima. Ta karakteristika se može manifestirati kao pseudo-samodostatnost gdje pacijenti poriču potrebu za drugima dok u isto vrijeme pokušavaju zadiviti druge i izmamiti odobrenje. U Kernbergovom grandioznom selfu koegzistiraju osjećaji inferiornosti i grandioznosti.

Agresija koja je česta kod NPL-a je čini se sekundarni fenomen prema Kohutu (tj. narcistični bijes koji se javlja kada izostanu zrcaljenje i idealizirane gratifikacije). Kernberg je agresiju vidio kao primarni faktor. Jedna od manifestacija narcistične agresije je kronična zavist koja tjera pacijenta da uništi dobro u drugome. Često se uspoređuju s drugima te se muče osjećajem inferiornosti i čežnje za onim što drugi ima. Međutim, treba napomenuti da etiologija i patogeneza NPL-a, ne mora uvijek upasti u model ili Kohuta ili Kernberga. Nasuprot pacijentima s NPL-om koji su tijekom razvoja osjetili roditeljsko empatijsko zakazivanje, kod nekih pacijenata je došlo do odgoja u kojem su roditelji poticali grandioznost djeteta modelom ekscesivnog zrcaljenja. Takvi roditelji su obasipali svoje

by projecting them to others (13). The pathologically grandiose self explains a relatively good ego function in the presence of primitive defence mechanisms that are typical for patients with borderline personality disorder (fragmentation, projective identification, omnipotence, devaluation, idealization, denial) (14).

Kernberg views narcissism as a result of a pathological self-organization (self-experience), an ideal self (idealized versions of self) and an ideal object (idealized image of another person, mostly mothers) (12,15). These three psychological structures are united in the great self (15). Kernberg's great self is a pathological element that has a defensive function, especially against investing in others and dependence on others. This feature can be manifested as pseudo-self-sufficiency where patients deny the need for others while at the same time trying to fascinate others and elicit approval. In Kernberg's grandiose self, there are coexisting feelings of inferiority and grandeur.

Aggression that is common in NPD is a secondary phenomenon according to Kohut (i.e. narcissistic anger that occurs when there is no mirroring and idealized gratification). Kernberg saw aggression as a primary factor. One of the manifestations of narcissistic aggression is the chronic envy that causes the patient to destroy the good in the other. They often compared themselves with others and are tormented by the sense of inferiority and longing for what others have.

However, it should be noted that the aetiology and pathogenesis of NPD does not always have to adhere to the model of Kohut or Kernberg. In contrast to patients with NPD who felt parental empathy during development, some patients had experienced an upbringing in which the parents encouraged the child's grandeur through the model of excessive mirroring. Such parents showered their child with excessive approval and admiration, which is why it felt very special and gifted. When these children grow up, they often do not get the response from others they had received from their parents (16).

dijete pretjeranim odobravanjem i divljenjem zbog čega su se ona osjećala zaista posebna i nadarena. Kada ta djeca odrastu ne dobivaju često odgovor od drugih kakav su dobivali od roditelja (16).

KRIVNJA, SRAM I NARCISTIČNI BIJES

Krivnja je bolan osjećaj žaljenja i odnosi se na ono što je učinjeno. Kod krivnje objekt negativne percepcije nije self, nego specifično ponašanje. Krivnja nastaje kao posljedica kritične procjene superega. Ako su moralne norme manje ili više realistično postavljene, što upućuje na zrelost i strukturiranost superega, a odstupanja od tih normi nisu prevelika, osjećaj krivnje je neugodan, ali još uvijek podnošljiv i nije proganjajući i preplavljujući (17,18).

Intenzivan i široko zastupljen osjećaj krivnje u kliničkoj slici i životu bolesnika upućuje na poremećaj superega (19,20). Na neurotskoj razini strukturacije nalazimo elemente poremećaja superega, ali uglavnom ne nalazimo poremećaj selfa. Poremećaj selfa nalazimo u regresivnijih bolesnika u kojih se nalazi i poremećaj superega.

Sram, zavist i bijes su narcistički afekti (21). Sram se pojavljuje kad osoba doživljava da je objekt neempatijskog promatranja i procjenjivanja, da je u središtu pažnje i procjene socijalne okoline koja nije dobronamjerna ni empatijska, nego je kritična i emocionalno hladna. Međutim, taj doživljaj može biti projekcija vrlo kritičnog samoprocjenjivanja, odnosno kritičnog superega kad bolesnik nesvjesno sam sebi sudi oštrije i procjenjuje se negativnije nego ga procjenjuju drugi (22). Doživljaj selfa normalno nije u fokusu pažnje i percepcije, nego je u pozadini. Uobičajeno je pažnja usmjerena prema van, te se percipira realnost, na primjer, tuđe i vlastito ponašanje, a ne percipira se self.

GUILT, SHAME AND NARCISSISTIC ANGER

Guilt is a painful feeling of regret for actions performed in the past. In guilt, the object of negative perception is not the self, but specific behaviour. Guilt is the result of a critical appraisal of the superego. If moral standards are more or less realistically set, indicating the maturity and structure of the superego, and deviations from these norms are not too large, the feeling of guilt is uncomfortable but still tolerable and is not haunting and overwhelming (17,18).

Intense and wide-spread feeling of guilt in the clinical picture and the patient's life points to a disorder of the superego (19,20). At the neurotic level of structuring, we find elements of superego disorders but mostly do not find a disorder of the self. We find the disorder of the self in more regressive patients with the disorder of the superego present as well.

Shame, envy and anger are narcissistic affects (21). Shame occurs when a person experiences being an object of non-empirical observation and assessment, in the centre of attention and assessment of a social environment that is not good or empathic but is critical and emotionally cold. However, this experience can be a projection of a very critical self-assessment, i.e. a critical superego due to which patients unconsciously judge themselves more strictly and evaluate themselves more negatively than others evaluate them (22). Self-experience is normally not in the focus of attention and perception, but in the background. Attention is usually outwardly oriented, and reality is what is perceived, such as others and their own behaviour, and not the self.

Shame is usually more painful than guilt. It is followed by the experience of shrinking, feelings of worthlessness and helplessness. Blame is followed by the experience of tension, remorse and regret.

Sram je obično bolniji od krivnje. Prate ga doživljaj smanjivanja, osjećaja bezvrijednosti i bespomoćnosti. Krivnju prati je doživljaj napetosti, kajanja i žaljenja.

Od tih dvaju osjećaja sram je razvojno stariji. Krivnju povezujemo s edipskom, a sram s preedipskom razinom psihičkog funkcioniranja. Strukturni preduvjet za krivnju jest superego. On je nasljednik edipskog kompleksa što razvojno odgovara otprilike trećoj godini života. Razvojni preduvjet za sram jest pojavljivanje selfa što sram razvojno locira u drugu godinu života (16).

Sposobnost osjećaja srama i krivnje može se smatrati zdravom i važnom u održavanju socijalne povezanosti. Naime, krivnja u svojim pozitivnim aspektima vodi do korekcije neprihvatljiva ponašanja, a sram do jačanja osobnih granica i čuvanja privatnosti.

Sram kao narcističan afekt ima važnu ulogu u nizu kompleksnih afektivnih stanja povezanih s narcizmom kao što su bijes, zavist, očaj, beznađe, prijezir, taština, umišljenost, ambicija, ponos, bezobzirnost, osveta (17).

Krhko samopoštovanje i samopouzdanje narcističnih pacijenata predisponira ih za povredu i na najmanju kritiku. Potreba za osvetom, za ispravljanjem krivoga te duboko utemeljena prisila za slijeđenjem svoga osvetoljubivog cilja, neke su od najvažnijih karakteristika fenomena narcističnog bijesa. Narcistično vulnerabilne osobe odgovaraju na aktualnu ili anticipiranu narcističnu povredu sramom i povlačenjem ili narcističnim bijesom (23).

Za vrijeme ispoljavanja narcističnog bijesa dolazi do potpunog zanemarivanja razumskih ograničenja i bezgranične želje za zadovoljštinom i osvetom zbog nanesene povrede. Narcistično pretjerano osjetljivi koji često već beznačajna protivljenja i neusklađenost sa svojim očekivanjima osjećaju kao snažnu narcističnu povredu, ne mogu mirovati dok ne unište nejasno doživljenog napadača koji se usudio su-

Of these two feelings, shame is developmentally older. We associate guilt with the Oedipus complex, and shame with the pre-oedipal level of psychic functioning. The structural prerequisite for guilt is the superego. It is the successor of the Oedipus complex, which develops in approximately the third year of life. The developmental prerequisite for shame is the emergence of the self that is developmentally located in the second year of life (16).

The ability to feel shame and guilt can be considered healthy and important in maintaining social cohesion. Namely, guilt in its positive aspects leads to corrections of unacceptable behaviour and shame to the strengthening of personal boundaries and protecting privacy.

Shame as a narcissistic affect plays an important role in a series of complex affective states associated with narcissism such as anger, envy, despair, hopelessness, contempt, vanity, ambition, pride, wantonness, revenge (17).

The significant self-esteem and self-confidence of narcissistic patients predisposes them to injury even from the slightest criticism. The need for revenge, for correcting the wrong and deep-rooted compulsion to follow their vindictive goal, are some of the most important features of the narcissistic anger phenomenon. Narcissistic vervable people respond to current or anticipated narcissistic injury by shame and withdrawal or narcissistic rage (23).

During the manifestation of narcissistic anger comes a complete neglect of rational limitations and boundless desire for satisfaction and revenge for the injury caused. To overly sensitive narcissistic personalities, insignificant opposition and inconsistency with their expectations often feel like a powerful narcissistic injury, and they cannot rest until they have destroyed a vaguely experienced attacker who has dared to contradict them, disagree with them or overshadow them (24).

protstaviti, ne složiti se s njim ili ih zasjeniti (24).

MOGUĆNOSTI TRETMANA

Pacijenti s NPL-om koji dolaze na terapiju često se žale na kvalitetu svojih intimnih veza, bilo ljubavnih bili socijalnih koje su obično površne i kratkotrajne. Često se opisuju usamljenima, bez ikakvih suportivnih veza uz osjećaj nevoljenosti. Njihove poteškoće u interpersonalnim odnosima često su posljedica njihove potrebe za divljenjem, iskorištavanjem drugih i manjkom poštovanja i osjećaja za druge. Ako tijekom terapije postignu određeni stupanj empatije, mogu parcijalno zamijeniti zavist i početi prihvaćati druge kao zasebne osobe s vlastitim potrebama. Ako do toga dođe, postoji mogućnost da postanu sposobni izbjeći završetak života u ogorčenju i izolaciji. Cilj liječenja je smanjiti dominaciju lažnog selfa te jačanje pravog selfa narcističnih pacijenata. Zadatak je razviti sposobnost samoopservacije grandioznih fantazija koji u konačnici vodi njihovom odbacivanju. Uz adekvatnu konfrontaciju i interpretaciiju kod pacijenta bi trebalo doći do odricanja od idealizirane slike selfa. Odricanjem idealizirane-lažne slike selfa javlja se žalovanje, jer je pacijent sagradio čitav život na lažnoj slici. Tek odbacivanjem lažnog selfa moguće je susresti se s realnošću i integrirati ju. Prihvaćanjem autentičnog selfa vremenom nestaje osjećaj praznine, srama i neadekvatnosti.

I Kohut i Kernberg (25,26) su vjerovali da je psihoanaliza terapija izbora za većinu pacijenata s NPL-om. Za Kohuta je empatizacija terapeuta osnova u terapiji NPL-a. Terapeut mora empatizirati s pacijentovim pokušajem da reaktivira roditeljsko zakazivanje u odnosima te omogućiti stvaranje zrcalnog, idealizirajućeg i blizanačkog transfera.

Kohut se fokusira u terapiji na empatijskom opserviranju, razvoju i proradi triju tipova trans-

TREATMENT POSSIBILITIES

Patients with NPD who come to therapy often complain about the quality of their intimate relationships, whether love relationships or social ones, which are usually superficial and short-lived. They often describe themselves as lonely, without any supportive relationships and with a feeling of being unloved. Their difficulties in interpersonal relationships often result from their need for admiration, exploitation of others and having less respect and feelings for others. If a certain degree of empathy is achieved through therapy, they can partially replace envy and begin accepting others as separate individuals with their own needs. If this happens, there is a possibility for them to become capable of avoiding living out their life in bitterness and isolation. The goal of the treatment is to reduce the domination of the false self and strengthen the true self of narcissistic patients. The task is to develop the ability of self-preservation of grand fantasies that ultimately leads to their rejection. With adequate confrontation and interpretation in the patient, there should be a rejection of the idealized self-image. Rejecting the idealized false image of self results in an appearance of anxiety because the patient has built their entire life on a fake image. It is possible to encounter reality and integrate it only by rejecting the false self. By accepting the authentic self, the feelings of emptiness, shame and inadequacy disappear with time.

Kohut and Kernberg (25,26) believed that psychoanalysis was the therapy of choice for most patients with NPD. For Kohut, empathizing by a therapist is the basis for NPD therapy. The therapist must empathize with the patient's attempt to reactivate parenting failure in relationships and enable the creation of mirror, idealizing and twin transfer.

Kohut focuses on empathic observation, development and analysis of three types of transfer: mirroring, idealizing and so-called alter ego transfer.

fera: ogledajući, idealizirajući i tzv. alterego transfer.

Kernberg temelji terapiju na konfrontaciji i interpretaciji patološkog grandioznog selfa i negativnog transfera pokazujući pacijentu njegov utjecaj na druge. Ipak primjena konfrontacije u terapiji mora ići uz maksimalni oprez, da ih bolesnik ne doživi kao napad na sebe, jer će tada samo još više pojačati svoje obrane. Što se tiče terapije unutar terapijskog saveza također bi trebalo proraditi bolesnikovu ekstremnu senzitivnost na greške u empatiji.

Ipak, neki pacijenti neće tolerirati ništa drugo nego empatični pristup po Kohutovom modelu. Bilo kakvo odstupanje od ovog modela, dovelo bi do pacijentovog povlačenja i doživljaja nesporazuma, te potrebe za prekidom terapije. U drugim slučajevima pacijent bi mogao dobro prihvatiti interpretaciju zavisti i natjecateljskog raspoloženja te stoga bolje odgovoriti na Kernbergov pristup. Mnogi pacijenti ipak imaju koristi od kombinirane terapije.

Kod pacijenata koji funkcioniraju na krajnje graničnoj razini, sa slabim egom i nedostatkom kontrole impulsa, Kernberg smatra da suportivna psihoterapija daje bolje rezultate nego ekspresivna ili analiza.

Neki autori preporučuju i navode kako bi kombinirana individualna i grupna psihoterapija mogla imati koristi za narcistične pacijente. Naime, u grupi narcistični pacijenti se konfrontiraju sa činjenicom da i drugi imaju potrebe te da ne mogu očekivati da će biti cijelo vrijeme u centru pažnje. Također, narcistični pacijenti mogu imati koristi od *feedback*-a - odgovora drugih zbog utjecaja i načina na koji njihove crte osobnosti utječu na druge. Ipak, ne preporuča se u grupi imati više od jednog narcističnog pacijenta istovremeno zbog pacijentovih potreba i zahtjeva koji mogu preplaviti i nadjačati potrebe drugih članova grupe (27). Foulkes je naglašavao zrcaljenje i *feedback* kao

Kernberg bases therapy on the confrontation and interpretation of the pathological grandiose self and negative transfer, showing the patient their influence on others. However, the use of confrontation in therapy has to be performed with the utmost caution, so that the patient does not experience it as an attack on themselves, since then they will only increase his defence. As far as therapy within a therapeutic alliance is concerned, the patient's extreme sensitivity to empathy should also be developed.

Still, some patients will not tolerate anything but an empathetic approach to the Kohut model. Any deviation from this model would lead to the withdrawal of the patient and the experience of misunderstanding and the need for interruption of therapy. In other cases, the patient could accept the interpretation of envy and competitive mood well and therefore respond better to Kernberg's approach. However, many patients benefit from combined therapy.

In patients who work at the ultimate border level, with decreased ego and lack of impulse control, Kernberg suggests that supportive psychotherapy gives better results than expressive therapy or analysis.

Some authors recommend and suggest that combined individual and group psychotherapy could benefit narcissistic patients. Namely, in a group narcissistic patients are confronted with the fact that others have needs too and cannot expect to be in the centre of attention all the time. Also, narcissistic patients may benefit from feedback-responses from others due to the influence and the way their personality traits affect others. However, it is not recommended to have more than one narcissistic patient in the group at the same time because of this patient's needs and requirements that can overwhelm and overcome the needs of other group members (27). Foulkes emphasized mirroring and feedback as an important phenomenon in a group when patients meet themselves through the effect they leave on others and the image that others shape about them.

važne fenomene u grupi kada pacijent upoznaje sebe putem učinka koji ostavlja na druge i slike koju drugi oblikuju o njima.

Terapija narcizma jednim se dijelom temelji na procesu žalovanja za narcističnom grandioznosti, uz razvoj zrelije slike o sebi i drugima. Ovaj kapacitet za žalovanje i tolerancija iskustva depresije uključujući krivnju i žaljenje, obično upućuju na bolju prognozu u terapiji patološkog narcizma (28).

U grupnom radu s narcističnim pacijentima često možemo zamijetiti tzv. otpor narcističnog bolesnika koji se prije svega očituje u potrebi da se u grupi djeluje suprotno od raspoloženja koje se u njoj uspostavlja i tako dolazi u središte pažnje (29). Narcistična osoba ima veliku potrebu zavesti grupu kao i druge članove grupe koristiti kao slušače za prezentaciju svojih referenci kako bi dobila divljenje i poštovanje koje im je bazično nisko. Stoga se narcistični pacijenti često u grupi prezentiraju kao monopolisti ispunjavajući i kraće šutnje pričom o sebi te koristeći svaku prigodu da se nadovežu na razgovor koji se vodi pričom o sebi. Monopolisti često ne doživljavaju druge članove grupe kao ravnopravne niti imaju potrebu za povratnom spregom u komunikaciji. Poznato je da član-monopolist ne može u osnovi ni čuti ni prihvatiti interpretaciju koju dobije u grupi te ga je u tim situacijama potrebno izravno i jasno konfrontirati. Osim toga postoji i posve oprečni način funkcioniranja u grupi kada osoba sve loše mazohistički pripisuje sebi, te pati zbog doživljaja sebe kao ništavne i manje vrijedne od drugih članova. Tim načinom također dolazi u središte pažnje grupe, te se grupa bavi problemom takve osobe, hrabreći ju i empatizirajući s njom. Na taj način narcistična osoba dobiva potkrepljenje i potvrdu za kojom bazično žudi. Bolesnici iz prvog spomenutog tipa svjesno smatraju da mnogo vrijede, dok iz drugoga svjesno smatraju da manje vrijede. Ipak u oba slučaja tzv. grandiozni self vlada osobom. Što se tiče obrana

Narcissism therapy is partially based on a process of mourning for narcissistic grandeur, with the development of a more mature image of themselves and others. This capacity for grief and tolerance of experiences of depression, including guilt and regret, usually indicates a better prognosis for the treatment of pathological narcissism (28).

In group work with narcissistic patients, we can often observe the so-called resistance of a narcissistic patient, which manifests itself primarily in the need to act contrary to the mood of the group and thus come to the centre of attention (29). A narcissistic person has a great need to entice a group as well as use other members of the group as listeners to present their references in order to gain admiration and respect that is initially low. Therefore, narcissistic patients often appear in the group as monopolists, filling in shorter silence with stories about themselves and using every opportunity to make the ongoing conversation a story about themselves. Monopolists often do not experience other members of the group as equal or have the need to show restraint in communication. It is well known that a member-monopolist cannot even basically hear or accept the interpretation they receive in the group and needs to be confronted with it directly and clearly in those situations. Additionally, there is a completely contradictory way of narcissistic functioning in a group when the patient masochistically attributes all bad things to themselves and suffers because they experience themselves as worthless and less valuable than other members. In this way, they also become the centre of the group's attention, and the group deals with the problems of this person, encouraging them and empathizing with them. In this way, the narcissistic person receives the corroboration and confirmation that they crave. Patients of the first mentioned type consciously consider themselves to be of great value, while patients of the second type

koje vidimo kod takvih pacijenata najčešća je racionalizacija kojom se brane od nerazvijenog emocionalnog života i nemogućnosti empatiziranja. Pokazuju i projektivnu identifikaciju kojom svoje osjećaje ubacuju u druge članove grupe, a često i u voditelja s čime se grupa dugo bori, pogotovo slabiji članovi. Narcistični pacijenti posebno su skloni izazivati agresiju u drugima protivljenjem, podsmjesima i sl. kao da govori vi ste predamnom nemoćni kao što sam ja nemoćan pred vašim konstruktivnim razgovorima.

Osim monopoliziranja grupe, agresije koju izazivaju u drugima, često se nameću i kao paralelni voditelji zauzimajući tako prostor voditelja pogotovo u situacijama kad im je raspoloženje povišeno. Preuzimajući ulogu liječnikovog asistenta često rade opservacije tuđih problema negirajući svoje (27).

U grupnoj analizi posebna se pažnja narcističnih pacijenata usmjerava prema tzv. zrcaljenju (*mirroring*) Prema Pinesu (30) u grupnoj analizi postoje dvije vrste zrcaljenja. Jedna ide konfrontacijom koja je destruktivna, koja budi rane negativne oblike dijadnog odnosa. Drugi oblik je više pregovarački, istražujući između nekoliko osoba koje dijele isti psihološki prostor, te koje izražavaju različita stajališta o istom iskustvu. Ovaj posljednji oblik zrcaljenja može imati pozitivne učinke na narcističnog pacijenta u grupi.

Narcistični pacijenti u grupama skloni su razvijanju tzv. malignog zrcaljenja. Maligno zrcaljenje možemo vidjeti kada osobine koje ne volimo kod sebe vidimo u drugoj osobi u grupi, tj. kada se zrcale negativni dijelovi selfa. Takvi pacijenti nisu skloni uvidu. To je posebna situacija u grupnom procesu gdje terapeut mora brzo reagirati kako bi prevenirao utjecaj na terapijsko djelovanje zbog jakih destruktivnih snaga (30). Inače Zinkin je u svojim radovima naglašavao i korist koju mogu narcistični (i drugi) pacijenti imati i od neempatijskog zrcaljenja u grupi.

consciously believe they are worth less; in both cases, the so-called grandiose self governs the person. As for the defence we see in such patients, the most common is rationalization that defies the underdeveloped emotional life and the inability to empathize. They also show projective identification and project their feelings onto other members of the group, and often the leader with which the group is struggling for a long time, especially the weaker members. Narcissistic patients are particularly inclined to provoke aggression in others with opposition, ridicule and so on, as if to tell them they are helpless before they just like they are helpless before your constructive conversations.

In addition to monopolizing the group, with the aggression they cause in others they often impose themselves as parallel leaders, thus taking the role of a leader, particularly in situations where the mood is aggravated. By taking over the role of physician's assistant they often make observations on the problems of others and deny their own problems (27).

In group analysis, narcissistic patients direct special attention towards so-called "mirroring". According to Pines (30), there are two types of mirroring in the group analysis. One is going through a confrontation that is destructive and awakens the worst negative forms of a dyadic relationship. The other is more negotiating and exploratory, taking place among several people sharing the same psychological space and expressing different views on the same experience. This latter form of mirroring can have positive effects on a narcissistic patient in the group.

Narcissistic patients in the group are inclined to develop so-called malignant mirroring. Malignant mirroring is when traits we do not like in ourselves are seen in another person in the group, i.e. when the negative parts of the self are mirrored. Such patients are not prone to insight. This is a special situation in the group process where the therapist must react quickly to prevent the influence on therapeutic action

Grupu terapiju narcistični bolesnici teže podnose od individualne terapije gdje je sva pažnja usmjerena na njih. U grupi moraju dijeliti s grupom vrijeme, voditelja, iskustva što im teško pada. Najteže im ipak pada izloženost kritici ili neslaganju drugih članova grupe. Ovi pacijenti u grupi rijetko pitaju, budu zainteresirani za probleme drugih, pomažu ili potiču druge, tako da njihova emocionalna hladnoća posebno dolazi do izražaja u grupnom radu. Najveći izazov u terapiji su pacijenti kojima se psihopatološke reakcije približavaju graničnoj osobnosti, te s antisocijalnim problemima.

Problem u terapiji NPL-a javlja se i zbog stalnih pokušaja obezvrjeđivanja terapijskog procesa i pritužbi na terapeuta u kojeg projicira osobine lošeg objekta. Takvo ponašanje može izazvati neadekvatne kontratransferne reakcije terapeuta i kritiziranje pacijenta što kod pacijenta može pojačati doživljaj srama i krivnje. Umjesto toga kod psihoterapije NPL-a, terapeut mora imati visok kapacitet za kontejniranje bez kritiziranja.

Tijekom procesa liječenja može se povremeno opservirati hipomano raspoloženje što je povezano s razdobljima grandioznosti. S druge strane, njihova ranjivost na kritiku, perzistentni osjećaji srama i poniženja te nisko samopoštovanje mogu biti povezani sa socijalnim povlačenjem i depresivnim raspoloženjem.

Što se tiče farmakoterapijskog liječenja poremećaja ličnosti, konkretnog psihofarmaka nema kao niti algoritama, a kliničari se snalaze liječeći pacijente simptomatski.

U istraživanju koje je tri godine pratilo pacijente s NPL-om u terapiji pokazalo se smanjenje narcističnih simptoma u području interpersonalnih odnosa i obrazaca reaktivnosti kao i grandioznog doživljaja sebe (16,32,33). Od devet simptoma navedenih u DSM-u za šest se pokazala visoka razina promjenjivosti:

due to severe destructive forces (30). However, Zinkin also regularly emphasized the benefits that narcissistic (and other) patients may have from the non-empathy mirroring in the group.

Narcissistic patients tolerate group therapy with more difficulty than individual therapy where all the attention is directed to them. In the group they must share the time, the leader and the experience, which is very difficult for them. However, what is most difficult for them is exposure to criticism or disagreement with other group members. These patients in the group rarely ask about or are interested in the problems of others or help and encourage them, so their emotional coldness is particularly manifested in group work. The biggest challenge in therapy are patients with psychopathological reactions approaching borderline personality disorder and those with antisocial problems.

The problem with NPD therapy is due to ongoing attempts to undermine the therapeutic process and complaints about the therapist to which the traits of the bad object are projected. Such behavior can cause inadequate contra-transfer responses by the therapist and criticizing of the patient, which can enhance the experience of shame and guilt in the patient. Instead, in NPD psychotherapy, the therapist must have a high containment capacity without criticism.

A hypomanic mood may occasionally be observed during the treatment process, which is associated with periods of grandeur. On the other hand, their vulnerability to criticism, persistent feelings of shame and humiliation and low self-esteem can be associated with social withdrawal and depressive mood.

As far as pharmacotherapy in personality disorders is concerned, there are no psychopharmaceuticals or algorithms and the clinicians treat the patients symptomatically.

A three-year study of patients with NPD in therapy showed a reduction in narcissistic symptoms in the area of interpersonal relation-

- grandiozne fantazije
- posebnost
- traženje posebnih prava
- arogantno ponašanje
- iskorištavanje
- nedostatak empatije.

Tri simptoma NPL-a pokazala su se stabilnima, a to su:

- zavist
- potreba za divljenjem
- prenaglašavanje svojih talenata i postignuća.

PRIKAZ PACIJENTA U OKVIRU GRUPNE ANALIZE

Pacijent Marko u dobi je od 49 godina, zaposlen, visoko pozicioniran na radnom mjestu, oženjen, otac dvaju odraslih sinova, situiran. Od obiteljskog herediteta za psihičke bolesti navodi da je otac prekomjerno konzumira alkohol duže vrijeme. U ranom odrastanju opisuje iskustva nerazumijevanja, neuvažavanja, sputanosti i emocionalne depriviranosti od strane roditelja. Majka je bila pasivna u odgoju, a otac grub. Unazad više godina liječen je psihijatrijski zbog smetnji uzrokovanih sudjelovanjem u ratu, poremećaja ličnosti i štetne uporabe alkohola. Poremećaj ličnosti u medicinskoj dokumentaciji šifriran je pri svakoj hospitalizaciji kao F 60.8. Također je u više navrata hospitalno liječen zbog ovisničkog ponašanja kod poremećaja u strukturi ličnosti. Navodi da je prijame u bolnicu u alkoholiziranom stanju većinom svjesno isplanirao tako što je namjerno konzumirao veće količine alkohola kako bi „došao u bolnicu i odmorio se“. Od supruge se ipak dobiju posve suprotni heteroanamnestički podatci o razlozima i načinima na koje je pacijent bio hospitaliziran. Prema supruzi sklon je izvrtanju događaja i manipulaciji. Tijekom hospitaliza-

ships and patterns of reactivity as well as of the grand experience of self (16,32,33). Of the nine symptoms listed in the DSM there was a high level of variability for six of them:

- grandiose fantasies,
- uniqueness,
- seeking special rights,
- arrogant behaviour,
- exploitation,
- lack of empathy.

Three symptoms of NPD were shown to be stable:

- envy,
- the need for admiration,
- excessive emphasizing of one's own talents and achievements.

OVERVIEW OF NARCISSISTIC DISORDER IN GROUP ANALYSIS

Marko was a 49-year-old patient, employed, highly positioned at work, married, father of two grown sons and well-situated. To questions ranging from family heredity to mental illness, he states that his father has been consuming excessive amounts of alcohol for a long time. As for early childhood, he describes experiences of misunderstanding, disregard, inhibition and emotional deprivation by his parents. The mother was passive in the upbringing, and his father was strict. For the past several years he had been treated psychiatrically for disturbances caused by his participation in the war, personality disorders and harmful use of alcohol. The personality disorder in medical records is coded at each hospitalization as F 60.8. He has also been hospitalized several times because of addictive behaviour as part of the disorders in the structure of his personality.

The patient stated that most of his admissions to the hospital in an alcoholic state were consciously planned by intentionally consuming larger amounts of alcohol to "come to the

cija na odjelu, razvidno iz dekursusa, uvijek je bio neupadan i suradljiv. Hospitalizacije je mahom napuštao na vlastiti zahtjev. Potpuno je nekritičan spram pretjerane konzumacije alkohola uz sklonost racionalizaciji i negiranju. U medicinskoj dokumentaciji evidentirani su i povremeni konflikti u obitelji, a u jednom je navratu imao mjeru obveznog psihijatrijskog liječenja zbog nasilja u obitelji.

Prema zadnjem psihologijskom testiranju pacijent je visoko iznadprosječnog intelektualnog funkcioniranja. Bilježilo se nisko temeljno samopoštovanje i samopouzdanje te generalizirana nepovjerljivost. Osnovni obrazac prilagodbe umnogome je podređen „krpanju" narcističnih lezija uz sustavno zapostavljanje potreba za bliskošću. Kompulzivno je fokusiran na formalni aspekt socijalne i profesionalne afirmacije što mu donosi narcističnu gratifikaciju. Frustracije racionalizira, negira i/ili projicira. Sklon je omnipotentnom postavljanju, zazire od „jadanja i pokazivanja slabosti". Kada se silom prilika susretne sa vlastitom nemoći (ograničenja) reagira tjeskobom, depresivnim otklonom, sramom, samoizolacijom i pasivizacijom.

Tijekom dolaska u aktualnu terapiju grupne analize bio je na bolovanju. Bolovanje je uslijedilo posljedično kumulativnim frustracijama u okviru teškoća prilagodbe nezadovoljavajućem i frustrirajućem poslovnom okruženju gdje se osjeća zakinut, omalovažen i podcijenjen. Neadekvatna je i obiteljska situacija u smislu manjka emocionalne uzajamnosti sa suprugom i djecom. Nedostatak bliskih emocionalnih odnosa racionalizira. U terapiji o tome priča s pasivnom ljutnjom kao da očekuje da bliskost od članova obitelji bude usmjerena prema njemu, ali ne i u suprotnom smjeru. Blažu depresivnu dekompenzaciju prati pasivna agresivnost, infantilna ljutnja, ogorčenost i doživljaj prikraćenosti. Alkohol konzumira radi „otupljenja" afekta, čemu pribjegava u situacijama pojačanog stresa kada prijeti otkazivanje osnovnih obrambenih mehanizama. Površno je svjestan

hospital and rest". However, his wife gave completely opposite heteroanamnestic information on the reasons and the ways in which the patient was hospitalized. According to his wife, he was inclined to distort and manipulate events. During hospitalization at the department, apparent from the decorsus, he was always unobtrusive and cooperative. He mostly left hospitalizations at his own request. He was completely uncritical about the excessive consumption of alcohol, with a tendency to rationalize and negate. In medical records, occasional family conflicts were also recorded, and at one time there was a measure of compulsory psychiatric treatment due to family violence.

According to the most recent psychological test, the patient had high above-average intellectual functioning. Low self-esteem and self-confidence as well as generalized mistrust were noted as well. The basic pattern of adaptation was greatly subordinated to the "patching up" of narcissistic lesions with a systematic neglect of the need for closeness. It was compulsively focused on the formal aspect of social and professional affirmation that brings narcissistic gratification. Frustrations were rationalized, denied and/or projected. He was inclined to take an omnipotent attitude and shied away from "misery and weakness". When he was forced to confront his own impotence (constraints), he responded with anxiety, depression, shame, self-isolation and passivation.

The patient was on sick leave upon arrival to the current therapy group. The sick leave had been initiated by cumulative frustrations from the difficulties in adjustment to an unsatisfactory and frustrating business environment where he felt deprived, belittled and underrated. The family situation was also inadequate in the sense of a lack of emotional reciprocity with his wife and children. He rationalized the lack of close emotional relationships. In therapy, he talked about this with passive anger, as if expecting the attentions of family members to

vlastitih neadekvatnih obrazaca prilagodbe, ali jasniji uvid priječi rigidnost i narcistična vulnerabilnost, odnosno teškoće prihvaćanja konfrontacije.

Kod pacijenta su naznačene uz dominantno narcistična obilježja ličnosti, disocijalna i pasivno-agresivna obilježja.

Pacijent je u grupnoj terapiji zadnjih šest seansi te ćemo prikazati njegov rad u grupi u to vrijeme koji, iako kratak, obiluje narcističnom psihopatologijom i sukladnim obrascima ponašanja u grupi.

Tijekom Markove prve seanse nakon kraćeg otpora grupe novom članu u smislu ignoriranja njegovog dolaska, Marko se predstavlja i počinje opisivati svoj život kronološkim redom. Iznosi niz činjenica, reference svog uspjeha i postignuća na raznim poljima života bez afektivne popraćenosti. Svi članovi osim jednog, Filipa, s također narcističnim crtama, gledaju u pod, a Filip pozorno prati sve što Marko govori. Filipova zainteresiranost vjerojatno dodatno Marka motivira da nastavi detaljno izlaganje. Svoj život Marko gotovo idealizira. S obzirom na Markovu sklonost idealiziranju, gotovo hvaljenju svog života bez problema, pitam ga koji su razlozi što se odlučio na grupnu terapiju. Facijalnom ekspresijom pokazuje začuđenost zbog prekidanja dužeg izlaganja, te daje do znanja da mu se ne sviđa pitanje. Navodi da je njegov problem alkohol, ali da alkohol zapravo nije problem, jer on to drži pod kontrolom i da se on napije kad želi doći u bolnicu i maknuti se od svega. Uzimanje alkohola racionalizira. Kratko se dotakne razloga nedavne intoksikacije alkoholom i sudskog spora zbog povrede prava iz radnog odnosa. Član grupe Ivan upita ga zašto je na sudu, ali konkretan odgovor Marko izbjegava, mijenja temu i opisuje svoje radno mjesto i uvjete. Nikome nije jasan razlog sudskog spora pa nastavljaju s nizom potpitanja na koja im ne daje konkretne odgovore zbog čega na kraju odustaju. Na svaki upit člana grupe Marko ne

focus on him, but not vice versa. Milder depressive decompensation was accompanied by passive aggressiveness, infantile anger, bitterness and experience of deprivation. He consumed alcohol in order to "blunt" the affect in situations of increased stress when threatened with cancellation of basic defence mechanisms. He was superficially aware of his own inadequate patterns of adaptation, but clearer insight was prevented by rigidity and narcissistic vulnerability, i.e. difficulties in accepting confrontation.

The patient was characterized by the dominant features of narcissistic personality and dissociative and passive-aggressive features.

The patient has in group therapy for the last six sessions as of this writing, and we will present his work in the group at that time, which, though brief, was abundant with narcissistic psychopathology and consistent patterns of behaviour in the group.

During Marko's first session, after the group's short resistance to the new member in the sense of ignoring his arrival, Marko presented himself and began to describe his life in chronological order. He stated a number of facts and references to his success and achievement in various fields of life without affective accompaniment. All members except one, Philip, who had narcissistic traits, looked at the floor, while Philip was closely following everything that Marko said. Filip's interest likely further motivated Marko to continue the detailed presentation. Marko almost idealized his own life. Considering Marko's tendency to idealize, almost praising his life and presenting it without any problems, I asked what his reasons for choosing group therapy were. His facial expression showed his astonishment with the interruption of his long exposition, and he made it known that he did not like the question. He argued that his problem was alcohol, but that alcohol was not really a problem because he kept it under control and only got drunk when he wanted to go to the hospital to get away from it all. He rationalized his drink-

reagira najbolje u smislu ili da ignorira pitanje ili člana koji postavlja pitanje pogleda ispod oka. U svojim odgovorima ističe svoje uspjehe na poslu. Nakon što je iznio niz uspjeha na radnom mjestu počinje pričati o nezadovoljstvu bračnim odnosima. Kao razlog nezadovoljstva i konflikata navodi sklonost supruge pretjeranom iskazivanju osjećaja, pretjeranoj privrženosti i predbacivanju da nema emocionalnog odgovora s njegove strane. Opisujući suprugu, dobije se dojam da njezino ponašanje prikazuje kao pretjerano privrženo, da je puna ljubavi prema njemu, gotovo kao da ga „obožava". Dalje racionalizira svoje ponašanje u smislu manjka emocionalnog odgovora s njegove strane navodeći da „muški to ne rade". Grupa obeshrabrena izostankom adekvatnih odgovora,više ne postavlja potpitanja, a Marko nastavlja dominirati gotovo cijelom seansom. Zatim nastavlja o nezadovoljavajućim odnosima s djecom prikazujući ih kao neuspješne u usporedbi sa sobom, pogotovo što se tiče školskog uspjeha. Opisuje što im je sve omogućio, te kako su nezahvalni. Jedno od djece mu je prigovorilo da ne mora doktorirati da bi znao živjeti. U isto vrijeme pokušava tu situaciju prikazati kao da mu djeca prigovaraju i predbacuju, ali s isticanjem vlastita uspjeha. Dobijem dojam da se silno trudi da grupi pokaže kako je uspješan, kako je doktorirao, stekao znanstvenu titulu docenta, radi kao vještak, zarađuje mnogo novca i sl. Upitam ga što misli zašto mu je sin to rekao, a on odgovori, jer ga je htio uvrijediti. Opisuje također slab odnos sa starijim sinom, te kako ga nikad ne zove na telefon. Komunikacija s djecom većinom se odvija posredno preko supruge. Član grupe ga pita zašto on ne potencira češće druženje sa sinom koji se odselio, na što kaže da se valjda sin treba njemu javiti i on to potencirati. Nakon nekoliko rečenica i to ponašanje opravda, govori kako nemaju vremena, puno rade, sin ima svoj život i svoje prijatelje. Pri kraju grupe Filip navodi da se vidi u njemu, iako se ostatak grupe sa time ne slaže.

ing. He briefly touched upon the reasons for his recent alcohol intoxication and a court dispute for breach of employment rights. Ivan, a group member, asked him why he was in court, but Marko avoided giving a specific answer, changed the subject and described his workplace and conditions. No one was clear on the cause of the court dispute, and they continued with a series of questions that did not receive clear answers, after which they ultimately gave up. Marko did not respond properly to any question posed by a member of the group, and would respond in a way that missed the sense of the question, simply ignored the question or would keep surreptitiously glancing at the member that had posed the question. In his answers, he pointed out his success at work. Having put forth a series of workplace successes, he began to talk about his dissatisfaction with his marital relationships. He claimed his wife's tendency to exaggerate feelings, excessive attachment and reproach for no emotional response from his side was the cause of his dissatisfaction and the conflict. When he described his wife, one got the impression that he presented her behaviour as overly affectionate, full of love for him, almost as if she "worships" him. He further rationalizes his behaviour in the sense of a lack of emotional response from his side by saying "men don't do it". The group, discouraged by the lack of adequate responses, no longer asked question, and Marko continued to dominate almost during the entire session. He continued by talking about his unsatisfactory relationships with his children, presenting them as unsuccessful in comparison with himself, especially as far as school success was concerned. He described everything he has made possible for them and how ungrateful they were. One of the children complained to him that he did not have to have a doctorate to know how to live. At the same time, he tried to present this situation as if his children complain and are reproachful, but with an emphasis on their own success. I got the impression that he was making great efforts to show how successful he was, as he had received a

Tijekom druge seanse Markova narcistična patologija dolazi do izražaja kada ga u njegovom izlaganju prekine jedan od članova grupe sa željom da iznese svoje iskustvo. Na ubacivanje u riječ Marko vrlo burno reagira, bijesan je, te prigovara dotičnom članu grupe. Filip koji je u prethodnoj grupi smatrao da ima dosta sličnosti s Markom i koji je u prethodnim seansama prorađivao dijelove svoje patologije, konfrontira Marka s njegovim bijesom. Objašnjava kako je i on prije znao burno reagirati kada ga netko prekine, jer je smatrao da ga time vrijeđa i omalovažava. Marko ne pristaje na ponuđenu Filipovu interpretaciju te racionalizira svoj istup. Brzo se nakon toga povlači i šuti do kraja grupe.

Tijekom treće seanse se uključuje u grupni rad odmah na početku grupe i obraća samo voditelju ignorirajući druge članove grupe. Doima se veseo. Govori kako je popravio odnos sa sinom, opisuje bolje odnose sa suprugom zadnjih nekoliko dana, iznosi niz pojedinosti. Navodim da mi se čini kao da traži potvrdu od voditelja i grupe (koja ga je kritizirala zbog odnosa s djecom) da je nešto dobro napravio s čime se djelomično slaže. Šuti do kraja grupe, ali ju aktivno prati.

Tijekom četvrte grupe Marko iznosi konflikt s obitelji oko jednog važnog događaja te kako smatra da bez njegove pomoći oni to neće moći organizirati. Racionalizira svoje pasivno agresivno ponašanje u tom slučaju i neadekvatan obrazac ponašanja. Zbog neslaganja oko detalja organizacije potpuno se isključio i prekinuo suradnju s obitelji oko tog događaja. Ponovno ga s ponašanjem konfrontira Filip koji mu opisuje kako je i on znao slično reagirati.

U petoj seansi grupu započinje Marko i priča o relativnosti života, kako se on sa svime pomirio, kako je sve tako kako je i ne može se promijeniti. Jedna članica grupe, Marija, kaže da se ljudi odluče na grupnu terapiju kad smatraju da ipak mogu nešto promijeniti i da i on sigurno ima nešto za promijeniti. Ne daje konkretan

doctorate, gained the scientific title of a docent, worked as an expert, earned a lot of money and so on. I asked him why he thinks that his son told him that, and he replied it was because he wanted to offend him. He also described a poor relationship with his older son, and how he never calls him on the phone. Communication with children mostly took place indirectly through his wife. A member of the group asked him why he did not encourage more frequent socializing with the son that had moved away, to which he answered that the son should contact him, emphasizing it was the son's duty. Only a few sentences later he also justified this behaviour in his sons, saying how they do not have the time, they work a lot, the son has his own life and his friends. At the end of the group session, Philip claimed that he can see himself in Marko, although the rest of the group does not agree with that.

During the second session, Marko's narcissistic pathology was evident when he was interrupted in his speech by one of the group members with the desire to share their own experiences. Marko reacted very violently to the interruption; he was angry and complained about that member of the group. Philip, who in the previous group session believed that he had a lot of similarity with Marko and who had been analysing parts of his pathology in previous sessions, confronted Marko on his anger. He explained how he had also previously been known to react violently when someone interrupted him because he thought he was insulting and belittling him. Marko did not agree with the interpretation of offered by Philip and rationalized his action. Quickly thereafter he withdrew and was silent until the end of the group session.

During the third session, he joined in group work immediately at the beginning of the group and addressed himself only to the leader, ignoring the other members of the group. He seemed cheerful. He said he had improved his relationship with his son, described an improved relationship with his wife in the last couple of

odgovor, zatim kaže kako ni ne zna zašto je tu, jer je njemu u životu, kad promisli, baš super, situiran je, ima super posao, zdrav je, ima obitelj, aludirajući kako je u boljem položaju od drugih članova grupe. To izaziva bijes u ostatku grupe, te ga konfrontiraju kako im se čini da i nije tako. Na njihove pokušaje konfrontacije sve odbacuje s podsmjehom.

Tijekom šeste grupne seanse na kojoj je Marko, vodi se tema što je važnije nasljeđe ili okolina. Grupa oscilira između dvije teze te zaključuje kako je važnija okolina. Tijekom njihovog konstruktivnog razgovora Marko se nekoliko puta ubacuje iznoseći svoje neslaganje s bilo kakvim zaključkom. U jednoj situaciji čak je i sam sebi kontradiktoran, ali dominira izražaj njegova neslaganja i proturječja što posebno smeta jednoj članici grupe koja ga konfrontira na što se Marko ovlaš nasmije.

Tijekom samo šest seansi kojima je do sada pacijent prisustvovao može se iščitati obilje narcistične psihopatologije koja je navedena u prije opisanom tekstu. Smatra se da bi pacijent od grupne terapije u perspektivi mogao imati koristi u empatičnoj konfrontaciji, dozvoljavanju razvoja idealizirajućeg i zrcalećeg transfera, te povratnom odgovoru od grupe na osjećaje koje u njima izaziva njegovo ponašanje.

RASPRAVA I ZAKLJUČAK

Zdravi međuljudski odnosi su karakterizirani empatijom i usmjerenošću na osjećaje drugih, interesom za ideje drugih i tolerancijom ambivalencije u dugotrajnim emocionalnim vezama bez odustajanja te mogućnošću spoznavanja doprinosa svake strane nekog sukoba. Osobe s narcističnim poremećajem ličnosti s druge strane pristupaju ljudima kao objektima zadovoljenja vlastitih potreba koje odbacuju nakon njihovog zadovoljenja bez brige o osjećajima drugih. Ljudi se ne vide kao osobe sa zasebnim postojanjem i vlastitim potrebama. Narcistične

days and gave a series of details. I stated that it seemed to me that he was looking for confirmation from the leader and the group (who had criticized him for his relationship with his children) that he was doing something well, with which he partially agreed. He was silent until the end of the group, but actively followed the discussion.

During the fourth session, Marko reported a family conflict around an important event and thought that without his help they would not be able to organize the event. He rationalized his passive-aggressive behaviour and his inadequate pattern of behaviour. Because of the disagreement around the details of organization, he completely cut himself off and ended collaboration on the event with the family. Again, Philip confronted him and described to him that he used to react in a similar fashion.

In the fifth session, the group began with Marko talking about the relativity of life and that he has accepted that everything is the way it is and that it cannot be changed. One member of the group, Marija, said that people opt for group therapy when they feel that they can change something and that he certainly has something to change. He did not give a specific answer, only saying he did not even know why he was there because when he thought about it, everything in his life was going great, he was well-situated, had a great job, was healthy and had a family, also implying he was in a better position than other group members. This provoked rage in the rest of the group and they confronted him by saying that to them it did seem like that. He dismissed their attempts to confront him with ridicule.

During Marco's sixth group session, the theme of the session was whether heredity or the environment is more important. The group oscillated between the two theses and concluded that the environment is more important. During their constructive conversation, Marko joined in on several occasions by expressing his disagreement with any conclusion. In one situation he was even self-contradicting, but his

osobe mogu biti stvarno talentirane, međutim, njihovi talenti, koji imaju izvorište u pravom selfu, iskorištavaju se u službi lažnog selfa. Emocionalni teret očekivanja i zahtjeva okoline koji su internalizirani postali su preveliki. Kao prilagodba velikim i nerealnim očekivanjima razvili su hipertrofirani lažni self, a njihov je autentični self progresivno izgubio pristup svjesnom egu, te je ostao zarobljen u nesvjesnom, gdje je njegov razvoj zaustavljen.

Mnoge vrlo uspješne osobe imaju naznačene narcistične crte ličnosti prije svega jer narcizam dovodi do velikih ambicija koje pokušavaju, a često i uspijevaju ostvariti. Za njih neostvarenje ambicije vodi poniženju koje grčevito pokušavaju izbjeći, stoga neuspjeh nije opcija. Međutim ako te crte nisu nefleksibilne, tvrdokorne i trajne u svim situacijama uzrokujući funkcionalne teškoće ili subjektivni distres, ne označuju se kao narcistični poremećaj ličnosti. Cilj liječenja je smanjiti dominaciju lažnog selfa te jačanje pravog selfa narcističnih pacijenata. Zadatak je razviti sposobnost samoopservacije grandioznih fantazija koji u konačnici vodi njihovom odbacivanju. Uz adekvatnu konfrontaciju i interpretaciiju kod pacijenta bi trebalo doći do odricanja od idealizirane slike selfa. Neki autori preporučuju i navode kako bi kombinirana individualna i grupna psihoterapija mogla imati koristi za narcistične pacijente. Naime, u grupi narcistični pacijenti se konfrontiraju s činjenicom da drugi imaju potrebe također te da ne mogu očekivati da će biti u centru pažnje cijelo vrijeme. Također, narcistični pacijenti mogu imati koristi od *feedback*-a - odgovora drugih zbog utjecaja i načina na koji njihove crte osobnosti utječu na druge. Ipak, ne preporuča se u grupi imati više od jednog narcističnog pacijenta istovremeno zbog pacijentovih potreba i zahtjeva koje mogu preplaviti i nadjačati potrebe drugih članova grupe (26). Grupnu terapiju narcistični bolesnici teže podnose od individualne terapije gdje je sva pažnja usmjerena na njih. U grupi moraju dijeliti

contributions were dominated by the expression of his disagreement and contradiction, which specifically affected one of the members of the group that confronted him, to which Marko only laughed.

During the six sessions in which the patient had been present, one can observe an abundance of narcissistic psychopathology that is described above. It is believed that the patient could benefit from group therapy in the future through empathic confrontation, allowing the development of an idealizing and reflective transfer and a response from the group to the feelings that his behaviour causes in them.

DISCUSSION AND CONCLUSION

Healthy interpersonal relationships are characterized by empathy and focus on the feelings of others, interest in their ideas, tolerance of ambivalence in long-lasting emotional relationships without giving up and the ability to recognize the contributions of each side of a conflict. People with narcissistic personality disorder, on the other hand, approach people as objects for meeting their own needs that they reject after satisfying those needs without worrying about the feelings of others. People are not seen as individuals with a separate existence and their own needs. Narcissists can be very talented; however, their talents, having the true self as the source, are exploited in the service of the false self. The emotional burden of expectations and requirements of the environment that has become internalized has become too great. As an adaptation to great and unrealistic expectations, they developed a hypertrophied false self, and their authentic self progressively lost access to the conscious ego and remained imprisoned in the unconscious, where its development was stopped.

Many very successful individuals have marked narcissistic personality traits first and foremost because narcissism leads to great ambitions that they try and often succeed in realizing.

vrijeme, voditelja, iskustva što im teško pada. Najteže im ipak pada izloženost kritici ili neslaganju drugih članova grupe.

Istraživanje koje je tri godine pratilo pacijente s NPL-om u terapiji pokazalo je smanjenje narcističnih simptoma u području interpersonalnih odnosa i obrazaca reaktivnosti kao i grandioznog doživljaja sebe (15,31,32). Tri simptoma NPL-a pokazala su se stabilnima, a to su zavist, potreba za divljenjem i prenaglašavanje svojih talenata i postignuća.

For them, unrealized ambitions lead to humiliation that they frantically trying to avoid, so failure is not an option. However, if these traits are not inflexible, stubborn and persistent in all situations causing functional difficulties or subjective distress, they are not classified as narcissistic personality disorder. The goal of the treatment is to reduce the domination of the false self and strengthen the true self of narcissistic patients. The task is to develop the ability of self-preservation of grand fantasies that ultimately leads to their rejection. With adequate confrontation and interpretation in the patient, there should be a renunciation of the idealized self-image. Some authors recommend and suggest that combined individual and group psychotherapy could benefit narcissistic patients. Namely, in a group narcissistic patients are confronted with the fact that others have needs as well and that they cannot expect to be in the centre of attention all the time. Furthermore, narcissistic patients may benefit from feedback-responses from others due to the influence and the way their personality traits affect others. However, it is not recommended to have more than one narcissistic patient in a group at the same time because the patient's needs and requirements can overwhelm and overcome the needs of other group members (26). Narcissistic patients tolerate group therapy with more difficulty than individual therapy where all the attention is directed at them. In the group they must share the time, the leader and the experience, which is very difficult for them. However, what is most difficult for them is exposure to criticism or disagreement with other group members.

The three-year follow-up of patients with NPD in therapy showed a reduction in narcissistic symptoms in the area of interpersonal relationships and patterns of reactivity as well as of the grandiose experience of the self (15,31,32). The three symptoms of NPD were found to be stable: envy, the need to be admired and overemphasizing of their talents and achievements.

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