Dinamika srama u psihoterapiji osoba ovisnih o alkoholu

/ *Dynamics of Shame in Psychotherapy of Alcoholics*

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Cilj ovog članka je naglasiti psihodinamsku ulogu srama u alkoholizmu te njegovu važnost u procesu psihoterapijskog liječenja osoba s dijagnosticiranim sindromom ovisnosti o alkoholu. Velika većina osoba ovisnih o alkoholu emocionalno je nezrela, a sram je snažno utjecao na izgradnju njihovih ličnosti. Sram je odredio razvoj njihovih identiteta te je potaknuo nastanak duboko ukorijenjenih emocija nepovjerenja, krivnje, inferiornosti i izolacije. Grupna psihoterapija prva je linija psihoterapijskog liječenja alkoholizma. No, njezin pozitivan ishod ograničen je činjenicom da se, upravo zbog sustava scenarija zasnovanog na sramu te često popratne anksioznosti i emocionalne labilnosti, osobe ovisne o alkoholu nerado pridružuju grupi, a ako joj se i pridruže, najčešće je to kratkoročno. U ovom članku razmatramo stilove grupnih psihoterapija koji bi mogli imati pozitivniji ishod u liječenju osoba ovisnih o alkoholu. Analiza objavljene literature ukazala je na nedostatak integrativnog psihoterapijskog pristupa liječenju.

/ The aim of this article is to highlight the psychodynamic role of shame in alcoholism and its importance in the psychotherapeutic treatment of alcoholics. Alcoholics are often emotionally immature and have a shame-based personality. Shame has strongly influenced the development of their identity and led to deeply ingrained feelings of mistrust, guilt, inferiority, and isolation. Group psychotherapy is the first line of psychotherapeutic treatment of alcoholism, but its successfulness is limited by the fact that alcoholics find joining and staying in a group quite difficult due to a shame-based script system and accompanying anxiety and emotional lability. We discuss the styles of psychotherapeutic groups that may be more effective with alcoholics. A review of published literature indicated the lack of integrative psychotherapeutic treatment.

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UVOD

Alkoholizam, kao treći najčešći zdravstveni poremećaj uz kardiovaskularne i maligne bolesti, važan je socio-medicinski problem u mnogim državama (1). Stopa alkoholizma povećava se jednako kao i stopa nasilja i smrti povezanih s alkoholizmom. Godine 2015. u Hrvatskoj su od ukupnog broja hospitaliziranih psihijatrijskih pacijenata 18,2 % bile osobe ovisne o alkoholu, ne računajući pacijente na odjelima interne medicine, traumatološkim odjelima ili u općim bolnicama koji su liječeni od sekundarnih bolesti koje se mogu razviti kao posljedica zlouporabe alkohola (2). Jedno novije istraživanje provedeno u Hrvatskoj otkrilo je da je 6% odraslih muškaraca ovisno o alkoholu te da ih 15 % umjereno konzumira alkohol (3).

DEFINICIJA ALKOHOLIZMA

Alkoholizam je složeni socijalni i medicinski fenomen čije liječenje zahtijeva kombinaciju individualnog-kliničkog i socijalnog-psihijatrijskog-psihoterapijskog pristupa. Brojni pristupi koji se koriste u liječenju alkoholizma, poglavito genetički, biološki, kemijski, patofiziološki te socio-kulturni, razvojni i psihodinamski, odražavaju problematiku kompleksnosti shvaćanja alkoholizma. Samim time čini se da je interdisciplinarni i integrativni pristup jedini mogući pristup koji će omogućiti dublje razumijevanje fenomena alkoholizma budući da mnoga nastojanja da se razvije jedinstvena teorija alkoholizma ili da se identificiraju tipovi „pre-alkoholnih" ličnosti nisu iznjedrila željene rezultate (4).

Predložene su mnoge definicije alkoholizma, neke od njih biološki ili psihološki orijentirane, a jedan manji broj ih se temeljio na sociološkim razmatranjima. Skupina stručnjaka pri Svjetskoj zdravstvenoj organizaciji (WHO) (5) predložila je definiciju koja je snažno utjecala na razvoj alkohologije.

INTRODUCTION

Alcoholism, as the third most frequent disorder after cardiovascular and malignant diseases, represents a significant socio-medical problem in many countries (1). The number of alcoholics is increasing, and so are alcohol-related violence and deaths. In 2015 in Croatia, 18.2% of psychiatric inpatients were alcoholics, not including the patients treated at departments of internal medicine, traumatology, or in general practice for disorders secondary to alcohol abuse (2). A recent study in Croatia showed that 6% of the adult male population is alcoholic and 15% are moderate alcohol consumers (3).

DEFINITION OF ALCOHOLISM

Alcoholism is a complex social and medical phenomenon, and the treatment for alcoholism requires a combined individual-clinical and social-psychiatric-psychotherapeutic approach. The complexity of understanding the problem of alcoholism is reflected in the number of approaches used, from genetic, biological, chemical, and pathophysiological to socio-cultural, developmental, and psychodynamic. Thus, it seems that the only possible approach to understanding the phenomenon of alcoholism is an interdisciplinary and integrative approach, as many attempts to develop a single theory of alcoholism or identify types of "pre-alcoholic" personality have failed (4).

Many definitions of alcoholism have been proposed, some biologically-oriented, some psychologically-oriented, and some socially-oriented. A group of experts from the World Health Organization (5) suggested a definition that has greatly influenced the development of alcohology.

Alcohol-related disorders in the 10th International Classification of Diseases (ICD) are

Prema 10. Međunarodnoj klasifikaciji bolesti (*10th International Classification of Diseases - ICD*) poremećaji povezani s alkoholizmom klasificirani su na sljedeći način: štetna uporaba, sindrom ovisnosti, stanje apstinencije, stanje apstinencije s delirijem, psihotični poremećaji, psihotični poremećaji uključujući alkoholnu halucinozu, alkoholnu ljubomoru, alkoholnu paranoju, amnestički sindrom i rezidualni psihotični poremećaj (6). Dijagnostički i statistički priručnik za duševne poremećaje (*The Diagnostic and Statistical Manual, version V - DSM-V*), zlouporabu i ovisnost o alkoholu spaja u jedan poremećaj koji naziva ovisnošću i srodnim poremećajima uz blagu, umjerenu ili izraženu kliničku sliku (7).

ETIOLOGIJA ALKOHOLIZMA

Alkoholizam je iznimno kompleksan odraz niza karakteristika osobe i značajki socijalnog okruženja u kojemu osoba živi (8). Uzroci alkoholizma mogu se podijeliti u tri glavne skupine: a) biološke teorije koje uključuju nasljednu i genetičku teoriju (9), neurobiološku teoriju (10) i neurobihevioralnu teoriju (11); b) psihološke teorije (12); i c) socio-kulturne teorije: uključujući teoriju sustava (13,14), teoriju socijalnog učenja (15), antropološke teorije (16,17) i gospodarske teorije (18).

ZNAČAJKE LIČNOSTI OSOBA OVISNIH O ALKOHOLU

U prošlosti je bilo mnogo pokušaja klasifikacije osoba ovisnih o alkoholu na temelju njihovih bioloških, socioloških i psiholoških karakteristika. Najnovija ih literatura opisuje prema karakteristikama njihove ličnosti, navikama povezanima s konzumiranjem alkohola, psihopatologiji i psihičkim značajkama (19-21).

Pregledni članak koji analizira objavljena psihoterapijska istraživanja (22) navodi neurotičnost, slabost ega, ovisnost i promjene ličnosti

as follows: harmful use, syndrome of dependency, condition of abstinence, condition of abstinence with delirium, psychotic disorders including alcoholic hallucination, alcoholic jealousy, alcoholic paranoia, amnestic syndrome, and residual psychotic disturbances (6). The Diagnostic and Statistical Manual, version V (DSM-V), combines alcohol abuse and alcohol dependence into a single disorder called alcohol use disorder with mild, moderate, or severe clinical presentation (7).

ETIOLOGY OF ALCOHOLISM

Alcoholism is a very complex reflection of the mixed characteristics of a person and their social surroundings (8). The causes of alcoholism can be divided into three main groups including a) biological theories that encompass hereditary or genetic theories (9), neurobiological theory (10), and neurobehavioral theory (11); b) psychological theories (12); and c) socio-cultural theories encompassing the theory of systems (13,14), the theory of social learning (15), anthropological theories (16,17), and economic theories (18).

PERSONALITY CHARACTERISTICS OF ALCOHOLICS

In the past, there have been numerous attempts to classify alcoholics into groups according to their biological, sociological, and psychological characteristics. The most recent literature describes alcoholics according to their personality characteristics, drinking habits, psychopathology, and psychological characteristics (19-21).

A review article of published psychotherapy research (22) listed neuroticism, a weak ego, addiction, and personality changes as the main psychodynamic personality characteristics of an alcoholic. There is ample evidence of a weak

kao glavne psihodinamske karakteristike ličnosti osoba ovisnih o alkoholu. Brojni su dokazi koji potvrđuju prisutnost slabog ega kod osoba ovisnih o alkoholu, njihove psihopatološke crte ličnosti, antisocijalno ponašanje, hostilnost kao posljedicu nemogućnosti kontrole poriva, impulzivnost, nisku toleranciju frustracija, teškoće u uspostavljanju odgovarajućih odnosa, probleme sa seksualnim identitetom te negativne predodžbe o sebi (engl. *self-images*) (12, 23-27).

Većina psihoanalitičara smatra da se uzrok alkoholizma krije u brojnim specifičnim neuspjesima u emocionalnom razvoju osobe te u obiteljskom okruženju. Što se trauma ranije dogodila u razvojnom procesu, ili što je ranije u životu zaustavljen razvoj, što je ranije došlo do ekspresije nezrelijeg ponašanja, slabijeg ego-identiteta i ličnosti, nezrelijih mehanizama obrane, to je problem zlouporabe alkohola ozbiljniji i slabija je prognoza ishoda liječenja (4,26,28-33).

Prema Hartmanu (34) i Austrianu (35), sposobnost ega da neutralizira agresiju odraz je snage i zrelosti ega, što je važno za uspostavljanje stabilnih objektnih odnosa. Eriksonova teorija (36,37) opisuje slijed faza razvoja ega tijekom života. Ta psihosocijalna teorija razvoja i Hartmanova adaptacija (34) pružaju nam konceptualno objašnjenje psihičkog razvoja osobe tijekom života, u svakoj fazi njezina psihosocijalnog razvoja. Osobu ovisnu o alkoholu Erickson opisuje kao osobu s negativnim ego-identitetom koji umanjuje i dokida sposobnosti te osobe. Razvojni je model adekvatan budući da je razvoj identiteta odrasle osobe interaktivan proces između djeteta, obitelji i šireg društva (36). Sram kod odrasle osobe snažno je povezan s našim odnosom prema objektnom svijetu (38,39). Sram je jedna od najsnažnijih ljudskih emocija, koja nastaje kao rezultat negativne procjene cijelog selfa ili nekog aspekta selfa. Sram se javlja kao posljedica neprihvaćanja ili odbacivanja određenog dijela samoga sebe, odnosno dijela selfa kojega osoba ne može prihvatiti i integrirati u cjelovitu sliku sebe i osoba ne

ego in alcoholics, their psychopathological traits, antisocial behaviour, hostility as a sign of poor control of drives, impulsivity, low tolerance to frustrations, difficulties in establishing adequate relationships, problems with sexual identity, and a negative self-image (12,23-27).

Most psychoanalysts believe that the cause of alcoholism lies in numerous specific failures in the individual emotional development and family circumstances. The earlier in the developmental process the trauma happened, or the earlier the arrested development, the more immature the behaviour, the weaker the ego identity and personality, the more immature the defence mechanisms, the more serious is the drinking problem and the poorer is the prognosis (4,26,28-33).

According to Hartman (34) and Austrian (35), the capacity of the ego to neutralize aggression is the measure of the ego strength and maturity and is important in establishing stable object relationships.

Erikson's theory (36,37) describes the sequence of phases in ego development over a lifetime. This psychosocial theory of development and Hartman's adaptation (34) offer a conceptual explanation of the psychological development of an individual during life, in each phase of a person's psychosocial development. Erickson describes an alcoholic as an individual with a negative ego-identity that lessens and destroys their abilities.

A developmental model is appropriate since adult identity development is an interactive process between a child, its family, and the wider society (36). In the adult, shame has a great deal to do with our links to the object world (38,39). Shame is one of the strongest human emotions, resulting from the negative evaluation of the whole *self* or some aspect of the *self*. Shame occurs as a result of non-acceptance or rejection of a particular part of *the self*, or a part of the *self* which a person cannot

želi da taj dio nje uopće postoji. Javlja se u situacijama kada osoba uvidi i prepozna da je počinila neku povredu ili prekršila standard koji smatra važnim (40), što dovodi do intenzivnog preplavljujućeg osjećaja potpune nemoći, bezvrijednosti, beznačajnosti, želje da se osoba povuče u sebe, da nestane, „propadne u zemlju". Spada u moralne emocije i važan je za razvoj društva, kulturnih i društvenih normi te sprječava njihovo kršenje. Ovaj sram se naziva adaptacijskim sramom i možemo reći da je dobar, jer ima zaštitnu ulogu osiguravajući ponašanje u skladu s društvenim i kulturnim normama te je socijalno poželjan i konstruktivan, a može biti različitog intenziteta, za razliku od patološkog srama, koji se naziva prikriveni sram (engl. *hidden shame)*, koji se nalazi u podlozi raznih kliničkih patoloških fenomena kao što su destruktivna i agresivna ponašanja, suicidalnost, ovisnosti, alkoholizam, poremećaji uzimanja hrane, patološki narcizam, itd. (41,42).

Sve dosad, psihoterapijska istraživanja usmjerena na osobe ovisne o alkoholu uglavnom nisu bila usmjerena na pitanje srama, posebice ne na njegove različite manifestacije u ponašanju. Budući da je sram najčešći popratni osjećaj koji se javlja uz neuspjeh te u sebi nosi implikaciju prijetnje od odbačenosti, on ima posebice važnu ulogu u liječenju osoba ovisnih o alkoholu.

UTJECAJ SRAMA NA RAZVOJ IDENTITETA

Identifikacija je temeljni ljudski proces koji započinje unutar obitelji. Dijete se počinje formirati ugledavši se na jednog ili oba roditelja. Mi se identificiramo s našim roditeljima, starijom braćom i sestrama te bakama i djedovima. U mnogim obiteljima, osjećaji srama, straha i poniženosti prevalentni su elementi roditeljske klime koji snažno utječu na razvoj identiteta djeteta predškolskog uzrasta. Identifikacija zasnovana na ljubavi, strahu ili sramu razvija se na temelju roditeljskog modela skrbi za dijete (43).

accept and integrate into the whole *self-image*, and the person does not want that part of it to exist at all. It occurs in situations when a person realizes and recognizes that he/she committed a breach or violated the standard that is considered important (40), which causes an intense, overwhelming feeling of complete helplessness, worthlessness, and insignificance, a desires to withdraw into oneself, to disappear. It belongs to moral emotions and is important for the development of the society and the cultural and social norms, and prevents their violation. This shame is called adaptive shame and we can say that it is good because it has a protective role since it provides behaviour in accordance with social and cultural norms and is socially desirable and constructive, but may be of different intensity, in the contrast to pathological shame, also called hidden shame, which underlies various pathological phenomena such as destructive or aggressive behaviour, suicidality, addiction, alcoholism, eating disorders, pathological narcissism, etc. (41,42).

So far, psychotherapy research in alcoholics has mostly bypassed shame, especially its different manifestations in behavior. As shame accompanies failure and carries an implicit threat of abandonment, it is especially important in the therapy of alcoholics.

EFFECT OF SHAME ON THE DEVELOPMENT OF IDENTITY

Identification is a basic human process and begins within the family. A child begins modeling himself after one or both parents. We identify with our parents and older siblings and grandparents. In many families, shame, fear, and humiliation shape the parental climate and powerfully influence the development of the identity of a pre-school child. Love-based, fear-based, or shame-based identification develops according to the pattern of parental care (43).

Potreba za identifikacijom nešto je što nikad ne prerastemo, iako ona tijekom života može postati snažnije diferencirana. Taj primarni proces identifikacije s roditeljima postupno se prenosi i na neposredno okruženje, odnosno svijet nama važnih osoba. Proces identifikacije s osobama istog spola također se nastavlja, ali broj osoba s kojima se poistovjećujemo povećava se i uključuje učitelje, kulturu, mentore, profesionalnu identifikaciju itd.

Internalizacija je iznimno važna karika koja identifikaciju pretvara u identitet. Postoje tri glavna aspekta internalizacije. Prvi je internalizacija određenih emocija, vjerovanja ili stavova. Drugi je internalizacija načina kako se naši bližnji ophode prema nama – što je temelj našeg odnosa prema sebi. Treći je internalizacija identifikacije s negativnim porukama kao što su one zasnovane na strahu i/ili sramu nasuprot onih pozitivnih zasnovanih na ljubavi i poštovanju (44).

Mnogi se autori slažu da postoje tri motivacijska sustava – emocije, nagoni i potrebe – koji su snažno povezani s razvojnim procesom i sramom.

Postoje različita teorijska objašnjenja motivacijskih sustava. Silvan Tomkins vjeruje da je emocionalni sustav jedan važan motivacijski sustav (43,45). On opisuje devet temeljnih urođenih afekata koji su podložni ograničavajućem utjecaju srama (koje naziva *afektima zasnovanima na sramu* - engl. *affect-shame binds*). Za razvoj takvih afekata zasnovanih na sramu presudno je važno kako su roditelji i značajne druge osobe (druge osobe koje su važne u životu) reagirale na ekspresiju pojedinog afekta. Ako je poslije svake ekspresije nekog afekta dijete posramljeno, onda svaku njegovu sljedeću ekspresiju tog afekta kontrolira sram.

Drugi iznimno važan motivacijski sustav je sustav nagona. U psihoanalitičkoj teoriji, nagon je konceptualiziran pomoću seksualnosti (46,47). Sustav nagona povezuje se sa sramom, posebice seksualnost kao jedan od najvažnijih psiho-

We never outgrow the need to identify, although this need may become more differentiated during life. The first process of identification with parental figures gradually expands to the immediate world – the significant others. Identification with the same sex also continues, but the number of identification figures increases – teachers, culture, mentors, professional identification, etc.

Internalization is a very important link by which identification leads to identity. There are three main aspects of internalization. The first one is internalization of specific affects, beliefs, or attitudes. The second one is the internalization of the ways in which we are treated by significant others – this is the basis of our relationship with ourselves. The third aspect of internalization is identification images that can be negative, i.e. terror- and/or shame-based, or positive, i.e. love- and respect-based (44).

Many authors agree that there are three motivational systems – affects, drives, and needs – which are strongly connected with the developmental process and associated with shame.

There are different theoretical explanations of motivational systems. Silvan Tomkins thinks that one important motivational system is the affect system (43,45). He has described nine basic affects that are innate and can be bound and subjected to the limiting influence of shame (so-called affect-shame binds). For the development of such affect-shame binds, the way the parents and significant others respond to the expression of a particular affect is crucial. If each affect is followed by shaming, then the expression of the affect is controlled by shame.

Another very important motivational system is the drive system. In psychoanalytic theory, the drive has been conceptualized by sexuality (46,47). The drive system is associated with shame, especially sexuality as one of the most significant psychologically based drives, which

loški temeljenih nagona koji je duboko povezan s našom samosvjesnošću i seksualnim životom tijekom adolescencije i odrasloga života, a dio je i našeg unutarnjeg osjećaja adekvatnosti kao muškarca ili žene. On ima iznimno važnu ulogu u ljudskim odnosima.

Treći iznimno važan konceptualni motivacijski sustav, koji je središnji kada govorimo o ljudskoj motivaciji, identitetu i razvoju čovjeka, sustav je potreba (48-51). On se također može povezati sa sramom i sram ga može kontrolirati. Organizacija sustava potreba izrazito je kompleksna. Postoje brojne potrebe (52), kao što su potreba za odnosom, potreba za dodirom, potreba za prihvaćanjem, potreba za identifikacijom, potreba za diferencijacijom, potreba za hranom i potreba za afirmacijom.

Prema Kaufmanu, prethodno opisana tri motivacijska sustava arene su unutar kojih se sram može generirati i u konačnici može početi kontrolirati sve što se izravno poveže s njime (52). Razvoj afekata podložnih ograničavajućem utjecaju srama, nagona podložnih ograničavajućem utjecaju srama te potreba podložnih ograničavajućem utjecaju srama (engl. *affect-shame, drive-shame, and need-shame binds*) tri su važna čimbenika internalizacije. Tri glavna procesa internalizacije – način na koji doživljavamo sebe, načini kako se prema nama ophode značajne druge osobe (druge osobe koje su nam važne u životu), kakav unutarnji odnos gajimo sami prema sebi te naše poistovjećivanje s negativnim predodžbama vezanim za self – temelj su razvoja identiteta.

Dokaze povezanosti srama i identiteta pronalazimo u jeziku i predodžbama (53,54). Iskustva srama povezana sa *selfom* pomoću jezika možemo tumačiti kao presudno važna iskustva, npr. nešto ne valja sa mnom kao s osobom. Potraga za identitetom je glavni razvojni konflikt i podrazumijeva dva procesa u opoziciji - diferencijaciju i identifikaciju.

Koncept *selfa,* kao i mnogi drugi psihoanalitički termini su različito definirani, što i reflektira

is very deeply connected with our self-consciousness and sexual life in adolescence and adulthood, and is a part of our inner sense of adequacy as men and women. It plays a very important role in human relationships.

The third very important conceptual motivational system, which is central to human motivation, identity, and human growth, is the need system (48-51). It can become bound to and controlled by shame. The need system has a very complex organization. There are many specific needs (52), such as the need for relationships, the need for touching, the need for holding, the need for identification, the need for differentiation, the need to nurture, and the need for affirmation.

According to Kaufman, the three motivational systems described above are the arenas in which shame can be generated and eventually control whatever has become directly associated with shame (52). The development of affect-shame, drive-shame, and need-shame binds are three important contributors to internalization. The three main processes of internalization – our sense of who we are, the actual ways in which we are treated by significant others (an inner relationship with ourselves), and identifications with internal images – form the basis for identity development.

The link between shame and identity is evidenced in language and imagery (53,54). Through language, we can interpret shameful experiences about the self as essentially meaningful, i.e. something is wrong with me as a person. The search for identity is the main developmental struggle and includes seemingly opposing processes, such as differentiation and identification.

The concept of the *self,* like many other psychoanalytic terms, is differently defined, reflecting generally the diversity of current psychoanalytic theories (55). *Self psychology* emphasises a person's experience of being in

općenito različitost aktualnih psihoanalitičkih teorija (55). *Self psihologija* naglašava iskustvo osobe da bude u odnosu s drugim osobama kao i tijekom procesa terapije (56,57). Prema Kohutu razvoj kohezivnog *selfa* ovisi o emocionalnoj dostupnosti i odgovoru značajnih odraslih osoba kod djeteta i njihovom empatijskom odgovoru da osoba postigne zdravi razvoj *selfa* procesom zrcaljenja, idealizacijom, povezivanjem i optimalnom frustracijom. On smatra da je razvoj psihopatologije povezan s neuspjehom tih razvojnih procesa. Razvoj zdravog *selfa* se događa u tri osovine: grandioznost, idealizacija i povezivanje. Grandioznost omogućava stabilan osjećaj samopoštovanja, razvoj ambicije i svrhe i potreban je stabilan *self-objekt* koji će zrcaliti potvrdu kvaliteta i postignuća djeteta. Idealizacija omogućava postavljanje i održavanje stabilnih ciljeva i ideala povezivanjem sa *self-objektom* kako bi se razvili kapaciteti da se bude autentičan u izražavanju osjećaja u intimnim odnosima s drugim osobama. Kohezivni *self* se razvija ako su majka i značajne druge osobe dovoljno dobri, jer tada *self-objekti* postaju sve manje značajni i kohezivni *self* preuzima dominantnu ulogu. Osoba može razviti zdrave odnose s drugim ljudima pri čemu se ne traži od drugih osoba ili supstituta da popunjavaju *self-objektne funkcije*, jer je osoba razvila vlastitu kohezivnu *self* strukturu procesom transmutirajuće internalizacije (56). Prema psihodinamskim teorijama korijeni srama sežu u najranije djetinjstvo, odnosno dojenačku dob. U dojenačkoj dobi dijete ne razlikuje sebe i majku, njegov doživljaj je simbiotski i ono je u svojim očima stopljeno s majkom. Zbog problema u ranom dijadnom odnosu s prvim značajnim objektom, najčešće majkom, dijete ne nailazi na adekvatni empatijski odgovor, počinje se osjećati loše i bezvrijedno, jer nije uspjelo zadobiti očekivanu ljubav, pažnju i razumijevanje. Ako se takva iskustva ponavljaju, kod djeteta se generira nesiguran, nekohezivan i nedostatan osjećaj *selfa,* koji je osjetljiv na pojačani osjećaj srama (58,59). Ovakva iskustva Kohut naziva neuspjehom zrcaljenja *self-objek-*

a relationship with others as well as during the process of therapy (56,57). According to Kohut, development of *a cohesive self* depends on the emotional availability and response of significant adults in a child's life and their emphatic response for a person to achieve healthy *self-development* through a process of mirroring, idealization, connection, and optimal frustration. Kohut believes that the development of psychopathology is related to the failure of these developmental processes. The development of a healthy *self* occurs on three axes: grandiosity, idealization, and connection. Grandiosity allows a stable sense of *self-esteem*, the development of ambition and purpose, and a stable *self-object* is required to reflect the confirmation of the quality and achievement of the child. Idealization enables the installation and maintenance of stable goals and ideals through a connection with the *self-object* in other to develop the capacity to be authentic in expressing feelings in intimate relationships with other people. A *cohesive self* develops if the mother and significant others are good enough, because then *self-objects* become less significant and the *cohesive self* takes over the dominant role. A person can develop healthy relationships with other people without requiring other persons or substitutes to fill in *self-object functions* because the person has developed his or her own cohesive *self-structure* through the process of transmuting internalization (56). According to psychodynamic theories, the roots of shame go back to early childhood or infancy. The infant child does not distinguish between himself/herself and his/her mother, his/her experience is symbiotic and in its eyes blended with its mother. Due to problems in the early dyadic relationship with the first significant object, usually the mother, the child does not find an adequate emphatic response and begins to feel bad and worthless because it failed to receive the love, attention, and understanding it expected. If such experiences are repeated

ta. Između 12. i 18. mjeseca života dijete počinje razlikovati sebe i majku i tijekom druge godine života se pojačava iskustvo srama, osobito ako je doživljaj samoga sebe prožet negativnim iskustvima tijekom natjecanja i uspoređivanja s drugima. Dijete počinje osjećati izolaciju, odvojenost i umjesto da se razvija osjećaj autonomije i neovisnosti razvija se inferiornost tijekom uspoređivanja i natjecanja s drugima. Da bi se izbjegla anksioznost zbog osjećaja odvojenosti i izolacije traži se podrška od idealiziranog roditelja, svemoćnog roditelja, najčešće oca. Tijekom četvrte godine života dolazi do postupnog oblikovanja idealnog *selfa*, koji nastaje od internaliziranih vrijednosti i očekivanja postavljenih primarno od značajnih odgajatelja (roditelja), ali i šireg socijalnog okruženja. U ovom razvojnom razdoblju dijete uspoređuje sliku svoga idealnog *selfa* s aktualnim *selfom*. Ego ideal je mjerilo prema kojem se ego procjenjuje i ako se ne uspijeva zadovoljiti postavljeni ideal, javlja se smanjeno samopouzdanje, osjećaj neuspjeha i sram. Osjećaj srama se učvršćuje i razvija se identitet zasnovan na sramu u pozadini kojega je patološki sram, a najveća prijetnja je strah od odbacivanja i napuštanja (40).

U svojoj pionirskoj studiji identiteta Erickson je sram smjestio u drugu od osam faza kriza indetiteta koje obilježavaju naše živote (60). Prema njegovoj teoriji, druga faza (koja se odnosi na razdoblje između prve i treće godine života) razdoblje je treninga toalete čiji je ishod autonomija nasuprot srama i sumnje. Djeca se u toj fazi pokušavaju razviti u autonomna bića, a ako strah i sumnja dominiraju autonomijom, moguće je da se javi kompulzivna sumnja, ali i krutost opsesivne ličnosti. Povrh toga postoje i druge psihopatologije povezane s krutim pristupom u učenju kontroliranja sfinktera u analnoj fazi razvoja djeteta te s intenzivnim i prekomjernim posramljivanjem (alkoholizam, delinkventno ponašanje, paranoidne ličnosti, impulzivni poremećaji itd.). Svaka sljedeća kriza, barem djelomično, podrazumijeva preoblikovanje srama (61).

in the child, an insecure, non-cohesive, and insufficient sense of *self* is generated, which is then sensitive to an increased sense of shame (58,59). Kohut has called such experiences a failure of *self-object* mirroring. At the age of between 12 and 18 months, a child begins to distinguish between itself and its mother, and in the second year of its life increases the experience of shame, especially if the experience it is overwhelmed with is a negative experience when it competes and compares itself with others. To avoid anxiety due to feelings of separation and isolation, the support of the idealized or omnipotent parent, who is most often the father, is required. During the fourth year of life there is a gradual formation of the *ideal self*, which results from internalized values and expectations created primarily by significant caretakers (parents) but also by the wider social environment. In this developmental period the child compares the image of his/her *ideal self* with his/her *current self*. The ego ideal is a benchmark against which the ego is assessed, and if one fails to satisfy the ideal, diminished *self-confidence* and a sense of failure and shame appear. The sense of shame solidifies and an identity based on shame develops in the background, which represents pathological shame with the greatest threat being the fear of rejection and abandonment (40).

In his pioneering study of identity, Erickson placed shame at the second of eight stages of identity crisis that span our life cycle (60). According to his theory, the second stage (approximately between the first and the third year of life) is the period of toilet training, and the outcome of this stage is autonomy versus shame and doubt. At this stage, children attempt to develop into autonomous beings and if shame and doubt dominate over autonomy, compulsive doubting as well as inflexibility of the obsessive personality may occur. In addition, there are other psychopathologies related

Sram je najvažnija emocija za razvoj nepovjerenja, krivnje, osjećaja inferiornosti i izoliranosti itd. Tijekom razvoja i druge se emocije mogu povezati sa sramom no, unatoč tomu, sram je središnji afekt (emocija) koji oblikuje osjećaj identiteta.

Znanstvenici i teoretičari poslije Ericksona produbili su teoriju srama s psihoanalitičke točke gledišta. Neki su od njih proučavali međusobne odnose između krivnje, srama, identifikacije i superega (62), a drugi su glavni naglasak svojih istraživanja stavili na sram. Broucek razmatra sram u odnosu na narcističke poremećaje (63), a Nathanson (64) sintetizira istraživanja o percepciji djeteta, psihoanalitičku teoriju i Tomkinsovu teoriju afekata (65-67).

To potvrđuje da je sram doista zauzeo središnje mjesto, ali nijedna teorija – psihoanalitička teorija, teorija objektnih odnosa, interpersonalna i kognitivno-bihevioralna teorija – ne uspijeva u potpunosti objasniti ulogu srama u normalnom ili psihopatološkom razvoju i identitetu. U današnje vrijeme najvažnija i najutjecajnija teorija koja se bavi pitanjem srama je teorija afekata Silvana Tomkinsa. Tomkinsova teorija scenarija (engl. *script theory*) scenu definira kao „osnovni element u životu koji živimo" (53). Scene srama organiziraju se oko *selfa* u klastere: afekata, nagona i interpersonalnih potreba. Razvoj višestrukih afekata podložnih ograničavajućem utjecaju srama (engl. *multiple affect-shame binds*) duboko utječe na razvoj *selfa*.

Glavne scene srama prvo prolaze fazu magnifikacije putem predodžbi i nadalje transformaciju putem jezika. Prema Tomkinsovoj teoriji scenarija (engl. *script theory*) ti su procesi pokretači razvoja različitih tipova patoloških poremećaja *selfa*, a jednako tako igraju i središnju ulogu u psihoterapiji. Prisutnost srama povećava vjerojatnost međusobne povezanosti scena, a četiri glavne kategorije scena srama – kategorija afekata podložnih ograničavajućem utjecaju srama, kategorija nagona podložnih ograničavajućem utjecaju srama, kategorija interpersonalnih potreba podložnih ograni-

to overly rigorous toilet training and excessive shaming (alcoholism, delinquent behaviour, paranoid personalities, impulsive disorders, etc.). Each subsequent crisis involves, at least in part, a reworking of shame (61).

Shame is the most critical affect in the development of mistrust, guilt, inferiority, isolation, etc. Other affects can merge with shame during development, but the central affect for the sense of identity is indeed shame.

Researchers and theorists after Erickson deepened the theory of shame from the psychoanalytic perspective. Some of them have explored the connections between guilt, shame, identification, and the superego (62), and others continue the inquiry into shame. Broucek examines shame in relation to narcissistic disorders (63), and Nathanson (64) synthesizes the research from infant observation, psychoanalytic theory, and Tomkins' affect theory (65-67).

Shame has therefore been moved to the central place, but none of the theories – psychoanalytical, object-relation, interpersonal, or cognitive-behavioural – can fully explain the role of shame in normal or psychopathological development and identity. Today, the most important and most powerful theory in the examination of shame is the affect theory by Silvan Tomkins. Tomkins' script theory defines the scene "as the basic element in life as it is lived" (53). Scenes of shame become organized around clusters of the self: affect, drive, and interpersonal need. The development of specific multiple affect-shame binds significantly shape the evolving self.

The governing scenes of shame first undergo magnification by imagery and further transformation by language. According to Tomkins' theory, these processes are central to the development of various pathological distortions of the self and equally to psychotherapy. The presence of shame increases the

čavajućem utjecaju srama i kategorija osjećaja vlastite svrhe podložnog ograničavajućem utjecaju srama (engl. *affect-shame, drive-shame, interpersonal need-shame, and purpose-shame scenes*) – nastavljaju upravljati razvojem ličnosti. Magnifikacija scena kontinuirani je proces, a taj niz međusobno povezanih scena ili zbivanja povezanih sa sramom grade jezgru srama unutar *selfa*. Prema Kaufmanovoj konceptualizaciji srama, te se jezgre kristaliziraju u profil srama (61). Upotreba profila srama iznimno je korisna u kliničkoj i psihoterapijskoj praksi. Osjećaj srama ima specifične obrambene scenarije, ukorijenjene u sramu i organizirane oko srama. Postoji mnogo različitih obrambenih scenarija srama organiziranih oko srama, kao što su gnjev, prezir, perfekcionizam, borba za moć, prebacivanje krivnje, povlačenje u sebe, humor, poricanje itd. Oni obuhvaćaju jasna pravila povezana s djelovanjem i kognicijom, a njihova je uloga da predvide i kontroliraju scene srama.

Ego je središte ličnosti koje osjeća i razmišlja, predviđa i prosuđuje, ima volju i usmjerava. U terminima ego psihologije (69) *self* je definiran kao niz reprezentacija *selfa* u egu. Identitet je svjesno iskustvo tog *selfa*, pomoću aktivnog, živog odnosa koji *self* njeguje sa *selfom* (61). Iako su vanjski odnosi vidljiviji, unutarnji odnosi s internaliziranim roditeljima i značajnim drugim osobama u životu nisu ništa manje vitalni jer su dio sigurnosti i integriteta osobe.

Obrambeni scenariji predviđaju i kontroliraju buduće, vanjske scene srama. Oni podrazumijevaju nastojanje da se izbjegne ili pobjegne od osjećaja srama, no scenariji identiteta podložnog ograničavajućem utjecaju srama neizbježno opetovano kreiraju sram.

Kad govorimo o krajnjem ishodu razvoja, ako je glavni identitet izgrađen na osjećaju srama, onda govorimo o identitetu zasnovanom na sramu (engl. *shame based identity*) te o sindromu zasnovanom na sramu (engl. *shame based syndrome*). Internalizacija i daljnja magnifikacija srama kreira identitet koji permanentno održava i širi sram.

likelihood of interconnection between the scenes and the four general classes of shame scenes – affect shame, drive shame, interpersonal need shame, and purpose shame – continue to govern personality development. The magnification of scenes is an ongoing process, and these coalescing scenes of shame create the shame nuclei within the self. According to Kaufman's conceptualization of shame, these nuclei crystallize in a shame profile (61). Using the shame profile is very useful in clinical and psychotherapeutic practice. The affect of shame has specific defending scripts which are rooted in and become organized around shame. There are many different defending scripts organized around shame, such as rage, contempt, striving for perfection, striving for power, transfer of blame, internal withdrawal, humour, denial, etc. They comprise distinctive rules for action and cognition, and their function is to predict and control scenes of shame.

The ego is the centre of personality that feels and thinks, anticipates, and judges, has will and directs. In terms of ego psychology (69), the *self* is defined as a series of representations of the *self* in the ego. Identity is the conscious experience of that self through an active, lively relationship that nurtures the *self* with the *self* (61). External relationships with others are more visible, but internal relationships with internalized parents and significant others are not less vital because they are a part of a person´s security and integrity.

Defending scripts predict and control future, externally based scenes of shame. It means avoiding and escaping shame, but identity scripts based on shame inevitably reproduce shame.

In regard to the final outcome in the development, when the main identity is based on shame, we speak about shame-based identity and shame-based syndrome. Internalization and further magnification of shame create

Konačno, sram i krivnja, a isto tako i rezultati istraživanja trebali bi se interpretirati u okviru teorijske konceptualizacije tih dviju emocija (70).

ALKOHOLIZAM – SINDROM ZASNOVAN NA SRAMU

Alkoholizam je sindrom zasnovan na sramu baš kao i drugi sindromi ovisnosti. Stvarni ili imaginarni objekt potencijalno ima moć da u nama probudi kompulzivnu žudnju za njime. Treba razlikovati objekt bilo koje ovisnosti i proces kojim dolazi do razvoja ovisnosti i kojim se ovisnosti održava (52). Nadalje, odnos također može biti još jedan oblik ovisnosti. Ovisnost o kockanju ili poslu odražava ovisničke procese. U suštini, ovisnički je proces kompulzivan, repetitivan i snažno se opire promjeni. Prema Kohutu *self-objekt* je vanjski objekt, osoba ili aktivnost koja može postati dio *selfa* (71,72). U psihopatološkim poremećajima, kada osoba ima razvojni deficit ili oštećeni *self*, koristi *self-objekt* da se umiri, utješi ili uskladi. Alkohol se može smatrati takvim *self-objektom* (73), što ga osoba kompulzivno uzima da se umanji anksioznost i da se „zacijele" *self* oštećenja i ujedno umanji osjećaj srama i izolacije, jer osoba ovisna o alkoholu nema internaliziranu funkciju samoumirivanja i nije u stanju samostalno umiriti psihičku tenziju tako da se funkcija postiže izvana konzumiranjem alkohola. Nakon epizoda pijenja javlja se ponovno osjećaj srama (uz krivnju) i da bi ga se eliminiralo osoba ovisna o alkoholu kompulzivno repetira spiralu srama ponovno posežući za alkoholom koji je *self-objekt* bez kojega osoba ne može funkcionirati. Krystal (1974) (74) smatra da je ovisnost pokušaj samopomoći koji je neuspješan jer se *fragmentirani self* pokušava popraviti na način da ovisna osoba traži stalnu vanjsku gratifikaciju, jer je iznutra prazna. Vanjska gratifikcija, koja se postiže uzimanjem alkohola, stvara lažni osjećaj neovisnosti i autonomije. *Self-medi-*

an identity that permanently maintains and spreads shame.

Finally, shame and guilt, as well as research findings, should be interpreted within the theoretical conceptualization of these two emotions (70).

ALCOHOLISM – A SHAME-BASED SYNDROME

Alcoholism, as well as other addictive disorders, is a shame-based syndrome. A real or imagined object potentially has the power to be compulsively desired. The object of any addiction must be distinguished from the process by which an addiction develops and continues to maintain itself (52). Furthermore, a relationship can also represent a form of addiction. Addiction to gambling or work reflects addictive process. Essentially, the addictive process is compulsive, repetitive, and highly resistant to change.

According to Kohut, the *self-object* is an external object, person, or activity that can become a part of the *self* (71,72). In psychopathological disorders, when a person has a developmental deficit or impaired *self*, he or she use the *self-object* to calm down, comport, or reconcile himself/herself. Alcohol can be considered a *self-object* (73) which a person compulsively takes to reduce anxiety and "heal" *self-damage*, and at the same time reduce feelings of shame and isolation because the person addicted to alcohol does not internalize the function of *self-soothing* and is unable to calm psychic tension on his/her own, so that function is achieved externally by consuming alcohol. After episodes of drinking, a feeling of shame (with guilt) reappears, and in order to eliminate it, the person addicted to alcohol compulsively repeats the spiral of shame, once again reaching for alcohol, which is a *self-object* without which a person cannot function.

kacijska hipoteza navodi da je ovisnost deficit *selfa* i afekta uzrokovan strukturalnim oštećenjima i alkohol je sredstvo *self* regulacije (75) budući da *self* ima poriv da se samonadopuni (76). Konačno važno je razumjeti da su alkoholičarevi odgajatelji bili neempatični, nekonzisistentni i toksični prema njemu u ranom djetinjstvu, što je prouzročilo oštećenje *selfa* (77).

Da bismo razumjeli ovisnički proces, iznimno je važno osvijestiti dubok, često obeshrabrujući osjećaj bespomoćnosti u odnosu na samu ovisnost, što posljedično potiče razvoj sekundarnog srama zbog same ovisnosti. Osoba se osjeća poniženo u svakoj situaciji kad osjeti da ju ovisnost kontrolira ili kad ne uspije nadjačati ovisnički poriv ili kad nema moć nad njime (52,61). Osoba koja se osjeća kao da ju je vlastita ovisnost porazila počinje mrziti samu sebe ili osjeća prezir prema vlastitoj nemoći, nedostatku odlučnosti i unutarnje snage. Samim time ovisnički proces opetovano odigrava scenarij koji budi osjećaj intenzivnog srama i samorazočaranja, a sram se povezuje s drugim negativnim emocijama.

Ovisnosti su ukorijenjene u internaliziranim scenarijima srama (engl. *shame based scripts*). Osoba opetovano žudi za objektom, a ta žudnja opetovano posljedično budi osjećaj razočaranja (52,61,68). Alkohol se doživljava poput sredstva koje ubija osjećaj srama, dok je superego alkoholičara topiv u alkoholu, odnosno alkohol otapa krivnju (64).

Ovisnost je djelomično nadomjestak za nezadovoljene interpersonalne potrebe, koje su posljedica oštećenih ili poremećenih interpersonalnih potreba koje kontrolira sram. Alkohol („boca") nadomjestak je za međuljudski odnos. Isto tako, ovisnost o sedativu koji stišava intenzivne negativne emocije je taj nadomjestak. Zbog poremećenih međuljudskih odnosa tijekom razvoja, vitalne potrebe povezuju se sa sramom i sram ih kontrolira, što posljedično dovodi do osjećaja preplavljenosti negativnim emocijama. U tom procesu primarna funkcija

Krystal (1974) (74) suggests that addiction is an attempt of *self-help* that is unsuccessful because the *fragmented self* is trying to repair itself in such a way that a dependent person requires permanent external gratification because they are empty inside. External gratification which is achieved by drinking alcohol creates a false sense of independence and autonomy. The *self-medication* hypothesis states that dependence is a deficit of *self* and affect caused by structural damage, and alcohol is a means of *self-regulation* (75) because the *self* has a drive to complete itself (76). Finally, it is important to understand that an alcoholics' caretakers were non-empathic, inconsistent, and toxic to them in early childhood, causing their *self-damage* (77).

Central to the understanding of the addictive process is a profound, often discouraging sense of powerlessness over the addiction itself, engendering secondary shame about the addiction itself. A person feels humiliated whenever they feel controlled by addiction or fail to break it or regain power over it (52,61). People defeated by their addiction start to hate themselves or are disgusted with their own helplessness, lack of resolve, and inner strength. Therefore, the addictive process repeatedly re-enacts a scene that creates intense shame and self-disappointment, and the shame is associated with other negative affects.

Addictions are rooted in internalized scenes of shame. The objects are repeatedly longed for, which repeatedly leads to disappointment (52,61,68). Alcohol seems to act as a shame-killer, and in alcoholics the superego is soluble in alcohol, i.e. alcohol takes away the guilt (64).

Addiction partly functions as a replacement for shame-bound interpersonal needs resulting from failed or disturbed relationships that are controlled by shame. Alcohol ("the bottle") is a replacement for human relationship. Likewise, dependence on a sedative for intense

ovisnosti je da omogući bijeg od intenzivnih ili nepodnošljivih negativnih emocija. Osjećaj može uključivati samo sram, sram stopljen s drugim negativnim emocijama ili bilo koju drugu negativnu emociju. Tomkins (43) je rekao da ovisnost sedira intenzivne negativne emocije, ali budući da i sama ovisnost budi emociju srama, ona je istodobno i pokretač opetovanih ciklusa – repetitivnog odigravanja scenarija koji ponovno bude osjećaj srama i nadalje ga intenziviraju. Presudno važni propusti i neuspjesi u ljudskom okruženju rezultiraju snažnim osjećajem srama koji sputava ekspresiju vitalnih potreba. Prema Tomkinsu, presudno važan element za razumijevanje prirode ovisnosti je progresija ovih sedirajućih scenarija (engl. *sedative scripts*) u „pre-ovisničke" scenarije (*engl. pre-addictive scripts*) te u konačnici u ovisničke scenarije (engl. *addictive scripts*).

SRAM I AGRESIJA

Problem povezanosti srama s ljutnjom i bijesom ostaje nerazjašnjen. Tomkins (65,66, 78) iznosi pretpostavku da se urođeni afekt ljutnje aktivira kad je intenzitet podražaja na razini višoj od optimalne tijekom presudno važnog razdoblja. On također primjećuje da se naučena ljutnja (kombinacija ekspresije urođene i naučene ljutnje) koristi s ciljem promjene interpersonalnog polja. Kaufman (52) vjeruje da je ljutnja izazvana sramom svjesni konstrukt „scene" u kojoj osoba nastoji upotrijebiti ekspresiju ljutnje s ciljem promjene posramljujuće interakcije.

O sramu se često govori kao o osjećaju koji kao da izaziva agresiju i fenomen objektnog narcizma (64,79).

Freudov izvorni koncept libida podrazumijevao je i afekt i nagon, ali bez jasne distinkcije. Libido je s vremenom potisnuo koncept nagona, ali koncept afekta je ostao nejasan (80). I dalje se smatralo da urođeni modeli „instinktivnih

negative emotions is that substitute. Due to the disturbance in human relationships during development, vital needs become bound by shame, which leads to overwhelming negative affect and the function of addiction is primarily to escape from intense or overwhelming negative affect. The affect may include shame alone, shame conjoined with other negative affects, or any negative affect. Tomkins (40) has said that addiction sedates intense negative affect, but addiction also reproduces shame, thereby reactivating the cycle, repeatedly re-enacting the scene that recreates and intensifies shame. Critical failures in the human environment have resulted in deep shame surrounding these vital needs. According to Tomkins, central to the understanding of the nature of addiction is the progression from sedative scripts to pre-addictive scripts to addictive scripts.

SHAME AND AGGRESSION

The problem of association of shame with anger and rage remains unsolved. Tomkins (65,66,78) suggests that the innate affect of anger is activated when the stimulus density remains at a higher than optimal level for a critical period. He also notes that learned anger (the combination of innate anger and the learned display of anger) is used to alter the interpersonal field. Kaufman (52) believes that shame-anger represents a conscious script of "scene" in which a person attempts to use the display of anger to alter the shaming interaction.

Shame is often talked about as if it causes aggression and the phenomenon of object-narcissism (64,79).

Freud's original concept of libido subsumed both the affect and drive without distinguishing either. Libido subsequently gave way to the drive concept, but affect remained obscured

nagona" - seksualnosti i agresije - determiniraju ličnost i psihopatologiju. Sullivan (49,81,82) i Fairbarn (51) navode da je potraga za zadovoljavajućim, sigurnim odnosom važnija od gratifikacije nagona i samim time došlo je do razvoja interpersonalne teorije i teorije objektnih odnosa (83).

Tomkins kaže da je afekt primaran, a ne odnosi ili nagoni. On afekt promatra kao primarni, urođeni biološki motivacijski mehanizam. Iskustva srama povezana s drugim afektima, psihološkim nagonima ili interpersonalnim potrebama postaju važan pokretač internalizacije (80). Agresija je pritom tek produženje afekta (emocije) koja se provodi u djelo, a krivnja zbog agresije ne proizlazi iz nagona, ona je derivat emocije (80).

Prema Tomkinsovoj teoriji bijes je negativni afekt povezan s ljutnjom. Bijes je jedna od onih spontanijih, prirodnijih reakcija za koje je zamijećeno da često slijede poslije srama. Bez obzira na to je li bijes potisnut ili se otvorenije izražava, njegova glavna svrha je obrana, a sekundarno on osjećaj srama može transferirati na drugu osobu (52). Iako se i hostilnost ili ogorčenost također mogu javiti kao mehanizmi obrane *selfa* od potencijalnih novih iskustava srama, one gube svoju poveznicu s izvorom i prerastaju u generaliziranu reakciju usmjerenu gotovo na svakoga tko bi se mogao naći u blizini. Bijes je mehanizam samozaštite te istodobno obrambeni mehanizam od snažno izraženog osjećaja srama (52).

Obrambene strategije, kao što su prezir, okrivljavanje, bijes i perfekcionizam primarno se razvijaju kao sredstva koja omogućavaju lakše sučeljavanje s vanjskim izvorima srama.

Kruti obrambeni mehanizmi vode prema narušenim odnosima s drugim ljudima što nadalje osobu izlaže novom obliku pritiska. Sram je moguće promijeniti isključivo izgradnjom novih interpersonalnih odnosa te reparacijom štete nanesene tijekom razvojnih faza.

(80). Personality and psychopathology were still conceived as determined by the innate patterning of "instinctual drives" – sexuality and aggression. Sullivan (49,81,82) and Fairbarn (51) argued that the pursuit of a satisfying, secure relationship mattered more than the gratification of drives and thus the interpersonal theory and the object-relation theory were born (83).

Tomkins says that affect, and not relationships or drives, is of primary importance. He looks at affect as a primary innate biological motivating mechanism. Experiencing shame in connection with other affects, psychological drives, or interpersonal needs becomes a significant contributing source of internalization (80). Aggression is nothing more than the extension of affect into action, and guilt over aggression is not a drive derivate. It is an affect derivate (80).

According to Tomkins' theory, rage is a negative affect connected with anger. Rage is one of those more spontaneous, naturally occurring reactions which often follows shame. Whether held inside or expressed more openly, rage serves the purpose of defence and may also transfer shame to another person (52). Although hostility or bitterness arise to protect the self against further experiences of shame, they become disconnected from its originating source and become a generalized reaction directed towards almost anyone who may approach. Rage protects oneself and defends against excessive shame (52).

Defending strategies, such as contempt, blame, rage, or perfectionism are acquired primarily in an attempt to cope with externally-based sources of shame.

Rigid defence mechanisms lead to disturbed relationships with other people, which imposes new pressure on a person. Only through the restoration of interpersonal relationships and correction of developmental damage may shame be changed.

SRAM I ANKSIOZNOST

Sram je oblik ekspresije anksioznosti, koju definiramo kao prijetnju osjećaju vlastite vrijednosti i samopoštovanju. Sullivan (84) kaže da se „iskustvo kompleksnih derivacija anksioznosti, kao što su krivnja, sram, poniženje izazvano ismijavanjem i izrugivanjem itd., ubrzava, a zajedno s tim neugodnim iskustvom ubrzava se i razvoj vještine provođenja različitih oblika sigurnosnih mjera – interpersonalnih aktivnosti koje omogućavaju bijeg od anksioznosti ili maksimalno ublažavanje tog osjećaja. U tom kontekstu sram se također prezentira kao jedan od više različitih načina ekspresije anksioznosti.“ Sullivan (49) je taj problem razmotrio na sljedeći način: „Anksioznost ne samo da se javlja sama od sebe, nego i kao posljedica doživljaja nekih kompleksnih emocija (kao što su nelagoda, sram, poniženje, krivnja ili razočaranje) u koje je anksioznost integrirana tijekom najranijih procesa učenja.“

Nathanson (64) ne izjednačava sram i anksioznost jer su različite manifestacije anksioznosti često teško zamjetne, teško ih je identificirati ili shvatiti u smislu njihova podrijetla i svrhe. Zbog nepreciznosti jezika unutarnje iskustvo srama obično se pogrešno identificira kao anksioznost, pa čak kao paranoidne misli.

Psihoterapeuti u svojoj svakodnevnoj praksi često svjedoče povezanosti agresije i anksioznosti, a novija istraživanja posvećena biološkim temeljima anksioznosti pokazuju da su privrženiji muškarci često istodobno i više anksiozni (85).

SHAME AND ANXIETY

Shame is one of the expressions of anxiety defined as a threat to one's sense of personal worth and self-esteem.

Sullivan (84) says that "the experience of complex derivatives of anxiety, such as guilt, shame, humiliation by ridicule, etc., grows apace; and along with all this unpleasant experience, there goes the acquiring of more and more skill at various kinds of security operations – interpersonal activities for escaping from or minimizing anxiety". In this context, shame is presented as one of the various expressions of anxiety. Sullivan (49) addressed this problem as follows: "Anxiety appears not only as awareness of itself but also in the experience of some complex emotions (such as embarrassment, shame, humiliation, guilt, chagrin) into which it has been elaborated by specific early training." Nathanson (64) does not equate shame with anxiety because the various manifestations of anxiety are often not easy to observe, identify, or understand in terms of origins and purposes. Due to the imprecision of language, the inner experience of shame is typically misidentified as anxiety or even as paranoid thoughts.

In their everyday practice, psychotherapists often witness a connection between aggression and anxiety, and recent studies of the biological basis of anxiety suggest that the more attaching males are also more anxious (85).

RAZVOJNA PITANJA U PROGRAMU PSIHOTERAPIJSKOG LIJEČENJA OSOBA OVISNIH O ALKOHOLU

Liječenje osoba ovisnih o alkoholu je specifično u usporedbi s drugim kategorijama psihopatoloških smetnji i ono zahtijeva specifičan psihoterapijski pristup. Specifičnosti alkoholizma prepoznate su u ranoj fazi razvoja psihodi-

DEVELOPMENTAL QUESTIONS IN THE PSYCHOTHERAPEUTIC TREATMENT OF ALCOHOLICS

The treatment of alcoholics is specific in comparison with other categories of psychopathological disturbances and requires a specific psychotherapeutic approach. The specificities of alcoholism were recognized in the early development of the psychodynamic

namskog pristupa alkoholizmu, koji se smatrao sličnim *acting-out* poremećajima (delinkvenciji), ranim poremećajima ega, narcističkim poremećajima i graničnim poremećajima ličnosti (86). Posljedično, modifikacije uvedene u program liječenja alkoholizma bile su nadahnute tehnikama koje su se koristile u radu s djecom (87), delinkventima (88) te pacijentima koji su patili od ozbiljnijih poremećaja. Neki psihoterapeuti provode veći broj intervjua tijekom liječenja s ciljem uspostavljanja „institucionalnog podešavanja" (engl. *institutional setting*) koje zamjenjuje majčinsku skrb (ili skrb neke druge osobe) koja je vjerojatno bila nedostupna tijekom djetinjstva osobe ovisne o alkoholu. Ističe se gratifikacijski pristup terapijskog tima kao i postupno usmjeravanje na frustracije koje je „pacijent spreman prihvatiti". Različiti oblici liječenja alkoholizma uključuju individualne i grupne metode, metode averzije te hipnozu. Psihoterapijsko liječenje osoba ovisnih o alkoholu usmjereno je na ublažavanje osjećaja krivnje i srama te na jačanje ego-identiteta. Spoznaje o alkoholizmu kao sindromu zasnovanom na sramu (52,61,68) važne su u psihoterapijskom pristupu alkoholičarima s obzirom na to da alkoholičari teško prihvaćaju liječenje.

Često zbog svjesnih i nesvjesnih kontratransfernih reakcija te „sumnje" povezane s predviđanjem uspješnosti ishoda liječenja osobe ovisne o alkoholu, psihoterapeut oklijeva prigodom donošenja odluke vezane za pitanje treba li se uključiti u proces liječenja osobe ovisne o alkoholu. Na dubljoj razini to je najvjerojatnije posljedica skrivenih nesvjesnih poriva koji su povezani s još uvijek prisutnim „moraliziranjem i spekuliranjem o tome je li alkoholizam bolest ili nije?" Takvi su stavovi naglašeniji kad su u pitanju osobe ovisne o alkoholu sklone nasilnom ponašanju. Osim toga, gratifikaciju kao dio terapije i psihopatologije često narušavaju recidivi.

Psihoterapijski pristup ovom problemu može ponuditi mogućnost za jasnije definiran i raznolikiji program liječenja. U rješavanju ovog kompleksnog problema ponekad je potrebno

approach to alcoholism, which was considered similar to acting-out disorders (delinquency), disturbances of early ego states, narcissistic disturbances, and borderline disorders (86). Consequently, modifications introduced in the treatment of alcoholism were inspired by techniques used in children (87), delinquents (88), and patients with more serious disturbances. Some psychotherapists perform more interviews during therapy to ensure that there is an "institutional setting" as a replacement for maternal care (or her substitute) that was probably missing during the alcoholic's childhood. Gratification attitude of the therapeutic team is also emphasized, as well as a successive introduction of frustrations that "the patient is able to accept". Different types of alcoholism treatment include individual and group methods, aversion methods, and hypnosis. Psychotherapeutic treatment of alcoholics is aimed at diminishing the feeling of guilt and shame and strengthening the ego function of identity. Findings related to alcoholism as a shame-based syndrome (52,61,68) are important for the psychotherapeutic approach to alcoholics since it is hard for alcoholics to admit they have a problem and accept treatment.

Often, conscious and unconscious countertransference reactions and "doubt" regarding the successfulness of alcoholism treatment make psychotherapists reluctant to become involved in alcoholism treatment. On a deeper level, it is probably the case of hidden unconscious drives that are covered by still existent "moralizing attitudes and speculations related to the question of whether alcoholism is a disease or not?" These attitudes are more pronounced in relation to aggressive alcoholics. Moreover, gratification in therapy and psychopathology is often disturbed by relapses.

The psychotherapeutic approach to this problem can offer an opportunity for a clearer and more versatile therapeutic treatment. To solve

primijeniti sveobuhvatniji pristup koji u obzir uzima i socijalnu komponentu (89). No, cilj i mjera terapije koju provodi psihoterapeut u liječenju osobe ovisne o alkoholu ne bi se trebali isključivo svoditi na potpunu apstinenciju, nego bi terapeut trebao biti usmjeren na evaluaciju napredovanja pacijenta tijekom primjene programa liječenja i njegove sve snažnije izražene sposobnosti prilagodbe i sazrijevanja.

Činjenica je da saznanja vezana za razvoj i psihološke aspekte ličnosti osobe koja je ovisna o alkoholu (stupanj razvoja ega, karakteristike identiteta, psihološke značajke *selfa*, obrambeni mehanizmi itd.) mogu omogućiti pružanje adekvatnijeg programa liječenja. Ekspresija agresije, depresije ili srama – važna je za evaluaciju razvojnog stadija osobe ovisne o alkoholu te za primjenu psihoterapijske metode kao i općenito psihosocijalne metode.

LIJEČENJE ALKOHOLIZMA

Iako neki kliničari i grupe zagovaraju koncept kontrolirane konzumacije alkohola, većina kliničara, kao i većina dobro kontroliranih studija ukazuje u prilog potpune apstinencije od alkohola kao o najvažnijem elementu uspješne strategije liječenja alkoholizma (90).

U liječenju alkoholizma moguće je koristiti različite metode uključujući psihofarmakoterapiju, psihoterapiju, bihevioralnu terapiju, socioterapiju, radnu terapiju, obiteljsku terapiju te klubove za liječenje osoba ovisnih o alkoholu. Povrh toga, različite institucije koriste različite metode liječenja, ovisno o brojnosti osoblja, njihovoj stručnosti i obrazovanju kao i o drugim čimbenicima.

Općenito, na liječenje se svojevoljno prijavljuje vrlo mali broj osoba ovisnih o alkoholu. Oni su uglavnom prisiljeni na taj korak budući da su izloženi pritisku obitelji, ili imaju zdravstvenih problema ili ih na to prisiljavaju neke druge socijalne komplikacije. Pacijenti koji se dragovoljno

such a complex problem, one sometimes needs to use a wider approach that takes into account a pronounced social component (89). However, for a psychotherapist, the aim and measure of the treatment of an alcoholic should not be total alcohol abstinence but an assessment of the patient's progress during the course of therapy and their increased adaptability and maturity.

It is a fact that the knowledge of developmental and other psychological aspects of an alcoholic's personality (the state of ego development, identity characteristics, self-psychological traits, defence mechanisms, etc.) may help in providing more adequate treatment. The expression of aggression, depression, or shame – manifest or latent – is important in the assessment of the developmental stage of an alcoholic or in the application of the psychotherapeutic and total psychosocial method.

TREATMENT OF ALCOHOLISM

While some clinicians and groups advocate the concept of controlled drinking, most clinicians and the majority of well-controlled studies indicate that complete abstinence from alcohol is the centrepiece of successful treatment strategy for alcohol abuse (90).

Different methods may be used in the treatment of alcoholism, including psychopharmacotherapy, psychotherapy, behavioural therapy, sociotherapy, occupational therapy, family therapy, and clubs for the treatment of alcoholics. In addition, different institutions use different methods of treatment, which depend on the number, expertise, and education of staff and other factors.

In general, few alcoholics come for treatment voluntarily. They mostly do it under pressure of family members, health problems, or social complications. Patients who voluntarily com-

prijavljuju na liječenje imaju i najbolje prognoze liječenja jer su oni uglavnom priznali i prihvatili svoj problem ovisnosti o alkoholu te traže pomoć.

PSIHOTERAPIJA ZA OSOBE OVISNE O ALKOHOLU

Psihoterapijski postupci neizostavan su dio programa liječenja alkoholizma. Sve su metode iskušane, od individualnih do grupnih terapija pa sve do najpovršnijih terapija i psihoanalize, a u novije vrijeme i obiteljskih terapija (91).

Kad je psihoterapeut usredotočen na razloge zašto osoba pije, psihoterapija je uspješnija nego kad je fokus usmjeren na nejasna pitanja psihodinamike (90). Posebice je važno usredotočiti se na situacije kad osoba pije; motivacijski sustav kao pokretač zlouporabe alkohola; očekivanja koja osoba ima vezano za konzumiranje alkohola te alternativne načine rješavanja problematičnih situacija.

Za uspješnost programa liječenja prvi je kontakt iznimno važan i upravo tada terapeut mora biti aktivan i suportivan. Povrh toga, terapeut bi alkohol trebao razmatrati kao psihološki obrambeni mehanizam, ali istodobno mora biti usmjeren i na emocionalne i intelektualne namjere između pacijenta i terapeuta u početnoj fazi liječenja.

Iako i dalje ne postoji uniforman psihoterapijski pristup koji se propisuje (92), neka načela psihoterapije u radu s osobama ovisnim o alkoholu mogu se sažeti na sljedeći način:

1. Apstinencija mora biti potpuna i doživotna.
2. Potrebno je razriješiti snažno poricanje pacijenta i to po mogućnosti što ranije u programu liječenja.
3. Klasične psihoanalitičke tehnike rijetko su uspješne zbog intenziteta transfernog odnosa te su se modificirani psihoanalitički orijentirani programi u kojima terapeut preuzima aktivniju ulogu i samim time

mit to treatment have the best prognosis because they have already admitted that they are alcoholics and need help.

PSYCHOTHERAPY OF ALCOHOLICS

Psychotherapy procedures are always used in the treatment of alcoholism. All methods have been attempted, from individual and group therapy to most superficial therapy to psychoanalysis to, lately, family therapy (91).

When a psychotherapist focuses on the reasons why a person drinks, psychotherapy is more successful than when the focus in on vague psychodynamic issues (90). It is especially important to focus on situations in which a person drinks, the motivating process behind drinking, expectations from drinking, and alternative ways of coping with such situations.

The first contact, during which the therapist has to be active and supportive, is very important for successful treatment. The therapist must also deal with alcohol as a psychological defence and with emotional and intellectual intentions between the patient and the therapist at the beginning of therapy.

Although there is little uniformity in the type of psychotherapy prescribed (92), some principles of psychotherapy for alcoholics may be summarized as follows:

1. Abstinence must be total and lifelong.
2. The massive use of denial by the patient must be dealt with, preferably at the earliest occasion.
3. Classical psychoanalytic techniques are rarely successful because of the intensity of the transference relationship while modified psychoanalytic-oriented programs in which the therapist takes a more active role and thereby reduces the transference relationship proved more effective (93).

umanjuje transferni odnos pokazali učinkovitijima (93).

4. Grupna terapija je prioritet kod mnogih osoba ovisnih o alkoholu jer će one u takvim okolnostima biti u stanju lakše prihvatiti svoju ovisnost te će, identificirajući se s grupom ili novim članom, bez oklijevanja i srama prionuti rješavanju problema svoje ovisnosti.
5. Obiteljska terapija pomaže u procesu restrukturiranja patoloških odnosa unutar obitelji osobe ovisne o alkoholu.

Literatura rijetko spominje istraživanja povezana s primjenom psihoterapije u liječenju osoba ovisnih o alkoholu, ali je dostupan veći broj istraživanja koja nastoje objasniti uzrok alkoholizma s psihološkog i psihodinamskog teorijskog aspekta. To što slučajevi koji su razmotreni unutar objavljenih istraživanja ne zadovoljavaju dijagnostičke kriterije za ovisnost o alkoholu prema kriterijima MKB-10 i DSM 5 ujedno je i glavni nedostatak tih istraživanja.

Većina osoba ovisnih o alkoholu dragovoljno prihvaća prvu fazu liječenja jer je ona usmjerena na ublažavanje simptoma sustezanja. U toj fazi zbog nedostatka uvida, osoba ovisna o alkoholu lakše će prihvatiti svoje fizičko, nego psihičko stanje. Upravo je zato u tom trenutku važno uspostaviti pozitivan raport, radni savez i suradnju s pacijentom u kojem ga tretiramo kao partnera i suradnika u liječenju u kojem on aktivno surađuje, te ojačati njegovu motivaciju za nastavak liječenja.

Kod nekih osoba ovisnih o alkoholu ne postoje „dokazi“ o bolesti jer su im simptomi sustezanja prilično blagi.

Osobe ovisne o alkoholu koje ne prihvaćaju liječenje, posebice one koje manifestiraju nasilno ponašanje, često su neodgovorne i nisu u stanju kontrolirati zlouporabu alkohola i svoje ponašanje prema okolini. Taj mehanizam odbijanja bolnice (terapeuta) kao „negativnog objekta“ (94,95) kod određenih pacijenata može trajati godinama.

4. Group therapy is a priority for many alcoholics because they can gratify their dependency needs through identification with a group or with a new member that they start to take care of without hesitation and shame.
5. Family therapy helps in restructuring pathological relationships within a family of alcoholics.

In literature, studies related to the psychotherapy of alcoholics are scarce, while there are a larger number of studies attempting to explain the causes of alcoholism from psychological and theoretical psychodynamic aspects. The flaw in the existing studies is that the presented cases do not satisfy the ICD-10 or DSM-V diagnostic criteria for alcoholism.

Most alcoholics voluntarily agree to the first phase of the treatment because it is focused on relieving withdrawal symptoms. In this phase, alcoholics are more likely to accept their physical condition than their psychological condition due to the lack of insight. This is why it is important to use this phase to establish a positive transfer and raise motivation for further anti-alcoholic treatment.

That is why it is at this point important to establish a positive report, working alliance, and cooperation with the patient, whereby we treat the patient as a partner and associate in a treatment in which they actively cooperate and strengthen his/her motivation to continue the treatment.

In some alcoholics, the proof of “illness” is not present because their withdrawal symptoms are quite mild.

Alcoholics that do not accept the treatment, especially in situations when they manifest aggressive behaviour, are often irresponsible and cannot control their drinking and behaviour toward their environment. This mechanism of dismissing the hospital (or the therapist) as a “bad object” (94,95) can last for years in certain patients.

Liječenje osobe ovisne o alkoholu nije uvjetovano isključivo potrebom da se ublaže simptomi sustezanja, a da se pritom zanemaruje važnost stjecanja uvida u kompleksnost liječenja. Rezultati najnovijeg istraživanja pokazuju da su nasilni alkoholičari vrlo često imali puno slabiji ego od alkoholičara koji nisu bili skloni agresiji, te da su bili depresivniji i skloniji suicidalnim nakanama te da su istodobno iskazivali nižu razinu psihosocijalnog funkcioniranja (96). Potrebno je više istraživanja koja će se usmjeriti na otkrivanje većeg broja odgovora vezanih za glavne točke zastoja u razvoju koji bi nam bili korisni u psihoterapiji povezanoj s liječenjem osoba ovisnih o alkoholu.

GRUPNA PSIHOTERAPIJA OSOBA OVISNIH O ALKOHOLU

Psihoterapija osoba ovisnih o alkoholu treba pružiti reparativan odnos koji u osobi stvara osjećaj sigurnosti koji iscjeljuje sram putem novih iskustava identifikacije. Bitan čimbenik u iscjeljivanju srama je empatija dobronamjerne druge osobe koja razumije i prihvaća osobu ovisnu o alkoholu, kako bi mogla eventualno sama sebe razumjeti i prihvatiti. Identifikacija je sredstvo za održavanje bliskih odnosa s drugom osobom (97) i kamen je temeljac normalnog sazrijevanja, a želja za identifikacijom snažna je snaga tijekom života. Odgovarajuća identifikacija s terapeutom može biti presudan aspekt u psihoterapiji za pacijente koji su se pogrešno identificirali ili nisu bili u stanju uspostaviti konstruktivne identifikacije u ključnim točkama svog emocionalnog razvoja (97).

Iznad svega, psihoterapija je odnos, a ne tehnika ili strategija. Reparativan odnos je odnos koji popravlja razvojne deficite.

Prigodom razmatranja terapijskog modaliteta javlja se temeljna potreba za individualnim odnosom koji će razriješiti osjećaj srama koji se razvio rano u životu te deprivaciju u najranijim

The treatment of an addicted alcoholic is not focused solely on the need to alleviate withdrawal symptoms and simultaneously ignore the importance of the insight into the complexity of treatment of such persons. The findings of the most recent studies show that aggressive alcoholics most probably have a weaker ego-strength than non-aggressive alcoholics, that they have a stronger inclination to depression and suicidal ideation, and that they have poorer psychosocial functioning (96). Further research is required to provide more answers about the main developmental "stuck points", which may be useful in the psychotherapy of alcoholics.

GROUP PSYCHOTHERAPY OF PERSONS DEPENDENT ON ALCOHOL

Psychotherapy of persons dependent on alcohol should provide a reparative relationship that creates a sense of security and heals shame through new experiences of identification. An important factor in the process of healing shame is the empathy of another benevolent person who understands and accepts the alcohol addict, so that they can understand and accept themselves. Identification is a means of maintaining a close relationship with another person (97) and is a cornerstone of normal maturation, and the desire for identification is a powerful force throughout life. Appropriate identification with the therapist may be a crucial aspect of the psychotherapy of patients who have been mis-identified or were unable to establish constructive identification at crucial points of their emotional development (97).

Above all, psychotherapy is a relationship, not a technique or strategy. A reparative relationship is a relationship that repairs developmental deficits.

odnosima. Terapija može biti poput iznimno snažnog naknadnog roditeljevanja (engl. *reparenting*) s ciljem da se izgradi siguran, samoafirmirajući identitet svjestan vlastite vrijednosti, kompetentan *self* koji je sve više sposoban živjeti autonomno (80).

Suportivne grupe i psihoterapijske grupe rješavaju nezaobilazan sekundarni sram koji se javlja kao reakcija na sam sindrom. Kaufman kombinira individualnu i grupnu psihoterapiju u liječenju ovisničkih sindroma (61).

Grupna je psihoterapija važna zbog fenomena socijalizacije, kondenzacije i povratnog odgovora (engl. *mirroring*), koji su moćni elementi grupnog procesa. Grupna je psihoterapija jedna od metoda koja se može odabrati za liječenje alkoholičara (98) budući da se zbog slabosti ega, alkoholičari osjećaju sigurno jedino kad su u grupi. Čini se da osobe ovisne o alkoholu svoju ovisnost o alkoholu miješaju s ovisnošću o grupi. Grupna psihoterapija osoba ovisnih o alkoholu može se provoditi i s hospitaliziranim i s ambulantnim pacijentima. Dostupne su različite opcije vezane za metodu rada i grupni proces, a odabir ovisi o stupnju ovisnosti pacijenta i njegovim bihevioralnim problemima, kao što su agresija ili depresija.

ZAŠTO JE TAKO TEŠKO PRIDRUŽITI SE GRUPI ILI OSTATI U NJOJ?

Pridruživanje grupi i ostanak u njoj prilično je zahtjevan proces za osobe ovisne o alkoholu jer imaju sustav scenarija temeljen na sramu i jer su anksiozni i emocionalno labilni.

Ako je *self* erodirao i na temelju nekih čimbenika koje smo razmatrali u prethodnom poglavlju nije dostatan, osobi će možda biti teško ostvariti interpersonalni kontakt unutar grupe. Sram nastaje u odnosu (99). On je zaštitni mehanizam kako bi se izbjegla ranjivost izazvana gubitkom povezanosti u odnosu.

When considering the question of therapeutic modality, there is a fundamental need for an individual relationship to repair early shame and relationship deprivation. Therapy can provide significant reparenting that is aimed at building a secure, self-affirming identity, a competent self able to live with increasing autonomy (80).

Support groups and treatment groups resolve inevitable secondary shame about the syndrome itself. Kaufman combines individual and group therapy in the treatment of addictive syndromes (61).

Group psychotherapy is important because of the phenomena of socialization, condensation, and mirroring, which are powerful parts of the group process. Group psychotherapy is one of methods of choice in the treatment of alcoholics (98) because the ego deficiency in alcoholics makes them feel safe only when they are in a group. It seems alcoholics mix their alcohol dependency with that of group. Group psychotherapy of alcoholics may be performed on outpatient and inpatient basis. Different options may be available regarding the method of work and group process, the choice of which depends on the severity of the patient's dependence and behavioural problems, such as aggression or depression.

WHY IS JOINING AND STAYING IN A GROUP SO DIFFICULT?

Joining and remaining in a group is quite difficult for alcoholics because they have a shame-based script system and are very anxious and emotionally disturbed.

If the self is eroded and insufficient according to certain factors discussed above, it can be difficult for a person to make an interpersonal contact in a group. Shame arises in a relationship (99). It is a protective mechanism whose function is to avoid the vulnerability at the cost

Posramljeni pojedinci nesvjesno priželjkuju da druga osoba preuzme odgovornost za iscjeljenje rupture (100), a posramljene će osobe također najvjerojatnije biti sklone koristiti strategije ne bi li se obranile od ranjivosti i kontakta u grupi.

To je još evidentnije među osobama ovisnim o alkoholu jer je intenzitet srama koji osjećaju puno snažniji, ali je i često prikriven agresijom i izraženom anksioznošću (4,22,27,37,96). Samim time bi se u grupnoj psihoterapiji osoba ovisnih o alkoholu trebala primjenjivati „kultura predstavljanja", a važan dio svake sesije trebao bi biti posvećen uvodnom predstavljanju ili „kratkom razgovoru" između članova. Izvjesno je da takav pristup u grupi pojačava osjećaj sigurnosti i podrške te istodobno smanjuje osjećaj srama.

GRUPNA PSIHOTERAPIJA KOJA BI MOGLA BITI UČINKOVITIJA KOD OSOBA KOJE SE LIJEČE OD ALKOHOLIZMA

Kriterij učinkovitoga grupnoga rada uključuje geografsku i kulturološku dostupnost sudionicima te strukturu i sadržaj koje sudionici percipiraju kao zanimljive i korisne. No, ne postoji jedan oblik grupne psihoterapije prikladan za sve. Program grupe mora slijediti psiho-edukacijsku smjernicu te udovoljavati potrebama najvećeg dijela grupe. Osobama s relativno nenarušenim osjećajem *selfa,* koje su istodobno psihološki sofisticirane i suportivno-ekspresivne, otvorena će grupa predstavljati učinkovit pristup. Ego alkoholičara je slab, oni su ranjivi, a njihov koncept *selfa* izrazito je fragmentiran i stoga bi se naglasak trebao staviti na autonomiju (4,27,96). Dijalog u grupi ima moć dodatno narušiti koncept *selfa* fragmentiranog pojedinca koji otvorenost doživljava kao prijetnju svojoj ranjivosti, a ne kao prigodu za razvoj.

of loss of contact in a relationship. Shamed individuals unconsciously wish for the other to take responsibility for repairing the rupture (100), and shamed persons in a group are likely to use strategies to defend against vulnerability and contact.

This is even more evident among alcoholics because their level of shame is higher and often disguised by aggression and strong anxiety (4,22,27,37,96). Therefore, in a group psychotherapy of alcoholics, a "culture of introduction" should be fostered and a substantial part of each session should be dedicated to long introductions or "check-ins" with brief dialogues between members. Such an approach will probably increase the feeling of safety and support within the group and diminish the feeling of shame in this relationship.

TYPE OF PSYCHOTHERAPY GROUP THAT MAY BE MORE EFFECTIVE WITH ALCOHOLICS

Criteria for an effective group include geographic and cultural accessibility for the participants and a structure and content that is perceived to be interesting and beneficial.

However, there is no single format or type of psychotherapy group appropriate for everybody. A group program should follow a more psycho-educational format and meet the needs of the largest part of the group. For persons with a reasonably intact sense of self who are psychologically rather sophisticated, the supportive-expressive, open group approach is effective. Alcoholics have a weak ego, they are vulnerable, and their self-concept is very fragmented, so the emphasis should be on autonomy (4,27,96). A dialogue in the group can worsen the self-concept of fragmented individuals who see openness as a threat to their vulnerability rather than an opportunity for growth.

S obzirom na različite razine psihosocijalne zrelosti alkoholičara, različitu jakost ega i različitu razinu srama (4,22,27,37,96), program bi trebao uključivati tri faze: uvodnu fazu te prvu fazu i drugu fazu grupne psihoterapije.

Uvodna faza

Ova je faza usmjerena na simptome sustezanja te psihofizički oporavak. Individualni kontakt, podrška i didaktički pristup iznimno su važni.

Prva faza grupne psihoterapije

Prva faza grupne psihoterapije strukturirana je na način da pruža maksimalnu sigurnost, prihvaćanje i minimalni rizik od psihičke izloženosti. Na ovoj razini grupa je psiho-edukativna i vremenski ograničena uz mogućnost nastavka u otvorenoj grupi bez vodstva.

Značajke prve faze grupne psihoterapije su sljedeće:

a) Ne spominje se podrška ili savjetovanje kako bi se na minimum smanjila mogućnost implikacije terapijskog umanjivanja ili neuspjeha, a naglasak je na edukaciji i pozitivnom ishodu.
b) Naglasak je na psiho-edukativnom, usmjerenom i tematskom radu. Didaktička uvodna faza preduvjet je za ulazak u ovu grupu, odnosno faza koja se pohađa prije ulaska u ovu grupu.
c) Grupa ne bi trebala brojiti više od 14 do 16 članova kako bi, s jedne strane, bio moguć izravan kontakt članova, kao i kontakt s terapeutom, a s druge strane, kako bi se osobe mogle suočiti s određenim zahtjevima a da se pritom ne osjećaju previše izloženo.
d) Grupa je zatvorena i traje najmanje 8 sesija po 90 minuta svaka.
e) Na kraju programa, svim se članovima pruža mogućnost da nastave sa svojim radom u drugoj fazi grupne terapije.

Since alcoholics have different levels of psychosocial maturity, different ego strengths and different levels of shame (4,22,27,37,96), a program should include three levels: the introductory phase, first-level, and second-level group psychotherapy.

Introductory phase

This phase deals with withdrawal symptoms and psychophysical recovery. Individual contact, support, and didactic approach are very important.

First-level group psychotherapy

First-level group psychotherapy is structured in order to provide maximum safety, holding, and minimum risk of psychological exposure. At this level, the group is psycho-educational and limited in time, with a possibility of continuance in an open non-directive group.

A first-level group psychotherapy meets the following characteristics:

a) No mention is made of support or counselling for minimaze therapeutic implication of diminishment or failure, and an emphasis is on education and positive outcome.
b) The emphasis is psycho-educational, directive, and thematic. Prior to entering this group, there is a didactic introductory phase.
c) The group should not have more than 14-16 members to allow, on the one hand, for a more direct contact among the group members and with the therapist, and on the other, for persons to confront potential demands without feeling too exposed.
d) The group is closed and lasts for 8 sessions of 90 minutes each.
e) At the end of the program, all members are offered the option of continuing with their work in the second-level group.

Druga faza grupne psihoterapije

Rad ove grupe trebao bi trajati jednu godinu, a sudjelovanje u njoj je na dragovoljnoj bazi. Članovi grupe trebaju završiti prethodne faze. U ovoj grupi fokus je na interpersonalnoj razmjeni između članova te na dubljim razinama svjesnosti i procesa. Cilj je razviti otvorenost te povećati kapacitet za smanjenje tenzija i konflikata, produbljenje shvaćanja vlastitog *selfa* i prihvaćanje sebe putem procesa istraživanja obrambenih mehanizama u odnosu prema drugim članovima grupe. Članovi se potiču s drugima podijeliti svoje osjećaje srama i anksioznosti, razviti toleranciju i promijeniti svoje autoagresivne modele (intoksikacija) ili agresivne modele ponašanja (verbalne i/ili fizičke) prema drugima u konstruktivnije obrambene mehanizme, jer je agresija iznimno važan dio kliničke slike alkoholizma i procesa grupne psihoterapije.

ZAKLJUČAK

Analizom objavljenih psihoterapijskih istraživanja zaključeno je da u liječenju osoba ovisnih o alkoholu nedostaje integrativni psihoterapijski pristup alkoholizmu, posebice na području liječenja psihoterapijom. Samim time bi predložena metodologija mogla pružiti rješenja za unaprjeđenje liječenja psihoterapijom osoba koje se liječe od alkoholizma.

Iako su dosad zanemarivani te minimizirani, ego-identitet i sram su sada postali središnji elementi. Moramo razumjeti alijenirajući učinak srama i rasvijetliti njegov utjecaj na razvoj kako ličnosti tako i psihopatologije alkoholizma.

Za psihoterapeuta verbalizacija, kao oblik ponašanja i mišljenja, otkriva ne samo dinamiku strukture ega i superega, nego i dinamiku terapijskih procesa.

Sram bi mogao biti značajan čimbenik kada govorimo o teškoćama u odnosima, kao što je

Second-level group psychotherapy

Group psychotherapy should last for one year and the participation is voluntary. The group members should have finished the previous phases. In this group, the focus is on interpersonal exchange between members, on deeper levels of consciousness and process. The goal is the development of openness and increase in the capacity for relieving tension and conflicts, understanding oneself, and accepting oneself through the exploration of defences in relation to other members of the group. Members will be encouraged to share their anxiety and shame, develop their tolerance, and change their autoaggressive (intoxications) or aggressive behaviour (verbal or/and physical) towards others into more constructive defence mechanisms because aggression is a very important part of the clinical picture of alcoholism and the group psychotherapy process.

CONCLUSION

A review of existing psychotherapeutic studies indicates that an integrative psychotherapeutic approach to alcoholism is lacking, especially in psychotherapeutic treatment. Therefore, the methodology suggested in this paper could provide solutions for the improvement of psychotherapeutic treatment of persons with alcoholism.

Although previously neglected and minimized, ego identity and shame have moved to the centre stage. We must understand the alienating affect of shame and illuminate its impact on the development of both personality and psychopathology of alcoholism.

To a psychotherapist, verbalization as a form of behaviour and thinking reveals not only the dynamics of the ego and the superego-structure but also the dynamics present in the therapeutic process.

Shame may be a significant element in most relationship difficulties, such as alcohol abuse

zlouporaba alkohola (101). Svaka osoba ovisna o alkoholu čija se ovisnost temelji na sramu iskazivat će drukčiji klaster modela ponašanja, fantazija, intrapsihičkih funkcija te mehanizama samoobrane. Drugim riječima, u terapijskom odnosu, terapeut otkriva jedinstvenu psihodinamiku svakog pojedinog pacijenta. Osim toga potrebna su istraživanja u kojima je važno razumjeti neke opće premise specifičnih psihopatologija.

(101). Each shame-based alcoholic will present a different cluster of behaviours, fantasies, intrapsychic functions, and self-protective defences. In other words, in a therapeutic relationship, the therapist discovers each patient's unique psychodynamics. In addition, there is a requirement for studies with an emphasis on the importance of understanding some general premises of specific psychopathologies.

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