Depresija u svjetlu nekih psihoanalitičkih teorija

/ Depression in the Light of Some Psychoanalytic Theories

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Cilj je ovoga selektivnog preglednog članka sažeti neke od najpoznatijih psihoanalitičkih teorija o depresiji. Od Freudovog *Tugovanja i melankolije* 1917. psihoanaliza je ostvarila značajne iskorake u tumačenju depresije. Depresija je tumačena kao očajnički krik za ljubavlju, autoagresija, konflikt ega, fiksacija na iskustva bespomoćnosti, ekspresija neurotične strukture ličnosti i patološki ishod depresivne pozicije. Depresija je često povezana s agresijom, anksioznošću, krivnjom i narcizmom. U klasičnom psihoanalitičkom pristupu depresiji oralnost igra značajnu ulogu. S razvojem psihoanalitičkih teorija pojavili su se neki važni pojmovi: kognitivna trijada kao važna varijabla u depresiji koja uključuje negativnu percepciju sebe, svijeta i budućnosti, „sociotropne" (društveno ovisne) i „autonomne" vrste depresije, dominantni drugi i uloga terapeuta koji može postati dominantni ili značajni treći. Psihoanalitičke teorije s kraja 20. stoljeća dijele depresiju na anaklitnu i introjektivnu. U 21. stoljeću autori su opisali neurohormonsku, neurokemijsku i neuroimunološku pozadinu depresije potvrđujući na određen način neke od klasičnih psihoanalitičkih teorija.

/ The aim of this selective review article is to summarize some of the best-known psychoanalytic theories regarding depression. Since Freud's Mourning and Melancholia in 1917, psychoanalysis has made considerable steps forward in the interpretation of depression. Depression was seen as a despairing cry for love, aggression towards the self, a conflict of the ego, a fixation on experiences of helplessness and powerlessness, an expression of the neurotic personality structure, and depressive position. Depression is often linked with aggression, anxiety, guilt, and narcissism. In the classic psychoanalytic view of depression, orality plays a significant role. As psychoanalytic theories evolved, some important concepts emerged: the cognitive triad, which includes negative perceptions of the self, world, and future as an important variable in depression, "sociotropic" (socially dependent) and "autonomous" types of depression, the dominant other, and the role of the therapist who can become the dominant or significant third. Psychoanalytic theories from the end of 20th century divide depression into anaclitic and introjective based on psychopathology. Authors in the 21th century showed the neurohormonal, neurochemical, and neuroimmunological background of depression, in a way confirming some of the classic psychoanalytic theories.

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UVOD

Depresija, kao patološka varijacija tuge, prožima i uključuje cijelu osobu, od njezine srži do najviših i duhovnih manifestacija (1). Procjene životne prevalencije uvelike variraju, od 3 % u Japanu do 16,9 % u SAD-u, a većinom u rasponu od 8 % do 12 %. Žene imaju višu stopu velikih depresivnih epizoda od muškaraca s omjerom koeficijenata od 1,2 u Češkoj do 2,5 u Japanu (2).

Depresija, prema Bleichmar, može biti: a) Samostalan entitet koji dominira cjelokupnim mentalnim životom: osjećaj bespomoćnosti/nemoći prožima reprezentaciju i funkcioniranje ličnosti pri čemu želja doživljena kao neispunjiva ima važnu ulogu u libidinalnoj ekonomiji subjekta. Takva depresija uključuje depresivno stanje, restorativne pokušaje, komplikacije depresije i sekundarnu dobit. Valja naglasiti da se etiologija depresije ne može svesti samo na neispunjenu želju jer bi ispunjenje želje dovelo do nestanka depresije, što kliničko iskustvo ne potvrđuje. Depresija kao poremećaj može koegzistirati s drugim poremećajem, ali ima neovisno podrijetlo. b) Aspekt različitih vrsta poremećaja, gdje je depresija simptom koji proizlazi iz pacijentova osjećaja bespomoćnosti / nemoći da prebrodi teret koji proizlazi iz temeljnih elemenata poremećaja. Komponente temeljnog poremećaja u prvom su planu, dok depresija oslikava poremećaj kao pozadinsko raspoloženje, mada povremeno može biti istaknuta (3).

Danas postoje dvije glavne etiološke hipoteze, biološka i psihosocijalna. Prva uključuje potencijalne neurotransmisijske mehanizme, hormonsko, imunološko i genetsko objašnjenje razvoja depresije, a druga predlaže psihodinamički, socijalni, bihevioralni i kognitivni utjecaj na etiologiju depresije (4,5). Treća etiološka hipoteza mogla bi biti psihoanalitička perspektiva ili depresija u svjetlu nekih psihoanalitičkih teorija.

INTRODUCTION

Depression, as a pathological variety of sadness, penetrates and involves the whole person, from their core to their highest and spiritual manifestations (1). Lifetime prevalence estimates vary widely, from 3% in Japan to 16.9% in the US, with the majority in the range of 8% to 12%. Women have higher rates of major depressive episodes than men with an odds ratio ranging from 1.2 in the Czech Republic to 2.5 in Japan (2).

Depression, according to Bleichmar, may be: a) An entity in itself which dominates the whole mental life: the feeling of helplessness/powerlessness permeates the representation and functioning of the self, where the wish that is felt as unfulfillable has an important role in the libidinal economy of the subject. This depressive condition includes the depressive state, restorative attempts, complications of the depression, and secondary benefits. Depression as a disorder can coexist with another disorder but have an independent origin. The etiology of depression cannot be reduced to unfulfilled desire alone, because fulfillment would lead to the disappearance of depression, which clinical experience does not confirm. b) A component of different kinds of disorders, where depression is a symptom resulting from the patient's sense of helplessness/powerlessness to overcome the burdens occasioned by the disorder's principal elements. The components of the main disorder are in the foreground, while depression colors the disorder as a background mood, although it can occasionally take prominence (3).

There are currently two main etiological hypotheses for depression: biological and psychosocial. The former includes potential neurotransmission mechanisms and hormonal, immunological, and genetical explanations for development of depression, whereas the latter proposes a psychodynamic, social, behavioral, and cognitive influence on the etiology of depression (4,5). A psychoanalytic point of view or depression in

Arieti je dao kratki pregled područja interpretacije depresije: od klasičnih pionirskih djela psihoanalize (6, 7) u tumačenju depresije značajni su iskoraci. Na primjer, Radova (8,9) koncepcija melankolije kao očajničkog krika za ljubavlju, kao pokušaj ega da se kazni kako bi se spriječila roditeljska kazna, izricanjem krivnje, iskupljenja i oproštenja; Melanie Klein (10, 11) interpretirala je depresiju kao patološki ishod depresivne pozicije; Bibringov koncept depresije kao konflikta ega, stanja bespomoćnosti povezanog s gubitkom samopoštovanja (12) važni su doprinosi bilo freudovske, bilo kleinijske škole. Značajan je doprinos u kulturnoj školi Bonimeov (13,14), koji depresiju doživljava kao praksu. Prema Bonimeu: "Depresivan je pojedinac krajnje manipulativna osoba koja bespomoćnošću, tugom, zavodljivošću i drugim sredstvima usmjerava ljude prema ispunjenju zahtjeva za različitim oblicima emocionalno utješne reakcije." (1,14).

Psihoanalitičke teorije depresije počele su Freudovim *Žalovanjem i melankolijom* (7), a prema nekim su autorima još uvijek široko prihvaćene (15). Prema Freudu, patološka depresija ima nepatološki analog: tugu i žalovanje za voljenom osobom ili objektom koje je čovjek izgubio smrću ili odvojenošću. Freud je depresiju opisao kao reakciju na gubitak stvarnog ili imaginarnog objekta. U nekim slučajevima gubitak može biti stvaran, primjerice, neki pacijenti postanu patološki depresivni nakon gubitka supružnika ili voljene osobe, pogotovo ako su imali ambivalentne emocije prema toj osobi.

Češće je pacijent iz bilo kojeg razloga ljut na voljenu osobu i želi da voljena osoba bude mrtva, u nesvjesnoj fantaziji ubije tu osobu i oplakuje gubitak, makar zamišljen. Analogijom depresije i žalovanja Freud je ponudio objašnjenje zašto je epizoda depresije često ograničena u trajanju. Kad netko tuguje, to obično traje ograničeno vrijeme - nekoliko mjeseci ili godinu dana. Zatim završava s tugovanjem i vraća se, barem u mnogim slučajevima, u stanje prije gubitka,

the light of some psychoanalytical theories could be considered the third etiological hypothesis.

Arieti gave a short overview in the field of interpreting depression: since the classic pioneer works of psychoanalysis (6,7) considerable advancements have been made in the interpretation of depression. For example, Rado's (8,9) conception of melancholia as a despairing cry for love, as an attempt of the ego to punish itself in order to prevent the parental punishment, by enacting guilt, atonement, and forgiveness; Melanie Klein's (10,11) interpretation of depression as a pathological outcome of the depressive position; Bibring's (12) concept of depression as a conflict of the ego, a state of helplessness connected to the loss of self-esteem, are important contributions from either the Freudian or the Kleinian schools. A remarkable contribution in the cultural school is Bonime's (13,14), who sees depression as a practice. According to Bonime: "The depressive is an extremely manipulative individual who, by helplessness, sadness, seductiveness, and other means, maneuvers people toward the fulfillment of demands for various forms of emotionally comforting response." (1,14).

Psychoanalytic theories regarding depression began with Freud's *Mourning and Melancholia* (7) and are, according to some authors, still widely accepted (15). Freud advanced the idea that pathological depression has a nonpathological analogue: grief and mourning for a loved person or thing that one has lost by death or separation. Freud characterized depression as the reaction to the loss of a real or an imaginary object. In some cases the loss can be a real one, as when some patients become pathologically depressed after the loss of a spouse or loved one, especially when having ambivalent feelings for them. More often a patient is angry at a loved one for whatever reason and wishes the loved one dead, kills that person in some unconscious fantasy, and mourns the loss, imaginary though it is. By analogizing depression to mourning Freud of-

pred žalovanje, baš kao što se depresivni pacijent vraća u premorbidno stanje nakon razdoblja depresije. Glavna svrha analogije između tugovanja i depresije bila je, međutim, tvrdnja da je depresija posljedica gubitka voljene osobe, da je rezultat gubitka objekta. Gubitak možda nije stvaran, može biti zamišljen. Pacijent možda nije ni svjestan bilo kakvog osjećaja gubitka, pa percepcija gubitka može biti prilično nesvjesna (15). U razradi Freudove teorije depresije važno je naglasiti i ulogu identifikacije. Umjesto žalovanja, odnosno prihvaćanja gubitka objekta, objekt se sačuva tako da postane dio nesvjesne reprezentacije selfa. Internalizacijom reprezentacije izgubljenog objekta u reprezentaciju selfa (u Freudovo vrijeme – ega), u stvari se izbjegava žalovanje, odnosno, prihvaćanje činjenice gubitka objekta. Nakon toga se tako internalizirani objekt napada agresijom, što dovodi do depresije.

U *Inhibiciji, simptomu i anksioznosti*, Freud ističe "nezadovoljavajuću kateksu čežnje" kao afektivno stanje s ideativnom i afektivnom komponentom (16). U prvom je želja za objektom predstavljena kao neizvediva. U drugom osjećaj boli nastaje kao rezultat reprezentacije želje kao neostvarive. Ovakav depresivni afekt ima specifičnu kvalitetu, različitu od anksioznosti kao anticipacije opasnosti (3,17,18).

Prema nekim autorima, bespomoćnost igra središnju ulogu u konstituciji depresivnog fenomena (12,19,20). Ti autori smatraju da je definirajuća karakteristika depresije reprezentacija nesposobnosti za postizanje ciljeva, tj. predispozicija za depresiju određena je fiksacijom na iskustva bespomoćnosti i nemoći, iskustva koja ostavljaju tragove na psihi (3).

AGRESIJA

Psihoanalitička istraživanja depresije vrlo često povezuju agresiju s depresijom (6,7, 10, 21-23). Bez obzira na to je li agresija glavni

fered an explanation of why an episode of depression is often limited in duration. When one mourns, this usually lasts for a limited period of time – several months or a year. Then one is through with mourning and returns, at least in many cases, to one's pre-loss, pre-mourning state, just as a depressed patient returns to his premorbid state after a period of depression. The main point of the analogy between mourning and depression, however, was the assertion that depression is a consequence of losing a beloved person, that it results from object loss. The loss may not be a real one; it could be only a loss in fantasy. The patient may not even be aware of any feeling of loss, so the perception of a loss may be quite unconscious (15). In elaborating Freud's theory of depression, it is also important to emphasize the role of identification. Instead of mourning or accepting the loss of an object, the object is preserved so that it becomes part of the unconscious representation of the self. By internalizing the representation of the lost object into the representation of the self (in Freud's time – the ego), one actually avoids mourning, that is, accepting the fact of losing the object. Subsequently, the aggression attacks the internalized object, which leads to depression.

In *Inhibitions, Symptoms and Anxiety* (16) Freud points out the "unsatisfiable cathexis of longing" as an affective state with a ideative and affective component. In the former the desire for the object is represented as unfulfillable. In the latter the feeling of pain arises as a result of representing the desire as unfulfillable. This depressive affect has a specific quality, different from anxiety as an anticipation of danger (3,17,18).

According to some authors, helplessness and powerlessness play the central role in the constitution of the depressive phenomenon (12,19,20). They suggested that the defining characteristic of depression is the subject's own representation of his incapacity to attain goals, i.e. predisposition to depression is determined by a fixation to experiences of helplessness and powerlessness, experiences that leave imprints on the psyche (3).

uzrok depresije klinička iskustva ukazuju da je to jedan od važnih puteva koji vode do nje (3). Postoje različiti oblici agresije koji vode do osjećaja bespomoćnosti i nemoći, npr. do nemoći ispunjenja želja i ugrožavanja selfa. Agresija može biti *acting out* protiv unutarnjeg objekta, vanjskog objekta ili protiv sebe. *Acting out* je potrebno definirati i razgraničiti od agresije. *Acting out* može izražavati i agresiju, ali taj način izražavanja nije sinonim za agresiju. Na primjer putem *acting outa* mogu se manifestirati i libidne želje, svjesne i nesvjesne. U slučaju da je agresija reakcija na unutarnji objekt, subjekt može doživjeti promjenu značenja objekta, na primjer, osjećajem krivnje vezano uz uništenje objekta (21). Agresija samo u ekstremnim slučajevima dovodi do uništenja objekta, a gubitak vrijednosti objekta ne označava njegovo uništenje nego promjenu njegovog značenja za osobu. Kada subjekt ovisi o objektu za održavanje uravnoteženog samopoštovanja objekta, to ima utjecaj na narcizam subjekta. Uništavanje osobi do tada važnih objekata koji su bili nosioci ideala rezultira činjenicom da se ništa ne čini vrijednim subjektovog poštovanja, što vodi u svijet lišen vrijednih ili stimulirajućih objekata. Međutim, moguće je uništenje nekog objekta, a da ostali objekti ostanu sačuvani, tj. uništeni objekt ne mora nužno biti reprezentant subjektivnih ideala. No, uništenje unutarnjih objekata, ako je masivno, dovodi do osiromašenja unutarnjeg svijeta. Prema self–psihologiji (Kohut i ostali autori) self–objekti univerzalno utječu na održavanje samopoštovanja, odnosno ni psihički zdrave osobe nikad ne postižu apsolutnu neovisnost o socijalnoj okolini i potpunu autonomiju regulacije samopoštovanja, koja bi bila u potpunosti neovisna o okolini. Međutim, važno je u kojoj mjeri osoba koristi ili mora koristiti socijalnu okolinu za održavanje uravnoteženog samopoštovanja. Kada je agresija usmjerena prema vanjskom objektu, ona djeluje u vanjskom svijetu subjekta u smislu uništava-

AGGRESSION

Psychoanalytic studies of depression very often link aggression with depression (6,7,10,21-23). Whether or not aggression is the main cause of depression, clinical experience suggests that it is one of the important pathways leading to it (3). There are different forms of aggression leading to feelings of helplessness and powerlessness, i.e. to the impotence of wish fulfillment. Libido desires, conscious and unconscious, can also manifest through acting out. In case the aggression is acted out against the internal object, the subject feels as though he destroyed, ruined, or annihilated the object, consequently changing the value of the object (21). When the subject depends on the object to maintain a balanced self-esteem, the subject's narcissism is affected. According to self-psychology (Kohut and other authors), self-objects universally influence the maintenance of self-esteem. In other words, even mentally healthy persons never achieve absolute independence from the social environment and complete autonomy of self-esteem regulation which would be completely independent of the environment. However, it is important to what extent a person uses or has to use the social environment to maintain balanced self-esteem.

The "destruction of the object" results in the fact that nothing appears to be worthy of the subject's esteem, which leads to a world devoid of valued or stimulating objects. However, it is possible for an object to be destroyed with other objects being preserved, i.e. the destroyed object may not necessarily be representative of subjective ideals. But the destruction of internal objects, if massive, leads to the depletion of the inner world. When aggression is directed to the external object it acts out in the subject's external world in the sense of destroying friendships and family relations, opportunities, and so on. In these cases, the depression results from a failure in the creation of conditions that allow the realization of wishes that are central to the

nja prijateljstava i obiteljskih odnosa, prilika i tako dalje. U tim slučajevima depresija može biti posljedica neuspjeha u stvaranju uvjeta koji omogućuju ostvarenje želja koje su središnje za subjekt (3). Napominjemo pritom da su mnoge depresije posljedica povrede selfa, pada samopoštovanja, a ne samo izostanka zadovoljenja želje. Ako je self očuvan, samopoštovanje suštinski ne ovisi o zadovoljenju želje. Kliničko iskustvo pokazuje da zadovoljenje želje samo po sebi može izazvati samo ograničeno i kratkotrajno stabiliziranje samopoštovanja. Agresija u nekim svojim manifestacijama može postati destrukcija, međutim, u svojim zrelijim manifestacijama agresija je važna sastavnica bliskih odnosa, a sublimacija agresije je važna za postizanje razgraničavanja selfa i objekta, za separaciju, izražavanje autonomije, rast i razvoj osobnosti. Autoagresija pogoršava reprezentaciju selfa, ali i funkcioniranje ega. Subjekt troši svoju energiju u unutarnjem sukobu, okupiran mržnjom samog sebe napada i inhibira funkcioniranje svog ega, ispada da nije u stanju krenuti prema ispunjenju svojih želja. Neispunjenje želje nije jedino što se povezuje s depresijom, već je osjećaj bespomoćnosti i nemoći povezan s cjelokupnim funkcioniranjem osobe, ozljedama samopoštovanja i nekoherentnim selfom. Ako u nekom trenutku subjekt dovede u svijest napad na sebe, self ili neku reprezentaciju selfa, ali i somatski ili disocirani dio selfa može razviti osjećaj krivnje (3). Krivnja se javlja i kad se radi o nesvjesnim procesima. Iracionalna, patološka krivnja je više povezana s nesvjesnim nego svjesnim procesima.

KRIVNJA

Budući da je odnos između agresije i krivnje složen, u Freudovim djelima postoji nekoliko ideja o podrijetlu krivnje. Za krivnju je presudna kvaliteta superega koji određene želje prihvaća, tolerira, dozvoljava ili ne. Patološki

subject (3). Note that many cases of depression are the result of self-harm or a decline in self-esteem, not just a lack of gratification. If the self is preserved, self-esteem is essentially independent of gratification. Clinical experience says that satisfying desire in itself can only cause a limited and short-term stabilization of self-esteem. Aggression directed against the self plays a very important role in depression. Self-aggression damages the representation and the functioning of the self. The subject consumes their energies in an internal war, occupied with hating themselves, attacks and inhibits the functions of their ego, and turns out to be incapable of moving towards fulfillment of their wishes. Not fulfilling a desire is not the only thing associated with depression, but a feeling of helplessness and powerlessness is associated with the overall functioning of a person, self-esteem injury, and incoherent self. If, in some point, the subject brings to consciousness the attack on themselves, they may develop a sense of guilt (3). Guilt also occurs when it comes to unconscious processes. Irrational, pathological guilt is more related to unconscious than conscious processes.

GUILT

Because the relationship between aggression and guilt is complex, there are several conceptions of the origin of guilt within Freud's work. Guilt is determined by quality of the superego which accepts, tolerates, or does not tolerate certain wishes. The pathological superego is austere, intolerant, and unrealistic in the demands it places on a person. A person's conscious attitude (ego function) to these desires is also important. Freud said that "superego knows more about the unconscious id than the ego", therefore, guilt is the natural, logical consequence of the quality of the desire (3,24). Guilt due to the codification of the wishes presents differently in every individual because it is formed through the ideal every person sets for themselves and

superego je strog, netolerantan, nerealan u zahtjevima koje postavlja na osobu. Također je važan svjesni stav osobe (funkcija ega) prema tim željama. Freud je rekao da "superego zna više o nesvjesnom idu nego o egu", stoga je krivnja prirodna, logična posljedica kvalitete želje (3,24). Krivnja zbog kodifikacije želja različito se manifestira kod svakog pojedinca, jer se formirala idealom koji svaki čovjek postavlja za sebe po kojem mjeri svoj ego. Stoga neki pojedinci mogu osjetiti krivnju jer superego kodificira njihove želje kao agresivne ili štetne (3,25). Nesvjesne seksualne i agresivne želje su prisutne u nesvjesnom svih osoba, na čemu se i temelji osnovna psihodinamska hipoteza o edipskom kompleksu kao dinamičnoj jezgri svih neuroza.

Osjećaj krivnje također može biti proizvod identifikacije ega i ida s objektom koji se i sam osjeća krivim, što se naziva i "posuđenom" krivnjom. To je poremećaj u samoreprezentaciji, a subjekt zaključuje da je u svakoj situaciji loš (3,24). Krivnja može biti posljedica introjekcije agresije. U tom je slučaju ego identificiran s vanjskim objektom prema kojem je agresija usmjerena. Za krivnju je važno 'kodificiranje' agresije kao štetne, odnosno stav prema agresiji, a ne sama agresija, prema kojoj osoba može imati i tolerantan stav, a njen superego ju prihvaćati kao prihvatljivu u određenim okolnostima. Patološkim mehanizmom projektivne identifikacije odbačene osobine selfa induciraju se u bliskim osobama.

NARCIZAM

Prema Milrodu, značajan pad razine libidinalnog ulaganja u reprezentaciju selfa obično prati depresiju podvlačeći njezinu narcističnu osnovu (26). Taj gubitak libidinalne kateksije stvara nisko samopoštovanje i zamjenjuje ga neprijateljska kateksa. Isključen je protok libidnih zaliha za ulaganje u samoprezentaciju uključujući ljubavni objekt, ego i superego.

by which they measures their ego. Thus, some individuals can feel guilt because their superego codifies their wishes as aggressive or harmful (3,25). Unconscious sexual and aggressive desires are present in the unconscious of every person, which underlies the basic psychodynamic hypothesis of the Oedipus complex as the dynamic nucleus of all neuroses. Sense of guilt can also be a product of the identification in the ego and the id with an object which itself feels guilty, also called "borrowed" guilt. It is often present in those individuals who identify with guilt-ridden parents. This is a disorder in the self-representation from which the subject concludes through projective identification that they is bad in every occasion (3,24). Guilt can be the result of the introjection of aggression. In that case there is an identification in the ego with the external object towards which the aggression is directed. "Codification" of aggression as harmful is important, and is an attitude towards aggression, not aggression itself, according to which a person may have a tolerant attitude, and their superego accepts it in certain circumstances. The pathological mechanism of projective identification causes the rejected traits of the self to be induced in people close to the subject.

NARCISSISM

Significant reduction in the level of libidinal investment in self-representation, according to Milrod, usually accompanies depression, underscoring its narcissistic basis (26). This loss of libidinal cathexis produces low self-esteem and is replaced by a hostile cathexis. The flow of libidinal supplies for investment in self-representation, including the love object, ego, and superego are shut down. These three sources of libidinal supplies are related to the different structural configurations a depression may take. The simplest structural form of a depression is one in which the narcissistic injury is caused by the self-representation which is far away from the individual's wished-for self-image (27), i.e. a

Ova tri izvora libidinalnih izvora povezana su s različitim strukturnim konfiguracijama koje depresija može imati. Najjednostavniji strukturni oblik depresije je onaj u kojem je ozljeda narcizma uzrokovana samoreprezentacijom koja je daleko od idealne slike o sebi (27), tj. širi se jaz između pojedinčevog doživljaja sebe i slike onoga što on želi biti. Kad se to dogodi, pojedinac će se osuditi zbog toga što ne može ispuniti svoje ambicije. Primjeri su depresije potaknute karijernim ili financijskim razočaranjima, kao i velika skupina depresija povezanih s procesom starenja. Narcistične zalihe ega su prekinute, a libidinalna kateksa samo-reprezentacije zamijenjena je neprijateljskom kateksom potaknutom slabljenjem funkcije selfa nakon što samo-reprezentacija padne na kritičnu razinu ispod željene slike sebe. To uključuje proces unutar sustava bez sudjelovanja superega, samoodricanje nema moralno značenje i može se prevesti kao osjećaj "Ja sam neuspjeh" (26), što upućuje na slabljenje funkcije selfa.

Druga vrsta depresije, različito strukturirana, javlja se kada je ozljeda narcizma uzrokovana samo-reprezentacijom daleko od moralnih i etičkih vrijednosti ugrađenih u ego ideal, tj. pojedinac se osuđuje za neki moralni ili etički neuspjeh (26). Kad god osoba ne uspijeva ispuniti očekivanja svoga ega, libidinalne zalihe samoreprezentacije od superega bivaju zamijenjene neprijateljskom kateksijom, što rezultira depresijom kao stanjem raspoloženja (28). Ovaj unutarsustavni proces uključuje superego koji sudjeluje kažnjavanjem, proizvodeći neprijateljsku kateksu samo-reprezentacije. Samoobjava nosi konačno moralno značenje i može se prevesti kao: "Ja sam loš!" ili "Zaslužujem kaznu" (26).

Treći oblik depresije javlja se kada je ambivalentni ljubavni objekt i dalje osnovni izvor libidinalnih pomagala za samoreprezentaciju (26). Gubitak objekta ili ljubavi od objekta proizvodi narcistični udarac koji je odgovoran

wide gap develops between the individual's view of themselves and the image of what they desires to be. When that happens, the individual will condemn themselves for not being able to fulfill their ambitions. Depressions triggered by career or financial disappointments as well as the large group of depressions related to the aging process serve as examples of this structure. Narcissistic supplies from the ego are cut off and the libidinal cathexis of the self-representation is replaced by a hostile cathexis induced by the self-critical function of the ego once the self-representation falls to a critical level below that of the wished-for self-image. This involves a system process without superego participation; the self-condemnation carries no moral flavor and can be translated as the feeling "I am a failure" (26), suggesting a weakening of the function of the self.

A second type of depression, differently structured, occurs when the narcissistic injury is caused by the self-representation being distant from the moral and ethical values built into the ego ideal, i.e. the individual condemns themselves for some moral or ethical failure (26). Whenever a person fails to live up to their ego, ideal libidinal supplies to the self-representation from the superego are cut off and replaced by a hostile cathexis, resulting in depression as a mood state (28). This intersystemic process involves the superego which participates via punishment, producing a hostile cathexis of the self-representation. The self-condemnation carries a definite moral flavor and can thus be translated to: "I am bad!" or "I deserve punishment" (26).

A third form of depression occurs when an ambivalent love object continues to be the essential source of libidinal supplies for the self-representation (26). Loss of the object or of the object's love produces the narcissistic blow responsible for the loss of libidinal investment in the self-representation and its replacement by a hostile cathexis, all experienced as a loss of self-esteem. Because the object plays such a vital role in the psychic economy of the person, diminution of the object is intolerable.

za gubitak libidinalnog ulaganja u samoreprezentaciju i njezinu zamjenu neprijateljskom kateksom, a sve to doživljava se kao gubitak samopoštovanja. Budući da objekt igra tako vitalnu ulogu u psihičkoj ekonomiji ovih ljudi, umanjenje objekta je nedopustivo. Kada se to dogodi, stvara obrambeni pomak libida od samo-reprezentacije do reprezentacije objekta što rezultira prenaglašavanjem propusta subjekta kako bi se vratile vrline ambivalentnog objekta. Ali ako proces ide predaleko ili traje predugo, narcistični libido (libido uložen u samo-reprezentaciju) može postati iscrpljen i osoba možda neće biti u mogućnosti vratiti reprezentaciju objekta na bivšu uzvišenu razinu, što će dovesti do neprijateljske devalvacije i objekta i samoreprezentacije, što rezultira osjećajem bezvrijednosti. Na ovom se stupnju razvija depresija. Subjekt osjeća da ga je vanjski svijet iznevjerio, stoga se povlači iz njega apsolutnom dekateksijom reprezentacije objekta (26).

Koncept „narcističnog posjedovanja“ (25) uključuje sve objekte (ljude ili objekte) čija vrijednost ili nedostojnost izravno utječe na samo-reprezentaciju. Narcistično posjedovanje može doći u obliku kuće, automobila, supružnika, prijatelja, statusa ili bogatstva, skupine kojoj pojedinac pripada (politička stranka, vjerska organizacija). ‘Objekt narcistične aktivnosti’ je onaj koji subjektu omogućuje obavljanje aktivnosti koja mu daje narcističnu vrijednost. Gitara za glazbenika, student za profesora, tj. bilo koji posao, hobi ili profesija koja dopušta funkciju narcistične vrijednosti može biti objekt narcistične aktivnosti (3). Narcizam je važna sila u ljudskoj motivaciji i zato posjeduje određene objekte. Nepostojanje „objekta narcistične aktivnosti“ može objasniti neravnotežu koju su određeni ljudi doživjeli tijekom vikenda ili odmora. Neki pojedinci napadaju svoje „objekte narcistične aktivnosti“, na primjer, ocrnjuju svoj posao ili svoju profesiju navodeći njegove nedostatke

When this happens, it produces a defensive shift of libido from the self-representation to the object-representation which results is an exaggeration of the subject’s flaws in order to reinstate the virtues of the ambivalent object. But if the process goes too far or lasts too long, the narcissistic libido (libido invested in the self-representation) may become drained and the person may be unable to restore the object representation to its former exalted image, leading to a hostile devaluation of both object and self-representations resulting in a sense of worthlessness. This is the stage at which depression develops. The subject feels that the external world has failed them, and therefore they retreat from it by a total decathexis of the object representation (26).

The concept “narcissistic possessions” (25) includes all objects (people or things) whose worth or unworth directly influences the representation of the self. Narcissistic possessions can come in the form of a house, a car, a spouse, a friend, status or fortune, the group to which an individual belongs (a political party, a religious organization). An “object of narcissistic activity” is one that enables the subject to perform an activity that grants them narcissistic worth. The guitar for the musician, the student for the professor, i.e. any job, hobby, or profession that allows a function of narcissistic worth to be carried out can be an object of narcissistic activity (3). Because narcissism is an important force in human motivation, it possesses specific objects. The absence of “objects of narcissistic activity” may explain the imbalance experienced by certain people during weekends or vacations. Some individuals attack their “objects of narcissistic activity’” for example by badmouthing their job or their profession by citing its lack of importance, or by listing the poor conditions under which it is carried out, causing impotent feelings towards the fulfillment of personal narcissistic wishes which are dependent upon these objects. The profession or activity in question appears unworthy in comparison with others

ili nabrajajući loše radne uvjete, izazivajući osjećaje nemoći prema ispunjenju osobnih narcističnih želja koje ovise o tim objektima. Profesija ili djelatnost o kojoj je riječ čini se nedostojnom u usporedbi s drugima (idealizirani objekti) koji se smatraju nedostižnim. Taj jaz stvara „nezadovoljivu kateksu čežnje" koju spominje Freud (16). To je često korijen kroničnih depresija opaženih kod pacijenata koji ostaju vezani za posao ili vezu koju smatraju ponižavajućom. Samopoštovanje subjekta i mentalna organizacija trpe kad se napadne ili obezvrijedi „objekt narcistične aktivnosti" (3). Prema psihologiji selfa, osjećaj frustracije u postizanju narcističnih težnji selfa je srž depresije.

Hartmann je kao otac ego psihologije pomaknuo psihoanalizu izvan intrapsihičkog fokusa na nagone i obrane u opću teoriju ljudskog razvoja. Naglasio je primat ega u razvoju, ne samo u upravljanju konfliktima koji nastaju između ida, ega i superega, već i u prilagođavanju okolini. Pretpostavio je da se tijekom razvoja nagoni ne sukobljavaju i prolaze kroz transformaciju kojom se neutraliziraju njihove seksualne i agresivne kvalitete (29).

Prema Hartmannu, središnja uloga ega u razvoju bila je olakšati ne samo sukob između ida, ega i superega, već i prilagodbu okolini (30). Hartmann navodi da razvoj ega nastaje „kao rezultat tri skupa čimbenika: naslijeđenih karakteristika ega (i njihove interakcije), utjecaja instinktivnih nagona i utjecaja vanjske stvarnosti". Ego može mobilizirati obranu da se zaštiti od četiri vrste opasnosti, uključujući konflikt između ida, ega i superega, konflikt u međuljudskim odnosima, konflikt u odnosu na društvene norme i poremećaj koji nastaje kao odgovor na traumu. Da bi se pojedinac uspješno prilagodio Hartmann je hipotezirao četiri zadatka ega koji uključuju pomirenje međusistemskih i unutarsistemskih konflikata: održavanje ravnoteže između individualne i vanjske stvarnosti, uspostavlja-

(idealized objects) that are viewed as unattainable. This gap gives rise to the "unsatisfiable cathexis of longing" mentioned by Freud (16). This is often at the root of chronic depressions observed in patients who remain attached to a job or a relationship that they perceive as denigrating. The subject's self-esteem and mental organization suffer when the "object of narcissistic activity" is attacked or devaluated (3).

According to the psychology of the self, the feeling of frustration in the attainment of narcissistic aspirations of the self is what constitutes the core of depression.

Hartmann, as the father of ego psychology, moved psychoanalysis beyond the intrapsychic focus of drive and defense to a general theory of human development. He emphasized the primacy of the ego in development, not only in managing conflicts that occur between the id, ego, and superego, but also in adapting to the environment. He proposed that during development drives are free from conflict and undergo a transformation through which their sexual and aggressive qualities are neutralized (29).

According to Hartmann, the ego's central role in development is to facilitate not only conflict among various agencies of the mind that is the id, ego, and superego, but also adaptation to the environment. Hartmann said that ego development comes about "as a result of three sets of factors: inherited ego characteristics (and their interaction), influences of the instinctual drives, and influences of outer reality" (30). The ego can mobilize defenses to protect itself from four types of dangers, including conflict among the id, ego, and superego, conflict in interpersonal relationships, conflict in relation to social norms, and the disruption that occurs in response to trauma. For the individual to successfully adapt, Hartmann hypothesized four ego tasks involving the reconciliation of inter and intrasystemic conflicts: maintaining a balance between individual and external realities; establishing harmony within the id among its

nje sklada unutar ida među konkurentnim instinktivnim nagonima; održavanje ravnoteže između triju mentalnih djelovanja: ida, ega i superega; održavanje ravnoteže između njegove uloge u pomaganju idu i vlastite neovisne uloge koja nadilazi instinktivnu gratifikaciju (31).

Kohut je definirao i opisao koncept selfa, objekta koji se doživljavaju kao dio selfa, objekata koji čovjeku pružaju nešto psihološko što ne može pružiti sama osoba. Čvrsti self proizlazi iz optimalnih interakcija između djeteta i njegovih objekata selfa i sastoji se od tri glavna sastojka: temeljne težnje za moći i uspjehom; temeljnih idealiziranih ciljeva i međupredmetnog područja temeljnih talenata i vještina koje aktivira napetost uspostavljena između ambicija i ideala (32).

Ovisno o kvaliteti interakcije selfa i njegovih objekata u djetinjstvu self nastaje ili kao čvrsta i zdrava struktura ili kao manje ili više ozbiljno oštećena struktura. Odrastao self može postojati u stanju različitih stupnjeva koherentnosti, vitalnosti i funkcionalne harmonije. Značajan neuspjeh u postizanju kohezije, vitalnosti ili sklada ili značajan gubitak tih kvaliteta nakon što su uspostavljeni mogao bi predstavljati stanje poremećaja selfa. Prema Kohutu, self je možda stekao stupanj kohezije, ali zbog interakcije organskih čimbenika i nedostatka radosnih reakcija na njegovo postojanje i asertivnost, self će biti osiromašen samopoštovanjem i vitalnošću što bi moglo rezultirati 'praznom' depresijom. Kad samoodbacivanje i samookrivljavanje postanu slaba točka organizacije selfa, to može rezultirati „krivnjom – depresijom" (32). U formulaciji "tragičnog čovjeka" Kohut je sažeo razliku između krivnje i narcistične patnje (33).

Lax tvrdi da „u narcističnoj depresiji prevladavaju osjećaji srama i poniženja umjesto krivnje" (34). Stvarna ili zamišljena prisutnost značajnog drugog kao svjedoka narcističnog

competing instinctual drives; maintaining a balance among the three competing mental agencies: id, ego, and superego; maintaining a balance between the role of the ego in helping the id and its own independent role that goes beyond instinctual gratification (31).

Kohut introduced the term "selfobjects" which provide something psychological for a person that cannot be provided by the person itself. A firm self is the result from the optimal interactions between the child and his selfobjects and is made up of three major constituents: one pole are the basic strivings for power and success; another pole are the basic idealized goals; and an intermediate area of basic talents and skills that are activated by the tension-arc that establishes itself between ambitions and ideals (32). Depending on the quality of the interactions between the self and its selfobjects in childhood, the self emerges either as a firm and healthy structure or as a more or less seriously damaged one. The adult self may exist in states of varying degrees of coherence, vitality, and functional harmony. A significant failure to achieve cohesion, vitality, or harmony, or a significant loss of these qualities after they had been established, could constitute a state of self disorder. According to Kohut, the self may have obtained a degree of cohesion but because of the interaction of inherent organic factors and a serious lack of joyful responses to its existence and assertiveness, it will be massively depleted of self-esteem and vitality which could result in "empty" depression. When self-rejection and self-blame become a serious central weak spot in the organization of the self, this can result in "guilt-depression" (32). In the formulation of the "tragic man", Kohut (33) summarized the difference between guilt and narcissistic suffering.

Lax maintains that "In a narcissistic depression, feelings of shame and humiliation, rather than guilt, predominate" (34). The presence, real or fantasized, of a significant other who is witness to the subject's narcissistic failure is essential for the feeling of shame: "shame as a result of conflict

neuspjeha subjekta ključna je za osjećaj srama: „sram kao rezultat konflikta koji utječe na osjećaj selfa i narcistično vrednovanje u prisutnosti značajnog objekta“ (35); „Da bi se sram pojavio, mora postojati odnos između selfa i onoga tko brine o procjeni drugih“ (3,37). Doživljavajući sram pojedinci ga mogu pokušati suzbiti, što može dovesti do tuge i depresije (37,38). Sram, koji karakterizira želja da se oštećeni self sakrije od drugih i da „nestane“, može biti povezan sa socijalnom izolacijom i povlačenjem, rizičnim čimbenicima za depresiju (38-41).

IDENTIFIKACIJA

U *Tugovanju i melankoliji* Freud je pisao o “identifikaciji ega s napuštenim objektom”, “sjena objekta pala je na ego”, a objektna kateksija zamijenjena je identifikacijom (7). U *Grupnoj psihologiji* navodi da je identifikacija izvorni oblik emocionalne povezanosti s nekim objektom (42). Razlikovao je dvije vrste identifikacije, jednu je nazvao jednostavno identifikacija, dok je drugu nazivao “stavljanjem objekta na ego ideal”. Time je prvi put ego identifikacija odvojena od superego identifikacije. Danas se identifikacija definira kao složen proces kojim pojedinac u stvarnosti postaje više kao objekt (26). Kvalitete reprezentacije objekta mogu postati dio reprezentacije selfa na manje ili više stabilan način.

Reprezentacija selfa izmijenjena je na način da identifikacija predstavlja proces koji gradi strukturu. Iako je fokus usmjeren na promjenu reprezentacije selfa, to također uključuje promjene u funkcijama, interesima i aktivnostima ega. Hartmann i Loewenstein naveli su da je identifikacija složena jer se odnosi na proces kao i na rezultat, a komplicira ju činjenica da proces prolazi kroz razvojnu evoluciju (43). Proces identifikacije prolazi u tri glavna koraka (26). U prvom koraku identifikacija i objek-

affecting the sense of self and narcissistic evaluation in the presence of the significant object” (35); “In order for shame to occur, there must be a relationship between the self and the other in which the self-cares about the other’s evaluation” (3,37). When experiencing shame, individuals may try to suppress it, which may lead to sadness and depression (37,38). Shame, which is characterized by a desire to hide the damaged self from others and to “disappear”, may be associated with social isolation and withdrawal, which are risk factors for depression (38-41).

IDENTIFICATION

In *Mourning and Melancholia* (7) Freud wrote about “identification of the ego with the abandoned object”, “the shadow of the object fell upon the ego”, and an object cathexis being replaced by identification. In *Group Psychology* (42) he spoke of identification being the original form of emotional tie to an object. He distinguished two kinds of identification, one which he simply called identification, while he referred to the other as “putting the object in the place of the ego ideal”. This was the first time ego identification was separated from superego identification. Today identification is defined as a complex process by which the individual becomes more like the object in reality terms (26). Qualities of the object representation can become part of the self-representation in a more or less stable ongoing way. The self-representation is altered through identification as a process that builds structure. Although the focus is on the change in the self-representation, this also involves changes in ego functions, ego interests, and ego activities. Hartmann and Loewenstein (43) said that identification was complex because it referred to the process as well as the result and it is complicated by the fact that the process goes through a developmental evolution. The process of identification goes through three major steps (26). In the first step identification and object relations begin at

tni odnosi počinju istodobno i motivirani su identičnim razvojnim događajem, diferencijacijom od non-selfa prema selfu, od vanjskog prema unutarnjem, od objektnih slika do selfa. U početku je diferencijacija rudimentarna i privremena, ali s vremenom se diferenciraju dva razvojna cilja. Prvi je cilj vratiti izgubljeno nediferencirano stanje (povratak u poznato) i razvojna je linija identifikacija koja se vremenom odvija u sve zrelijim oblicima. Druga ima za cilj prilagodbu novom stanju ega s prikazima selfa i objekata koji se razdvajaju i razlikuju jedan od drugog (27). Sljedeća faza naziva se imitacija u kojoj postoji poželjna fantazija spajanja s objektom koji je idoliziran u vrijeme kada sazrijevanje i razlikovanje ometaju stvarno spajanje, bez promjene strukture reprezentacije selfa. Na primjer, dijete koje se pretvara da je idol poput Batmana ili Spidermana. Završna faza u razvojnoj liniji događa se nakon formiranja željenog samopouzdanja i selektivna je zrela identifikacija utemeljena na realnoj promjeni reprezentacije selfa u skladu s odabranim kvalitetama idoliziranih voljenih objekata (27).

Identifikacije ega obično se bave vrijednostima koje se tiču gratifikacije, snage, brzine, posjedovanja i faličnih kvaliteta. Identifikacije superega obično se bave samo moralnim i etičkim vrijednostima. Može se reći da identifikacije ega vežu agresiju, a identifikacije superega oslobađaju agresiju. Fokus utjecaja ili krajnji proizvod identifikacije može varirati i može uključivati reprezentaciju selfa, željenu sliku selfa ili superego. Osim toga, prema Milrodu, identifikacije mogu biti aktivne ili pasivne, svjesne ili nesvjesne (26).

U melankoliji ili psihotičnoj ciklotimskoj depresiji nastajanje introjekcije dekateksiranog objekta prema Milrodu je univerzalno, ali ne može se smatrati identifikacijom u uobičajenom smislu. Kod neurotičnih depresija, s druge strane, identifikacija s ambivalentnim ljubavnim objektom može se dogoditi ili se ne mora

the same time and are motivated by the identical maturational event, the differentiation from nonself to self from outer to inner, from object images to self. At first the differentiation is rudimentary and temporary, but two developmental lines emerge over time. The first one aims at regaining the lost undifferentiated or merged state (a return to the familiar) and is the developmental line of identification which unfolds in increasingly mature forms with time. The second developmental line has the aim of adapting to the new state of the ego with self and object representations separating and differentiating from one another (27). The next stage is called imitation, in which there is a wishful fantasy of merging with the object that is idolized, at a time when maturation and differentiation hinder actual merging, without altering the structure of the self-representation; for example a child pretending to be an idol such as Batman or Spiderman. The final stage in the developmental line occurs after the formation of the wished-for self-image and it represents a selective mature identification based on realistic change of the self-representation to conform with admired selected qualities of idolized love objects (27).

Ego identifications usually deal with values concerned with gratification, power, speed, possessions, and phallic qualities. Superego identifications usually deal only with moral and ethical values. It could be said that the ego identifications bind aggression and the superego identifications release aggression for the use of the superego. The focus of influence or the end product of identification may vary and may include the self-representation, the wished-for self-image, or the superego. In addition, according to Milrod, identifications may be active or passive, conscious or unconscious (26).

According to Milrod, in melancholia or psychotic depression of a cyclothymic type the formation of an introject of the decathected object is universal, but it cannot be considered an identification in the usual sense. In neurotic depressions, on the other hand, identification

dogoditi, ali ako se dogodi, kateksija reprezentacije objekta stalno se održava (26). Opsesivno-kompulzivna žalujuća osoba također bi mogla razviti depresiju i u procesu se identificirati s omraženim aspektom ambivalentnog izgubljenog objekta u svojoj osudi selfa. No, kateksija tog objektnog predstavljanja obično se neprekidno održava, ne postoji introjekcija ni prekid sa stvarnošću. Međutim, ako opsesivno-kompulzivni simptomi napreduju i dobiju psihotičan karakter, to je svojevrsni prekid sa stvarnošću. S druge strane, kada osoba prkosi moralnim standardima u svom idealu ega ili ne uspije ostvariti vrijednosti svoje idealne slike selfa, uslijedit će neki oblik samo-usmjerenog neprijateljstva od superega ili ega, i to može dovesti do depresije, ali identifikacija s objektom neće imati značajnu ulogu u tom procesu. Iz toga slijedi da se, prema Milrodu, identifikacija može ili ne mora dogoditi u neurotičkim depresijama (26). Kernberg rezimira identifikaciju kao internalizaciju reprezentacije objekta koji je u interakciji s reprezentacijom selfa pod utjecajem intenzivnog afekta. *„Što je afekt intenzivniji, to je značajniji odnos prema objektu; što je značajniji odnos prema objektu, to je intenzivniji utjecaj afekta"*. Prema Kernbergu, ova se teorija identifikacije preklapa s teorijom središnjeg utjecaja depresije u normalnom i patološkom žalovanju: intenzivna predispozicija za reakciju s depresivnim afektom na odvajanje ili gubitak rezultira snažnom identifikacijom s napuštajućim objektom i s napuštenim selfom. Iskustvo odbacivanja ili gubitka pozitivnog vanjskog ili unutarnjeg objekta rezultira većom potencijalom za depresiju (44).

Psihoanalitički teoretičari razlikovali su dvije vrste depresije: depresiju usredotočenu na međuosobna pitanja poput ovisnosti, bespomoćnosti, osjećaja gubitka i napuštenosti, i depresiju proizašlu iz oštrog, kažnjavajućeg superega, usredotočenog na samokritičnost, zabrinutost zbog vlastite vrijednosti i osjećaje neuspjeha i krivnje (45).

with the ambivalent love object may or may not occur, but if it does, cathexis of the object representation is constantly maintained (26). An obsessive-compulsive mourner could also develop a depression and in the process identify with the hated aspect of the ambivalent lost object in his self-condemnation. But the cathexis of that object representation is usually constantly sustained, so there is neither an introject nor a break with reality. However, if the obsessive-compulsive symptoms progress and acquire a psychotic character it is a kind of break with reality. On the other hand, when a person defies the moral standards in their ego ideal or fails to live up to the values in their wished-for self-image, there some form of self-directed hostility form the superego or ego will follow, and this may develop to a mood state producing a depression, but identification with the object will play no significant role in the process. It follows that, according to Milrod, identification may or may not occur in neurotic depressions (26). Kernberg summarizes identification as the internalization of a representation of the object interacting with a representation of the self under the impact of an intense affect. "The more intense the affect, the more significant the object relation; the more significant the object relation, the more intense the affect state". According to Kernberg, this theory of identification overlaps with the theory of the centrality of depressive affect in normal and pathological mourning: the intense predisposition to react with depressive affect to separation or loss results in powerful identification with an abandoning object and with an abandoned self. The profound experience of rejection or loss of a good external or internal object results with greater potential for depression (44).

Psychoanalytic theorists differentiated two types of depression: depression focused on interpersonal issues such as dependency, helplessness, feelings of loss, and abandonment; and depression derived from a harsh, punitive superego, focused on self-criticism, concerns about self-worth, and feelings of failure and guilt (45).

TRAUMATIČNA VANJSKA STVARNOST

Proživljena iskustva nužno su subjektivno obojena. Iako je vanjska stvarnost pojedinaca posredovana unutarnjom, postoje situacije u kojima je vanjska stvarnost obuzimajuća i ima presudnu ulogu u stvaranju osjećaja beznadnosti i nemoći (3). Situacije dugotrajne izloženosti patološkim, sadističkim ili tiranskim ličnostima (46, 47); ozbiljne i onesposobljavajuće bolesti, osobito u ranom životu; napuštanje i roditeljski neuspjesi (48-50), ili se drugi oblici fizičke i psihološke boli mogu ugraditi u psihu (12).

ORALNOST

U svom velikom doprinosu psihologiji depresije Abraham je dao značajan dodatak Freudovim idejama povezujući depresiju s oralnošću (21). Abraham tvrdi da predispozicija za depresiju kasnije u životu ima korijene u psihološkoj traumi i posljedičnoj fiksaciji u oralnoj fazi razvoja, tj. prvih 18 mjeseci života. Prema Abrahamu, može se pretpostaviti da ako pacijent postane depresivan kasnije u životu, jedna od mogućnosti je da ga je majka napustila ili ga zapostavljala u dojenačkoj dobi.

Prema Bibringu (12) i Brenneru (51-54) narcistični udar s bilo koje razine libidinalnog razvoja (oralni, analni, falični ili edipalni) može potaknuti depresiju. Brenner (51, 52) ukazuje da su falični edipalni sukobi značajniji u depresiji. Unatoč tome, empirijski nalazi generacija analitičara svjedoče o važnosti oralnosti u snovima, maštarijama i strukturi ličnosti ovih pacijenata (55). U okvirima self psihologije napori za obnavljanje izgubljenog samopoštovanja u osnovi su oralne naravi, a u okvirima teorije nagona oralno inkorporativne fantazije povezuju se s introjekcijom i melankolijom. Prema nekim autorima za najraniji osjećaj vrijednosti odgovorna je dijada majka-dijete u kojoj je majka nježna i preokupirana svojim novorođenče-

TRAUMATIC EXTERNAL REALITY

Lived experiences acquire their psychological significance on the basis of the fantasy from which they are perceived. Although an individual's external reality is mediated by the internal one, there are situations in which the external reality is overwhelming and plays a crucial role in creating the feeling of hopelessness and impotence (3). Situations of prolonged exposure to pathological, sadistic, or tyrannical personalities (46,47), to serious and disabling illnesses, particularly early in life, to conditions of abandonment, to parental failures (48-50), or to other forms of physical and psychological pain can be incorporated into the psyche as an underlying feeling that nothing can be according to reality (12).

ORALITY

In his major contribution to the psychology of depression, Abraham made a significant addition to Freud's ideas linking depression to orality (21). He said that the predisposition to depression later in life has its roots in the psychological trauma and consequent fixation at the oral phase of development, i.e. the first 18 months of life. It can be assumed, according to Abraham, that if the patient becomes depressed later in life he was abandoned or neglected by the mother in infancy (15).

According to Bibring (12) and Brenner (51-54), a narcissistic blow from any level of libidinal development (oral, anal, phallic, or oedipal) may trigger depression. Brenner (51,52) suggests that phallic oedipal conflicts are more significant in depression. Despite that, the empirical findings of generations of analysts testify to the prominence of orality in these patient's dreams, fantasies, and character structure (55). The restorative efforts due to the lost self-esteem are basically oral in nature and even the oral incorporative fantasies which accompany the setting up of an introject in melancholia are one form of these efforts. A proud and loving

tom (26). Introjekcija dobrog objekta i dobar emocionalni odnos prevencija su depresije. Depresija ne nastaje jer je dijete bilo kronično gladno (hrane). Teško je objasniti samopoštovanje putem nagonske teorije i pritom ne isključiti self psihologiju. Klinički se opaža da neravnoteža između frustracije i gratifikacije može dovesti do pada samopoštovanja. Aktivnosti majke u velikoj mjeri organizira dojenče i vezane su uz iskustvo hranjenja, a registriraju se kao mnemičke slike povezane s prsima. Prema Milrodu depresivni pacijenti izgubili su osjećaj vrijednosti te poduzimaju napore kako bi ga vratili. Depresija je kratkotrajna i teško će postati klinički problem, ako se osjećaj vrijednosti može lako vratiti. Kada napori za obnavljanje nisu uspješni ili su blokirani, dolazi do regresije na ranu oralnu fazu (26). Milrod kaže: "Budući da su depresije stanja raspoloženja, a devalvacija reprezentacije selfa se generalizira, osjećaj potpune bezvrijednosti zahtijeva snažne mjere za obnavljanje samopoštovanja. Zbog toga je regresija duboka i prelazi na rane oralne faze. To također snažno ukazuje da rana trauma i fiksacija imaju ulogu u predispoziciji za depresiju. Iako oralnost ima univerzalnu ulogu u naporima da se obnove samostalno usmjerene libidinalne zalihe, očiglednija je u težim depresijama. Iz tih razmatranja treba biti jasno da oralnost, baveći se naporima na vraćanju samopoštovanja, nema nikakve veze sa strukturom depresija "(26).

Melanie Klein prva je definirala pojam "depresivne pozicije" kao jednog od važnih razvojnih momenata koji se prvi put doživljava krajem prve godine života. Prema Melanie Klein normalan razvoj djeteta i njegova sposobnost za ljubav uvelike počiva na djelovanju ega. To se opetovano revidira i usavršava tijekom ranog djetinjstva i povremeno tijekom života. Središnja pozicija u razvoju ostvarenje je osjećaja mržnje i fantazija o voljenom objektu, prototipično prema majci. Tomu prethodi doživljaj dvaju odvojenih objekata, idealnog i voljenog;

mother who overwhelms her newborn with affection (26) instills the infant's earliest sense of worth in the setting of the mother-child dyad. Introjection of a good object and a good emotional relationship prevent depression. Depression does not occur because the child was chronically hungry (for food). It is difficult to explain self-esteem through the theory of instincts while not excluding self-psychology. It is clinically observed that an imbalance between frustration and gratification can lead to a decline in self-esteem. Mothering activities are largely organized by the infant around the experience of feeding and are registered as mnemic images and affects related to the breast. According to Milrod, depressed patients have lost their sense of worth and undertake efforts to regain it. The depression is short-lived and will rarely become a clinical problem if the sense of worth can be easily regained. When restorative efforts are unsuccessful or blocked, regression to early oral modes takes place (26). Milrod said: "Since depressions are mood states, and the devaluation of the self-representation is generalized, the feeling of being totally without worth or value calls for powerful measures to restore self-esteem. It is for this reason that the regression is deep and carries to early oral and restitutive devices. It also strongly suggests that an early trauma and fixation play a role in the predisposition to depression. Although orality plays a universal role in the depressive's efforts to restore self-directed libidinal supplies, it is more obvious in more severe depressions. It should be clear from these considerations that orality, dealing as it does with efforts at restoring self-esteem, has nothing to do with the structure of depressions" (26).

Melanie Klein first defined the term of "depressive position" as the central position in the child's development, which is normally first experienced towards the middle of the first year of life. According to Melanie Klein, the normal development of the child and its capacity for love rests largely on how the ego works through this

progonjenog i nevoljenog. U ovom ranom razdoblju glavna uznemirenost odnosi se na opstanak selfa. U depresivnoj poziciji tjeskoba se osjeća i u ime objekta. Izraz "depresivna pozicija" također se koristi na različite, ali povezane načine. Može se odnositi na infantilno iskustvo razvojne integracije, ali općenitije odnosi se na iskustvo, u bilo kojoj životnoj fazi, krivnje i tuge zbog izraza mržnje i nad oštećenim stanjem vanjskih i unutarnjih objekata, ovisno o stupnju osjećaja katastrofe na ljestvici od uobičajenog tugovanja zbog gubitka do teške depresije. Izraz se također koristi za "depresivno funkcioniranje" u smislu depresivne pozicije, što znači da pojedinac može preuzeti osobnu odgovornost i percipirati sebe i druge kao odvojene (10, 23).

MENTALIZACIJA

Mentalizacija je proceduralna i uglavnom nesvjesna temeljna čovjekova sposobnost razumijevanja ponašanja u odnosu na mentalna stanja, poput misli i osjećaja i osnova je zdravih odnosa i samosvijesti (56). Osnovna pretpostavka mentalizacijskog pristupa depresiji je da su depresivni simptomi odgovor na prijetnje odnosima privrženosti i prijetnje sebi zbog razdvajanja, odbacivanja, gubitka ili neuspjeha (57). Mentalizacija kod depresivnog pacijenta može ovisiti o kontekstu (u vezi s iskustvima zbog gubitka, odvajanja), a na njega može utjecati trenutno raspoloženje, posebno u pacijenata s depresijom ili pacijenata s jakom reaktivnošću raspoloženja na pozitivne i negativne događaje. Depresija je povezana s poremećajima u socijalnom i međuljudskom funkcioniranju, što se može djelomično objasniti činjenicom da pojedinci osjetljivi na depresiju aktivno biraju i evociraju neadaptivne međuljudske odnose, što dovodi do konflikta, ambivalencije u odnosima te do socijalne isključenosti i izolacije. Može se reći da je depresija jednako interpersonalni koliko i intrapersonalni poremećaj (58).

position. This is repeatedly revisited and refined throughout early childhood and intermittently throughout life. The central position in the development is the realization of hateful feelings and phantasies about the loved object, prototypically the mother. Earlier there were felt to be two separate part-objects; ideal and loved; persecuting and hated. In this earlier period the main anxiety is concerned with the survival of the self. In the depressive position, anxiety is also felt on behalf of the object. The term "depressive position" is also used in different but related ways. It can refer to the infantile experience of the developmental integration, but more generally it refers to the experience, at any stage of life, of guilt and grief over hateful attacks and over the damaged state of external and internal objects, varying in the level of percieved catastrophe on a scale from normal mourning for loss to severe depression. The term is also used to refer to "depressive position functioning", meaning that the individual can take personal responsibility and perceive themselves and the other as separate (10, 23).

MENTALIZATION

Mentalizing is the procedural and mostly unconscious fundamental human capacity to understand behavior in relation to mental states, such as thoughts and feelings, and it represents the basis of healthy relationships and self-awareness (56). The basic assumption of the mentalization-based approach to depression is that depressive symptoms are responses to threats to attachment relations and threats to the self because of experiences of separation, rejection, loss, or failure (57). Mentalizing in depressed patient can be context-dependent (regarding experiences off loss, separation) and it can be influenced by current mood, especially in severely depressed patients or patients with strong mood reactivity to either positive or negative events. Depression is associated with impairments in social and interpersonal functioning, which can

Istraživanja su otkrila negativnu vezu između poremećaja u mentalizaciji kod depresivnih pacijenata i humora (59). Iz mentalizirajuće perspektive humor se može smatrati strategijom suočavanja jer ima najvažnije obilježje istinskog mentaliziranja: "sposobnost igranja s idejama". Zanimljivo je da je dokazano da primjena oksitocina kod ljudi dovodi do viših razina mentalizacije izražene u povećanoj sposobnosti čitanja misli drugih osoba na temelju izraza lica (60). U jednoj su studiji pacijenti s depresijom pokazali značajno niži kapacitet za mentalizaciju u usporedbi sa zdravim sudionicima kontrolne skupine (61). Korelacije s trajanjem bolesti i brojem hospitalizacija ukazuju da kronični tijek depresije rezultira daljnjim oštećenjem mentalizacije. Nedavno objavljeno istraživanje pokazalo je da je mentalizacija kod djece djelomično posredovala u odnosu između seksualnog zlostavljanja i depresivnih simptoma (62).

Aleksitimija je definirana kao nesposobnost prepoznavanja i izražavanja emocija i može se povezati s depresijom. Također je povezana s neuspjehom korištenja adaptivne regulacije afekta poput moduliranja pobuđenosti, primjerenog izražavanja ili suzbijanja emocija, toleriranja bolnih emocija i kognitivne asimilacije (63,64). Neki autori sugeriraju genetsku vezu između aleksitimije i depresije (65).

ANAKLITIČKE I INTROJEKTIVNE PSIHOPATOLOGIJE

Razvoj ličnosti tijekom života, od djetinjstva do starosti, uključuje razvoj selfa u sve više diferenciranom, integriranom i zrelom smislu, što je bitno za uspostavljanje zadovoljavajućih međuljudskih odnosa (66-69). Što se tiče razumijevanja organizacije ličnosti, McAdams (70,71) i drugi (72-75) utvrdili su da teme intimnosti (osjećaj bliske, tople veze i komunikacije s drugima) i teme moći (osjećaj snage i značajnog utjecaja na okolinu) imaju značajnu ulogu.

be partially explained by the fact that individuals who are vulnerable to depression actively select and evoke maladaptive interpersonal environments, leading to conflict, ambivalence in relationships, and social exclusion and isolation. It can be said that depression is as much an interpersonal disorder as it is an intrapersonal disorder (58). Studies have found a negative relationship between impairments in mentalizing in depressed patients and the appreciation of humor (59). From a mentalizing perspective, humor can be considered a coping strategy because it has the most important feature of genuine mentalizing: "the ability to play with ideas". Interestingly, it has been shown that oxytocin administration in humans leads to higher levels of mentalization expressed in increased ability to read the mind of others on the basis of facial expression (60). According to one study (61), patients with depression showed a significantly lower capacity for mentalization compared with the healthy controls. Correlations with illness duration and number of admissions suggest that a chronic course of depression results in further mentalizing impairments. A recently published study showed that child mentalization partially mediated the relationship between child sexual abuse and depressive symptoms (62).

Alexithymia is defined as the inability to recognize and express emotions and can be linked with depression. Alexithymia is also associated with a failure to use adaptive affect regulation such as modulating arousal, appropriately expressing or suppressing emotions, tolerating painful emotions, and cognitive assimilation (63,64). Some authors suggest a genetic link between alexithymia and depression (65).

ANACLITIC AND INTROJECTIVE PSYCHOPATHOLOGIES

Personality development throughout life, from infancy to old age, includes the development of the self in an increasingly differentiated, inte-

Primarna preokupacija interpersonalnim pitanjima kao što su povjerenje, briga, intimnost i seksualnost uključena je u konfiguraciju poremećaja koji su označeni kao anaklitičke psihopatologije (69). Anaklitička depresija izvorno je opisana kao psihijatrijski poremećaj u djetinjstvu kao posljedica nedostatka majke u drugoj polovici prve godine života (76). Pacijenti s anaklitičkim poremećajima snažno su zaokupljeni problemima odnosa na različitim razvojnim razinama, u rasponu od nedostatka diferencijacije između sebe i drugih, preko ovisnih (tj. infantilnih) privrženosti, do zrelijih vrsta poteškoća u interpersonalnim odnosima. Prema Blattu, anaklitički poremećaji uključuju neparanoidnu shizofreniju, granični poremećaj ličnosti, infantilni (ili ovisni) poremećaj ličnosti, anaklitičku depresiju i poremećaje histerije (77). Ovi poremećaji dijele temeljnu zaokupljenost libidnim pitanjima interpersonalne povezanosti i u prvom redu koriste izbjegavajuće obrane (npr. povlačenje, poricanje, represiju) za prevladavanje psiholoških konflikata i stresa (77).

U drugoj skupini poremećaja, označenih kao introjektivna psihopatologija, pacijenti su preokupirani ponajprije uspostavljanjem i održavanjem održivog osjećaja selfa na različitim razvojnim razinama, u rasponu od temeljnog osjećaja odvojenosti, brige o autonomiji i kontroli, pa sve do složenijih internaliziranih pitanja o vrijednosti selfa (77). Introjektivni pacijenti manje se brinu o kvaliteti interpersonalnih odnosa i postizanju osjećaja povjerenja, topline i privrženosti, a više o uspostavljanju, zaštiti i održavanju održivog koncepta selfa. Ljutnja i agresija, usmjereni prema sebi ili drugima, obično su središnji dio njihovih teškoća. Introjektivni poremećaji uključuju paranoidnu shizofreniju, shizoidnu ili emocionalno nezrelu ličnost (45), paranoju, opsesivno-kompulzivni poremećaj ličnosti, introjektivnu depresiju i falični narcizam. Pacijenti s ovim poremećajima dijele preokupaciju pitanjima samoopregrated, and mature sense which is essential for establishing satisfying interpersonal relationships (66-69). Regarding the understanding of personality organization McAdams (70,71) and others (72-75), found that themes of intimacy (such as feeling close, warm, and in communication with others) and themes of power (such as feeling strong and of having a significant impact on one's environment) play a significant role.

Primary preoccupation with interpersonal issues such as trust, caring, intimacy, and sexuality are involved in the configuration of disorders labeled as anaclitic psychopathologies (69). Anaclitic depression was originally described as a psychiatric disturbance in infancy which results from maternal deprivation in the second half of the first year of life (76). Patients with anaclitic disorders are strongly preoccupied with issues of relatedness at different developmental levels, ranging from a lack of differentiation between the self and the other, dependent (i.e. infantile) attachments, to more mature types of difficulties in interpersonal relationships. According to Blatt, anaclitic disorders include nonparanoid schizophrenia, borderline personality disorder, infantile (or dependent) personality disorder, anaclitic depression, and hysterical disorders (77). These disorders share a basic preoccupation with libidinal issues of interpersonal relatedness and use primarily avoidant defenses (e.g. withdrawal, denial, repression) to overcome the psychological conflict and stress (77).

In the second series of disorders labeled as introjective psychopathologies, patients are preoccupied primarily with establishing and maintaining a viable sense of self at different developmental levels, ranging from a basic sense of separateness, through concerns about autonomy and control, to more complex internalized issues of self-worth (77). Introjective patients are less concerned with the quality of their interpersonal relations and achieving feelings of trust, warmth, and affection than they are about establishing, protecting, and maintaining

djeljenja i instinktivno se usredotočuju na asertivnost i agresiju te koriste u prvom redu kontraaktivne obrane koje transformiraju, a ne izbjegavaju konflikte (npr. projekcija, racionalizacija, intelektualizacija, činjenje i poništavanje, formiranje reakcija, prekompenzacija) (77).

Anaklitičku ili ovisnu depresiju karakteriziraju osjećaji usamljenosti, bespomoćnosti i slabosti, pacijenti imaju snažan, kronični strah da će biti napušteni, ostavljeni nezaštićeni (77). Imaju veliku želju biti voljeni, njegovani i zaštićeni. Blatt je rekao: „Budući da malo internalizacije iskustava zadovoljstva ili kvaliteta pojedinaca pruža zadovoljstvo, drugi su cijenjeni u prvom redu zbog neposredne njege, udobnosti i zadovoljstva koje pružaju. Odvajanje od drugih i gubitak objekta stvaraju značajan strah, a često se rješavaju primitivnim ponašanjima kao što su poricanje i / ili očajnička potraga za zamjenama (78-83).

Introjektivnu ili samokritičnu depresiju uglavnom karakteriziraju osjećaji nedostojanstva, inferiornosti, neuspjeha i krivnje (77). Ove se osobe konstantno ispituju, procjenjuju i imaju kronični strah od kritike i gubitka odobrenja od strane značajnih drugih. Teže pretjeranom postignuću i savršenstvu često su vrlo konkurentni i naporno rade, postavljaju brojne zahtjeve sebi i često postižu puno, ali s kratkoročnim zadovoljstvom. Blatt je rekao: "Zbog svoje intenzivne konkurentnosti, oni mogu biti kritični prema drugima. Prekomjernom kompenzacijom nastoje postići i održati odobravanje i prepoznavanje "(78-83).

Razlika između anaklitičke i introjektivne konfiguracije psihopatologije leži u primarnom instinktivnom fokusu (libidinalni nasuprot agresivnom), prirodi svjesnih i nesvjesnih sukoba, vrstama obrambene organizacije (izbjegavanje nasuprot neutralnosti) i prevladavajućem stilu karaktera (npr. orijentacija objekta naspram samo-orijentacije, naglasak na utjecaje ili na spoznaju) (80,84).

a viable self-concept. Anger and aggression directed toward the self or others, are usually central to their difficulties. Introjective disorders include paranoid schizophrenia, schizotypal or overideational borderline disorder (45), paranoia, obsessive-compulsive personality disorder, introjective (guilt-ridden) depression, and phallic narcissism. Patients with these disorders share a preoccupation with issues of self-definition and an instinctual focus on assertion and aggression, and use primarily counteractive defenses that transform conflicts rather than avoid them (e.g. projection, rationalization, intellectualization, doing and undoing, reaction formation, overcompensation) (77).

Anaclitic or dependent depression is characterized by feelings of loneliness, helplessness, and weakness; the patients have strong, chronic fears of being abandoned, left unprotected and uncared for (77). They have a strong desire to be loved, nurtured, and protected. Blatt said: "Because there has been little internalization of the experiences of gratification or of the qualities of the individuals who provided satisfaction, others are valued primarily for the immediate care, comfort, and satisfaction they provide. Separation from others and object loss create considerable fear and apprehension, and are often dealt with by primitive means such as denial and/or a desperate search for substitutes" (78-83).

Introjective or self-critical depression is mainly characterized by feelings of unworthiness, inferiority, failure, and guilt (77). These individuals engage in constant self-questioning and evaluation and have a chronic fear of criticism and of losing the approval of significant others. They seek excessive achievement and perfection, are often highly competitive and work hard, make many demands on themselves, and often achieve a lot, but with short-term satisfaction. Blatt said: "Because of their intense competitiveness, they can also be critical and attacking toward others. Through overcompensation they strive to achieve and maintain approval and recognition" (78-83).

Prema Bowlby (85,86), postoji sklonost depresiji kod anksiozno privrženih i kompulzivno samozatajnih pojedinaca. Anksiozno privrženi pojedinci zahtijevaju interpersonalni kontakt i pretjerano ovise o drugima. Prisilno samostalni pojedinci vrlo su autonomni i izbjegavaju bliske i intimne međuljudske odnose.

DOMINANTNI DRUGI, DOMINANTNI CILJ, DOMINANTNI TREĆI

Arieti i Bemporad (87,88) razlikuju dvije vrste depresije vezane uz interpersonalne odnose, dominantni drugi i dominantni cilj. Depresija može rezultirati time što je dominantni drugi izgubljen ili dominantni cilj nije postignut. Ovi autori također navode da u depresiji postoje dvije intenzivne i temeljne želje: „biti pasivno zadovoljen od dominantnog drugog“ i „biti uvjeren u vlastitu vrijednost, biti oslobođen tereta krivnje“.

Prema Becku kognitivna trijada koja uključuje negativne percepcije sebe, svijeta i budućnosti, važna je varijabla depresije (89). Beck je iz kognitivno-bihevioralne perspektive razlikovao „sociotropne“ (društveno ovisne) i „autonomne“ vrste depresije (90). Prema Becku sociotropija se “odnosi na ulaganje osobe u pozitivnu razmjenu s drugim ljudima ... uključujući pasivno-receptivne želje (prihvaćanje, intimnost, razumijevanje, podršku, smjernice)”. Visoko sociotropni pojedinci „posebno su zabrinuti zbog mogućnosti da ih drugi ne odobravaju, pa često pokušavaju ugoditi drugima i održati svoje privrženosti (91). Depresija bi se kod ovih osoba mogla pojaviti kao odgovor na uočeni gubitak ili odbacivanje u društvenim odnosima. Ovu vrstu depresije karakterizira ranjivost na smetnje zadovoljavanja interpersonalnih odnosa i izražava se ponajprije u disforičnim osjećajima gubitka, napuštenosti i usamljenosti (77).

The difference between anaclitic and introjective configurations of psychopathology lies in primary instinctual focus (libidinal versus aggressive), the nature of conscious and unconscious conflicts, types of defensive organization (avoidant versus counteractive), and predominant character style (e.g. object orientation versus self-orientation, an emphasis on affects or on cognition) (80,84).

According to Bowlby (85,86), there is a predisposition to depression in anxiously attached and compulsively self-reliant individuals. Anxiously attached individuals demand interpersonal contact and are excessively dependent on others. Compulsively self-reliant individuals are exceedingly autonomous and avoid interpersonal relationships which are close and intimate.

DOMINANT OTHER, DOMINANT GOAL, DOMINANT THIRD

Arieti and Bemporad (87,88) distinguished two types of depression from an interpersonal perspective, the dominant other type and the dominant goal type. Depression can result when the dominant other is lost or the dominant goal is not achieved. They also said that there are two intense and basic wishes in depression: “to be passively gratified by the dominant other” and “to be reassured of one’s own worth, to be free of the burden of guilt”.

According to Beck, the cognitive triad, which includes negative perceptions of the self, the world, and the future is an important variable in depression (89). From a cognitive-behavioral perspective, Beck differentiated between the “sociotropic” (socially dependent) and the “autonomous” type of depression (90). According to Beck, sociotropy “refers to the person’s investment in positive interchange with other people... including passive-receptive wishes (acceptance, intimacy, understanding, support, guidance)”. Highly sociotropic individuals are “particularly concerned about the possibility of be-

Individualnost (autonomija), prema Beckovoj ili kognitivno-bihevioralnoj psihoterapiji, odnosi se na "ulaganje osobe u očuvanje i povećanje neovisnosti, mobilnosti i osobnih prava; slobode izbora, djelovanja i izražavanja; zaštite svog područja,... i postizanje smislenih ciljeva "(90). Prema Becku, autonomno depresivni pacijent „prožet je temom poraza ili neuspjeha", optuživši „sebe da stalno pada ispod svojih normi" i „posebno je samokritičan zbog„ neispunjenosti "svojih obaveza. Visoko autonomni pojedinci orijentirani na dostignuća izričito su zabrinuti zbog mogućnosti osobnog neuspjeha i često pokušavaju maksimizirati svoju kontrolu nad okolinom kako bi umanjili vjerojatnost neuspjeha i kritike. Depresija se obično javlja kod ovih osoba kao odgovor na uočeni neuspjeh ili nedostatak kontrole nad okolinom. Ovu vrstu depresije karakterizira ranjivost na poremećaje učinkovitog i pozitivnog osjećaja selfa, a izražava se ponajprije disforičnim osjećajima bezvrijednosti, krivnje, neuspjeha i osjećajem gubitka autonomije i kontrole (77,90).

Depresija je reakcija na unutarnji gubitak, a također i na nemogućnost popravka. Vanjski događaj može potaknuti kolaps svjesnih ili nesvjesnih pretpostavki. Kognitivne konstrukcije koje se naglo ili postupno podvrgavaju dezintegraciji općenito imaju dualan entitet - psihološku podjelu na sliku o sebi i interpersonalne odnose. Arieti navodi: "Uništavanje konstrukta podrazumijeva novu procjenu nečijeg i vlastitog života, sa svim skrivenim značenjima, implikacijama i razrađenjima, uzrokujući tremor čitavog psihološkog tkiva pojedinca, dubok intrapsihički proces". Dominantni drugi predstavlja interpersonalnu granu koja ima veze s drugom osobom, vrlo važnom za pacijenta (92,93). Dominantni drugi do sada je pružao pacijentu osjećaj priznanja od strane barem jedne osobe. Može se reći, prema Arietiju, da je interpersonalni aspekt povezan sa slikom o sebi.

ing disapproved of by others, and they often try to please others and maintain their attachments (91). Depression could occur in these individuals in response to perceived loss or rejection in social relationships. This type of depression is characterized by the vulnerability to disruptions of gratifying interpersonal relationships and is expressed primarily in dysphoric feelings of loss, abandonment, and loneliness (77).

Individuality (autonomy), according to Beck or cognitive behavior psychotherapy, refers to the person's "investment in preserving and increasing his independence, mobility, and personal rights; freedom of choice, action, and expression; protection of his domain,... and attaining meaningful goals" (90). An autonomously depressed patient is, according to Beck, "permeated with the theme of defeat or failure," blaming "himself continually for falling below his standards," and being "specifically self-critical for having 'defaulted' on his obligations". Highly autonomous, achievement-oriented individuals are extremely concerned about the possibility of personal failure and often try to maximize their control over the environment in order to reduce the probability of failure and criticism. Depression usually occurs in these individuals in response to a perceived failure to achieve or a lack of control over the environment. This type of depression is characterized by vulnerability to disruptions of an effective and positive sense of self and is expressed primarily in dysphoric feelings of worthlessness, guilt, failure, and a sense of a loss of autonomy and control (77,90).

Depression is the reaction to inner loss, and also to the inability to repair it. The external event can trigger the collapse of conscious or unconscious assumptions. Cognitive constructs that abruptly or gradually undergo disintegration generally have a double entity – a psychological bifurcation, with a self-image branch and an interpersonal branch. Arieti said: "The destruction of the construct implies a new evaluation of one's self and of one's life, with all the hidden meanings, implications, and ramifications,

Dominirajući drugi može biti utjelovljen kao supružnik, majka, osoba s kojom je pacijent u romantičnom odnosu, odraslim djetetom, sestrom, ocem ili skupinom ljudi prema kojima pacijent osjeća pripadnost (93). Prema Arietiju svi ti dominantni drugi često su simbolika uskraćene majke koja nije voljna dati obećanu ljubav. Ako je prava majka još uvijek živa i predstavlja dominantnog drugog, bit će prisutna na dva načina – u svojoj stvarnoj, vremenski realnoj slici, te u simboličkoj slici sebe iz prošlosti. Prevladavajući faktor psihotične depresije često je povezan s dominantnim drugim: ako dominantni drugi ode ili umre, pacijent vjeruje da mu je uskraćena ljubav, posebno kad postoje ambivalentni osjećaji. S vremenom depresija postaje obuzimajuća i preuzima praktički cjelokupnu psihu. Pacijenti ponekad ne mogu odgovoriti na pitanje o razlozima depresije. Kognitivne komponente ideja i misli koje su pokrenule depresiju su potisnute, ali bolna emocija vrlo se intenzivno doživljava na razini svijesti. Prema Arietiju, dubok osjećaj krivnje prati depresiju i pacijent se osjeća odgovornim za psihološki kolaps. Preostala energija koristi se za samokažnjavanje kako bi se vratila prihvatljiva slika o sebi. Ovaj osjećaj krivnje može s vremenom postati nesvjestan (93).

Kad analitičar uđe u život vrlo depresivnog pacijenta, nudeći nadu i pomoć, često će biti prihvaćen, ali samo kao dominantni treći (92,93). Budući da pacijent vidi u analitičaru nov i pouzdan objekt ljubavi, možda će odmah osjetiti olakšanje. Kada analitičar ima ulogu dominantnog trećeg moglo bi doći do novog napada depresije kada pacijent shvati ograničenje ove vrste terapijske intervencije. Arieti je rekao: "Analitičar ne mora biti dominantni treći, već značajna treća osoba, treća osoba izravnog, iskrenog i nedvosmislenog tipa ličnosti, koja želi pomoći pacijentu bez prijetećih zahtjeva". Istinska empatija, stanje komplementarnog svjesno-nesvjesnog kontakta utemeljenog na

causing a tremor to the whole psychological fabric of the individual, a profound intrapsychic process". The dominant other represents an interpersonal branch which has to do with another person very important to the patient (92,93). Up to that point, the dominant other had provided the patient with the feeling of acknowledgement by at least another person. It can be said, according to Arieti, that the interpersonal branch of the bifurcation is connected with the self-image. The dominant other can be impersonated by the spouse, the mother, a person to whom the patient is romantically attached, an adult child, the sister, the father, or by a group of people the patient considers themselves belonging to (93). According to Arieti, all these dominant others are often symbolic of the depriving mother who was unwilling to give the promised love. If the real mother is still living and is the dominant other, she will be present in two ways – as her present role actually is and also symbolically of her old one. The precipitating factor of psychotic depression is often connected to the dominant other: If the dominant other leaves or dies, the patient believes that they has been deprived of their love, especially when there ambivalent feelings exist. With time the depression becomes overwhelming and it takes possession of practically the entire psyche. Patients sometimes cannot answer questions on the reason for their depression. The cognitive components of the ideas and thoughts that triggered the depression are repressed, but the painful feeling is very intensely experienced at the level of consciousness. According to Arieti, a profound feeling of guilt follows the depression and the patient feels responsible for psychological collapse. The remaining energy is used for self-punishment in order to restore an acceptable self-image. This idea-feeling of guilt can become unconscious with time (93).

When the analyst enters the life of a very depressed patient, offering hope and help, he will often be accepted but only as a dominant third (92,93). Because the patient sees in the analyst

odvojenosti i dijeljenju, trebali bi biti prisutna između terapeuta i pacijenta (94). Analitičar treba pomoći pacijentu da se odrekne starih konstrukcija i izgradi nove. Analitičar bi mu trebao pokazati da, ako bi ostao vezan za staru ideologiju ili prošli način života, oni bi fosilizirali njegovo postojanje. Prema Arietiju moguća je obnova i samo-nastajanje, a s njima i potencijal za smisleniji život (1).

DEPRESIJA KAO EVOLUCIJSKI STEČEN MEHANIZAM

„Depresija je evolucijski stečen mehanizam u mozgu sisavaca, selekcioniran kao mehanizam za zaustavljanje dugotrajne razdvojenosti (prototipsko emocionalno stanje sisavaca), koja bi, ako se održi, bila opasna za dojenčad sisavaca." (95). Bowlby je sindrom razdvajanja / nevolje opisao kao niz psiholoških reakcija na socijalni gubitak u kontinuitetu od protesta do očaja i, konačno, odvojenosti (85). Biološki determinirana osjetljivost na depresiju odražava se genetski određenom preosjetljivošću u kombinaciji s pretjerano negativnim utjecajem kao odgovor na gubitak socijalne potpore - napuštanje osnovnih izvora fizičke i psihičke sigurnosti. Ova ranjivost postaje veća nakon psiholoških iskustava koja dodatno povećavaju prijetnju socijalnim gubitkom ili psihološkim napuštanjem i čine psihodinamičku sklonost depresiji (44).

Prema nekim autorima, depresivni afekt kao temeljna psihofiziološka reakcija pokreće se ranim odvajanjem od majke što izaziva lančanu reakciju bijesa, očaja i omalovažavanja i njihovih neurohormonskih korelata kod ljudi kao i kod drugih primata (96,97). Ova veza između emocija i neurokemijskog odgovora (98) spaja psihoanalitičku teoriju internaliziranih objektnih odnosa s biološkim istraživanjima genetskih i neurobioloških odrednica agresivnog i depresivnog utjecaja.

a new and reliable love-object, he may achieve an immediate relief. The analyst playing the role of the dominant third can lead to a new attack of depression when the patient realizes the limitation of this type of therapeutic intervention. Arieti said: "The analyst must be not a dominant third, but a significant third, a third person with a straightforward, sincere, and unambiguous type of personality, who wants to help the patient without making threatening demands". Genuine empathy, a state of complementary conscious-preconscious contact based on separateness and sharing, should be present between the therapist and the patient (94). The analyst should help the patient give up the old constructs and build new ones. The analyst should show the patient that if they had remained fixated to the old ideology or to the past ways of life, this would have fossilized their existence. According to Arieti, renewal and self-emergence are possible, and with them the potential for a more meaningful life (1).

DEPRESSION AS AN EVOLUTIONARILY CONSERVED MECHANISM

"Depression is an evolutionarily conserved mechanism in mammalian brains, selected as a shutdown mechanism to terminate protracted separation distress (a prototype mammalian emotional state), which, if sustained, would be dangerous for infant mammals." (95). Bowlby described the separation/distress syndrome as a series of psychological responses to social loss on a continuum from protest to despair and, finally, to detachment (85). Biologically determined vulnerability to depression is reflected by genetically determined hypersensitivity combined with excessive negative affect in response to the loss of social support – abandonment by essential sources of physical and psychic security. This vulnerability becomes greater through psychological experiences that further enhance the threat of social loss

Neurobiološke studije na ljudima i drugim sisavcima potvrdile su aktivaciju osi hipotalamus-hipofiza-nadbubrežna žlijezda (HPA), hiperkortizolemiju i, u novije vrijeme, dugotrajne posljedice u smislu sniženog kortizola u krvi kod bolesnika s depresijom. Pretjerano stresni odgovor na traumatične podražaje i smanjenje volumena hipokampa, moždane strukture izravno uključene u eksplicitnu afektivnu memoriju ima određenu ulogu u depresiji (95,99-101). Neka istraživanja pokazuju da stres smanjuje ekspresiju neurotrofičnog faktora (BDNF) što dovodi do atrofije neurona hipokampusa (102). Količina gubitka volumena hipokampusa proporcionalna je trajanju depresivne bolesti, što ukazujre da kaskade stresa progresivno prorjeđuju dendritičke bodlje hipokampusa (103,104).

Što se tiče čimbenika depresije koji se danas istražuju, neki autori ističu sinergiju svih tih čimbenika dajući pregled ponašanja i simptomatskih korelacija s određenim depresivnim čimbenicima (105). Povećani faktor oslobađanja kortikotropina (CRF), hiperkortizolemija, kolecistokinin (CCK) i smanjeni BDNF povezani su s disforijom, snom i gubitkom apetita, smanjenim kratkoročnim pamćenjem i drugim kognitivnim deficitima. Povećani acetilkolin mogao bi biti odgovoran za negativan utjecaj i prekomjernu pažnju negativističkim percepcijama i mislima.

Smanjeni opioidi i oksitocin smatraju se odgovornim za anhedoniju i tugu, smanjen pozitivan utjecaj i smanjen osjećaj povezanosti, pa čak i suicidalnost. Smanjena serotonergička sklonost ili ranjivost povezana je sa slabom afektivnom regulacijom, impulzivnošću, opsesivnim mislima i suicidalnošću. Smanjeni kateholaminergički tonus povezan je s umorom, disforijom i poremećenom koordinacijom kognitivne i emocionalne obrade informacija. Psihoterapija, s druge strane, potiče opioidni i oksitocinski sustav. Zanimljivo je da vježbanje pomaže u promicanju serotonina, VGF-a i

or psychological abandonment and constitute the psychodynamic disposition to depression (44). According to some authors, depressive affect as a basic psychophysiological reaction is triggered by early separation from the mother that provokes a chain reaction of rage, despair, and despondency and their neurohormonal correlates, both in humans and in other primates (96,97). This link between the experienced emotion and neurochemical response (98) merges the psychoanalytic theory of internalized object relations with biological research into the genetic and neurobiological determinants of aggressive and depressive affect.

Neurobiological studies in humans and other mammals have confirmed activation of the hypothalamus-pituitary-adrenal (HPA) axis, hypercortisolemia, and, more recently, resulting long-range consequences in terms of lowered blood cortisol in patients with depression. Excessive stress response to later traumatic stimuli and reduction in the hippocampal volume, the brain structure most directly involved in explicit affective memory, has a particular role in depression (95,99-101). Some studies show that stress decreases expression of brain-derived neurotrophic factor (BDNF), which leads to atrophy of hippocampal neurons (102). The amount of hippocampal volume loss is proportional to the duration of the depressive illness, suggesting that stress cascades progressively thin out hippocampal dendritic spines (103,104).

Regarding factors leading to depression that are currently being researched, some authors emphasize the synergy of all those factors, giving an overview of behavioral and symptomatic correlates to certain depressive factors (105). Increased corticotropin-releasing factor (CRF), hypercortisolemia, cholecystokinin (CCK), and reduced BDNF are correlated with dysphoria, sleep and appetite loss, reduced short-term memory, and other cognitive deficits. Increased acetylcholine could be responsible for negative affect and excess attention to negativistic perceptions and thoughts. Decreased opioids and

ostalih faktora rasta, BDNF u hipokampusu, opioidima i dopaminu (105).

Prema nekim istraživanjima imunološki sustav također bi mogao imati ulogu u patofiziologiji depresije. Istraživanja su pokazala da usprkos snažnom protuupalnom učinku glukokortikoida postoji povišena razina cirkulirajućih protuupalnih citokina uključujući interleukin-1, interleukin-6, faktor nekroze tumora alfa i neke topljive interleukinske receptore u bolesnika s depresijom (5,106-112). Prema posljednjim istraživanjima upala je u mnogim slučajevima uzročno povezana s promjenama u jezgrovitim afektivnim i kognitivnim procesima (npr. anhedonija; negativna reaktivna reakcija) i njihovim neuronskim krugovima koji su snažno uključeni u trenutne modele etiologije i liječenja depresije (113).

Pacijenti s velikim depresivnim poremećajem pokazuju povećanu koncentraciju periferne krvi i cerebrospinalne tekućine (CSF) u C-reaktivnom proteinu akutne faze (CRP) u akutnoj fazi i druge biljege upale za koje je utvrđeno da predviđaju daljnji razvoj depresije, kao i otpornost na standard terapije antidepresivima. CSF biljezi upale koji su povezani s visokom CRP u plazmi koreliraju s ozbiljnošću depresivnih simptoma (114).

Disfunkcija cirkadijurnog ritma ima mnoge negativne učinke na periferne organe poput promjena u metabolizmu, pretilosti, pa čak u ekstremnim slučajevima smanjenog životnog vijeka (115,116), pa bi se moglo pretpostaviti da i on ima utjecaj na mozak. Istraživanja su pokazala da je cirkadijalni ritam promijenjen kod pacijenata s depresijom (117). Promjenom glukokortikoidne sekrecije disfunkcija u cirkadijalnom ritmu može biti uzrok, ali i posljedica depresije kod nekih bolesnika. Prema Selvi i sur., snažna povezanost između kvalitete spavanja, depresivne simptomatologije i cirkadijalnih sklonosti postoji u velikoj depresiji (118). Stoga bi poboljšanje cirkadijurnog sustava

oxytocin are held to be responsible for anhedonia and sadness, reduced positive affect, and reduced sense of connection, and even suicidality. Reduced serotonergic drive or vulnerability is connected with poor affective regulation, impulsivity, obsessive thoughts, and suicidality. Diminished catecholaminergic tone is correlated to fatigue, dysphoria, and impaired coordination of cognitive and emotional information processing. Psychotherapy, on the other hand, promotes the opioid and oxytocin system. Notably, exercise helps the promotion of serotonin, VGF, and other growth factors, BDNF in the hippocampus, opioids, and dopamine (105).

According to some studies, the immune system could also have a role in pathophysiology of depression. Studies have shown that in spite of the potent anti-inflammatory effect of glucocorticoids there were elevated levels of circulating proinflammatory cytokines including interleukin-1, interleukin-6, tumor necrosis factor alpha, and some soluble interleukin receptors in patients with depression (5,106-112). According to recent studies, inflammation is linked, in many cases causally, to changes in core affective and cognitive processes (e.g. anhedonia, negative reactivity bias) and their neural circuits that are strongly implicated in current models of the etiology and treatment of depression (113).

Patients with major depressive disorder exhibit increased peripheral blood and cerebrospinal fluid (CSF) concentrations of the acute phase reactant C-reactive protein (CRP) and other markers of inflammation, which have been found to predict future development of depression and are resistant to standard antidepressant therapies. CSF inflammatory markers that were associated with high plasma CRP correlate with depressive symptom severity (114).

Dysfunction in circadian timing has many downstream effects on peripheral organs such as changes to metabolism, obesity, and even in extreme cases decreased life span (115,116), so it can be assumed that it also has an impact on

moglo biti povoljan tretman za ove pacijente (119).

ZAKLJUČAK

Depresija može imati samostalno podrijetlo ili se može javiti zajedno s drugim poremećajem. Može dominirati čitavim mentalnim životom ili može obojati poremećaj kao pozadinsko raspoloženje. Psihoanalitičke teorije o depresiji počele su Freudovim *Žalovanjem i melankolijom* 1917. Freud je depresiju objasnio kao patološki analog žalovanja pri čemu je glavna poanta analogije među njima bila da obje proizlaze iz gubitka objekta, koji možda nisu stvarni. Od početka 20. stoljeća psihoanaliza je učinila značajne iskorake u tumačenju depresije. Depresija je promatrana kao očajnički krik za ljubavlju, agresija prema selfu, kao konflikt ega, fiksacija na iskustva bespomoćnosti i kao izraz neurotične strukture ličnosti. Depresija se vrlo često povezuje s agresijom, tjeskobom, krivnjom i značajnim padom libidinalnog ulaganja u reprezentaciju selfa što podvlači njegovu narcističnu osnovu. Narcizam također igra ulogu u samopredstavljanju konceptima „narcistične pozicije" i „objekta narcistične aktivnosti".

Prema nekim autorima osjećaj frustracije u postizanju narcističnih težnji selfa čini jezgru depresije. Freud je prvi pisao o tome da je identifikacija izvorni oblik emocionalne povezanosti s nekim objektom. Psihoanalitički teoretičari diferencirali su dvije vrste depresije temeljene dijelom na freudovskim idejama o identifikaciji: depresija usmjerena ponajprije na interpersonalna pitanja poput ovisnosti u odnosima, bespomoćnosti, osjećaja gubitka i napuštanja, i depresiju koja proizlazi iz strogog, kažnjavajućeg superega, usredotočena u prvom redu na samokritičnost, zabrinutost zbog vlastite vrijednosti i osjećaja neuspjeha i krivnje. U klasičnom psihoanalitičkom prikazu depresije oralnost ima univerzalnu ulogu u nastojanjima da se obnovi samostalno usmjereni libidinalni

the brain. Studies have shown that circadian timing is altered in depressed patients (117). By changing the glucocorticoid secretion, dysfunction in the circadian timing could be the cause and also the result of depression in some patients. According to Selvi et al., robust associations between sleep quality, depressive symptomatology, and circadian preferences exist in major depression (118). Thus, the improvement of the circadian system may be a beneficial treatment for these patients (119).

CONCLUSIONS

Depression can have an independent origin or it can coexist with another disorder. It can dominate the whole mental life or it can color a disorder as a background mood. Psychoanalytic theories regarding depression began with Freud's *Mourning and Melancholia* in 1917. Freud explained depression as a pathological analogue of mourning, where the main point of analogy between them was that both result from object loss that may or may not be a real one. Since the beginning of 20th century, psychoanalysis has made considerable advancements in the interpretation of depression. Depression was seen as a despairing cry for love, aggression towards the self, as a conflict of the ego, a fixation to experiences of helplessness and powerlessness and as an expression of the neurotic structure of personality. Depression is very often linked with aggression, anxiety, guilt and a significant fall in libidinal investment in self-representation, which underscores its narcissistic basis. Narcissism also plays a role in the self-representation through the concepts of "narcissistic possesions" and "objects of narcissistic activity". According to some authors, the feeling of frustration in the attainment of narcissistic aspirations of the self is what constitutes the core of depression. Freud was the first who wrote about identification being the original form of the emotional tie to an object.

obol u bolesnika s depresijom. Kako su se psihoanalitičke teorije razvijale, pojavili su se neki važni koncepti. Prema Becku kognitivna trijada koja uključuje negativne percepcije sebe, svijeta i budućnosti važna je varijabla depresije. Beck također razlikuje, iz kognitivno-biheviоralne perspektive, između "sociotropske" (društveno ovisne) i "autonomne" vrste depresije. Arieti uvodi koncept dominantnog drugog kao interpersonalnu granu kognitivne konstrukcije koja je povezana s intrapsihičkom i sa samopouzdanjem, koncept sličan psihološkom konceptu self objekta. Self objekt je izrazito važan u regulaciji samopoštovanja, odnosno za stabilnost selfa, ali je on sam po sebi osobi koju stabilizira nevažan, ne postoji kao odvojena autonomna jedinka. Koncept dominantnog drugog ima dosta sličnosti sa self psihološkim konceptom self objekta. Self objekt je izrazito važan u regulaciji samopoštovanja, odnosno za stabilnost selfa, ali on sam po sebi je osobi koju stabilizira nevažan, ne postoji kao odvojena autonomna jedinka. Arieti naglašava ulogu terapeuta koji može postati dominantna treća osoba. Psihoanalitičke teorije s kraja 20. stoljeća dijele depresiju s obzirom na psihopatologiju na anaklitičku i introjektivnu, s primarnom instinktivnom usredotočenošću, prirodom svjesnih i nesvjesnih konflikata, vrstama obrambene organizacije i prevladavajućim karakterom kao glavnom razlikom. U 21. su stoljeću autori dokazali neurohormonsku, neurokemijsku i neuroimunološku pozadinu depresije, na neki način potvrđujući neke od klasičnih psihoanalitičkih teorija.

Psychoanalytic theorists differentiated two types of depression based partly on Freudian ideas about identification: depression focused primarily on interpersonal issues such as dependency, helplessness, feelings of loss, and abandonment and depression derived from a harsh, punitive superego, focused primarily on self-criticism, concerns about self-worth, and feelings of failure and guilt. In the classic psychoanalytic view of depression, orality plays a universal role in the efforts to restore self-directed libidinal supplies in patients with depression. Some important concepts emerged as psychoanalytic theories evolved. According to Beck, the cognitive triad, which includes negative perceptions of the self, the world, and the future is an important variable in depression. From a cognitive-behavioral perspective, Beck also distinguishes between "sociotropic" (socially dependent) and "autonomous" types of depression. Arieti introduced the dominant other as the interpersonal branch of cognitive construction which is connected with the intrapsychic and with the self-image, a concept similar to the psychological concept of a self-object. The self-object is extremely important in the regulation of self-esteem, i.e. for the stability of the self, but it is irrelevant in itself to the person it stabilizes and does not exist as a separate autonomous entity. The concept of the dominant other has many similarities with the self-psychological concept of the self-object. Arieti also emphasized the role of the therapist, who can become the dominant third. Psychoanalytic theories from the end of 20th century divide depression in anaclitic and introjective based on psychopathology, with the main difference between them lying in primary instinctual focus, the nature of conscious and unconscious conflicts, types of defensive organization, and predominant character. Authors in the 21th century showed the neurohormonal, neurochemical, and neuroimmunological background of depression, in a way confirming some of the classic psychoanalytic theories.

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