NOVI LJUDI U NOVIM VREMENIMA
(O stvaranju identiteta grupnog analitičara)

/ NEW PEOPLE IN NEW TIMES
(About creating a group analyst identity)

Sanja Janović

SAŽETAK/*SUMMARY*

U radu je opisan proces razvoja grupnog analitičara koji je složen i dugotrajan. Istodobno, proces je korelirao sa širim društvenim promjenama koje su zahvaćale Institut za grupnu analizu kao i Kliniku za psihijatriju u kojoj autorica radi. Stalne promjene i pritisci vodili su u smjeru veće diferencijacije osobnog identiteta analitičara i u Klinici i u Institutu za grupnu analizu.

/ The paper describes the complex and time-consuming process of group analyst development. At the same time, the process resonated with the broader social changes involving the Institute of Group Analysis as well as the Clinic Department of Psychiatry, where the author works. Constant changes and pressures led to more significant differentiation of the analysts' identity both at the Clinic and the Institute of Group Analysis.

KLJUČNE RIJEČI / *KEYWORDS*

grupni analitičar / *group analyst*, identitet / *identity*

mr. sc. **Sanja Janović**, specijalist psihijatar, subspecijalist psihoterapije, edukator iz grupne analize, psihoanalitičke psihoterapije, članica, Institut za grupnu analizu i HDPP, Dnevna bolnica Klinike za psihijatriju, KBC Rijeka
Sanja Janović, MD, MSc psychiatrist specialist, psychotherapy subspecialist, psychoanalytic psychotherapy group analysis educator, member of the Institute of Group Analysis and HDPP Outpatient Clinic Department of Psychiatry, KBC Rijeka

UVOD

Put profesionalnog razvoja uvijek je složen proces, a samo sazrijevanje nije laka tema za grupnog analitičara. U

INTRODUCTION

Professional development is always a complicated process, and maturement in particular is not an easy topic for a

procesu izobrazbe edukant prolazi kroz različite faze razvoja u kojima mu se događaju stalne promjene na osobnom planu u vlastitom terapijskom procesu i na profesionalnoj razini kada naučeno želi primijeniti u praksi. Uz to događale su se i neke tehničke poteškoće tijekom izobrazbe. Neki problemi povezani su s osobnošću edukanta, a neki s programom izobrazbe koji je Institut usklađivao s europskim standardima. U procesu izobrazbe edukant bi završio iskustvenu grupu i teoriju, a stvaranje vlastite grupe za superviziju pokrenuo bi godinama nakon toga. U međuvremenu bi Institut proširio program, što bi se očitovalo u promjeni broja sati bilo iskustvene grupe, supervizijske grupe ili teorijske nastave, prisustvovanja na godišnjim stručnim sastancima, obveznom pisanju eseja itd. Sve te promjene produljivale su edukaciju, ali s druge strane omogućavale su edukantu da proces sazrijevanja i doživljaja sebe kao grupnog analitičara doživi autentično i da zaista osjeća da pripada skupini grupnih analitičara. Sve navedeno vodilo je u smjeru veće diferencijacije kroz više razina identifikacije tijekom procesa izobrazbe, a s ciljem konačnog formiranja identiteta grupnog analitičara. Kako navodi Sylvia Hutchinson (2017.), identitet se formira u grupi kojoj pripadamo i identiteti se kontinuirano izgrađuju i obnavljaju (1).

U organizacijama (klinikama, centrima za mentalno zdravlje itd.) u kojima

group analyst. In the training process, the trainee undergoes various stages of development. Constant changes occur both at the personal level in the therapeutic process as well as at the professional level, with a desire for applying this new knowledge to practice. Additionally, some technical difficulties occurred during training. Some problems were related to the trainee's personality and some to the training program during the time the Institute was aligning with European standards. In the training process, the trainee would complete the personal group therapy and theoretical education, while the creation of her/his own supervision group would take place many years after that. In the meantime, the Institute expanded the program, which manifested in changing the required number of hours of the personal group, supervisory group, or theoretical education, attending annual expert meetings, mandatory writing of essays, etc. All of these changes prolonged the education, but, on the other hand, they enabled the trainee to mature and authentically experience herself/himself as a group analyst, feeling belonging to the world of group analysts. All of the above led to more significant differentiation through several levels of identification during the training process, aiming at the final formation of the group analyst identity. As Sylvia Hutchinson (2017) states, identity is formed in the group to which we belong, and identities are continuously being built and restored (1).

rade grupni analitičari dolazi do stalnih sustavnih promjena, okvir i sadržaj rada sve je dinamičniji, nestaju i nastaju odjeli, mijenjaju se organizacijske politike. Konstantnost prestaje biti odlika organizacije, a stabilnost kakvu smo zamišljali nestala je.

Kako navodi Chris Mowles, duga je povijest u kojoj grupni analitičari razmišljaju o organizaciji u kojoj rade kao i o organizacijama općenito i pokušavaju implementirati grupnoanalitički koncept u organizacijski kontekst (2).

RAD U INSTITUCIJI/KLINICI

U klinici u kojoj radim primjenjujem pravila i principe grupne analize najbolje što znam i čemu me Institut za grupnu analizu naučio. Kao da stalno traje sukob između različitih razina regresa: s jedne strane osjećam potrebu za potporom, s druge strane potrebu za odrastanjem i napretkom.

Što uistinu znači biti grupni analitičar u klinici?

Christine Thorton navodi kako je velika razlika između rada u klinici i u privatnoj praksi. U privatnoj praksi grupni analitičar uvodi pacijenta u svijet grupe, a u instituciji prvo ulazi u svijet institucije u kojoj grupni analitičar radi (3). U klinici radi s jednim pacijentom,

Constant systemic changes are occurring in the organizations (clinics, mental health centers, etc.) where group analysts work: the framework and content of the work are becoming more dynamic, departments are disappearing and being created, and organizational policies are changing. Consistency ceases to be a hallmark of the organization, and the stability we fantasized about has disappeared.

As Chris Mowles points out, there is a long history of group analysts thinking about the organization where they work as well as organizations in general, while trying to implement the group analytical concept into an organizational context (2).

WORKING IN AN INSTITUTION/ CLINIC

At the Clinic where I work, I apply the rules and principles of group analysis to the best of my ability and as the Institute of Group Analysis has taught me. It is as if there is constant conflict between different levels of recourse: on the one hand, I feel the need for support, and on the other the need to grow up and progress.

What exactly does it mean to be a group analyst at the Clinic?

Christine Thorton says there is a big difference between working at a clinic and having a private practice. In private

s grupom pacijenata, s kolegama, s timom i cijelim sustavom klinike/KBC-a. Svaka radna grupa/tim karakterizirana je kvalitetom organizacije i njezinom svrhom. Vođenje radne grupe/tima ustvari vodi organizacija i to je više ili manje određeno svrhom postojanja radne grupe/tima. Grupni analitičar u organizaciji nije moćna autoritativna figura, nego u nekim trenutcima može djelovati i kao stranac. Naime, grupni analitičar istodobno je član radne grupe/tima na nekom odjelu i velike skupine, organizacije u kojoj radi, u toj šumi transferno-kontransfernih odnosa koji postoje, ali se ne elaboriraju osim ako se ne osnuje supervizijska grupa koju također vodi grupni analitičar.

Kako implementirati grupnoanalitički rad u organizaciju? Kako rasporediti radno vrijeme? Vrijeme koje je potrebno u zbrinjavanju pacijenata i razumjeti dinamiku organizacije u pružanju usluga? Kako istodobno biti autoritet i sluga grupe? To su pitanja koja si postavlja kliničar grupni analitičar.

Pokušala sam naći pomoć u literaturi. Tako Dorothy Stock Whitaker razlikuje razboritog grupnog psihoterapeuta od grupnog lidera i uzima u obzir očekivanja članova skupine/tima i ističe distinkciju između razumijevanja i interveniranja (4).

Dick Blackwell objašnjava želju kako uključiti autoritativnog grupnog analiti-

practice, a group analyst introduces the patient to the world of the group. In the institution, the patient first enters the manifold surrounding in which the group analyst works (3). At the Clinic, the group analyst works with one patient, with a group of patients, with colleagues, with a team, and the entire Clinic/KBC system. Each working group/team is characterized by the quality of the organization and its purpose. An organization runs the workgroup/team, and this is more or less determined by the purpose of the workgroup/team. A group analyst is not an influential authoritarian figure in the organization; he/she can instead seem like an outsider. The group analyst is at the same time a member of the working group/team in a department as well as a large group or the organizations in which he/she works. In this "forest of transference/countertransference", relationships exist but are not elaborated unless a supervisory group is created, also run by a group analyst.

How best to implement group analytics practice into an organization? How best to schedule working hours? How to manage the time it takes to care for patients and understand the dynamics of the organization in providing services? How best to both be an authority and a servant of a group at the same time? Those are the questions asked by the clinician/group analyst.

I tried to find help in various publications. Dorothy Stock Whitaker distinguishes a prudent group psychotherapist from a

čara sa stvarnim iskustvom u organizaciji i dizajnirati humanije intervencije, podupirući članove kolektiva (5). Kako uspostaviti dijalog u kojem se anksioznost ispoljava i kanalizira kreativno, a ne destruktivno. Blackwell smatra da je potrebno primjenjivati humor, refleksivnost i zaigranost u dijalogu i komunikaciji s radnom skupinom (5).

Nitzun opisuje „organizacijsko zrcalo". Naglašava funkcionalno i nefunkcionalno zrcaljenje u cjelokupnom kontekstu organizacijske matrice s njegovim kontinuumom od površine do dubokih struktura. Prepoznati i razjasniti nefunkcionalno zrcaljenje cilj je savjetovanja kako bi se ojačala diferencijacija među skupinama i pojedincima, a samim time i njihova sposobnost prilagodbe organizacijskom zadatku. Taj grupnoanalitički koncept može biti koristan za razumijevanje organizacijske dinamike (6). (Zapis iz baze podataka PsycINFO (c) 2016)

U organizacijskoj strukturi moć ima menadžment koji pokazuje je li organizacija profitabilna ili nije. Za njega nije važna kvaliteta pružene usluge nego kvantiteta koja će se naplatiti. Tako Ralph Stacey (2012.) smatra da je organizacija unaprijed limitirana zbog dominantnog menadžmenta koji „fiksira" organizaciju. On smatra da grupna analiza ima snažan sociološki temelj, istražuje konverzacije i pruža grupno utemeljenu edukaciju (7).

group leader, takes into account the expectations of the group/team members, and underlines the distinction between understanding and intervening (4).

Dick Blackwell demonstrates his desire to include an authoritative group analyst with real experience in the organization and design more humane interventions by supporting members of the collective (5). How best to establish a dialogue in which anxiety is expressed and channeled creatively rather than destructively? Blackwell believes that humor, reflexiveness, and playfulness should be used in exchange and communication with the workgroup (5).

Nitzun describes the "organizational mirror". He emphasizes functional and dysfunctional mirroring in the overall context of the organizational matrix with its continuum from its surface to deep structures. Identifying and clarifying non-functional mirroring is the goal of consultation, with the purpose of strengthening the differentiation between groups and individuals, and therefore their ability to adapt to an organizational task. This group analytical concept can be useful for understanding organizational dynamics (6) (PsycINFO database record (c) 2016).

In the organizational structure, management has the power to indicate whether an organization is profitable or not. For them, it is not about the quality of the service provided, but the quantity of service that can be charged. In 2012, Ralph Stacey

Iako radna skupina/tim može primjenjivati mentalitet osnovnih postupaka bazičnih pretpostavki u službi svoga rada, osnovna skupina pretpostavki u suštini je patološka i patogena. Patologija i patogeneza bazične skupine pretpostavki nesvjesno se izražava dinamikom različitih „osnovnih pretpostavki". Podsjetila bih da je pomoću kleinijanskog modela razmišljanja Bion (1961.) konceptualizirao tri osnovne pretpostavke povezane s određenim vrstama tjeskobe, raznih odnosa i uloga unutar grupe. To su ovisnost, borba +/bijeg i uparivanje. Ovisnost je povezana sa zavišću, idealizacijom i ulogama svemoći i grandioznosti s jedne strane i s ulogama pasivne suradljivosti i niskog samopoštovanja s druge. Pojava borba/bijeg povezana je sa zavišću, oskudicom i ulogom u napadima s jedne strane i povlačenjem s druge strane. Uparivanje je povezano s uključivanjem seksualnosti kao manične obrane od depresivnih tjeskoba i uloga romantičnih povezanosti s jedne strane i njihova mesijanskog potomstva s druge strane. Najnovija dostignuća sugeriraju da postoje dvije varijante osnovne pretpostavke uparivanja: jedna se odnosi na začeće i rađanje novoga i poželjnoga, a druga, koja je nazvana perverznim uparivanjem, odnosi se na uključivanje boli u krilu zadovoljstva zbog neplodnosti i zastoja (Hopper, 2003.)

wrote that the organization is pre-limited because of the dominant management that "latch" the organization. He believes that group analysis has a strong sociological basis, explores conversations, and provides group-based education (7).

Although the working group/team can use the mentality of basic procedures of primary assumption in the service of their work, the basic group of assumptions is essentially pathological and pathogenic. Pathology and pathogenesis of the basic group of assumptions are inadvertently expressed by the dynamics of different "basic assumptions". I would like to recall that, using the Kleinian thinking model, Bion (1961) conceptualized three basic assumptions related to certain types of anxiety, different relationships, and roles within the group. Those are addiction, struggle/escape, and pairing. On one side, addiction is associated with envy, idealization, and roles of omnipotence and grandiosity, and on the other with the roles of passive cooperation and low self-esteem. The appearance of struggle/escape is associated with envy, deprivation, and position in attacks on the one side, and withdrawal on the other. The pairing is related to the use of sexuality as a manic defense against depressive anxieties and the roles of romantic connections on the one side, and their messianic offspring on the other. The latest developments suggest that there are two variants of the basic assumption of pairing: one refers to the conception and birth of a new and

Bez obzira na to koliko je važno pro-
učavati zavist, važnije je proučavati
bespomoćnost, sram i traumatična
iskustva u kontekstu međuljudskih
odnosa koji su u središtu kolektiva, od-
nosno organizacije. Hopperova teorija
četvrte osnovne pretpostavke pruža
most između bionovskog proučavanja
grupne dinamike i Foulkesove grupne
analize. Četvrta osnovna pretpostavka
jest „inkohezija", tj. agregacija/masifi-
kacija. U izvjesnom smislu svaka od
triju osnovnih pretpostavki koje je Bion
zamislio izvor je inkohezije u skupina-
ma i društvenim sustavima sličnim
grupama. Međutim, ta četvrta osnov-
na pretpostavka posebno se odnosi na
dinamiku inkohezije, čiji su bipolarni
oblici agregacija i masifikacija. Temelj-
na osnovna pretpostavka jest da grupa
zapravo nije skupina, nego je agregat
ili masa. Iako se masa čini kohezi-
vnijom od agregata, ustvari su ta dva
polarna oblika inkohezije podjednako
inkohezivna. Oni su prolazni i ne mogu
održati suradnički rad. Agregat je vrlo
jednostavna društvena formacija koja
jedva ima društveni sustav, a njezi-
ni članovi jedva da se odnose jedan
prema drugome. Oni često dugo šute i
uključuju razne oblike nekomunikacije
općenito, naprimjer izbjegavanje. Ako
se dogodi podskupina, ona ima oblik
kontra grupiranja, a ne diferencijaci-
je, specijalizacije i suradnje. „Masa" se
odnosi i na društveni sustav koji nije

desirable, and the other, which is called
"perverse pairing", refers to the use of
pain in the embrace of pleasure due to
infertility and obstruction (Hopper 2003)

No matter how important it is to study
envy, it is more important to consider the
helplessness, shame and traumatic ex-
periences in the context of interpersonal
relationships that are at the heart of the
collective, i.e. the Organization. Hopper's
theory of the fourth basic assumption
provides a bridge between a Bion's study
of group dynamics and Foulkes' group
analysis. The fourth basic hypothesis is
"Inkohesia", i.e., "aggregation /massifica-
tion". In a sense, each of the three basic
assumptions that Bion envisioned is a
source of incohesion in groups and so-
cial systems similar to groups. Howev-
er, this fourth basic assumption mainly
concerns the dynamics of incohesion,
whose bipolar forms are aggregation and
massification. The basic premise is that
the group is not really a collection, but
rather an aggregate or a mass. Although
the mass seems more cohesive than ag-
gregates, in fact these two polar forms of
incohesion are equally incohesive. They
are temporary and incapable of main-
taining collaborative work. An aggregate
is an elementary social formation that
barely has a social system, and its mem-
bers barely relate to each other. They
often remain silent for a long time and
include various forms of noncommuni-
cating in general, for example avoidance.
If a subgroup occurs, it takes the form of
counter-grouping and not differentia-

baš skupina. No ako je skup obilježen s previše individualnosti, masa je karakterizirana premalom individualnošću.

Earl Hopper uz četvrtu postavku objašnjava većinu bazičnih tenzija u grupi: i to između individualnog identiteta i grupnog identiteta. Hopper upozorava na postojanje bazične pretpostavke u nesvjesnom životu grupa i u grupama sličnih društvenih sustava.

Inkohezivni društveni sustavi imaju tendenciju oscilacije među bipolarnim stanjima agregacije i masifikacije. Inkohezija sprječava razvoj i održavanje rada u grupi. Agregacija i masifikacija predstavljaju groteskne verzije procesa nastajanja autentične raznolikosti i jedinstva koji su nužni za optimalnu koheziju radne grupe. Optimalna kohezija u radnoj grupi manifestira se kroz dobar smisao za humor, toleranciju i poštovanje različitosti, osobito različitosti u mišljenjima. Optimalna kohezija također se temelji na odgovarajućem stupnju osobne autonomije (8). Agregacija i masifikacija povezane su i predstavljene različitim uzorcima agresivnih osjećaja i agresije. Agregacija je ekstenzivnija u odnosu na *splitting* koji je karakterističan za reakcije u obliku borbe/bijega. I agregacija, uz reakcije borba/bijeg, predstavlja atak na povezivanje te vodi izolaciji. Masifikacija uključuje homogenizaciju i ekstenzivnija je u odnosu na pripadajuću

tion, specialization, and cooperation. The "Mass" also refers to a social system that is not exactly a group. However, if the group is marked with too much individuality, the mass is characterized by too little individuality.

Earl Hopper, through his fourth basic assumption, explains most of the primary tensions in the group: between individual identity and group identity. Hopper points to the existence of a basic assumption in the unconscious life of groups and groups of similar social systems.

Incohesive social systems tend to oscillate among bipolar states of aggregation and massification. Incohesion prevents the development and maintenance of group work. Aggregation and massification represent grotesque versions in the creating of authentic diversity and unity processes that are essential for optimal cohesion of the working group. Optimal cohesion in the working group manifests through a good sense of humor, tolerance, and respect for diversity, especially difference of opinions. Optimal cohesion is also based on an adequate degree of personal autonomy (8). Aggregation and massification are associated and presented with different patterns of aggressive feelings and aggression. Aggregation is more extensive with splitting that is characteristic of the struggle/escape reaction. Aggregation, with struggle/escape reactions, also represents an attack on binding and leads to isolation. Massification involves homogenization and is more extensive regarding the as-

submisivnost i suradljivost koje su karakteristika ovisnosti. Navedeni proces prisutan je u svim grupama, preostaje samo pitanje koliko je taj proces vidljiv. Osobito je prisutan i karakterističan u grupama traumatiziranih pojedinaca, kao i kod traumatiziranih.

Foulkes je smatrao da za je razumijevanje bilo koje radne skupine potrebno razumjeti tenzije između individualnog i grupnog identiteta. Njegov bazični koncept, koji je preuzet iz psihoanalize jest da se članovi buduće grupe ne poznaju (9). U organizaciji je to nemoguće poštovati jer se svi ljudi poznaju. Cilj rada u organizaciji drugačiji je od cilja grupnog analitičara kada formira grupu „otvorenih vrata" (*slow open group*). Članovi tima nemaju za cilj poboljšati vlastito zdravlje i vlastiti razvoj. Njima su ciljevi zadani i potrebno je te radne ciljeve realizirati i unaprijediti kako bi korisnik usluga / pacijent bio što zadovoljniji.

Grupni analitičar u organizaciji, radeći u timu ili s timom, ima drugačiju ulogu. Radeći u timu ili s timom grupni analitičar nema odmaka kao što ima u radu s grupom pacijenata u privatnoj praksi. Nakon sat i pol više nema kontakta do sljedeće seanse s grupom pacijenata. U timu grupni analitičar pokušava djelovati svojim utjecajem. Članovi tima imaju svoja očekivanja kao i strahove od šefova, od menadžmenta, od kolega,

sociated submissiveness and cooperation common in addictions. The specified process is present in all groups. The only question remains how visible the specified process is. It is mainly present and characteristic in traumatized groups, as well as in traumatized individuals.

Foulkes felt that to understand any working group it was necessary to understand the tensions between individual and group identity. His basic concept, which is taken from psychoanalysis, is that the members of the future group do not know each other (9). It is impossible to implement that in an organization where everyone knows each other. The aim of working in an organization is different from the goal of a group analyst when she/he forms a "slow open" group. Team members do not aim to improve their health and development. They set the objective and its need to be implemented and improved to make the service user/patient as satisfied as possible.

A group analyst in an organization, working in a team or with a team, has a different role. Working in a team or with a team, a group analyst cannot detach as with a group of patients in private practice. After an hour and a half, there is no contact until the next session with a group of patients in private practice. In a team, the group analyst tries to act through his influence. Team members have their expectations as well as fears of superiors, managers, colleagues, or subgroups. Especially as a subgroup,

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od subgrupa. Posebno su kao subgrupa prisutne medicinske sestre koje osjećaju kako su nedovoljno cijenjene i poštovane, a rade mnogo i provode s pacijentima znatno više vremena od liječnika. Grupna dinamika na odjelu ponekad može podsjećati na odnose unutar male iskustvene grupe, ponekad srednje ili čak velike grupe. Ako unutar jedne radne jedinice dolazi do prezentiranja moći nekog od šefova, to će sigurno kočiti funkcioniranje radne grupe/tima jer će biti okupirani odnosom s moćnim pojedincem, a ne zadacima radne grupe/tima.

Što bi grupni analitičar trebao učiti kada postane član nekog tima u organizaciji? Prvo bi trebao učiti jezik tima kako bi njihovim jezikom mogao bolje komunicirati i odaslati poruke koje smatra važnima za tim koji te poruke treba čuti i o njima razmišljati.

Zašto je grupna analiza vrijedna disciplina u organizaciji?

Znamo da u svakoj grupi, pa tako i radnoj, postoje tenzije između individualnog i grupnog identiteta i to je osnovni problem svakog djelatnika u organizaciji. Problem nastaje ako je pozornost usmjerena na pojedinca što koči grupni proces, tj. funkcioniranje tima. Bitno je usmjeriti pozornost s pojedinca na sadržaj, tj. širi kontekst. Ako grupni analitičar u organizaciji razvija stajalište da

some nurses feel they are undervalued and unappreciated while despite the fact that they work a lot and spend much more time with patients than doctors do. Group dynamics in a department can sometimes resemble relationships within a small experiential group, sometimes a middle group, or even a large group. If some of the superiors demonstrate power, it will undoubtedly hinder the functioning of the workgroup/team as the relationship with the powerful individual will be in focus them instead of the task of the workgroup/team.

What should a group analyst learn when he becomes a member of a team in the organization? First, he/she should learn the team's language to communicate better and send messages necessary for the team who need to hear and think about those messages.

Why is group analysis a valuable discipline in the organization?

We know that in every group and in every workgroup there are tensions between the individual identity and group identity, and this is the underlying problem of every employee in the organization. The problem arises if the attention is directed towards a particular individual hindering the group process, i.e. function of the team. It is essential to focus attention away from the individual and on the content, i.e. the broader context. If a group analyst in the organization develops an attitude that each individual is essential and

je svaki pojedinac važan i da je doprinos svakog pojedinog člana jedinstven, tada se „moć" raspršuje na sve članove tima i njihova motivacija za rad i realizaciju ciljeva znatno je veća. Kao što znamo, moć u organizaciji nije jednako distribuirana i vrlo često dolazi do disonancije (10). U timu je koristan reflektirajući proces kao i aspekti koji odjekuju u reflektirajućoj dinamici. To stvara širi kontekst onoga što čujemo i vidimo u timu kao i ponavljajući običaji u timu kao što je briga o tome kada koji član ima rođendan, kada je postao je otac, kada ide u mirovinu itd. Kada shvatimo kontekst tima, shvaćamo praktički i funkcioniranje sustava organizacije kao i način razmišljanja. Zadaća voditelja nije izgubiti se u svemu naprijed navedenom u složenosti situacije, već u postavljanju pitanja sebi i članovima tima „što se zaista događa ovdje i sada..." (10). Tim treba potaknuti na razmišljanje „što se zaista događa u našoj organizaciji i kako tim pridonosi ili ne pridonosi trenutačnoj situaciji, stanju u organizaciji". Grupni analitičar imat će priliku potaknuti članove tima na razmišljanje i prepoznavanje vrijednost tolerancije pri čemu svatko može iznijeti svoje viđenje kao i vrijednost multiplih perspektiva (3).

Grupni analitičar u kliničkom *settingu* može biti utjecajna figura. Kada grupni analitičar stvara radnu grupu u vlastitoj organizaciji, to je znatno teži put. Grupni analitičar ima već neke ustaljene

that the contribution of each member is unique, then the "power" is dissipated to all team members, and their motivation for working and achieving goals becomes much higher. As we know, power in the organization is not equally distributed and very often ends up being in dissonance (10). The reflective process within a team is useful, as are aspects that resonate in reflective dynamics. It creates a broader context of what we hear and see in the team, as well as repetitive customs in the team such as remembering member's birthdays, when a member becomes a parent, retires etc. When we understand the context of the team, in practice we also understand the functioning of the organization's system as well as the way of thinking. The task of the manager is not to get lost in everything mentioned above, in the complexity of the situation, but rather in asking themselves and the team members "what is really going on here and now...." (10). The team should be encouraged to think "what is really going on in our organization and what does the team contribute or does not contribute to the current situation, the conditions in the organization". The group analyst will have the opportunity to encourage team members to think and recognize the value of tolerance in which everyone can share their vision as well as the value of multiple perspectives (3).

A group analyst in a clinical setting can be an influential figure. When a group analyst creates a task force in their own organization, the path is much harder. The group analyst already has some es-

komunikacije s članovima tima koje mogu otežavati stvaranje grupnoanalitičkog ozračja. On se mora nametnuti sa svojim idejama kako bi prvo ideje bile prihvaćene od nekih članova organizacije i na taj se način postupno formirala radna grupa/tim. U ovom slučaju tim ne bira grupnog analitičara i ne određuje mu ciljeve. Članovi tima nisu nepoznati jedan drugome ni grupnom analitičaru kao ni grupni analitčar njima. Znatno je lakše kada je grupni analitičar pozvan voditi tim u nekoj njemu nepoznatoj organizaciji. Tada se grupnoanalitički proces razvija i otpori su uobičajeni.

Grupu stvara grupni analitičar i znamo da razvoj grupne matrice ovisi o voditelju. Postoje grupna pravila i očekivanja. Grupna pravila u organizaciji ne mogu se u potpunosti poštovati, ali mogu se dogovoriti pravila kojih će se svi pridržavati. Očekivanja od grupnoanalitičkog rada tako će biti realnija za realizaciju ciljeva koji su timu postavljeni od menadžmenta. U radnoj grupi/timu dolazi do izražaja osobnost članova tima kao i njihove uloge.

ŠTO DJELUJE KAKO BI TIM OSTVARIO POSTAVLJENE CILJEVE?

Možemo reći da su isti čimbenici na osnovi kojih se ostvaruju terapijski ciljevi prisutni i u radnoj grupi/timu.

tablished communications with team members that can make it challenging to create a group analytical environment. She/he must impose his/her ideas to be accepted by some members of the organization first and thus create a working group/team that is gradually formed. In this case, the team does not select a group analyst and does not set her/his goals. Team members are not unknown to each other or a group analyst. It is a lot easier when a group analyst is invited to lead a team in an unknown organization. This is when the group analytical process develops, and resistance is quite common.

A group analyst creates the group, and we know that the development of the group matrix depends on the leader. There are group rules and expectations. Group rules cannot be fully respected in the organization, but it can be agreed upon as the rules that everyone will follow. The expectations of group analytical work will thus be more realistic, and goals set by the management easier to meet. The team members' personality, as well as their roles within the workgroup/team, become evident.

WHAT WORKS IN ORDER FOR THE TEAM TO ACHIEVE THE SET GOALS?

We can say those same factors that realize therapeutic goals are present in the working group/team. The working group/team must work on interpersonal

Radna grupa/tim mora raditi na inter-personalnim odnosima, na povećanju svjesnoga što bi stvaralo osjećaj sigur-ne privrženosti i punog međusobnog povjerenja, a što bi omogućilo snažne i sofisticirane procese mentalizacije. U tom procesu stvaranja radne grupe/tima vrlo je važan temperament sva-kog člana što znači da će se zrcaliti njezine/njegove primarne emocije kao i svjesnost o sebi. Znamo da je tem-perament prerekvizit za *attachment*, a *attachment* je skretnica za uvod u proces mentalizacije. Primarni emo-cionalni sustav, traženje, strah, bijes, seksualna požuda, separacijski strah – tuga, briga (ljubav) i igra (uživanje) (11) emocije su koje grupni analitičar treba prepoznati u interakciji sa suradnicima na klinici. Bilo je potrebno prepoznati kako članovi radne grupe/tima mogu pružiti ono što pacijentima treba, a to je žudnja za ljubavlju među roditeljima te pružanje osjećaja privrženosti u svr-hu prevladavanja straha i separacijske anksioznosti. Cilj je grupnog analitičara ispraviti *attachment* i ojačati odnosne kompetencije, tj. da se mogu nositi s iskustvom straha i straha od odvajanja. Na taj način grupni analitičari pokuša-vaju pacijente uključiti u proces menta-lizacije. Znamo da mentalizacija pret-postavlja oboje, i emocije i attachment, tj. jezik, govor i komunikaciju i to omo-gućuje internalizaciju u individui što prepoznajemo po znakovima, simboli-

relationships and on increasing aware-ness, which would create a sense of se-cure attachment and full mutual trust, enabling a stable and sophisticated processes of mentalization. In this pro-cess of creating a working group/team, each member's temperament is essen-tial, which means that her/his primary emotions, as well as self-awareness, will be mirrored. We know that temper-ament is a prerequisite for attachment, and attachment is a turning point in the introduction to the process of mental-ization. The primary emotional system; search, fear, anger, sexual lust, separa-tion distress-sadness, care (love) and play (pleasure) (11) are emotions a group analyst should recognize in interaction with co-workers at the Clinic. It was nec-essary to recognize that members of the working group/team can provide what patients need, which is a craving for love among parents and a sense of attach-ment to overcome fear and separation distress. The group analyst aims to cor-rect the attachment and strengthen the underlying rivalry, i.e. to be able to cope with the experience of fear and separa-tion. By doing that, group analysts try to engage patients in the mentalization process. We know that mentalization as-sumes both emotions and attachment, i.e., language, speech, and communi-cation; it enables internalization of the individual and what we recognize by the signs, symbols, and the meaning their early memories and childhood sto-ries hold for them. A group machine is launched, encouraging the team mem-

ma i što za njih znače njihova rana sjećanja kao i priče iz djetinjstva. Pokreće se grupni stroj koji potiče članove tima na aktivaciju kliničkog sustava. Pitamo se za koga je grupna psihoterapija kao terapijski medij? Tko traži psihoterapiju i zašto? Pacijenti ne traže psihoterapiju kako bi se promijenili, nego kako bi sebe bolje razumjeli i osjećali se bolje u svojem okruženju.

Iako, u posljednjim dekadama izraženiji je trend pomaka grupne analize od kliničke metode ka pristupu koji je pogodan za razumijevanje društva i formiranja grupa u psihosocijalnom polju. Grupni analitičari/teoretičari pokušavaju objasniti fenomene velikih grupa i raznih društvenih događaja koji mijenjaju odnose u zajednici. Osnovana paradigma pomaknula se iz sobe za konzultacije prema zajednici. Važno je proširenje teorije bazične pretpostavke Hoppera iz 2003. (8) o kolektivnoj obrani masifikacije i agregacije kao odgovora na fragmentaciju i anihilacijsku anksioznost u traumatiziranim organizacijama i ostalim velikim grupama.

VLASTITO ISKUSTVO

U mojem slučaju formiranje profesionalnog identiteta pripada dvjema velikim grupama; institutu za grupnu analizu (edukacija) i psihijatrijskoj klinici (klinički rad).

bers to activate the clinical system. We ask ourselves, who can benefit from the group psychotherapy as a therapeutic medium? Who seeks psychotherapy and why? Patients do not seek psychotherapy to change, but to better understand themselves and feel better in their surroundings.

However, in recent decades, there has been a noticeable shift in the group analysis from the clinical method to the more appropriate approach for understanding society and the groups' formations in the psychosocial field. Group analysts/theorists try to explain the phenomena of large groups and various social events responsible for the change of community relations. The established paradigm has shifted from a consultation room towards the community. There is a significant extension of Hopper's basic assumption theory from 2003 (8) on the collective defense of massification and aggregation in response to fragmentation and annihilating anxiety in traumatized organizations and other large groups.

PERSONAL EXPERIENCE

In my case, the formation of my professional identity was determined by two large groups: the Institute of Group Analysis (Education) and Psychiatric Clinic (Clinical Work).

In the process of forming my professional identity, the dichotomy of my professional self in relation to the Insti-

U tom procesu formiranja mojeg profesionalnog identiteta vidljiva je bila dihotomija mojeg profesionalnog *selfa* u relacijama prema Institutu i organizaciji u kojoj radim i to je kreiralo znatne poteškoće.

U institutu sam učila nešto novo i stjecala nove mogućnosti pristupa mentalnim poremećajima što sam željela implementirati u klinici. Nažalost, taj je proces tekao vrlo sporo i s puno poteškoća. Institut je inzistirao na svojem strogom okviru programa edukacije koji nije bilo lako slijediti korak po korak, nego sa stankama. Klinika u kojoj radim nije imala razumijevanja za moju dodatnu izobrazbu. Bilo je potrebno žrtvovati svoje slobodno vrijeme i plaćati izobrazbu iz vlastita džepa, što nije uvijek bilo moguće. Dakle, u institutu sam bila učenik, a u klinici specijalist i subspecijalist, voditelj programa u okviru dnevne bolnice za što su mi većinom koristila znanja stečena u institutu.

U klinici sam zarađivala za izobrazbu u institutu.

U prekonceptima osim službenog kurikuluma edukacije negdje postoji moja fantazija, moja potreba ili ideja da institutu trebaju klinike i aplikacija znanja u njima te da jedno bez drugoga ne može. Tijekom vremena promjene su zahvatile institut i kliniku, što korelira sa zapažanjima S. Hutchinson (1) o potencijalu grupnoanalitičke misli za

tute and the Organization where I work was visible, and this created significant difficulties.

At the Institute, I was learning something new and acquired new methods in approaching mental disorders that I wanted to implement at the Clinic. Unfortunately, this process progressed very slowly and with a lot of difficulties. The Institute insisted on its strict framework of the education program, which was not always easy to follow, and which I did with some breaks. The Clinic I worked at had no understanding of my additional training. It was therefore necessary to sacrifice my free time and pay for training out of pocket, which was not always possible. At the Institute I was a student, and at the Clinic a specialist and subspecialist and outpatient programme manager, where I applied the knowledge acquired at the Institute.

At the clinic, I earned money for education at the Institute.

In a preconception different than the official curriculum of education, I have a fantasy, a need, or the idea that the Institute needs Clinics and application of knowledge in them, and that the two cannot function separately. Over time, changes have affected the Institute and the Clinic, which correlates to the observations of S. Hutchinson (1) on the potential of group analytical thought for creative work, or, by contrast, for rigidification. Radical, broader social changes shaped with strong momentum and de-

kreativan rad ili pak suprotno, za ri-
gidifikaciju. Radikalne, šire društvene
promjene oblikovane uz snažan zamah
i razvoj komunikacijskih tehnologija,
grupnu analizu, njezinu teoriju i praksu
suočavaju s mnogim izazovima.

Što me privuklo grupnoj analizi? Gru-
pna analiza daje okvir u koji možete
implementirati sve svoje ideje, podno-
si disonanciju i omogućuje integraciju
različitosti. To možemo vrlo dobro išči-
tati iz grupnoanalitičke literature gdje
se opisuju stalne rasprave o teorijskim
konceptima (Nitsun, Hopper, Dalal,
Fridmann). Grupna analiza omogućuje
integraciju bazično različitih izobrazbi
i ostavlja dojam da ste je time obogatili,
a ne da ste strano tijelo. Te različitosti
određuju individualni grupnoanalitič-
ki identitet. Individualni i kolektivni
identitet mogu biti u suprotnosti, što
dolazi do izražaja u pojedinim situa-
cijama, posebno u stanjima stresa, pri-
jetnje ili ograničavanja rada. Izgradnja
mojeg identiteta grupnog analitičara
bila je kočena od strane klinike ili se ja
nisam snalazila sa sustavima klinike:
imala sam dojam da za „promjene" koje
sam kao grupni analitičar željela uvesti
u svakodnevni rad s pacijentima klini-
ka ili nije imala sluha ili sam ja željela
pokazati što sam sve naučila.

Promjene koje zahvaćaju institut spo-
rije su nego u klinici, obuhvaćaju više
vanjsku strukturu, manje unutarnji sa-

velopment of communication technolo-
gies, create many challenges for group
analysis, its theory and practice, will
have to face.

What attracted me to group analysis?
Group analysis provides a framework in
which you can implement all your ideas;
it tolerates dissonance and enables the
integration of diversity. We can read this
very clearly in the group analytical liter-
ature, where constant discussions about
theoretical concepts take place (Nitsun,
Hopper, Dalal, Fridmann). Group analysis
allows integration of fundamentally dif-
ferent training and gives the impression
of being enriched by it instead of creat-
ing a feeling that you are some kind of
foreign body. The individual group ana-
lytical identity determines these differ-
ences. Individual and collective identity
can be contrary to what is expressed in
certain situations, especially during the
stress, threats, or restrictions of work.
The Clinic hampered the building of my
identity as a group analyst, or I did not
get along with the Clinic's systems. I
had the impression that Clinics had no
appreciation for the "changes" I wanted
to introduce as a group analyst to a dai-
ly routine with patients or treated them
as if I simply wanted to show what I had
learned.

The changes affecting the Institute were
slower than in the Clinic, encompass-
ing a more external structure and less
internal content. Being caught up in the
vortex of the eternal dance of the In-
stitute and the Clinic is not easy. I was

držaj. Biti zahvaćen u vrtlogu vječnog plesa instituta i klinike nije lako, stalno biti propet moćnim centrifugalnim i centripetalnim silama grupnih procesa u kojima se kontinuirano provlače pitanja autonomije i samostalnosti sasvim sigurno usporavalo je moj razvoj identiteta kao grupnog analitičara. U klinici postajem samostalna, imam svoj plan i program vođenja grupa, a u institutu mijenjali su se kriteriji, fond sati je rastao pa se moja pozicija učenika produljivala. Za kliniku sam u nekom trenutku bila dovoljno zrela, odrasla, opoveljena višekratno, a za institut ne još! Dugo nisam znala kad ću točno to biti. I s time sam živjela, radila i pokušavala „sazrjeti" godinama.

Psihijatar/grupni analitičar u klinici ključna je osoba za realizaciju mnoštva dnevnobolničkih programa. Ključni su čimbenici u realizaciji programa osobnost grupnog analitičara, njegova izobrazba, kliničko iskustvo i teorijsko razumijevanje. Grupni analitičar ulaže veliku energiju kada osjeti da je kvalificiran za temeljno postavljanje terapijske grupe i s vremenom radnog tima. Za stvaranje radne grupe/tima sve ovisi o osobnosti ljudi s kojima radimo kao i interakciji s kolegama i drugim članovima tima.

Prvo moram naglasiti kako je raditi psihoterapiju u klinici vrlo teško zbog nekoliko razloga: psihoterapija se ne doživljava jednakopravnom biologij-

continually being seized by the powerful centrifugal and centripetal forces of group processes, where the issues of autonomy are constantly being reexamined, which certainly slowed my group analyst identity development. At the Clinic, I became independent; I had my plan and program of group management, and at the Institute the criteria changed, the required number of lessons grew, and my position as a student deepened. For the Clinic, at one point I became mature enough, grown-up, manifold licentiate, while for the Institute − not yet! And for a long time, I did not know precisely when that was going to be. That is what I have lived and worked with, trying to "mature" for years.

A psychiatrist/group analyst at the Clinic is a crucial figure in the realization of a series of daily hospital programs. A critical factor in the achievement of the program is the personality of the group analyst, his/her training, clinical experience, and theoretical understanding. The group analyst invests a lot of energy when he/she feels qualified to set up a therapeutic group and the time of the work team. Creating a workgroup/team depends on the personality of the people we work with as well as interactions with colleagues and other team members.

First, I must emphasize that doing psychotherapy in the Clinic is very difficult for several reasons: psychotherapy is not experienced as an equal to the biological approach, and overcoming these

skom pristupu, a prebroditi negativna stajališta nije jednostavno ni lako.

U klinici je psihoterapeut – grupni analitičar sam u poziciji u kojoj kreira i prati provedbu raznih psihoterapijskih programa u svojstvu koordinatora interdisciplinarnog tima, a koji su predviđeni za liječenje cijelog spektra poremećaja mentalnog zdravlja u kontekstu dnevnobolničkog *settinga*. U nekim programima više stavljam naglasak na socioterapijske sadržaje, a u drugima na psihodinamičke mogućnosti psihoterapijskih intervencija, slično onome o čemu govori Saul Scheidinger kada razlikuje rad u institucijama u kojima se formiraju grupe koje on naziva „terapijskim modalitetima" od grupa koje rade po principu grupne analize u kojima se „popravlja" osobna patologija te prati rast i razvoj (12).

Promatrajući sebe u procesu sazrijevanja, često se vratim na rečenicu, igru riječi Murraya Coxa, koju sam upamtila negdje na početku osobnog supervizijskog procesa:

Terror in firma – terra infirma. Strah u instituciji – nesigurno tlo.

Upravo su i takvi procesi u klinikama: u sebi sadržavaju mnogo straha i neizvjesnosti.

Već je odavno znamo zašto nam trebaju klinike, zbog čega ih stvaramo i pridružujemo im se: kako bi se na okupu

negative attitudes is neither simple nor easy.

At the Clinic, the psychotherapist/group analyst is alone in a position where he/she creates and monitors the performance of various psychotherapeutic programs. In the capacity of the interdisciplinary team coordinator, those programs are designed to treat the entire spectrum of mental health disorders in the context of an outpatient setting. In some programs, I place more emphasis on socio-therapeutic content and on psychodynamic possibilities of psychotherapeutic interventions in others. This method is similar to what Saul Scheidinger says when he distinguishes between work in institutions where groups are created as "therapeutic modalities" from groups working on the principle of group analysis in which personal pathology is "improved" and where growth and development are monitored (12).

Looking back on myself in the maturation process, I am often reminded of a single sentence, a wordplay by Murray Cox, which I remembered somewhere at the beginning of the personal supervisory process:

Terror in firma-terra infirma. Fear in the institution-unsafe ground.

It is precisely those processes in the Clinics that hold a lot of fear and uncertainty.

For a long time, it was known why we need Clinics, which is why we created and join them: to keep the unwanted and

držali neželjeni i odcijepljeni dijelovi *selfa*. Očekivanje klinike je kontejniranje svega, a u stvarnosti i nije baš tako.

Ponekad se u klinikama nađemo zarobljeni u određenim nesvjesnim ulogama. Pitam se je li terapijski program koji vodim onaj Winnicotov tranzicijski prostor unutar klinike i unutar *selfa* za vježbanje pokušaja autonomije, i za pacijente i za mene. Imala sam snažan doživljaj restrikcije, ponekad i opresije u klinici.

Jednog dana ušla sam u prostoriju za grupnu terapiju. Prostorija je bila posve prazna. Uzeli su mi stolce za moju grupu. Stvar su spasile spremačice: pronašle su plastične, ljetne. Oprale su ih i priredile.

One shvaćaju važnost grupe i doživljavaju i razumiju me.

Pokušavam osigurati granice analitičkog procesa. Želim sudionicima programa priuštiti iskustvo velike grupe. Želim da osjete taj moćni doživljaj iskustva velike grupe. Moglo bi to pomoći u razumijevanju procesa dnevne bolnice. Pronalazim najveću sobu „ugašenog" odjela i uređujem je. Nasred sobe je ogroman ormar. U nekim slučajevima za vrijeme trajanja grupe osoblje se u tom dijelu presvlači prije odlaska kući. Moram sačuvati privatnost svih i članova grupe kao i članova kolektiva u kojem radim. Premještam

torn parts of the self together. Clinic is expected to contain everything, and in reality this is not quite so.

Sometimes, we find ourselves trapped in specific unconscious roles in clinics. I wonder if the therapeutic program I am running is the Winnicot transition space inside the Clinic and there is an attempt at autonomy within the self, both for patients and me. I had an intense experience of restriction, sometimes even oppression at the Clinic.

One day I walked into a group therapy room. The room was completely empty. They took the chairs for my group. The cleaning ladies saved it: they found plastic, picnic style. They washed and arranged them.

They understand the importance of the group, and they respect and understand me.

I am trying to secure the boundaries of the analytical process. I want to give the participants the experience of a large group. I want them to feel that powerful large group experience; it could help their understanding of the outpatient program process. I found the biggest room of the "abandoned" department and prepared it for my sessions. There was a massive closet in the middle of the room. Sometimes during the group session, the hospital staff used that area as a dressing room. I had to preserve the privacy of everyone, both the members of the group as well as the Clinic's staff. I moved the

ormar koji je prostor dijelio na dvije cjeline. Sad ima mjesta za veliku grupu, a i za osoblje.

Vrlo često osjećala sam se kao da mi je svaki pokušaj osujećen i sabotiran i unaprijed osuđen na propast. Tako i u tom slučaju „premještenog ormara". Kažu mi: „Ne mogu sva pravila grupne analize biti primijenjena u klinici." Svjesna sam da se ne mogu sva pravila grupne analize poštovati, ali u meni odzvanja: „Ali moraju, bez njih neću moći raditi!" Osjećam silnu agresiju prema sebi i u sebi, i kao da sam stalno pod povećalom, kao da je jako vidljiv svaki moj pokret. Stiže zrcalna slika od strane nadređenih: tvoje djelovanje ruši okvir ove klinike. To mi se čak i dopada, napokon neka moja mala moć, makar i fantazirana destrukcija u funkciji konstrukcije mojeg malog a tako velikog grupnoanalitičkog svijeta. No stiže i opomena zbog premještenog ormara. Kažu mi: „Stavljen je na vrata za našu komunikaciju. Poruka koju sam dobila od nadređenih jest da je preinaka *settinga*, tj. micanje ormara i osiguravanje privatnosti razgovora članova grupe i članova kolektiva narušila i zatvorila vrata za komunikaciju između mene i njih. Potreba za iskazivanjem moći bila je očito jača s obje strane te je trebalo vremena da se prepozna prava svrha „premještenog ormara".

Opet se pitam kako ću biti autentična, kako biti vjerodostojna i na koji način

closet, which divided the space into two units. Now there was room for a big group and also for the staff.

Very often, I felt that each of my attempts was sabotaged and doomed in advance. Like in this case of the "moved closet". They told me, "not all the rules of group analysis can be applied at the Clinic". I was of course aware that not all of the group analysis rules could be respected, but I was thinking "they have to, without them, I won't be able to work!" I feel a lot of aggression towards and inside myself, and it was like I was always under a magnifying glass, as if my every move was obvious. I was mirrored by my superiors: "your actions are tearing down the frame of this Clinic". I was even pleased with that, ultimately – a little power of my own, even a fantasized destruction in the function of the construction of my small and yet so large group-analytical world. I even received a warning regarding the closet I moved. They told me: it blocks the door of our communications. The message I got from my superiors was this: the modification to the setting, moving the closet and ensuring the privacy of the group members as well as the members of the collective, violated and closed the door to communication between them and me. The need to demonstrate the "Power" was strong on both sides, and it took time for the real purpose of the "relocated closet" to be recognized.

Again, I wondered how to be authentic, how to be credible, and how to apply all that knowledge from the group analysis

primijeniti sva ta znanja iz grupne analize u klinici. Pokušavam stvoriti dobre, sigurne i jasne granice. Sigurna sam i da mogu preuzeti rizik za promjene. Jako mi je teško kad mi pravila terapijskog rada određuju neanalitičari. Koji autoritet: onaj moći ili autoritet znanja? Tko mi uopće može odrediti pravila i koja? Bih li ja trebala podupirati i educirati one koji su mi nadređeni, a o grupnoj analizi znaju manje od mene? Trebam li uopće i kako iskazivati empatiju prema njima, jer pravila klinike me koče.

Kako biti psihijatar i grupni analitičar istodobno?

Često pitanje koje se nameće: što radimo, što mislimo da radimo i što se uistinu događa. Stalno je prisutna ta troslojna razina iskustva o kojoj govori Lawrence, prijeko potrebna u stvaranju autentičnog *selfa* analitičara (13).

Nekad se čini nemogućim. Tu sam najjasnije osjetila dihotomiju identiteta na relaciji klinika – institut – ja, zbog rascjepa u originalnim ulogama psihijatra i grupnog analitičara, o čemu piše i Ljiljana Moro (14). Edukacijom za grupnog analitičara identitet se gotovo difuzijom poput tinte upio u moj profesionalni identitet i ne da se isprati; učvršćen je i oblikovan stotinama sati provedenih u procesu koji je konzumirao raskošno dosta vremena,

at the Clinic. I was trying to create functional, safe, and clear boundaries. I was also sure I could take the risk for those changes. It is challenging for me when non-analysts determine the rules of therapeutic work. What authority should rule: the one of power or the authority of knowledge? Who can even dictate my rules and which ones? Should I support and educate those who are my superiors but know less than I do about group analysis? Do I need to empathize with them at all and how, because the rules of the Clinic are hampering me?

How to be a psychiatrist and a group analyst at the same time?

The common question that is being asked is: what we do, what we think we do, and what is really happening. There is a constant presence of this three-layer levels of experience that Lawrence said is so indispensable in creating an authentic analyst's self (13).

Sometimes it seems impossible. Here I felt the most explicit dichotomy of identity in the Clinic-Institut-myself triad because of the rift between the original roles of the psychiatrist and group analyst, which is what Ljiljana Moro (14) writes about. In receiving education to be a group analyst, identity is created almost by diffusion, like ink being absorbed into my professional identity, and it is impossible to wash it away. It is fixed and shaped by hundreds of hours spent in a process that has consumed an

kako kaže Mirjana Pernar (14). Znanje je moć i to je moj autoritet koji se pod silnim vanjskim pritiscima „kao" lako mrvi pod polugom moći raznih onih koji kreiraju politiku klinike. Uvijek je zgodnije bilo adresirati otpore prema onoj posebnoj, jednoj sobi na početku hodnika gdje se nalazi soba grupnog analitičara. Članovi moje grupe doživljavani su kao oni koji su prebučni, glasni, rentni, problematični, koji zaudaraju, koji su neuredni i nedostupni za korekciju. Kao da smo ponekad ovisili jedni o drugima: „moji" pacijenti bili su kontejner za loše i otpisane dijelove klinike, ali i klinika je bila kontejner za moje osjećaje krivnje i srama zbog vlastite agresije koju mi je ponekad i samoj bilo teško kontejnirati jer i sama sam dio iste te klinike.

Projekcije i cijepanje ipak trebaju izraženiju strukturu koju adresiraju. Kao da mi je tada trebala fundamentalistička sekta sa strogo propisanim pravilima, tj. okvirom grupne kulture. Ideje procesa, pravila, tehnika grupne analize bile su doista sigurno tlo pod mojim nogama, to je bio moj fundamentalizam. Na taj su se način smanjivale anksioznosti oko uzajamne ambivalencije i iznova su mogli biti uspostavljeni osjećaji sigurnosti, stabilnosti i predvidljivosti. Do sada sam više razmatrala svoja doživljavanja zbivanja u klinici, a paralelno s time postojao je cijeli spektar mojih doživljavanja instituta i mene u

inordinate amount of time, according to Mirjana Pernar (14,5). Knowledge is power. It is my authority that is being easily crumbled under mighty external pressures by the lever of power of those who create the politics of the Clinic. It is always more convenient to focus the resistance on a particular entity, on one room at the beginning of the hallway where the group analyst's room is located. Members of my group were perceived as too noisy, loud, troubled, reeking, messy, and unamenable to correction. It was as if we sometimes depended on each other: "my" patients were a dumping ground for the parts of the Clinic that were considered bad and written-off, but the Clinic was also a dumping ground for my feelings of guilt and shame because of my aggression, which was sometimes difficult for me to contain because I was part of that same Clinic.

Projections and splitting still need a more pronounced structure to address. It was as if I needed a fundamentalist sect with strictly prescribed rules at the time, i.e. a group culture framework. The ideas of the process, the rules, the technique of group analysis were truly safe ground under my feet; that was my fundamentalism. In this way, anxieties about mutual ambivalence were reduced, and feelings of security, stability, and predictability could have been established over and over again. So far I have discussed my experiences of what happened at the Clinic, while at the same time there was a whole spectrum of my perceptions of

njemu. Složeno je biti edukant u institutu i teško je razumjeti i moći kontejnirati svu silinu vlastite ambivalencije koja usporava proces sazrijevanja kao i ambivalencije klinike prema grupnoj analizi.

Kako je to biti na rubovima klinike već sam opisala, ali postojao je i osjećaj da sam na rubovima instituta jer mi se u supervizijskom procesu pojavljivao doživljaj manje učinkovitosti, nedovoljno dobre izvedbe uz strah od negativne evaluacije od strane supervizora i supervizijske grupe u kojoj sam sjedila. To se iskustvo najvjerojatnije približava onome o čemu piše autor Wolstain (1998) kako se supervizanti često osjećaju napadnuto i ranjivo u prvim fazama učenja. S takvim sam osjećajima dolazila raditi u kliniku. U institutu sam mala, dugo jer sporo rastem, i promjene me zahvaćaju u dva navrata. Fond supervizijskih i terapijskih sati potrebnih za dovršenje edukacije povećao se. Proces se usporava, tko sam ja ustvari i kada ću narasti, i hoću li ikada, pitam se. Tješi me *reverie* na riječi koje mi je uputio Ivo Urlić kad sam odlazila iz Splita u ranijim početnim fazama moje edukacije: nije važno koliko proces traje, bitno je da si ti u tom procesu! Vječiti ples klinike i instituta, plešem i ja. Paralelno s profesionalnim sazrijevanjem u institutu su mi se počele događati promjene. Institut je uvijek bio moj vrlo ugodan *re-*

the Institute and me in it. It is complex to be an educator at the Institute, and it is difficult to understand and be able to control all the force of my ambivalence that slows down the maturation process as well as the ambivalence of the Clinic towards group analysis.

I have already described what was is like on the margins of the Clinic. However, there was also a sense that I was on the fringes of the Institute, because I felt less efficient in my performance in the supervisory process and feared negative evaluation by my supervisor and the supervisory group in which I sat. This experience most closely resembles what Wolstain (1998) writes, as supervisors often feel attacked and vulnerable in the early stages of learning. I would come to work at the Clinic with that kind of feeling. At the Institute I am still "small" and have been for a long time, because I am growing slowly, and changes have caught up with me on two occasions. The number of supervisory and therapeutic hours needed to complete education has increased. The process slows down, and I wonder who I in fact am and when will I grow up, and I wonder if I ever will. I am comforted by the words of Ivo Urlić, who told me when I was leaving Split for the early initial stages of my education: it does not matter how long the process takes, it is important that you are in the process! There is this eternal dance of the Clinic and the Institute, so I dance as well.

Changes have begun to occur in parallel to my professional growth at the Insti-

verie, posebno na dane naših godišnjih stručnih sastanaka, nekad davno u socrealističkom zdanju Klinike za psihološku medicinu u Kišpatićevoj, potom adaptiran i modernizirani ambijent, topao i sa žamorom poznatih lica koja su mi značila mnogo u vlastitom procesu izobrazbe. *Reverie* na institut bio je premosnica između tolikih svjetova: osobnog, odnosnog, grupnog i društvenog konteksta. Ni institut za grupnu analizu nije mogao izbjeći vrtlog promjena. Odjednom smo se našli u krilu neke druge institucije. Na promjene u klinici utjecala je globalna politička klima uvođenjem pojmova poput: iskorištenost, pokrivenost, učinkovitost i dug koji nam je nametnuo menadžment kliničkog bolničkog centra/KBC-a.

Odjednom, počeli smo saznavati cijenu svega kao i vrijednost ničega. Postalo je bitno fakturirati, sadržaj je postao nebitan. Tri i više čovjeka u sobi jednako je grupna psihoterapija. Može je voditi bilo tko i bez edukacije, konzistentno s pretpostavkama S. Hutchinson (1) kada piše o vanjskim pritiscima različitih psihoterapijskih modaliteta koji potpomognuti politikom fondova zdravstvenog osiguranja koji su uglavnom permisivniji spram tehnika koje su *evidence-based* i koje su uglavnom kratkoročnijeg tijeka. Naravno, glavna ugroza za grupnu analizu dolazi iz smjera kratkoročnih zahvaćanja u terapiji i standardiziranih manuala usko

tute. The Institute has always been my delightful reverie, especially on the days of our annual expert meetings, once upon a time in the Clinic for Psychological Medicine, a magnificent edifice of socialist heritage on Kišpatić street. It was later adapted into a modernized environment, warm and with the murmur of famous faces that meant a lot to me in my training process. Reverie at the Institute was a crossroads between so many worlds: personal, inter-relationship, and the group and social context. The Institute for Group Analysis could not avoid the vortex of a change either. All of a sudden, we found ourselves embraced by some other institution. The global political climate influenced the changes in the Clinic by introducing terms such as utilization, coverage, efficiency, and debt that were imposed on us by the management of the Hospital/KBC.

Suddenly, we began to know the price of everything and the value of nothing. It became essential to understand bookkeeping, but the content became irrelevant. Three or more people in a room would be called group psychotherapy. The group could be conducted by anyone without education, as was described by S. Hutchinson (1) when she wrote about the external pressures of different psychotherapeutic modalities backed by health insurance fund policies that are generally more permissive of evidence-based, short-term techniques. Of course, the main threat to group analysis came from the direction of short-term consider-

formuliranih tehnika. Proglašeni smo neučinkovitima i potrošačima jer ne zarađujemo dovoljno. Kažu mi kako je važan obrtaj pacijenata. U šest ili osam tjedana moralo bi sve biti gotovo. Izravno se to suprotstavlja procesnosti i konstantnosti koju učimo u institutu, kao i sporoj uspostavi analitičke funkcije u čovjeka. Postalo je krivo podupirati slabe i osjetljive jer to navodno razvija ovisnost. Grupni analitičari sa svojim autoritetom znanja i iskustva u razumijevanju društvenog konteksta, kulture i kolektivnog nesvjesnog stavljeni su u poziciju od strane autoriteta moći koji procesnost naziva stvaranjem kulture ovisnosti.

ŠTO SE DOGODILO S RAZUMIJEVANJEM DRUŠTVENE PRIRODE ČOVJEKA?

Ponekad ne znam što misliti o nama (kliničarima, grupnim analitičarima) i teško mi se odrediti prema svemu. Velika je to kontradikcija duhu vremena i teško ju sublimiram, jer grupna analiza stvara, kako kaže Dalal (16), subverzivnog čovjeka koji uvijek propituje autoritet i kritički ga razmatra, a vrlina grupne analize jest neposluh i disruptivnost. Prema mojem doživljavanju medicinari nisu pokazivali autentičan interes za grupnu analizu u klinici. Počinju pristizati novi ljudi u

ations in therapy and standardized manuals of narrowly formulated techniques. We were found to be ineffective and unprofitable because we did not make enough money. They tell me how important a fast rotation of patients is. In six or eight weeks, it would have to be over, and this directly contradicts the processivity and consistency we learn at the Institute as well as the slow establishment of analytical function in people. It has become wrong to support the weak and vulnerable because it supposedly develops an addiction. Group analysts, with their authority of knowledge and experience in understanding the social context, culture, and collective unconscious, are put in a position by the authorities who consider that processivity creates a culture of addiction.

WHAT HAPPENED TO UNDERSTANDING THE SOCIAL NATURE OF MAN?

Sometimes I do not know what to think of us (clinicians, group analysts), and it is hard for me to determine my stance towards it all. It is a great contradiction of the spirit of the time, and it is hard to sum it up, because group analysis creates, as Dalal (16) says, a subversive man who always questions authority and considers it critically. Consequently, the virtue of group analysis is disobedience and disruptiveness. In my opinion, physicians showed no genuine interest in group analysis at the Clinic. New people

terapijske programe koje koordiniram, edukanti različitih usmjerenja, novi voditelji grupe iz drugih bazičnih profesionalnih područja i profesija koji su za tu vrstu rada pokazali senzibilnost i zanimanje. S njima je potvrđen moj identitet grupnog analitičara. Mogli smo održati otvorenu komunikaciju, dijelili smo zajednički terapijski jezik i vrlo često predviđena dva sata timskog sastanka nisu bila dovoljna za raspravu o procesima u grupama zbog silne želje za učenjem i dijeljenjem. Kao da je nova dinamika promjene uzrokovala dekompresiju prethodno prisutnih tenzija i projekcija. Grupni analitičar uči tim kako se bolje nositi s nesigurnošću i paralelnim pričama. Nekako kao da se fokus konflikta s autoritetom premjestio na konflikte koji nalikuju na rivalitet članova grupe u natjecanju za resurse i moć, o čemu govori Obholzer (17). Rivalitet koji je imao svoje konstruktivne i poticajne učinke: tko će ljepše i plastičnije prikazati seansu, kako je bolje bilježiti, na koji je način pamtiti i čije su intervencije za upamtiti.

Institut mi je pomogao stabilnom i sporo promjenjivom dinamikom kako bih izdržala vrtlog klinike. Jedinstvo osobne strukture ne održavaju nužno odnosi ni naše akcije, nego doživljaj unutarnjeg kontinuiteta, onaj isti, koji čuvam kao *reverie* toga posebnog proljetnog dana godišnjeg stručnog sastanka u institutu. Zahvaljujem mu na tome.

have started to arrive in the therapeutic programs that I coordinate, educators of different orientations, new group leaders from other basic professional fields and professions who have shown sensibility and interest for this type of work. With them, my identity as a group analyst has been confirmed. We were able to maintain open communication, we shared a common therapeutic language, and very often the scheduled two hours of the team meeting were not enough to discuss the processes in groups because of the overwhelming desire to learn and share. It is as if the new dynamics of change have created a decompression of previously present tensions and projections. A group analyst teaches the team how to better deal with uncertainty and parallel stories. Somehow, the focus of the conflict with authority shifts to conflicts that resemble the rivalry of the group members in the competition for resources and power, as Obholzer (17) indicated. This is a rivalry that has constructive and stimulating effects: who will portray the session with more beauty and plasticity, which method of recording sessions is better, how and whose interventions to remember and retain.

The institute has helped me with a stable and slow-changing dynamic to withstand the vortex of the Clinic. Relations or our actions do not necessarily maintain the unity of the personal structure, but the experience of internal continuity, the same one that I treasure as a reverie

Klinici pak dugujem mnogo: pomogla mi je svojom dinamikom u razvoju profesionalnog *selfa*. Natjerala me na evoluciju i prilagodbu, možda malo i na nju, to me potaknulo na zaokret u smjeru traženja novih suradnika i mogućnosti suradnje u širem društvenom kontekstu, jer kao grupni analitičar moram imati svoju grupu s kojom u klinici radim.

Polarizacijom konflikta klinika je pomogla u formiranju granica mojeg profesionalnog identiteta, baš onako kako to opisuje Sylvia Hutchinson (1) kada opisuje grupnu analizu kao široku komoru unutar koje se smještaju različite profesije, različita psihoanalitička usmjerenja, različitosti u balansiranju individualnog i grupnog, razlike u doživljavanju unutarnjeg i vanjskog, nagona i fantazija. Teorijski koncept grupne analize nije fundamentalistički, nije dogmatski i zasniva se na pluralizmu. Neki to smatraju njezinom slabošću. Iako, te različitosti u identitetima same po sebi predstavljaju slabe točke u kojima identiteti mogu biti frakturirani i fragmentirani u trenutcima stresa, ugroze i restrikcije. Identitet izrasta iz konflikta i kontradikcije. Prepoznala sam njegovu manifestaciju i kod sebe.

Klinika koja se mijenja i fluktuira postala je intermedijarni prostor u kojem se ostvaruje bolja komunikacija. Poduprla je moju potrebu za širim okvirom,

on a particular spring day of the annual expert meeting at the Institute. I thank the Institute for that.

Furthermore, I owe a lot to the Clinic: with its dynamics, it helped me in developing my professional self. It made me evolve and adapt, perhaps also to the Clinic itself a little bit, which pushed me towards the search for new associates and the ability to collaborate in a broader social context. Because, as a group analyst, I have to have my own group to work with at the Clinic.

By polarizing conflict, the Clinic has helped the boundaries of my professional identity. Sylvia Hutchinson (1) describes group analysis as a large chamber filled with different professions, different psychoanalytic orientations, differences in the balancing of individuals and the group, and differences in the experience of the internal and external, impulse and fantasy. The theoretical concept of group analysis is not fundamental, it is not dogmatic, and it is based on pluralism. Some see this as its weakness. However, those differences in identities represent weak links that can lead to fracturing and fragmentation in stressful situations as well as danger and restriction. Identity grows out of conflict and contradiction. I recognized the manifestation of the same thing in myself.

The changing and fluctuating Clinic has become an intermediate space where better communication is achieved. It supported my need for a broader frame-

prihvatila je moju primjenu znanja iz grupne analize o srednjoj i velikoj grupi. S vremenom se povećala tolerancija klinike koja je dopustila kolegama – novim ljudima iz instituta i koji nisu članovi klinike da u njoj rade.

I to su novi ljudi u novim vremenima.

Svi smo preuzeli rizik promjena. i sasvim je sigurno, klinika predstavlja nešto što doista možemo voljeti, ali i zaista mrziti. I uvijek će biti tu, bez obzira na to koliko je voljeli ili mrzili.

work and accepted my use of knowledge of group analysis on middle and large groups. Over time, the Clinic's tolerance increased, allowing colleagues – new people from the Institute who are not members of the Clinic – to work there.

And those are new people in new times.

We have all faced the risk of change. And it is quite safe: the Clinic represents something we can genuinely love but also genuinely hate. And it always will be there, no matter how much we love or hate it.

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