

SETTING NEKAD I SAD

/ SETTING THEN AND NOW

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SAŽETAK/ABSTRACT

Članak je podijeljen na tri dijela. U prvom dijelu podsjeća na osnovne postavke *settinga* u psihoanalitičkoj psihoterapiji i grupnoj analizi i psihodinamičko razumijevanje postavki *settinga* za razvoj psihoterapijskog procesa. U drugom dijelu ukazuje na bitne elemente *settinga* i na odgovornost psihoterapeuta i pacijenta, problem *settinga* u instituciji te kako granice *settinga* krši psihoterapeut i koji su najčešći slučajevi nepridržavanja *settinga*. U trećem dijelu ukazuje se na novonastalu situaciju promjene *settinga* uzrokovane pandemijom bolesti COVID-19. U zaključku se navodi da je u virtualnom okruženju *online* psihoterapeut aktivniji, izloženiji. Potrebno je više energije za održavanje granica *settinga*. U individualnom pristupu neki pacijenti uopće ne mogu prihvatiti virtualnu psihoterapiju, drugi imaju problem osjećaja potpune privatnosti te osjećaju da ih ometaju članovi obitelji koji su u drugoj prostoriji i treća skupina koja zbog patnje prihvaća virtualnu psihoterapiju ili ako je već bila u procesu, ima povjerenje u svojeg psihoterapeuta i nastavlja rad na sebi. U grupnoj analizi grupa u fazi intimizacije lakše prebrodi prilagodbu na virtualni rad. Nužno je održavati virtualne stručne sastanke kako bi se pratile opservacije psihoterapeuta i sumirala njihova iskustva te donijele preporuke za virtualni rad s obzirom na to da nitko nije bio pripremljen na dugotrajni virtualni rad.

/ This article is divided into three parts. In the first part, we are reminded of the basic systems of the setting in psychoanalytic psychotherapy and group analysis and of the psychodynamic understanding of the said systems for the development of the psychotherapeutic process. The second part presents the important elements of the setting, as well as the responsibility of the psychotherapist and the patient, the problem of the setting in an institution, how the psychotherapist crosses the boundaries of the setting, and the most common cases of nonadherence to the setting. The third part discusses a new change of the setting caused by the coronavirus outbreak. In the conclusion, it is discussed that a psychotherapist is more active and exposed in a virtual, online setting as it takes more energy to sustain the boundaries of the setting. In the individual approach, some patients cannot accept virtual psychotherapy at all, some have a problem with privacy as they feel they are disturbed by their family members while others accept virtual psychotherapy due to their suffering or, if they have already experienced the process, trust their psychotherapist and continue working on themselves. In group analysis, the group that is in the phase of becoming more intimate has an easier transition to a virtual setting. It is vital to hold virtual meetings in order to keep



track of psychotherapists' observations, summarise their experience, and suggest ideas for long-term virtual therapy considering the fact that nobody was prepared for the new setting.

KLUČNE RIJEČI / KEY WORDS

setting / setting, psihoanaliza / psychoanalysis, psihoterapija / psychotherapy, grupna analiza / group analysis, virtualno / virtual, online / online, COVID-19 / coronavirus (COVID-19)

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UVOD

Vjerujem da u današnje doba mnogi od nas razmišljaju o *settingu* jer nas je pandemija bolesti COVID-19 prisilila na promjenu i prilagodbu. Osvrnut ću se na dvije tehnike, psihoanalitičku psihoterapiju i grupnu analizu, i koliko je *setting* važan u navedenim tehnikama za razvoj psihoterapijskog procesa. Podsjetimo se koliko je Sigmund Freud trebao vremena da bi stvorio pravila *settinga* koja još i danas vrijede. John Churcher navodi:

U psihoanalizi pacijent je na kauču, psihoanalitičar izvan vidnog polja, pažljivo sluša i ne radi bilješke za vrijeme seanse, ne daje osobne informacije. Psihoanalitičar osigurava konstantnost prostora, vremena. Prostor mora biti ugodan, osiguravati privatnost i mir. Od pacijenta se očekuje da kaže sve što mu taj

INTRODUCTION

I believe that nowadays many of us think about the setting as the coronavirus (COVID-19) pandemic has forced us to change and adapt. I will refer to two techniques, i.e., psychoanalytic psychotherapy and group analysis, and how important the setting is in the said techniques for the development of the psychotherapeutic process. Let us remind ourselves of how long it took Sigmund Freud to create the rules of the setting which are still relevant today. John Churcher notes:

Get the patient to lie on a couch, while you sit behind the patient and out of sight; instruct the patient to follow the fundamental rule (the German is *grundregel*, meaning literally a 'ground rule'), of trying to put into words whatever comes into their head, without selection or reservation; don't try to remember everything the patient says, and don't take notes during

tren padne na pamet, bez cenzure, točnost dolazaka četiri do pet puta tjedno i plaćanje dogovorenog sata došao ili ne. O svemu o čemu se razgovara na seansi ne razgovara se ni s kim drugim.(1)

U psihoanalitičkoj psihoterapiji postoji razlika, pacijent i psihoterapeut sjede jedan nasuprot drugome, seanse se održavaju dva do tri puta tjedno, svi ostali uvjeti trebali bi biti isti.

U grupnoj analizi S. H. Foulkes piše o *settingu*:

Sedam do osam članova. Članovi se ni na koji način ne smiju poznavati u svakodnevnom životu. Nije dopušten fizički kontakt u grupi ni izvan grupe. Nema sastajanja izvan termina grupe. Redovito dolaženje, najmanje jednom tjedno. Sjedenje u krugu na jednakim sjedalicama, uključujući i terapeuta. Nema hranjenja, pijenja, pušenja, uzimanja tableta ni drugih aktivnosti. Nema programa rada grupe ni posebnih preokupacija, nego samo poticanje spontane verbalne komunikacije (2).

Psihoterapeuti *setting* većinom doživljavaju kao skupinu konvencionalnih pravila. No za stvarno psihodinamičko razumijevanje događanja između psihoterapeuta i pacijenta *setting* je osnova za razvoj psihoterapijskog procesa (3, 4).

Znamo da je potrebno poštovati konstantnost prostora i vremena, tajnost podataka, redovito dolaženje, da nema druženja izvan psihoterapijskog vremena itd. Počnimo od samog

the sessions, but give yourself over to listening, with 'evenly-suspended attention'; require payment for it whether or not the patient uses it; avoid giving the patient any personal information about yourself and your life; and undergo an analysis yourself before offering it professionally to others. (1)

In psychoanalytic psychotherapy, there is a difference: the patient and the psychotherapist sit face to face and sessions are held two or three times a week. All other conditions should be the same.

In Therapeutic Group Analysis S.H. Foulkes writes about the setting:

Numbers up to eight, excluding conductor. Seven perhaps the ideal number. Members are in no way related to each other in their lives. No physical contact. No meeting outside the sessions. Regular attendance required, usually for one and a half hours, at least once weekly. Sitting in circle round small token table on equal chairs with therapist. No eating, drinking, smoking or other drugs, or activities. No programme or special occupation, but uncensored, spontaneous verbal communications encouraged. (2)

Psychotherapists mostly regard the setting as a set of conventional rules. However, for an actual psychodynamic understanding of events between the psychotherapist and the patient, the setting is the basis for the development of the psychotherapeutic process (3,4).

We know it is necessary to respect the constancy of space and time, secrecy of information, regular attendance, no meeting outside psychotherapeutic



prostora. Prostor mora biti ugodan, topao, ništa ne smije posebno privlačiti pažnju pacijenta (5, 6). Druga je važna komponenta *settinga* konstantnost vremena. Uvijek u isto vrijeme. Konstantnost omogućuje razvoj osjećaja sigurnosti, povjerenja. *Setting* štiti atmosferu u kojoj se može u optimalnim uvjetima razvijati ono što je pacijentu potrebno i što se nekako podudara s psihoterapijskim procesom (7). Redovitost seansi omogućuje razvoj odnosa sa psihoterapeutom, konstantnost stvara temelj za razvoj odnosa. Taj temeljni odnos vrlo je sličan odnosu s dobrom majkom. Što sve može narušiti razvoj odnosa? Stabilitnost *settinga* se ruši kada psihoterapeut ne poštuje redovitost seansi, kasni na seanse, mijenja raspored, javlja se na telefon ili raspoloženje psihoterapeuta oscilira i time nije dovoljno predvidljiv za pacijenta. Već od prvog susreta važno je da *setting* bude ugodan. U privatnoj praksi lakše je održati konstantnost *settinga* nego u instituciji.

PRVI INTERVJU I *SETTING*

Pacijent se susreće sa psihoterapeutom kako bi uz njegovu stručnu pomoć poboljšao svoje stanje, odnosno premostio poteškoće zbog kojih mu se obratio. Ostvarenje tog cilja postaje zajed-

time, etc. Let us begin with the question of space. The space needs to be comfortable, warm, and nothing should avert the patient's attention (5,6). The second important component of the setting is the constancy of time. The rule is: always at the same time. Constancy is conducive to the development of feelings of security and trust. The setting protects the atmosphere in which what the patient needs and what somewhat coincides with the psychotherapeutic process can develop in optimal conditions. Regular sessions enable the development of a relationship with the psychotherapist whereas constancy creates the foundation for it. This core relationship is very similar to the relationship with a good mother. What can hinder the development of the relationship? The stability of the setting collapses when the psychotherapist does not respect the regularity of sessions, comes in late, changes the schedule, answers private phone calls, or oscillates in moods and thus shows unpredictable behaviour. It is important to create a comfortable setting from the very first meeting. It should also be noted that it is easier to sustain the constancy of the setting in private practice than in an institution.

FIRST INTERVIEW AND *SETTING*

The patient meets the psychotherapist to improve a certain condition with the psychotherapist's help or to overcome certain difficulties that have led to seek-

nički program psihoterapijskog dvojca i za taj je cilj psihoterapijski *setting* najprimjereniji oblik odnosa. S. Freud postupno je spoznao koliko je bitno da *setting* omogućiti maksimalnu sposobnost uranjanja u nesvjesno i unutarnji svijet objekata. Kako bi se to postiglo, psihoterapeut treba pratiti svoje reakcije, a *setting* treba biti ugodan i ne odvlačiti pažnju pacijenta. *Setting* je skup uvjeta koji najbolje odgovaraju postizanju cilja.

Psihoterapeut mora o tome voditi brigu. Kada psihoterapeut tijekom svojeg rada postupno introjicira *setting* i postaje sve osjetljiviji za sve što narušava učinkovitost psihoterapijske situacije, pokušat će otkloniti ili spriječiti elemente koji narušavaju *setting* kako ne bi došlo do razbijanja harmonije između pojave nesvjesnih sadržaja, psihoterapeutovih empatičnih shvaćanja i interpretiranja.

Setting je, dakle, i stvarnost koja je izvan odnosa i izvan područja fantazmatskog svemogućeg dvojca dijete-majka, odnosno pacijent-psihoterapeut. *Setting* je i „zakon trećega – oca“ koji prisiljava regresivnu dijadu pacijent-psihoterapeut na odustajanje od iluzije svemogućće veze i podvrgavanje zakonima koje su drugi postavili, tj. pravilima održavanja *settinga* (7). Stvarnost kao takva onemogućuje psihoterapeutu potpuno zadovoljava-

ing professional help. Achieving that objective thus becomes the joint task of the psychotherapeutic duo where the psychotherapeutic setting is the most appropriate form of relationship. S. Freud gradually recognized how important it is that the setting enables the maximum ability to dive into the unconscious and the inner world of objects. To achieve that, psychotherapists have to monitor their reactions, and the setting should be comfortable and undistracting. The setting represents a group of conditions that are mostly conducive to reaching the goal and the psychotherapist has to take care of it.

After gradually introducing the setting and becoming more aware of everything that diminishes the efficiency of the psychotherapeutic situation, the psychotherapist will try to remove or prevent all elements that damage the setting in order not to disturb the harmony between the expression of unconscious content and the psychotherapist's empathetic understanding and interpreting.

The setting, therefore, also represents the reality outside of the relationship and the unconscious fantasy, the almighty child-mother duo, or the patient-psychotherapist duo. It also represents "the law of the third - the father", which forces the regressive patient-psychotherapist dyad to give up the illusion of an almighty relationship and adhere to the laws that the others have set, that is, the rules of preserving the setting (7). Due to that the psychotherapist's in-



nje pacijentove želje. Zbog toga se psihoterapeutove intervencije u velikoj mjeri ne podudaraju s očekivanjima pacijenta koji se mora suočiti s nezadovoljstvom, s frustracijom. To učvršćuje osjećaj odvojenosti što omogućuje uspostavu „potencijalnog prostora“ za psihoterapijski rad (8, 9) u kojem pacijent može misliti i stvarati slike – simbole svojih potreba. To je pak jedino moguće ako je frustracija optimalna i nije traumatična i ako u odnosu postoji dovoljno povjerenja. Kako bi psihoterapijski proces mogao početi, mora imati osiguran *setting*, sve uvjete za rad. Dakle, *setting* je istodobno izvor povjerenja, ali i frustracija. Jedino se u takvim uvjetima može razvijati simbolično mišljenje, što je nužno za psihoterapijski rad.

SETTING – DIJADNI ODNOS – GRUPA

Kada razmišljamo o psihoterapijskom *settingu*, ne razmišljamo samo o pacijentu, tj. onomu što pacijent osjeća nego i o onomu što psihoterapeut osjeća od prvog susreta do stvaranja psihoterapijskog odnosa.

Dakle, svaki psihoterapijski odnos započinje dijadom. Psihoterapeut nakon intervjua predlaže pacijentu individualnu, bračnu, obiteljsku ili grupnu psihoterapiju. Kako će grupni analitičar

interventions often do not coincide with the expectations of the patient who has to face dissatisfaction and frustration. That strengthens the feeling of separation and allows for the formation of “the potential space” for the psychotherapeutic process (8,9) in which the patient can think and create imagery or the symbols of his/her needs. Nevertheless, that is only possible if the frustration is optimal and not traumatic, and if there is enough trust in the relationship. For the psychotherapeutic process to start, the setting has to be secure and all the preconditions for work have to be met. Therefore, the setting is both a source of trust and frustration. Only in these conditions, symbolic thinking can develop as a necessary prerequisite for the psychotherapeutic process.

SETTING - DYADIC RELATIONSHIP - GROUP

When thinking about the psychotherapeutic setting, one does not only consider the patient's needs and feelings, but also the psychotherapist's feelings from the first encounter until the establishment of a psychotherapeutic relationship.

Every psychotherapeutic relationship begins as a dyad. After the interview, the psychotherapist recommends either individual, couple, family, or group psychotherapy to the patient. The question arises as to how the group analyst can bring a particular technique closer to the pa-

približiti tu tehniku svojem pacijentu kako bi on prihvatio izlazak iz dijade i ulazak u „vrtić“? Grupu u kojoj mora biti u određeni dan i sat i nema mogućnosti mijenjanja tog vremena kao što je to ipak moguće, iako samo u posebnim okolnostima, u individualnom pristupu.

Dakle, ako to sada gledamo razvojno, dijete kreće u vrtić s tri godine, ima potrebu za društvom, ali ima i strahove od napuštanja dijadnog odnosa u kojem su mu pravila već donekle jasna. Pacijent, ako ima povjerenja u svojeg psihoterapeuta, prihvatit će savjet i uključiti se u grupu. Sljedeći korak vrlo je važan. Naime, ako psihoterapeut vjeruje u grupu i njezinu lječidbenu djelotvornost, tada će to osjetiti i pacijent. Pacijent i psihoterapeut moraju se osjećati sigurnima u *settingu*, pacijent ne razmišlja što će reći, ne bira riječi, nego dopušta da izlaze u vidu slobodnih asocijacija ili slobodno lebdeće rasprave, a intervencije psihoterapeuta sažimaju ono što valja i ljubavno prelaze preko onoga što nije korisno za psihoterapijski rad. Psihoterapeutova je krivnja veća ako ne vodi brigu o ozračju na seansi i osjećaju sigurnosti i povjerenja jer time koči razvoj psihoterapijskog procesa i ustvari šteti pacijentu.

Kako se osjeća grupni analitičar kada predlaže pacijentu grupnoanalitički

tient. After that, the patient needs to exit the dyad and enter a "kindergarten", i.e., a group that requires regular attendance on a certain day and at a certain time that cannot be changed (which is possible in an individual approach, although only in certain circumstances).

From a developmental perspective, a child starts preschool at the age of three, needs company, but is also afraid of leaving the dyadic relationship where the rules have already been established. If there is a sufficient level of trust, the patient will accept the psychotherapist's advice and join the group. The next step is crucial. If the psychotherapist believes in the group and its therapeutic efficacy, then the patient will feel it, too. The patient and the psychotherapist must feel safe in the setting, and the patient should not be thinking about what is being said or choose words but rather allow them to flow easily in the form of free associations or a free-floating discussion. At the same time, the psychotherapist's interventions serve to summarise useful points and kindly disregard those that are not as useful during a psychotherapeutic session. The psychotherapist is at fault if not enough care is paid to the atmosphere and the feeling of security and trust. By failing to do so, the psychotherapist hinders the progress of the psychotherapeutic process and is actually harming the patient.

How does the group analyst feel when a group analytical setting is offered to the patient who needs to accept that those



setting i da su utorak i četvrtak u 19 sati nepromjenjivi?

Grupni analitičar dinamički je administrator svoje grupe, kako to naziva Van der Kleij, njegova je odgovornost usidriti grupnoanalitički rad (10). U suprotnom, ako se grupni analitičar ne pridržava granica i ne preuzme odgovornost za *setting*, ugrožava grupnoanalitički rad.

Što to grupni analitičar mora prenijeti svojem pacijentu da bi osjetio da u utorak i četvrtak u 19 sati ne postoji ništa osim grupe? Ako grupni analitičar „vjeruje u grupu“ (11), grupu koja osjeća da je to vrijeme grupe i grupa je važan događaj u njegovu životu, onda će to osjetiti i njegov pacijent.

Stoga sama nepromjenjivost termina grupe ima svoj učinak. Budući član grupe zna da za izostanak mora imati valjan razlog kako bi grupa to prihvatila, vrlo brzo će osjetiti moć grupe. Grupa kao cjelina osigurala je prijenosni (transferni) materijal prije nego što je pacijent ušao u grupu, prije nego što je išta započelo.

U početku rada grupe voditelj održava granice *settinga* i podsjeća članove na važnost pridržavanja pravila *settinga*. Kako grupni proces napreduje, grupa preuzima neke voditeljeve funkcije i jedna od tih funkcija je i briga o *settingu*. Članovi upozoravaju člana na pri-

Tuesdays and Thursdays at 7 p.m. are fixed and unchangeable?

Van der Kleij notes that the group analyst is like a dynamic administrator of the group whose responsibility is to anchor the group analytical work (10). Otherwise, if the group analyst does not respect the boundaries and does not take responsibility for the setting, the group analytical process is at risk.

What does the group analyst need to convey to the patient so that the patient feels that on Tuesdays and Thursdays at 7 p.m. there is nothing else but the group? If the group analyst “believes in the group” (11), the group will feel that they have to respect the time for the group and that the group is an important event in the analyst’s life.

Therefore, fixed timing of group sessions has a very important effect. Since all group members know that they have to have a valid reason to justify their absence, they will feel the power of the group very quickly. The group as a whole had secured the transfer material before the patient has even entered it and, before anything has begun.

When the group work starts, the conductor of the group reminds the members of the boundaries of the setting and the importance of adhering to the rules of the setting. As the group process advances, the group will take over some of the conductor’s functions. The members warn each other about respecting the rules of

državanje pravila *settinga*. Razvojem mreže odnosa unutar grupe grupa osjeća moć kruga i koliko je važno da sve ostane unutar kruga (12). Članovi grupe osjećaju grupu kao nešto važno u njihovu životu i čuvaju pravila *settinga*. Kako teče proces detronizacije voditelja, tako jača moć grupe kao cjeline. To su paralelni procesi; razvoj komunikacije između članova grupe i detronizacija voditelja. U fazi intimizacije grupa preuzima neke funkcije voditelja i jedna od njih je i vođenje brige oko *settinga*. Tada bismo mogli govoriti o „nesvjesnom settingu grupe“. Stephen Arcari (12) navodi da se tada u grupi događa simetrični proces, a to znači istodobno prisutan i primarni i sekundarni proces mišljenja. Ako je doživljaj članova grupe da ih krug „gura“ u „ovdje i sada“ i imaju osjećaj pripadnosti, mogućnosti poniranja u sebe i istodobno biti u kontaktu sa stvarnošću, usvojili su „nesvjesni *setting* grupe“. U grupi se u tom slučaju vrlo brzo uspostavljaju i izmjenjuju psihički fenomeni kao što su regresija, prijenos, *acting in*, projekcija i projekтивna identifikacija koje voditelj opservira i interpretira. Kada novi član uđe u grupu, osjeća konfuziju i doživljava situaciju umjetnom životnom situacijom, što ona ustvari i jest. Vjerojatno ih zbunjuje brza izmjena primarnog i sekundarnog procesa mišljenja. Vjerujem da ste mnogi bili oduševljeni

the setting. With the development of relationships within the group, the group feels the power of the circle and how important it is to keep everything within the circle (12). The members of the group consider the group as something significant in their lives and preserve the rules of the setting. As the conductor is dethroned, the group becomes stronger as a unity. Development of communication between the group members and dethronement of the conductor are parallel processes. When the group becomes more intimate, it will take over some of the conductor's functions and one of them will take care of the setting. At that stage, we can talk about the "unconscious setting of the group". Arcari (12) says that at that point there is a symmetrical process going on in the group, which means that primary and secondary thought processes are simultaneously present. If members feel that the circle is "pushing" them into the "here and now", that they belong, and can simultaneously dig deep within themselves and stay in touch with reality, then they have adopted the "unconscious setting of the group". In that case, physical phenomena such as regression, transfer, acting in, projection, and projective identification happen and rotate very quickly and are observed and interpreted by the conductor. When new members join the group, they feel confused and see the group as an artificial life situation, which it actually is. They are probably confused by the quick rotation of primary and secondary thought processes. I believe many of you



„Stilskim vježbama“ Raymonda Queneaua u obradi Tomislava Radića. To je krasan primjer kako se iz manifestnog sadržaja mogu doživjeti različite latentne poruke. Metafore su također bitne za razvoj grupnog procesa. Borbely piše: „...metaforički proces treba razlikovati od primarnog i sekundarnog procesa mišljenja i nalazi se negdje između, to uključuje metonimiju, sinegdohe i kondenzaciju. Možemo izvesti sljedeću definiciju: primarni proces mišljenja zaposjeda iracionalne mentalne funkcije, sekundarni proces mišljenja funkcije izlaganja, objašnjavajuće, činjenične i logične funkcije, a metaforički procesi znače imaginativno racionalno i kreativno razmišljanje“ (13).

Konstantnost prostora, vremena trajanja, dana u tjednu omogućuje članovima nesvjesno doživljavanje grupe kao čimbenika koji im je vrlo važan i postaje dijelom njih.

Što se zbiva u pacijentu i psihoterapeutu kad počinju razmišljati o ulasku pacijenta u grupu? Obično pacijent nema pojma da psihoterapeut razmišlja kako mu ponuditi grupu. Vrlo rijetko pacijent pri prvom susretu traži grupnu analizu kao psihoterapijsku tehniku. Obično želi dijadni odnos i u njemu želi ostati. Psihoterapeut i pacijent trebali bi imati zajednički cilj – smanjiti patnju pacijenta. Cilj im je zajednički, ali

were amazed with Raymond Queneau's "Exercises in Style" in the interpretation by Tomislav Radić. That is a lovely example of how different latent messages can be perceived from manifest content. Metaphors are also important for the development of the group process. Borbely notes: "Such metaphorical process has to be distinguished from primary, as well as secondary process, and should be assigned an intermediate position... it involves metonymy, synecdoche and condensation. We can now establish the following definitions: primary process captures irrational mentation, secondary covers rational (expository, explanatory, factual, logical) mentation and metaphorical process means imaginative rational or creative mentation" (13).

The constancy of space, duration, and regularity of sessions allows the members to unconsciously see the group as a very important factor that becomes a part of them.

What happens with the patient and the psychotherapist when they start thinking about the patient entering the group? Usually, the patient has no idea that the psychotherapist thinks about how to offer a group therapy. Patients very rarely demand a group analysis as one of the psychotherapeutic techniques at the first meeting. They usually want a dyadic relationship and do not want to leave it. The psychotherapist and the patient should have the same objective, i.e. - to minimize the patient's suffering. The objective is the same, but the means to

mogućnost postizanja cilja nije uvijek viđena na jednak način.

Pacijent se teško odvaja iz dijadnog odnosa, ali uz pomoć psihoterapeuta u kojeg ima povjerenja prihvatit će kretanje u „vrtić“, u grupu i mogućnost da će mu grupa postati važna. To znači – vrijeme grupe samo je za grupu i ništa drugo ne može se raditi u to vrijeme kako bi se postigao zadani cilj. O čemu ovisi hoće li pacijent ozbiljno shvatiti novi psihoterapijski okvir? Pokušajmo to promatrati s gledišta psihoterapeuta i s gledišta pacijenta. Tijekom edukacije psihoterapeut sve više introjicira *setting*, koji postaje dijelom njega i osjeća neugodu ako se u *settingu* nešto mijenja – prostor, uređenje prostora, otkazivanje seanse – sve što utječe na psihoterapeuta utjecat će i na pacijenta. Promjena *settinga* utječe na razvoj odnosa psihoterapeut-pacijent (4, 5, 6, 14).

PSIHOTERAPEUT

Psihoterapijska situacija nesumnjivo je frustrirajuća, prije svega za pacijenta, no često i za psihoterapeuta. Pravila *settinga* u odnos donosi psihoterapeut, no i sam je prisiljen držati ih se. Na to ga ne obvezuju samo profesionalna etika i pravila psihoterapijskog društva kojem pripada nego i stvarnost kao takva: ako se neće pridržavati *settinga*,

reach it are not always perceived in the same way.

Although it is difficult to leave the dyadic relationship, with the help from the psychotherapist, the patient will accept going to the “kindergarten”, that is the group, and embrace the possibility that the group will become an important part of his/her life. To achieve the set objective, the group time needs to be dedicated only to the group and nothing else. The question that arises is what are the factors that will influence the patient's decision to take the new psychotherapeutic framework seriously. To answer this question, it is important to take into consideration both the psychiatrist's and the patient's perspective. During education, the psychotherapist gradually introduces the setting and internalizes it. Any change to the setting, such as change of the space, room decoration, or cancelling a session will affect the psychotherapist and, consequently, the patient as well. Changes in the setting have an impact on the development of the psychotherapist-patient relationship (4,5,6,14).

PSYCHOTHERAPIST

The psychotherapeutic situation is undoubtedly frustrating, above all for the patient, but often for the psychotherapist as well. The psychotherapist introduces the rules of the setting into the relationship and has to abide by them. This



neće postići cilj koji si je postavio zajedno s pacijentom i neće uspjeti pomoći pacijentu.

O osjećajima koji pak nastaju u seansa psihoterapeutu najprije treba biti jasno odakle potječu, ne smije ih omalovažavati ni na njih reagirati, mora ih usklađivati i diskretno ih izražavati samo kad to može koristiti pacijentu i psihoterapijskom procesu. Obično je riječ o izražavanju kontratransfera za koji smatramo da proizlazi iz pacijentovih projektivnih identifikacija.

Stoga za vrijeme psihoterapije postoji opasnost da se izbriše udaljenost između razine transfera i razine stvarnog odnosa, posebno kad se psihoterapija održava u instituciji. Normalno je da se ta opasnost pojavljuje, no psihoterapeutov je zadatak biti toga svjestan i održavati ili ponovo uspostaviti svoju psihoterapijsku poziciju ako se na trenutak poljuljala. To znači da pacijentu ne može biti otac, majka ili ljubavnik, nego samo u pacijentovim fantazijama (Winnicott bi rekao „u igri“) može preuzeti ulogu „kao da jest“ nekad jedno, nekad drugo i nekad treće. Psihoterapeut u instituciji vrlo teško izlazi iz uloge osnovnog zanimanja (liječnika, psihologa, defektologa, socijalnog radnika), što je njihova bazična izobrazba, a time i iz pozicije autoriteta u odnosu s pacijentom.

obligation does not only stem from the professional ethics and the rules of the psychotherapeutic association to which the therapist is affiliated but also from the reality. If the psychotherapist does not adhere to the rules of the setting, the objective set together with the patient will not be achieved.

When it comes to feelings that arise during sessions, the psychotherapist should first and foremost be aware of where they are coming from and should not belittle them or react to them as he/she has to coordinate and discreetly express them only when that can be useful for the patient and the psychotherapeutic process. Usually, it is a matter of expressing countertransference, which we believe comes from the patient's projective identifications.

Therefore, there is a danger of erasing the distance between the transfer and the real relationship levels, especially if the psychotherapy takes place in an institution. It is normal for that danger to exist, but the psychotherapist's task is to be aware of it and preserve or re-establish the psychotherapeutic position if it has been shaken. That means that the therapist cannot be the patient's father, mother, or lover. The psychotherapist can only take on those roles in the patient's fantasies (or as Winnicott would put it: "in play"). A psychotherapist working in an institution has to abandon the role of a doctor, psychologist, or a social worker and the position of authority over the patient, which is not always easy.

Pogrješka je, dakle, psihoterapeuta, ako pod utjecajem svojih nesvjesnih potreba udovolji pacijentovu zahtjevu da mu bude „za stvarno“ primjerice otac ili majka (i to bolji/a od onoga kakva je imao) i da na taj način konkretno zadovolji cijelog života neispunjena pacijentova očekivanja. Psihoterapijski prostor se zatvori, psihoterapeut sklizne u konkretnost, potpuno se uživi u ulogu dobrog oca/majke i o tome više ne misli. Preko privremenog zadovoljstva to vodi tek u neizbježno razočaranje. U takvu je slučaju psihoterapeut zajedno s pacijentom pomiješao transferne fantazije i stvarnost. Napustili su razinu simboličnoga, jedinu na kojoj mogu zajedno proraditi traume i misliti o nedostacima prošlosti kako bi se onda ukazala moguća rješenja. Dakle, ne: „Ja sam bolji od tvojeg oca/majke i dajem što on nije davao“, nego: „Mene se doživljava kao da sam on/ona.“ Pritom spoznajemo što je ustvari doista bila potreba, koliko je bilo bolno ono što nije dobiveno, što se od toga danas može negdje potražiti i što treba odžalovati jer je zauvijek izgubljeno. Jedan je psihoterapeut pravilno upozorio: „Misliti da se pacijentu može biti roditelj podjednako je pogubno kao i misliti da se sinovima i kćerima može biti psihoterapeut“ (7). Kada psihoterapeut na taj način promijeni značenje *settinga*, pacijent smatra

The psychotherapist is at fault if he/she accepts the patient's request to be, for example, the patient's "real" mother or father (better than the ones the patient had) and thus concretely satisfies the patient's lifelong unfulfilled expectations under the influence of own unconscious needs. The psychotherapeutic space closes as the psychotherapist slips into concreteness, fully embodies the role of a good father/mother and does not think about it anymore. Through temporary satisfaction, this inevitably leads to disappointment. In that case, the psychotherapist and the patient have mixed up transfer fantasies and reality. They have left the symbolic level, i.e., the only level at which they can work through traumas and past deficiencies together in order to find possible solutions. Instead of "I am better than your father/mother and I give you what he/she did not", it is: "I am being perceived as him/her. During the process, we will find out what was the actual need, how painful it was not to receive it, which things can be searched for today, and what needs to be grieved because it has been lost forever." One psychotherapist rightfully warned: "Believing one can be a parent to a patient is as detrimental as believing one can be a psychotherapist to one's sons or daughters" (7). When the psychotherapist changes the meaning of the setting in that way, the patient believes that anything other than unconditional love is nothing. Those primitive schemes can imprint on the psychotherapist's countertransference and create a feeling of omnipotence or inadequacy



da je sve što nije neizmjerena ljubav za njega ništa. Takve se primitivne sheme mogu utisnuti u psihoterapeutov kontratransfer i stvarati osjećaj svemoći ili neadekvatnosti i krivnje jer mu se čini kao da na emocionalnoj razini doista nije u stanju nuditi ništa od onoga što je pacijentu nužno. Nameću mu se sumnje o njegovim sposobnostima ili o primjerenosti psihoterapijskog pristupa i *settinga* za pacijentove potrebe. To navodi psihoterapeuta, u skladu s pacijentovim regresivnim osjećanjem, na prekoračenje granica *settinga* i nuđenje nekih „dokaza o svojoj predanosti“. Ako *setting* izdrži, pacijent će – iako tek mnogo kasnije – otkriti da mu psihoterapeutova bezuvjetna ljubav zapravo i nije bila potrebna i da su bile dragocjene i dostatne njegova ljubazna prisutnost i briga (7).

Psihoterapeutova je ljubav prema pacijentu, dakle, potrebna, no ne u tolikoj mjeri da ispuni sve ono što pacijent misli da nije dobio tijekom svojeg života. Dovoljno je toliko da se osiguraju povjerenje, emocionalna usuglašenost, iskrenost iznošenja i postojanje zajedničkog mentalnog prostora u kojem se razvija psihoterapijski rad.

Ako psihoterapeut dobro savlada određenu psihoterapijsku tehniku, tada će poštovati indikacije i okvir određene tehnike. Psihoterapeut bi trebao biti što

and guilt because the psychotherapist feels as he/she is unable to provide what is necessary to the patient at an emotional level. The therapist is plagued with doubt about his/her abilities or the appropriateness of the psychotherapeutic approach and setting with the patient's needs. This pushes the psychotherapist to cross the boundaries of the setting in response to the patient's regressive feeling and to give some "evidence about his/her dedication". If the setting survives, the patient will - albeit much later - discover that the psychotherapist's unconditional love was not necessary and that kind presence and care were valuable and enough (7).

Therefore, the psychotherapist's love toward the patient is necessary, but not to such an extent that it fulfils everything that the patient believes that he/she did not receive in life. It is sufficient to secure trust, emotional concurrence, honest statements, and a shared mental space in which psychotherapeutic work develops.

If the psychotherapist masters a certain psychotherapeutic technique, its indications and framework will be respected. The psychotherapist should be as neutral as possible and unobtrusive with beliefs or opinions about the patient's life situation nor indifferent or unempathetic. The psychotherapist should not talk about personal matters during the session and it would be best to remain as anonymous as possible, which is nowadays quite difficult. The psychotherapist should not "use" the patient for his/her needs, for ex-

neutralniji i nenametljiviji sa svojim stajalištima ili viđenjima neke pacijentove životne situacije. Sigurno ne smije biti nezainteresiran, neempatičan. Na seansi psihoterapeut ne donosi svoju životnu priču i bilo bi dobro da u tom smislu bude što anonimniji, što je u današnje doba vrlo teško. Pogotovo ne bi smio „iskoristiti“ pacijenta za svoje potrebe, kao naprimjer kupnju automobila jer pacijent radi u prodavaonici automobila ili upis djeteta u školu i razne druge usluge.

Poseban je problem edukacija. Izobrazba kandidata dodatno je opterećenje za obje strane. Vrlo je teško ostvariti anonimnost kao i izbjegavati susrete edukatora i edukanata na različitim skupovima. Edukator je izložen, a edukanti se poznaju te se stvara kompetitivni odnos unutar skupine edukanata. Edukant želi da njegov psihoterapeut bude najbolji ili mu, ovisno o fazi edukacije, traži mane.

PACIJENT

Pacijent dolazi tražiti pomoć za svoje emocionalne patnje. O *settingu* ne zna ništa i sve upute dobiva od psihoterapeuta. Ako ih ne dobije, svoje fantazije projicira u *setting* i tako se ponaša. Ponekad pacijenti imaju potrebu za sve-moćnim ocem ili majkom koji će „polaganjem ruke“, „pogledom“ maknuti sve

ample, buying a car because the patient works in a car shop, enrolling a child into a school or other favours.

Education is a special issue as candidate training represents additional load for both sides. It is very difficult to remain anonymous and avoid meeting at various gatherings. The educator is exposed and trainees know each other, which creates a competitive atmosphere. Trainees want their psychotherapists to be the best and, depending on the phase of the education, often look for their flaws. It is important to remember that group analysis was born during the crisis period of World War II. Together with a group of psychoanalysts, Foulkes observed and tracked the new situation to which everyone had to adapt. Nowadays, psychotherapists have to adapt to the new situation caused by the pandemic. It is, therefore, necessary to carefully observe the new situation and carefully consider how to act on it.

PATIENT

The patient seeks help due to emotional suffering and knows nothing about the setting. This is why the therapist needs to provide all the necessary instructions. Otherwise, the patient is most likely to project fantasies to the setting and behave accordingly. Sometimes the patient is in search of an almighty father or mother who will erase all the suffering with just a “glance of an eye” or a “touch



njihove patnje. Spuštaju se na primarni proces mišljenja gdje je sve moguće. Uobičajeno je da psihoterapeut / grupni analitičar objasni sva pravila *settinga*, ali pacijent ih razumije na svoj način, što se ulaskom u psihoterapijski odnos često vidi. U individualnom odnosu često pacijenti pitaju: „Smijem ja sada reći što sam pomislio/la o vama?“, ili „Ja sam mislio/la da se to ne smije u psihoterapiji...“. U grupi pacijent očekuje da je voditelj glavni i da će o njemu voditi brigu. Ulaskom u grupu, osjeća tjeskobu, najčešće pokušava izmaknuti stolicu iz kruga. Predstavi se vrlo šturo, samo ime i ponekad prezime ili sve o sebi izgovori u dahu, ili počne s pitanjima članovima grupe. Sve su to pokušaji da smanji tjeskobu. Iako je rečeno da se u grupi plaća mjesto, obično na kraju mjeseca smatra da ono što nije „konzumirano“ ne treba ni platiti. Smatra da je bitno da pacijent participira financijski za svoje psihoterapijsko liječenje. To ne smije biti potpuno simboličko, nego stvarni ekvivalent utrošenog vremena i truda psihoterapeuta. Plaćanje psihoterapijskih usluga ima svoje simboličko značenje i vrijednost.

Kako bi se u zajedničkom mentalnom prostoru mogao provoditi psihoterapijski proces, psihoterapeut treba, kako navodi John Chucher sumirajući Freuda, Ogdena i Biona, svoju pažnju usmjeriti samo na nesvjesno pacijenta ili grupe (1). Psihoterapeut osjeti psiho-

of the hand". The patient, thus, reverses to the primary thought process where anything is possible. It is common for the psychotherapist/group analyst to explain the rules of the setting in detail but yet the patient understands them in his/her own way, which becomes apparent once they enter a psychotherapeutic relationship. In an individual relationship, patients often ask, "Is it ok now if I say what was my opinion about you?" or "I thought that was not allowed in psychotherapy". In a group setting, patients expect the conductor to become a leader and take care of them. Patients are anxious when they have to enter the group and they often try to distance themselves from the circle. During the introductory part, patients only have to state their names and sometimes surnames. Usually, they spit out/splurt everything in a single breath, or start asking questions to each other. All of the above-described acts are mere attempts to alleviate anxiety. Although it has been clearly stated that a place in the group has to be paid for in full at the end of the month some patients believe that what has not been "consumed" does not have to be paid. I believe that it is important for patients to financially participate in the psychotherapeutic treatment. Moreover, the price should not be symbolic but realistic as paying for psychotherapeutic treatment has its symbolic meaning and value.

Summarizing Freud, Ogden, and Bion, John Chucher notes that the psychotherapist has to direct attention only

dinamiku pacijentova razmišljanja, povezuje prošlost sa sadašnjošću i stvara temelj za intervenciju od konfrontacije, klarifikacije do interpretacije.

U grupnom *settingu* sve navedeno može se dogoditi, ali ako je grupa dovoljno kohezivna, ona postaje korektor za navedene zamke psihoterapeuta. Grupa prepoznaje preferira li voditelj nekog člana, više razumije pojedinog člana ili koči grupni rad jer ne dopušta detronizaciju. Voditelj koči grupni proces ako preraste u vođu koji sve najbolje zna, koji nije dovoljno empatičan i ima mali kapacitet za sadržavanje agresivnih pulzija članova grupe.

PREKRŠAJI U *SETTINGU*

1. Psihoterapeut iskorištava znanje i poziciju pacijenta – usluge izvan *settinga*.
2. Priprema za *setting*. Tijekom pripreme pacijent može imati osjećaj da ga se psihoterapeut želi riješiti, da je nedovoljno zainteresiran za njegove probleme.
3. Psihoterapeut liječi prijatelje ili rodbinu ili nudi svoju rodbinu kao dobre radnike u službi pacijenta.
4. Pacijent iskorištava psihoterapiju za dobivanje bolovanja, mirovine. To je poseban problem u institucijama.

towards the unconscious of the patient or the group for the psychotherapeutic process to develop in the joint mental space (1). The psychotherapist feels the psychodynamics of the patient's thought process, connects the past with the present, and creates a foundation for interventions in the form of confrontation, clarification, and interpretation.

In a group setting, any of the aforementioned situations can occur, but in a cohesive enough group this can correct the psychotherapist's traps. The group recognizes whether the conductor prefers or better understands a particular member and whether he/she hinders the group's progress by preventing dethronement. The conductor is constraining the group process if he/she becomes the know-it-all leader with a lack of empathy and a small capacity for containing the aggressive impulses of the group's members.

VIOLATIONS OF THE *SETTING*

1. The psychotherapist uses the patient's knowledge and position - favours outside of the setting.
2. Preparation for the setting. During preparation, the patient might feel as if the psychotherapist wants to get rid of him/her, or that the psychotherapist is not interested in his/her problems.
3. The psychotherapist is treating the patient's friends/family or offering his/her family members' services to the patient.



5. Pacijent se ne pridržava dogovorenih granica, izostaje sa seansi, neaktivan je na seansama i čeka da vrijeme prođe, razgovara o sadržaju sa seanse s drugima. Ne poštuje tajnost podataka. U grupi sudjeluje samo kada su teme koje ga zanimaju.
 6. Problem edukacija posebno je osjetljiv. S obzirom na to da smo mala zemlja, vrlo je teško održavati pravilo da se članovi grupe ne poznaju, da se edukatori i edukatori ne poznaju i da se edukatore previše ne susreće.
4. The patient uses psychotherapy to get sick leave or retirement. This problem is particularly pronounced in institutions.
 5. The patient does not respect the agreed boundaries; he/she is absent or inactive during sessions and waits for the time to pass, or talks about the sessions with other people. He/she does not respect the confidentiality of information and is only active in the group when a topic interests him/her.
 6. The problem with trainees is especially sensitive. Taking into consideration that Croatia is a relatively small country, it is difficult to maintain the rule saying that group members, trainees, and educators should not know or meet each other prior to the group therapy.

Pitanje je, dakle, što psihoterapeut mora osjećati prema pacijentu, što smije i što neizbježno osjeća? Kako su osjećaji psihoterapeuta usklađeni sa *settingom* i kako njima upravljati? O toj složenoj temi iznijet ću tek nekoliko osnovnih misli.

U slučaju psihoterapeuta nepoštovanja granica *settinga* pacijent će se čak lakše nositi s osjećajem da psihoterapeut nije dovoljno zainteresiran za njegove probleme jer se u tom slučaju ne razvija ni psihoterapijski proces. To je vrlo često prisutno u institucijama. U suprotnom, kad u psihoterapeutu nastaju intenzivni osjećaji i previše odgovara na pacijentova emocionalna očekivanja, može doći do prevelikog zbližavanja – nediferenciranosti. U takvim se slučajevima pacijent po-

Therefore, the question arises as to what the psychotherapist should feel toward the patient, what is allowed to feel, and what is inevitably felt. How are the psychotherapist's feelings coordinated with the setting and how can the psychotherapist rule them? The intention here is to present only a few basic thoughts about this complex topic.

In case the therapist crosses the boundaries of the setting, the patient actually finds it easier to deal with the feeling that the psychotherapist is not interested enough in his/her problems because the psychotherapeutic process has not been developing. This is often present in institutions. On the other hand, if the psychotherapist develops intense feelings and

nekad izmakne na sigurno i prekine psihoterapiju, ili pak psihoterapijski dvojac riskira *acting out*. Čovjekova sposobnost za nadgradnju konkretnog mišljenja simboličnim nije, naime, nikad konačno postignuta, nego stalno oscilira. Intenzivne emocije otežaju ili onemogućavaju simboličnu razinu i prouzročavaju regresiju na konkretno mišljenje i reagiranje. To se češće događa u pacijentu, posebno ako pacijent ima skrivene ciljeve zbog kojih je zatražio psihijatrijsku/psihoterapijsku pomoć, no ni psihoterapeut nije na to imun. Granice koje postavlja *setting*, ako ih se psihoterapeut pridržava, štite i njega.

PSIHOTERAPIJA U INSTITUCIJI

U instituciji se prostorom za razgovor s pacijentom ne koristi samo jedan psihoterapeut, nego više njih. U tim okolnostima pacijent se ne osjeća sigurno i smatra da se njegovim smetnjama ne pridaje dovoljna pozornost.

U instituciju pacijent dolazi na uputnicu. To je komad papira koji nedovoljno cijeni pacijent, a psihoterapeut ovisi o tom komadu papira, to je naime njegova plaća. Pacijent se ponaša kao da je bitno nešto dobiti i vrlo mali broj pacijenata ostvari pravi psihoterapijski odnos i ciljeve psihoterapijskog rada. Psihoterapeuti u instituciji vrlo teško održavaju konstantnost prostora

becomes too responsive to the patient's emotional expectations, there is a risk of non-differentiability. In these cases, the patient either runs away to safety and stops the psychotherapy or the psychotherapeutic dyad risks to act out. One's ability to upgrade concrete thinking with symbolism is never fully acquired, as it always oscillates. Intense emotions make symbolism difficult or impossible and cause regression to concrete thinking and reactions. This happens more often to the patient, especially if there are some hidden motives for seeking psychiatric/psychotherapeutic help. However, the psychotherapist is not immune either. If respected, the boundaries of the setting protect the psychotherapist as well.

PSYCHOTHERAPY IN AN INSTITUTION

In an institution, the space to talk with a patient is not used by just one psychotherapist, but by multiple colleagues. Under these circumstances, the patient does not feel safe and feels that not enough attention is paid to his/her troubles.

The patient usually goes to an institution by a referral, i.e., a piece of paper, often underrated in the eyes of the patient whereas the psychotherapist working in an institution depends on it because of the method used for calculating the salary. The patient behaves as if it is crucial to gain something and few patients achieve a successful psychotherapeutic



i vremena (10, 15). Pod pritiskom su autoriteta institucije koji zbog svojih ciljeva zanemaruju okvir psihoterapijskog *settinga*; skraćuju trajanje sesije, istodobno daju psihoterapeutima nekoliko zadataka ili se koriste prostorom psihoterapeuta u različite svrhe. J. Bleger navodi da se u instituciji ne mogu stvoriti uvjeti za psihodinamički rad s pacijentom ako institucija ne funkcionira kao jedno tijelo u kojem su svi organi jednakopravno zastupljeni. Tada prema Blegeru svaki član tima, pa i spremačica, ima svoj *setting*, prostor koji kreira prema svojim potrebama. U tom slučaju osjećaju instituciju kao svoj „dom“ u kojem vrijede određena pravila kojih se svi pridržavaju, od direktora do spremačice (3).

Jasno je da psihoterapeut u odnos s pacijentom ne smije unositi osjećaje koji proizlaze iz situacija izvan psihoterapeutskog odnosa. Takva su događanja česta u institucijama. Pacijent i psihoterapeut susreću se u raznim programima liječenja što otežava odnos i psihoterapeuta i pacijentu. Psihoterapeutova je obveza pobrinuti se da *setting* održi konstantnim što znači i stalnu konfrontaciju s autoritetima institucije. Institucija iskorištava grupni rad za rješavanje bržeg protoka pacijenata, ali mu ne pridaje istu važnost kao individualnom radu. Autoritet institucije ne prati ritam zbivanja grupne psihoterapije te psihoterapeuti istodobno

relationship and the goals of the psychotherapeutic treatment. Psychotherapists working in an institution have great difficulty with preserving the consistency in terms of space and time (10,15). They are pressured by the authorities of the institution that disregard the framework of the psychotherapeutic setting because of their goals, i.e. they shorten the duration of a session, give psychotherapists multiple tasks, or use the psychotherapist's space for other purposes. J. Bleger notes that the conditions for psychodynamic work with a patient cannot be created in an institution if it does not function as a single body in which all organs are equally represented. According to Bleger, every team member, including the cleaning lady, has a setting, a space created according to specific needs. In that case, they feel that the institution is their "home" and that there are certain rules that everyone follows, from the director to the cleaning lady (3).

It is clear that the psychotherapist must not bring in feelings caused by situations outside of the psychotherapeutic relationship. This is common in institutions. The patient and the psychotherapist meet in various treatment programmes, which makes the relationship difficult for both of them. It is the psychotherapist's duty to make sure that the setting is constant, which also entails a constant confrontation with the authorities of the institution. Institutions use groups to achieve a quicker flow of patients, but they do not view groups as equal to indi-

imaju nekoliko obveza. Obično smjeste grupne programe u prostorije koje nisu odgovarajuće za to (10, 12, 15).

VIRTUALNI SETTING

Grupna analiza rođena je u kriznom vremenu Drugoga svjetskog rata i Foulkes je zajedno sa skupinom psihoanalitičara opservirao i pratio novonastalu vanjsku situaciju kojoj su se svi morali prilagoditi. U današnje doba psihoterapeuti se moraju prilagoditi novonastaloj situaciji uzrokovanoj pandemijom. Potrebno je pomno opservirati novonastalu situaciju i kako u njoj djelovati (14).

Sigurno je da nitko od nas nije ni pomišljao raditi psihoterapiju godinu i pol ili voditi grupu u *cyber*-prostoru. Za edukante koji ne mogu dolaziti kontinuirano na seanse stvoren je blok-sustav kako bi se omogućio individualni odnosno grupni *setting*. Sada već godinu i pol dana radimo psihoterapiju individualno i grupno – *online*. U psihoanalitičkoj psihoterapiji nema osjećaja dijeljenja prostora i doživljaja atmosfere u tom zajedničkom prostoru koji dijelimo dva do tri puta tjedno. Na ekranu vidimo u prvom planu lice pacijenta i lice psihoterapeuta. Mogu biti u jednakim omjerima ili je kod psihoterapeuta pacijent u prvom planu, a psihoterapeut u malom okviru u kutu

vidual work. Institutional authorities do not follow the rhythm of group psychotherapy and psychotherapists simultaneously work on multiple tasks. In addition to that, institutional authorities usually place group programmes into inadequate rooms (10,12,15).

VIRTUAL SETTING

Certainly, the thought that psychotherapy or group therapy will take place in cyberspace for more than a year did not cross anyone's mind. For the trainees who are not able to attend sessions regularly, a block system was created to enable an individual/group setting. Today we can say that we have been practicing online individual and group psychotherapy for a year and a half. In psychoanalytical psychotherapy, there is no feeling of shared space or atmosphere in the space we share two or three times a week. On the screen, we see the patient's and the psychotherapist's faces close up. They can either be of equal size or one of them takes up a bigger part of the screen, while the others are in small frames in the corner of the screen (depending on whose screen it is). More emphasis is put on facial expressions at the expense of the perception of phenomena occurring on the peripheral parts of the field of vision. On one hand, this can be useful as we can notice subtle vibrations of feelings on the face, but on the other, we have limited perception of the body language (16).



ekrana i obrnuto. Koncentracija na fazijsku ekspresiju pojačana je nauštrb percepcije fenomena iz perifernih dijelova šireg vidnog polja. S jedne strane to može biti korisno jer uočavamo suptilne titraje emocija na licu, ali tijelo tada „manje priča“ (16).

U grupi ne postoji krug koji ocrtava granice grupnog *settinga*, nego skup sličica kao da se svi odražavaju u plošnom zrcalu. Iako smo dali upute da se pacijenti trebaju pridržavati svih pravila *settinga* kao i uživo, s time da svaki pacijent osigura tehničke mogućnosti priključivanja. Nažalost, pacijentima i psihoterapeutima potrebno je određeno vrijeme kako bi se prilagodili novonastaloj situaciji. Pacijenti se najčešće javljaju iz svojeg doma i na seansu se uključuju u pidžami, nepočešljani, sa šalicom čaja ili kave. Članovi grupe najviše krše pravila grupe na osnovnim pravilima, kasne, unose dio svojeg privatnog *settinga* u grupu, ponašaju se kao da su na telefonu, a ne na videoekranu. Granice *settinga* uzdrmane su. Kako osigurati privatnost, točnost? Što se tiče privatnosti, neki pacijenti u početku su odbijali virtualnu psihoterapiju s izlikom da nemaju mogućnost izolacije unutar obiteljskog doma. To im je najviše nedostajalo od psihoterapije uživo. Neki su se snašli tako da sjede u automobilu, na nekom mirnom parkiralištu.

In a group, there is no circle to outline the boundaries of the group setting but a group of pictures that look like they are reflected in a flat mirror. We have given the instructions that patients should follow as well as all the rules of the setting as if we were conversing in person and every patient had to secure the technical aspects necessary to join the session. Unfortunately, both the patients and the psychotherapists need time to adapt to the new situation. Patients are usually joining the session from their homes, wearing pyjamas, and holding a cup of tea or coffee in their hands. It should be noted that members of the group very frequently break the basic rules of the setting, i.e., they are late, bring parts of their private setting into the group, or act as if they are on the phone and not on a video call. The boundaries of the setting are thus disturbed. How to secure privacy and punctuality? When it comes to privacy, in the beginning some patients rejected virtual psychotherapy because they claimed they had no privacy at their homes. That was what they missed the most about psychotherapy in person. Some have managed to solve their problem by joining the session from a car and a quiet parking spot.

The next difference of an online setting is that we see the patient/group two-dimensionally as if we are looking at identification cards or passport photos. What did we lose in that change? The answer is: space, timeframe, psychical awareness of the patient's/group's condition,

Sljedeća razlika od *settinga* uživo jest da vidimo pacijenta/članove grupe plošno, kao skup fotografija za putovnicu ili osobnu kartu. Što smo tom promjenom izgubili? Prostor, vremenski okvir, tjelesno doživljavanje stanja pacijenta / člana grupe, mogućnost fantazmatskog poniranja, moć kruga koji nam daje osjećaj zajedništva i pripadnosti.

PROSTOR

Izgubio se psihoterapijski okvir koji je označen prostorom, nema psihoterapijske sobe koja je nepromijenjena i daje osjećaj sigurnosti i konstantnosti. Znamo da promjene u prostoru mogu dovesti do otkrivanja nekih nesvjesnih sadržaja (5, 6, 10) u pacijentu, ali i u psihoterapeutu. U *cyber*-situaciji prostor se promijenio, na neki se način proširio, ulazimo u osobni prostor svakog pacijenta / člana grupe, upoznajemo neke članove obitelji, najčešće djecu, koja iznenada ulaze u prostoriju koju je pacijent / član grupe odabrao kao najsigurniju za njegov osjećaj privatnosti. Neki pacijenti / članovi grupe iskazuju otpor prema takvu *settingu*, tako da se ne trude imati dobar tehnički pribor iako su upravo te struke ili traže pomoć člana obitelji za rješavanje tehničkih problema. Sve su to novi čimbenici u *settingu* koje treba

possibility of exploring an unconscious fantasy, and the power of the circle, which gives a feeling of connection and belonging.

SPACE

As the spatial dimension of psychotherapeutic work was lost since there was no psychotherapeutic room to provide a sense of security and constancy. From personal experience, I know that the change of space can have a very significant impact. Such a change can result with a discovery of unconscious content (5,6,10) in both the patient and the psychotherapist. The switch to online setting has changed the notion of space. In a way, the space has expanded. In the new setting, we are entering the personal space of the patient or group members and even meeting some of their family members. In most cases we can see their children, who unexpectedly enter the space that the patient chose as the safest in terms of privacy. Some patients or group members resist this kind of setting and do their best not to provide all necessary technical conditions although that is their field of expertise. Sometimes they ask a family member for help with a technical problem. These kinds of situations are new and need to be brought back to the setting, as other authors claim, too (14).

Group members often stare into a corner of the room, lay in bed, drink coffee or tea,



vratiti u *setting*, o čemu pišu i drugi autori (14).

Članovi grupe gledaju u neki kut sobe, leže na krevetu, piju kavu, čaj, dolaze alkoholizirani na seansu iako se to uživo nije događalo, nestanu iz okvira, rade nešto paralelno, ugase kameru te se jave nakon nekog vremena. Uloga voditelja znatno je aktivnija. Voditelj čeka da se član grupe pojavi u čekaonici i da ga pusti u grupu. Sitna kašnjenja od minute – dvije postanu uobičajena. Pokušavaju se uspostaviti nove granice *settinga*, a to znači povratak pravila koja su bila uživo, da budu odjeveni za izlazak iz kuće, a ne u kućnim ogrtačima, da nema konzumiranja jela i pića, uz sjedenje, a ne ležanje i bez milovanja kućnih ljubimaca. Sve što remeti *setting* vratiti u psihoterapijski proces, jer sve to odvlači pozornost od konteksta koji bi trebao postati analitički rad (17, 18, 19).

PRIKAZ IZ SEANSE

U virtualnom radu još je važnije da ulogu čuvara *settinga* preuzmu članovi grupe.

U literaturi (19) nalazimo prikaz grupe koja traje dvije godine, ali kako nije došlo do potpune detronizacije voditelja, grupa je prelaskom na virtualni rad regresirala i nije se željela pridržavati

attend the sessions alcoholised, although that has never happened in person, disappear from the frame, do something simultaneously, or turn off their cameras and then come back. The conductor's role is much more active as he/she has to wait for the members to appear in the waiting room to let them in. Being a bit late (1-2 minutes) has become very common. The conductor tries to establish the new boundaries of the setting, which means bringing back the original, in-person rules of the setting: the members should be dressed properly and not in house robes, no eating or drinking is allowed, they should be sitting and not laying down, and they should not be playing with pets. Everything that disturbs the setting should be brought back to the psychotherapeutic process because of distraction from the context that should become part of the analytical work (17,18,19).

CLINICAL MATERIALS IN THE VIRTUAL SETTING

In the virtual setting, it is even more important for the group members to become guards of the setting.

The scientific literature (19) presents clinical material from a group that lasted for two years, but since the complete dethronement of the conductor has not happen, the group regressed in the transition to virtual work and refused to follow the rules they received on paper during the transition.

uputa koje je dobila napismeno prilikom prijelaza.

Grupa koju ću prikazati grupa je koja se održava dvaput tjedno. Grupa je kohezivna i član Ivan s najkraćim stažem, koji je u grupi oko godinu dana, teško prihvaća promjenu. Već je imao grupno iskustvo, ali nije izdržao dulje od šest mjeseci. Grupa je to zapamtila i bili su vrlo ponosni kad je nakon šest mjeseci Ivan još uvijek bio član grupe. Prelaskom na virtualni rad Ivan pokazuje najviše nezadovoljstva, to je njemu glupo, glupo je uopće što se pridržavamo uputa. Na moje intervencije ne reagira. Nakon mjesec dana članovi grupe otvorili su to pitanje i suočili ga s činjenicom da im smeta njegovo kašnjenje, rastezanje na kauču, odlazanje, gašenje kamere. Otvorilo se pitanje povjerenja. Ivan je u početku sve odbijao, ali počeo je dolaziti na vrijeme, nakon nekoliko grupa našao je neki laptop putem kojeg se povezo. Još uvijek povremeno ima potrebu obavijestiti grupu da je njemu taj način dosadan, da on ne nosi masku i evo nije se zarazio, zašto mi ne bismo započeli rad uživo itd.

Koliko ta promjena *settinga* mijenja komunikaciju između članova, mogućnost poniranja i izmjene primarnog i sekundarnog procesa mišljenja? Čini mi se da je mojim grupama i meni trebala faza prilagodbe na novonastalu situaciju. Kao što vidimo iz navedenih

I will present a group that meets twice a week. The group is cohesive and its newest member is Ivan, who has attended sessions for about a year and has a hard time accepting the change. He had had group experience before but that had never lasted longer than 6 months. The group remembered this and they were very proud when he was still a member after six months. With the transition to the virtual setting, Ivan started showing dissatisfaction and said that he found it stupid that we had to follow the rules. He did not react to my interventions. After a month, the group members confronted him with the fact that they were bothered because he was often late, laying on the couch, leaving the room, and turning off the camera. The question of trust appeared. At first, Ivan rejected their criticism, but then started to show on time and after a few sessions he found a laptop from which he could join. Occasionally, he still needs to remind the group that he finds this way of interacting boring, that he does not wear a mask at all and has not got infected so why shouldn't we go back to in-person sessions, etc.

How much does this change of the setting impact the communication between members, the possibility of delving deeper, and rotation of primary and secondary thought processes? It seems to me that my groups and I needed some time to adapt to the new situation. As we can see from the aforementioned examples, the change of the setting led to regres-



primjera, promjena *settinga* dovela je do regresije. U primjeru iz literature(19) grupa se takoreći vratila na početak kada je imala velikih problema u uspostavi granica. Ovdje prikazana grupa brže se prilagodila novonastaloj situaciji i preuzela dio funkcije voditelja i sama uspostavila pravila novonastalog *settinga*. Brinuli su da budu uvijek u istom dijelu stana. Kada bi se dogodila promjena, grupa je to registrirala i pitala što se događa, zašto promjena. Vrlo brzo navikli su se da si ne upadaju u riječ. Gledaju se, kako kaže jedna članica „gledam **nas** u svojim malim kućicama“. Uživo bi rekla „**mi**“, što se u virtualnom settingu vrlo rijetko čuje. Povremeno se u *online*-grupi osjeća sjeta, osjećaju da im u komunikaciji nešto nedostaje. Otkrivaju neke aspekte sebe kao i „aspekte **nas** samih u malim kućicama“. Prepoznaju različite reakcije na nestanak nekog člana s ekrana, nema više tog člana. Nestane bez najave i svatko ima svoju fantaziju zašto se to dogodilo. Od projekcije – on to namjerno radi jer mu je dosadno do pitanja hoće li će se vratiti. Osjećaj brige za člana novi je vid *online*-komunikacije. Isto tako lakše se iskazuje ljutnja kad netko pokazuje dosadu, ne gleda u ekran, zaklopi oči i „uvali se“ u fotelju. Imam dojam da su manje reagirali kada smo sjedili u krugu i kad bi netko odsutio veći dio seanse. Kao da su u krugu bili sigurniji i lakše podno-

sion. In the example from the literature (19), the group returned to the beginning when it had many issues with establishing the boundaries. The group depicted here adapted more quickly to the new situation, took over parts of the conductor's function, and established the rules of the new setting alone. They made sure they were always in the same part of the flat. When a change occurred, the group would register it and ask what was going on. They stopped interrupting each other very quickly. They looked at each other, as one member said: "I am looking at **us** in our little boxes". In person, she would say "**we**", which is not often heard in the virtual setting. Sometimes there is a sense of nostalgia in an online group as they feel the communication is lacking something. They are discovering some aspects of themselves and "the aspects of **us** in our little boxes" as well. They recognize different reactions to the disappearance of a member from the screen. When a person disappears without an announcement, everyone has his/her own fantasy of why that happened, ranging from a projection that the person is doing this on purpose because she is bored, to wondering whether she will be back. The feeling of care for a member is a new aspect of online communication. At the same time, anger is more easily expressed when someone displays boredom, does not look at the screen, closes eyes, and becomes too relaxed on the sofa. My impression is that they had less reactions when we were sitting in a circle and someone would

sili neaktivnost člana koja se u virtualnom *settingu* manifestira na drugi način.

Grupa u fazi intimizacije lakše prebrodi promjene. Ista ta grupa pristala je primiti dva nova člana. Naime, prilikom prelaska rada u virtualno okruženje grupa je imala šest članova. Grupa je znala da će doći novi članovi, ali odlučila je najprije odžalovati izlazak članova i pripremiti se za dolazak novih. U takvu ozračju grupa je promijenila *setting*. Nove članove poželjeli su tek u jesen 2020. Najavila sam da imam jednog muškog i jednog ženskog kandidata.

Nova članica Rita vrlo brzo se uklopila i „pohvatala“ fragmente priča i spojila u cjelinu. Drugi novi član, Marko, imao problema je s tehnikom na što ga je grupa upozoravala, upućivala na ono što mu „šteka“. On je ta upozorenja vrlo dobro prihvatio i učinio prema njihovim uputama. Nakon toga često su ga pitali kako je i zašto se ne javlja, zar zaista nema nikakvu asocijaciju. Žalio se da mu je teško „pohvatati“ te fragmente jer ne zna ništa o povijesti pojedinih članova grupe i da mu to stvara poteškoće. Grupa ga je upitala kako se on inače snalazi u novom okruženju? On se prisjetio događaja s prošlog radnog mjesta. Obnašao je dužnost šefa, kako on kaže „nižeg ranga“. Djelatnica je došla s problemom koji nije bio mali i

stay quiet for a larger part of the session. It is as if they were safer in the circle and more easily tolerated a member's inactivity, which manifests differently in a virtual setting.

A group that is in the phase of becoming more intimate adapts to change more quickly. The same group described above agreed to take in two new members. During the transition to online work, the group had six members. They knew new members were coming in, but they decided to first grieve the departure of the old members and then prepare themselves for the arrival of new members. In this atmosphere, the group setting changed. They only wished for new members in the autumn of 2020. I announced one male and one female candidate.

The new member, Rita, adapted very quickly. She grasped fragments of the stories and put them together. The other new member, Marko, had technical problems and the group advised him on what might be “wrong”. He took their advice and did what they said. After that, they kept asking him how he was, why he was not active, and if he really had no associations. He complained that it was difficult for him to connect those fragments because he did not know anything about the past of certain members. The group asked him how he usually managed new surroundings. He recalled an event from his last workplace. He was performing duties of a director “of a lower rank” (in his words). An employee had come to him with a significant problem and he



on je rekao: „To se nije smjelo dogoditi.“ Slobodno lebdeće asocijacije članova grupe Marka su suočile s time, neki su se članovi stavili u poziciju djelatnice, a drugi u Markovu poziciju. Marko je na to reagirao: „Nisam nikad tako razmišljao. I ovdje u grupi pitam se što bi bilo potrebno da ja sada nešto kažem i dok ja tako razmišljam, vi već odete dalje, a ja stojim na mjestu.“

Čini mi se da grupa u virtualnom *settingu* brže rješava fazu uključivanja nego kada smo uživo. Kada je grupa u fazi detronizacije voditelja, kao što smo vidjeli iz primjera drugih autora, grupa će teže preuzeti brigu o *settingu* (19). Kao da su se voditelj i grupa našli u šumi i ne vide stabla, nego samo vrhove krošanja. Članovi grupe ponašaju se kao adolescenti koji se „moraju“ buniti protiv autoriteta, voditelja. Reakcije voditelja su nelagoda, ljutnja, frustriranost jer nema kruga koji bi mu pomogao da uspostavi stvarne granice grupe, a time i snagu kruga. Voditelj ima novu ulogu – pojašnjava trenutačnu „tehničku“ situaciju u grupi i održava analitički rad grupe. Voditelj ulaže veću energiju na praćenje zbivanja u grupi i mora paziti da mu nešto sporedno ne bi skrenulo pažnju, bilo da je to nešto iz njegova okruženja ili promjena na ekranu. Čini nam se da su ograničenja u radu grupe koja se održava virtualno u otežanom prepoznavanju, članovi se bolje „čuvaju“ od pokaziva-

said: “That was not supposed to happen”. Marko was then confronted with free-floating associations of the group members. Some members put themselves in the position of the employee and some in Marko’s position. Marko reacted with: “I have never thought that way before. Here in the group, I wonder what I should say next and while I am thinking, you already move on and I am still in the same place”.

It seems to me that groups in a virtual setting go through the introduction phase more quickly than in person. When a group is in the phase of the conductor’s dethronement, as we have seen in the examples found in the literature (19), it will have more difficulty with taking care of the setting. It is as if both the conductor and the group have found themselves in the woods and now cannot see the trees, only the top of the branches. Group members are behaving like adolescents that “need” to rebel against authority, the conductor. The conductor reacts with uneasiness, anger, and frustration because there is no circle to help him/her establish the real boundaries of the group and with that the power of the circle. He/she has a new role of explaining the current “technical” situation and continuing the analytical work of the group. The conductor thus has to exert more effort to track the events in the group and has to be careful not to be distracted by something unimportant, whether from the surroundings or the changes on the screen. It seems

nja emocija, tjeskoba je manje vidljiva. Pitamo se hoće li će time i analitički kontekst grupe biti manje dostupan?

ŠTO REĆI ZA KRAJ?

Sa *settingom* sve počinje, omogućuje razvoj psihoterapijskog procesa. Kako sada u novom obliku potaknuti održavanje interakcija, doživljavanje povezanosti s psihoterapeutom i u individualnom i u grupnom *settingu*. Nema više prostora koji nas ujedinjuje i postoji potreba za psihoterapeutovom aktivnošću u novom *settingu* bez fizičke prisutnosti (14). Kohezivna grupa s razvijenim grupnim matriksom lakše će prihvatiti prelazak na virtualni rad i moći će prihvatiti i nove članove iako se nikad nisu susreli uživo. Vjerujem da je sada više nego prije opasno za psihoterapeuta, grupnog analitičara raditi u izolaciji, bez suradnje s kolegama i bez provjeravanja s njima svojeg načina rada – svojeg pristupa pacijentima. Narcistični psihoterapeuti loše podnose rad s kolegama na istoj razini i više im odgovaraju situacije u kojima imaju nekakvu ulogu sveznajućeg što osobito odgovara ovisnim i podređenim kolegama – učenicima i nekim psihoterapeutima. To ih još više dovodi u opasnost kršenja *settinga* jer u takvoj okolini nema „policajaca“ (tj. kolega i institucija) i stoga su kao inkapsulirani dijelovi

that the difficulties that arise in a group virtual setting are harder to recognise and that the members hide their emotions better, which makes anxiety less visible. The question arises if this will make the analytical context of the group less attainable.

WHAT CONCLUSIONS CAN WE DRAW?

Everything starts with the setting as it enables the development of the psychotherapeutic process. The question is how to encourage and maintain interactions and the connection with the psychotherapist in the new form of both the individual and the group setting. The space that unites us is no longer there and the psychotherapist needs to organise the work without being physically present in the new virtual setting (14). A cohesive group with a developed group matrix will accept the transition to online work and new members more readily although they have never met them in real life. I am of opinion that it is more dangerous now than ever before for the psychotherapist/group analyst to work in isolation and without the possibility to cooperate or discuss the work methods and the approach to the patients with colleagues. Narcissistic psychotherapists cannot endure working with their peers. They prefer situations in which they have some sort of omniscient role, especially dependent and subordinated colleagues - students



bez kontrole. Superego zdravog dijela narcističnog psihoterapeuta pak postane korumpiran i brane se: „To su pravila za početnike, znam kako upravljati neobičnim i izvanrednim situacijama.“

Sve što je traumatično i neprorađeno u psihoterapeutovu nesvjesnom može utjecati na psihoterapijski odnos; može biti uzrok slijepih pjega zbog kojih psihoterapeut ne vidi određene sadržaje ili oni dobiju značenje koje je krivotvoreno u službi njegovih obrana.

Jedino suradnja s kvalificiranom skupinom kolega omogućuje psihoterapeutu postupnu interiorizaciju „zajednice kolega“ koji mu u konačnici pomažu kao unutarnji objekti. Riječ je o nekom zajedničkom stručnom superegu – idealnom egu koji ga opominje i podsjeća na to kako bi drugi kolege postupali pri tom ili drugom problemu (7). Mislim da nam je danas u doba pandemije i fizičke distance još važnije pronaći komunikacijske kanale koji će nam omogućiti razmjenu mišljenja, naših opservacija novonastale situacije i prihvaćanja zajedničkih zaključaka kako raditi u plošnom zrcalu virtualnog prostora u odnosu na mnogo zrcala iz različitih pozicija što nam je omogućivao krug koji nam daje bogatstvo asocijacija. Morat ćemo pronaći novi način igre u tom novom virtualnom prostoru kako bi nam, vjerujem, poručio Winnicott.

and some psychotherapists. This makes breaking the rules of the setting even more probable because there is no one to “police” their work (colleagues and institutions) so they are like encapsulated parts with no control. The superego of the healthy part becomes corrupt and defensive: “The rules are for beginners, I know how to deal with an unusual or extraordinary situation.”

Any traumatic or unprocessed element in the psychotherapist’s unconscious can impact the psychotherapeutic relationship. It can cause blind spots that keep the psychotherapist from seeing certain content or the content is given false meaning due to such defences.

Only cooperation with a peer group enables a gradual interiorization of a “community of colleagues” that are finally helpful as inner objects. It is some sort of a joint professional superego - an ideal ego that warns and reminds the psychotherapist of how other colleagues would behave when faced with in a certain problem (7). I think that today, during the pandemic and psychical distancing, it is even more important to find communication channels necessary to share our opinions on and observations of the new situation and subsequently accept some conclusions on how to work with the flat mirror of the virtual space, in contrast with many differently positioned mirrors that the circle provided together with abundant associations. As Winnicott suggest, we will have to find a new way to play in the virtual space.

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