

RAZVOJ I RAZRJEŠENJE EROTIZIRAJUĆEG TRANSFERA TIJEKOM LIJEČENJA GRUPNOM ANALIZOM

/ DEVELOPMENT AND RESOLUTION OF EROTICIZED TRANSFERENCE DURING A GROUP ANALYSIS TREATMENT

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SAŽETAK/ABSTRACT

U radu se problematizira pitanje transfera s naglaskom na erotizirajućem transferu. Seksualizirajući transfer u psihoanalitičkoj literaturi definira se kao svaki transfer u kojem pacijentove fantazije sadržavaju elemente primarno romantične, senzualne, intimne ili seksualne prirode. Prikazan je razvoj erotizirajućeg transfera u pacijentice tijekom liječenja grupnom analizom. Grupa je bila supervizirana u sklopu edukacije iz grupne analize, a prikazan je tijek grupe od njezine druge do pete godine rada.

/ The paper addresses the question of transference with an emphasis on the eroticized transference. In the psychoanalytic literature, sexualized transference is defined as any transference in which the patient's fantasies contain elements of primarily romantic, sensual, intimate, or sexual nature. The development of eroticized transference in a female patient during a group analysis treatment is presented. The group was supervised as part of a group analysis training, and the group's course from its second to fifth year of work is shown.

KLJUČNE RIJEČI / KEYWORDS

transfer / *transference*, erotski transfer / *erotic transference*, erotizirajući transfer / *eroticized transference*, poremećaj osobnosti / *personality disorder*, grupna analiza / *group analysis*

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UVOD

Seksualizirajući transfer u psihoanalitičkoj literaturi definira se kao svaki transfer u kojem pacijentove fantazije sadržavaju elemente primarno romantične, senzualne, intimne ili seksualne prirode (1). Pojam seksualizirajućeg transfera obuhvaća najmanje dva oblika, erotski i erotizirajući transfer (2). Ta je dva oblika potrebno razlikovati s obzirom na to da erotski transfer pacijent doživljava ego-distonim i neće znatnije narušiti tijek psihoterapije za razliku od erotizirajućeg transfera koji pacijent doživljava ego-sintonim i može izrazito narušiti ispunjenje psihoterapijskih ciljeva. U ovom ću radu prikazati razvoj i razrješenje erotizirajućeg transfera tijekom liječenja grupnom analizom.

PROBLEMATIZIRANJE TEME

Transfer je jedan od ključnih psihodinamičkih koncepata. Kako bismo definirali pojam transfera, možemo citirati Ralpa Greensona koji kaže: „Transfer je iskustvo osjećaja, nagonskih impulsa, stajališta, maštanja i obrana prema osobi u sadašnjosti koji ne odgovaraju toj osobi, nego su repeticija reakcija usmjerenih prema važnim osobama iz ranog djetinjstva, nesvjesno premještenih na figure u sadašnjosti.“ (3). O fenomenu transfera Sigmund Freud prvi put izvješćuje u Studijama o histe-

INTRODUCTION

In the psychoanalytic literature, sexualized transference is defined as any transference in which the patient's fantasies contain elements of a primarily romantic, sensual, intimate, or sexual nature (1). The term sexualized transference includes at least two varieties: erotic and eroticized transference (2). These two varieties need to be distinguished, given that erotic transference is perceived by a patient as ego-dystonic and will not significantly disrupt the course of psychotherapy, as opposed to eroticized transference, which the patient experiences as ego-syntonic and can significantly disrupt the fulfillment of psychotherapeutic goals. In this paper, I will present the development and resolution of erotic transference during group analysis treatment.

EXPANDING THE TOPIC

Transference is one of the key psychodynamic concepts. To define the concept of transference, we shall quote Greenson who says: "Transference is the experience of feelings, drives, attitudes, fantasies and defences toward a person in the present, which do not befit that person but are a repetition of reactions originating in regard to significant persons of early childhood, unconsciously displaced onto figures in the present." (3). The phenomenon of transference was first reported by Sigmund Freud in "Studies on



riji (1893. – 1895.) gdje opisuje kako je pacijent uspostavio krivu poveznicu između doktora i osobe iz prošlosti. Transferna reakcija bila je kompulzija i iluzija koja se rastopila završetkom analize. Freud je transfer smatrao i snažnom preprekom, ali i esencijalnim čimbenikom u liječenju (4). Pomoću transfera mogu se osvijestiti pacijentovi skriveni i zaboravljeni erotski impulsi. Pacijent se istodobno odupire osvješćivanju takvih impulsa, pogotovo kad su usmjereni prema psihoterapeutu. Freud je isticao važnost ponovnog emocionalnog proživljavanja iskustava iz djetinjstva u analizi, a kako bi prestala daljnja potreba za potiskivanjem. Kada govorimo o važnim likovima, mislimo na sve osobe s kojima je pacijent u djetinjstvu stvarao emocionalne veze. U užem smislu riječi transfer se događa u psihoterapijskom *settingu*, no u širem smislu možemo govoriti kako se događa cijeli život u nizu životnih situacija, a pogotovo u onim situacijama u kojima imamo veliku i hitnu potrebu za ispunjenjem naše želje (5), tj. pojavljuje se u svim situacijama u kojima je neka druga osoba važna u nečijem životu (6). Transfer je u svakodnevnom životu često uzrok mnogih poteškoća u međuljudskim odnosima. Specifičnost je analitičkog odnosa za razliku od svakodnevnih odnosa upravo analiza transfera. Možemo reći da su dječji obrasci mentalne organizacije zaostali u životu odrasle osobe te im-

Hysteria" (1893-1895), where he described how the patient had established the wrong connection between a doctor and a figure from the past. The transference reaction was a compulsion and an illusion that melted away with the conclusion of the analysis. Freud considered transference to be both a strong obstacle, but also an essential factor in the treatment (4). Through transference, patient's hidden and forgotten erotic impulses can come to light. At the same time, the patient resists becoming aware of such impulses, especially when directed towards a psychotherapist. Freud emphasized the importance of reliving childhood experiences through analysis, in order to stop a further need for suppression. When speaking of significant figures, we are thinking of all the people with whom the patient formed emotional bonds in childhood. In the strict sense of the word, transference occurs in the psychotherapeutic setting, but in a broader sense we can say it occurs throughout life, in a number of life situations, especially in situations in which we have a great and urgent need of fulfilling our desire (5), i.e., it occurs in all situations where another person is important in one's life (6). Transference in everyday life often causes many difficulties in interpersonal relationships. The specific nature of an analytical relationship, unlike everyday relationships, is exactly the transference analysis. It can be said that childhood patterns of mental organization remained in the adult's life and emerge as repeating one's past in the present (7).

pliciraju ponavljanje prošlosti u sadašnjosti (7). Ti se infantilni predlošci doživljavaju s izrazitim osjećajem aktualnosti. Pacijent nesvjesno oživljava odnos iz prošlosti umjesto da ga se sjeti i na taj nam način donosi pregršt informacija o prethodnom odnosu. Osim odnosa iz prošlosti sve je više podataka kako na prirodu transfera utječu i značajke liječnika (8, 9) pa će aktivniji psihoterapeut možda biti doživljen kao topliji, angažiraniji, empatičniji, a psihoterapeut koji više šuti možda će biti doživljen kao hladan, distanciran, nezainteresiran. Možemo stoga reći kako su odnosi u psihoterapijskom *settingu* mješavina realnog odnosa i transfernog fenomena. Naveo bih primjer s početaka vođenja vlastite grupe koji je na mene ostavio dubok trag. Pacijentica je sanjala mene i jednu stariju gospođu i u tom ju je snu jako ljutilo što sam ja za svaki svoj postupak tražio odobrenje od te starije gospođe. Iako san možemo shvatiti kao izraz transfera, taj je san imao uporište i u stvarnosti. Naime, kako sam tada bio vrlo neiskusni i nesiguran u vođenju grupe, do tog sam trenutka za svaku intervenciju u mislima tražio odobrenje od supervizijske grupe i supervizorice (starije gospođe), tj. do tada sam redovito promišljao o tome što bi mi na superviziji savjetovali, kako i bi li intervenirati. Iako je san imao uporište u transferu jer su i pacijentičini roditelji bili kruti, nespontani i daleki i moj je stil vođenja

These infantile patterns are experienced with a distinct sense of actuality. The patient is unconsciously reviving the relationship from the past, instead of remembering it, and is thus giving us abundance of information about the past relationship. Apart from the relationship from the past, there are more and more data on how the transference nature is also influenced by the doctor's personal traits (8,9), therefore a more active psychotherapist may be perceived as warmer, more engaged, and more empathetic, while a more silent psychotherapist may be perceived as cold, distant, and uninterested. It can, therefore, be said that relationships in a psychotherapeutic setting are a blend of a real relationship, and a transference phenomenon. I would like to set out an example from the early days of me running my own group, which left a deep mark on me. A female patient dreamt of me and an elderly lady, and, in that dream, she was very angry with me seeking approval from the elderly lady for all of my actions. Although the dream can be understood as a transference expression, this particular dream also had a foothold in reality. Namely, being very inexperienced and insecure in leading the group at the time, until that moment I was seeking approval in my mind from the supervisory group and the supervisor (the elderly lady) for each of my interventions, i.e., until then, I was regularly pondering what I would have been advised at supervision on how, and whether, to intervene. The dream had a foothold in transference because the patient's par-



grupe do tada bio krut, nefleksibilan i šablonski. Taj mi je san iznimno pomogao da se opustim u grupi i od tog sam trenutka prestao razmišljati o supervizijskoj grupi, a s vremenom sam kao voditelj postao spontaniji i bliskiji s članovima grupe. Neki analitičari govore o dvjema dimenzijama transfera: repetitivnoj dimenziji, u kojoj pacijent strahuje i očekuje da će se analitičar ponašati kao nekad roditelji te o selfobjektnoj dimenziji, u kojoj pacijent čezne i nada se korektivnom iskustvu koje mu je nedostajalo u djetinjstvu (10). Transfer se može manifestirati kao pozitivan, negativan i seksualizirajući (11). Greenson je smatrao da je pozitivan transfer potreban kako bi se uspostavila suradnja u analitičkom radu, tj. smatrao je to temeljem radne alijanse (12). Kod pozitivnog transfera pacijent doživljava pozitivne aspekte odnosa iz prošlosti doživljavajući često psihoterapeuta kao brižnog, toplog, njegujućeg. Kod negativnog transfera oživljavaju se emocije koje pacijentu nisu ugodne i koje imaju negativan predznak. Iz mogeg iskustva u psihoterapiji se pojavljuju i pozitivne i negativne emocije usmjerene prema psihoterapeutu i ostalim članovima grupe i umijeće je samog terapeuta stvoriti ozračje u kojem će se i negativni aspekti transfera moći eksplorirati. Pogrešno bi bila vjerovati kako je isključivo pozitivan transfer u potpunosti moguć, jer takvoj osobi ne bi bila potrebna terapija, niti

ents were also rigid, unspontaneous, and distant, and my style of leading the group until then was rigid, inflexible, and patterned, too. This dream helped me a lot in becoming relaxed with the group, so from that moment on, I stopped thinking about the supervision group and, over time, I became more spontaneous as a leader, and closer to the group members. Some analysts talk about two dimensions of transference: the repetitive dimension, in which the patient fears and expects the analyst to behave like his/her parents once did, and the selfobject dimension, in which the patient longs and hopes for a missing corrective childhood experience (10). Transference can manifest as positive, negative, and sexualizing (11). Greenson considered positive transference necessary in establishing cooperation in the analysis process, i.e., he considered it a foundation of the working alliance (12). In case of a positive transference, the patient experiences positive aspects of the past relationship, often perceiving the psychotherapist as caring, warm, and nurturing. In case of a negative transference, on the other hand, emotions not pleasant to the patient, and which are perceived as negative, are revived. During psychotherapy, from my experience, both positive and negative emotions towards the psychotherapist and other members of the group emerge; and creating an atmosphere in which even the negative transference aspects could be explored depends on the skill of the therapist himself. It would be wrong to believe that completely positive transference would

su odnosi izvan psihoterapijskog *settinga* isključivo obojeni jednoznačnim bojama. Osobe koje nisu otvarale negativne aspekte transfera iz mojeg iskustva često su iz psihoterapije izlazile nepromijenjene. Iz današnje perspektive shvaćam kako je moj narcizam, pogotovo u početnim iskustvima vođenja grupe, bio najveća prepreka tomu da se negativne emocije u psihoterapiji otvoreno izražavaju i analiziraju. Iskustvo izražavanja negativnih emocija bez osude te iskustvo da time nije uništio odnos za pacijenta ima, čini se, snažan iscjeljujući učinak, pogotovo u bolesnika s dubljom patologijom i selfobjektnim relacijama i doživljajem da vlastitom agresijom uništavaju i objekt agresije i posljedično sami sebe. Upravo to korektivno iskustvo u psihoterapiji u kojoj grupa i voditelj proživljavaju agresiju pacijenta, ostajući pritom u odnosu s njime, ima ključnu ulogu u psihoterapijskom procesu teških pacijenata, a što ću kasnije i potkrijepiti primjerom iz vlastite grupe. Hranjenje negativnih emocija u stvarnom životu često će rezultirati odbacivanjem pojedinca. Naša je uloga pokušati determinirati koji se odnos iz prošlosti reaktivirao ovdje i sada i što je u sadašnjem trenutku tome pridonijelo. Govoreći o transferu, trebamo svakako spomenuti i transfernu neurozu, pojam koji opisuje intenzivnu koncentriranost temeljnog pacijentova konflikta na osobu analitičara u obliku

be entirely possible, because such a person would not be in need of therapy, nor are relationships outside the psychotherapeutic setting exclusively unambiguous. From my experience, persons who did not talk openly about the negative aspects of transference often came out of psychotherapy unchanged. From the current perspective, I feel that my narcissism, especially in the event of my group management beginnings, was the biggest obstacle in openly expressing and analysing negative emotions during psychotherapy. The experience of expressing negative emotions without condemnation and evidencing that consequently the relationship has not been destroyed, appears to have a strong healing effect on the patient, especially in patients with deeper pathology and self-object relations, who experience their own aggression destroying the object of aggression, and consequently themselves. This corrective experience during psychotherapy, in which the group and the leader survive the patient's aggression while staying on good terms with him/her, plays a key role in the psychotherapeutic process of difficult patients, which I will later on corroborate with an example from my own group. The display of negative emotions in real life will often result in the rejection of that individual. Our role is to try to determine which relationship from the past has been reactivated here and now, and what in the present moment has contributed to it. Speaking of transference, we should certainly mention transference neurosis, the term that describes



osjećaja, fantazija i znatne preokupacije koja se manifestira na sve regresivniji način (13). Pojam transferne neuroze odnosi se na pojačanu aktivaciju konflikata i ponašanja iz djetinjstva usmjerenih na osobu analitičara. Pritom svakako treba spomenuti da je nastanak regresivne transferne neuroze olakšan nekim značajkama same analitičke situacije, kao što su relativna anonimnost analitičara, suzdržavanje od transfernih gratifikacija pacijentovih potreba, poziv na primjenu slobodnih asocijacija, kao i same odlike *settinga*. Poznato je da tijekom psihoanalize svi pacijenti ne razvijaju jasno prepoznatljivu transfernu neurozu, a jednako tako efektivan analitički rad događa se i u odsutnosti potpuno razvijene transferne neuroze. Danas češće možemo govoriti o kontinuumu intenziteta transferne reakcije. Što je veći stupanj pacijentove trenutačne preokupiranosti kao i centriranosti infantilnog konflikta na osobu analitičara, bliže smo stanju koje se naziva transferna neuroza. U praktičnom smislu ta distinkcija nema veliku ulogu. S. H. Foulkes smatrao je da se individualna transferna neuroza ne bi trebala analizirati u grupnoj situaciji. Nakon dvadesetogodišnjeg iskustva promijenio je mišljenje navodeći da se prava transferna neuroza u pojedinca može jasno prepoznati te posljedično analizirati i u grupi (14). Činjenica je da se transferna neuroza ne razvija jednako kao u indi-

an intense concentration of the patient's basic conflict towards the analyst in the form of feelings, fantasies and significant preoccupation manifesting itself in an increasingly regressive way (13). Transference neurosis is a term referring to the enhanced activation of conflicts and childhood behaviours aimed towards the analyst. It should certainly be noted here that the onset of regressive transference neurosis is facilitated by some characteristics of the analytical situation itself, such as the analyst's relative anonymity, refrainment from patient's transference gratification needs, call for the use of free associations, as well as the characteristics of the setting itself. It is currently known that during psychoanalysis, not all patients develop a clearly recognizable transference neurosis, and equally effective analytical work occurs in the absence of a fully developed transference neurosis. Today, we can more often speak of transference reaction intensity continuum. The higher the degree of the patient's current preoccupation, as well as the orientation of the infantile conflict onto the analyst, the closer we are to a condition called transference neurosis. In practical terms, this distinction does not play a big role for us. S. H. Foulkes considered that individual transference neurosis should not be analysed in a group analytic situation. After twenty years of experience, he changed his mind, stating that true transference neurosis of an individual can be clearly recognized and consequently analysed in a group, too (14). The fact is that transfer-

vidualnoj psihoanalizi te ne može biti analizirana i prorađena do jednakih detalja. Smatrao je da su mogući uzroci tome u samoj grupnoj situaciji te frekvenciji seansi kao i distribuciji transфера na više osoba. Razlike u razvoju transfera prisutne su i u samoj ulozi voditelja. Dok je u individualnoj analizi analitičar u pozadini i anonimn, potičući time nesvjesne fantazije roditeljskih slika ili njihovih dijelova koje mogu tako u potpunosti doći do izražaja i biti transferirane na psihoterapeuta, grupna je situacija slobodnija, voditelj je bliže stvarnoj osobi pa se ne očekuje da će se najdublje transferne fantazije u potpunosti osvijestiti ni da će se posljedično moći u potpunosti analizirati u grupi (15). Neki autori stoga preferiraju vlastitu osobnost koliko je god moguće držati u pozadini kako bi se što više približili analitičkoj situaciji. U grupi postoje neki posebni fenomeni izražavanja transfera: višestruki transferi, transfer prema grupi u cjelini, transfer cijele grupe, stvaranje parova, podgrupe, altermirajuće seanse, snovi, šutnja (16). U individualnoj psihoterapiji analiza transfera prema psihoterapeutu temelj je same psihoterapije. Ništa manje bitna nije analiza transfera u grupi, iako je spektar manifestacija transfera u grupi mnogo širi. Transfer prema voditelju samo je jedan u nizu transfera koji se pojavljuje u grupi. Iako je transfer prema voditelju možda i najvažniji, jer voditelj je najčešće

ence neurosis does not develop in the same way as it would have during individual psychoanalysis and cannot be analysed and elaborated in equal detail. He believed that it was possibly caused by the group situation itself, the frequency of sessions, as well as the distribution of transference towards several people. The transference development differences depend also on the role of the leader himself. During the individual analysis, the analyst is in the background and anonymous, thus stimulating the unconscious fantasies of the parental images or parts of them that can thus fully come to the fore and be transferred to the psychotherapist, while the group situation is freer, the facilitator is closer to a more realistic person, so it is not expected that the deepest transference fantasies would be fully realised, nor could be consequently fully analysed within the group (15). Some authors therefore prefer to keep their own personality in the background as much as possible in order to get as close as possible to the analytical situation. There are some special transference expression phenomena in a group: multiple transferences, transference to the group as a whole, transference of the whole group, creation of pairs, subgroups, alternating sessions, dreams, silence (16). In individual psychotherapy, transference analysis towards the psychotherapist is the foundation of psychotherapy itself. No less important is transference analysis in the group, although the spectrum of transference manifestations in the group is much wider. Transference



predstavnik roditelja te ostalih autoriteta i temeljnih vrijednosti pojedinca, ostali vidovi transfera jednako su bitni jer većina pacijenata ima probleme i u ostalim međuljudskim odnosima. Za Irvina Yaloma transfer je specifičan oblik interpersonalne perceptivne distorzije, a prepoznavanje i ispravljanje tih iskrivljenja od suštinske je važnosti (17). U grupi se istodobno događa velik broj transfera i nemoguće ih je sve analizirati. Aktivniji članovi u početku će više profitirati s obzirom na to da će moći bolje rješavati vlastite transfere, no s vremenom, jačanjem ego-snaga slabijih članova i oni će u podržavajućoj grupi postupno biti sve otvoreniji i moći će analizirati vlastite transfere. Moje je iskustvo da upravo članovi grupe u čijim se obiteljima nije razgovaralo o emocijama i koji teško prepoznaju vlastite emocije s vremenom uče od ostalih članova prepoznati i izražavati emocije i, čini mi se, profitiraju više od grupne psihoterapije nego što bi od individualne.

Kad je riječ o erotskom transferu, pod tim pojmom podrazumijevamo oblik pozitivnog transfera u kojem pacijent shvaća da su vlastite seksualne fantazije nerealne te takav oblik transfera ne interferira znatnije s pacijentovim psihoterapijskim ciljevima. Najčešće se pojavljuje kod histeričnih pacijenata, razvija se postupno s određenim osjećajem nelagode i srama. Pacijent

towards a leader is just one in a series of transferences occurring in a group. Although transference to the leader is perhaps the most important one, since the leader is usually a representative of the parents and other authorities as well as the individual's fundamental values, other transference varieties are equally important, because most patients have problems in other interpersonal relationships. For Yalom, transference is a specific form of interpersonal perceptual distortion, and recognizing and correcting these distortions is of utmost importance (17). In a group, numerous transferences concurrently occur, and it is not possible to analyse them all. Initially, more active members will benefit more, as they will be able to better address their own transference, but over time, by strengthening the ego strength of more fragile members, in a supportive group, they will also gradually become more outspoken, and will be able to analyse their own transference. In my experience, members of the group originating from the families where emotions were not talked about, and who found it difficult to recognize their own emotions, learned over time from other members to recognize and express emotions, and it seems to me that they benefited more from group psychotherapy than they would have from the individual one.

By the term erotic transference we mean a form of positive transference, in which the patient realizes his/her own sexual fantasies are unrealistic, and such a form

vlastite seksualne fantazije usmjerenne prema psihoterapeutu doživljava ego-distonim te shvaća da bi njihovo ispunjenje bilo neprikladno (18). Kod erotizirajućeg transfera pacijentove su seksualne fantazije i želje ego-sintone, snažne, žive, prožimajuće, pacijent ih otvoreno izražava i želi njihovo ispunjenje. Pacijent gubi osnovni psihoterapijski cilj, ne može se usredotočiti na stjecanje uvida, nego njegova cjelokupna preokupacija postaje želja da mu ljubav bude uzvraćena. Takav će oblik transfera često razviti pacijenti s histrionskim i *borderline* poremećajem ličnosti (19). Postoji veliki broj empirijskih pokazatelja da je zlostavljanje tijekom djetinjstva čimbenik koji znatno pridonosi razvoju *borderline* poremećaja ličnosti (20 – 28). Seksualno zlostavljanje važan je etiološki čimbenik u otprilike 60 % pacijenata s tim poremećajem. Vjerujem da razvoj erotizirajućeg transfera u takvih pacijenata predstavlja i snažan otpor prisjećanju takvih događaja iz djetinjstva. Zbog slabosti ego-funkcija u takvih pacijenata testiranje stvarnosti je slabije, a granica između unutarnje i vanjske stvarnosti zamagljena. Kada govori o vođenju psihoterapije tijekom koje se razvio erotski transfer, Glen O. Gabbard (29) navodi kako je nužno pridržavati se četiriju načela tehnike: 1. ispitati kontratransferne osjećaje; 2. prihvatiti, na neeksploatirajući način, erotski transfer kao važan psihoterapijski ma-

of transference does not interfere significantly with the patient's psychotherapeutic goals. It most often occurs in hysterical patients; it develops gradually with a certain feeling of discomfort and shame. The patient perceives his/her own sexual fantasies directed at the psychotherapist as ego-dystonic and realizes that fulfilling them would be inappropriate (18). In the eroticized transference, the patient's sexual fantasies and desires are ego-syntonic, strong, alive, and pervasive, the patient openly expresses them, and wants them fulfilled. The patient loses his basic psychotherapeutic goal, he/she cannot focus on gaining insight, but his/her entire preoccupation becomes the desire for love to be returned to him/her. This form of transference will often develop in patients with histrionic and borderline personality disorders (19). There are numerous empirical indicators for abuse during childhood as a factor significantly contributing to the development of borderline personality disorder (20-28). Sexual abuse is an important etiological factor in approximately 60% of patients with this disorder. I believe that the development of eroticized transference in such patients also represents a strong resistance to recalling such childhood events. Due to the weakness of ego functions in such patients, reality testing is weaker, and the boundary between internal and external reality is blurred. When talking about conducting psychotherapy in which erotic transference occurred, Gabbard (29) states that it is necessary to adhere to four technique principles: 1.



terijal koji treba razumjeti; 3. procijeniti višestruka značenja transfera u funkciji otpora produbljivanju psihoterapeutskog procesa; 4. interpretirati vezu između transfera i sadašnjih i prošlih odnosa. Kontratransferna reakcija u psihoterapeuta može biti posljedica reaktivacije vlastitih nerazriješenih odnosa iz prošlosti, može biti posljedica identifikacije s projiciranim pacijentovim aspektima ili mješavina obojega. Psihoterapeut bi početno trebao procijeniti koliki udio u kontratransferu imaju vlastiti nerazriješeni konflikti, a koliko je on posljedica pacijentovih projekcija. Nekoliko je najčešćih kontratransfernih uzoraka povezanih s erotskim transferom. Neiskusni psihoterapeuti mogu vlastito seksualno uzbuđenje projicirati na pacijenta i tako vidjeti erotski transfer gdje ga zapravo nema. Druga je česta reakcija na erotski transfer rezervirana, hladna reakcija koja se često pojavljuje kako bi se kontrolirali vlastiti prijeteći seksualni impulsi. Strah od gubitka kontrole nad seksualnim impulsima i pacijentovim i psihoterapeutovim često rezultira kontratransfernom anksioznošću što može dovesti do preuranjenih interpretacija ili skretanja konverzacije od pacijentovih ekspresija ljubavi prema psihoterapeutu i time kočenja psihoterapijskog procesa. Psihoterapeuti koji žude za ljubavlju i idealizacijom mogu ohrabrivati erotske emocije u svrhu vlastite gratifikacije. Vrlo je važno da psiho-

Examining the countertransference feelings; 2. Accepting, in a non-exploitative way, erotic transference as an important psychotherapeutic material to be understood; 3. Assessing multiple transference meanings in order to resist the deepening of the psychotherapeutic process; 4. Interpreting the relationship between transference and both current, and past relationships. The countertransference reaction in psychotherapists may be due to reactivation of one's own unresolved relationships from the past, may be due to identification with projected patient's aspects, or a combination of both. The psychotherapist should initially assess how much of the countertransference are his/her own unresolved conflicts, and how much it is due to the patient's projections. There are several most common countertransference patterns associated with erotic transference. Inexperienced psychotherapists may project their own sexual arousal into the patient and thus perceive erotic transference where there is actually none. Another common reaction to erotic transference is a reserved, cold reaction, often occurring in order to control one's own threatening sexual impulses. Fear of losing control of sexual impulses in both the patient and the psychotherapist often results in countertransference anxiety, which can consequently lead to premature interpretations, or diversion of conversation away from the patient's expressions of love for the psychotherapist, and thus obstructing the psychotherapeutic process. Psychotherapists who crave love and ideal-

terapeuti prođu vlastitu psihoterapiju kako bi se sa zahtjevnom situacijom erotskog transfera znali odgovarajuće nositi. Bitno je stvoriti ozračje u grupi u kojoj se svaka emocija može izraziti, pa tako i seksualna uzbuđenost ili osjećaj zaljubljenosti u voditelja. Potreban je oprez s preranim interpretacijama kako bi se transfer mogao potpuno razviti i kako bi se tako moglo shvatiti što se iz prošlosti ponavlja. Erotski transfer možemo shvatiti kao otpor, jer pacijent nešto ponavlja umjesto da se sjeti i verbalizira. Njegovo značenje treba postupno istražiti putem asocijacija, snova, sjećanja. Ne treba smetnuti s uma da erotizirajući transfer često ima i svoju mračnu stranu, iza erotizirajućeg transfera često se skrivaju snažni agresivni osjećaji, pa i sadistički porivi, i upravo taj osjećaj seksualne privlačnosti prikriva nesvjesne agresivne potrebe bolesnika (30, 31).

PRIKAZ SLUČAJA

Prikazat ću vam razvoj grupe od druge do pete godine njezina rada, razdoblja u kojem je sastav grupe ostao nepromijenjen. Nakon nekoliko početnih odustajanja u prvoj godini rada grupa se sastojala od četiriju članova, triju muških i jedne ženske članice. Zdenka, 42-godišnja lektorica u jednom mjesečniku, udana, majka sedmogodišnje kćeri. Javila se na liječenje zbog izrazitog

ization can encourage erotic emotions for the purpose of their own gratification. It is very important that psychotherapists undergo their own psychotherapy in order to be able to adequately deal with the demanding situation of erotic transference. It is important to create a group environment in which every emotion can be expressed, as well as sexual arousal, or a feeling of falling in love with the leader. Caution is needed with premature interpretations, in order to enable transference developing in full, and thus understanding which past experience is being repeated. Erotic transference can be understood as resistance because the patient is repeating something instead of remembering and verbalizing it. Its meaning should be gradually explored through associations, dreams, memories. It should not be forgotten that eroticized transference often has a dark side, with strong aggressive feelings, even sadistic urges, hiding behind eroticized transference, and patient's unconscious aggressive needs are being masked by the feeling of sexual attraction (30, 31).

CASE REPORT

I will present the development of a group from its second to its fifth year of activity, the period during which the group's structure remained unchanged. After several initial dropouts in the first year of activity, the group consisted of 4 members, three males and one female. Zdenka, a 42-year-old editor in a period-



osjećaja nesigurnosti i u odnosima i na poslu. Na poslu, mučena strahom od pogriješke, konstantno traži potvrdu od kolegice za svoje postupke. Odnos sa suprugom opisuje lošim, lišenim intimnosti s gotovo svakodnevnim sukobima. Boji se da će takav odnos loše utjecati na njezinu kćer. Ivan, 34-godišnji student odnosa s javnošću, zaposlen u tvornici električnih motora. Javio se na liječenje zbog paničnih ataka. Odrastao je s majkom i dvjema sestrama, dok je otac dolazio samo povremeno vikendom, jer je cijeli radni vijek proveo u inozemstvu. U vezi je, no ambivalentan prema njoj. Pero, 23-godišnji student elektronike i inženjerstva iz malog mjesta na Jadranu s opsesivno-kompulzivnom simptomatologijom. S jedanaest godina doživio je traumu iznenadne smrti oca. Simptomi se pojavljuju prilikom dolaska na studij u vidu izrazite ambivalencije koja ga koči u funkcioniranju te opsesija i kompulzija povezanih s čišćenjem i strahom od bolesti. Toni, 24-godišnji student elektronike i računarstva, odrastao u cjelovitoj obitelji uz oca alkoholičara. Dolazi na liječenje nakon šestomjesečnog razdoblja depresije nakon kojeg se pojavljuje impuls da skoči s nebodera. On je jedini član grupe koji je hospitalno liječen te je šest mjeseci nakon otpusta uključen u rad grupe. Tegobe se pojavljuju na drugoj godini studija kada je shvatio da neće moći biti najbolji student, kao što je do tada tijekom školovanja bio.

ical, married, mother of a seven-year-old daughter. She applied for treatment due to a strong feeling of insecurity, both in relationships and at work. At work, tormented by the fear of making a mistake, she constantly sought colleague's confirmation for her actions. She described her relationship with her own husband as bad, devoid of intimacy, with almost daily conflicts. She feared that such a relationship would have a bad impact on her daughter. Ivan, a 34-year-old public relations student, employed in an electric motor factory. He applied for treatment because of panic attacks. He grew up with his mother and two sisters, as his father came only occasionally on weekends, spending his entire working life abroad. He was in a relationship, but ambivalent towards it. Pero, a 23-year-old electronics and engineering student from a small town on the Adriatic, with obsessive-compulsive symptoms. At the age of eleven, he experienced the trauma of his father's sudden death. Symptoms appeared upon coming to study, in the form of pronounced ambivalence that hinders his functioning, and obsessions and compulsions related to cleansing and fear of disease. Toni, a 24-year-old electronics and computer science student, grew up in a two-parent family with an alcoholic father. He applied for treatment after a six-month depression period, after which he had an impulse to jump from a skyscraper. He was the only member of the group who had been hospitalized and was included in the activity of the group six months after being discharged. The

Imao sam osjećaj da je grupa nakon odustajanja nekih članova zastala s radom. Zdenka se često žalila kako joj nedostaje ženskih članova, a i ostali članovi složili su se s dolaskom novih članova u grupu. Grupi su se pridružila dva nova člana. Marko, četrdesetjednogodišnji grafički dizajner, suočen s retinopatijom i mogućnošću gubitka vida. Najstariji od troje braće, od kojih je srednji brat posljednjih nekoliko godina slijep. Zaokupljen je lošim odnosom s roditeljima, ponajprije s ocem, s kojim se trudi popraviti odnose. Od četrnaeste godine ne zove ga ocem, otkada mu je otac zabranio da ga naziva „starim“. Muči se i s pitanjem vlastitog identiteta kao i s osjećajem neprihvaćenosti od okoline. Neoženjen je, bez djece, zaposlen u tiskari. Tamara je četrdesetjednogodišnja inženjerka biokemije, zaposlena u laboratoriju, udana, majka kćeri od petnaest i sina od devet godina. Dolazi u hitnu ambulantu žaleći se na osjećaj jake anksioznosti, depresivnosti, problema u međuljudskim odnosima, ponajprije s vlastitim suprugom s kojim se često svađa. Iako sam se tijekom prvih nekoliko intervjuja kontratransferno osjećao neobično, pomalo nelagodno, nekako skućeno, sapeto, kao da je prostor i nešto u odnosu s čime stvaramo iskrivljeno, odlučio sam, dijelom vođen visokom motiviranošću bolesnice za psihoterapijom, dijelom zbog potrebe za ženskim članovima, a dijelom i životno-

ailments occurred in his second year of college, when he realized he could not be the best student, as he had been during his previous education.

I had a feeling that after some members dropped out, the group stopped working. Zdenka often complained she lacked female members, and other members agreed with the arrival of new members in the group. Two new members joined the group. Marko, a forty-one-year-old graphic designer, faced with retinopathy and the possibility of vision loss. The eldest of three brothers, of whom the middle one had been blind for several years. He was preoccupied with a bad relationship with his parents, primarily his father, with whom he was trying to mend relationship. He had not called him his father since he was fourteen and his father forbade him to call him “the old man.” He struggled with the question of his own identity, as well as a feeling of being unappreciated by the people around him. He was unmarried, childless, working at a printing company. Tamara was a forty-one-year-old biochemistry engineer, employed in a laboratory, married, mother of a 15-year-old daughter and a 9-year-old son. She came to the emergency room suffering from feelings of severe anxiety, depression, problems in interpersonal relationships, primarily with her husband, with whom she had frequent arguments. Although, in relation to countertransference, during the first few interviews I felt odd, a little uncomfortable, somehow restricted, bound, as if the space and some-



šću koju je donosila sa sobom, a koja mi je u tom trenutku pomalo zamrle grupe bila prijeko potrebna, priključiti je grupi. U trećoj godini rada grupi se priključila Mia, absolventica predškolskog odgoja koja je na liječenje došla zbog izrazite tjeskobe i nemogućnosti jedenja u javnosti nakon iznenadne smrti oca.

Novi su se članovi vrlo aktivno uključili u rad grupe i vrlo brzo postali najaktivniji članovi u grupi. U početku rada grupe dijadne su potrebe članova najnačelnije, no ono što je posebno ljutilo članove grupe bilo je to što je Tamara često isticala kako je tu došla jer sam joj ja to predložio i kako je ona tu zbog mene, a ne zbog drugih. Posebno je to smetalo Marku i Ivanu koji bi se u tim situacijama naljutili na Tamaru i poručili joj da nije u redu da ignorira ostatak grupe. Zdenka je dolaskom novih članova vrlo često izostajala sa seansi, Toni i Pero sudjelovali su uglavnom pasivno. Tamarine reakcije postale su sve burnije. S jedne je strane sve više izražavala vlastitu atraktivnost, a istovremeno je na površinu izlazila njezina agresivnost.

Prikazat ću vinjetu iz 50. seanse, 15. od dolaska novih članova:

Marko: „Tamara, nije te bilo dvaput na prethodnim seansama. Htio sam ti reći kako sam obnovio odnos s bivšom djevojkom. Bili smo neodgovorni. Spa-

thing in the relationship we were creating was distorted, I decided, partly driven by the patient's high psychotherapy motivation, partly because of a need for female members, and partly because of the liveliness she brought with her, which I desperately needed at the time with the group somewhat at a standstill, for her to join the group. In the third year of work, Mia, a preschool graduate student, who reported for treatment due to extreme anxiety and inability to eat in public after the sudden death of her father, joined the group.

New members became very actively involved in the work of the group, and very quickly became the most active members of the group. At the beginning of the group's work, the members' dyadic needs were most emphasized, but what especially angered the group members was that Tamara often emphasized how she came there because I had suggested it to her, and how she was there for me, and not for the others. This particularly bothered Marko and Ivan, who would get angry at Tamara in these situations, and tell her that she was wrong to ignore the rest of the group. With the arrival of new members, Zdenka was often absent from the sessions, while Toni and Pero participated mostly in a passive manner. Tamara's reactions became more and more heated. On the one hand, she was increasingly expressing her attractiveness, with her aggressiveness concurrently coming to surface.

vali smo bez zaštite. Osjećam da sam u tom odnosu više zbog utjehe. Nisam sretan. Kao da smo dva šepavca koji svaki šepa na svoju stranu, a kad smo zajedno, onda ne šepamo.

Tamara: „To je i moj slučaj.“

Marko: „Pitam se želim li biti u takvu odnosu. Osjećam kao da sam i inače nesretan, a sad sam nesretan, samo imam društvo. Bojim se dobiti dijete jer bi i dijete bilo nesretno jer se dogodilo, a nije bilo željeno. Pitam se kako se ljudi uopće odluče oženiti.“

Tamara: „Većina to učini bez razmišljanja, tek kasnije shvate što su napravili. Tada ostanu u braku bez obzira na sve.“

Voditelj: „Što vas je privuklo u taj odnos?“

Marko: „Lijepa je, ali joj to nisam nikad rekao.“

Voditelj: „Zašto niste?“

Marko: „Jer ponekad i nije lijepa. Možemo gledati seriju zajedno, slušati glazbu, uživati. Ali zabrinjava me njezina destruktivnost. Pije dosta alkohola i puno puši, ali opet, kad zajedno legnemo u krevet, osjećam se lijepo. Ležimo zagrljeni svaki dan i ona kaže da je to razlog zašto smo zajedno. Lijepo mi je u tim trenucima. S druge strane, jako zna biti ljubomorna. Rekao sam joj da ću otići kod jedne gospođe koja može

I will show the vignette from the 50th session, and the 15th following the arrival of new members:

Marko: Tamara, you have not been present for the last two sessions. I wanted to tell you how I rekindled my relationship with my ex-girlfriend. We have been irresponsible. We slept together without protection. I feel like I am in this relationship more for solace. I am not happy. As though we are two people with a limp, with each of us limping to one side, and when we are together, we do not limp.

Tamara: That's what it's like for me, too.

Marko: I wonder if I want to be in such a relationship. I feel like I am unhappy anyway, and now I am unhappy too, just with company. I am afraid to have a baby, because even a child would be unhappy, since it would have happened, and would not have been wanted. I wonder how people decide to get married at all.

Tamara: Most of them do it without thinking, only later do they realize what they have done. Then, they stay married regardless.

Leader: What attracted you to that relationship?

Marko: She is beautiful, but I have never told her that.

Leader: Why?

Marko: Because sometimes she is not in fact beautiful. We can watch a show together, listen to music, and have a good



vidjeti u dubinu nečije duše. Pitala me bih li odnio njezinu sliku, a ja sam rekao da ću odnijeti nekoliko slika. Kako nismo bili zajedno nekoliko godina, imao sam nekoliko simpatija u međuvremenu, no s nijednom nisam ostvario vezu. Zabrinjava me to što sam poput jame bez dna. Treba mi puno pažnje i ljubavi.“

Tamara: „I ja se osjećam jednako. I meni treba puno pažnje. Liječila sam se alkoholom, drogom i seksom i u početku sam shvatila da jedino seks može ispuniti tu prazninu. Tada seks više nije bio dovoljan. Trebala mi je grubost kako bih popunila tu prazninu sve dok mi tijelo ne bi otupilo. Trebalo mi je to kako bih se osjećala živom. Svaka masnica i ogrebotina podsjetila bi me da sam živa. Otišla sam od kuće na tri dana i provela ih s njim u krevetu. I tada sam shvatila da je ono što zaista želim samo zagrljaj na kraju svega, ali taj mi osjećaj brzo pobjegne. Dobro sam neko vrijeme, prvi dan, možda drugi, ali onda se osjećaj praznine ponovo vrati. Ja ne postojim kad sam sama. U mojim mislima postoje samo zaleđene slike...“

Tu sam seansu doživio kao snažnu potrebu grupe za bezuvjetnom ljubavlju. O svojim dijadnim potrebama najregresivniji članovi nisu mogli govoriti tako da su Pero i Toni tijekom gotovo cijele seanse šutjeli, dok su Ivan, Marko i Tamara o njima mogli pričati. Dolaskom

time. But her destructiveness worries me. She drinks a lot of alcohol and smokes a lot, but again, when we go to bed together, I feel nice. We lie in each other's arms every day, and she says this is the reason we are together. In these moments, I feel good. On the other hand, she can be very jealous. I told her I would go to a lady who could see into the depths of someone's soul. She asked me if I would take a picture of her, and I said I would take a few pictures. Since we hadn't been together for a few years, I had a few crushes in the meantime, but I have not gotten into a relationship with any of them. What worries me is that I am like a bottomless pit. I need a lot of attention and love.

Tamara: I feel the same way. I need a lot of attention, too. I was self-medicating myself with alcohol, drugs, and sex, and at first, I realized that only sex could fill that void. Back then sex was no longer enough. I needed roughness to fill that void, until my body went numb. I needed that to feel alive. Every bruise and scratch reminded me I was alive. I left home for three days and spent them in bed with him. And that was when I realized what I really wanted was just a hug at the end of it all, but this feeling quickly slips away. I am fine for a while, the first day, maybe the second, but then, the feeling of emptiness returns. When I am alone, I do not exist. There are only frozen images in my mind.

I perceived this session as the group's strong need for unconditional love. The most regressive members could not talk

novih članova Zdenka je postala vrlo neredovita. Slijedili su mjeseci vrlo intenzivnog razdoblja za cijelu grupu. Tamara je postala središnja figura, često je zauzimala velik prostor u grupi. Izmjenjivala su se razdoblja u kojima je vrlo agresivno reagirala prema svim članovima s razdobljima autodestruktivnosti i suicidalnim porivima te razdobljima zavodljivosti. U tom sam se razdoblju vrlo zabrinuo za Tamaru, pitao sam se bih li joj s obzirom na često spominjanje suicidalnih ideja trebao predložiti hospitalizaciju. S druge strane, mučio sam se njezinom destruktivnošću prema grupi i zavodljivošću prema meni. Puno mi je u tom razdoblju značila supervizijska podrška. Grupa je to podnosila bolje nego što sam očekivao. Pitao sam se i o vlastitoj potrebi da u grupu uključim Tamaru i kako sam previdio strukturu Tamarine ličnosti. Marko je razvio snažan osjećaj rivalstva sa mnom. Razmišljao sam o tome je li uključivanje Tamare bio moj način rivaliziranja s muškim članovima. Ivan je znao spomenuti da je Tamara seksualno privlačna, Marko je spominjao kako je privlačna, no i kako ga podsjeća na njegovu majku. Zdenka, koja je o svojoj seksualnosti vrlo teško pričala, postala je iznimno neredovit član. Pero i Toni, članovi koji nisu u svojim obiteljima govorili o osjećajima, za Tamaru su govorili kako je ona njihova čista suprotnost i kako je ne razumiju. Mislim

about their dyadic needs, so Pero and Toni were silent for almost the entire session, while Ivan, Marko and Tamara could talk about them. With the arrival of new members, Zdenka became very irregular. A period of very intense months for the whole group followed. Tamara became a central figure, often taking up large space in the group. Periods in which she reacted very aggressively towards all members alternated with periods of self-destruction and suicidal urges, alternating with periods of seduction. I was very worried about Tamara at the time, wondering if I should suggest her hospitalization, given her frequent mentioning of suicidal ideas. On the other hand, I struggled with her destructiveness towards the group, and seduction towards me. During this period, supervisory support helped me a lot. The group put up with it better than I expected. I also wondered about my own need to include Tamara in the group, and how I had overlooked Tamara's personality structure. Marko developed a strong sense of rivalry with me. I wondered if involving Tamara was my way of rivalling male members. Ivan used to mention that Tamara was sexually attractive, with Marko mentioning how attractive she was, but also how she reminded him of his mother. Zdenka, who found it very difficult to talk about her own sexuality, became an extremely irregular member. Pero and Toni, members who did not use to talk about their feelings in their families, told Tamara she was their complete opposite, and that they did not understand her. I



da su upravo od Tamarine otvorenosti mnogo profitirali jer su postupno počeli sve više prepoznavati vlastite emocije i povezivati ih sa svojim simptomima. Slijedili su tjedni u kojima je Tamara iz grupe u grupu dolazila sve atraktivnije odjevena i sve upadljivije našminkana. Neverbalne poruke doživljavao sam kao upućene meni, no često je znala komentirati i moje poglede upućene njoj. Na trenutke je doživljavala kako je gledam nježno, da bi već idući tren moj pogled doživjela punim prijezira. Grupa ju je pokušavala uvjeriti da je to sve njezin doživljaj i da oni te promjene u mojem odnosu prema njoj ne primjećuju. Razdoblja zavodljivih pogleda trajali su sve dulje. Između seansi Tamara mi je tih tjedana znala poslati SMS poruku u kojoj se žalila da se ne osjeća dobro. Redovito smo na grupi prorađivali sadržaje tih poruka i grupa se u tom razdoblju iznimno angažirala oko Tamare. Nakon jedne seanse Tamara mi je poslala SMS poruku u kojoj je izrazila ljubav i pitala me želim li i ja nju. Na tu sam joj poruku odgovorio objasnivši joj prirodu našeg odnosa, no i kako su takve emocije tijekom psihoterapije mogu pojaviti. Bojao sam se da će situacija izmaknuti kontroli, s jedne strane zbog svjesnosti da je Tamara sklona prijeći granice i prekršiti pravila grupe, a s druge zbog kontratransfernog osjećaja koji me zbunjivao. Naime, dijelom sam i ja osjećao privlačnost prema njoj. No njezina silna destruktivnost i osjećaj da je

think it was from Tamara's openness that they profited a lot, as they gradually began to increasingly recognize their emotions, associating them with their own symptoms. Weeks in which Tamara attended group sessions more and more attractively dressed, and more and more heavily made up, followed. I experienced these non-verbal messages as being addressed to me, and she often used to comment my glances at her. At times she felt me looking at her tenderly, only to see my gaze full of contempt the very next moment. The group tried to convince her that it was all her impression, and that they did not notice these changes in my attitude towards her. Periods of seductive looks lasted longer and longer. In those weeks, between sessions, Tamara used to text me complaining that she was not feeling well. We regularly analysed contents of these messages within the group, and during this period the group was extremely engaged with Tamara. After one session, Tamara sent me a text message in which she expressed her love and asked me if I wanted her too. I responded to that message by explaining her the nature of our relationship, but also how such emotions could occur during psychotherapy. I was afraid the situation would get out of control, on the one hand because of the awareness that Tamara tended to cross borders and break the rules of the group, and on the other because of the countertransference feeling that was confusing me. In fact, in part, I also felt attracted to her. But her overwhelming destructiveness and the

iza seksualizacije odnosa zapravo želja za bliskošću i bezuvjetnom ljubavlju, a s druge strane otpor ulasku u odnose pomagali su mi da se s tom situacijom lakše nosim. Na idućoj seansi Tamara nije bila prisutna. Iako sam na početku sljedeće grupe rekao da mi se Tamara ponovo javila i upitao je gdje je bila prošli put, Tamara o tome nije htjela govoriti kao ni o sadržaju SMS poruke. Grupa je poštovala tu njezinu odluku. Moj je osjećaj bio da ću daljnjim inzistiranjem prorade tog događaja izgubiti Tamaru iz grupe pa sam i ja tu njezinu odluku prihvatio. Mislim da je to što nije dobila seksualan odgovor na svoju ponudu bila prekretnica u njezinoj psihoterapiji kao i činjenica da sam je ipak u tom vrlo osjetljivom trenutku zaštitio, i po cijenu kršenja pravila grupe. Iako je nakon te seanse Tamara imala *acting out* tako što je zagrlila i nježno podragala Marka po licu, postupno se nakon toga prestala izazovno oblačiti, prestala je biti zavodljiva te je počela razvijati intenzivnije odnose i s ostalim članovima grupe. Nakon tri godine psihoterapije napomenula je da joj je u tom razdoblju najviše pomogla konstantnost koju joj je grupa ponudila i što smo cijelo to razdoblje bili tu za nju i što je znala da se na grupu može osloniti bez obzira na sve.

Prikazao bih vinjetu jedne od posljednjih seansi prije Tamarina odlaska iz grupe.

Impression that behind the sexualization of a relationship was actually a desire for intimacy and unconditional love, and resistance to entering into a relationship on the other hand, helped me in dealing more easily with the situation. Tamara was not present at the next session. Although at the beginning of the following group session I said that Tamara contacted me again and asked her where she had been the last time, Tamara did not want to talk neither about that, nor about the content of the text message. The group respected her decision. My feeling was that by continuing to insist on the event I would lose Tamara from the group, so I accepted her decision. I think that the fact that she did not receive a sexual response to her offer was a turning point in her psychotherapy, as well as the fact that I protected her at that very sensitive moment, even at the cost of violating the rules of the group. Although after that session Tamara had an acting out by hugging and gently stroking Marko's face, she gradually stopped dressing provocatively afterwards, stopped being seductive and began developing more intense relationships with other members of the group. After three years of psychotherapy, she noted that the constancy offered to her by the group helped her the most during that period, and that we were there for her throughout that period, and that she knew she could rely on the group no matter what.

I would like to show the vignette from one of the last sessions before Tamara left the group.



Tamara: „Htjela sam reći da je zadnja grupa bila posebna, da sam osjećala sve nas kao cjelinu, a ne kao pojedinačne dijelove i baš sam se posebno osjećala. Sada vidim da mi puno značite. I vidim da je dobro da ne odem iznenada i da ne postupim impulzivno kako sam prije običavala.“

Voditelj: „Iako smo se dosta mučili u posljednje vrijeme, jesmo grupa. I sebi i nama dopustili ste da proradimo taj rastanak, da još malo zajedno uživamo i da vidimo da ćemo ga preživjeti.“

Mia: „Meni ćeš faliti i drago mi je da si nam dala vremena.“

Tamara: „Zaista gledam na svijet iz više kutova, upoznala sam nekoga novog i vidim da je to drukčije nego prije.“

Pero: „A kako ti je uspjelo da ti je toliko bolje?“

Voditelj: „A kako vi vidite Tamarinu promjenu?“

Pero: „Vidim da se promijenila, da joj je bolje, ali stalno mislim da je to samo privremeno. Znam da joj je bilo jako teško i da ste rekli da treba biti teško pa se ja nekad trudim da mi bude teško da bi mi bilo bolje.“

Voditelj: „Ali u smislu da je zbog toga što joj je bilo teško radila u grupi, da se davala, dolazila, otvarala u grupi, a ne da se sama sa sobom patila.“

Tamara: I wanted to say that the last group session was special, that I felt all of us as a whole, not as just individual members, and I just felt special. Now I realize that you mean a lot to me. And I see that it is good not to leave suddenly, and not to act impulsively, as I used to.

Leader: Although we have struggled a lot lately, we are a group. You have allowed yourself, and us, to work through your parting, to enjoy a little longer our time together, and to realize that we will survive it.

Mia: I will miss you, and I am glad you gave us time.

Tamara: I really look at the world from several angles, I have met someone new, and I see that it is different than before.

Pero: How did you manage to get so much better?

Leader: And how do you perceive Tamara's change?

Pero: I can see that she has changed, that she is better, but I keep thinking that it is only temporary. I know it has been very hard for her, and you said it should be hard, so sometimes I try to make it hard for myself to get better.

Leader: But because it was hard for her, she worked in a group, she expressed herself, attended group sessions, opened up to a group, instead of suffering by herself.

Ivan: I have to admit I am a little jealous when I see how much you have accom-

Ivan: „Ja sam moram priznati da sam malo ljubomoran kada vidim koliko si napravila. Nisi više luda kao što si bila prije.“

Tamara: „Razmišljala sam kako ću vas se uvijek sjećati. Kako će grupa ići dalje možda i s nekim novim ljudima, sa si-jedim doktorom, ali živjet će dalje.“

Toni: „Meni je grupa jako falila i ti ćeš mi faliti. Ne znam kako to grupa funkcionira, jer nikada nisam dobio nikakav konkretan odgovor, no puno mi je pomogla i sad ne mogu ni zamisliti kako bih bez grupe.“

Tamara: „Od tebe mi puno znači što si mi to rekao.“

Toni: „Grupa je jedino mjesto gdje si mogu olakšati i gdje mogu pričati o osjećajima.“

Tamara: „Sad sam se sjetila i jednog sna koji želim podijeliti. Sanjala sam da hodam livadom punom cvijeća s obje strane, na kraju je bilo svjetlo. Išla sam prema njemu. Bio je tu jedan veliki svijetli anđeo koji mi je dao mali crveno-bijeli svjetionik koji se rasplinuo kada sam ga uzela. Lijepo sam se osjećala. Majka je prije smrti imala sličan san.“

Marko: „Taj tvoj san je čista suprotnost onom prvom snu kada si sanjala lede-nu pustinju s tvornicom čokolade i lju-tila si se kada sam ti govorio da bar za-misliš neki život. A ono crveno i bijelo

plished. You are not as crazy as you used to be.

Tamara: I have been thinking about how I would always remember you. The group will go on, maybe with some new members, with a grey-haired doctor, but it will live on.

Toni: I have missed the group so much, and I am going to miss you. I do not know how this group functions, because I never got any concrete answer, but it helped me a lot, and now I can't even imagine how I would do without the group.

Tamara: Your words mean a lot to me.

Toni: The group is the only place where I can let myself be, and where I can talk about my feelings.

Tamara: Now I remember a dream I want to share. I dreamed of walking through a meadow full of flowers on both sides, and at the end, there was light. I walked towards it. There was one big bright angel who gave me a little red and white lighthouse, which faded when I took it. I felt nice. The mother had a similar dream before her death.

Marko: That dream of yours is the exact opposite of the first dream you dreamt, of an icy desert with a chocolate factory, and you getting angry when I told you to at least imagine some life. And the red and white reminds me of a male and female principle in Buddhism. And I do not know what Freud would say about the lighthouse.



me podsjeća na muški i ženski princip po budizmu. A za svjetionik ne znam što bi Freud rekao.“

Tamara: „Ma budalo, uopće nisam tako mislila. Ne znam je li taj svjetionik putokaz ili upozorenje za hridi.“

Marko: „Pokazuje ti smjer.“

Voditelj: „Počeli smo danas grupu s bolešću, odvajanjem, a nekako završavamo s novim životom.“

Marko: „Ja mislim da neću to uspjeti u grupi. Nemam nekako još povjerenja. Zatvorio sam granice pa ne mogu teroristi, ali ni turisti...“

Na toj je seansi grupa prorađivala rastanak od Tamare. Kohezivnost je u grupi u to vrijeme bila snažna, odnosi sve dublji. Pero, najregresivniji član, još uvijek vrlo fragilnog *selfa*, traži rješenje za svoje simptome, a napredak doživljava trenutačnim, kao što su i njegova razdoblja dobrog stanja kratkotrajna. Mia, Toni i Ivan, članovi koji su već na dobru putu da kao i Tamara, jednog dana odu iz grupe, izražavaju težinu zbog odlaska Tamare iz grupe, što govori o njihovu kapacitetu za odnos i kapacitetu da prožive i prežive odvajanje. Marko postaje svjestan da još uvijek zbog osjećaja bazičnog nepovjerenja ne uspijeva nadići strah od bliskosti i upustiti se u odnose s drugim članovima. Na toj seansi možemo vidjeti kako Tamara, pacijentica prilikom dolaska

Tamara: Oh fool, I did not mean that at all. I do not know if the lighthouse was a signpost or a cliff warning.

Marko: It shows you the direction.

Leader: We started the group today with illness, separation, and somehow, we end up with a new life.

Marko: I do not think I will accomplish that in the group. I somehow do not have the confidence yet. I closed the borders so terrorists can't, but neither can tourists....

At this session, the group worked on parting with Tamara. Cohesiveness in the group was strong at the time, and the relationships were getting deeper. Pero, the most regressive member, still of a very fragile self, was seeking a solution to his symptoms, experiencing progress as momentary, as his periods of well-being as short-lived. Mia, Toni and Ivan, members who were already well on their way to leaving the group one day, like Tamara, expressed their burden because of Tamara's departure from the group, which spoke of their capacity for relationship and capacity to live through and survive the separation. Marko became aware that he still failed to overcome his fear of intimacy and engage in relationships with other members due to feelings of basic distrust. In this session, we can see how Tamara, a patient at the arrival of the borderline structure of personality, truncated internal objects (ice desert in dreams), managed to internalize the group as an internal calming object, allowing her to

granične strukture ličnosti, krnjih unutarnjih objekata (ledene pustinje u snovima), uspijeva grupu internalizirati kao unutarnji umirujući objekt, što joj omogućuje da ostane sama, što u početku grupe nije mogla. Kapacitet da ostane sama, da preživi odvajanje omogućuje joj da uspostavi zdravije odnose temeljene na pravoj bliskosti (upoznala sam nekog novog i vidim da je to drukčije nego prije).

RASPRAVA

Erotizirajući transfer u grupi može se razviti u pacijenata s dubokim poremećajem osobnosti, u primjeru iz moje grupe razvio se u bolesnice s graničnom strukturom. Iako je bolesnica u trenutku najintenzivnijeg razvoja transfere izgubila prvotni smisao dolaska u grupu, s vremenom je odustala od želje za ostvarenjem ljubavne gratifikacije. Mislim da je tomu najviše pridonijela briga koju je grupa pokazala prema bolesnici i neseksualizirajuća konstantnost odnosa koju je bolesnica imala sa mnom te kontejniranje silne agresije koju je bolesnica projicirala prema grupi, a koju je grupa izvrsno podnijela. Seksualizirajući transfer u tom primjeru bio je prededipovskog karaktera, izražavao je snažnu želju za simbiotskim odnosom, a njegovim se prevladavanjem postupno smanjio otpor prema drugim članovima grupe te

be alone, which at the beginning of the group therapy she could not. The capacity to be alone, and to survive the separation, allowed her to establish healthier relationships based on true intimacy (I have met someone new, and I see that it is different than before).

DISCUSSION

Eroticized transference in a group can develop in patients with profound personality disorder. As evidenced by the example from my group, it developed in a patient with borderline structure. Although the patient lost her original reason of coming to the group at the moment of her most intensive transference development, in time she gave up the desire to achieve love gratification. I think that the care that the group showed towards her, and the non-sexualizing constancy of the relationship the patient had with me, together with containing the strong aggression the patient projected towards the group, which the group endured very well, contributed the most. The sexualized transference in this example was of a pre-Oedipal character, it expressed a strong desire for a symbiotic relationship, and by overcoming it, resistance to other members of the group gradually decreased, and the patient's capacity for relationships with other members developed. I, with regard to countertransference, felt insecure, partly, I believe, for sensing feelings inserted by the project identification, but certainly partly be-



se u pacijentice razvio kapacitet za odnose s drugim članovima. Kontratransferno sam se osjećao nesigurno, dijelom vjerujem osjećajući projektivnom identifikacijom ubačene osjećaje, no dijelom svakako i izvornim osjećajem privlačnosti prema pacijentici. Potpora koju sam osjećao i rad u mojoj supervizijskoj grupi bili su neprocjenjivi u tom za mene prilično teškoj razdoblju. Iako kao grupa nismo verbalno istraživali i prorađivali taj transfer, a ja se u potpunosti nisam držao načela tehnike, procesi u grupi nisu zaustavljeni, a psihoterapija je za pacijenticu bila uspješna. Čini se da je verbalizacija bila samo posljednji krik na vrhuncu tog otpora. Danas bih vjerojatno postupio drukčije i otvorio pitanje erotizirajućeg transfera u kasnijem, mirnijem razdoblju terapije. Možda je slabiji uspjeh najregresivnijih članova grupe bio upravo zbog toga što to nisam učinio.

ZAKLJUČAK

U potpunosti razvijen erotizirajući transfer izniman je izazov i za voditelja i za cijelu grupu. Razvija se uglavnom u pacijenata s dubokim poremećajem osobnosti te se pomnim odabirom članova grupe, vjerujem, njegov pun razvoj može izbjeći. Razvoj erotizirajućeg transfera iznimna je opasnost za opstanak grupe s obzirom na projekciju velike količine agresije koju grupa

cause of the original feeling of attraction towards the patient. The support I felt, and the work with my supervision group, were invaluable for me during this rather difficult period. Although, as a group, we did not verbally research and process this transference, and I did not fully adhere to the technique principles, the processes in the group were not stopped, and the psychotherapy was successful for the patient. Verbalization seems to have been only the last cry at the height of that resistance. Today, I would probably act differently and would open the question of erotic transference in the later, quieter therapy period. Perhaps the poorer performance of the group's most regressive members lies precisely in the fact that I did not do so.

CONCLUSION

Fully developed eroticized transference is an exceptional challenge for both the leader and the whole group. It develops mainly in patients with profound personality disorder, and by carefully selecting group members I believe its full development can be avoided. Eroticized transference development represents an exceptional danger to the survival of the group, given the projection of a large amount of aggression that the group has to contain for a long time, and given the long-term focus of the group on the patient. On the other hand, in neurotic groups, resistance is strong, aggressive, and sexual topics are long avoided, so patients with

mora dugo kontejnirati i s obzirom na dugotrajnu usmjerenost grupe na pacijenta. S druge strane, u neurotskim grupama otpori su snažni, agresivne i seksualne teme dugo se izbjegavaju pa pacijenti s dubokim poremećajem osobnosti, a koji se mogu držati radnog saveza, često djeluju poput katalizatora promjena u grupi. Uspješna je psihoterapija ona u kojoj će pacijenti proraditi i vlastite konflikte edipovske faze razvoja pa je otvaranje i erotskih elemenata transfera i prorada zaostalih incestuoznih osjećaja od suštinske važnosti kako bi pacijent mogao iz psihoterapije izaći s punim kapacitetom razvoja partnerskog odnosa. Podrijetlo erotskog transfera možemo tražiti u kasnijim periodima psihoseksualnog razvoja pa je i njegova manifestacija verbalnija, a granica *ja* i *ne-ja* jasnija. Erotizirajući transfer iznimno je neugodan i za samog pacijenta, čini se da podrijetlo vuče iz ranog odnosa majke i djeteta pa je i njegova manifestacija više neverbalna, a granica između *ja* i *ne-ja* zamagljena.

profound personality disorder, who can stick to a work alliance, often act as catalysts for change in the group. Successful psychotherapy is one in which patients will work through their own conflicts of the Oedipal phase of development, so the opening of erotic transference elements and processing of residual incestuous feelings is essential so that the patient can leave psychotherapy with full capacity to develop a partnership. The origin of erotic transference can be traced to later periods of psychosexual development, so its manifestation is more verbal, and the border between me and not me is clearer. Eroticized transference is extremely uncomfortable for the patient himself, too, as it seems to originate from the early relationship between the mother and the child, so its manifestation is more non-verbal, and the boundary between me and not me is blurred.

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