ZAŠTITNA ULOGA *SETTINGA* NA PRIMJERU INDIVIDUALNE PSIHOANALITIČKE PSIHOTERAPIJE U VREMENU POJAVE PANDEMIJE BOLESTI COVID-19 (PRIKAZ SLUČAJA)

/ THE PROTECTIVE ROLE OF THE SETTING ON THE EXAMPLE OF INDIVIDUAL PSYCHOANALYTIC PSYCHOTHERAPY DURING THE EMERGENCE OF THE CORONAVIRUS (COVID-19) PANDEMIC. A CASE REPORT

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SAŽETAK/SUMMARY

U članku je isprva opisan *setting* s biološko-antropološkog aspekta čime je djelomično objašnjen njegov snažan utjecaj u individualnoj psihoanalitičkoj psihoterapiji. Zatim je prikazan slučaj u kojem dominira siguran *setting* koji se dovodi u vezu s trajnijim promjenama na planu osobnosti i ponašanja pacijenata koje su među ostalim pridonijele otpornosti na velike promjene u psihoterapijskom okruženju uzrokovane pojavom pandemije bolesti COVID-19.

/ The first part of this article presents a number of biological and anthropological peculiarities of the setting responsible for its immense impact on individual psychoanalytic psychotherapy. It follows a case report in which a reliable setting contributed to permanent changes in personality and behaviour of the patient. It is to assume that, among other factors, these changes have contributed to the stability of the patient despite a drastic change in the setting caused by the coronavirus (COVID-19) pandemic.

KLJUČNE RIJEČI / *KEY WORDS*

setting / Setting, individualna psihoanalitička psihoterapija / *individual psychoanalytic psychotherapy*, pandemija bolesti COVID-19 / *Coronavirus pandemic*

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UVOD

Setting ima izrazito važnu ulogu u individualnoj psihoanalitičkoj psihoterapiji. Kaže se da je *setting* „temelj psihoanalitičkog procesa na kojem sve drugo počiva" (1). Ako o njemu promišljamo općenito s antropološko-biološkog kuta, može se reći kako je važnost i nezamjenjivost *settinga* „zapisana u našoj DNA-u." Uzmemo li u obzir sam začetak života, oplodnju, ona se najčešće zbiva u jajovodu pa onda zametak putuje do maternice gdje se usidri kako bi se mogao razvijati. I oplodnja i daljnji razvoj zametka zbivaju se u nekom ograničenom prostoru. Ako se oplodnja dogodi izvan jajovoda i trudnoća bude vanmaternična, to obično rezultira lošim završetkom. Kao da je biološki predodređeno da moramo nastati i isprva rasti u nekakvoj ovojnici. Upravo taj prvi, biološki *setting* omogućuje nastanak i razvoj života. Omogućuje djetetu gotovo idealne uvjete zaštite, prehrane, topline idućih devet mjeseci. No prije porođaja pokazuje se drugačije naličje biološkog *settinga*; upravo ti idealni uvjeti prehrane, zaštite i topline koji su omogućili krhkom plodu da „stasa" za život izvan maternice, i za dijete i za majku postaju smrtonosni ako se ta „idila" pravodobno ne okonča. Dakle, trudnoća je ograničenog trajanja, u nekom trenutku dijete mora napustiti majku, napustiti taj idealni *setting* i to je jedini način da se život nastavi. A nastavlja se na bolan i za dijete sasvim nov i nepoznat način.

INTRODUCTION

The setting plays a very important role in individual psychoanalytic psychotherapy. It is said that "the foundation of psychoanalytic treatment, upon which everything else rests, is the psychoanalytic setting."(1) From biological and anthropological perspective, it can be said that the importance and irreplaceability of the setting is „ in our DNA. " Namely, life begins with fertilization, which takes place in the fallopian tube. After that, an embryo travels to the uterus where it anchors. Therefore, fertilization and further development of the human embryo take place in a limited space. If fertilization occurs outside of the fallopian tube and the embryo starts developing in an ectopic pregnancy, the result is usually unfavourable. As if this is to suggest that it is predetermined for human beings to develop and survive in some kind of an envelope. Therefore, the biological setting enables the emergence and survival of life. It provides the child with almost ideal conditions of protection, food delivery and warmth during the course of nine months. In spite of that, prior to childbirth, the biological setting plays a completely different role. These nearly perfect conditions, which enabled the child to confront the extrauterine life, turn out to be lethal both for the child and the mother, if the idyll does not end on time. Therefore, the pregnancy is of limited duration: in order to survive and keep on developing, the child has to leave the mother and the perfect intrauterine set-

Naime, dijete se susreće s boli prolaskom kroz uski porođajni kanal, zatim se susreće s raznim unutarnjim senzacijama, npr. s gladi i žeđi koje traže svoje zadovoljenje. Kako do zadovoljenja ne dolazi odmah, to stvara frustraciju. To je u stvari prvi kontakt s nagonom kao silom koja tjera na postizanje onog stanja koje je bilo prije frustracije. Ta se frustracija unutar djeteta doživljava kao fatalna prijetnja, a velikim dijelom toj fatalnosti pridonosi nagon smrti koji dijete osjeća u obliku straha od uništenja (2). Sve to dovodi do užasa u početnim trenutcima života izvan maternice, prema Melanie Klein. Logično je pomisliti da dijete „želi" nazad, u sigurnost, u toplinu, sitost i zaštitu. Tako Freud (3) piše kako je relativno kratko razdoblje trudnoće biološki čimbenik zbog kojeg se dijete rađa u „nedovršenom stanju", što dijete čini egzistencijalno vulnerabilnim pa stoga traži zaštitu uz „stapanje" s objektom kako bi preživjelo. Barbara Low (4) piše o „želji" novorođenčeta da se vrati u stanje omnipotencije, kao što je to bilo u maternici gdje nisu postojale neispunjene želje. A Fodor (5) u svojem članku o nostalgiji piše o jednoj inherentnoj tendenciji kako bi se postiglo „neometano prenatalno stanje". No ti će ciljevi postizanja sigurnosti, topline, sitosti i zaštite tijekom cijelog života ostati ideal koji se tek parcijalno može ostvariti. Prihvaćanje tek parcijalnog zadovoljavanja proces je koji nam postaje cjeloživotni izazov, a započeo je „slikom" idealnog *settinga*

ting. Extrauterine development continues in a very painful and totally unknown way. To be more specific, the child suffers from pain while passing through the birth canal, and then, for the first time, confronts several intrinsic sensations such as being hungry and thirsty. As the satisfaction does not occur immediately, frustration occurs. That is the very first contact with a drive as a force that seeks to achieve the condition that existed prior to frustration. The child experiences this frustration as a fatal threat, further aggravated through the death drive that the child experiences as a fear of destruction (2). According to Melanie Klein, the conditions during and immediately after the birth contribute to the feeling of horror experienced by a new-born baby. It is logical to assume that the child „wants" to go back into security, comfort, satiety and protection. Freud (3) writes about a relatively short period of pregnancy as a biological factor because of which the child is born in the „unfinished state" and, therefore, feels existentially vulnerable and seeks protection through amalgamation with the object in order to survive. According to Barbara Low (4), newborn babies „wish" to return to the state of omnipotence, as it was in the uterus where unfulfilled desires did not exist. In his article about nostalgia, Fodor (5) described an inherent tendency to achieve an „undisturbed prenatal state". However, being safe, warm, sated and protected are goals that function as an ideal, which is only partially achievable. The acceptance of partial satisfaction is a process

kojem onda na neki način težimo, ali ga više nikad u cijelosti nećemo ostvariti.

Navedeni izbor riječi da tek rođeno dijete „želi" nazad u maternicu i da „ima sliku" idealnog *settinga* treba uzeti s velikom rezervom s obzirom na nediferenciranost novorođenčeta.

Ako promotrimo pandemijsku situaciju u kojoj smo se abruptno, fizički odvojili od naših pacijenata, pri čemu je postojala bojazan kako će i hoće li se sve to realizirati, jer željena povezanost s pacijentom više se ne može ostvariti uz fizičku prisutnost, nego neizravno, putem nekog medija, tu situaciju u biološko-antropološkom smislu možemo usporediti s porođajem. Naime i kod porođaja dolazi do abruptnog odvajanja, zatim dijete ne može zadovoljiti svoje potrebe odmah i izravno, nego neizravno, putem „medija" – plačem, vikom i projekcijama „komunicira" s majkom. Ako ostanemo pri toj usporedbi, može se reći da prije i za vrijeme porođaja vlada neki nemir, nepredvidljivost i nesigurnost. Tako je i s COVID-om 19 i njegovim brzim širenjem te potpuno nepredvidivom smrtnošću povezana neka iskonska prijetnja koja negdje rezonira s najranijim prijetnjama s kojima smo se u životu susretali i koje nismo mogli kontrolirati. Takva konstelacija djelomično podsjeća na temu kojom se Freud bavio u svojem djelu „The Uncanny" (6) u kojem određeni doživljaj ili fantazija budu potisnuti u nesvjesno te u kasnijem životu pod

that remains for the rest of our lives. This process has begun with an „image" of an ideal setting to which we aspire, but can never reach again.

It is important to note that the above statement "newborn babies 'wish' to return to the uterus" and the phrase "the 'image' of an ideal setting" should be taken with caution as newborn babies have a low level of differentiation.

In theory, from a biological and anthropological point of view, the situation that had emerged during the coronavirus pandemic, when we abruptly had to separate from our patients, uncertain about future steps and not allowed to be with them in a same room because of which indirect communication had to be organised through new-media technologies, can be compared with the situation at birth. Birth also implies abrupt separation. The child cannot satisfy its needs directly and communicates with the mother indirectly, by crying, shouting and through projections. The same comparison leads us to a conclusion that before and during the time of birth there is a kind of restlessness, unpredictability and insecurity in the air. Similarly to the coronavirus and its rapid spread, there is a kind of primordial threat, which resonates with the earliest threats in our life that we were unable to control. Such a constellation of relations is somewhat similar to what Freud wrote about in his study titled "The Uncanny"(6). According to Freud's idea about the uncanny, certain experiences or fantasies are re-

određenim okolnostima ponovo ispliva na površinu, ali kao simptom, kao nešto strano, nepoznato i opasno. Kao da virus pokušava srušiti svu tu evolucijsku diferenciranost koju smo dosegnuli kao civilizacija, što može voditi u regresiju. No „porođaj" donosi novi život što rađa i osjećaj nade i optimizma, stoga će trebati vremena da se dojmovi o pandemiji i njezinu psihološkom učinku uistinu spoznaju. Pandemiju treba „prožvakati", „probaviti" i ostaviti da „malo odstoji".

PRIKAZ

U ovom odlomku želio bih prikazati važnu ulogu *settinga* u jednoj psihoanalitičkoj psihoterapiji koja traje više od tri godine, dakle započela je prije proglašenja pandemije i doživjela promjene nakon proglašenja pandemije. Psihoterapija se održavala više od dvije i pol godine u Njemačkoj i upravo je za vrijeme proglašenja pandemije dogovaran eventualni završetak terapije.

Pacijent XY u ranim četrdesetim godinama, hrvatskog podrijetla, s vrlo uspješnom poslovnom karijerom, u kojeg su se usred karijernog uspona pojavili fobični simptomi. Pacijent se počeo bojati crne boje i zato nije mogao nositi naočale s crnim okvirom, nije mogao pisati crnom olovkom, klonio se crne odjeće i općenito crnih predmeta. Crnu boju povezivao je s nečim demonskim te mu se čak za vrijeme jednog javnog nastupa

pressed within the unconscious and may under certain circumstances appear later in life as a symptom, or something foreign, unknown and dangerous. Almost as if the virus "attempts" to destruct the differentiation that we achieved as a civilization. This leads to regression. Nonetheless, "birth" brings new life, which, according to personal experience, creates a feeling of hope and optimism. It is, thus, important to give time a chance to help us understand the impressions and psychological influence of the pandemic. We need to "chew", „metabolise" and let this pandemic "stand for a while."

CASE REPORT

In this part of the article, I would like to emphasise the importance of the setting in an individual psychoanalytic psychotherapy, which took more than three years. It had started before the pandemic and has undergone some alternations during the pandemic. The therapy lasted for more than two and a half years and took place in Germany. As we started preparing the separation due to the upcoming end of therapy, the coronavirus pandemic was declared.

Patient XY has developed certain phobic symptoms during his very successful career. The patient is in his early forties and is of Croatian origin. He was afraid of the colour black in general. Thus, he was unable to wear glasses with black frames, could not write with a black pencil and

i učinilo da vidi nekakvog demona. Nije bila riječ o jasnoj halucinaciji, nego više o strahu od zatamnjenog prostora koji je nalikovao demonu. Ti su ga strahovi ograničavali ponajprije u poslu. Pacijent je prije naše psihoterapije bio na nekoliko razgovora s njemačkim terapeutima, no kako je rekao, nije „kliknuo" s njima. Meni je prišao nakon predavanja koje sam održao u Njemačkoj, a koje je bilo na hrvatskome jeziku. Upravo činjenica da sam iz Hrvatske, a živim i radim u Njemačkoj potaknula ga je na to da se obrati za pomoć baš meni. Iz njegova najranijeg djetinjstva doznaje se kako ga je empatijski vrlo deficitarna, nametljiva i financijskog uspjeha gladna majka već od drugog mjeseca života ostavljala tijekom podneva na nekih sat-dva samog s tek dvogodišnjom sestrom. Dakle, majka je počela raditi kad je on imao dva mjeseca, radila je u smjeni suprotnoj od oca. Tijekom terapije nekoliko je puta ponovio kako je njoj „bilo važnije zaraditi tih 500 maraka nego biti s njim". S druge strane otac je slab, neodlučan, bez one falusne uspravnosti kakvu bi muškarac trebao barem djelomično imati u sebi, jasno, u psihološkom smislu. Pacijent je isprva dolazio jednom tjedno, termin je bio rano ujutro, uvijek u isto vrijeme, nakon nekoliko mjeseci sam je tražio da imamo i drugu seansu u tjednu. Bio je oduševljen terapijom, osjećao se sigurno i prihvaćeno pa se sve više i otvarao. Sam je primijetio kako mu jedna seansa tjedno nije dovoljna da iznese sve što

was afraid to wear black clothes. He tried to avoid all black objects in general. In his fears, the colour black had something demonic, i.e., he even thought that he had seen some kind of demonic shape during a lecture he had held. He did not have optical hallucinations, but he was terrified of a demon-like dark part of a hall. This symptom bothered him mostly in his professional career. Before he came to me, he went to several German therapists, but without they "have not clicked". He approached me after a lecture I gave in the Croatian language in Germany. He gained interest in me because of my Croatian origin. One of the most important things in his history is the fact that his mother was not very empathetic. She was very dominant and she expected her son to be extremely financially successful. For her, that was the utmost priority. That is why she chose to go back to work when her son was two months old. During the noon hours, there was a period of 1-2 hours when he and his two-year-old sister were left alone, without the presence of their parents. His mother worked in a counter shift from his father's. During the therapy, he repeated several times that "his mother believed it was more important to earn those 500 German Marks then to spend time with him." The father, on the other hand, was weak and indecisive, without the "masculine phallic uprightness" in a psychological sense of the term. In the beginning, we had one session a week, early in the morning. After a few months, the patient wanted to have two sessions a week. Namely, he was rather

je htio reći. Imao sam dojam kao da je otkrio dobru majku koje se naglo htio „nasititi". Dogovorili smo se da termini budu utorkom i četvrtkom rano ujutro, u mojoj radnoj sobi u bolnici. Sobu sam upotrebljavao samo ja, bila je na četvrtom katu, izdvojena od pogona prijma i otpusta u prizemlju. U mojoj instituciji bilo je povoljnih uvjeta za bavljenje psihoterapijom, s obzirom na to da je bolnica njegovala psihodinamičku tradiciju, što je danas nažalost rijetkost jer uglavnom prevladava politika rezanja troškova, „radikalnog" objektiviziranja ciljeva i financijske isplativosti psihodinamičkih psihoterapija što u konačnici ima negativan utjecaj na terapijski „setting", o čemu piše Churcher (7). Soba je bila ugodna, opuštajuća, u sobi je bila velika knjižnica. Isprva sam mislio da mu te knjige ne bi odvraćale pozornost, naime Carpelan 87) i Laor (9) dijelom se dotiču i ističu postojanost „settinga" uz prostornu ugodu, ali i minimalno odvraćanje pažnje. No nije bilo tako, dapače, to „knjižnično" ozračje pacijentu je davalo dojam učenosti, profinjenosti i rafiniranosti. To je i sam primijetio rekavši kako su njegovi roditelji podrijetlom iz siromašnog i vrlo primitivnog kraja, a on je svojim radom došao do pozicije koja ga je često dovodila u kontakt s najvećim njemačkim intelektualcima. Imao je osjećaj kako uz terapiju pomalo premošćuje tu diskrepanciju. „Setting" je u prvoj godini terapije bio nesiguran, pacijent ga je očito napadao kao što je to i majka či-

enthusiastic about the therapy; he felt safe and accepted, and he started opening even more. I had a feeling as if he had discovered a good mother and he could not „get enough" of it. Sessions took place on Tuesdays and Thursdays, early in the morning in my office at the hospital. I was the only one using the room located on the fourth floor and far away from "loud" admissions and discharges taking place on the ground floor. The hospital I worked for cherished the psychoanalytic tradition and provided very good conditions for practice. Unfortunately, nowadays that is an exception rather than the norm, considering the actual tendency of cutting the costs, "radical" objectivisation and forcing financial viability of psychodynamic psychotherapies. According to Churcher (7), all those factors have a negative impact on the therapeutic setting. My room was very pleasant and relaxing with a big library. I thought that all those books could distract him, as Carpelan (8) and Laor (9) wrote about the continuity of setting through spatial comfort but also through minimal distraction of attention. However, that was not the case. The "library atmosphere" indeed contributed to the patient's positive feeling of being in contact with knowledge and sophistication. He mentioned once that his parents came from a very poor and primitive background and that he advanced in his career so much that he often encountered some of the most prominent German intellectuals. He had a feeling as if the therapy helped him to bridge that discrepancy. In the course of the first year

nila ne bivajući uz njega. No kasnije se stabilizirao, poremećaji su bili sve rjeđi. To je omogućilo otvaranje i najintimnijih tema, pa je tako prvi put u životu nekome povjerio da je u svojim dvadesetim godinama imao incestuozne seksualne odnose sa svojom rođakinjom koja je također bila u svojim dvadesetima. Sjećam se kako se čudio sam sebi što je to uopće ispričao, ali očito je da je osjetio dovoljnu razinu sigurnosti da se može povjeriti. A otvaranje te teme iznimno je pridonijelo razumijevanju njegove nezasitne želje za romansom s majkom. To je otvaralo druge asocijacije koje su vodile u daljnje prorađivanje te njegove temeljne nesigurnosti, a to je da se brani od odvajanja od majke koja nikada nije bila dovoljno dobar objekt od kojeg bi se onda odgovarajuće i odvojio. Povremeno su gotovo prštale asocijacije, snovi i sve što upućuje na dublje uronjavanje, ulazak u fantazmatski svijet i simbolizaciju. Psihoterapijom je otkriven i njegov osnažen autentični „self", osjećao se kao da ga se „vidi i čuje baš onakvim kakav u stvari jest", strah od crne boje pokazao se povezanim s majčinom nemogućnošću metaboliziranja njegovih projekcija. Prorada je dovelo do toga da nakon dvije i pol godine terapije strah od crne boje više uopće nije bio tema.

Nakon više od dvije i pol godine terapije otvarala se tema eventualnog završetka terapije s obzirom na to da je terapija rezultirala dobrim uspjehom te je sazr-

of therapy, the setting was not secure as the patient obviously attacked it as his mother had done it previously by not being with him at a very early age. Later, the setting stabilised with occasional disturbances. That allowed us to open even the most intimate issues, like sharing the fact that he had an incestuous relationship with his female relative in his early twenties. He was wondering why he shared something like that, and obviously he felt secure in therapy. By opening that issue, we managed to understand his insatiable desire for a "romance with his mother". Further associations led to a deeper processing of his fundamental uncertainty, i.e., to defend himself from the separation from his mother who has never been a good enough object to separate from. From time to time, there were plenty of associations and dreams, indicating a deeper processing, getting into the realms of fantasy and symbolisation. Thanks to psychotherapy, this was revealed and empowered his authentic self; he felt as if he could be seen and heard just the way he was. Fear from the colour black appeared to be connected to his mother's inability to metabolise his terrifying projections. Deeper processing resulted in the disappearance of the colour black problem after two and a half years of therapy.

After that, we opened the topic of ending the therapy, given the fact that the therapy was successful. The time for our separation had come, so we wanted to get back to having one session a week.

jelo vrijeme za naše odvajanje, zato smo počeli dogovarati povratak na „setting" jednom tjedno. Upravo u tim trenutcima proglašena je pandemija koronavirusa te je sav ambulantni pogon stavljen u on-line modus. Terapija se više nije održavala u klinici, a kako je pacijent vrlo mnogo putovao, često je bio u drugom gradu, u drugoj prostoriji, okruženju, npr. s drugačijim osvjetljenjem. To je, moram priznati, odvlačilo moju pažnju i dio seanse otpadao je na objašnjenje gdje je trenutačno, u kojem gradu i slično. Osim toga, pandemija je isprva gotovo u svakoj seansi bila jedna od tema kojom smo se bavili, ne toliko u smislu žaljenja što se više ne vidimo uživo (a možda baš zbog toga), nego više kao rizični čimbenik za poslove koje je pacijent u svojem profesionalnom životu sklapao. U terapiju je uneseno mnogo više konkretnoga, manje fantazmatskog. Bila je, dakle, samo jedna seansa tjedno i ona je najvećim dijelom bila ispunjena „faktografskim" opisivanjem događaja, ali ne i doživljaja iz prijašnjih dana. No nakon oko mjesec dana pacijent je počeo sam strukturirati seanse tako što je počeo pričati i o doživljajima. Pacijent je to, da tako kažem, sve obavljao kao izvrstan učenik koji je „naučio" kako „psihoterapija funkcionira" i sada pokazuje kako „vrijedno piše domaću zadaću". Ja sam se u tim trenutcima osjećao kao netko koga treba zadiviti, „tjerao" me da ga pohvalim. Pitanje je jesam li mu tada bio kao majka koja nikad nije hvalila ili kao otac koji kao da

At that time, the coronavirus pandemic was declared, so we had to continue with the therapy online. Due to the circumstances, the therapy was no longer taking place at the hospital. At the same time, the patient travelled a lot to different cities, and called from a different room with, for example, different lighting. Oftentimes, I was distracted and we spent time on describing in which town he was staying and similar. Besides that, in the beginning we frequently discussed the coronavirus, not so much because of our forced spatial separation (and maybe just because of that), but mainly because of a higher risk related to his professional life. There were much more concrete and much less phantasmatic elements in the therapy. Most of the session was fulfilled with the factual description of several events in his life as he shared very little emotions. However, after one month, he started to talk about his feelings. I had an impression as if he had learned how the psychotherapy „works" and he showed me how good he was in doing his „homework" I felt as somebody who had to be impressed, as if he „forced" me to praise him. It is the question whether I was in the position of his mother who had never praised him or his father who had missed the opportunity "call" his son to identify with him by means of praise. The therapy was supportive, rather than analytic. However, the patient functioned better, he was able to resolve his professional conflicts on his own, he was calmer and sober-minded, he "asked" me to confirm "how well" he was doing in dealing with

je propustio priliku pohvalama „pozvati" sina na identifikaciju s njime. Seansama je dominirao suportivni, manje analitički rad. No s vremenom se pokazalo kako pacijent općenito bolje funkcionira, poslovne konflikte rješava sam, mirnije, trezvenije, od mene bi u stvari tražio, a naposljetku i dobio, potvrdu kako je određeni poslovni konflikt dobro riješen. Na privatnom planu ipak je došlo do stagnacije, nekonstruktivni konflikti sa suprugom učestali su, manja je spremnost prorade transfernih osjećaja povezanih sa suprugom. No taj privatni aspekt života ipak ga manje iscrpljuje, ostavlja dojam kako manje pati. Moja početna bojazan hoće li pacijent „moći sam" polako je nestajala. U pacijenta je očito došlo do trajnijih unutarnjih promjena i manje me trebao. Odnos u cjelini više nije bio toliko intenzivan, no nastavio se, njeguje se, pacijent se i dalje javlja, proces je živ, ali na manje intenzivan način. Općenito ostaje dojam kako je razdoblje od dvije i pol godine vrlo intenzivne terapije prije pandemije u okviru pouzdanog „settinga" pridonijelo sazrijevanju do te mjere da ovo pandemijsko vrijeme s velikim promjenama „settinga" nije dovelo do dublje destabilizacije pacijenta.

RASPRAVA

Pacijent je imao siguran i neupitan *setting*. Imao je, dakle, i vremenski i prostorni kontinuitet unatoč tome što se terapija održavala u instituciji, na što

his professional challenges. Considering the patient's private life, there was a kind of stagnation, namely, unconstructive conflicts with his wife arose more frequently and he was not able to process the feelings he was transferring toward his wife. Nevertheless, he did not suffer as much because of his private life any more. My initial apprehension whether he would be able to "cope on his own" slowly disappeared. He obviously experienced significant, long-lasting development so he did not need me as much anymore. Our relation was not as intensive anymore, but it continued, it was cherished, and the patient kept calling. Thus, the process was alive, but less intensive. Generally, the impression remains that two and a half years of therapy in a stable setting has contributed to a significant development of the patient and that the pandemic, which largely disturbed the setting, did not result in any significant destabilisation of the patient.

DISCUSSION

The patient had a secure setting. There was a continuity of time and space, despite the fact that the therapy took place in an institution. Bleger (10) warns about the difficulties that psychotherapists working in an institutional setting face in order to provide the continuity of time and space. During the therapy, it was possible to contain the patient's projections (with the help of supervision). Containing was obviously much more suffi-

upozorava Bleger (10) tvrdeći kako psihoterapeuti u instituciji vrlo teško održavaju kontinuum prostora i vremena. Osim toga, imao je mene kao terapeuta koji je mogao (uz supervizijski rad) kontejnirati njegove projekcije i to očito na njemu bliskiji način nego što je to činila majka u najranijim danima njegova života. *Setting* je u pacijenta odigrao i važnu ulogu u smislu predstavljanja zakona trećeg (oca) kao onoga koji odvraća od iluzije o svemogućoj vezi između njega i mene kao terapeuta. Tako Diamond (11) naglašava važnost trećega (oca) kao sastavnice „dovoljno dobrog analitičkog para unutar terapeuta". Terapeut treba u sebi imati i majčinu i očevu prisutnost ne bi li pacijentu bio omogućen daljnji razvoj uz triangulaciju, a *setting* sa svojim „strogim pravilima" zastupa očevu stranu. Na primjeru prikazane psihoterapije bilo je nekoliko pokušaja kada je pacijent htio da ja liječim i obiteljskog člana i da s vremenom „postanemo prijatelji"; bilo je poziva na razne događaje izvan terapije na kojima je on bio moderator i pozivao me kao „posebnoga gosta". Upravo je pridržavanje pravilima *settinga* pridonijelo tomu da se pacijenta dozirano frustrira. Poslana mu je poruka da ne može ostvariti sve svoje fantazije i upravo u tom raskoraku između njegove želje za stapanjem sa mnom i frustrirajuće realnosti gdje smo mi ipak samo u terapijskom odnosu otvorio se „potencijalni prostor" za psihoterapijski rad, prema Winnicottu (12) i Ogdenu (13).

cient than it was possible for his mother to contain during the earliest period of his life. The setting had an important role to play since it was representing "the law of the third one" (the father), which contributed to the distraction from illusion about the desired almighty relation between him and myself, as his therapist. Diamond (11) accentuates the importance of the third one (the father) as an essential component of the "good enough analytical pair within the therapist." The therapist should contain both components, the female and the masculine one, in order to provide further development of the patient through triangulation. With its „strict rules", the setting represents the side of the father. On several occasions, the patient tried to ask me to treat other members of his family, and there was a tendency on his side for us to "become friends". He invited me as a special guest to a number of events he was moderating. It is precisely the adherence to the rules of the setting that contributed to the patient's frustration in a measured way. He understood the message that not all of his phantasies were achievable. According to Winnicott (12) and Ogden (13), the discrepancy between the patient's wish to merge with the therapist and the frustrating reality, in which the two are only in a therapeutic relation, opened a „potential space "for psychotherapeutic process". However, from the very beginning of the therapy, there was a kind of "danger" related to the psychotherapeutic process. The "danger" came from

No treba reći kako je u tom psihoterapijskom odnosu vrebala opasnost ne samo s njegove nego i s moje strane, i to od samog početka terapije. Naime, pacijent je došao k meni i ostao na psihoterapiji, dakle, nije došao nekome s kim bi razgovarao na njemačkome jeziku iako je rođen i odrastao u Njemačkoj, njemački govori besprijekorno, bez stranog naglaska, jedino je kod kuće s roditeljima govorio hrvatski. Tu se krila opasnost za terapijski odnos jer pacijent je možda došao k meni s iluzijom da bih mu ja bio izravna zamjena za oca i/ili majku. Opasnost za terapijski odnos dolazila je i s moje, terapeutske strane. I ja sam unatoč poznavanju njemačkoga jezika i unatoč brojnim prednostima rada u Njemačkoj duboko u sebi žalio za svojim domom u Hrvatskoj. U meni je, praktički od preseljenja u Njemačku, bila vrlo izražena nostalgija za domovinom. Stoga se u tom mojem oduševljenju što pacijent želi terapiju imati na hrvatskome jeziku krila opasnost za zastranjivanje u terapijskom odnosu. I tu se pridržavanje pravila o *settingu* pokazalo ključnim u održavanju potrebne distance, upravo je stabilan *setting* taj koji je odigrao zaštitnu ulogu ne dopuštajući „svemoćno kompenzacijsko stapanje". Sve je to rezultiralo stvaranjem stabilnog terapijskog odnosa. Očito je da je pacijent u terapeutu pronašao dijelom dobru majku, a dijelom i oca, čemu je umnogome pridonio siguran *setting*. To je vjerojatno i razlog zbog kojeg smo otpočetka „kli-

both sides, the patient's and the therapist's. Although he was born and raised in Germany and speaks German fluently and without an accent, the patient approached me and not someone else whose mother tongue is German, and stayed in therapy. He speaks Croatian only at home, with his parents. Therefore, he maybe unconsciously expected that I would be a direct replacement for his father or mother. On the other hand, the "danger" also came from my side. Although I speak German very well and despite many advances in my professional career in Germany, deep inside of me, I mourned for my home in Croatia. I suffered from homesickness toward my homeland. Thus, my enthusiasm about the fact that the patient wished to have the therapy in the Croatian language represented a potential danger for the therapeutic process. The adherence to the rules of the setting helped once again as they prevented "the omnipotent compensatory merging". Instead, the situation resulted in a stable therapeutic relation. The patient obviously found a good mother and partially the father in me, and the setting contributed greatly to that. Also, that could potentially explain why we "clicked" from the very beginning. The question emerges as to what kind of impact the pandemic had and how it forced the change of the setting? Considering the fact that regardless of the pandemic, we agreed to reduce a number of sessions to once a week and that we started to prepare the separation, it is difficult to discern. In ad-

knuli." Kakav je onda utjecaj imala pojava pandemije i prisilna promjena *settinga*? Budući da je i neovisno o pandemiji dogovaran povratak na *setting* jednom tjedno te su počele pripreme za separaciju, ne može se baš sa sigurnošću reći čemu pripisati promjene. A promjene su značile više „faktografije" u seansama, a manje doživljaja, manje prorade, došlo je do regresije. Što i nije neuobičajeno. U seansama smo se bavili njegovim financijskim uspjesima, više nije imao smetnje s crnom bojom, osjećao se slobodnim od toga. No sve smo se više bavili njegovim disfunkcionalnim odnosom sa suprugom, tu nije dolazilo do znatnijeg pomaka. Kao da je promjenu *settinga* pacijent „iskoristio" da pokaže kako je „dobar učenik" jer se riješio crne boje, ali ipak je ostao „pod skutima majke" od koje se ne želi potpuno odvojiti. S druge strane, ja kao da sam uz pacijenta želio utažiti svoje regresivne potrebe tražeći u toj terapiji „dašak napuštene domovine". Očito smo obojica iskoristili produljenje terapije za rješavanje transferno-kontratransfernih teškoća. No sadašnje je stanje ipak bitno bolje od onoga u kojem je pacijent bio prije terapije kada je imao praktički fobične simptome. Kao da je to prisilno odvajanje uslijed pandemije na neki način pokazalo „pravo stanje stvari", a to je da je pacijent regredirao na razinu na kojoj on ipak sam izlazi na kraj sa svojim profesionalnim teškoćama. Moglo bi se reći da se pacijent „ponovo rodio" u poslovnom području svojeg ži-

dition to that, the change itself consisted in what came about more as "facts" and less as emotions during the sessions. There was less processing as it came to regression, which is common. During the therapy, we were talking about with his financial success, and the patient was no longer afraid of the colour black as he felt relieved from that fear. However, we were dealing with his dysfunctional relation with his wife. There was no significant shift in this area. It seemed as if the patient "utilised" the change of the setting to show that he was a "good pupil" by getting rid of the colour black, yet he remained in his "mother's lap" from which he did not want to separate completely. On the other hand, it seems that I "used" the patient to satisfy my regressive need to "find the lost homeland." Obviously, both of us utilised the prolongation of the therapy to resolve our transference-counter-transference difficulties. It is important to emphasise that the patient was in a much better condition than before the therapy when he had suffered from phobic symptoms. As if this forced spatial separation, due to the pandemic, revealed "the real state of affairs", i.e., that the patient obviously regressed, but not too deep, and that he was able to deal with his professional challenges despite the regression. In the context of the comparison from the beginning of this article, it could be said that the patient was "reborn" in his professional life. However, in terms of his private life, the patient avoided processing the transference from his mother

vota. Ali na osobnom planu čini se da su tragovi „pupčane vrpce" i dalje prisutni budući da pacijent bježi od prorade transfernih osjećaja s majke na suprugu te s obzirom na to da pacijent i dalje ima potrebu ostati na terapiji. Prorada navedene transferno-kontratransferne „zavrzlame" očito će biti izazov u nastavku terapije. Općenito ostaje dojam kako je stabilan *setting* prije pandemije pridonio razvoju pacijenta, što se među ostalim očituje i u tome da i kada dođe do regresije, ona ne samo da nije preduboka nego postaje povodom za daljnji razvoj terapijskog procesa.

ZAKLJUČNO

Stabilan *setting* iznimno je važan za uspjeh psihoanalitičke psihoterapije. Najraniji biološki supstrat za *setting* može se naći u jajovodu i maternici gdje nastaje i opstaje plod, a kasnije u ovojnicama u kojima se plod razvija. Stoga je u biološko-antropološkom smislu *setting* neizostavna komponenta života. Tu se krije snaga učinka stabilnog *settinga* u psihoanalitičkoj psihoterapiji. Pridržavanje pravila *settinga* omogućuje razvoj stabilnog terapijskog odnosa i štiti od potencijalnog simbiotskog zastranjivanja i pacijenta i terapeuta. Isto tako, u prikazanoj psihoterapiji stabilan *setting* pokazao se kao zaštitni čimbenik i od „tektonskih" poremećaja kakve je unijela pandemija bolesti COVID-19.

to his wife. Therefore, it seems that the traces of "umbilical cord" still remained. Apart from that, the patient still has the need to remain in therapy. Obviously, the treatment of this transference-counter-transference "entanglement" will present an upcoming challenge in further therapy. Generally speaking, the impression remains that the stable setting before the pandemic has largely contributed to the development of the patient, so when the regression occurred, it was not too deep. This constitutes the basis for further development of the therapeutic process.

CONCLUSION

A stable setting is extraordinary important for successful psychoanalytic psychotherapy. The fallopian tube and the uterus where an embryo forms, envelops and grows could be the earliest biological substrate for the setting. Therefore, from a biological and anthropological point of view, the setting is an indispensable component of life. This could explain the reason why the setting has such an important impact on psychoanalytic psychotherapy. Adherence to the rules of the setting in case of both the patient and the therapist enables a stabile therapeutic relation and protects from a potential symbiotic deviance. Besides, various reports on psychotherapy indicate that the stable setting acted as a protective factor against the "tectonic" disturbances brought about by the pandemic.

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