Kada treba završiti liječenje psihodinamskom grupnom psihoterapijom pacijenata sa psihozom?

/ When is it Necessary to Complete Treatment with Psychodynamic Group Psychotherapy for Patients with Psychosis

Branka Restek-Petrović[1, 2], Majda Grah[1, 2, 3], Nataša Orešković-Krezler[4]

[1]Klinika za psihijatriju Sveti Ivan, Zagreb, Hrvatska; [2]Sveučilište Josipa Jurja Strossmayera u Osijeku, Fakultet za dentalnu medicinu i zdravstvo; [3]Osijek, Hrvatska; [3]Zdravstveno veleučilište, Zagreb, Hrvatska; [4]Privatna psihijatrijska ordinacija Nova cesta 121, Zagreb, Hrvatska

/ [1]Psychiatric Hospital Sveti Ivan, Zagreb, Croatia; [2]Josip Juraj Strossmayer University in Osijek, Faculty of Dental and Medicine and Health, Osijek, Croatia; [3]University of Applied Health Sciences, Zagreb, Croatia; [4]Private Outpatient Office Nova cesta 121, Zagreb, Croatia

ORCID ID: https://orcid.org/0000-0003-3804-8176

O završnoj fazi terapijskog procesa u grupama pacijenata sa psihozom te o načinima izlaska individualnog pacijenta iz grupe relativno malo je pisano u literaturi. Zbog prirode psihotičnog procesa koji remeti funkcioniranje ličnosti u svim aspektima (emocionalnom, kognitivnom, voljno-nagonskom) te osobito na planu interpersonalnog i socijalnog funkcioniranja, ciljevi dugotrajne analitičke grupne psihoterapije mogu se podijeliti na ciljeve rane i kasne faze liječenja. U ranoj fazi liječenja cilj je stabilizacija bolesti, nestanak simptoma, kritičnost prema bolesti i potrebi liječenja, prihvaćanje psihofarmakoterapije, prorada traumatskih iskustava hospitalizacije te stigmatizacije u trajanju od godinu do dvije. U kasnijoj fazi liječenja težimo konsolidaciji selfa, postizanju konstantnosti i viših razina objektnog odnosa, rekonstrukciji mehanizama obrane te uvidu u unutarnje konflikte. Završetak grupne psihoterapije sa psihotičnim pacijentima je visokoindividualan proces u kojem sudjeluju sam pacijent, ostali članovi grupe i terapeut/i. Za većinu psihotičnih pacijenata postignuće ciljeva prve faze liječenja znači i kraj terapije, a za pacijente s većim kapacitetima za psihoterapijski rad i interesom za psihološko moguće je postići i više razine objektnih odnosa i funkcioniranja.

U ovom radu prikazujemo iskustva iz dugotrajne grupne analitičke terapije pacijenata sa psihotičnim poremećajima iz ambulantnog programa Klinike za psihijatriju Sveti Ivan. Opisuju se različiti načini izlaska pacijenata-članova grupe iz grupne psihoterapije, a zajedničko obilježje je odsutnost procesa prorade separacije bez obzira na dužinu participacije u grupi, postignute pomake te terapijski dogovor.

/ Relatively little has been written in the literature about the final phase of the therapeutic process in groups of patients with psychosis and about the ways in which an individual patient leaves the group. Due to the nature of the psychotic process that disrupts the functioning of personality in all aspects (emotional, cognitive, volitional-instinctual) and especially in terms of interpersonal and social functioning, the goals of long-term analytical group psychotherapy can be divided into the early and late phases of treatment. In the early phase of treatment, the goal is the stabilisation of the disease, disappearance of symptoms, critical attitude towards the disease and the need for treatment, acceptance of psychopharmacotherapy and processing of traumatic experiences of hospitalisation and stigmatisation for one to two years. In the later phase of treatment, we strive to consolidate the self, achieve constancy and higher levels of object relationship, reconstruct defence mechanisms and gain insight into internal conflicts.

The completion of group psychotherapy with psychotic patients is a highly individual process in which the patient, other members of the group and the therapist(s) participate. For most psychotic patients, achieving the goals of the first phase

of treatment means the end of therapy, and for patients with greater capacity for psychotherapeutic work and interest in psychology it is possible to achieve higher levels of object relations and functioning.

In this paper, we present the experiences obtained in a long-term group analytical therapy of patients with psychotic disorders from the outpatient programme of the Psychiatric Hospital Sveti Ivan. Different ways patients (group members) leave group psychotherapy are described where the common feature is the absence of processing separation regardless of the length of participation in the group, the progress made and the therapeutic agreement.

ADRESA ZA DOPISIVANJE / *CORRESPONDENCE*

Doc. prim. dr. sc. Branka Restek-Petrović, dr. med.

psihijatar, subspecijalist psihoterapije, grupni analitičar

Milana Rešetara 7

10 090 Zagreb, Hrvatska

E-pošta: branka.petrovic@pbsvi.hr

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UVOD

O završnoj fazi terapijskog procesa u grupama pacijenata sa psihozom te o načinima izlaska individualnog pacijenta iz grupe relativno je malo pisano u stručnoj literaturi. Razlog možemo naći u činjenici da suvremene smjernice za liječenje pacijenata sa psihotičnim poremećajima ukazuju na multidimenzionalnost biopsihosocijalnog terapijskog pristupa, te da je psihoterapija općenito samo dio cjelovite terapijske strategije. Osim psihoterapije u različitim fazama bolesti važnu ulogu imaju i druge vrste terapija kao što je psihofarmakoterapija te različite psihosocijalne intervencije u bolničkim i izvanbolničkim uvjetima (1). Nadalje, iako je prošlo skoro cijelo stoljeće od objavljivanja prvog rada iz područja grupne psihoterapije pacijenata sa shizofrenijom i drugim psihotičnim poremećajima (2), sve do danas općenito je relativno malo stručne i znanstvene literature iz ovog područja. Postoji velika različitost teorijskih pristupa i tehnika u grupnom psihoterapijskom radu sa psihotičnim pacijentima

INTRODUCTION

Relatively little has been written in the professional literature about the final phase of the therapeutic process in groups of patients with psychosis and the ways in which an individual patient leaves the group. The reason for that can be found in the fact that modern guidelines for the treatment of patients with psychotic disorders indicate the multidimensionality of the biopsychosocial therapeutic approach and that psychotherapy is generally only a part of a comprehensive therapeutic strategy. In addition to psychotherapy in different stages of the disease, other types of therapy also play an important role, such as psychopharmacotherapy and various psychosocial interventions in hospital and outpatient settings (1). Furthermore, although almost a century has passed since the publication of the first paper in the field of group psychotherapy of patients with schizophrenia and other psychotic disorders (2), scientific literature in this field remains relatively scarce to this day. There is a great variety of theoretical approaches and techniques in group psychotherapy with psychotic patients and therefore this type of psychotherapy is the least

te je stoga ova vrsta psihoterapije najmanje istražena, sistematizirana u pogledu adekvatne primjene, indikacije i izbora intervencija kao i ostalih tehničkih pojedinosti (3). Nedovoljno jasan i definiran koncept psihoze, heterogenost pacijenata istih dijagnoza (4), teškoće istraživanja grupne psihoterapije (5), problemi različitih teorija o konceptualizaciji grupe (6), različitost tipova grupa koji se primjenjuju u liječenju, kao i neizbježna jedinstvenost grupnih procesa još uvijek stoje na putu istraživanju te definiranju jedinstvene teorije i prakse grupne psihoterapije psihoza.

Danas prevladava stav da grupna psihoterapija sadržava kombinaciju terapijskih elemenata koji imaju povoljan učinak na liječenje osoba sa psihotičnim poremećajima (3,7). Budući da pacijenti sa psihozom imaju nedovoljno diferencirane self i objektne reprezentacije i poremećen je proces njihove integracije, self je vulnerabilan i postoji velika ovisnost o vanjskim objektima. Sa strukturnog gledišta psihotični bolesnik ima slabo definirane granice između unutarnjeg i vanjskog svijeta što vodi poremećaju u testiranju realiteta praćenom poremećajem misaonog procesa i poremećenim objektnim odnosima (8). Ostvarivanjem kohezije i izgradnjom grupnog matriksa u dugotrajnom grupnom procesu aktualiziraju se primitivni objektni odnosi i primitivni mehanizmi obrane ovdje i sada i postaju vidljivi i dostupni analizi i proradi, a iskustvo dobre simbioze otvara put k zrelijim i stabilnijim interpersonalnim odnosima (9,10). Grupa je istovremeno mjesto u kojem članovi mogu biti u socijalnoj interakciji koja je zbog psihičkih teškoća narušena, mjesto na kojem se mogu međusobno prepoznavati, učiti o sebi i svojim načinima funkcioniranja od sebi sličnih osoba, i, također, rasti i razvijati se kao ličnosti (11).

Prema Yalomu završetak psihoterapije je sastavni dio terapijskog procesa: „Završetak je više nego kraj, to je integralni dio procesa terapije i ako se pravilno razumije i vodi može

researched and least systematized in terms of appropriate use, indication, choice of interventions and other technical details (3). Insufficiently clear and defined concept of psychosis, heterogeneity of patients with the same diagnosis (4), difficulties in researching group psychotherapy (5), problems regarding different theories on group conceptualisation (6), diversity of group types used in treatment and the inevitable uniqueness of group processes still hinder the research and defining of a coherent theory and practice of group psychotherapy for treating psychosis.

The prevailing attitude today is that group psychotherapy contains a combination of therapeutic elements that have a beneficial effect on the treatment of persons with psychotic disorders (3,7). Since patients with psychosis have insufficiently differentiated self and object representations and the process of their integration is disrupted, the self is vulnerable and there is a high dependence on external objects. From a structural point of view, a psychotic patient has poorly defined boundaries between the inner and outer world, which leads to a disorder in reality testing accompanied by a disorder of the thought process and disturbed object relations (8). The achievement of cohesion and building a group matrix in a long-term group process contribute to the actualisation of primitive object relations and primitive defence mechanisms here and now, which then become visible and accessible for analysis and processing, and the experience of good symbiosis opens the way for more mature and stable interpersonal relationships (9,10). The group is a place where members can be in social interaction that is impaired due to psychological difficulties, but also at the same time a place where they can recognize each other, learn about themselves and their ways of functioning from their peers, and also grow and develop as individuals (11).

According to Yalom, the completion of psychotherapy is an integral part of the therapeutic process: "Completion is not just the end, it is an integral part of the therapy process and if properly understood and guided, it can be an important force in achieving change. The group is a highly

biti važna snaga u postizanju promjene. Grupa je visoko individualan proces, u koji će svaki pacijent ući, iskusiti, participirati i upotrijebiti grupu na svoj poseban način." (12). Freud je smatrao da psihoterapija treba završiti kad nema više napretka u terapiji, a psihopatologija izgubi zamah (13). Yalom navodi još neke ciljeve psihoterapije: sposobnost da se voli sebe i bude voljen, veća fleksibilnost i kapacitet za igru, otkriti i vjerovati vlastitim vrijednostima, ostvariti veću samosvijest, bolju interpersonalnu kompetenciju i zrelije mehanizme obrane (12). Zadatak terapijskog procesa u cjelini je trostruk: grupa mora biti inkorporirana kao pozitivno i konstruktivno iskustvo, svaki član mora obraditi temu gubitka i konačno, materijal naučen u grupi mora se primijeniti u vanjskim, osobnim okolnostima (14).

Koliko se od navedenih ciljeva može postići u grupnoj psihoterapiji psihotičnih bolesnika pitanje je na koje nema jednostavnog odgovora. Da bi započeli put ka uvidu, transformaciji i integraciji ličnosti pacijenti sa psihotičnim poremećajem prvo moraju zadovoljiti bazične ciljeve terapije: stabilizaciju bolesti, prihvaćanje realiteta postojanja psihičkog poremećaja i potrebe za dugotrajnjim tretmanom, prihvaćanje psihofarmakološkog liječenja, socijalizaciju, ostvarenje radne sposobnosti te kapacitet za samostalno življenje (1,15). Nakon ostvarenja tih ciljeva u mnogo se slučajeva terapija smatra završenom, a dugotrajnije liječenje s većim ciljevima često i nije dostupno zbog visokih troškova liječenja psihoza, težnji za brzim rješenjima te neraspoloživosti visokoeduciranog terapijskog kadra za dugotrajne psihoterapije u većini zdravstvenih sustava.

Psihodinamska grupna psihoterapija psihoza dokazano ima pozitivne kratkotrajne i dugotrajne učinke na planu suradljivosti u liječenju, socijalnom funkcioniranju i redukciji stigme (16,17). Pacijenti za sudjelovanje u dugotrajnom grupnom procesu trebaju imati unutarnju motivaciju, biti dobro pripremljeni te definirati

individual process, in which every patient will enter, experience, participate and use the group in their own special way." (12). Freud believed that psychotherapy should end when there is no more progress in therapy and psychopathology loses momentum (13). Yalom cites some other goals of psychotherapy: the ability to love oneself and be loved, greater flexibility and capacity to play, to discover and believe in one's own values as well as to achieve greater self-awareness, better interpersonal competence and more mature defence mechanisms (12). The task of the therapeutic process as a whole is threefold: the group must be incorporated as a positive and constructive experience, every member must address the topic of loss and finally, the lessons learned in the group must be applied in external, personal circumstances (14).

How many of these goals can be achieved in group psychotherapy of psychotic patients is a question to which there is no simple answer. In order to begin the path to insight, transformation and integration of personality, patients with psychotic disorders must first meet the basic goals of therapy: stabilisation of the disease, acceptance that there is a mental disorder and the need for long-term treatment, acceptance of psychopharmacological treatment, socialisation, ability to work and live independently. (1,15). In many cases the therapy is considered completed after achieving these goals, and longer-term treatment with higher goals is often not available due to high costs of psychosis treatment, tendency to reach quick solutions and the lack of highly educated staff for long-term psychotherapy in most healthcare systems.

It has been proven that psychodynamic group psychotherapy of psychosis has positive short-term and long-term effects in terms of collaboration during treatment, social functioning and the reduction of stigma (16,17). Patients should have intrinsic motivation to participate in a long-term group process, be well prepared and define their own therapy goals, and the initial preparation for joining the group should include an agreement on the process of leaving the group for the purpose of processing separation (18,19).

vlastite ciljeve u terapiji, a u inicijalnu pripremu za uključenje u grupu ulazi i dogovor o procesu izlaska iz grupe u svrhu prorade separacije (18,19).

Stone navodi da je u grupama pacijenata s kroničnom duševnom bolesti vrlo rijetko odlazak iz grupe najavljen na vrijeme i prorađivan na seansama. Ova kategorija pacijenata vrlo često izlazi iz grupe bez najave, ili uz najavu, ali s vrlo malo prorade separacije. Odlazak iz grupe ne znači i prekid odnosa sa članovima grupe, oni se često viđaju na kavama, telefoniraju, a članovi koji su napustili grupu ponekad dolaze na druženja nakon završene seanse (20,21).

CILJ

Cilj rada je istražiti načine izlaska pacijenata sa psihotičnim poremećajima (shizofrenijom i psihozama unutar shizofrenog spektra) iz dugotrajne ambulantne grupne psihoterapije ovisno o ostvarenju ciljeva terapije. Primjeri potječu iz ambulantnog psihoterapijskog programa Klinike za psihijatriju Sveti Ivan u Zagrebu.

METODA

Primijenjena metoda je dugotrajna izvanbolnička psihoanalitička grupna psihoterapija, u dinamici 90 minuta jedanput/tjedan, koterapijski vođena od grupnog analitičara i specijalizanta psihijatrije ili dva grupna analitičara. Relevantni prikazi grupnog procesa dobiveni su analizom protokola seansi. Svi članovi su u psihoterapijski grupni proces uključeni nakon hospitalnog liječenja akutne faze bolesti, u fazi remisije, a njihovo funkcioniranje u bolničkoj grupnoj psihoterapiji jedan je od elemenata za postavljanje indikacije za ovu vrstu terapije (9,19). U ambulantnu grupnu psihoterapiju uključuju se pacijenti heterogeni po spolu, ne prevelikog dobnog raspona da se izbjegne generacijski jaz i olakša uspostavljanje komunikacije, koji imaju dovoljno psihološke uvida, sposobnost introspekcije i barem djelomično kritični odnos prema bolesti (22,23). Nakon završenog hospitalnog liječenja pacijenti sudjeluju u individualnim indikacijskim seansama u kojima se procjenjuje njihova motivacija za psihoterapiju i

Stone states that in groups of patients with chronic mental diseases, leaving the group is very rarely announced on time and processed in sessions. This category of patients very often leaves the group without notice, or with notice, but with very little processing of the separation. Leaving the group does not mean terminating relations with group members, they often see each other over coffee, make phone calls, and members who left the group sometimes come to socialise after sessions (20,21).

AIM

The aim of this paper is to explore the ways patients with psychotic disorders (schizophrenia and psychoses within the schizophrenia spectrum) leave long-term outpatient group psychotherapy depending on the achievement of treatment goals. Examples come from the outpatient psychotherapy programme of the Psychiatric Hospital Sveti Ivan in Zagreb.

METHOD

The applied method is long-term outpatient psychoanalytic group psychotherapy, 90 minutes once a week, co-led by a group analyst and a psychiatry resident or two group analysts. Relevant examples of the group process were obtained by analysing session protocols. All members were included in the psychotherapeutic group process after hospital treatment of the acute phase of the disease, in the remission phase, and their functioning in hospital group psychotherapy was one of the elements for indicating this type of therapy (9,19). Outpatient group psychotherapy includes patients heterogeneous by gender and with not too big an age difference to avoid generation gap and facilitate communication, patients who have sufficient sense of psychological, the ability of introspection and are at least partially critical towards the disease (22, 23). After completing hospital treatment, the patients participate in individual indication sessions in which their motivation for psychotherapy and

kacije; pacijenti koji imaju dovoljan smisao za psihološko i mogućnost introspekcije te barem djelomičnu kritičnost prema bolesti (22,23). Nakon završenog bolničkog liječenja na individualnim indikacijskim razgovorima procjenjuje se motivacija za psihoterapijski rad, definiraju se vlastiti ciljevi psihoterapijskog rada (najčešće su to želja za stabilizacijom psihičkog poremećaja što bi članovima grupe omogućilo da izbjegnu hospitalizacije, poboljšanje komunikacije s okolinom i poboljšanje odnosa s bliskim osobama, prepoznavanje prvih znakova i simptoma bolesti kao i pomoć u ostvarenju ljubavnih odnosa) te se uspostavlja terapijski dogovor (23,24).

PRIMJERI IZ GRUPNOG PROCESA

Prikazat ćemo primjere različitih modela izlaska individualnog pacijenta sa psihotičnim poremećajem/shizofrenijom iz grupe, ovisno o ostvarenju ciljeva terapije. U ovom prikazu nećemo se osvrnuti na napuštanje (*dropouts*) iz grupne psihoterapije, nego prikazati odlaske iz grupe onih članova koji su se uspjeli uključiti u grupni proces te ostvariti neke od ciljeva terapije.

Primjer 1. Pacijent u ranoj fazi psihoze i mehanizam *„sealing-over"*

Pacijent S., pravnik, 27 godina, neoženjen, prvi put je hospitaliziran zbog psihotične epizode na psihoterapijskom odjelu. Obitelj je visokoobrazovana te se informira o terapeutu, njenim referencama te o mogućnostima ambulantne grupne psihoterapije. S. na odjelu sudjeluje u grupama uglavnom iznoseći probleme na poslu koje paranoidno obrađuje, djeluje slabijih introspektivnih kapaciteta. Obitelji se preporuči uključenje u psihoedukaciju što oni prihvaćaju, ali i S. i roditelji traže uključivanje u ambulantnu grupu. Pacijent je uključen u grupu članova s višegodišnjim psihoterapijskim iskustvom.

their personal therapy goals are assessed (most common being the desire to stabilise mental disorders, which would allow group members to avoid hospitalisation, improve communication with the environment and relationships with persons close to them, recognition of the first signs and symptoms of the disease as well as help in achieving romantic relationships) and a therapeutic agreement is established (23,24).

EXAMPLES FROM THE GROUP PROCESS

We will present examples of different models of an individual patient with a psychotic disorder/schizophrenia leaving the group, depending on the achievement of therapy goals. We will not take into account dropouts from group psychotherapy but rather demonstrate the departures from the group of those members who managed to join the group process and achieve some of the therapy goals.

Example 1. Patient in the early stage of psychosis and the sealing-over mechanism

Patient S., a lawyer, 27 years old, unmarried, was hospitalised in the psychotherapy ward for the first time due to a psychotic episode. His family is highly educated and made inquiries about the therapist, her references and the possibilities of outpatient group psychotherapy. In the ward, S. participated in groups, mainly presenting problems at work that he processed paranoidly. His ability of introspection seemed poor. His family was recommended to obtain psychoeducation, which they accepted, but both S. and his parents asked to be included in the outpatient group. The patient joined the group of members with many years of psychotherapeutic experience. He was well received, likable, quickly included in socialising in a bar after sessions, talked a lot about his problems at work and blamed the bosses for his psychotic episode. He rejected the group's advice

Dobro je prihvaćen, simpatičan, brzo se uključuje u druženje poslije grupe u kafiću, verbalizira obilno problematiku na poslu, a šefove krivi za svoju psihotičnu epizodu. Pokušaje grupe da pokuša sagledati svoj doprinos problemima na poslu odbacuje, kao i obiteljske korijene problema. Obitelj idealizira, a postupno je vidljiva i idealizacija grupe. Članove naziva „svojim ljudima", najboljim ljudima, naglašava dobru atmosferu u grupi. Nakon šest mjeseci odlučuje da je vrijeme da završi terapiju, jer se dobro osjeća, odlučio je potražiti novi posao, a obitelj će mu pomoći. Dolazi još mjesec dana na grupu „da se oprosti", ali ne prorađuje rastanak.

Pacijent S. završio je svoje učešće u grupi u dobroj remisiji te uz prihvaćanje psihofarmakološke terapije. Iskustvo psihoze je ostalo neprorađeno, nepovezano sa životnim iskustvom, što je karakteristika mehanizma *sealing-over*. Manifestna je slaba mogućnost otvaranja unutarnjih sadržaja, sjećanja na iskustva povezana sa psihotičnom epizodom nastoje se potisnuti i negirati, a oporavak bazirati na pokušaju da se „sve što brže zaboravi" i pokuša vratiti na ranije modele funkcioniranja (25).

Primjer 2. Ostvarenje ranih ciljeva terapije - pacijentica s kronično recidivirajućim tijekom bolesti

Pacijentica L., ekonomistica u kasnim tridesetim godinama, umirovljena, uključuje se u razvijenu ambulantnu grupu zbog višegodišnjeg psihotičnog procesa. Unatoč redovnom uzimanju psihofarmaka i suradljivosti u liječenju te suportivnoj individualnoj terapiji, svake je godine hospitalizirana što znatno narušava njeno radno i socijalno te emocionalno funkcioniranje. Ne uspijeva ostvariti emocionalnu vezu koju jako želi. U grupi funkcionira kao vrijedan i aktivan član, introspektivna, s dobrim uvidom. Ubrzo se klinička slika stabilizira pa hospitalizacije nisu potrebne. Intenzivno radi na obiteljskoj problematici te na slici o sebi koju

to try to see his part in the problems at work as well as the family roots of the problem. He idealised his family and gradually began to idealise the group as well. He called the members "his people", "the best people", and emphasised the good atmosphere in the group. After six months, he decided it was time to finish therapy because he felt well, he decided to find a new job and his family would help him. He came to the group "to say goodbye" for another month but did not process the parting.

Patient S. completed his participation in the group in good remission and with the acceptance of psychopharmacological therapy. The experience of psychosis remained unprocessed and unrelated to life experience, which is a characteristic of the sealing-over mechanism. A weak possibility of opening internal contents was manifest, memories of experiences related to psychotic episodes were suppressed and denied, and the recovery was based on an attempt to "forget everything as soon as possible" and try to return to earlier models of functioning (25).

Example 2. Achieving early goals of therapy – a patient with a chronically recurrent course of disease

Patient L., an economist in her late thirties, retired, joined an established outpatient group due to a long-time psychotic process. Despite regular use of psychopharmaceuticals, cooperation in treatment and supportive individual therapy, she had been hospitalised every year, which significantly impaired her work as well as her social and emotional functioning. She failed to establish an emotional relationship she yearned for so desperately. In the group, she was a valuable and active member, she was introspective and had good insight. The clinical picture stabilised soon, rendering hospitalisations no longer necessary. She worked intensively on family issues and the image of herself, which she often productively reflected on the group. After four years, she entered a relationship with a man symbiotically attached to his mother, which allowed her not to explore

često produktivno zrcali u grupi. Nakon četiri godine ostvaruje vezu s čovjekom simbiotski vezanim za majku što joj omogućuje da ne dira u većoj mjeri u vlastitu simbiotsku obiteljsku konstelaciju. Najavljuje odlazak iz grupe, ostaje na preporuku terapeuta nekoliko seansi, ali uz slabu razradu separacije. Od tada je u remisiji deset godina.

Pacijentica L. realizirala je ciljeve početne faze liječenja - stabilizaciju bolesti, uvid u okidače, kritičnost prema bolesti, uvid u neke korijene poremećaja u obitelji, smanjenje straha od intimnosti, realizaciju bliskog odnosa. Napredak na planu separacije i individuacije ipak nije bio moguć te pacijentica sama najavljuje odlazak iz grupe.

Primjer 3. Ostvarenje kasnih ciljeva terapije

Mladi shizofreni pacijent I., student, uključen je u ambulantnu grupnu psihoterapiju nakon liječenja na psihoterapijskom odjelu. Izrazito autističan, opsesivan, u grupi dugo vremena teško uspostavlja komunikaciju, sjedi pognute glave, jedva odgovara na pitanja. Odvojen je od roditelja s kojima je u izrazito lošim odnosima, jedno vrijeme živi u udomiteljskoj obitelji. Cijela grupa je regresivna te funkcionira uz veliku aktivnost i suport terapeuta. Postupno se uspostavlja kohezija te sve bolja komunikacija među članovima, počinju ići na kavu poslije grupe i spontano dijeliti iskustva. I. počinje spontanije komunicirati, izražava sve veći interes za druge članove, podržava ih i povremeno savjetuje. Ostvaruje ulogu starijeg brata u grupi, dobro je prihvaćen. Uspijeva se zaposliti, radi različite poslove, nekad daleko ispod svoje obrazovne kvalifikacije, ali uporno ustraje. Uz podršku terapeuta i grupe odlazi u rodni grad gdje se zapošljava u struci nakon završenog fakulteta. Upoznaje djevojku s kojom se ženi i dobiva dvoje djece. Živi u izvrsnoj remisiji, kompletno socijaliziran, nakon deset godina oprašta se s

her own symbiotic family constellation more deeply. She announced her departure from the group, remained for several more sessions as recommended by the therapist, but did not process the separation. She has remained in remission for ten years since then.

Patient L. realised the goals of the initial phase of treatment. i.e., stabilisation of the disease, insight into triggers, critical attitude towards the disease, insight into some roots of family disorders, reduction of the fear of intimacy, establishment of a close relationship. However, progress in terms of separation and individuation was not possible after all, so the patient herself announced her departure from the group.

Example 3. Achieving later goals of therapy

A young schizophrenic patient I., a student, was included in the outpatient group psychotherapy after treatment in the psychotherapy ward. Extremely autistic, obsessive, unable to establish communication in the group for a long time, sitting with his head bowed, barely answering questions. He was separated from his parents, with whom he had an extremely bad relationship, and lived in a foster family for a while. The whole group was regressive and functioned with great involvement and support of the therapist. Gradually, cohesion was established and communication between members improved. They started going for coffee after sessions and spontaneously shared experiences. I. began to communicate more spontaneously, expressed growing interest in other members, supported them and occasionally gave advice. He played the role of an older brother in the group and was well accepted. He managed to find a job, which included the performance of various tasks sometimes far below his qualifications, but he persisted. With the support of the therapist and the group, he went to his hometown after graduation and got a job in his profession. He met a girl and married her. They have two children. He lives in excellent remission, completely socialised. After ten years, he decided to leave the group that

grupom koja žali zbog njegovog odlaska, jer je bio vrijedan član i dobar identifikacijski model.

Pacijent I. u desetogodišnjem grupnom psihoterapijskom liječenju postiže kvalitetnu i stabilnu remisiju i socijalni oporavak. Spomenuta poboljšanja održavaju se i godinama nakon završetka grupe. Samoinicijativno se odlučuje za izlazak iz grupe, ostaje dogovoreno vrijeme, ali separaciju slabo prorađuje.

Primjer 4. Ostvarenje kasnih ciljeva terapije u različitim razdobljima života i fazama bolesti tijekom psihoterapije u različitim grupama

Pacijent Z., mladi pravnik prvi put je uključen u relativno naprednu ambulantnu grupu nakon svoje četvrte hospitalizacije (dg. shizofrenija). Još uvijek pod značajnom psihopatološkom produkcijom, kognitivno ometen ne može funkcionirati te odustaje od terapije. Terapeuti ga uključuju u regresivniju grupu shizofrenih pacijenata, ali dobrih kapaciteta za psihološki rad. Tu ostaje pet godina, sve bolje funkcionira, polaže pravosudni ispit i nalazi posao u struci. Nakon završetka devetogodišnje grupe Z. sam traži nastavak terapije te ulazi u kohezivnu i funkcionalnu grupu pacijenata u remisiji shizofrenije. Tu je aktivan član, razrađuje brojne probleme vezane za interpersonalne odnose na poslu, predstojeće napredovanje i profesionalne ambicije te pokušaje ostvarenja emocionalnih veza. Postupno je sve više vidljiva tendencija dominacije i monopolizacije u grupi. Dolaze do izražaja narcističke crte ličnosti koje agiraju u grupi. Nakon razočaranja na emocionalnom planu dekompenzira se što mu onemogućava napredovanje na poslu, prelazi na lošiji, ali sigurniji posao u državnoj službi, kronično nezadovoljan, sve više izostaje iz grupe, konačno odlazi, ali ostaje u kontaktu s nekim članovima. Izvan grupe je sedam godina, uz farmakoterapiju dobro remitiran, funkcionira

regretted his departure because he was a valuable member and a good model to identify with.

In ten-year group psychotherapeutic treatment patient I. managed to achieve good and stable remission and social recovery. The mentioned improvements are maintained for years after the completion of the group therapy. He decided to leave the group on his own, he stayed the agreed time, but his processing of the separation was poor.

Example 4. Achieving later goals of therapy in different periods of life and stages of disease during psychotherapy in different groups

Patient Z., a young lawyer, was included in the relatively advanced outpatient group for the first time after his fourth hospitalisation (schizophrenia). Still under significant psychopathological production and unfunctional due to cognitive disturbance, he decided to withdraw from therapy. Therapists included him in a group of schizophrenic patients which was more regressive, but with good capacities for psychological work. He stayed there for five years, started to function better, passed the bar exam and found a job in his profession. After the completion of the nine-year group therapy, Z. requested the continuation of therapy and joined a cohesive and functional group of patients in the remission of schizophrenia. He was an active member of the group, processed numerous problems related to interpersonal relationships at work, upcoming promotion and professional ambitions, and his attempts to establish an emotional relationship. Gradually, the tendency of domination and monopolisation in the group became increasingly visible. Narcissistic personality traits emerged in the group. After being disappointed at the emotional level, he decompensated, which prevented him from getting a promotion at work. He settled for a worse but safer job in the civil service; he was chronically dissatisfied and increasingly absent from the group. Finally, he left, but remained in contact with some members. He has been out of the group for seven years. He was well-remitted

ra, na poslu napreduje, ostvaruje rukovodeću poziciju, putuje u inozemstvo, vodi europske projekte.

Nakon kumuliranog stresa dekompenzira se psihotično u inozemstvu, biva ponovo hospitaliziran. Ponovo traži psihoterapiju te ulazi u novu grupu, razvijenog grupnog procesa, visoko funkcionalnih pacijenata u remisiji psihoze, koji su svi u radnom odnosu i svi u vezama ili brakovima. U početku funkcionira na ranije viđeni način, površno u interakciji, s autističnim monolozima i pokušajem da dominira, da bi nakon konfrontacija članova grupe i terapeuta postupno postao autentičniji u komunikaciji i interakciji, poboljšava sve svoje interpersonalne relacije, na poslu bolje funkcionira, a svoju višegodišnju vezu s kolegicom svoje dobi adekvatnije valorizira. U grupi postaje cijenjen član, traži se njegovo mišljenje i iskustvo u bolesti i liječenju. Pomiren je sa životnim perspektivama da neke ciljeve, kao što je roditeljstvo, neće realizirati u životu. Na poslu je ponovno angažiran u međunarodnim projektima unatoč iskustvu psihoze i liječenja za koje svi znaju.

Pacijent Z. u četiri različite grupe tijekom dvadeset godina psihoterapije napreduje na planu objektnog odnosa i socijalizacije te ostvaruje oporavak od shizofrenije u pravom smislu te riječi. Iz svake od „faza“ svoje psihoterapije odlazi prema vlastitom nahođenju, a vraća se obično nakon pogoršanja bolesti ili komplikacija vanjskih okolnosti. Separacije slabo verbalno prorađuje, ali nastavlja održavati kontakte s nekim od članova grupe.

Primjer 5. Terapeuti predlažu završetak terapije

Pacijent K. uključuje se u grupnu psihoterapiju na preporuku kućne prijateljice-psihijatrice zbog potrebe prorade traumatskih iskustava civila u ratu. Inače je prije više godina dvaput hospitalno liječen zbog burnih psihotičnih epizoda, a aktualno je bez psihofarmakoterapije,

with the help of pharmacotherapy: he functioned, progressed at work, achieved a leading position, travelled abroad, and managed European projects.

The stress accumulated abroad caused him to decompensate psychotically, which resulted in hospitalisation. He seeked psychotherapy again and joined a new group with a developed group process and highly functional patients in remission of psychosis, who were all employed, in relationships or married. In the beginning, everything worked as before: he interacted superficially with autistic monologues and tried to dominate, but after being confronted by group members and therapists, he gradually became more authentic in communication and interaction, improved all his interpersonal relationships, functioned better at work and valorised his long-time relationship with a colleague of his age more adequately. He became a respected member of the group which seeked his opinion and experience related to disease and treatment. He was reconciled with life's perspectives and the fact that he would not achieve some goals, such as parenting. At work, he was re-engaged in international projects despite the experience of psychosis and treatment that everyone knew about.

During twenty years of psychotherapy in four different groups, patient Z. achieved progress in terms of object relationship and socialisation as well as recovery from schizophrenia in the true sense of the word. He left each of the "phases" of his psychotherapy at his own discretion and usually returned after aggravation of the disease or complications of external circumstances. He did not process separations verbally well, but he maintained contacts with some of the group members.

Example 5. Therapists recommend the end of therapy

Patient K. was included in group psychotherapy on the recommendation of a family friend, a psychiatrist, due to the need to process traumatic experiences of a civilian in the war. He had been hospitalised twice several years ago due to turbulent psychotic episodes, and was currently without

potpuno u realitetu, funkcionalan u svojoj struci, aktivan u hobijima i sportu. Uključuje se u dugotrajnu ambulantnu grupnu psihoterapiju u grupi socijalno funkcionalnih pacijenata sa psihozom u remisiji. Iskustva civila u ratnoj situaciji granatiranja iznosi samo na početku, dok kasnije verbalizira drugu problematiku. U grupi se prezentira kao aktivan, ali izrazito suhoparan, pretjerano detaljan i racionalan član. Njegove su verbalizacije uglavnom vezane uz posao koji u grupi opisuje dosta opširno, dosadno, s detaljima, uz projektivan stav prema nadređenima. Grupa je ispočetka impresionirana njegovim profesionalnim uspjesima i neuzimanjem lijekova (jedini takav član), da bi kasnije sve teže tolerirala repetitivne, suhoparne tirade. Članovi ga često konfrontiraju, ukazuju na nedostatak emocionalnih sadržaja i verbalizacija, probleme intimnosti (dugogodišnji samac samo s rijetkim prolaznim seksualnim vezama), a konfrontacije terapeuta slijede i zbog tendencije monopolizacije. Navedeni model komunikacije održava se u različitom intenzitetu godinama, više ili manje vidljiv ili prekriven drugom dinamikom. Sam pacijent unatoč relativno žestokim konfrontacijama i ljutnji ostalih članova iznosi zadovoljstvo svojim učešćem u grupi sa željom da u grupi ostane doživotno. Nakon 12 godina terapije pacijent uspijeva uspostaviti emocionalnu vezu s dosta mlađom ženom i održava je dvije godine. Terapeuti procjenjuju da se postiglo najbolje moguće poboljšanje te se pacijentu prvo individualno, a kasnije i u grupi savjetuje završetak liječenja. Pacijent to dobro prihvaća, grupa ga podržava, u seansama izražava zahvalnost i zadovoljstvo postignutim, ali nema prorade separacije ili naznaka procesa žalovanja. S jednim od terapeuta ostaje individualno u kontaktu putem kontrolnih pregleda svakih šest mjeseci. Godine provedene u grupi naziva najljepšim razdobljem u životu.

Pacijent K. koji se uključuje u grupu primarno radi postizanja ciljeva druge faze liječenja (od

psychopharmacotherapy, completely in reality, functional in his profession, active in hobbies and sports. He was included in long-term outpatient group psychotherapy in the group of socially functional patients with psychosis in remission. He presented his experience of a civilian during the war and shelling only at the beginning and later he verbalised other issues. He presented himself in the group as an active, but extremely dry, overly detailed and rational member. His verbalisations were mostly related to his work which he described in the group quite extensively, tediously, providing details and with a projective attitude towards superiors. The group was initially impressed by his professional success and the non-use of medication (he was the only such member), but later found it increasingly difficult to tolerate his repetitive, dry tirades. Members often confronted him, pointing out the lack of emotional content and verbalisation, problems of intimacy (he was a long-time single with only rare casual sexual relationships), and therapists confronted him because of his tendency to monopolise. This model of communication was maintained at different intensity over years, more or less visible or covered by other dynamics. The patient himself, despite relatively fierce confrontations and anger of other members, expressed satisfaction with his participation in the group and the wish to stay in the group for life. After twelve years of therapy, the patient managed to establish an emotional relationship with a much younger woman and maintained it for two years. Therapists estimated that the best possible improvement had been achieved, and the patient was advised to complete the treatment, first individually and later in the group. The patient accepted the advice well, and the group supported him. In sessions, he expressed gratitude and satisfaction with the achieved, but showed no processing of separation or indication of the grieving process. He stayed in contact with one of the therapists individually through check-ups every six months. He referred to the years spent in the group as the best period of his life.

Patient K. joined the group primarily to achieve the goals of the second phase of treatment (from

ranije stabilnog stanja, bez psihofarmakoterapije, radno i socijalno funkcionalan, materijalno neovisan) tijekom cijelog dugogodišnjeg grupnog procesa radi na komunikaciji i interakciji s drugima (teškoće njegova diskursa grupa uspijeva kontejnirati i konfrontirati), ali i na problemima intimnosti i bliskih odnosa. Nakon realizacije ovog cilja terapeuti savjetuju završetak terapije, pacijent se slaže, te nakon izlaska iz grupe održava bliski odnos. Pet godina nakon izlaska iz grupe, u kasnim pedesetim godinama, ostvaruje i brak.

RASPRAVA

Shizofrenija i drugi psihotični poremećaji najčešće su dugotrajne bolesti s kroničnim ili kronično recidivirajućim tijekom te mogu dovesti do oštećenja ličnosti i psihosocijalne disfunkcionalnosti. Karakterizirane su primitivnim objektnim odnosima i mehanizmima obrane, krhkim i nedovoljno integriranim selfom te dezorganiziranim mišljenjem i ponašanjem. Njihovo psihoterapijsko liječenje zahtijeva dugotrajan proces, prema mišljenju nekih terapeuta i doživotni. Grupna psihoterapija potiče socijalizaciju, komunikaciju, kritičnost i uvid prema sebi i bolesti te korigira patološke mehanizme obrane i poboljšava objektne odnose (26). Kanas (1999.) navodi da je za mnoge pacijente sa psihozom grupa primarno socijalizirajuće iskustvo te da se interpersonalne interakcije među njima trebaju aktivno poticati (27).

Ciljevi dugotrajne analitičke grupne psihoterapije pacijenata sa psihotičnim poremećajima mogu se podijeliti na ciljeve rane i kasne faze liječenja: u ranoj fazi liječenja cilj je stabilizacija bolesti, nestanak simptoma, kritičnost prema bolesti i potrebi liječenja, prihvaćanje medikamenata, prorada traumatskih iskustava hospitalizacije te stigmatizacije što traje prema našem iskustvu godinu do dvije (17,19). U kasnijoj fazi liječenja težimo konsolidaciji selfa,

a previously stable state, without psychopharmacotherapy, functional at work and socially, financially independent). Throughout the long group process, he worked on communication and interaction with others (the group managed to contain and confront the difficulties related to his discourse), but also on the problems of intimacy and close relationships. After achieving this goal, therapists advised him to end therapy and the patient agreed and maintained a close relationship after leaving the group. Five years after leaving the group, in his late fifties, he got married.

DISCUSSION

Schizophrenia and other psychotic disorders are most frequent long-lasting diseases with a chronic or chronically recurrent course and can lead to personality damage and psychosocial dysfunction. They are characterised by primitive object relations and defence mechanisms, fragile and insufficiently integrated self, and disorganised thinking and behaviour. Their psychotherapeutic treatment requires a long process, according to some therapists, even lifelong. Group psychotherapy encourages socialisation, communication, critical thinking and an insight into oneself and the disease, corrects pathological defence mechanisms and improves object relations (26). Kanas (1999) states that for many patients with psychosis, the group is primarily a socialising experience and that interpersonal interactions between them should be actively encouraged (27).

The goals of long-lasting analytical group psychotherapy of patients with psychotic disorders can be divided into goals of the early and late phases of treatment: in the early phase of treatment the goal is the stabilisation of the disease, disappearance of symptoms, critical attitude towards the disease and the need for treatment, acceptance of medication, processing of traumatic experiences of hospitalisation and stigmatisation which, according to our experience, lasts one to two years (17, 19). In the later phase of treatment, we strive for the consolidation of the self, achieving con-

postizanju konstantnosti i viših razina objektnog odnosa, rekonstrukciji mehanizama obrana te uvidu u unutarnje konflikte.

U primjeru 1. pacijent koji u osnovi ima slabe kapacitete za grupni psihoterapijski rad odlazi na vlastitu inicijativu nakon stabilizacije bolesti, nestanka simptoma i poboljšanja opće funkcionalnosti. Iako ostaje koliko je dogovoreno, rastanak uopće ne proraduje. Od grupnog iskustva naglašava dobru atmosferu u grupi i prijateljske odnose kao nešto što će ponijeti sa sobom. Nema elemenata žalovanja. Za pojedine pacijente slabijih introspektivnih kapaciteta zahtjevi analitičke terapije su preveliki. Oni nisu u mogućnosti dublje istraživati svoje doživljaje i unutarnja proživljavanja, a pokušaj uključenja u takvu vrstu rada izaziva anksioznost. Takvi pacijenti često pribjegavaju masivnom mehaniznu obrane „*sealing over*" ili pečaćenju (25) u kojem je psihotično iskustvo potpuno odvojeno od aktualnih i prošlih životnih iskustava. Ova kategorija pacijenata ima više koristi od suportivnih modela terapije.

U primjeru 2. pacijentica s kroničnim recidivirajućim tijekom bolesti, ali dobrih introspektivnih kapaciteta, uspijeva ostvariti ciljeve prve faze liječenja: stabilizaciju bolesti, razumijevanje nastanka bolesti u kontekstu vlastite povijesti i odnosa, povećanje svojih kapaciteta za intimnost i ostvarenje emocionalne veze koja značajnije ne dira u njen simbiotski odnos s majkom. Ostaje dobro i visoko funkcionalna niz godina nakon završetka terapije.

Primjer 3. prikazuje pacijenta koji je prošao cjelokupni dugotrajni proces grupne psihoterapije u trajanju od deset godina: od autizma, shizofrene dezorganizacije, do aktivnog, analitičnog i suportivnog člana grupe te dobrog identifikacijskog modela. Ostvaruje se na profesionalnom, osobnom i intimnom planu brakom i roditeljstvom. Postiže remisiju bolesti, socijalnu i radnu funkcionalnost, ostvarenje kapaciteta za intimnost. Spomenuta poboljšanja održavaju se godinama nakon završetka grustancy and higher levels of object relationship, reconstruction of defence mechanisms and insight into internal conflicts.

In example 1, a patient who basically has poor capacity for group psychotherapeutic work leaves the groups at his own initiative after the disease has stabilised, symptoms have disappeared, and the general functionality has improved. Although he remained for the agreed period, he did not process the parting at all. When talking about the group experience, he emphasised the good atmosphere in the group and friendly relations as something he would take with him. There were no elements of mourning. For some patients with lower introspective capacities, the requirements of analytical therapy are too high. Such patients are unable to explore their experiences and inner processing more deeply and trying to engage them in that type of work causes anxiety. They often resort to a massive defence sealing-over mechanism (25) in which the psychotic experience is completely separate from current and past life experiences. This category of patients benefits more from supportive therapy models.

In example 2, a patient with a chronically recurrent course but with good introspective capacity succeeded in achieving the goals of the first phase of treatment: stabilisation of the disease, understanding of the onset of the disease in the context of her own history and relationships, increase of her intimacy capacity and establishment of an emotional relationship which does not interfere significantly with her symbiotic relationship with her mother. She has remained well and highly functional for many years after the completion of therapy.

Example 3 shows a patient who has undergone the long process of group psychotherapy for ten years, starting from autism and schizophrenic disorganization to becoming an active, analytical and supportive member of the group and a good model to identify with. He is an accomplished person on a professional, personal and intimate level through marriage and parenthood. He is in remission of the disease; he is functional socially and at work and has achieved the capacity for in-

pe. Pacijent nastavlja terapijski odnos sa svojim terapeutom putem povremenih kontrolnih pregleda. Sa životnim stresorima (problemi na poslu) se nastavlja nositi bez dekompenzacija i povratka simptoma.

Primjer 4. pokazuje višekratno uključenje u grupnu psihoterapiju shizofrenog pacijenta u raznim fazama života i životnim krizama. U različitim grupama napreduje do uspješnog socijalnog statusa i realizacije na profesionalnom kao i na emocionalnom planu. U daljnjem tijeku terapijskog procesa obrađuje doživljaj starenja i životnih neostvarenosti. Napominjemo da je pacijent uključivan u različite grupe koje su vodili isti koterapeuti, te da je na taj način ostvario izvjestan kontinuitet terapije i terapijskog odnosa. U svim situacijama povratak u psihoterapiju u novoj grupi proveden je uz diskusiju i pristanak ostalih članova grupe.

U primjeru 5. opisan je pacijent koji ulazi u grupu s već postignutim ciljevima prve faze liječenja, te se tijekom dugotrajnog procesa obrađuje karakterološka problematika uz značajan pomak na planu kapaciteta za intimnost što označava i kraj terapije prema procjeni koterapeuta.

Na pitanje kada je pravo vrijeme za završetak liječenja u grupnoj psihoterapiji za ovu kategoriju pacijenata nema jednoznačnog odgovora. S aspekta terapeuta nakon početne stabilizacije bolesti, i redukcije simptoma, uspostavljanja kritičnosti prema bolesti i prihvaćanja potrebe dugotrajnijeg liječenja, slijedi dugotrajan proces rada na konsolidaciji psihičke strukture, postizanju viših razina objektnog odnosa, radu na intimnosti itd. S druge strane psihotični pacijenti - članovi grupe, često se zadovolje manjim ciljevima i najčešće prekidaju terapiju na vlastitu inicijativu, relativno naglo, usprkos dogovorima i pravilima uspostavljenima na početku. Prorade rastanka ima malo ili je uopće nema, što se može razumjeti u sklopu nemogućnosti (ili slabije mogućnosti) ovih pacijenata za ostvarenje procesa žalovatimacy. The mentioned improvements have been maintained for years after the end of group therapy. The patient has continued the therapeutic relationship with his therapist through periodic check-ups. Life stressors (problems at work) have been dealt with continuously without decompensation or a return of symptoms.

Example 4 shows multiple inclusions in group psychotherapy of a schizophrenic patient at various stages of life and life crises. In various groups, he progressed to a successful social status and achievement at both professional and emotional level. In the further course of the therapeutic process, he was dealing with the experience of aging and life failures. We noted that the patient was included in different groups led by the same co-therapists, and that in that way he maintained a certain continuity of therapy and therapeutic relationship. In all situations, the return to psychotherapy in a new group was carried out following the discussion and consent of other group members.

Example 5 describes a patient who joined the group with already achieved goals of the first phase of treatment. During the long process, the characterological traits have been dealt with a significant shift in terms of capacity for intimacy, which, according to co-therapists' observations, marked the completion of therapy.

There is no definitive answer to the question when the right time to end treatment in group psychotherapy is for this category of patients. From the point of view of the therapist, after the initial stabilisation of the disease and reduction of symptoms, after becoming critical towards the disease and accepting the need for longer-term treatment, there is a long process of consolidating mental structure, achieving higher levels of object relationship, working on intimacy, etc. On the other hand, psychotic patients (group members) are often satisfied with meeting smaller goals and most often end therapy at their own initiative, relatively abruptly, and despite agreements and rules established at the beginning. There is little or no processing of the parting, which can be

nja (28). U vlastitom istraživanju Yalomovih terapijskih faktora u dugotrajnoj grupnoj psihoterapiji psihoza iz 2014. godine uočili smo kako su u prve dvije godine u samoprocjeni pacijenata na prvom mjestu ulijevanje nade i univerzalnost (suportivni faktori), dok se s dužinom trajanja analitičke grupne psihoterapije sve više vrednuje kohezija, a nakon pet godina trajanja korektivna rekapitulacija primarne obiteljske grupe, odnosno početak rekonstrukcije svijeta unutarnjih objekata (16). Za ostvarenje ranih ciljeva terapije prema dosadašnjim iskustvima potrebno je u većini slučajeva godinu do dvije, dok je za ostvarenje kasnih ciljeva potreban višegodišnji tretman (16,26).

Kao i u slučaju nepsihotičnih pacijenata psihoterapija pacijenata sa psihozom nikada nije u potpunosti završena, uvijek postoji neki cilj koji nije dosegnut. Na pitanje kad je optimalno vrijeme za završetak nemoguće je dati jednoznačni odgovor. Potreban je individualni pristup i individualna procjena uz uvažavanje želja i potreba te životnih situacija samih članova grupe.

ZAKLJUČAK

Završetak grupne psihoterapije sa psihotičnim pacijentima je visokoindividualan proces u kojem sudjeluju sam pacijent, ostali članovi grupe i terapeut/i. Za većinu psihotičnih pacijenata postignuće ciljeva prve faze liječenja znači i kraj terapije, a za pacijente s većim kapacitetima za psihoterapijski rad i interesom za psihološko moguće je postići i više razine objektnih odnosa i funkcioniranja. Budući da je ovo područje grupnog procesa za populaciju psihotičnih bolesnika slabo istraženo, potrebna su daljnja istraživanja.

understood as a part of the inability (or weaker ability) of those patients to achieve the grieving process (28). In our research of Yalom's therapeutic factors in long-term group psychotherapy of psychosis from 2014, we noticed that patients' self-assessments after the first two years primarily point to hope and universality (supportive factors) while the duration of analytical group psychotherapy leads to the increased valorisation of cohesion, and, after five years, the corrective recapitulation of the primary family group, i.e., the beginning of the reconstruction of the world of internal objects (16). According to our previous experience, it takes one to two years to achieve early goals of therapy and longer-lasting treatment is needed to achieve late goals (16,26).

As in the case of non-psychotic patients, the psychotherapy for patients with psychosis is never completely finished as there is always a goal that has not been achieved. It is impossible to give a definitive answer to the question when the right time to end therapy is. An individual approach and individual assessment are needed, taking into account wishes, needs and life situations of group members themselves.

CONCLUSION

The completion of group psychotherapy with psychotic patients is a highly individual process in which the patient, other members of the group and the therapist(s) participate. For most psychotic patients, achieving the goals of the first phase of treatment means the end of therapy, and for patients with a greater capacity for psychotherapeutic work and interest in psychological, it is possible to achieve higher levels of object relations and functioning. Since this area of the group process for the population of psychotic patients remains poorly studied, further research is needed in this respect.

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