

# GRANIČNA ORGANIZACIJA OSOBNOSTI, PROJEKTIVNA IDENTIFIKACIJA, ZAHVALNOST U PSIHOTERAPIJI

## */ BORDERLINE PERSONALITY ORGANIZATION, PROJECTIVE IDENTIFICATION, GRATITUDE IN PSYCHOTHERAPY*

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### SAŽETAK/SUMMARY

Ovaj rad je refleksija na priču „Psychosis Neurosis“ kroz vlastiti doživljaj i više različitih teorijskih koncepata kojima se pokušavaju razumjeti neki aspekti psihoterapijskog liječenja, ovom autoru, nepoznatog pacijenta. Stoga se ne odlučuje za postavljanje specifične dijagnoze, već iznosi doživljaj strukture osobnosti. U ovom slučaju, pacijenta doživljava kao granično strukturiranog, te opisuje složenost psihopatologije ovog tipa pacijenata i značaj projektivne identifikacije u radu s njima. S obzirom na doživljaj eseja (i) kao ekspresije darivanja, iznosi se sažet prikaz kontapunkta u koji Melanie Klein postavlja zahvalnost i zavist, uz neka suvremena promišljanja na tu temu koja mogu pridonijeti cjelovitijem razumijevanju priče.

*/ This paper is a deliberation on the story Psychosis Neurosis based on the personal experience and use of several different theoretical concepts in an attempt to understand some aspects of the psychotherapeutic treatment of a patient unknown to this author. Therefore, the author decided not to give a specific diagnosis, but to offer a personal experience of the patient's personality structure instead. In such context, the patient seems to have a borderline organization, and the complexity of the psychopathology of this type of patient is described, as well as the importance of projective identification in working with borderline patients. Given that the author of this paper considers the patient's story (also) to be an expression of gifting, a concise account of the counterpoint in which Melanie Klein places gratitude and envy is presented, as are some contemporary reflections on the subject that can contribute to a more complete understanding of the story.*

### KLJUČNE RIJEČI / KEYWORDS

terapijski odnos / *therapeutic relationship*, granična organizacija osobnosti / *borderline personality organization*, projektivna identifikacija / *projective identification*, zahvalnost / *gratitude*, zavist / *envy*

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## UVOD

Priča „Psychosis Neurosis“ pisana je psihoterapeutu na čiji poticaj autor pristaje na njegovu objavu, no za nas čitatelje, ostaje anonimna. Psihoterapija je završena, i pismo se može razmatrati kao rezidua transfera, nastava procesa prorade i integracije, kao želja za transformacijom transfernog u „realni odnos“ i kao simbolična ekspresija darivanja. Za T. H. Ogdena komunikacija pisanom riječi zapravo je intiman čin; čitajući moramo dopustiti sebi misliti piščeve misli, jer je pisac dopustio sebi postati naša misao. On smatra kako na taj način nitko od nas, ni onaj koji piše, ni onaj koji čita, više ne može polagati pravo na te misli kao ekskluzivno svoje. U tom smislu, komunikacija pismima podržava iskustvo intersubjektivnosti stvoreno u terapijskom odnosu. (1) Pismo psihoterapeutu, nešto je drugo od njegova objavljivanja, to jest dijeljenja intimnog sadržaja vlastite psihoterapije s drugima, a ovo razmišljanje podsjetilo me je na primjer Tilmanna Mosera kao analizanda i Heinza Kohuta kao analitičara: Moser je psihoanalitičar koji je dio osobnog iskustva iz psihoanalize prikazao u knjizi „Vrijeme učenja na kauču“, a zahvalnost, ponos, ponešto egzibicionizma i želju da terapijski odnos pretvori u prijateljski, opisuje kao motive koji su ga nadahnuli da svoje

## INTRODUCTION

The story *Psychosis Neurosis* was written by a patient for his psychotherapist, who then encouraged the patient to agree to the story's publication. To the readers, however, the patient remains anonymous. His psychotherapy has ended, and the letter can be read as a residue of the transference, a continuation of the working-through and integration process, a desire to transform the transference situation into a "real relationship", and a symbolic expression of gifting. For T. H. Ogden, communication through written word is actually an act of intimacy; while reading, we must allow ourselves to think the writer's thoughts, because the writer has allowed himself to become our thought. T. H. Ogden believes that in this way no one, neither the one who writes, nor the one who reads, can claim these thoughts as exclusively their own. In that sense, communication through letters supports the experience of intersubjectivity created in the therapeutic relationship. (1) It is not the same to write a letter to one's psychiatrist and to publish it, i.e., to share the intimate content of one's psychotherapy with others. This reminded me of the example of Tilmann Moser as analysand, and Heinz Kohut as his analyst: Moser is a psychoanalyst who described part of his own experience in psychoanalysis in the book *Years of Apprenticeship on the Couch: Fragments of my Psychoanalysis*, quoting gratitude, pride, a touch of exhibitionism, and the



zapise objavi. Na zamolbu, predgovor toj knjizi napisao je njegov analitičar, Heinz Kohut. U ovoj situaciji, Kohut postavlja pitanja radi li se tu o nekoj vrsti agiranja ili povećanoj stvaralačkoj inicijativi i oslobađanju kreativnosti koje se sad hrane snažnim i transformiranim snagama nekadašnje dječje samodopadnosti. Također navodi kako se u analizi razvija intenzivan osjećaj prema drugoj osobi i nastaje situacija, analitička situacija, u kojoj nema mjesta za trećega, jer nazočnost trećega, ili više osoba, vodi površnim osjećajima ili njihovom primitiviziranju... Ipak, u Moserovoj nakani nalazi želju da ono što je vrijedno podijeli s drugima, a to je iskustvo ljekovite i djelotvorne snage terapijskog procesa. (2)

Rašomonsko iskustvo različitih doživljaja psihoterapijskih seansi, prikazali su I. D. Yalom i njegova pacijentica Ginny Elkin (pseudonim) u knjizi „Svaki dan je malo bliže: Dva puta ispričana terapija“, (1974.), opisujući kako proživljeno svatko od nas pamti i vrednuje na drugačiji način. O ovome Yalom piše: „Moje elegantne i briljantne interpretacije? Ona ih nikada nije čak ni čula...Umjesto toga cijenila je male postupke koje sam jedva primjećivao: moje komplimente na njeno oblačenje, izgled ili pisanje, moja čudnovata ispričavanja zbog nekolicina minuta kašnjenja, smijuljenja

desire to turn the therapeutic relationship into friendship as motives that inspired him to publish his records. Upon his request, the foreword to this book was written by his analyst, Heinz Kohut. In this situation, Kohut asks whether this is a question of some sort of agitating or an increased creative initiative, and the release of creativity now fed by the strong and transformed forces of the former childish self-indulgence. He also states that in the analysis, an intense feeling towards another person develops, and an analytical situation arises in which there is no place for a third party, because the presence of a third person or several people leads to superficial feelings or the “primitivization” of feelings... However, in Moser’s intention he finds a desire to share what is valuable with others: the experience of the healing and effective power of the therapeutic process. (2)

The Rashomon experience of different ways a person sees psychotherapy sessions was presented by I. D. Yalom and his patient Ginny Elkin (a pseudonym) in the book *Every Day Gets a Little Closer: A Twice-Told Therapy* (1974), where they describe how everyone remembers and evaluates an experience in a different way. About this, Yalom writes: “My elegant and brilliant interpretations? She never even heard them. Instead, she valued the small personal acts I barely noticed: my complimenting her clothing or appearance or writing, my awkward apologies for arriving a cou-

na njenu satiru, zadirkivanja..." (3, 4) Imajući na umu Winnicottov koncept prema kojem se djetetov psihološki sadržaj može razumjeti samo u relaciji na psihološki matriks unutar kojeg taj sadržaj postoji i Ogdenov optimizam za intersubjektivno povezivanje pisanjem, razmišljam o ovoj situaciji, u kojoj sam zamoljena za „komentiranje“ priče pacijenta kojeg ne poznajem. Kao što u video kontaktu nedostaje treća dimenzija, tako ovdje nedostaje dimenzija koja se stječe osobnom emocionalnom uključenošću u situaciju „ovdje i sada“, kreirana unutar terapijskog *settinga*, da bi se moglo osjetiti, prije nego razumjeti... Naime, čitajući priču, naš opservirajući ego susreće opservirajući ego autora<sup>1</sup>, a to je dakako drugačija situacija od one terapijske u kojoj se nesvjesno može neposredno razmjenjivati i zajedno razvijati, i u kojoj je kontratransfer terapeuta dragocjen putokaz i u postavljanju dijagnoze. Stoga je ovo prilika prisjetiti se riječi O.F.Kernberga: „Ako se ne ulazi u odnos, nego zadrži „pozicija izvana“, potencijalno smo u situaciji proklizavanja iz perspektive međusobnog učenja u solipsizam onoga koji misli da zna.“ (5)

ple of minutes late, my chuckling at her satire, my teasing..." (3, 4) Keeping in mind Winnicott's concept according to which a child's psychological content can only be understood in relation to the psychological matrix within which that content exists, and Ogden's optimism for intersubjective connection through writing, I am contemplating the situation in which I am being asked to "comment" on the story of a patient I do not know. Just as the third dimension is missing in video contacts, there is a dimension missing here – it is a dimension acquired through personal emotional involvement in the "here and now", created within the therapeutic setting as the ability to feel rather than understand... Namely, while reading the story, our observing ego meets the observing ego of the author<sup>1</sup>, and that is undoubtedly a situation different from the therapeutic one in which the unconscious of both parties can be directly shared and developed, and in which the therapist's countertransference is a valuable guide in making a diagnosis as well. Therefore, this is an opportunity to recall the words of O. F. Kernberg: "If one does not enter a relationship, but maintains 'an outside position', we are potentially in a situation of slipping from the perspective of mutual learning into the solipsism of the one who thinks he knows." (5)

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<sup>1</sup> Aktivacija ego funkcije samorefleksije nastaje introjektivom iskustva empatijskog odgovora terapeuta i identifikacijom s terapeutovom refleksivnom funkcijom.

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<sup>1</sup> Activation of the ego function of self-reflection occurs through introjection of the experience of the therapist's empathic response, and identification with the therapist's reflexive function.



## GRANIČNA STRUKTURA OSOBNOSTI

S. Freud je pisao kako je granica između normalnog duševnog stanja i onog koje nazivamo patološkim, djelomično konvencionalna, a djelomično toliko malo utvrđena i postupna da je svatko od nas više puta prijeđe tijekom dana. (6) Komentirajući tendenciju striktno klasifikacije psihijatrijskih entiteta u suvremenoj psihijatriji, Yalom nas podsjeća kako se prema ljudima ne smijemo odnositi kao da ih možemo kategorizirati, jer tako nećemo uočiti, ni potpomoći razvoj vitalnih dijelova koji nadilaze klasifikacije. (4) Premda autor priče „Psychosis Neurosis“ navodi razne dijagnoze, zapravo piše o svojoj osobnosti, a „igri riječi“ u naslovu, osobito blizak čini se D. Winnicottov opis granične organizacije osobnosti:

„Suština poremećaja psihotične je prirode, no pacijent ima dovoljno psihoneurotične organizacije, tako da je uvijek u stanju pokazati psihoneurozu ili psihosomatski poremećaj kada središnja psihotična tjeskoba prijeteći da izađe na vidjelo u svom najoštrijem obliku. U takvim slučajevima terapeut može godinama biti sporazuman s pacijentovom potrebom da bude psihoneurotičan (suprotnost ludilu) i da ga kao takvog liječi.“ (7)

Dok brojni autori opisuju kako se u psihoterapiji pacijenata s graničnom

## BORDERLINE PERSONALITY ORGANIZATION

S. Freud wrote that the border between a normal state of mind and what we call pathological is partly conventional, and partly so poorly established and gradual, that each of us crosses it several times during the day. (6) Commenting on the tendency of a strict classification of psychiatric entities in modern psychiatry, Yalom reminds us that we must not treat people as categorizable, because that way we will neither notice nor support the development of vital parts that go beyond classification. (4) Although the author of the story *Psychosis Neurosis* lists various diagnoses, he writes about his personality, and the “word play” in the title seems particularly close to Winnicott’s description of the borderline personality organization:

“The essence of the disorder is psychotic in nature, but the patient has sufficient psychoneurotic organization, so that he is always able to show psychoneurosis or psychosomatic disorder when the central psychotic anxiety threatens to emerge in its most acute form. In such cases, the therapist may for years agree with the patient’s need to be psychoneurotic (the opposite of madness) and treat him as such.” (7)

While numerous authors describe how patients with borderline personality can change the characteristics of neurotic and psychotic transference in a single therapeutic session, others con-

osobnosti u jednom terapijskom satu mogu izmijeniti karakteristike neurotičnog i psihotičnog prijenosa, drugi psihopatologiju ovih pacijenata smatraju „ničijom zemljom“ (Green) i teorijskom penumbrom (Zilboorg), koja ima svoje vlastite mehanizme. (8) Razumijevanju koncepta granične strukture osobnosti značajno je pridonio Kernberg, opisujući ga kao bazu iz koje korijen vuče više različitih poremećaja osobnosti, te je ovaj pojam širi od dijagnostičkog entiteta graničnog poremećaja. Kernberg osobnost definira kroz više elemenata: temperament, karakter, identitet, sustav vrijednosti i inteligenciju. U razmatranju poremećaja strukture osobnosti inicijalno je stavio naglasak na slabosti u testiranju realiteta i devijaciju mišljenja prema primarnom procesu, nespecifične manifestacije slabosti selfa (slabu toleranciju tjeskobe, slabost u kontroli impulsa) i dominaciju regresivnih mehanizama obrane (rascjep, projekcija, projekтивna identifikacija). (Danas procjena strukture osobnosti obuhvaća više parametara: testiranje realiteta, stupanj infiltracije identiteta agresijom, obrambene mehanizme, formaciju identiteta, kvalitetu objektnih odnosa i sistem vrijednosti.) Graničnu organizaciju osobnosti definirao je kroz pet glavnih karakteristika: nestabilnost raspoloženja i neadekvatan emocionalni odgovor na podražaj (uslijed slabosti obrambenih

sider the psychopathology of these patients to be “no man’s land” (Green) and theoretical penumbra (Zilboorg), which has its own mechanisms. (8) Kernberg contributed significantly to the understanding of the concept of borderline personality organization, describing it as a base from which several different personality disorders stem; thus, this term is broader than the diagnostic entity of the borderline disorder. Kernberg defines personality through several elements: temperament, character, identity, value system and intelligence. In considering disorders of the personality structure, he initially emphasized weaknesses on reality testing and deviation towards the primary process thought, the unspecific demonstrations of weakness of the self (intolerance to anxiety, weak impulse control), and the prevalence of the regressive defence mechanisms (splitting, projection, projective identification). (Today, the assessment of personality organization includes several parameters: reality testing, aggression infiltration on identity and conduct, defence mechanisms, identity formation, quality of object relations, and a value system.) Kernberg defined the borderline personality organization through five main characteristics: mood instability and inadequate emotional response to stimuli (due to inadequate defence mechanisms), low self-control and a tendency for impulsive behaviour, difficulties in establishing intimate and long-term relationships, identity diffusion characterized by chronic feelings of emptiness and anxiety, and a limited



mehanizama), slabu samokontrolu i tendenciju impulsivnom ponašanju, probleme u uspostavljanu intimnih i dugotrajnih odnosa, difuziju identiteta koju karakteriziraju kronični osjećaj praznine i tjeskoba, te ograničen kapacitet za uživanje i osjećaj zadovoljstva. Permisivan pristup pravilima i zakonskim ograničenjima smatra manifestacijom neintegriranog superega. (9, 10, 11, 12, 13, 14)

Granična organizacija osobnosti vuče porijeklo iz paranoidno-shizoidne faze razvoja, u kojoj se odvija diferencijacija selfa od objektnih reprezentacija, a dominiraju parcijalni objektni odnosi i regresivne obrane. Koncept internalizacije objektnih odnosa i njihove uloge u strukturiranju unutarnjeg svijeta i doživljaju vanjskog realiteta, koji se ranije vezivao za prve mjesece života, Kernberg proširuje i smatra dijelom razvojnih procesa i strukturnih formacija u svim fazama razvoja. Suvremeno poimanje psihopatologije, odnosi se na prepoznavanje patoloških formacija i zastoja iz ranijih i kasnijih razvojnih faza, koji su u različitom stupnju i težini često prisutni u osobnosti istog pojedinca. (15) Kernbergov doprinos razumijevanju razvoja psihičkih struktura dragocjen je i zbog toga što upućuje na holističko poimanje pacijenta i onda kada su pojedini psihijatrijski entiteti striktno kategorizirani i zahtijevaju sa svim različite terapijske pristupe.

capacity for enjoyment and a sense of satisfaction. He considers a permissive approach to rules and legal restrictions to be a manifestation of an unintegrated superego. (9, 10, 11, 12, 13, 14)

Borderline personality organization stems from the paranoid-schizoid stage of development, in which the differentiation between the self and object representations takes place, and partial object representations and regressive defence mechanisms prevail. Kernberg expands the concept of internalization of object relations and their role in structuring the inner world and the experience of external reality, previously associated with the first months of life, and considers it a part of developmental processes and structural formations in all stages of development. The modern understanding of psychopathology refers to the recognition of pathological formations and delays from earlier and later developmental stages, often present in the personality of the same individual in varying degrees and severity. (15) Kernberg's contribution to the understanding of the development of psychological structures is valuable because it points to a holistic understanding of the patient even when individual psychiatric entities are strictly categorized and require completely different therapeutic approaches.

Making an accurate diagnosis is the basis of a good treatment, but the central place in the psychotherapeutic process does not belong to the diagnosis, but to the therapeutic couple, and contempo-

Postavljanje točne dijagnoze osnova je dobrog liječenja, no centralno mjesto u psihoterapijskom procesu ne pripada dijagnozi, nego terapijskom paru i suvremena istraživanja efikasnosti psihoterapije upućuju na značaj terapijskog odnosa u ishodu liječenja. Upravo je veza koja u terapijskom paru sazrijeva i koja se gradi u sigurnom okruženju i međusobnoj prisutnosti, ono što potiče psihološki rast. Prema W. Bionu, ne radi se tu o znanju ili razumijevanju, shvaćanju i povezivanju, ono što jest se sluti i u jedinstvu s time se biva, u potpunoj prisutnosti proživljavanja sadašnjeg trenutka. (16)

### **GRANIČNI PACIJENT I PROJEKTIVNA IDENTIFIKACIJA**

G.O. Gabbard navodi kako je granični tip pacijenata sposoban na neki način postati „poseban“ svojim terapeutima, inspirirati na iznenađujući optimizam, unatoč pesimističnim prognostičkim znacima. Poznati su po devijaciji terapijskog okvira i izbijanju granica, te uspijevaju osjetiti slabosti terapeuta i eksploatirati ih. Pojam „splittinga“ koji je u korijenu ove osobnosti i koncept projektivne identifikacije, smatraju se ključnim za razumijevanje njihove psihopatologije. (17) Originalno prema M. Klein, projektivna identifikacija je intrapsihička fantazija, (u suvreme-

rary research into the effectiveness of psychotherapy points to the importance of the therapeutic relationship for the outcome of the treatment. The relationship of the therapeutic couple, that matures and is being built in a safe environment and through mutual presence, is what stimulates the psychological growth. According to W. Bion, this is not a question of knowledge or understanding, conceiving, and interconnecting; the reality can only be guessed at, and we can exist in unity with it, in the complete presence of experiencing the present moment. (16)

### **BORDERLINE PATIENT AND PROJECTIVE IDENTIFICATION**

G. O. Gabbard states that the borderline patients somehow manage to become “special” to their therapists, to inspire surprising optimism, despite the pessimistic prognostic signs. Such patients are known for deviating from the therapeutic framework, and for crossing the boundaries; they manage to sense the therapist's weaknesses and exploit them. The concept of “splitting”, which is at the root of this personality, and the concept of projective identification, are considered crucial for understanding the psychopathology of borderline patients. (17) According to M. Klein, projective identification is an intrapsychic fantasy (an interpersonal compulsion, in modern understanding), a defence mechanism in which the split-off parts of the





nom poimanju radi se o interpersonalnoj prisili), i predstavlja obrambeni mehanizam kojim se rascijepljeni dijelovi ega projiciraju u objekt kako bi ga oštetili ili kako bi se zaštitio projicirani dio. (18) Ovaj pojam Bion proširuje konceptom „kontejnera“ i „kontejniranja“. On opisuje kako granični (i psihotični) tip pacijenta usmjerava destrukciju upravo na sve što osjeća kao funkciju povezivanja dva objekta, a njegovi osjećaji koji su presnažni da bi ih mogao kontejnirati unutar vlastite osobnosti, dio su funkcija emocionalnog povezivanja. Projektivnom identifikacijom moguće je istraživanje „njegovo za njega“, u osobnosti dovoljno snažnoj da je može kontejnirati. Ako se ovaj mehanizam poriče i ako terapeut nema kapaciteta i odbija služiti kao repozitorij pacijentovih osjećaja, ili ako je zavist pacijenta tako snažna da ne dozvoljava da se ova funkcija iznese, napredovanje u terapiji nije moguće. Ako se prebrzo evakuira sadržaj koji je transferiran projektivnom identifikacijom, a da osjećaji nisu modificirani, oni postaju još bolniji. Paralelno sa zahvalnošću za priliku da komunicira na način za koji osjeća da je jedina mogućnost da ga se razumije, koegzistira i hostilnost prema terapeutu. (19)

Kontrola se smatra glavnom karakteristikom ovog mehanizma i nerijetko se njena snaga prepoznaje nakon što terapeut odgovori na specifičan način

ego are projected into the object to harm it or to protect the disavowed part. (18) Bion builds on this term by introducing the notion of “container” and “containment”. He describes how the borderline (and psychotic) type of patient destructively attacks anything which is felt to have the function of linking two objects, while his own feelings, too powerful to be contained within his own personality, are part of these functions of emotional linking. Projective identification makes it possible for him to investigate his own feelings in a personality powerful enough to contain them. In case of the denial of the use of this mechanism, or if the therapist lacks capacity and refuses to serve as a repository for the patient’s feelings, or the patient’s envy is so strong that it does not allow for this function to be exercised, progress in therapy is not possible. If the content transferred by projective identification is removed too quickly, without modifying the feelings, they become even more painful. Gratitude for the opportunity to communicate in a way that he feels is his only possibility to be understood, coexists with hostility towards the analyst. (19)

Control is the main characteristic of this mechanism, and its power is often recognized after the therapist responds in a specific way which is unconsciously programmed by the patient’s projective identification.

Kernberg states that, paradoxically, Bion failed to consider the therapist’s emo-

koji je nesvjesno programiran pacijentovom projekktivnom identifikacijom.

Kernberg navodi da je Bion, paradoksalno, propustio razmotriti terapeutov emocionalni odgovor na ove projekcije kao moguću poveznicu s njegovom vlastitom idiosinkratičnom vulnerabilnošću na njih, (u klasičnom smislu, kontratransfernom dispozicijom), što implicira „psihologiju jedne osobe“ koju je Bion često propitivao. (5)

Tako se može uočiti još jedna kontroverza u razmatranju graničnog tipa pacijenta: Postoji li kod njih potreba za vezivanjem; upravo simbiotskim vezivanjem, gotovo stapanjem u dijadi ili za uništavanjem svake povezanosti? Prema Kernbergu, ovi pacijenti očajnički traže fuziju, tako da i interpretativnu ulogu analitičara, funkciju trećega, doživljaju nasilnim prekidom simbiotske povezanosti. (Navodi kako se tu radi o pokušaju izbjegavanja suočavanja s traumatizirajućim efektima otkrivanja odnosa roditeljskog para, razlike spolova, generacija, zavisti prema roditeljskom paru, šoku primarne scene i najprimitivnijoj razini frustracije i tjeskobe u formi straha od anihilacije povezanog s uspostavom triangulacije. (5))

Za Kernberga je projekтивna identifikacija regresivni obrambeni mehanizam koji uključuje projekciju nepodnošljivih aspekata selfa, zahtjev za empati-

tional response to these projections as a possible link to his own idiosyncratic vulnerability to them (in the classical sense, through the countertransference disposition), which implies the “psychology of one person”, often questioned by Bion. (5)

Thus, another controversy can be observed when considering borderline patients: Do they have the need for bonding – a symbiotic bonding, almost merging into a dyad – or for destroying every type of bonding? According to Kernberg, these patients desperately seek fusion, which is why they experience the interpretive role of the analyst, the function of the third, as a violent interruption of the symbiotic bonding. (He states that this is an attempt to avoid facing the traumatizing effects of discovering the relationship of the parental pair, the difference between the sexes, generations, envy towards the parental pair, the shock of the primal scene, and the most primitive level of frustration and anxiety in the form of the fear of annihilation associated with creating of triangulation. (5))

For Kernberg, projective identification is a regressive defence mechanism, which includes the projection of intolerable aspects of the self, a demand for empathy towards the projected content, an attempt to control, and unconscious inducing of the object to play the role of what is projected in the current interaction between the projector and the recipient. (20)



jom prema projiciranom sadržaju, pokušaj kontrole i nesvjesno induciranje objekta da odigra ulogu onoga što je projicirano u aktualnoj interakciji između projektora i recipijenta. (20)

Za Kohuta projektivna identifikacija omogućava terapeutu funkciju self-objekta pacijenta. (21)

Rosenfeld piše o primitivnom povezivanju projektivnom identifikacijom koja reflektira želju za simbiozom, no atakira na libidno povezivanje i rezultira osjećajem progonstvene povezanosti. (22)

Prema Bollasu, ne radi se kod ovih pacijenata o napadu na vezu, već je napad način povezivanja. Dok Bion piše o hostilnom i progonstvenom (parcijalnom) objektu, Bollas uvodi pojam „borderline objekta“, koji smatra primarnim objektom koji traži neprilike i hrani se turbulencijama. Za njega je ovaj objekt dio osobnosti (selfa) graničnog pacijenta, koji nastaje iz nestabilnog iskustva ranog odnosa s majkom koji je bio uznemiravajući. On opisuje paradigmatički objekt unutar prve godine života koji se ne doživljava kao dobar ili loš, nego kao osjećaj emocionalnog nemira, oluje. Za Bollasa su osjećaji objekti, stoga iznosi pretpostavku da pred uznemiravajućim primarnim objektom dolazi do fragmentacije ega, a objekt premda zastrašujući, ostaje željen.

For Kohut, projective identification enables the therapist to function as the patient's self-object. (21)

Rosenfeld writes about primitive attachment through projective identification, which reflects the desire for symbiosis but attacks libidinal attachment, and results in a feeling of persecutory attachment. (22)

According to Bollas, it is not the attack on the link in this type of patient; instead, the attack is the way in which they bond. While Bion writes about a hostile and persecutory (partial) object, Bollas introduces the term "borderline object" which, in his view, is a primary object that seeks trouble and feeds on turbulence. For him, this object is a part of the personality (the self) of the borderline patient, which arises from the unstable experience of an early and disturbing relationship with his mother. Bollas describes the paradigmatic object within the first year of life, not perceived as good or bad, but as a feeling of emotional unrest, a storm. For him, feelings are objects, therefore he puts forward the assumption that in the face of a disturbing primary object, ego fragmentation occurs, and the object, although terrifying, remains desired.

Thus, in his experience, the borderline patient has a disturbing relationship with the primary object, which he keeps repeating because he sees it as the deepest truth and beauty. In the unconscious of these patients there is a belief that intimacy is achieved by mutual splitting. The

Granični pacijent stoga u svom doživljaju ima uznemiravajuću relaciju s primarnim objektom koju ponavlja jer je doživljava najdubljom istinom i ljepotom. U nesvjesnom ovih pacijenata postoji vjerovanje da se intimnost postiže međusobnim „splittingom“. „Borderline objekt“ izoliran je od drugih dijelova ega i usko povezan sa strahom od anihilacije, može se inkapsulirati i projicirati (i sama ova mogućnost osjeća se kao potencijalna ovisnost o drugome i izaziva strah), dijelom ili potpuno kreirati unutar analitičara koji se tada doživljava nepohodnim ali prijetećim. Konfiguracija selfa s „borderline objektom“, obrana je od patnje, straha od ludila, gubitka identiteta i anihilacije. (23, 24) Bionov koncept „kontejnera i kontejniranja“ i Winnicottov koncept „majke kao psihološkog matriksa djeteta“, Ogden navodi kao bazu svojih razmišljanja o projektivnoj identifikaciji, u kojoj nalazi potencijal za kvalitativno drugačije psihološko iskustvo koje nastaje kroz interakciju terapijskog para. Ne radi se tu o „procesiranju“ i „metaboliziranju“, ni o tome da recipijent jednostavno vraća modificirani projicirani sadržaj onome koji projicira. Radi se o drugačijem intersubjektivnom modalitetu kontejniranja, psihološkoj aktivnosti koja nastaje u interakciji pacijenta i terapeuta, a koja donosi novi način doživljaja ranijeg psihološkog sadržaja. (25)

borderline object is isolated from other parts of the ego and closely related to the fear of annihilation; it can be encapsulated and projected (even this possibility itself feels like a potential dependence on the other, and causes fear), partially or completely created within the analyst, who is then perceived as necessary, but threatening. The configuration of the self with the “borderline object” is a defence against suffering, fear of madness, loss of identity and annihilation. (23, 24) Ogden cites Bion’s concept of the “container and containment” and Winnicott’s concept of “the mother as the child’s psychological matrix” as the basis for his own thinking on projective identification, in which he finds the potential for a qualitatively different psychological experience that arises through the interaction of a therapeutic couple. This is not the issue of “processing” and “metabolizing”, and it is not about the recipient simply returning the modified projected content to the projector. Instead, this is a different intersubjective modality of containment, a psychological activity that arises in the interaction between the patient and the therapist, and which introduces a new way of experiencing the earlier psychological content. (25)

In conclusion, projective identification is presently understood not only as a defence mechanism, but also as a way of communication and connection, and one of the key psychological mechanisms underlying transformations in the therapeutic process.



Zaključno, danas se projektivna identifikacija razumije ne samo kao obrambeni mehanizam, nego i način komunikacije i povezivanja, te jedan od ključnih psiholoških mehanizama u podlozi transformacija u terapijskom procesu.

### DOŽIVLJAJ ZBIVANJA OPISANIH U PRIČI „PSYCHOSIS NEUROSIS“

Kao u pjesmi „Jutro će promijeniti sve“, buđenje i za Gregora Samsu („Preobražaj“, Kafka) i za autora „Psychosis Neurosis“, donosi promjenu... (26)

Priča je to o pitanjima selfa, o „biti“ i postojati. Zapravo je to priča o spašavanju života... Naš junak imao je više sreće od Gregora Samse, jer je okolina (psihoterapeutkinja) u njemu prepoznala čovjeka koji treba pomoć. Autor nas uvodi u iskustvo vlastite psihoterapije kroz opis paničnog napada; zbog somatizacije tjeskobe, misli da će umrijeti, a saznanjem da je somatski zdrav, zaključuje da je „poludija“. Pomoć traži kod bioenergetičara, koji će mu pripočiti da on za njega nema energije... „Energetski izvor“ postat će tako mlada psihijatrica-psihoterapeut, čije feminine karakteristike „blagi pogled, umirujući glas, kosu...“, odmah primjećuje, a ubrzo će mu se svidjeti i njena pamet i znanje. Tako počinje putovanje ovog terapijskog para, u čijem je korijenu

### THE EXPERIENCE OF THE EVENTS DESCRIBED IN THE STORY *PSYCHOSIS NEUROSIS*

Just like in the song “Morning changes everything”, the awakening brings change for both Gregor Samsa (*The Metamorphosis*, Franz Kafka) and the author of *Psychosis Neurosis*... (26)

It is a story about questions of the self, about “being” and existing. In fact, it is a story about saving a person’s life... Our hero had more luck than Gregor Samsa, because the environment (his psychotherapist) recognized in him a man who needs help. The author of the story introduces us to the experience of his own psychotherapy through the description of a panic attack he had experienced; due to the somatization of anxiety, he thinks he is going to die, and upon learning he is somatically healthy, he concludes that he “went nuts”. He seeks help from a bioenergetic specialist who tells him he has not got energy for him... His “source of energy” thus becomes the young psychiatrist – psychotherapist, whose feminine features “gentle eyes, soothing voice, hair...”, he immediately notices, and soon he will also develop a liking for her intelligence and knowledge. Thus begins the journey of this therapeutic couple, at the root of which lies hope. Through the relationship with his psychotherapist, the author introduces us to his personality. It is not easy to connect; anxiety and silence are ambiguous... The fear of the unknown, of non-acceptance, and even more of acceptance... Ups and downs of

nada. Kroz odnos sa psihoterapeutkinjom, upoznaje nas sa svojom osobnošću. Nije se lako povezati; tjeskobe i šutnje su višeznačne...Strah od nepoznatog, od neprihvatanja, a još više od prihvaćanja...Bure i bonace odnosa; agresivna projektivna atakiranja, tvrdokorne šutnje koje su nekad pretežno izraz tjeskobe i progonstvenog straha, nekad provokacije i odbacivanja, a nekad komunikacija u tišini koja podrazumijeva subjektivne aspekte objekta.

Za razliku od Biona koji agresiju opisuje napadom na funkciju emotivnog povezivanja i funkciju zdravog uma terapeuta (19), Bollas opisuje kako se agresivna atakiranja mogu tumačiti i kao način povezivanja, jer turbulencije u odnosu „hrane *borderline* objekt“ (24). Za komunikaciju u tišini Winnicott piše da tako dugo dok je objekt subjektivan, nije neophodno da komunikacija bude eksplicitna. Naime, pacijent se u „splittingu“, s jedne strane rascjepa odnosi prema prisutnom objektu lažnim selfom, a drugim dijelom rascjepa odnosi se prema subjektivnom objektu. Komunikacija sa subjektivnim objektom, nosi sav smisao realnog. (27)

Psihoterapeutkinja je uspijevala kreativno modificirati tehniku i biti duboko uživljena u terapijski odnos; znala je čekati. Winnicott radi paralelu između ranog odnosa bebe i majke, i terapijskog rada s graničnim pacijentom,

a relationship, aggressive projective attacks, stubborn silences that are sometimes mostly an expression of anxiety and persecutory fear, sometimes provocations and rejections, and sometimes communication in silence which implies the subjective aspects of the object.

Unlike Bion, who describes aggression as an attack on the function of emotional connection and the function of the therapist's healthy mind (19), Bollas describes how aggressive attacks can also be interpreted as a way of connecting, because turbulence in the relationship "feeds the borderline object" (24). About communication in silence, Winnicott writes that as long as the object is subjective, it is not necessary for the communication to be explicit. Namely, the patient with splitting behaviour relates to the present object with a false self on one side of the split, and to the subjective object on the other side. Communication with a subjective object carries all the meaning of reality. (27)

The psychotherapist working with the author of *Psychosis Neurosis* managed to creatively modify the technique and be deeply immersed in the therapeutic relationship; she knew how to wait. Winnicott draws a parallel between the early infant-mother relationship and the therapist's work with the borderline patient, in recognizing the changeable states in which the borderline patient oscillates between the need for fusion and empathy, and the need to remain detached. For borderline patients it is dangerous if their needs are known in advance. Winn-



u prepoznavanju promjenjivih stanja u kojima granični pacijent oscilira između potrebe za stapanjem i empatijom i potrebe za odvojenošću. Ako se njihove potrebe unaprijed znaju, to doživljavaju opasnim. On upozorava i na važnost čekanja mogućnosti pacijenta da razumije, jer ako se „požuri s interpretacijom“ onda ona postaje traumatična i pacijent je mora razoriti i odbaciti. (28)

Premda pacijent prepoznaje da je psihoterapeutkinja dobra, povremeno je njegova destrukcija neizdrživa i prijeti opasnost prekida odnosa. U primjeru koji navodi, naslućuju se iscrpljenost i granice izdržljivosti psihoterapeutkinje i njena želja da se ova psihoterapija završi. Ona predlaže lijekove i druge tehnike, čak i potvrdu da je pacijent zdrav... „Prijetnja“ potvrdom, suptilna je konfrontacija paradoksalnim humorom i suočava pacijenta s ustrajnošću njegovih rigidnih projekcija. (Kakva bi to tek bila pobjeda nad sistemom; potvrda da je s pacijentom sve u redu, značila bi da je sav problem u okolini! No pacijent osjeća da bi to bila Pirova pobjeda i „zdravlje bolesno“ (29).) On ne želi potvrdu, događa se postupno povećavanje sa psihoterapeutkinjom i stoga je ne može više jednostavno zamijeniti (ni s grupom, ni s lijekovima, a ni s potvrdom...), jer želi zadržati odnos koji mu počinje značiti i koji u isto vrijeme napada.

icot also warns about the importance of waiting for the patient to become ready to accept what is being said to him, because if the therapist “rushes with his interpretation” then the interpretation becomes traumatic, and the patient must destroy and reject it.

Although the author of *Psychosis Neurosis* realizes his psychotherapist is good, sometimes his destruction is unbearable, and the possibility that their relationship will end looms. In the example he cites, one can sense the exhaustion and limits to the psychotherapist's endurance, and her desire for this psychotherapy to come to an end. She suggests drugs and other techniques, even a “paper” confirming the patient is healthy... The “threat” of being given the medical certificate of good health is a subtle confrontation by use of paradoxical humour, and it forces the patient to face the persistence of his rigid projections. (What a victory over the system that would be: a medical certificate of good health would mean that the problem is all in the environment! But the patient feels that would be a Pyrrhic victory, and “sick health.” (29)) He does not want this paper, but starts to connect gradually with his psychotherapist, and therefore he can no longer simply replace her (not with a group, not with drugs, and not with a medical certificate...), because he wants to hold on to the relationship that is beginning to mean something to him, but which, at the same time, he attacks.

According to Melanie Klein, envy attacks the object because it recognizes the posi-

Prema Melanie Klein, zavist napada objekt baš zbog toga što prepoznaje pozitivne kvalitete, koje želi razoriti ili prisvojiti za sebe. (30) Brojni autori opisuju kako granični pacijenti čeznu za povezivanjem, upravo simbiotskom ovisnošću koje se boje zbog čega moraju razarati odnos. Winnicott navodi kako je između objektnog odnosa i upotrebe objekta, možda ono najteže u ljudskom razvoju. To između odnosa i upotrebe, izmiještanje je izvan područja subjektive svemoćne kontrole, to jest, njegova percepcija objekta kao vanjskog fenomena, a ne projektivnog bića. Nakon što se subjekt „odnosi prema objektu“, kreće subjektivno uništavanje objekta (kako on postaje izvanjski), a zatim može doći do toga da objekt preživi razaranje subjekta. Upravo zato što je objekt preživio, subjekt može početi živjeti u svijetu objekata, a što ga značajno obogaćuje. (7)

Pacijent je svjestan svoje destrukcije, odbija biti član grupe, i zbog toga što misli da bi se grupa s njim raspala, (to jest, da on ne bi izdržao grupne konfrontacije). Prema psihoterapeutkinji ne pokazuje empatiju, ni kad ona pokazuje da joj je teško. Ne pokazuje empatiju, ni prema psihijatrijskim pacijentima, opisujući ih „...šporkim, raščupanim, musavim i nikakvim...“

Jedna od Kohutovih intervencija, koje Moser iznosi u opisu vlastite analize,

ive qualities that it wants to destroy or appropriate (30). Numerous authors describe how borderline patients long for connection, for, indeed, the symbiotic dependence they fear, which in turn compels them to destroy the relationship. Winnicott states that in between the object-relating and object-use lies the most difficult thing, perhaps, in human development. This thing that there is in between relating and use is the subject's placing of the object outside the area of the subject's omnipotent control; that is, the subject's perception of the object as an external phenomenon, not as a projective entity. After "subject relates to object" comes "subject destroys object" (as it becomes external), and then may come "object survives destruction by the subject". Because of the survival of the object, the subject may now start to live a life in the world of objects, and so the subject stands to gain immeasurably.

The author of *Psychosis Neurosis* is aware of his destruction; he refuses to become a member of the group, among other things because he believes that the group would disintegrate with him as its member (that is, that he would not withstand group confrontations). He does not show empathy towards the psychotherapist, even when she shows him that it is not easy for her. He does not show empathy towards psychiatric patients in general, either, describing them as "...scuzzy, dishevelled, dirt-streaked, and washed-out..."

One of Kohut's interventions, which Moser presents in the description of his own





bila je: „Vaše neizgovoreno, a meni upućeno pitanje glasi: Hoćete li moći zamazano i smrdljivo dijete držati za ruku, ili ćete ga odbaciti? No dobra majka drži dijete za ruku i kad je od glave do pete pokakano.“ Moser ovo komentira: „Tad su me kroz debeli sloj dreka kojim sam se osjećao premazanim, prošli trnci ugone, pa sam se mogao nasmijati. Otad me je smrad polako napuštao.“ (2) U ovom terapijskom odnosu, ne postoji dakako samo destrukcija, niti bi takav odnos opstao. Događa se i povezivanje s dobrim objektom; pacijent prepoznaje koliko psihoterapeutkinja pomaže i koliko ga štiti, te postupno to počinje cijeniti. Ovaj par razvija vlastiti način sporazumijevanja; primjetan je specifičan smisao za humor, a u prijelaznom prostoru ordinacije jedan od faktora povezivanja je i znanje. Pacijent se divi pameti i znanju terapeuta, u tome joj se želi pridružiti i pojavljuje se situacija da on sam postaje izvor njenog znanja.

Rječnikom Melanie Klein, i on na neki način postaje „metaforička dojka“, izvor znanja za svoju psihoterapeutkinju, kao što je i sam željan „... upiti nešto njenog znanja...“ Izraz upiti, u ovom kontekstu, odgovara izrazu „osmoza“, koji se često upotrebljava u opisu fuzije u ranom odnosu majke i djeteta. Prema Kernbergu, granični pacijent zapravo očajnički želi fuziju. (5)

analysis, was: “Your unspoken question addressed to me is: Will you be able to hold a smeared and smelly child by the hand or will you reject it? But a good mother holds her child’s hand even when it is covered in poop from head to toe.” Moser comments on this: “Then I felt tingles of pleasure through the thick layer of poop I felt I was covered in, and I was able to laugh. Since then, the stench slowly started to leave me.” (2) There is certainly not only destruction in this therapeutic relationship, nor would such a relationship survive. The patient connects with the good object as well: he becomes aware of how much the psychotherapist helps him and how much she protects him, and gradually begins to appreciate that. This couple develops their own way of communicating; a specific sense of humour is noticeable, and in the transitional space of the consulting room, one of the connecting factors is knowledge. The patient admires the therapist’s intelligence and knowledge, he wants to join her in this, and then he himself becomes the source of her knowledge.

In the words of Melanie Klein, he, too, becomes the “metaphorical breast” – a source of knowledge for his psychotherapist, and he wants to “... absorb some of her knowledge...” In this context, the term absorb corresponds to the term “osmosis”, which is often used to describe fusion in the early relationship between mother and child. According to Kernberg, the borderline patient is in fact desperate for fusion. (5)

Kako je ranije opisano, pacijent oscilira između potrebe za stapanjem i potrebe za neovisnošću i u svome svijetu parcijalnih objekata povremeno je toliko moćan da poništava psihoterapeutkinju: „Vi za mene ne postojite izvan Vaše ordinacije!“ Iskustvo omnipotencije, koje ne uključuje samo magijsku kontrolu, nego ima i kreativan aspekt, važno je za psihološki rast pacijenta. Prema Winnicottu, adaptacija na princip realiteta prirodno izrasta iz iskustva omnipotencije, unutar prostora koji je odnos sa subjektivnim objektima. (7) Prema M. Klein, grandioznost i fantazije o vlastitoj moći i značaju, mogu predstavljati oblik obrane protiv integracije kroz jačanje neprijateljskih stavova i projekcija (30).

Tako dolazimo do epizode u trgovačkom centru i pitanja tko je „...nova žena s kojom je došao novi način života...“? Supruga ili psihoterapeutkinja? Fascinacija veličinom trgovine, „...velika kolica... ogromna hala..., poličetine...“, daje dojam perspektive malog djeteta. A koliko je to dijete? Ritam kretanja kolica; „...ona stane, ja stanem, ona kreće, ja krenem...“ i kroz taj ritam, povezanost s objektom, asociraju na bebu u kolicima. O doživljaju sebe pacijent piše: „...pretvorio sam se u automatiziranog zombija... nisam više imao osobnost, bio sam samo stvar... Staja san tako ko zna koliko vremena. U jednom momentu sam primijetio da

As described, the patient oscillates between the need for integration and the need for independence. In his world of partial objects, he is occasionally so powerful that he annihilates his psychotherapist: “You don't exist for me outside of your consulting room!” The experience of omnipotence, which not only involves magical control but also has a creative aspect, is important for the patient's psychological growth. According to Winnicott, adaptation to the reality principle naturally stems from the experience of omnipotence, inside the area of the relationship with subjective objects. (7) According to M. Klein, grandiosity and fantasies about one's own power and importance can be a form of defence against integration through the strengthening of hostile attitudes and projections (30).

Thus, we get to the episode in the shopping centre and to the question of who is “...the new woman which has brought a new way of life with her...?” The wife or the psychotherapist? The author of the text is fascinated with the size of the store: “...a big shopping cart...a vast hall..., gigantic shelves...”, which gives us the impression that this is the perspective of a small child. And how old is that child? The rhythm of the wife's movement: “... she stops, I stop, she starts to move, I start to move...” is reminiscent of a baby in a stroller. The baby is connected to the object through the rhythm of the said movement. This is how the patient sees himself: “...I turned into an automated



je nema...da je stvarno nema. Uхватила me panika.“

Freud je u svojim radovima pojam primarnog procesa povremeno znao upotrijebiti za sve nesvjesne mentalne funkcije i sadržaje, uključujući i ono što je aktivno potisnuto tijekom razvoja. U ovom fragmentu doživljava u trgovačkom centru, opisani su bezvremenost i zamjena vanjske stvarnosti unutarnjom, kao značajke procesa koji pripadaju nesvjesnom, a u podlozi su opisane dekompenzacije. (31)

Anette Blaya Luz koja je proučavala komunikaciju i ponašanje *borderline* osobnosti, piše kako ovaj tip pacijentata, neurotsku razinu izražava kroz verbalno, dok je *borderline* razina neverbalna. (32) Prvi objekt, prva žena, majka, ne spominje se. Roditelji se uopće ne spominju. Stoga se pitam, da li upravo kroz to nespominjanje, pacijent na svoj način „progovara“ o majci, o roditeljima...? Prema opisu koji nudi i u kontekstu ukupnog sadržaja priče, (u toj ranoj fazi kad beba nema ni pojam o vremenu, ni osobnost jer se tek strukturira, niti može govoriti...), nije se dogodilo uživljavanje u rane potrebe djeteta, prema njemu se odnosilo mehanički, „kao prema stvari“, bez empatije, a primarni objekt bio je nepouzdan.

Prema Winnicottu, strah od psihičkog sloma zapravo je strah od onoga što se

zombie... I no longer had a personality; I was just a thing... I stood there for I dunno how long. At one point I noticed she wasn't there...that she really wasn't there. I panicked.“

In his works, Freud occasionally used the term “primary process” for all unconscious mental functions and contents, including what was actively repressed during development. In this fragment of the encounter in the shopping centre, timelessness, and the replacement of external with internal reality, are described as features of processes belonging to the unconscious, and in the background is an episode of decompensation. (31)

Anette Blaya Luz, who studied the communication and behaviour of the borderline personality, writes that this type of patient expresses the neurotic level verbally, while the borderline level is non-verbal. (32) In *Psychosis Neurosis*, the first object, the first woman, the mother, is not mentioned. Parents are not mentioned at all. Therefore, I wonder if through this failure to mention them, the patient “talks” about his mother, his parents, in his own way... According to the description he gives us in the context of the content of the story (at that early stage when the baby has neither concept of time nor personality, because its personality is still being structured, and it cannot speak...), there was no empathizing with the early needs of the child (the patient) – he was treated mechanically, “as if he were an object”, without empathy, and the primary object was unreliable.

već dogodilo. To je strah od proživljene, primordijalne agonije koja je uzrokovala obrambenu organizaciju ega koju pacijent prezentira kroz svoju bolest. (33)

U momentu u kojem je preplavljen tjeskobom, i koja je, prema opisu, „mikro-epizoda dezintegracije“, pojavljuje se psihoterapeutkinja (koju tako moćno poništava u ordinaciji). Unutarnji realitet (iskustvo nestajanja primarnog objekta) interferira s vanjskom stvarnošću (ne samo nestankom supruge iz vidokruga, nego i iznenadnom pojavom terapeuta). Ovo je konfrontacija s realitetom; suočavanje s time da se objekt ne može kontrolirati i da je omnipotencija deluzija, zbog čega pacijenta zahvaćaju užas i očaj.

Winnicott opisuje kako pacijent postupno kroz terapijski odnos prorađuje greške primarne sredine i kako dok god se iskustvo straha od psihičkog sloma, ne proživi kroz transferni odnos, nema kraja terapiji. (33)

Podatak da je psihoterapija trajala još prilično vremena poslije ove epizode govori o tome koliko je težak i bolan bio sadržaj na kojem su radili. Ovo je dakle bio opis svijeta parcijalnih objekata, u kojima terapeut još nije cjeloviti objekt i još se nije dostigla depresivna pozicija, u kojoj prema Ogdenu, subjekt kroz vlastitu subjektivnost konačno može

According to Winnicott, the fear of psychological breakdown is in fact the fear of what has already happened. It is the fear of the lived-through, primordial agony that caused the defensive organization of the ego which the patient presents through his illness. (33)

In the situation when the author of the story is overwhelmed with anxiety, the moment which, judging by his description, is a “micro-episode of disintegration”, his psychotherapist (whom he so powerfully negates in her consulting room) appears. The inner reality (the experience of the disappearance of the primary object) interferes with the outer reality (not only the disappearance of the wife from sight, but also the sudden appearance of the therapist). This is a confrontation with reality; a confrontation with the fact that the object cannot be controlled, and that omnipotence is a delusion, which causes the patient to experience terror and despair.

Winnicott describes how, through the therapeutic relationship, the patient gradually works through the errors of the primary environment, and he states that there is no end to therapy until the fear of the psychological breakdown is not lived through through transference. (33)

The fact that the psychotherapy continued long after this episode shows how difficult and painful was the content on which they were working. This episode was therefore a description of the world of partial objects, in which the thera-



prepoznati i priznati objekt također subjektom, a to znači čovjekom, koji baš poput njega, ima osjećaje. Kohut navodi da se krajem terapije doživljava neka vrsta tuge što arhaični grandiozni self, stara idealizirana slika moći i savršenstva s kojom se htjelo stopiti, više ne postoji. (2, 21) Stoga se pitam, da li je pacijent pred „dijagnozom koja ne mora plaćati“, izgubio interes za terapiju i reaktivirao manične obrane („pobjedija san sistem“) ili se ova pobjeda odnosi na unutarnji sistem na čijem su restrukturiranju jedanaest godina radili on i psihoterapeutkinja.

## ZAHVALNOST

Autor na kraju eseja izražava zahvalnost psihoterapeutkinji, može se reći da je esej posveta njihovom radu i predstavlja dar. Melanie Klein navodi kako je naš prvi objektni odnos, onaj prema majčinoj dojci. „Dojka“ je arhetipski dobar objekt, simbol majčinstva i života samog, i za dojenče ne predstavlja samo izvor hranjenja, nego je investirana kvalitetama i očekivanjima koja u iskustvu neizbježno rezultiraju razočaranjima. Introjeksija „dojke“ baza je formiranja jezgre ega i zadovoljavajućeg psihološkog razvoja, a iskustvo dobrog i lošeg u ovom odnosu, donosi ljubav i mržnju prema istom objektu i generira nepodnošljivu tjeskobu, koja dovodi

pist is not yet a complete object, and the depressive position has not yet been reached. According to Ogden, in this position, and through his own subjectivity, the subject can finally recognize and accept the object as a subject as well, which means he can see the object as a human being who has feelings, just like him. Kohut states that the end of therapy brings a kind of sadness that the archaic grandiose self, the old, idealized image of power and perfection with which one wanted to merge, no longer exists. (2, 21) Therefore, I wonder whether the patient, faced with the fact that “the patients with this diagnosis no longer needed to pay for psychotherapy”, has lost interest in therapy and has reactivated manic defences (“I beat the system”) or this victory refers to the internal system on the restructuring of which he and his psychotherapist worked for eleven years.

## GRATITUDE

At the end of the essay, the author gives thanks to his psychotherapist. It can be said that the essay is a dedication to their work, that it is a gift. Melanie Klein states that our first object relation is the one towards mother's breast. The “breast” is the archetypal good object, the symbol of motherhood and life itself. For the infant, it is not only a source of nourishment, but also invested with qualities and expectations that in experience inevitably result in disappointment. The introjection of the “breast” is the basis for

do toga da se unutarnji objekt zajedno s egom cijepa. Ovaj rascjep rezultat je slabosti nezrelog ega koji nije kohezivan i u funkciji je obrane protiv primordijalne tjeskobe i očuvanja ega. Prema Klein urođeni sukob između nagona života i smrti, ljubavi i mržnje, donosi prijetnju uništenju sebstva i objekta, i naš je rani emocionalni život, obilježen osjećajem gubljenja i zadobivanja dobrog objekta. Ona zavisti i pohlepu smatra destruktivnim silama koje u korištenju razaraju osjećaje ljubavi, a konflikt između zavisti i zahvalnosti opisuje inherentnim ljudskoj prirodi. Zahvalnost koja proizlazi iz kapaciteta za ljubav, to jest sposobnosti djeteta da prvi vanjski objekt zaposjedne libidom, ublažava razorne poticaje zavisti i pohlepe i čini mogućim izgrađivanje odnosa prema dobrom objektu, te predstavlja bazu razumijevanja dobrote u sebi i drugima. Osjećaj zadovoljstva da se od voljenog objekta dobilo dar koji se želi zadržati osnova je zahvalnosti i vjere u dobar objekt koji voli i štiti sebstvo, a istodobno ga to sebstvo voli i štiti. Asimilacija dobrog objekta osnova je za sve kasnije radosti i doživljaje povezivanja s drugima, sposobnost dijeljenja dobrog, uzvraćanja zadovoljstva, te kapaciteta za reparaciju. Da bi se dostigla depresivna pozicija i sigurnije poistovjećivanje s dobrim i cjelovitim objektom, zavist mora biti modificirana, što doprinosi jačanju ega. Kada u osoba koje nisu

the formation of the core of the ego and satisfactory psychological development, and the experience of good and bad in this relationship brings love and hatred towards the same object, and generates unbearable anxiety, which leads to the splitting of both the internal object and the ego. This splitting is the result of the weakness of the immature ego, which is not cohesive, and its function is to defend against primordial anxiety and to protect the ego. According to Klein, the innate conflict between the instincts of life and death, love and hate, brings the threat of destruction of the self and the object, and our early emotional life is marked by the feelings of losing and gaining the good object. Melanie Klein sees envy and greed as destructive forces that destroy feelings of love in their roots, and she describes the conflict between envy and gratitude as inherent in human nature. The gratitude that comes from the capacity for love, i.e., the child's ability to seize the first external object with libido, mitigates the destructive impulses of envy and greed, and makes it possible to build a relationship towards the good object, this being the basis of understanding the good in oneself and others. The feeling of satisfaction because one has received a gift from a beloved object – a gift one wants to keep – is the basis of gratitude and faith in the good object that loves and protects the self, and is, at the same time, loved and protected by the self. The assimilation of a good object is the basis for all later joys and experiences of connecting with others, the ability to share



sigurno uspostavile svoj prvi objekt jača tjeskoba, one potpuno gube svoj prvobitni dobar objekt, a procesi koji leže u pozadini predstavljaju regresivno vraćanje na rane mehanizme razdvajanja i dezintegracije. Kao obrane od zavisti opisuje idealizaciju, umanjivanje vrijednosti objekta, pobuđivanje tuđe zavisti, a u terapijskom procesu upornost održavanja snažnog pozitivnog prijenosa, za razliku od negativne terapijske reakcije u kojoj je zavist ne-skrivena. (30, 34)

Koncept zavisti i zahvalnosti Klein je predstavila 1957. i on je predmet proučavanja i kontroverzi unutar i izvan Kleinianske grupe. Ovo nije prilika za elaboraciju ove teme, no u kontekstu prezentiranog, vrijedno je navesti razmišljanja nekoliko autora.

H. Echegoyen navodi kako Klein u svom konceptu sugerira zanimljivu povezanost između zavisti i idealizacije, ali nikada nije razvila ovu ideju u teoriju. Echegoyen iznosi svoja razmišljanja u radu s pacijentima kod kojih se zavist pojavljuje u svjesnoj formi. Opisuje kako uz bok zavisti postoji i stanovita netolerancija prema kapacitetu da se prepoznaju vrijedni aspekti objekta. Ova netolerancija vodi paradoksu da senzitivnost kojom se uočavaju vrline objekta koje se vrednuju, uključujući one koje su prepoznate kao autentične za objekt,

good things, to give back pleasure, and the capacity for reparation. To reach the depressive position, and a more secure identification with a good and complete object, envy must be modified, which contributes to the strengthening of the ego. When anxiety grows in people who have not securely established their first object, they completely lose their original good object, and the processes that lie in the background are a regressive reversion to the early mechanisms of separation and disintegration. As defences against envy, M. Klein lists idealization, diminishing the value of the object, causing envy in other people and, in the therapeutic process, the persistence of maintaining a strong positive transference, in contrast to a negative therapeutic reaction, in which envy is undisguised. (30, 34)

The concept of envy and gratitude was introduced by Klein in 1957 and has been the subject of study and controversy within and outside the Kleinian group. This is not the place to elaborate on this topic, but in the context of what has been presented, some thoughts of several authors are worth mentioning.

H. Etchegoyen states that Klein suggested an interesting link between envy and idealization in her concept, but she never developed this idea into a theory. Etchegoyen presents his thoughts in working with patients in whom envy appears in a conscious form. He describes how alongside envy there is also a particular intolerance towards the capacity to rec-

kao i one koje su projektivnom identifikacijom atribuirane iz selfa u objekt, u isto vrijeme predstavljaju izvor boli. Drugim riječima kapacitet za prepoznavanje dobrih osobina objekta, ne može se priznati kao vrijedan aspekt selfa. Stoga on smatra da je potrebna modifikacija razumijevanja idealizacije samo kao obrane od zavisti. Navodi kako se, nakon što se dostigne depresivna pozicija, kroz intervencije treba priznati subjektov kapacitet da tolerira i vrednuje, to jest, bude zahvalan na vrlinama objekta. Kada je subjekt sposoban cijeniti vlastiti kapacitet za prepoznavanje vrline objekta, onda se te vrline lakše toleriraju i čak se u njima može uživati. U depresivnoj poziciji uspostavljen je odnos s totalnim objektom koji može biti izgubljen. Nije dovoljno imati objekt koji se voli, neophodno je priznavanje relacije s njim. To podrazumijeva konfliktno prihvaćanje ovisnosti. Vlastiti doprinos relaciji s objektom dolazi iz priznavanja vrline i nedostataka selfa i objekta, bez da smo fokusirani samo na idealiziranje ili negativne aspekte. Imati ovo na umu, na integriran način, bez rascjepa ili automatskih projekcija neželjenih aspekata (dobrih ili loših), samo po sebi, pozicija je stabilnosti i voljenja. Unutarnja veza s totalnim objektom uključuje identifikaciju s objektom koji je kapacitiran voljeti, ali i osjetiti ljubav od drugoga. (35)

ognise the valuable aspects of the object. This situation leads to the paradox that the sensitivity that allows one to notice the valuable aspects of the object, including those recognized as inherent to the object, and those attributed by projective identification from the self to the object, is at the same time the source of pain. In other words, the capacity to recognize the good aspects of the object cannot be accepted as a valuable aspect of the self. Therefore, he opines we need to change our understanding of idealization simply as a defence against envy. He states that, after depressive position has been reached, the subject's capacity to tolerate and appreciate, i.e., be grateful for the virtues of the object, should be acknowledged through interventions. When the subject can appreciate his own capacity to recognize the virtues of the object, then these virtues are more easily tolerated and can even be enjoyed. In a depressive position, a relation is established with a whole object that can be lost. It is not enough to have an object one loves; it is necessary to also acknowledge the relationship with it. This implies a conflicting acceptance of addiction. Our own contribution to the relationship with the object arises from acknowledging the virtues and shortcomings of the self and the object, without focusing only on idealizing or negative aspects. Keeping this in mind, in an integrated way, without splitting or automatic projections of unwanted aspects (good or bad), is in itself a position of stability and loving. The inner link with the total object includes identifica-





G.O.Gabbard navodi kako terapeut izraze zahvalnosti od strane pacijenta, može smatrati prijeko potrebnom validacijom i afirmacijom vlastite kompetencije. On čežnju za ekspresijom zahvalnosti i poštivanja povezuje s nesvjesnom motivacijom izbora zanimanja psihoterapeuta. Štoviše, smatra da je nezahvalni pacijent taj, koji čini svjesnim, nesvjesne želje psihoterapeuta da pronade odnos zahvalnosti koji ga motivira da dan za danom radi svoj posao. Ako se rad M.Klein proširi na način da uključi i doprinos terapeutove osobnosti u ovaj koncept, onda možemo zaključiti da terapeutov nedostatak zahvalnosti, može promovirati isti osjećaj u pacijentu. (36)

Kernberg je mišljenja da je zahvalnost u odnosu između dvoje ljudi moguća isključivo onda, kada u svakome od njih, libido nadvlada agresiju.

## ZAKLJUČAK

Kroz tekst priče „Psychosis Neurosis“ susrećemo opservirajući ego pacijenta koji se aktivirao i razvijao kroz psihoterapijski proces. Situacija „ovdje i sada“ u terapijskom *settingu*, u kojoj se nesvjesno pacijenta i terapeuta mogu neposredno izmjenjivati i razvijati, čini kontratransfer terapeuta, (putem projektivne identifikacije), dragocjenim izvorom informacija i najrelevant-

tion with the object capable of loving, but also of feeling the other person's love. (35)

G. O. Gabbard states that the therapist may regard expressions of gratitude from the patient as a much-needed validation and affirmation of his competence. He links the psychiatrist's longing for the expression of gratitude and respect with the unconscious motivation for choosing his profession. Moreover, he believes that it is the ungrateful patient who forces the psychotherapist to confront his unconscious desire to find an appreciatory relationship that motivates him to do his daily work. If Melanie Klein's work is extended to include the contribution of the therapist's personality to this concept, then we can conclude that the therapist's lack of gratitude can promote the same feeling in the patient. (36)

Kernberg maintains that gratitude in a relationship between two people is possible only when libido overcomes aggression in both of them.

## CONCLUSION

Through the story *Psychosis Neurosis*, we meet the patient's observing ego, which was activated through the psychotherapy process, and kept developing through it. The "here and now" of the therapeutic setting, in which the patient's and the therapist's unconscious can exchange and develop directly, makes the therapist's countertransference (via projective identification) a valuable source of

tnijim putokazom u prepoznavanju graničnog tipa pacijenta. Indirektnom komunikacijom, govorom ili pisanom riječi, izražava se samo ono što se uspijeva verbalizirati, zato vjerujem da je srce eseja „Psychosis Neurosis“ ostalo zapisano u psihološkom matriksu terapijskog para. Ustrajanje u psihoterapijskom radu i onda kada je teško, u sebi sadrži nadu i vjeru u dobro, uz svijest da smo i sami kreatori tog dobra, koje će se dogoditi. Ovaj terapijski par svoje dobro je želio podijeliti s nama i na tome treba zahvaliti.

Na pitanje pacijentove buduće supruge, psihoterapeutkinja odgovara: „...da će pacijentu biti s njom (budućom suprugom) odlično, a kako će njoj biti s njim, to ne zna...“ Na ovaj način doživljavam i pacijentov opis njihova terapijskog odnosa; pacijentu je bilo odlično, a kako je bilo psihoterapeutkinji, to možemo samo zamisliti.

information, and the most relevant indicator for recognizing the borderline patient. Through indirect communication, speech, or written word, only topics that can be verbalized are expressed, which is why I believe that the heart of the story *Psychosis Neurosis* has remained written in the psychological matrix of the therapeutic couple. Persevering in the psychotherapeutic process even when it gets difficult, rests on hope and faith in the good, as well as in the awareness that, in part, we ourselves are the creators of the good that will ensue. This therapeutic couple wanted to share their good with us, and we should thank them for that.

To the question posed by the patient's future wife, the psychotherapist replies that the patient will have a great time with her, but that she does not know how she would feel with him... This is also how I see the patient's description of the therapeutic relationship: it was great for the patient, while we can only imagine what it was like for the psychotherapist.

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