

POREMEĆAJI LIČNOSTI I INTERPERSONALNI ODNOSI

/ PERSONALITY DISORDERS AND INTERPERSONAL RELATIONSHIPS

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SAŽETAK/SUMMARY

Narušeni interpersonalni odnosi fundamentalna su karakteristika poremećaja ličnosti. Koliko isto može dovesti do subjektivne nelagode i problema u socijalnom funkcioniranju mogli smo vidjeti kroz pacijentov tekst *Psychosis neurosis*. U ovom radu je stoga predstavljen osvrt na njegove odnose s drugima kao i teorijski prikaz interpersonalnih odnosa kod određenih poremećaja ličnosti, odnosno onih čiji su se potencijalni elementi mogli prepoznati u njegovom tekstu.

/ Disrupted interpersonal relationships are a fundamental feature of personality disorders. We could see from the patient's text Psychosis Neurosis to what extent it can lead to subjective discomfort and problems in social functioning. This paper will therefore provide an overview of the patient's relationships and a theoretical presentation of interpersonal relationships in certain personality disorders, i.e., those whose potential elements could be identified in his text.

KLJUČNE RIJEČI / KEYWORDS

paranoidni poremećaj ličnosti / *paranoid personality disorder*, granični poremećaj ličnosti / *borderline personality disorder*, narcistični poremećaj ličnosti / *narcissistic personality disorder*, ovisni poremećaj ličnosti / *dependent personality disorder*, antisocijalni poremećaj ličnosti / *antisocial personality disorder*, interpersonalni odnosi / *interpersonal relations*

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Za mala stvorenja poput nas pustoš (svemira) je podnošljiva jedino kroz ljubav.

Carl Sagan

For small creatures such as we the vastness (of the universe) is bearable only through love.

Carl Sagan

UVOD

Interpersonalni odnosi su esencijalna dimenzija ljudskog života. Kapacitet za ostvarivanje odnosa s drugima predstavlja puno više od pukog zasnivanja i održavanja nekog odnosa. Taj odnos bi trebao biti stabilan, pouzdan i obostrano zadovoljavajuć, a osobe u njemu doživljene kao cjelovite i „odvojene od nas“ (1). Na to utječe puno faktora, a najvažniji je ličnost osoba u odnosu.

Smatra se da razvoj ličnosti počinje u kontekstu ranih odnosa, odnosno da odnosi s primarnim skrbnicima imaju odlučujuću ulogu u oblikovanju kasnijih odnosa određene osobe. Suvremene psihodinamske teorije pokušavaju objasniti tu složenu međuigru interpersonalnog i intrapsihičkog iskustva (2). Izvrsne primjere ranih zamisli relacijske prirode uma nude Donald Winnicott s izjavom: „kadgod netko nađe dojenče nađe i majčinu skrb, a bez majčine skrbi ne bi bilo dojenčeta“ (3) kao i Herbert Sullivan s naglašavanjem uloge odnosa u oblikovanju i održavanju procesa ličnosti (4). Prema Atwoodu i Stolorowu psihološki feno-

INTRODUCTION

Interpersonal relationships are an essential dimension of human life. The capacity to have relationships means more than just establishing and maintaining a mere relationship. The relationship should be stable, reliable and mutually satisfying, and the people in it should be experienced as whole and “separate from us” (1). This is influenced by many factors, and the most important one is the personality of the people in the relationship.

Personality development is thought to begin in the context of early relationships, i.e. relationships with primary caregivers who play a crucial role in shaping the person's later relationships. Contemporary psychodynamic theories attempt to explain this complex interplay between interpersonal and intrapsychic experiences (2). Excellent examples of early conceptions of the relational nature of the mind are offered by Donald Winnicott with his statement: “Whenever one finds an infant, one finds maternal care, and without maternal care, there would be no infant” (3), and by Herbert Sullivan, who emphasized the role of relationships in forming and sustaining processes of the personality



meni se ne mogu razumjeti odvojeno od intersubjektivnog konteksta u kojem su nastali (5). Svatko u interakciju s drugim unosi svoj svijet subjektivnog iskustva, a zajedno stvaraju polje koje pridonosi subjektivnom iskustvu drugoga (4).

Kod osoba s poremećajem ličnosti postoje pervazivni, nefleksibilni, stabilni obrasci osjećanja, ponašanja, mišljenja i interakcije s drugima s posljedično narušenim interpersonalnim odnosima (6). Ovaj poremećaj dugo traje i ustvari je toliko dio pacijentovog iskustva da on ne može zamisliti da bi bio drugačiji. Neki pacijenti s poremećajem ličnosti stoga nisu svjesni problematičnih obrazaca svojeg ponašanja te je okolina ta koja ih potiče da potraže pomoć, a neki pak sami traže pomoć zbog specifičnijih smetnji kao što su depresija, anksioznost, panični napadaji, fobije i drugi (7).

Autor priče *Psychosis neurosis* u svome tekstu ilustrira put od svoga prvog paničnog napadaja preko psihoterapije i dijagnoze poremećaja ličnosti do onog što sam naziva pobjedom nad sistemom. Iz priče saznajemo o poteškoćama s kojima se suočava u odnosu s drugim ljudima što se odražava i u psihoterapijskom odnosu. Također saznajemo kako narušeno interpersonalno funkcioniranje utječe na druge segmente njegovog života.

(4). According to Atwood and Stolorow, psychological phenomena cannot be understood apart from the intersubjective context in which they arose (5). Each bring their world of subjective experience to the interaction with the other, and together they create a field that contributes to the subjective experience of the other (4).

Individuals with a personality disorder exhibit pervasive, inflexible, stable patterns of feeling, behaving, thinking, and interacting with others in a way that results in disrupted interpersonal relationships (6). This disorder has long duration and it is so much a part of the patient's experience that they cannot imagine being different. Some patients with a personality disorder are therefore unaware of problematic patterns of their behaviour and are encouraged by others to seek help, while others seek help on their own due to more specific distress such as depression, anxiety, panic attacks, phobias, and others (7).

In his text, the author of *Psychosis Neurosis* illustrates the path from his first panic attack, through psychotherapy and a diagnosis of personality disorder, to what he calls victory over the system. From the story, we learn about the difficulties he has in relationships with other people, which is also reflected in his relationship with the psychotherapist. We also see how the impairment of interpersonal functioning affects other areas of his life.

INTERPERSONALNI ODNOSI KOD PACIJENTA

Koliko možemo saznati o interpersonalnim odnosima pacijenta putem teksta *Psychosis neurosis* koji je napisao? U tekstu se nigdje ne spominju roditelji, a upravo rani odnosi s važnim ljudima u okolini čine neizbrisiv utjecaj na svaki kasniji odnos individue kroz život. Način na koji je osoba bila tretirana u djetinjstvu, bilo da je dobila potrebnu ljubav ili bila zlostavljana, oblikuje očekivanja koja će kasnije imati prema drugim ljudima. Ta očekivanja ne oblikuje samo ono što joj se *de facto* dogodilo u ranim odnosima, već i ono što je očekivala da će se dogoditi (8).

U tekstu nam pacijent otvara prozor u jednu scenu iz ranog djetinjstva. U toj sceni je star tri ili četiri godine, nalazi se na najljepšem mjestu koje bi mogao zamisliti, igra se s pijeskom (gradi „kule od pijeska“), gubi pojam o vremenu i želi tu ostati zauvijek. Ovdje pacijent progovara o jednom trenutku u kojem se osjećao sigurno, bezbrižno, ugodno, očito u prisustvu neke osobe (majke, oca?) koja mu je to pružala. Ipak, kad se razmotre drugi odnosi pacijenta u tekstu, sve upućuje na to da nije razvio sigurni stil privrženosti s majkom/primarnim skrbnikom. Odnosi koji su izneseni i na koje ću se osvrnuti jesu odnos s: bivšom i sadašnjom suprugom, pomagačima (bioenergetičar) i

INTERPERSONAL RELATIONSHIPS WITH PATIENTS

How much can we learn about the patient's interpersonal relationships from his text *Psychosis Neurosis*? The parents are not mentioned anywhere in the text, and it is the early relationships with important people in the environment that have an indelible influence on all later relationships of an individual during his or her life. The way a person was treated in childhood, whether they received the love they needed or were abused, shapes the expectations they later have of other people. These expectations are shaped not only by what happened to them *de facto* in early relationships, but also by what they hoped would happen (8).

In his text, the patient opens a window to a scene from his early childhood. In this scene, he is three or four years old, he is in the most beautiful place he can imagine, and while playing with sand (“building sandcastles”), he loses track of time and wants to stay there forever. Here the patient speaks of a moment when he felt safe, carefree, and comfortable, apparently in the presence of a person (mother, father?) who provided that. However, looking at the patient's other relationships in his text, there is every indication that he did not develop a secure attachment style with his mother/primary caregiver. The relationships that the patient mentions in his text and to which I will refer are the relationships with the former and the current wife, the helpers (bioenergetic expert) and the health workers,



zdravstvenim djelatnicima, kućnim ljubimcem te drugim ljudima. Naravno da je analiza navedenih odnosa tek refleksija autora te ograničena utoliko što je isključivo bazirana na jednom tekstu koji je napisao pacijent.

Iz njegovog teksta saznajemo da je bio oženjen te da se tijekom trajanja psihoterapije razveo i vjenčao s drugom ženom. O bivšoj supruzi saznajemo na početku, tijekom pacijentovog prvog paničnog napadaja kada je kroz prozor vidio snijeg. Pacijent, preplavljen simptomima koje sam opisuje kao „ludilo“, govori kako se smrznuo u trenirci dok je s tadašnjom suprugom išao do hitne pomoći. Ostavljen je dojam kao da mu ona tada nije bila u mogućnosti pružiti oslonac.

Potom imamo odnos prema liječniku hitne medicinske pomoći pred kojim svi pacijentovi simptomi brzo nestaju. Osjećaj bespomoćnosti i gubitka kontrole odjednom iščezavaju u primitivnoj idealizaciji liječnika koji će ga zaštititi od okolnog svijeta punog opasnosti.

Pacijent zatim nastavlja normalno živjeti dok ponovno ne doživi panični napadaj uslijed mogućeg gubitka kućnog ljubimca. Teško se nosi sa separacijom što ukazuje na upitan razvoj konstantnosti objekta. Možemo pretpostaviti da pas u tom slučaju predstavlja prijelazni objekt.

the pet and other people. The analysis of the above mentioned relationships is, of course, only a reflection of the author and is limited insofar as it is based solely on a text written by the patient.

From his text, we learn that he was married and that in the course of psychotherapy he divorced and married another woman. We learn about the former wife right at the beginning, during the patient's first panic attack, when he saw snow through the window. The patient, overwhelmed by symptoms he describes as "craziness", says he was freezing in a tracksuit while going to the emergency room with his then-wife. This situation leaves the impression that she was not able to support him at that time.

The next relationship mentioned is the one with an emergency physician in front of whom all the patient's symptoms quickly disappear. The feeling of helplessness and loss of control suddenly disappears in the primitive idealisation of the physician who will protect him from the surrounding world full of danger.

The patient then continues to live normally until he experiences another panic attack over the possible loss of his pet. He finds it difficult to cope with the separation, which points to a questionable development of object constancy. We can assume that the dog represents a transitional object in this case.

After this situation, the patient, who now suffers from anticipatory anxiety, finally

Nakon ove situacije pod zamahom anticipirajuće anksioznosti pacijent napokon odlučuje potražiti pomoć i to kod bioenergetičara, „čudotvorca“ koji spašava ljude kada ni liječnici ne znaju što bi. Pacijent ponovno idealizira objekt; dolazi mu kao pred idealiziranog roditelja od kojeg očekuje da sve može brzo i s lakoćom riješiti. Opisuje ga kao „Isusa Krista, dubokih plavih očiju, profinjenog lica te smirujućeg glasa“. Takvo poimanje bioenergetičara uz doživljaj okoline (slike duhovnih uzora u prostoriji, glazba grupe Enigma, strah od blizine nepoznatih ljudi, opisana „neugoda i nervoza“ zbog „bakica“ koje ga gledaju) pojačava taj gotovo psihotičan transfer te pacijent na prvom susretu ima iskustvo koje bi mogli opisati kao predpsihotično. Kako izostaje čarobno rješenje njegovih tegoba, pacijent se naposljetku javlja psihijatrici.

U sobi kod bioenergetičara kao i kasnije u čekaonici psihijatrijske ordinacije postaju sve razvidnije poteškoće ostvarivanja interpersonalnih odnosa kod ovog pacijenta. Sam govori kako se ne osjeća dobro blizu drugih ljudi (ne može ići na mjesta gdje je puno ljudi, na utakmice, u kino...). Također se odbija uključiti u grupnu psihoterapiju kada mu to psihijatrica predloži. Ovaj strah može ukazivati na projekciju vlastitih agresivnih impulsa i slabih granica ega. Osobe s paranoidnom ličnosti su opterećene i

decides to seek help from a bioenergetic expert, a “miracle worker” who saves people when even doctors are at a loss. The patient idealises the object again; he comes to him as in front of an idealised parent from whom he expects to be able to solve everything quickly and easily. He describes him as “Jesus Christ, with deep blue eyes, a refined face and a soothing voice”. Such a perception of the bioenergetic expert together with the experience of the environment (images of spiritual role models in the room, music of the *Enigma*, fear of being close to unknown people, the described “nervousness and awkwardness” because of the “grandmas” watching him) reinforces this almost psychotic transference and the patient has an experience at the first appointment that could be described as pre-psychotic. As there is no magical solution to his problems, the patient finally turns to a psychiatrist.

Both in the bioenergetic practitioner's room and later in the waiting room of the psychiatrist's office, the patient's interpersonal difficulties become more and more evident. He says that he doesn't feel comfortable around other people (he cannot go to places where there are many people, at matches, cinema...). He also refuses to participate in group psychotherapy when the psychiatrist suggests it. This fear may indicate a projection of one's aggressive impulses and weak ego boundaries. Individuals with paranoid personality are burdened with a sense of guilt which they project, like shame, onto “dangers from outside” (9).



osjećajem krivnje koju, kao i sram, projiciraju na „opasnosti iz vani“ (9).

Kod psihijatrica odlazi na psihoterapiju narednih 11 godina te od nepovjerenja i sumnjičavosti dolazi do razvoja jednog sigurnog dijadnog odnosa. Čini se da je psihijatrica prva osoba u pacijentovom životu koja je konzistentno pouzdana, ne osuđuje, sposobna je kontejnirati emocije i izdržati negativan afekt pacijenta. Zanimljivo je da pacijent sam dolazi psihijatrici po pomoć, ali prvih šest mjeseci ne priča ništa u psihoterapiji. Zna biti nepristojan jer, kako sam kaže, u njoj vidi sistem, skup pravila, dominantnu kulturu prema čemu ima otpor. Saznajemo i da je „s one strane zakona“. Boji se otvaranja nekome tko je dio sistema, oprezan je i nepovjerljiv. Čak i najgrandioznije paranoidne osobe žive u strahu da bi im drugi mogli naštetiti tako da su pri svakoj interakciji na oprezu što smo mogli vidjeti i kod ovog pacijenta (9). U jednoj prilici psihijatrici daje do znanja da ona za njega ne postoji van njene ordinacije. U tekstu objašnjava kako bi se osjećao „kao gol“ da psihijatricu sretno negdje na ulici. Pitali smo se je li time ne želi narušiti idealizaciju psihijatrica ili pak svoju sliku pred njom. Osobe s paranoidnom ličnosti se užasavaju pomisli da će terapeut, kad ih u potpunosti upozna, biti toliko zaprepašten njihovim „grijesima i pokvarenošću“, da će ih odbaciti zbog toga (9). Također je moguće da ovaj pacijent ne

Over the next 11 years, he sees a psychiatrist for psychotherapy, and a secure dyadic relationship develops out of mistrust and suspicion. It seems that the psychiatrist is the first person in the patient's life who is consistently reliable, non-judgmental, able to contain emotions and endure the patient's negative affect. It is interesting that the patient himself asks the psychiatrist for help but says nothing for the first six months of psychotherapy. He can be rude because, as he says, she represents a system, a set of rules, a dominant culture that he resists. We also learn that he is "on the wrong side of the law". He is afraid to open up to someone who is part of the system, he is cautious and suspicious. Even the most grandiose paranoid people live in fear of others harming them and are on alert in every interaction, as could be seen with this patient (9). On one occasion he lets the psychiatrist know that she does not exist for him outside her office. In the text, he states that he would feel "as if naked" if he met a psychiatrist somewhere on the street. We wonder if he does not want to ruin the idealisation of the psychiatrist or his image in front of her. People with paranoid personality are horrified by the thought that once the therapist gets to know them fully, he or she will be so appalled by their "sins and depravities" that he or she will reject them because of it (9). It is also possible that this patient does not want others to see that he knows the psychiatrist - they might think that he is "mentally ill", that he is

želi da drugi vide kako poznaje psihijatricu - mogli bi pomisliti da „ima dijagnozu“, da je slab, nesposoban i sve što ide uz stigmatu osoba s duševnim smetnjama. Osobi s narcističnom ličnosti bi to bilo teško prihvatljivo s obzirom na to da takve ličnosti ne mogu tolerirati ni najmanju manu u slici selfa (10).

Razmatrajući generalno odnos prema psihijatrici, možemo reći da on varira između obezvrjeđivanja i idealizacije što je često slučaj kod psihoterapije graničnih poremećaja ličnosti. Poznato je da što je veća idealizacija tim je i veće obezvrjeđivanje objekta (11). Možemo zamisliti koliko je to, bez mogućnosti realnije slike druge osobe, donijelo patnje samom pacijentu u njegovom životu kao i onima koji se trude voljeti ga.

Kod odnosa sa psihijatricom je bitno spomenuti još trenutak kada ona poželi prekinuti psihoterapijski odnos: „A jedanput mi je (psihijatrica) rekla da će mi dat papir da san zdrav, tako da me više ne mora gledat. Ja san njoj na to reka da ću se onda ić žalit njenon šefu“. Izgleda kao da na separacijski strah pacijent odgovara prijetnjom kao obranom što je pak karakteristika antisocijalne ličnosti (12). Ono što je iz tog dijela teksta također razvidno je razvijeni kontratransfer koji nam pak može ukazivati na poteškoće koje osobe iz pacijentove okoline imaju u odnosu s njim.

weak, incompetent and all that goes with the stigma of people with mental disorders. This would be difficult for a person with a narcissistic personality to accept, as individuals with this personality cannot tolerate even the slightest flaw in their self-image (10).

If we look at his relation to the psychiatrist in general, we can say that it fluctuates between devaluation and idealisation, which is often the case in the psychotherapy of borderline personality disorders. It is known that the greater the idealisation, the greater the devaluation of the object (11). We can imagine how much this, without the possibility of a more realistic image of another person, brought suffering to the patient himself in his life and to those who try to love him.

Regarding the patient's relationship with his psychiatrist, it is important to mention moment, in which the psychiatrist wants to end the therapeutic relationship: "On a different occasion, she (the psychiatrist) threatened to give me a paper that said I was healthy, just so she wouldn't have to see me anymore. I retorted that I would then complain to her boss". It seems that the patient responds to the fear of separation with a threat as a defence, which is a characteristic of an antisocial personality (12). What also emerges from this part of the text is the developed countertransference, which in turn may indicate the difficulties that people from the patient's environment have in relating to him.



Naposljetku, tijekom trajanja psihoterapije dolazi do promjene prirode pacijentovih interpersonalnih odnosa na što ukazuje drugačiji odnos s drugom suprugom. Kod opisa druge supruge navodi kako je s njom došao i novi način života te kako ona voli sve organizirati, planirati, a da on „ide za njom i nastoji ne smetati“. Nekako ovu suprugu možemo zamisliti kao ličnost zrelije strukture i od nje bismo očekivali da bi u situaciji nalik prvom paničnom napadaju adekvatnije reagirala, „pobrinula se“ za pacijenta. Pitamo se je li takav odabir supruge sada možda odraz njegovog vlastitog sazrijevanja tj. zrelijih objektnih odnosa? Ili pak to rezonira s ovisnim dijelom njegove ličnosti kojeg smo mogli vidjeti u separacijskom strahu kada psihijatrica poželi prekinuti psihoterapijski odnos te u slanju tekstova nakon što je psihoterapija završila kada je pacijentu i dalje potreban nekakav vid ohrabrenja? Pacijent nas vodi i kroz jedno iskustvo sa suprugom u trgovačkom centru o kojem on ne zna ništa („Ja nisan ima pojma šta je to ni di je to.“). Ne ostavlja dojam velikog entuzijazma što ide tamo, doima se regresivan, kao da odluke supruge stavlja ispred svojih. Štoviše, opis samog centra kao da je dan iz perspektive malog djeteta koje u jednom trenu shvati da voljene osobe nema pored njega, ne može umiriti samo sebe s obzirom na to da se oslanja na fizičku

Finally, in the course of psychotherapy, the nature of the patient's interpersonal relationships changes, as indicated by a different relationship with his second wife. While describing his second wife, he notes that a new lifestyle has taken hold with her and that she likes to organise and plan everything, while he “follows her around and tries not to be a nuisance”. Somehow, we can imagine this wife as having a more mature personality structure and we would expect her to react more appropriately and “take care” of the patient in a situation similar to the first panic attack. We wonder whether such a choice of wife is now a reflection of his maturation, i.e. more mature object relations? Or does this correspond to the dependent part of his personality that we could see in the separation anxiety when the psychiatrist wanted to end the therapeutic relationship and in the sending of his texts after the end of psychotherapy when the patient still needs some kind of encouragement? The patient also describes to us an experience with his wife in a shopping centre of which he knows nothing (“I had no clue what or where that was”). He does not give the impression that he goes there with great enthusiasm; he seems regressive as if he puts his wife's decisions before his own. Moreover, the description of the centre itself gives the impression of the perspective of a small child who realises at one moment that the loved one is not beside him and he cannot soothe himself because he relies on the physical (and not internalised)

(a ne internaliziranu) prisutnost druge osobe te se gubi u slikama primarnog procesa mišljenja.

TEORIJSKI PRIKAZI INTERPERSONALNIH ODNOSA KOD NEKIH POREMEĆAJA LIČNOSTI

Kroz prethodni odlomak su analizirani interpersonalni odnosi pacijenta prema dostupnom materijalu u njegovom tekstu *Psychosis neurosis*. Razmatrajući spomenute odnose mogli su se također prepoznati potencijalni elementi određenih poremećaja ličnosti. Strah od napuštanja, oscilacije između idealizacije i devaluacije drugog te (pred)psihotična iskustva kod pacijenta mogu biti interpretirani kao dio kliničke slike graničnog poremećaja ličnosti. Arogantno, obezvrjeđujuće ponašanje prema psihijatrici i eventualni strah od narušavanja slike selfa ako bude stigmatiziran psihičkom bolešću upućuju na moguće elemente narcističkog poremećaja ličnosti kod pacijenta. Sumnjičavost spram psihijatrici i okoline može predstavljati dio kliničke slike paranoidnog poremećaja ličnosti. Elemente ovisnog poremećaja ličnosti možemo prepoznati u eventualnoj psihološkoj ovisnosti o drugoj supruzi i psihijatrici nakon službenog završetka psihoterapije. Naposljetku,

presence of another person, thus getting lost in the images of the primary process.

THEORETICAL PRESENTATIONS OF INTERPERSONAL RELATIONSHIPS IN CERTAIN PERSONALITY DISORDERS

In the previous section, the patient's interpersonal relationships were analysed based on the available material in his text *Psychosis Neurosis*. Considering the relationships mentioned, it was also possible to recognise potential elements of certain personality disorders. The fear of abandonment, oscillations between idealisation and devaluation of the other and (pre-)psychotic experiences of the patient can be interpreted as part of the clinical presentation of borderline personality disorder. Arrogant, devaluing behaviour towards the psychiatrist and the possible fear of ruining the self-image if being stigmatised with a mental illness indicate possible elements of a narcissistic personality disorder in the patient. Suspicion towards the psychiatrist and others around him may be part of the clinical presentation of a paranoid personality disorder. Elements of a dependent personality disorder can be recognised in a possible psychological dependence on the second wife and the psychiatrist after the official end of psychotherapy. Finally, disregard for social norms, a tendency to engage in illegal activities and threatening, manipulative



nepoštivanje društvenih normi, sklonost nezakonitim aktivnostima te prijeteće, manipulativno ponašanje mogu predstavljati dio kliničke slike antisocijalnog poremećaja ličnosti (13).

U nastavku slijedi teorijski prikaz interpersonalnih odnosa spomenutih poremećaja ličnosti.

Granični poremećaj ličnosti

Nestabilnost interpersonalnih odnosa je uz poremećaj identiteta temeljna značajka graničnog poremećaja ličnosti (14). Pacijenti s ovim poremećajem imaju poteškoće u ostvarivanju i održavanju trajnih odnosa s drugima jer su ti odnosi često intenzivni, frustrirajući i ispunjeni konfliktima (15).

Prema Kernbergu fenomen graničnosti nastaje posljedično fiksaciji u Mahlerovoj fazi separacija-individuacija koja prethodi konstantnosti objekta. Neuspjeh razvoja konstantnosti objekta je naime posljedica izražene agresivnosti kod ovih osoba. Potonja je ili konstitucijski uvjetovana ili posljedica frustracija zbog neadekvatno zadovoljenih ranih potreba od strane neosjetljivih skrbnika. Integracija dobrih i loših aspekata selfa i drugih je u tom slučaju izrazito „opasna“. Kada bi integracija i nastupila, intenzitet bijesa i mržnje usmjerenih prema lošim slikama bi mogao uništiti dobre slike (odnosno

behaviour may be part of the clinical presentation of antisocial personality disorder (13).

The following is a theoretical presentation of interpersonal relationships in the aforementioned personality disorders.

Borderline personality disorder

The instability in interpersonal relationships, along with identity disturbance, is a central feature of borderline personality disorder (14). Patients with this disorder have difficulty establishing and maintaining lasting relationships with others, as these relationships are often intense, frustrating and conflictual (15).

According to Kernberg, borderline phenomena arise as a consequence of fixation at Mahler's separation-individuation phase, which precedes object constancy. The failure of object constancy is a result of the excessive aggression of these individuals. The latter may be constitutional or due to frustration over unmet early needs by insensitive caregivers. Integration of the good and bad aspects of self and others is extremely "threatening" in this case. Supposing integration to take place, the intensity of rage and hatred directed against the bad images could destroy the good images (i.e., the "good mother"). Therefore, it is not surprising that these individuals use splitting as a defence mechanism that keeps good and bad objects (images) apart and that they remain in the sep-

„dobru majku“). Zato nije čudno da ove osobe rascjep koriste kao obranu kojom dobre i loše objekte (slike) drže odvojenima te se zadrže u fazi separacije-individuacije dugo nakon razvoja kognitivnih sposobnosti koje bi im dopustile složenije procjene. Kod njih stoga postoje dva odvojena identifikacijska sustava - jedan ili drugi je projiciran na vanjski svijet (ili self). Zato se mogu brzo izmjenjivati idealizacija i obezvrjeđivanje druge osobe. Realnija slika druge osobe kao osobe koja ima i dobre i loše osobine kod ovih pacijenata jednostavno nije moguća. Teško prihvaćaju nedosljednosti i dvosmislenosti drugog; u određenom trenutku jedna osoba je ili isključivo dobra ili isključivo loša. Rascjep također objašnjava difuziju identiteta kod ovih osoba, kao i njihov nedostatak predanosti životnim ciljevima, nesposobnost potiskivanja jakih afekata i impulsa te u konačnici turbulentnost odnosa s drugima (16).

Nadalje, kako cjelovita slika brižne figure kao trajno prisutne nije internalizirana, ne mogu razlikovati sebe od drugog (često su zbunjeni oko toga čije su pojedine misli i osjećaji). Isto tako, oslanjaju se na fizičku prisutnost druge osobe (a ne internaliziranu) kako bi upravljali svojim osjećajima s obzirom na to da ne uspijevaju razviti kapacitet smirivanja samih sebe (15). Stoga teško podnose samoću i često se čine ovisnima o drugima - kao u djetinjstvu kada

aration-individuation phase far beyond the development of cognitive abilities that could allow for more complex judgments. There are thus two segregated identification systems in these individuals - one or the other is projected onto the outside world (or self). In this way, the idealisation and devaluation of the other person can quickly switch. A more realistic image of the other as a person who has both good and bad qualities is simply not possible. An individual with borderline personality cannot readily accept inconsistencies and ambiguity in the other; at a given moment, another person is either exclusively good or exclusively bad. Splitting also explains the identity diffusion of these individuals, as well as their lack of commitment to life goals, their inability to suppress strong affects and impulses, and finally their turbulent relationships with others (16).

Furthermore, as the whole image of a caring figure as permanently present is not internalised, they cannot distinguish themselves from others (they are often confused about whose thoughts and feelings are). Likewise, they rely on the physical (not internalized) presence of the other person to manage their feelings as they fail to develop the capacity to soothe themselves (15). As a result, they find it difficult to be alone and often seem dependent - as in childhood when the mother is not around the child and it is afraid that the mother will never return, they feel the same now when their



majka nije blizu djeteta te se ono boji da se majka više nikada neće vratiti, tako se sada osjećaju u slučaju kada je njihov partner odsutan. Drugim riječima, stalno iznova proživljavaju preplavljujuću separacijsku anksioznost (16). Nažalost, kod ovih se pacijenata događa da nesvjesno često prouzrokuju upravo ono čega se najviše boje – zbog intenzivnoga straha od napuštanja i osjetljivosti na odbijanje, odguruju druge od sebe sa svojim nerealnim zahtjevima, neumoljivom ljutnjom te samim očekivanjima napuštanja. Osim navedenog, gubitak drugog, bio stvaran ili zamišljen, može ih navesti na auto-destruktivnost (15).

Narcistički poremećaj ličnosti

Narušenost interpersonalnih odnosa kod osoba s narcističkim poremećajem ličnosti je često posljedica njihove potrebe za neprestanim divljenjem, iskorištavanjem drugih te manjkom empatije.

Za razliku od Freuda koji je govorio o narcističkoj kateksi zadržanoj unutar selfa, kasnije teorije o razvoju narcističkog poremećaja ličnosti naglasak stavljaju na rane odnose (17). Posljednjih desetljeća je psihoanalitičko mišljenje o ovom poremećaju podijeljeno između teorija Otta Kernberga i Heinza Kohuta (18). Prema Kohutu svatko se rađa s narcizmom te je grandiozni self

partner is away. In other words, they constantly re-experience this overwhelming separation anxiety (16). Unfortunately, these individuals often unconsciously cause the very thing they fear most - because of their sensitivity to rejection and fear of abandonment, they push the other away with their irrational demands, their persistent anger and the expectation of abandonment itself. In addition, the loss of the other, whether real or imagined, may lead them to self-destructive behaviours (15).

Narcissistic personality disorder

The disruption of interpersonal relationships in people with a narcissistic personality disorder is often a result of their need for constant admiration, exploitation of others and lack of empathy.

In contrast to Freud, who spoke of a narcissistic cathexis that remains within the self, later theories on the development of narcissistic personality disorder emphasise early relationships (17). In recent decades, psychoanalytic opinion on this disorder has been divided between the theories of Otto Kernberg and Heinz Kohut (18). According to Kohut, everyone is born with narcissism, and the grandiose self is a normal developmental phenomenon in the process of "transformation" from infantile to healthy narcissism. In narcissistic personality disorder, this development comes to a halt due to a deficit of empathy on the part of the primary caregiver, and the grandiose self remains

normalni razvojni fenomen tijekom „pretvaranja“ infantilnog u zdravi narcizam. Kod narcističkog poremećaja ličnosti postoji zastoj toga razvoja uslijed empatijskog deficita od primarnog skrbnika te grandiozni self perzistira kao obrana od „neljubavnog svijeta“ (17).

S druge pak strane, za Kernberga grandiozni self ne predstavlja razvojni fenomen, već patološku intrapsihičku strukturu (19). Smatra da kod ovih osoba nije došlo do razvoja integriranih koncepcija self i objekt slika te da je grandiozni self sredstvo koje omogućuje veću kohezivnost selfa. Potonji nastaje spajanjem selfa, idealnog selfa i idealnog objekta. Posljedice takvog spajanja objašnjavaju grandioznost kod ovih osoba, potrebu da im se drugi dive te očekivanje od okoline da također bude „savršena“. Osjetljivi su na komentare koji omalovažavaju njihovu self sliku i to je izraženo što je grandiozni self fragilniji. Osim navedenog, grandiozni self je adaptacija kojom se skriva oralni bijes inicijalno namijenjen indiferentnim primarnim skrbnicima te može kasnije biti usmjeren na bilo koga tko kritizira ili ne komplimentira osobu s narcističkom osobnošću (17).

Dok je Kernberg klasificirao narcizam dimenzionalno prema težini, odnosno funkcionalnosti, Kohut je s Wolfom opisao tri podtipa narcističkog poremećaja ličnosti s obzirom na interpersonal-

as a defence against the “unkind world” (17).

On the other hand, for Kernberg the grandiose self is not a developmental phenomenon but a pathological intrapsychic structure (19). He believes that these people have not developed integrated conceptions of self and object images and that the grandiose self is a means of enabling greater cohesion of the self. The latter is created by the fusion of the self, the ideal self and the ideal object. The consequences of such a fusion explain the grandiosity of these people, the need to be admired by others and the expectation of others around them to be “perfect” as well. They are sensitive to comments that belittle their self-image, and this is more pronounced the more fragile the grandiose self is. Moreover, the grandiose self is an adaptation that conceals oral rage, which is initially directed against indifferent primary caregivers and may later be directed against anyone who criticises or does not compliment a person with a narcissistic personality (17).

While Kernberg classified narcissism dimensionally according to severity, i.e. functionality, Kohut and Wolf described three subtypes of narcissistic personality disorder in terms of interpersonal relationships. According to this classification, there are those who constantly seek the presence of another person to define themselves (“merger-hungry”), those who are sensitive to rejection and therefore avoid social contact (“con-



ne odnose. Prema toj podjeli postoje oni koji konstantno traže prisutnost druge osobe da bi tako definirali sebe („merger hungry“), oni koji su osjetljivi na odbacivanje te izbjegavaju socijalne kontakte („contact-shunning“) te oni koji žude za self-objektima koji će im se diviti („mirror-hungry“).

Recentnije je nekoliko teoretičara predložilo dva podtipa narcističkog poremećaja ličnosti s različitim interpersonalnim ponašanjem: grandiozni i vulnerabilni podtip. Osobe s grandioznim podtipom znaju biti šarmantne u društvu, neosjetljive na potrebe drugih, zavidne, arogantne i traže pozornost. Naspram njih, osobe s vulnerabilnim podtipom su stidljive, inhibirane te osjetljive na evaluaciju i kritiku od strane drugih. Unatoč očiglednim razlikama, oba karakterizira preokupiranost sobom i nerealnim grandioznim očekivanjima od sebe (20).

Paranoidni poremećaj ličnosti

Sumnjičavost i nepovjerenje su u osnovi narušenih interpersonalnih odnosa osoba s paranoidnim poremećajem ličnosti. Nedostaje im bazični kapacitet za povjerenje što odražava negativna iskustva u njihovom ranom životu (zlostavljanje, odrastanje u atmosferi ispunjenoj kritičizmom i omalovažavanjem...) (9, 21). Skloni su za druge ljude misliti da su prijetvorni i zlonamjerni (21) tako da su

tact-shunning“), and those who long for self-objects that will admire them (“mirror-hungry“).

More recently, several theorists have proposed two subtypes of narcissistic personality disorder with different interpersonal behaviours: the grandiose subtype and the vulnerable subtype. Individuals with the grandiose subtype tend to be socially charming, insensitive to the needs of others, envious, arrogant and attention-seeking. In contrast, individuals with the vulnerable subtype are shy, inhibited and sensitive to others' judgement and criticism. Despite the obvious differences, both are characterised by self-centredness and unrealistic, grandiose expectations of themselves (20).

Paranoid personality disorder

Distrust and suspicion are the basis of the disrupted interpersonal relationships of individuals with a paranoid personality disorder. They lack a basic sense of trust that reflects negative experiences in their early life (abuse, growing up in an atmosphere of criticism and humiliation...) (9, 21). Individuals with paranoid personalities tend to think of other people as insincere and malicious (21), so they are on alert in every interaction (9). On the other hand, others around them perceive them as hostile, inflexible, and those who do not see things objectively. What happens is that paranoid personalities tend to misinterpret reality and attribute ulterior motives

pri svakoj interakciji s drugim na oprezu (9). S druge pak strane, osobe u njihovoj okolini njih percipiraju kao hostile, nefleksibilne i one koji ne vide objektivno stvari. Zapravo se događa da osobe s paranoidnom ličnošću krivo tumače stvarnost i drugima pridaju skrivene motive. Kako Millon izvrsno navodi: „Stojeći sami protiv svijeta na samom rubu uništenja, paranoici se omeđuju s pravednim gnjevom i samosažaljenjem, dodatno raspirujući svoju ljutnju“.

Prema teoriji objektnih odnosa ovakvo ponašanje odražava funkcioniranje paranoidne ličnosti na graničnom nivou organizacije ličnosti. Posljedično rascjepu reprezentacije selfa i drugih su podijeljene na „samo dobre“ i „samo loše“. Pritom samo dobre slike ostaju unutar selfa, a samo loše se projiciraju na vanjski svijet koji onda postaje izvor svega nepoželjnog i opasnog. Kadgod se osjećaju vulnerabilno, drže da im to „čine drugi“ te u skladu s time znaju reagirati, ponekad čak i eksplozivno. Drugi pak ne vide razlog takvog ponašanja te i sami postanu razdražljivi što kod paranoidnih ličnosti opravdava pret hodnu projekciju. Skloni su izoliranju upravo kako bi se „zaštitili od drugih“. Svoju „ponovnu autonomnost“ ostvaruju fantaziranjem o osvećivanju svojim progoniteljima (21). Grandioznost koja se često vidi kod njih je ustvari obrana od njihovog dubokog osjećaja inferiornosti (9, 21).

to others. As Millon brilliantly states, “Standing alone against the world at the very precipice of destruction, paranoids bandage themselves with righteous indignation and self-pity, further fueling their anger.”

According to object relations theory, this behaviour reflects paranoid personality functioning at the borderline level of personality organisation. As a result of the splitting, representations of self and others are divided into all-good and all-bad. All-good images stay within the self and all-bad ones are projected onto the outside world, which then becomes the source of everything undesirable and dangerous. Whenever they feel vulnerable, they believe “others are doing it to them” and tend to react accordingly, sometimes even explosively. Others, however, do not see the reason for such behaviour and become irascible themselves, thus justifying the previous projection of an individual with a paranoid personality. They tend to self-isolate to “protect” themselves from others. By fantasising about taking revenge on their pursuers, these individuals “re-establish their autonomy” (21). Grandiosity, which is often seen in paranoid personalities, is actually a defence against their deep feeling of inferiority (9, 21).

Dependent personality disorder

The interpersonal relationships of individuals with dependent personality



Ovisni poremećaj ličnosti

Interpersonalne odnose kod osoba s ovisnim poremećajem ličnosti obilježava njihova pretjerana psihološka ovisnost o drugima (22). Sami se osjećaju neadekvatno i gotovo im je nemoguće donositi vlastite odluke bez prethodnog savjetovanja s drugima. Takvo davanje kontrole nad svojim životom može gušiti druge u njihovoj okolini te biti razlogom da na posljetku budu napušteni. Kako bi se zaštitili od takve mogućnosti, ispunjavaju želje i potrebe drugih, odnosno stavljaju ih ispred sebe bez obzira na cijenu za njih same ili njihov identitet (23).

Prema klasičnoj psihoanalitičkoj teoriji, ovisna ličnost nastaje zbog fiksacije tijekom oralne faze psihoseksualnog razvoja. Smatra se da do toga dolazi zbog pretjerane gratifikacije ili frustracija tijekom ove faze. Osoba s oralnom fiksacijom ostaje ovisna o tuđoj brizi i podršci kasnije tijekom života, a njena određena ponašanja odražavaju infantilnu oralnu fazu (24). Za razliku od isticanja nagona, kasnije psihoanalitičke teorije naglasak stavljaju na kvalitetu ranih odnosa, važnost separacije od ranih skrbnika te njihovu internalizaciju u reprezentacijama selfa i drugog.

Prema teoriji objektnih odnosa dijete se ponaša na ovisan način onda kada je majka pretjerano popustljiva ili kada je odsutna u njezi djeteta. U prvom slučaju dijete isto očekuje od drugih ljudi, dok

disorder are characterized by their excessive psychological dependence on others (22). They feel inadequate, and it is almost impossible for them to make their own decisions without first consulting others. By giving such control over their lives, they can stifle those around them, and in turn leave themselves vulnerable to abandonment. To protect themselves from such a possibility, they fulfil the wishes and needs of others, i.e., they put others before themselves, regardless of the cost to themselves or their identity (23).

According to classical psychoanalytic theory, the dependent personality arises due to fixation in the oral stage of psychosexual development. It is assumed that the latter occurs because of over-gratification or frustration during this stage. An individual with oral fixation remains dependent on the care and support of others later in life, and certain behaviours reflect the infantile oral stage (24). In contrast to the emphasis on drives, later psychoanalytic theories emphasise the quality of early relationships, the importance of separation from early caregivers, and their internalisation in representations of the self and the other.

According to the theory of object relations, the child behaves in a dependent way when the mother is overindulgent or when she is absent in her nurturance. In the first case, the child expects the same from others, whereas in the second case, the child excessively asks others to satisfy his unmet needs (25).

u drugom slučaju pretjerano traži od drugih da zadovolje njegove neispunjene potrebe (25). Prema tome je u osnovi ovisnog ponašanja reprezentacija selfa kao nemoćnog i neučinkovitog. Važno je pak imati na umu da konstrukcija bespomoćne self reprezentacije nije jedino sredstvo putem kojeg ovisne osobine/ponašanja mogu biti izraženi u interpersonalnom funkcioniranju. Takvo ponašanje može biti obrana od nenagrađenih narcističkih impulsa, sredstvo podržavanja samopoštovanja značajnih drugih ili pak strateška potreba self prezentacije za manipulacijom i kontrolom ponašanja drugih (26).

Antisocijalni poremećaj ličnosti

Primarni interes osoba s antisocijalnim poremećajem ličnosti u interpersonalnim odnosima je njihova vlastita dobit iz tih odnosa. Za njih su drugi zamjenjivi te ih lako odbacuju onda kada im postanu manje korisni (27).

Prema klasičnoj psihoanalitičkoj teoriji kod osoba s antisocijalnom ličnosti ego se razvije, ali ne i superego. Stoga nemaju unutarnjeg cenzora koji bi ograničavao njihove postupke te infantilni id i njegov princip zadovoljstva dominiraju nad cjelokupnom ličnosti. Iz toga proizlazi objašnjenje za niz karakteristika i obrazaca ponašanja kod ovih osoba.

Za id se smatra da je odvojen od vanjskog svijeta te da za njega postoje samo

The basis for dependent behaviour, then, is the representation of the self as powerless and ineffective. It is important to keep in mind that the construction of a helpless self-representation is not the only means by which dependent traits/behaviours may be expressed in interpersonal functioning. Such behaviour may be a defence against unrewarded narcissistic impulses, a means of supporting the self-esteem of significant others, or a strategic need for self-presentation to manipulate and control the behaviour of others (26).

Antisocial personality disorder

The primary interest of people with antisocial personality disorder in interpersonal relationships is their gain from those relationships. They see others as replaceable and they easily discard them when they become less useful (27).

According to classical psychoanalytic theory, in individuals with antisocial personality, the ego develops, but not the superego. Therefore, they do not have an internal censor that would moderate their actions, and the infantile id and its pleasure principle dominate the entire personality. This provides the explanation for several characteristics and behaviour patterns of people with antisocial personality.

The id is considered to be separate from the outside world and for the id only drives and immediate needs exist. The



nagoni i neposredne potrebe. Antisocijalna ličnost je tako egocentrična te sebično usmjerena prema vlastitim zadovoljstvima, neovisno o utjecaju toga na druge u okolini i moralne vrijednosti. Potonje ne predstavlja puno ovoj ličnosti kao što je irelevantno i za id. Nadalje, za id se smatra da nema tolerancije na frustraciju te da zahtijeva instant gratifikaciju. Osobe s antisocijalnom ličnosti uglavnom ne mogu odgoditi svoje ponašanje kojem predstoji nagrada, niti razmišljaju unaprijed o posljedicama svojih postupaka. Eventualna odgoda može nastupiti ako im prijete konkretna kazna. Nemaju razvijen kapacitet za empatiju niti podliježu osjećaju srama i krivnje. Kada su frustrirane, antisocijalne ličnosti se ne mogu suzdržati već idu u *acting out* koji može biti praćen projekcijom. Tako ove osobe iščitavaju zlonamjernost u drugima zbog čega se onda „brane“ protunapadima, a sebe vide kao progonjenu žrtvu (28).

Bitno je spomenuti kako postoji psihoanalitičko mišljenje prema kojem je antisocijalna ličnost vrlo slična narcističkoj ličnosti. Kao kod osoba s narcističnom ličnošću tako i kod ovih osoba dolazi do formiranja grandioznog selfa. Razlika je u tome što se grandiozni self osoba s antisocijalnom osobnošću temelji na agresivnom introjektu koji odražava iskustvo roditelja kao stranca koji je zlonamjerman i kojem se ne može vjerovati. Posljedično izostaje razvoj konstantnosti objekta kod antisocijalne ličnosti. Neadekvatno

antisocial personality is thus self-centred and selfishly, orientated towards its pleasures without regard for the effects on fellow human beings and moral values. The latter do not represent much to this personality, as they are also irrelevant to the id. It is also thought that the id has no frustration tolerance and demands instant gratification. Individuals with an antisocial personality are generally unable to delay behaviour that is about to be rewarded, nor do they think about the consequences of their actions. A possible delay may occur when they are threatened with a certain punishment. They do not have a developed capacity for empathy, nor are they subject to feelings of shame and guilt. When frustrated, antisocial personalities cannot help but act out, which can be accompanied by projection. In this way, they read malice in others, which is why they “defend” themselves with counterattacks and see themselves as persecuted victims (28).

It is important to note that there is a psychoanalytic opinion according to which the antisocial personality is very similar to the narcissistic personality. Like individuals with narcissistic personality, these individuals also form a grandiose self. The difference is that the grandiose self of an individual with an antisocial personality is based on an aggressive introject that reflects the experience of a parent as a stranger who is malicious and cannot be trusted. Consequently, the development of the object constancy of

emocionalno povezivanje s tako doživljenim roditeljem ima za posljedicu otuđivanje u svim kasnijim odnosima u kojima se ove osobe na destruktivan način pokušavaju povezati s drugima (29).

ZAKLJUČAK

Fundamentalna značajka svih poremećaja ličnosti je narušenost interpersonalnih odnosa koja može biti povezana s različitim stupnjem subjektivne nelagode odnosno problema u socijalnom funkcioniranju (6, 30). Različite poremećaje ličnosti prati različita problematika interpersonalnih odnosa. Od narcističkog poremećaja ličnosti karakterizirano potrebnom za divljenjem, nedostatkom empatije, sklonošću iskorištavanju drugih (17) do pak ovisnog poremećaja ličnosti kojeg opisuju teškoće u stvaranju zdravih granica prema drugima, pretjerana potreba za brigom od strane drugog te podvrgavanje tuđim potrebama i željama (23). Kada razmišljamo o toj problematici, potrebno je na umu imati kvalitetu ranih odnosa pojedinca (2). U pacijentovom tekstu *Psychosis neurosis* izostaje njihov opis, no neizravno smo mogli pretpostaviti da se radi o neadekvatnim ranim iskustvima koja su se potom „prelila“ na sve njegove kasnije odnose. Iako to inicijalno može zvučati obeshrabrujuće, bitno je naglasiti kako internalizirane reprezentacije objekata koje predstavljaju osnovu za

the antisocial personality is lacking. The inadequate emotional attachment to the parent experienced in this way leads to detachment in all subsequent relationships in which these individuals attempt to bond with others in destructive ways (29).

CONCLUSION

A fundamental feature of all personality disorders is disrupted interpersonal relationships, which can be accompanied by varying degrees of subjective discomfort and problems in social functioning (6, 30). Different personality disorders are accompanied by different problems in interpersonal relationships. From narcissistic personality disorder, characterised by a need for admiration, a lack of empathy and a tendency to exploit others (17), to dependent personality disorder, characterised by difficulty in establishing healthy boundaries with others, an excessive need to be taken care of and a willingness to succumb to the other's needs and desires (23). When thinking about this issue, we need to keep in mind the quality of a person's early relationships (2). They are not described in the patient's text *Psychosis Neurosis*, but we could indirectly assume it was inappropriate early experiences that affected all his subsequent relationships. Although this may seem daunting at first, it is important to emphasise that internalised object representations, which form the basis for understanding



razumijevanje sebe u odnosu na druge, nisu niti statične niti nepromjenjive. Ustvari se kontinuirano razrađuju kroz naknadne međuljudske relacije kao što je odnos s terapeutom (2). Autor teksta *Psychosis neurosis* nam je kroz svoj tekst prenio dojam pozitivne promjene u svojem životu, stoga se možemo nadati se da mu je psihoterapija pomogla integrirati sve aspekte njegovih unutarnjih reprezentacija te doživjeti sebe kao koherentnu cjelinu u odnosima s drugima. A upravo to je ono što predstavlja put k ostvarivanju i održavanju kvalitetnih interpersonalnih odnosa.

oneself in relation to others, are neither static nor changeless. Rather, they are continuously remodelled by subsequent interpersonal relations, such as the relationship with the therapist (2). The author of *Psychosis Neurosis* gave us the impression of a positive change in his life through his text, so we can hope that psychotherapy has helped him to integrate all aspects of his internal representations and to experience himself as a coherent whole in his relationships with others. And this is precisely what represents the path for achieving and maintaining good interpersonal relationships.

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