„PSYCHOSIS/NEUROSIS“ SA STAJALIŠTA PSIHOANALITIČKOG PSIHOTERAPEUTA

/ PSYCHOSIS NEUROSIS *FROM A PSYCHOANALYTICAL PSYCHOTHERAPIST'S POINT OF VIEW*

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SAŽETAK/*SUMMARY*

U članku se nastoji predočiti kako psihoterapeut kao profesionalac opservira i razumije pacijentovu priču (u ovom slučaju predočenu kao humoresku) i promišlja o snagama pacijentovog ega, o njegovim mehanizmima obrane, o mogućnosti stvaranja odnosa iIi o pacijentovom kapacitetu za mentalizaciju. Promišlja o kojim je sve elementima ovisilo da je psihoterapijski proces trajao 11 godina.

/ In this article, I intend to present how a psychotherapist as a professional observes and understands a patient's story (in this case presented as a humorous story) and contemplates the strengths of the patient's ego, his defence mechanisms, capability to form a relationship or the patient's capacity for mentalization. She considers which elements caused the psychotherapeutic process to last for 11 years.

KLJUČNE RIJEČI / *KEYWORDS*

pacijentova priča / *patient's story*, ego / *ego*, mehanizmi obrane / *defence mechanisms*, privrženost / *attachment*, mentalizacija / *mentalization*

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TO LINK TO THIS ARTICLE: https://doi.org/10.24869/psihei.2022.166

UVOD

Čitajući humoresku „Psychosis/Neurosis" javljalo mi se puno asocijacija. Sjetila sam se članaka Thomä i Kächelea kao i članka Thomasa H. Ogdena. Thomä i Kächele raspravljaju o načinu prikazivanja tijeka terapijskog procesa. Pitaju se kako bi trebalo prikazivati tijek liječenja? Treba li pratiti promjene nastale tijekom psihoterapijskog procesa kao posljedica psihoterapeutovih intervencija ili tijek terapijskog procesa kako ga je doživio psihoterapeut (1).Ogden u svom članku „Kako razgovaram sa svojim pacijentima" navodi: „Dakle, u razgovoru s pacijentima, moje vlastito iskustvo nije moguće prenijeti; iskustvo pacijenta je nedostupno: nikad ne mogu znati iskustvo pacijenta. Riječi i fizički izraz su daleko od tog komuniciranja pacijentovog ili vlastitog proživljenog iskustva. Ipak, pacijent i ja možda možemo komunicirati nešto poput našeg proživljenog iskustva ponovnim predstavljanjem iskustva. To može uključivati korištenje jezika koji je poseban za svakoga od nas i za emocionalni događaj koji se događa, primjerice, putem metafore, ironije, hiperbole, ritma, rima, duhovitosti, žargona, sintaksa i tako dalje, kao i tjelesni izraz kao što su promjene u tonu, glasnoći, tempu i kvaliteti govora kontaktom očima." (2)) Dakle kako Ogden navodi u ovom slučaju ne možemo imati tjelesni doživljaj pacijenta, osjetiti njegov glas,

INTRODUCTION

While reading the Psychosis Neurosis humorous story, I had many associations. I remembered Thomä and Kächele's articles, as well as Thomas H. Ogden's article. Thomä and Kächele discuss ways of presenting the flow of the therapeutic process. They wonder how the process of healing should be shown. Should one track the changes that occurred during the psychotherapeutic process as a consequence of the psychotherapist's interventions or the flow of the therapeutic process as experienced by the psychotherapist? (1) In his article "How I talk to my patients", Ogden states:

Thus, in talking with patients, my own experience is incommunicable; the experience of the patient, inaccessible: I can never know the experience of the patient. Words and physical expression fall far short of communicating the patient's or my own lived experience. Nonetheless, the patient and I may be able to communicate something like our lived experiences by re-presenting the experience. This may involve using language that is particular to each of us and to the emotional event that is occurring, for example, by means of metaphor, irony, hyperbole, rhythm, rhyme, wit, slang, syntax, and so on, as well as bodily expression such as shifts in speaking tone, volume, tempo, and quality of eye contact." (2)

Therefore, as Ogden states in this case, we cannot have the physical experience

ali možemo imati doživljaj pacijentovog iskustva.

Pokušat ću pratiti što je pacijentova priča izazvala u meni.

Nisam naišla na članak u kojem psihoterapeut opservira pacijentovu priču tj. kako je on (pacijent) doživio terapijski proces. Irvin Yalom i Ginny Elkin su se unaprijed dogovorili da će bilježiti svoje refleksije nakon seanse i objaviti ih kao koautori što nije postojalo između autora navedene priče i psihijatrice. U ovom slučaju imamo opis razmišljanja pacijenta o samom sebi, o doživljaju vlastite bolesti i o doživljaju psihoterapijskog procesa i psihijatra/psihoterapeuta. Nemamo povezanost između psihoterapeutovih intervencija i promjene u pacijentovom poimanju sebe i odnosa s drugima. Nemamo prikaz seansi. Imamo pacijentov doživljaj promjena bez povezivanja s uzrokom koji je doveo do psihopatologije. Dok Ogden navodi: „Pacijentovo iskustvo kreativnosti u činu komuniciranja bitan je dio njegovog procesa sanjanja sebe potpunijim u bivanju" (3).

Možemo reći da je pacijent ne samo odsanjao svoju kreativnost već je i izrazio.

U ovom slučaju prikaz daje sam pacijent a mi možemo tek obznaniti svoje asocijacije. Vjerujem da bi bilo toliko različitih viđenja humoreske koliko i

of the patient, feel his voice, but we can have the patient's experience.

I will try to track what the patient's story evoked in me.

I have not yet come across an article in which a psychotherapist observes a patient's story, or in other words, how the patient experienced the therapeutic process. Irvin Yalom and Ginny Elkin had a predetermined agreement to note their reflections after sessions and publish them together as co-authors, an agreement that did not exist between the author of the said article and the psychiatrist. In this case, we have the patient's description of his thoughts about himself, his experience of his illness, the psychotherapeutic process, and the psychiatrist/psychotherapist. The psychotherapist's interventions and the changes in the patient's concept of himself and his relationships with others are not connected. The sessions are not displayed. We have the patient's experience of the changes without connections to the cause that led to psychopathology.

Ogden states: "*The patient's experience of being creative in the act of communicating is an essential part of the process of his "dreaming himself more fully into existence"* (3). We can say that the patient did not only dream through his creativity, he expressed it as well. In this case, the display is given by the patient himself, and we can only declare our associations. I believe there would be as many differ-

čitača. Da biste mogli slijediti tijek mojih asocijacija morate, naravno, pročitati pacijentovu priču.

Pokušat ću se osvrnuti na nekoliko točaka koje su mene potakle na razmišljanje:

1. Psihodinamičko razumijevanje pacijentove psihopatologije
2. Vremenska dimenzija njegove terapije i koje sve komponente su pridonijele ili uvjetovale dužinu
3. Doživljaj psihijatrijsko/psihoterapijskog odnosa

1. Psihodinamičko razumijevanje pacijentove psihopatologije

Za potpuno i sigurnije psihodinamičko razumijevanje pacijentove psihopatologije manjka nam povijest bolesti kao što smo navikli. U ovom slučaju se moramo osloniti na fragmente koje nam je ponudio autor humoreske.

Očito da je njegov doživljaj da se s njim nešto događa započeo s prvom paničnom atakom koju je liječnički pregled kupirao. Stresor je bio vanjska promjena realiteta. U Splitu pada snijeg.....Pacijent se budi iz dubokog sna i suočava se s nečim nesvakidašnjim.....

Drugi napadaj panike praćen raznim konverzivnim simptomima bio je uzrokovan mogućnošću gubitka kućnog ljubimca. Separacija od dragog objek-

ent views of the humorous story as the number of readers. To follow my flow of associations you have to, of course, read the patient's story.

I will try to touch upon a few points that gave me food for thought:

1. The psychodynamic understanding of the patient's psychopathology
2. The timeframe of his therapy and which components contributed to/conditioned its length
3. The experience of the psychiatric/psychotherapeutic relationship

1. The psychodynamic understanding of the patient's psychopathology

For a complete and certain psychodynamic understanding of the patient's psychopathology, we lack the history of illness we are used to having. In this case, we must rely on the fragments offered by the humorous story's author.

It is clear that he started to feel something was happening to him when he had his first panic attack, which was alleviated by the medical examination. The stressor was an outside change of reality. There is snow in Split… The patient wakes up from a deep slumber and faces something unusual…

The second panic attack, which was accompanied by various conversive symptoms, was caused by the possibility of

ta. Panične atake su učestalije i traži magično rješenje bioenergijom. Stanje koje opisuje možemo reći da je prepsihotično. Bioenergetičar ga upućuje psihijatru. Daljnje promjene psihičkog stanja vezana su uz tijek terapijskog procesa. O čemu možemo razmatrati/„sanjariti" čitajući pacijentovu priču? S obzirom na rezultat psihijatrijskog i suportivno psihoterapijskog liječenja mislim da možemo pokušati elaborirati snage pacijentovog ega, mehanizme obrane i mogućnost stvaranja odnosa kao i sposobnost mentaliziranja. Te su se komponente evidentno morale promijeniti tijekom psihijatrijsko/psihoterapijskog liječenja jer inače ne bi došlo do promjene u pacijentu a niti do humoreske.

Snage ega

Razmišljala sam kakav bi bio slijed mojih asocijacija kada bih koristila Psihodinamički dijagnostički priručnik (4) za razumijevanje pacijentove psihopatologije? Psihodinamički dijagnostički priručnik opisuje nekoliko funkcija zdravog ega. Ove funkcije u Psihodinamičkom dijagnostičkom priručniku zajedno se nazivaju os osobnosti ili P os i uključuju:

- Održavanje realnog i stabilnog pogleda na sebe i druge
- Sposobnost održavanja stabilnih odnosa

losing a pet. The separation from a beloved object. The panic attacks become more frequent and the patient seeks a magical solution in bioenergy. The state he describes can be described as overly psychotic. The bioenergy expert refers him to a psychiatrist. Further changes in his mental state are related to the flow of the therapeutic process. What can we ponder, or "daydream", about while reading the patient's story? Considering the result of the psychiatric and the supplementary psychotherapeutic treatment, I believe we can try to elaborate on the strengths of the patient's ego, his defence mechanisms, the capability to form a relationship, and the capacity for mentalization. These components evidently had to change during the psychiatric/psychotherapeutic treatment because otherwise, there would be no change in the patient or the humorous story.

The strengths of the ego

I wondered how my associations would flow if I used Psychodynamic Manual (4) for understanding the patient's psychopathology. Psychodynamic Manual describes several functions of a healthy ego. Together, these functions are called the personality axis or the P axis and they include:

- Maintaining a realistic and stable view of oneself and others
- Ability to maintain stable relationships

- Sposobnost doživljavanja i reguliranja cijelog niza emocija
- Sposobnost integriranja reguliranog osjećaja morala u svakodnevni život

Naš pacijent nije uspijevao održavati realni i stabilni pogled na sebe a niti na druge. Imamo dojam da nema potrebu za stvaranjem odnosa s drugima. Teško se nosi s naglom navalom emocija a naročito ga ne doživljavamo sposobnim integrirati i regulirati osjećaje morala u svakodnevnom životu.

Psihoterapeuti mogu promatrati ove funkcije ega kao vodič za procjenu snaga pacijentovog ega, uz istodobno razmatranje specifičnih aspekata funkcija ega za psihoterapijske intervencije. Također je vrijedno razmotriti kako pacijenti mogu braniti svoj osjećaj sebe korištenjem mehanizama obrane.

U svojoj knjizi Psihoanalitička dijagnoza: Razumijevanje strukture osobnosti u kliničkom procesu, Nancy McWilliams (5) konceptualizira snagu ega kao sposobnost osobe da prizna stvarnost - čak i kada je ta stvarnost neugodna. Snaga ega, kao i drugi aspekti dobrobiti, stalno se mijenja i može biti privremeno narušena stresorima svakodnevnog života. Kod našeg pacijenta je vidljivo kako njegove snage ega regrediraju u prvom i drugom paničnom napadaju ali također i u posjetu bioenergetičaru. Kada je snaga ega ugrožena okolnostima koje

- Ability to experience and regulate a whole spectrum of emotions
- Ability to integrate a regulated feeling of morale into everyday life

Our patient was not able to maintain a realistic and stable view of himself or others. It seems that he has no need for forming relationships with others. He has difficulty dealing with a sudden burst of emotions, and we certainly do not deem him capable of integrating and regulating feelings of morale in everyday life.

Psychotherapists can view these functions of the ego as a guide to assess the strengths of the patient's ego, with simultaneous consideration of specific aspects of the ego functions for psychotherapeutic interventions. It is also worth considering how patients can defend their sense of self by using defence mechanisms.

In her book Psychoanalytic diagnosis: Understanding Personality Structure in the Clinical Process, Nancy McWilliams (5) conceptualizes the strength of the ego as the ability of a person to acknowledge reality – even when it is unpleasant. The strength of the ego is, just as other aspects of well-being, constantly evolving and can be temporarily disturbed by the stressors of everyday life. With our patient, we can see how his strengths of the ego regress in the first and second panic attack, and in his visit to the bioenergy expert. When the strength of the ego is endangered by anxiety-causing circumstances, or even by mental fa-

izazivaju tjeskobu, ili čak mentalnim umorom, mehanizmi obrane egu služe kao svojevrsni predah od uočene prijetnje (6). Primjerice, ego se počinje osjećati znatno manje čvrstim kao u slučaju mogućeg gubitka kućnog ljubimca, ili stalnom kontrolom vanjskog realiteta zbog svjesnog kršenja zakona.

Mehanizmi obrane

Prema McWilliams, kada pacijenti/klijenti koriste mehanizam obrane, oni općenito nesvjesno pokušavaju izbjeći upravljanje nekim snažnim, prijetećim osjećajem (npr. tjeskoba, tuga, sram, zavist) (5).

Važno je napomenuti da je korištenje mehanizama obrane uobičajena, ako ne i svakodnevna pojava u životima većine ljudi. Doista, većina stručnjaka za mentalno zdravlje smatra korištenje mehanizama obrane prilagodljivom i neophodnom za mentalno zdravlje. George Vaillant (7) opisao je kako mehanizmi obrane pomažu ljudima da reguliraju unutarnju i vanjsku stvarnost i smanjuju sukobe i kognitivnu disonancu. Međutim, također je važno napomenuti da se mehanizmi obrane mogu koristiti na načine koji su više ili manje prilagodljiviji. Stupanj do kojeg se arhitektura obrane može smatrati adaptivnom odnosi se na učestalost i krutost s kojom se obrane koriste i vrste obrane koje se koriste.

tigue, defence mechanisms serve ego as a certain break from the sensed threat (6). For example, the ego starts to feel substantially weaker in the case of a possible loss of a pet, or a constant control of outer reality due to conscious law violation.

Defence mechanisms

According to McWilliams, when patients/clients use defence mechanisms, they are unconsciously trying to avoid regulating a strong, threatening feeling (such as anxiety, sadness, shame, envy) (5).

It is important to note that the use of defence mechanisms is a common, if not an everyday occurrence in most people's lives. Truly, most mental health experts agree that using defence mechanisms is adaptable and necessary for mental health. George Vaillant (7) stated that defence mechanisms help people regulate their inner and outer reality and mitigate conflicts and cognitive dissonance. However, it is also important to remember that defence mechanisms can be used in ways that are more or less adaptable. The degree to which the architecture of defence can still be considered adaptable is connected to the frequency and rigidity of its usage and the types of defence used.

In a broader sense, defence mechanisms can be defined as primary or secondary defence processes or mature/immature, according to Glen Gabbard. McWilliams

U širem smislu, mehanizmi obrane se mogu definirati kao primarni ili sekundarni obrambeni procesi ili zreli/nezreli prema Glenu Gabbardu. McWilliamsova smatra primarne obrane manje prilagodljivim jer sadrže veći stupanj distorzije na granici između sebe i vanjskog svijeta u odnosu na sekundarne obrane (5). Primarni mehanizmi obrane karakteriziraju izbjegavanje ili radikalno izobličenje uznemirujućih životnih činjenica.

Primjerice, McWilliamsova objašnjava kako primarni mehanizam obrane introjekcija uključuje zamjenu percipiranih kvaliteta, vrijednosti, ponašanja ili uvjerenja druge osobe za vlastiti identitet (5). Zapravo, te osobe nekritički usvajaju stavove, vrijednosti ili osjećaje za koje smatraju da ih važni drugi žele. Smatram da se kod našeg pacijenta to desilo tijekom djetinjstva ali se djelomično korigiralo kroz novo emocionalno iskustvo tijekom psihoterapijskog procesa. McWilliamsova sugerira da takva globalna izobličenja sebe i stvarnosti vjerojatno potječu od ranog razvojnog stresa i nedostatka razvojnih mogućnosti za kultiviranje koherentnog i stabilnog ega ili diferenciranog osjećaja sebe, a što se putem dugotrajne psihoterapije može korigirati.

McWilliamsova smatra da su sekundarne obrane „zrelije" jer omogućuju da beskompromisni osjećaj sebe ostane re-

believes primary defences are less adaptable because they involve a greater level of distortion on the boundary between oneself and the outer world in comparison to secondary defences (5). Primary defence mechanisms are characterized by avoidance or radical distortion of disturbing life events.

For example, McWilliams explains how introjection, a primary defence mechanism, involves substitution of perceived qualities, values, behaviour, or beliefs of another person for one's own identity. These people are uncritically adopting attitudes, values, or feelings that they believe other important people want. I believe this happened to our patient during childhood, but it was partially corrected through a new emotional experience during the psychotherapy process. McWilliams suggests that such global distortions of self and reality likely originate from early developmental stress and a lack of developmental opportunities to cultivate a coherent and stable ego or a differentiated sense of self, which can be corrected by long-term psychotherapy.

McWilliams believes secondary defences are more "mature" because they allow an uncompromising sense of self to remain relatively intact, even while unpleasant reality is being kept under control (5). Secondary defences enable greater adaptation to reality and a stable sense of self, which we believe our patient partially achieved after 11 years of psychiatric and psychotherapy treatment.

lativno netaknut, čak i dok se neugodna stvarnost drži pod kontrolom (5). Sekundarne obrane omogućuju veću prilagodbu stvarnosti i stabilan osjećaj sebe što smatramo da je naš pacijent postigao jednim dijelom nakon 11 godina psihijatriskog i psihoterapijskog liječenja.

Stupanj do kojeg su razvojne prilike omogućile uspostavu prethodno spomenutih domena ega i tip obrambene arhitekture koja se općenito koristi (tj. primarna naspram sekundarna) značajno pridonose tome kako pacijenti/klijenti percipiraju poteškoće u svojim životima (6).

Razmatranje sposobnosti ega i stvaranje odnosa

Iz perspektive objektnih odnosa, psihoterapeuti mogu promatrati prepreke dobrobiti pacijenta kao one koje proizlaze iz kvalitete ranih interakcija između pacijenta i njegovih ili njezinih skrbnika (majke i važnih drugih) i kako je pacijent internalizirao ta rana iskustva odnosa. Kada se novorođenče rodi, ono sebe ne razlikuje od majke. Dakle, self još nije formiran. Self se sastoji od ega, unutarnjih objekata (tj. struktura nastalih zbog ranih iskustava s majkom) i afekta koji povezuje ego i unutarnje objekte zajedno (6).

Razvoj unutarnjih objekata i ega ključan je za nečije funkcioniranje u kasni-

The degree to which developmental opportunities have enabled the establishment of previously mentioned ego domains and the type of defence architecture generally used (ie, primary vs. secondary) significantly contribute to the way patients/clients perceive the difficulties in their lives (6).

Consideration of ego capacity and relationship building

From an object relationships perspective, psychotherapists can view the barriers to a patient's well-being as arising from the quality of early interactions between the patient and his or her caregivers (mother and other significant people) and how the patient has internalized these early relationship experiences. When a baby is born, it does not distinguish itself from its mother. In other words, the self is not yet formed. The self consists of the ego, internal objects (i.e., structures created due to early experiences with the mother) and affect, which connects the ego and internal objects (6).

The development of internal objects and the ego is crucial for one's functioning in later life because disturbed object relationships can result in the development of abnormal behaviours, cognition, or emotions, which we assume happened to the author of the mentioned "humorous story". To elaborate, when an individual experiences negative experiences in the mother-child dyad, healthy object relationships are

jem životu jer narušeni objektni odnosi mogu rezultirati razvojem abnormalnih ponašanja, spoznaja ili emocija što pretpostavljamo da se dogodilo autoru navedene „humoreske". Da elaboriramo, kada pojedinac doživi negativna iskustva u dijadi majka-dijete, zdravi objektni odnosi ne uspijevaju se formirati. Ove greške u odnosu nastaju tijekom faze apsolutne ovisnosti o majci. Kada djetetu nije osigurano okruženje koje podržava ego, rast ega je inhibiran i dolazi do njegove fragmentacije.

Fragmentirana snaga ega tijekom djetinjstva može pridonijeti kasnijim problemima u odrasloj dobi. Objektni odnosi imaju snažnu teorijsku sličnost s teorijom privrženosti po tome što iskustvo odnosa između majke i dojenčeta utječe na funkcioniranje tijekom cijelog životnog vijeka. Primjerice, odnosi koje pojedinci imaju s drugima (skrbnicima, prijateljima, romantičnim partnerima, itd.) oblikuju razvoj i regulatornu sposobnost ega (6). Osobe s fragmentiranom snagom ega stoga su u nepovoljnijem položaju jer su kasnije u životu razvile pogrešne temelje za sposobnost samoregulacije i za društvene interakcije što je evidentno iz priče našeg pacijenta (kršenje zakona). Bilo je potrebno puno godina psihoterapijskog iskustva da bi se fragmenti ega donekle konsolidirali.

Prema McWilliamsovoj, svi mi imamo snažne strahove i čežnje iz djetinjstva. S njima postupamo s najboljim obram-

unable to form. These errors in the relationship occur during the phase of absolute dependence on the mother. When the child is not provided an environment that supports the ego, the growth of the ego is inhibited, and its fragmentation occurs.

Fragmented strength of the ego during childhood can contribute to later problems in adulthood. Object relationships have a strong theoretical similarity to attachment theory in regards to the experience of the mother-infant relationship, which affects functioning across the lifespan. For example, the relationships that individuals have with others (caregivers, friends, romantic partners, etc.) shape the development and regulatory ability of the ego (6). People with fragmented ego strength are therefore in a disadvantageous position because they developed the wrong foundations for the ability to self-regulate and for social interactions later in life, which is evident from the story of our patient (violation of the law). It took many years of psychotherapy experience to somewhat consolidate the fragments of the ego.

According to McWilliams, we all have strong fears and longings from childhood. We deal with them with the best defence strategies available to us at the given time and maintain these coping methods while other demands replace the early scenarios of our lives (5). Therefore, all defence mechanisms are useful

benim strategijama koje su nam u tom trenutku dostupne i održavamo te metode suočavanja dok drugi zahtjevi zamjenjuju rane scenarije naših života (5). Stoga su svi mehanizmi obrane korisni u zaštiti ega, ali kada se koriste prekomjerno, mogu uzrokovati psihopatološke probleme.

Privrženost (Attachment) i proces mentalizacije

Čitajući humoresku pitala sam se zašto nigdje ne spominje roditelje. Odnos s majkom i ocem. Da li ima braće i sestara? Kako bi rekao Ogden, počela sam „sanjariti" o tom dijelu pacijentove povijesti. U tome mi je puno pomogla teorija privrženosti i posljedično teorija mentalizacije. Pitala sam se kakva je osoba bila njegova majka i zašto se on boji odnosa s ljudima?

Teorija mentaliziranja izrasla je iz razvojnih istraživanja rasta i razumijevanja mentalnih stanja u sebi i drugima.

Relativno noviji koncept, mentaliziranja, bio je od određenog značaja za integraciju psihoanalitičkog mišljenja s teorijom i istraživanjem privrženosti.

Mentalni poremećaji općenito mogu biti viđeni kao um koji pogrešno tumači vlastito iskustvo o sebi, a time i o drugima.

Koncept mentaliziranja postulira da nečije razumijevanje drugih ovisi o tome

in ego protection, but when used excessively, they can cause psychopathological problems.

Attachment and the mentalization process

While reading the humorous story, I wondered why he did not mention his parents at any point. Relationship with his mother and father. Does he have any brothers or sisters? As Ogden would say, I began to "daydream" about that part of the patient's history. The attachment theory and the subsequent mentalization theory helped me a lot with this. I wondered what kind of person his mother was and why he is afraid of relationships with people.

The mentalization theory emerged from developmental research of growth and understanding of mental states in oneself and others.

A relatively recent concept, mentalizing, was of certain importance for the integration of psychoanalytic thinking with attachment theory and research.

Mental disorders can generally be seen as the mind misinterpreting its own experience of itself, and thus of others.

The concept of mentalizing postulates that one's understanding of others depends on whether one's own mental states will be adequately understood by caring, attentive, non-threatening adults (8).

hoće li vlastita mentalna stanja biti adekvatno shvaćena brižnim, pažljivim, neprijetećim odraslim osobama (8).

Mentaliziranje možemo definirati kao poriv da osoba traži razumijevanje, zamišljanje tuđih misli. Jasno da se taj proces u početku događa unutar uže obitelji. Znamo da je najvažnija figura privrženosti-majka koja pruža najranije formativne lekcije o razmišljanju drugih ljudi, a također, kroz reakcije tih ljudi, osoba uči o tome kako se misli percipiraju: kakvima nas drugi zamišljaju i kako mi shvaćamo razmišljanje drugih.

Mentaliziranje je vitalni odnos između procesa privrženosti i rasta djetetove sposobnosti razumijevanja međuljudskih ponašanja u smislu psihičkih stanja (9).

Sposobnost mentalizacije ključna je determinanta samoorganizacije i utjecaja na regulaciju afekta, a ona se pojavljuje u kontekstu ranih odnosa privrženosti. Problemi u regulaciji utjecaja, kontroli pažnje i samokontroli posredovani su neuspjehom razvoja robusnog mentalizirajućeg kapaciteta (10).

Mentaliziranje omogućuje djetetu da razlikuje unutarnju od vanjske stvarnosti, konstruira prikaze vlastitih mentalnih stanja iz uočljivih znakova (uzbuđenje, ponašanje, kontekst) te zaključuje i pripisuje sebi tuđa mentalna stanja iz suptilnog ponašanja i kontekstual-

Mentalizing can be defined as an urge of a person to seek understanding, to imagine other people's thoughts. Clearly, this process initially takes place within the immediate family. We know that the most important attachment figure is the mother, who provides the earliest formative lessons about other people's thinking, and additionally, through the reactions of those people, a person learns how thoughts are perceived: what others imagine us to be and how we understand the thinking of others.

Mentalizing is the vital relationship between the attachment process and the growth of a child's ability to understand interpersonal behaviours in terms of psychological states (9).

The ability to mentalize is the key determinant of self-organization and affect regulation, and it appears in the context of early attachment relationships. Problems in influence regulation, attention control, and self-control are mediated by the failure to develop a robust mentalizing capacity (10).

Mentalizing allows the child to distinguish internal from external reality, construct representations of his own mental states from observable signs (excitement, behaviour, context) and infer and attribute other people's mental states to himself from subtle behaviour and contextual signs from the environment. The full development of mentalizing depends on interaction with more mature and sensitive minds (in this case, the relationship

nih znakova iz okoline. Potpuni razvoj mentaliziranja ovisi o interakciji sa zrelijim i senzibilnijim umovima (u ovom slučaju odnos sa psihijatricom). Čini mi se da je naš pacijent u psihoterapijskom procesu doživio da psihijatrica razumije njegovo ponašanje i da ga uspijeva kontejnirati i vratiti mu doživljaj u obliku koji pacijent može dalje prorađivati.

Čini se da je sposobnost za pronicljivost i refleksivnu funkciju njegovatelja, u ovom slučaju psihijatrice, povezana i sa sigurnim vezanjem i mentaliziranjem (9).

Proces stjecanja mentaliziranja toliko je običan i normalan da je ispravnije smatrati da sigurna privrženost uklanja prepreke procesu mentalizacije, a ne da aktivno i izravno olakšava razvoj mentalizacije. Ugodno obiteljsko okruženje, što pretpostavljam da autor ove priče nije imao, a karakterističan je za sigurnu privrženost i baza je koja pomaže u generiranju objašnjavajućih shema pomoću kojih se ponašanje drugih može razumjeti i predvidjeti. Pošteno je reći da, u normalnim okolnostima, razgovori s čestom točnom razradom psiholoških tema mogu biti 'kraljevski put' do razumijevanja umova (8) što vjerujem i pretpostavljam da je bio jedini način u psihoterapijskom procesu, da bi mi danas imali pred sobom pacijentovu priču.

Pacijentovo ponašanje me upućuje da nije imao sigurnu privrženost s maj-

with the psychiatrist). It seems to me our patient experienced understanding from the psychotherapist in the psychotherapy process regarding his behaviour and that the psychotherapist managed to contain it and return the experience to him in a form that he could further process. It appears that the ability for discernment and reflexive function of the caregiver (in this case the psychiatrist) is also related to secure attachment and mentalization (9).

The process of acquiring mentalization is so ordinary and normal that it is more correct to think of secure attachment as removing obstacles to the process of mentalizing, rather than actively and directly facilitating the development of mentalization. A comfortable family environment, which I assume the author of this story did not have, is characteristic for secure attachment and it is the base that helps generate explanatory schemas used to predict and understand the behaviour of others. It is fair to say that, under normal circumstances, conversations with frequent accurate elaboration of psychological topics can be the 'royal road' to understanding minds (8), which I believe and assume was the only way in the psychotherapy process for us to have the patient's story today.

The patient's behaviour suggests that he did not have a secure attachment with his mother. Unfortunately, there is no information in his story about what kind of disordered attachment is involved. We

kom. O kojoj vrsti poremećene privrženosti je riječ nažalost nema podataka u njegovoj priči. Poznato nam je iz teorije da maltretiranje dezorganizira sustav privrženosti.

Mala maltretirana djeca pokazuju izvjesne karakteristike koje ukazuju na poremećenu mentalizaciju. Maltretiranje može poremetiti razvoj koherentnog razumijevanja, povezanost između unutarnjih stanja i radnji u vanjskom okruženju kao i u odnosima s važnim drugim osobama (9).

Poremećeni odnos privrženosti remeti sposobnost mentaliziranja, i posljedica toga su narušeni društveno-kognitivni kapaciteti i tako nastaju duboke ranjivosti u kontekstu društvenih odnosa što mi se čini da se upravo dogodilo s autorom ove priče. Poremećaje osobnosti karakteriziraju poteškoće u mentaliziranju što je u biti razvojni mehanizam za vezu između problema privrženosti i trajnih poteškoća u vezivanju s važnim drugim (9) što naš pacijent pokazuje. Nije sposoban vezati se za druge i stvoriti odnos.

Sposobnost mentaliziranja u kontekstu privrženosti je vjerojatno u određenim aspektima neovisna o iskustvima izvan konteksta privrženosti.

Nesigurni i nepredvidivi odnosi privrženosti između roditelja i djeteta mogu stvoriti nepovoljno društveno okruže-

know from theory that mistreatment disorganizes the attachment system.

Young mistreated children show certain characteristics that indicate disturbed mentalization. Mistreatment can disrupt the development of coherent understanding and the connection between internal states and actions in the external environment as well as in relationships with other important people (9).

A disturbed attachment relationship disrupts the ability to mentalize, and as a result, social-cognitive capacities are impaired and this is how deep vulnerabilities appear in the context of social relationships. It seems to me this is exactly what happened to the author of this story. Personality disorders are characterized by difficulties in mentalizing, which is essentially a developmental mechanism for the connection between attachment problems and persistent difficulties in bonding with a significant other (9), which our patient demonstrates. He is not capable of bonding with others and forming a relationship.

The ability to mentalize in the attachment context is likely to be independent in certain aspects of experiences outside the attachment context.

Insecure and unpredictable attachment relationships between parents and children can create an unfavourable social environment that limits the child's opportunity to acquire "mind reading," as Fonagy puts it. I don't have the impres-

nje koje ograničava djetetovu priliku za stjecanje „čitanja misli" kako navodi Fonagy. Nemam dojam da je naš pacijent razvio sposobnost „čitanja misli" drugih jer je bio okupiran sobom. Pitamo se je li možda bio problem i u genetici na što upućuju istraživanja neuropeptida.

Povezivanje privrženosti i mentaliziranja olakšali su nedavni rezultati neuroznanstvenih istraživanja. Studije *neuroimaginga*, primjerice, potvrdile su povezanost između privrženosti i mentaliziranja (11, 12, 13, 14).

Markus Heinrichs i Gregor Domes ukazuju na ulogu oksitocina i drugih neuropeptida: „Iako uloga OXT-a i drugih neuropeptida još nije jasna u smislu etiologije ovih kliničkih poremećaja, postoje preliminarni dokazi koji upućuju na to da genetske promjene neuropeptidnih receptora i razvojni izazovi (npr. rano štetno iskustvo) utječu na etiologiju i razvoj ovih poremećaja." (15).

2. Vremenska dimenzija terapije

Autor priče je napisao kako je on razumio od čega boluje nakon 11 godina liječenja. Koliko mu je vremena trebalo da razumije svoje mentalno stanje?

Možemo se pitati o čemu sve ovisi dužina liječenja?

Dužina liječenja ovisi kako kaže David L.Wolitzky: o težini patološke kompro-

sion that our patient developed the ability to "read the minds" of others because he was occupied with himself. We wonder if there might have been a problem in genetics, as indicated by neuropeptide research.

The connection between attachment and mentalizing has been facilitated by recent results of neuroscientific research. Neuroimaging studies, for example, have confirmed the connection between attachment and mentalizing (11, 12, 13, 14).

Markus Heinrichs and Gregor Domes point out the role of oxytocin and other neuropeptides:

Although the role of OXT and other neuropeptides is not yet clear in terms of the etiology of these clinical disorders, there is preliminary evidence suggesting that genetic alterations of neuropeptide receptors and developmental challenges (eg, early adverse experience) influence the etiology and development of these disorders. (15)

2. The timeframe of therapy

The author of the story wrote that he understood what he was suffering from after 11 years of treatment. How long did it take for him to understand his mental state?

We can ask, what does the length of treatment depend on?

As David L. Wolitzky states, the length of treatment depends on: "The patient is

mitacije (simptomi i neprilagođene karakterne crte) temeljenoj na potisnutim psihičkim konfliktima koji se temelje na instinktivnim željama koje potječu iz ranog djetimjstva i postaju izraženi u kontekstu terapijskog odnosa posebice u obliku otpora i prijenosa (16). Znači da je za razvoj psihoterapijskog odnosa bitan razvoj transfera.

Kroz sve naprijed navedeno promatrajmo našeg pacijenta. Sigurno je da dužina liječenja govori o tome da se radi o pacijentu koji razvija simptome koji se mogu svrstati od neurotskih do psihotičnih, ali ima i neprilagođene karakterne crte. Pokušat ću se osvrnuti samo na dio koji se tiče pacijenta.

Pitamo se, koliko je vremena trebalo da se razvije opservirajući ego, da stvori dovoljno prostora da može elaborirati vlastite reakcije, misaoni proces i donositi nove stavove o sebi i odnosima prema sebi i drugima. Jednostavnost opisa duševnog stanja u trenutcima lošeg osjećanja, osjećanja da ga tijelo ne sluša, da se nešto neugodno i možda opasno s njim događa, istinski me se dojmio. Osjetila sam njegovu patnju, osjećaj nemoći i straha. Kao da sam ga slušala na seansi. Primarni proces razmišljanja je tako lijepo opisao. A sada je evidentan sekundarni proces, evidentan je opservirajući ego što znači da je tijekom psihoterapijskog rada jedan dio simptomatskog sintonog ega

suffering from pathological compromise formations (e.g., symptoms and maladaptive character traits) based on repressed conflicts. These conflicts are based on instinctual wishes originating in early childhood, especially oedipal wishes, and they are subject to fixation and regression. They become expressed in the context of the therapeutic relationship, particularly in the form of resistance and transference." (16). This means that the development of transference is crucial for the development of a psychotherapeutic relationship.

Through all of the above, let us observe our patient. It is certain that the length of treatment indicates that this is a patient who develops symptoms that can be classified as neurotic to psychotic. However, he also has maladaptive character traits. I will try to refer only to the part concerning the patient.

We wonder how long it took for the observing ego for to develop, to create enough space to elaborate one's own reactions and thought process, and to bring new attitudes about oneself and relationships to oneself and others. The simplicity of the description of the state of mind in moments of bad feelings, the feeling that the body is not listening to him, that something unpleasant and perhaps dangerous is happening to him, really impressed me. I felt his suffering, his sense of helplessness and fear. It was as if I was listening to him in a session. The primary thought process is so beautifully described. And now the secondary process

postao distoni i mogao razviti opservirajuće sposobnosti i nama podastrijeti svoju priču. Tek nakon jedanaest godina mogao je objasniti sebi i drugima što mu se dešavalo na početku i kako je pokušao potražiti magijsko rješenje (primarni proces mišljenja); da ga netko (bioenergetičar) oslobodi njegovih muka. Magijsko rješenje je izostalo i upućen je stručnjaku (psihijatru) na daljnji tretman. Suočava se sa svojim predrasudama (psihijatrica plavuša, i k tome je u sustavu). Pacijent ne vjeruje sustavu (u ovom slučaju bolnica) od kojeg bježi jer inače u svakodnevnom životu radi nešto što nije dozvoljeno. Pacijent da bi zadovoljio svoje potrebe prelazi granice dozvoljenog i svjesno krši „zakone". S vremenom (izraženo u mjesecima i godinama) prihvaća „plavušu" (psihijatricu), vjeruje joj i shvaća da ga jedina prihvaća „u dobru i zlu", kada je u zatvoru, kada krši zakone i kada je građanin sa svojim smetnjama i slabostima.

Pokušajmo se prisjetiti o čemu ovisi kako će neki pacijent reagirati u svakodnevnom životu. Znamo da mentalno zdravlje pojedinca ovisi o snagama i sposobnostima ega. Ego je sluga triju gospodara; ida, superega i vanjske realnosti tj. ego je psihološki mehanizam koji upravlja obradom stvarnosti i regulacijom instinktivnih poriva i moralne krutosti (7). Ego ima mnogo značajnih uloga, uključujući percepciju

is evident, the observing ego is evident, which means that during psychotherapy, a part of the symptomatic syntonic ego became dystonic and could develop observing abilities and tell us its story. Only after eleven years was he able to explain to himself and others what happened to him at the beginning and how he tried to look for a magical solution (primary thought process) from someone (the bioenergetic expert) to relieve him of his torment. There was no magic solution and he was referred to a specialist (psychiatrist) for further treatment. He faces his prejudices (the psychiatrist is blonde, and she is in the system). The patient does not trust the system (in this case the hospital), which he is running away from because in his daily life he is doing something unallowed. In order to satisfy his needs, the patient crosses the lines of the permissible and consciously breaks "the laws". Over time (expressed in months and years), he accepts the "blonde" (psychiatrist), trusts her and realizes that she is the only one who accepts him "for better or for worse", when he is in prison, when he violates the law and when he is a citizen with his disorders and weaknesses.

Let us try to remember on what it depends how a patient will react in everyday life. We know that the mental health of an individual depends on the strengths and abilities of the ego. The ego is the servant of three masters; id, superego and external reality, i.e., the ego is a psychological mechanism that governs the

i prilagođavanje stvarnosti, održavanje kontrole ponašanja nad id-om i obranu pojedinca od nepotrebne tjeskobe. Nerazvijen (i/ili preopterećen, kao kod našeg pacijenta) ego može dovesti do širokog raspona prijetnji zdravlju osobe kao što je vidljivo u navedenoj priči.

Problemi s mentalnim zdravljem nastaju kada se ego nije pravilno razvio, a njegove regulatorne funkcije su ili nezrele ili odsutne. U ovom slučaju pitamo se je li simptomatologija produkt konflikta između ega i superega, ega i ida ili ega i vanjskog realiteta.

Druga komponenta koja određuje dužinu psihoterapijskog liječenja je pacijentova sposobnost psihologiziranja, donošenja snova i razvoja transfera. Za razvoj transfera je ujedno bitna i učestalost psihoterapijskih seansi.

Autor priče nije pokazivao u početku razvoja kliničke slike sposobnost psihologiziranja i želio je magijsko i brzo rješavanje njegovih tegoba. Prilikom pojave serije paničnih napadaja pacijent je tražio magijsko rješenje. Tek kada je od bioenergetičara poslan psihijatru suočava se s činjenicom da nema magijskog rješenja i suočen je sa sustavom i tek nakon nekoliko mjeseci počinje pokazivati znakove odnosa a ne više samo prihvaćanje psihijatrice kao self objekta. Nažalost, tijekom psihoterapijskog odnosa nije uspio us-

processing of reality and the regulation of instinctive urges and moral rigidity (7). The ego has many important roles, including perceiving and adapting to reality, maintaining behavioural control over the id, and protecting the individual from unnecessary anxiety. An underdeveloped (and/or overburdened, as in our patient's) ego can lead to a wide range of threats to a person's health as seen in the story above.

Mental health problems arise when the ego has not developed properly and its regulatory functions are either immature or absent. In this case, we ask whether the symptomatology is the product of a conflict between ego and superego, ego and id, or ego and external reality.

Another component that determines the length of psychotherapeutic treatment is the patient's ability to psychologize, recall dreams, and develop transference. The frequency of the psychotherapy sessions is also important for the development of transference.

The author of the story did not show the ability to psychologize at the beginning of the clinical picture development and wanted a magical and quick solution to his problems. When a series of panic attacks appeared, the patient sought a magical solution. Only when he was sent from the bioenergy expert to a psychiatrist did he face the fact that there was no magic solution and he was faced with the system. A few months had to pass before he started to show signs

postaviti sigurni odnos u kojem bi mogao izdržati separacijsku anksioznost i imati bazično povjerenje u ljude. Bazično povjerenje u ljude ovisi o odnosu majka dijete. Jedinu sliku iz ranog djetinjstva imamo u trenutku kada ga bioenergetičar navodi da zamisli nešto lijepo. On se sjeća igre na pijesku….mi pretpostavljamo da je bio s mamom ili s osobom s kojom se osjećao ugodno. Za razvoj ega su važne prve godine života, razvoj odnosa tj. privrženosti s majkom/skrbnikom. S obzirom na njegov strah od ljudi daje nam do znanja da je u tom odnosu nešto manjkalo i da se nije razvila sigurna privrženost (*attachment*). Da bi se u psihoterapijskom procesu postepeno iz self objektnog odnosa stvorio objektni odnos potrebno je vrijeme, u ovom slučaju 11 godina.

3. Doživljaj psihijatrijsko/psihoterapijskog odnosa

Konceptualizacija pacijenta kroz suvremenu psihoterapijsku leću može psihoterapeutima pružiti duboko razumijevanje prošlih i sadašnjih čimbenika koji oblikuju živote naših pacijenata. Ovaj pristup osvjetljava kako se prilagodbe nastale tijekom djetinjstva mogu prikazati kao neprilagođena ponašanja ili spoznaje u odrasloj dobi. Autor priče se na svoj način možemo reći nepotpuno ili neadekvatno prilagođavao kako unutar obitelji tako i unutar

of a relationship and no longer just accepting the psychiatrist as a self-object. Unfortunately, during the psychotherapeutic relationship, he was unable to form a secure relationship in which he could withstand separation anxiety and have basic trust in people. Basic trust in people depends on the mother-child relationship. The only image we have from his early childhood is the moment when the bioenergy expert makes him imagine something beautiful. He remembers playing in the sand… we assume he was with his mom or someone he was comfortable with. The first years of life, the development of relationships, i.e., attachment to the mother/caregiver, are important for the development of the ego. Considering his fear of people, he lets us know that something was missing in that relationship and that a secure attachment had not developed. It takes time, in this case 11 years, to gradually create an object relationship from a self-object relationship in the psychotherapy process.

3. The experience of the psychiatric/psychotherapeutic relationship

Conceptualizing the patient through a contemporary psychotherapeutic lens can provide psychotherapists with a deep understanding of the past and present factors that shape the lives of our patients. This approach illuminates how adaptations made during childhood can manifest as maladaptive behaviours or cognitions in adulthood. In his own

zajednice. Za razliku od klasične psihoanalize, suvremena psihoterapijska teorija razmatra društvene čimbenike koji pridonose zdravlju ega, dajući stoga psihoterapeutima sveobuhvatnije i primjenjivije razumijevanje pacijenta. Što se dešavalo tijekom psihoterapijskog procesa i što se promijenilo kod našeg pacijenta? Pretpostavljamo da je riječ o promjeni dijelova sintonog ega, dijelova koji su egu prihvatljivi u distoni ego, koji prepoznaje stavove koji su mu neprihvatljivi.

Bitan aspekt razumijevanja mentalnog zdravlja pojedinca je prisutnost ili odsutnost promatračkog ega. Prema McWilliams (5), promatrački ego omogućuje pacijentima da vide svoje probleme kao nedosljedne drugim dijelovima njihove osobnosti. Takvi problemi se nazivaju ego distonički. U smislu psihoterapije pojedinaca s problemima distoničnog ega, pacijentovo i psihoterapeutovo razumijevanje problema vjerojatno će se uskladiti jer obje strane prepoznaju da su problemi nepoželjni. Dakle, promatrački ego omogućuje prepoznavanje neželjenih problema i pomaže pacijentu da svoju osobnost vrati na poželjnu razinu funkcioniranja što je pacijentu uspjelo kroz psihoterapijski odnos.

Problemi koje pojedinac ne može prepoznati nazivaju se ego sintoničkim. Budući da su sintonički problemi ega

way, the author of the story adapted incompletely or inadequately both within the family and within the community. Unlike classical psychoanalysis, contemporary psychotherapeutic theory considers the social factors that contribute to ego health, thus giving psychotherapists a more comprehensive and applicable understanding of the patient. What happened during the psychotherapy process and what changed in our patient? We assume that it is a matter of changing the parts of the syntonic ego, the parts that are acceptable in the dystonic ego, which recognizes attitudes that are unacceptable.

An essential aspect of understanding an individual's mental health is the presence or absence of an observing ego. According to McWilliams (5), the observing ego allows patients to see their problems as inconsistent with other parts of their personality. Such problems are called ego dystonic. In terms of psychotherapy for individuals with dystonic ego problems, the patient's and the therapist's understanding of the problem is likely to align because both parties recognize that the problems are undesirable. In other words, the observing ego enables the recognition of unwanted problems and helps the patient return his personality to a desirable level of functioning, which the patient was able to achieve through the psychotherapy relationship.

Problems that the individual cannot recognize are called ego syntonic. Since the syntonic problems of the ego are inter-

isprepleteni u karakteru osobe, rješavanje ovih problema može se shvatiti kao izravan napad na osobnost pojedinca.

Oduzimanje modela prilagodbe iz djetinjstva, odrasloj bi osobi moglo ugroziti cjelokupni način postojanja. Stoga je važno da psihoterapeuti rješavaju ego sintonične probleme polako i oprezno, procjenjujući koliku frustraciju pacijentove snage ega mogu podnijeti. Primjerice, psihoterapeuti bi mogli potvrditi i suosjećati s pacijentovim sintoničkim iskustvom ega, a potom ponuditi alternativnu perspektivu. Uspostavljanje odnosa i povjerenja u psihoterapijskom odnosu možda je najjači alat u radu s pojedincima čija su neprilagodljiva ponašanja isprepletena u njihovim osobnostima (6).

Potrebno je dosta vremena da ego sintonični problemi postanu ego distonični, a liječenje nije moguće sve dok pojedinac ne prepozna svoje probleme kao takve. Prisutnost ili odsutnost promatračkog ega određuje jesu li problemi pojedinca neurotični ili upleteni u njegov ili njezin karakter. Ego sintonički problemi govore o nereguliranom egu jer egu nedostaje sposobnost priznavanja, razumijevanja i prihvaćanja stvarnosti. Pojedinci koji su sposobni prepoznati svoje probleme vjerojatno imaju bolji osjećaj sebe i razvijeniji ego (6). Kada se u kontekstu psihoterapije pokreću osjetljive teme,

twined in a person's character, solving these problems can be understood as a direct attack on the individual's personality.

Deprivation of an adaptation model in childhood could threaten an adult's person entire way of being. It is therefore important that psychotherapists address ego syntonic problems slowly and cautiously, assessing how much frustration the patient's ego strength can handle. For example, psychotherapists could validate and empathize with a patient's syntonic ego experience and then offer an alternative perspective. Establishing a connection and trust in the psychotherapy relationship is perhaps the strongest tool in working with individuals whose maladaptive behaviours are intertwined in their personalities (6).

It takes a long time for ego syntonic problems to become ego dystonic, and treatment is not possible until the individual recognizes his problems as such. The presence or absence of the observing ego determines whether an individual's problems are neurotic or embedded in his or her character. Ego syntonic problems speak of a dysregulated ego because the ego lacks the ability to acknowledge, understand and accept reality. Individuals who are able to recognize their problems probably have a better sense of self and a more developed ego (6). When sensitive topics are raised in the context of psychotherapy, the patient's primary, immature defence mechanisms may emerge. Since these same defences are likely to

mogu se pojaviti primarni, nezreli mehanizmi obrane pacijenta. Budući da se te iste obrane vjerojatno pojavljuju u drugim kontekstima koji su interpersonalno izazovni za pacijenta u svakodnevnom životu, priznavanje i rasprava o tim obrambenim procesima može se pokazati kao generativni put do promjene.

Suvremena psihoanalitička misao naglašava utjecaj ega na dobrobit pojedinca. Bilo da se razvoj promatra iz objektnih odnosa ili iz psihološke leće ega, ego je u srži zdravog razvoja. Sposobnost ega da uravnoteži id i superego, te procesuira stvarnost i emocije, može se naučiti samo ako društveni odnosi pojedinca tijekom njegovog ili njezinog života potiču zdrav razvoj ega. Nezdrav razvoj ili nerazvijenost ega može uzrokovati psihopatološke probleme jer su sposobnosti pojedinca da procesuira stvarnost i emocije vjerojatno narušene.

Iz pacijentove priče vidimo da je imao potrebu čuvati objekt (psihijatricu) u kojeg je imao povjerenja od ostalog dijela, kako vanjske stvarnosti tako i negativnog unutarnjeg svijeta objekata. Čuvao je *setting* psihijatrijsko/psihoterapijskog odnosa.

Iznenadilo me kako prepoznaje granice odnosa sa psihijatricom.

Prije svega, on zna da je taj odnos nešto što je arteficijelno a ipak stvarno. Da ne

appear in other contexts that are interpersonally challenging for the patient in everyday life, acknowledging and discussing these defensive processes may prove to be a generative path to change.

Contemporary psychoanalytic thought emphasizes the influence of the ego on the individual's well-being. Whether development is viewed through object relationships or through the psychological lens of the ego, the ego is at the core of healthy development. The ego's ability to balance the id and superego, and to process reality and emotion, can only be obtained if an individual's social relationships throughout his or her life encourage healthy ego development. Unhealthy development or underdevelopment of the ego can cause psychopathological problems because the individual's ability to process reality and emotions is likely impaired.

From the patient's story, we see that he had the need to protect the object (psychiatrist) in which he trusted from both external reality and the negative inner world of objects. He guarded the setting of the psychiatric/psychotherapeutic relationship.

I was surprised how he recognizes the limits of the relationship with the psychiatrist.

First of all, he knows that this relationship is something that is artificial and yet real. In order not to spoil his image of the psychiatrist, he does not want to know any-

bi pokvario svoju sliku psihijatrice, ne želi znati ništa o tome kakva je ona u svakodnevnom životu. Želi sačuvati taj osjećaj-da je samo njegova u njihovom vremenu. On osjeća da ga trpi, podnosi, sluša, uči i vraća mu sliku o njemu koju on ne razbija već prihvaća da je težak, naporan i da je to također dio njega kao i njegova druga dijagnoza.

Nadalje, u tekstu su opisane poteškoće u stvaranju odnosa s drugim ljudima i potreba za dijadnim odnosom. Pacijent vrlo jasno opisuje svoje poteškoće kada se nalazi u grupi ljudi s kojima ne dijeli ništa osim prostora što mu teško pada, teško mu pada prisustvo drugih ljudi i pokušava sačuvati sebe od drugih. Pitala sam se kakav je to *attachment* taj pacijent doživio sa svojom majkom da nije mogao podnijeti niti nju a niti samoga sebe. Teško mu je u vlastitoj koži.

I na kraju, sve ono što nije doživio kroz *attachment* doživio je sa svojom psihijatricom. Terapija je trajala ritmom koji je njemu odgovarao i toliko koliko je trebalo da prihvati sebe da vidi što drugima radi i da ojača snage ega kako bi se mogao lakše nositi s impulsima iz ida. Da bi to uspio morao je sebe prihvatiti kao nesavršenog, i da ga psihijatrica prihvaća takvog nesavršenog, napornog ali ga pohvali kada uradi nešto dobro, lijepo. Postaje njegov auksilijarni ego i superego. Lijepo opisuje koliko je bitno da taj njihov odnos ne

thing about what she is like in everyday life. He wants to preserve that feeling - that she is only his during their time. He feels that she tolerates him, listens to him, teaches him, and presents him an image of him that he does not destroy but accepts that he is difficult and tiring, and that is also a part of him like his other diagnosis.

Furthermore, the text describes the difficulties in forming relationships with other people and the need for a dyadic relationship. The patient very clearly describes his difficulties when he is in a group of people with whom he shares nothing but space, which is difficult for him, he finds it difficult to be in the presence of other people and tries to protect himself from others. I wondered what kind of attachment that patient experienced with his mother, that he could not stand either her or himself. It is difficult for him to be in his own skin.

And in the end, all that he did not experience through attachment, he experienced with his psychiatrist. The therapy proceeded at a pace that suited him and lasted as long as it took for him to accept himself, to see what he was doing to others, and to strengthen his ego so that he could more easily deal with impulses from the id. In order to succeed, he had to accept himself, the fact that he is imperfect, and that the psychiatrist accepts him as such (imperfect, tiring), but praises him when he does something good, beautiful. She becomes his auxiliary ego and superego. He describes beautifully how important it is that their encounters

remete susreti u svakodnevnom životu (GETRO). On je želi samo za sebe kao što je vjerojatno želio mamu samo za sebe ali je nikada nije imao, nitko osim psihijatrice dosad nije kontejnirao njegove agresivne pulzije i pokušao beta elemente transformirati u alfa elemente, kako bi rekao Bion.

ZAKLJUČAK

Pacijentova priča nas suočava s mogućnostima u pristupu liječenja teških pacijenata. Novi teorijski koncepti razumijevanja psihopatologije otvorili su i mogućnosti realiziranja pomoći pacijentima s poremećajem osobnosti. Pacijent nam je kroz svoju priču dao do znanja da je zadovoljan učinjenim i da razumije da je potrebno vrijeme kako bi mogao procesuirati novo iskustvo i bolje razumjeti samog sebe.

in everyday life do not disturb their relationship (GETRO). He wants her only for himself, as he probably wanted his mother only for himself, but he never had her, no one except a psychiatrist managed to contain his aggressive impulses and tried to transform beta elements into alpha elements, as Bion would say.

CONCLUSION

The patient's story confronts us with possibilities in the approach to the treatment of difficult patients. New theoretical concepts for the understanding of psychopathology have opened up possibilities in helping patients with personality disorders. Through his story, the patient let us know that he is satisfied with what was done and that he understands that time is needed in order to be able to process the new experience and better understand himself.

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