PROBLEM STVARANJA GRUPE KAO CJELINE U GRUPI KOJA SE ODVIJA U PSIHIJATRIJSKOJ INSTITUCIJI

/ THE CHALLENGE OF CREATING A GROUP-AS-A-WHOLE IN A GROUP TAKING PLACE IN A PSYCHIATRIC INSTITUTION

Jelena Adamlje

SAŽETAK/*ABSTRACT*

Kombinacija različitih faktora – osobito kada se radi o nedovoljno iskusnom terapeutu ili terapeutu koji prvi put vodi grupu u bolničkom (institucijskom) kontekstu, terapeutu-početniku čiji pristup grupi može biti više autoritaran ili nesiguran, način odabira i karakteristike kandidata za grupu, status i odnos terapeuta s institucijom te transferi pacijenata naspram klinike i terapeuta – mogu u bolničkom *settingu* utjecati na otežano i sporije stvaranje grupe kao cjeline u odnosu na vanbolničke *settinge*. U ovom se radu želi skrenuti pozornost na navedene elemente i elaborirati teškoće koje se mogu pojaviti jer je svijest o svim čimbenicima koji utječu na grupu važna u suočavanju s istima te temelj za osobno sazrijevanje terapeuta, a posljedično i grupe.

/ In a hospital setting, a combination of various factors - especially when it comes to an inexperienced therapist or a therapist leading a group in a hospital (institutional) context for the first time, a novice therapist whose approach to the group may be more authoritarian or insecure, the selection process and characteristics of group members, the therapist's status and their relationship with the institution, as well as patient transference toward the clinic and therapist – can hinder and slow down the formation of a group as a whole when compared to non-hospital settings. The aim of this paper is to draw attention to the aforementioned elements and elaborate on the difficulties that may arise, because awareness of all factors affecting the group is important when dealing with them, and it serves as a foundation for the personal growth of the therapist and, consequently, the growth of the group as well.

KLJUČNE RIJEČI / *KEYWORDS*

grupa kao cjelina / *group as a whole*, *setting* / *setting*, psihijatrijska institucija / *psychiatric institution*, institucijski transfer / *institutional transference*, institucionalni kontratransfer / *institutional countertransference*

Jelena Adamlje, mag. socijalne pedagogije, grupna analitičarka, Pragma, Zagreb, adamlje@udruga-pragma.hr
/ ***Jelena Adamlje***, *social pedagogue, group analyst, Pragma, Zagreb, adamlje@udruga-pragma.hr*

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UVOD

Kao voditelji terapijskih grupa radimo na dvije razine, s grupom kao cjelinom i s pojedincima u grupi. Pritom reflektiramo o razinama i fazama grupnog procesa: nalazi li se grupa na razini grupe kao cjeline ili na razini pojedinih sudionika te u kojoj se fazi razvoja nalazi grupa kao cjelina i njeni pojedini članovi (1). Cjelovita grupa (grupa kao cjelina) - uspostavljanje mreže odnosa među članovima grupe - osigurava napredak svih članova grupe i njihovu terapijsku promjenu. Stoga je grupnom analitičaru stvaranje cjelovite grupe cilj od samog početka (2). Razvoju cjelovite grupe može prijetiti više faktora, između ostalog i sam *setting* unutar kojeg se grupa odvija. U ovome će radu posebno biti problematizirano bolničko (institucijsko) okruženje grupe kao prošireni *setting* grupe koji može negativno utjecati na razvoj grupe kao cjeline, osobito kad istodobno i članovi grupe i terapeut manifestiraju tzv. institucijski transfer, a terapeut dodatno institucijski kontratransfer. Činjenica je da brojni edukanti i terapeuti-početnici svoja prva klinička iskustva s grupnom analizom stječu unutar institucije. Neki od njih su djelatnici istih, a dio ih u instituciju ulazi kao vanjski suradnici. Bez obzira na njihov početni odnos s institucijom, krenuvši raditi s grupom po principu grupne analize, mogu se naći u kompleksnom matriksu odnosa: po-

INTRODUCTION

As conductors of therapeutic groups, we work on two levels: with the group as a whole and with individuals within the group. In doing so, we reflect on the levels and stages of the group process, determining whether the group is functioning at the level of a group as a whole or at the level of individual members, as well as defining the stage of development of the group as a whole and its individual members (1). A group as a whole - characterized by the establishment of a network of relationships among its members - ensures the progress and therapeutic change of all group members. The group analyst, therefore, aims to create a group as a whole from the very beginning (2). Several factors can threaten the development of a group as a whole, including the setting in which the group operates. This paper will specifically address the hospital (institutional) environment as an extended setting of the group which can negatively impact the development of a group as a whole, especially when both group members and the conductor exhibit what is known as institutional transference, along with the conductor's institutional countertransference. It is a fact that many trainees and novice therapists gain their initial clinical experience in group analysis within an institution. Some of them are employees of the institution, while others enter the institution as external collaborators. Regardless of their initial relationship with the institution, when they start working with a

red odnosa grupe (transfera) prema voditelju, utjecaj na funkcioniranje grupe ima način na koji terapeut „balansira" između grupe i institucije te između pojedinih članova grupe i institucije s kojom su oni vezani na različite načine (institucijski transfer), a koje unose u grupu. Tako i sam terapeut mora postati svjestan svog transfera i kontratransfera ne samo prema grupi već i prema instituciji.

GRUPA KAO CJELINA

Grupa kao cjelina predstavlja bazični koncept grupne psihoterapije koji stimulira grupne procese i okvir je za sva zbivanja u grupi (2, 3). Grupa kao cjelina je živi organizam, zaseban u odnosu na pojedince koji ju sačinjavaju: ona ima raspoloženja, reakcije, duh, atmosferu, klimu. Poznata je Foulkseova usporedba grupe kao cjeline s orkestrom, u kojem pojedinačne zvukove proizvode pojedini instrumenti, ali ono što mi čujemo je orkestar koji svira. Na sličan način, mentalni procesi koji se odvijaju u grupi koju promatramo, dopiru do nas kao usklađena cjelina. Prema Foulkesu, ljudi koji se okupljaju u grupu stvaraju novi fenomen, nad-osobni psihički sustav ili matriks - hipotetsku mrežu komunikacije, polje mentalnih zbivanja kojih je pojedinac dio (3). Razvoj matriksa tako se odvija usporedno s razvojem grupe kao cjeline te su to

group using the group analytic principle, they may find themselves in a complex matrix of relationships: in addition to the group's relationship (transference) toward the conductor, the manner in which the conductor "balances" between the group and the institution, as well as between individual group members and the institution to which they are connected in different ways (institutional transference) and which they bring into the group, can influence the group's functioning. The conductor must, therefore, become aware of their own transference and countertransference not only toward the group, but also toward the institution.

GROUP AS A WHOLE

The concept of the "group as a whole" represents a fundamental principle in group psychotherapy that stimulates group processes and serves as a framework for all events within the group (2, 3). The group as a whole is a living entity, separate from the individuals who comprise it: it has its moods, reactions, spirit, atmosphere, climate. Foulkes' comparison of the group as a whole to an orchestra where individual instruments produce individual sounds, but what we hear is the orchestra playing as one is well-known. Similarly, the mental processes that occur within a group we observe reach us in the form of a harmonized whole. According to Foulkes, people who come together in a group create a new phenomenon, a supra-individual psychological system or matrix - a

dvoje koncepata, u određenome smislu, sinonimi (2).

Promatrati grupu kao cjelinu znači zauzeti holističku perspektivu na grupne procese s pojedincima kao dijelom tih procesa (4) Prema Foulksovim riječima, to je terapija usmjerena na grupu (grupa kao cjelina je objekt terapije) dok je voditelj onaj koji slijedi trag grupe, sluga grupe, nije njen vođa (5). Umjesto usmjeravanja na probleme pojedinaca, naglasak je na „predstavljanju problema koji pogađa grupu kao cjelinu... Ukupna osobnost i ponašanje unutar i prema grupi imaju veću važnost nego pojedini simptomi i njihovo značenje" (5). Pored toga, kada su u pitanju osobni problemi pojedinaca, u grupi se fokus pomiče od toga gdje su problemi nastali na kontekst unutar kojeg se oni mogu najbolje razumjeti i tretirati. Kako je za Foulkesa grupa kao cjelina značila ugrađene odnose pojedinaca u grupi i s grupom, on je svoje intervencije usmjeravao na način na koji se pojedinac povezuje s matriksom. Za razliku od njega, za Biona je grupa kao cjelina značila nadindividualnu razinu, dok su pojedinci sekundarni i u grupi se oni vode tzv. temeljnim pretpostavkama (6).

Stvaranje grupe kao cjeline je proces koji pridonosi i stvaranju radne grupe, što je želja svakog grupnog analitičara. To podrazumijeva sazrijevanje gru-

hypothetical network of communication, a field of mental activities which the individual is a part of (3). The development of a matrix thus occurs parallel to the development of a group as a whole, and in a sense, these two concepts are synonymous (2).

To observe a group as a whole means to take a holistic perspective on group processes with individuals as part of these processes (4). In Foulkes' words, it is a group-focused therapy (the group as a whole is the object of therapy), while the conductor follows the group's lead, acting as a servant of the group rather than its leader (5). Instead of focusing on individual problems, the emphasis is on "presenting the problems affecting the group as a whole... The overall personality and behavior within and toward the group are more important than the individual symptoms and their meanings" (5). Moreover, when it comes to personal problems of individuals, the focus in the group moves from where the problems originated to the context within which they can be best understood and addressed. Since for Foulkes the concept of a group as a whole represented relationships between individuals embedded within the group and with the group, he directed his interventions toward the manner in which an individual connects with the matrix. In contrast, for Bion the group as a whole represented a supra-individual level, where the individuals were secondary and, when in the group, they adhered to the so-called basic assumptions (6).

pe kroz njene faze razvoja, od početne ovisnosti/usmjerenosti na terapeuta do razvoja visoko funkcionirajuće, koherentne grupe u kojoj su članovi usmjereni jedni na druge. Od samog početka rada, članove se potiče da se osjećaju slobodnima komentirati sve svoje trenutne osjećaje koje imaju naspram grupe, drugih članova i terapeuta. Grupa postaje sve efikasnijom, kako ju članovi doživljavaju sve više važnom (7). Yalom smatra da je idealan terapijski uvjet uspostavljen kada članovi smatraju njihove grupne susrete najvažnijim događajem u svojim životima svakoga tjedna, a terapeut bi takvo uvjerenje trebao učvršćivati od početka (7). Navedeno označava i proces stvaranja kohezivne grupe. U njoj članovi pokazuju uzajamnu privrženost, prihvaćanje, podršku i sklonost razvijanju za njih važnih odnosa. Kohezija nastaje radom na bolnim problemima i dijeljenjem intimnih situacija te ako grupa želi očuvati ugodan osjećaj ili razmjenjuje površne interakcije, slabo razvija grupno zajedništvo (8). Također, pretjerano ulaganje u kohezivnost grupe šteti napretku grupe i predstavlja grupnu patologiju koja, kroz proces narcističkog ulaganja u grupu, vodi do psihološkog osiromašenja i snažnog otpora prema promjeni (9). Iz tog je razloga za razvoj grupe kao cjeline važno da se iz kohezije razvije koherencija, odnosno da se omogući diferencijacija

Creating a group as a whole is a process that contributes to the formation of a working group, which is the aim of every group analyst. This involves the maturation of the group through its developmental stages, from initial dependence/focus on the therapist to the development of a highly functioning, cohesive group in which members are oriented toward each other. From the outset, members are encouraged to feel free to comment on all their current feelings toward the group, the other members and the therapist. The group becomes increasingly effective as members perceive it as increasingly significant (7). Yalom believes that the ideal therapeutic condition is established when members consider their group meetings the most important event in their lives every week, and the therapist should reinforce this belief from the beginning (7). This also refers to the process of creating a cohesive group. In such a group, members demonstrate mutual attachment, acceptance, support and a tendency to develop relationships important to them. Cohesion is achieved through working on painful issues and sharing intimate situations, so if the group wishes to maintain a feeling of pleasantness or engages in superficial interactions, group togetherness can hardly be developed (8). Furthermore, excessive investment in group cohesion hinders group progress and represents group pathology which, through the process of narcissistic investment in the group, leads to psychological impoverishment and strong resistance to change (9). For this reason,

unutar grupe, da se u grupi različitosti cijene jednako kao i sličnosti.

Pritom je važan izbor kandidata za grupu koji imaju kapacitet za toleriranje simbiotske separacije (naspram terapeuta, grupe..) (8). Koherenciju grupe možemo promatrati i kao viši stupanj kohezije, koji stimulira individualizaciju. Prema Pinesu, koherencija je primarni faktor u evaluaciji „grupe kao cjeline" te ona omogućuje višu razinu funkcioniranja (grupe) u kontrastu s primitivnim i nediferenciranim grupnim oblicima koji se baziraju na koheziji. Pines povezuje koncept koherencije s Foulkesovim konceptom dinamičkog matriksa - razvoj koherencije u nesvjesnom grupnom matriksu manifestira se kao rastuće razumijevanje koje može ponuditi odgovore na probleme grupe (10).

Ormont ističe progresivnu emocionalnu komunikaciju kao ključnu značajku dobro funkcionirajuće grupe (radne grupe) jer omogućuje nova iskustva odnosa u grupi, a time i osobnu promjenu. Da bi grupa funkcionirala na toj razini, važno je da članovi verbaliziraju svoje osjećaje; da ih izražavaju jedan prema drugome čim se oni pojave u odnosu na prisutne u grupi te da nastupi emocionalna razmjena među (svim) sudionicima; emocionalna razmjena među članovima mora otkriti nove značajke njihova karaktera te stvoriti nove obli-

in order to deveop a group as a whole it is important to develop coherence from cohesion, i.e. to allow differentiation within the group and to value differences in the group equally as similarities.

In this context, the selection of candidates who have the capacity to tolerate symbiotic separation (from the therapist, from the group, etc.) is crucial for the group (8). Group coherence can also be seen as a higher level of cohesion that stimulates individualization. According to Pines, coherence is the primary factor in evaluating the "group as a whole", allowing a higher level of functioning (of the group) in contrast to primitive and undifferentiated group forms based on cohesion. Pines connects the concept of coherence with Foulkes' concept of dynamic matrix - the development of coherence in the unconscious group matrix manifests as growing understanding that can provide answers to group's problems (10).

Ormont highlights progressive emotional communication as a key feature of a well-functioning group (working group) because it enables new relationship experiences within the group and consequently, personal change. In order for the group to function at this level, it is important for its members to verbalize their feelings; to express them to each other as soon as they arise in relation to those present in the group, and to engage in emotional exchanges between (all) participants; emotional exchange among members must reveal new char-

ke odnosa među članovima u datom trenutku. Članovi koji su se odnosili na jedan način jedan s drugim (ili prema grupi), nakon razmjene svojih doživljaja, sada imaju drukčiji odnos i vide se na drukčiji način. Članovi time dodiruju dotad neotkrivene aspekte svoje osobnosti i uče se odnositi s drugima koristeći te nove dijelove sebe (11).

PSIHIJATRIJSKA INSTITUCIJA KAO DIO *SETTINGA* GRUPE

Neposredno okruženje grupe definira uvjete unutar kojih se provodi grupni rad: grupa će reflektirati te uvjete u svojim mislima, osjećajima i ponašanju grupe kao cjeline i članova grupe. Na taj način okruženje može sabotirati ili favorizirati rad grupe (4). Ovdje se, zajedno s Nitsunom, možemo pitati: „Koji je pravi test snage grupnoanalitičke psihoterapije – problematičan ili idealan *setting*"? Nitsun nadodaje da se brojne grupe odvijaju u manje savršenim uvjetima: terapeuti nisu u mogućnosti birati pacijente sukladno grupnoanalitičkim principima, velik broj kandidata iskazuje ambivalentnost oko uključivanja u grupnu terapiju, setting može biti nepredvidljiv, ponekad i neprijateljski. Također smatra da je značaj problema u *settingu* u velikoj mjeri podcijenjen kao faktor koji pridonosi nepravilnom grupnom razvoju (9).

acteristics of their character and create new forms of relationships among members at the given moment. Members who previously related to one another (or to the group) in one way, will now have a different relationship and see each other differently after sharing their experiences. In this way, members come in touch with previously undiscovered aspects of their personality and learn to relate to others using these new parts of themselves (11).

PSYCHIATRIC INSTITUTION AS PART OF THE GROUP SETTING

The immediate environment of the group defines the conditions under which group work takes place: the group will reflect these conditions in its thoughts, feelings and behaviors of the group as a whole, and of its individual members. In this way, the environment can either sabotage or favor the group's work (4). Here, along with Nitsun, one can ask the following question: "What is the true test of the power of group analytic psychotherapy - a problematic or an ideal setting?" Nitsun adds that many groups take place in less than perfect conditions: therapists may not be able to choose patients according to group analytic principles, a large number of candidates may express ambivalence about participating in group therapy, the setting can be unpredictable, and sometimes even hostile. He also believes that the significance of the problems relating to the setting is often un-

U tom smislu, grupe koje se vode u psihijatrijskim bolnicama su kontekstualizirane na bitno drukčiji način u odnosu na grupe u privatnoj praksi. Organizacija konstantno utječe na to kako grupa doživljava samu sebe, dok se bori s pronalaskom vlastitog identiteta. Terapijska grupa nema intrinzični socijalni identitet te dok grupa razvija osjećaj o sebi, ona postaje grupa u mreži grupa, preuzimajući svoj identitet, dijelom, iz svog socijalnog okruženja. U okruženju bolnice, postoje očite asocijacije s patologijom i ulogom pacijenta koje će grupa internalizirati u svoj identitet u razvoju, često na nepovoljan način.

Dodatan aspekt socijalnog *settinga* se odnosi na organizacijsku dinamiku koja određuje okruženje kao živi sustav. (9) Ono što karakterizira psihijatrijske odjele (gledano iz perspektive Bionovih pretpostavki) je da su to sustavi koji njeguju kulturu brige, ovisnosti, nediferenciranosti, gdje nema prostora za razvoj autonomije, a odvajanje nije do kraja prorađeno (12). Posebno kada su prisutni konflikti i promjene u instituciji, takva dinamika se prelijeva na sve aspekte sustava, što kod terapijskih grupa utječe na osjećaj sigurnosti (9). Ako se pojedini elementi grupnog okruženja suprotstavljaju grupnome cilju, velike su šanse da će terapija biti manje uspješna. Takva suprotstavljanja mogu biti suptilna

derestimated as a factor that contributes to irregular development of the group (9).

In this sense, groups conducted in psychiatric hospitals are contextualized in a significantly different manner compared to groups in private practice. The organization continuously influences the way in which a group perceives itself while struggling to find its own identity. A therapeutic group does not have an intrinsic social identity and as the group develops a sense of self, it becomes a group in a network of groups, partly taking its identity from its social environment. In a hospital setting, there are clear associations with pathology and the role of the patient, which the group may internalize into its developing identity, often in an unfavorable manner.

Another aspect of the social setting relates to the organizational dynamics that determine the environment as a living system (9). What characterizes psychiatric departments (from the perspective of Bion's assumptions) is that they nurture a culture of care, dependency, undifferentiation, where there is no room for the development of autonomy, and separation is not fully worked through (12). Especially when conflicts and changes are present in the institution, such dynamics spills over into all aspects of the system, affecting the group's sense of security (9). If certain elements of the group environment oppose the group's goals, there is a high chance that therapy will be less successful. Such opposition can be subtle or less subtle. Group boundaries can

ili manje suptilna. Grupne granice se mogu izravno napadati ili podcjenjivati – npr. kroz nedostupnost sobe za terapiju. U takvim slučajevima terapeut mora braniti zahtjeve grupe ako želi da grupa funkcionira. Dakle, da bi terapija bila uspješna, važno je da se s predstavnicima organizacije usuglasi oko pravila i granica grupnoga rada, o čemu posebno mora voditi računa u pripremnoj fazi grupe (4).

Van der Kleij napominje kako osigurati stabilan *setting* za grupu u instituciji znači upravo paziti na svaki detalj: naći adekvatnu sobu, paziti da ona bude dostupna dovoljno vremena prije početka terapije, članovima grupe mora biti omogućeno da do sobe dolaze direktno, poželjno bi bilo početne intervjue odraditi u istoj prostoriji u kojoj će se odvijati terapija; grupa mora osjećati da ima svoj teritorij unutar bolnice i mora se osigurati od upada drugih osoba za vrijeme seanse. Smatra da je grupi važno dati do znanja da je grupa „neovisna" od redovnih pravila i propisa unutar institucije, a opet se pita koliko je to zaista istina. Stoga preporučuje da se voditelj prije početka rada grupe pozabavi analizom takvih pitanja. Dodatno, upečatljivo upozorava kako „duhovi svake vrste lebde oko fizičkih granica grupe" te voditelj, koliko god bio blag kao osoba, nema izbora nego biti „izrazito nepristojan i diktatorski disciplinator" kada je u pitanju pregovaranje

be directly attacked or undermined - for example, through the unavailability of a therapy room. In such cases, the therapist must advocate for the group's demands if they want the group to function. Therefore, to ensure successful therapy, it is important for the therapist to come to an agreement with the representatives of the organization regarding the rules and boundaries of group work, especially in the preparatory phase of the group (4).

Van der Kleij emphasizes that in ensuring a stable setting for the group in an institution, one must pay attention to every detail: find an adequate room, ensure it is available well in advance of the therapy session, allow group members to access the room directly, and preferably conduct initial interviews in the same room where therapy will take place. The group has to feel that it has its "own" territory within the hospital and must be protected from the intrusion of other individuals during the sessions. He points out that it is important to let the group know that it is "independent" of the institution's regular rules and regulations, although he asks himself whether this is really the case. He, therefore, recommends that the conductor of the group address such issues before initiating work with the group. Additionally, he pointedly warns that "spirits of all kinds hover around the physical boundaries of the group" and the conductor, no matter how gentle as a person, has no choice but to be "extremely rude and dictatorially disciplining" when negotiating with

s autoritetima oko uvjeta rada njegove grupe (13).

Da bi se osigurao bolji terapijski ishod, važna je i adekvatna procjena i izbor pacijenata. Neprepoznavanje nedovoljnog kapaciteta za introspekciju ili toleriranje frustracije te pacijentove hostilnosti koju neće biti moguće kontejnirati u terapiji, može rezultirati negativnom terapijskom interakcijom i neostvarenjem terapijskog cilja (14). Stoga je poželjno stvoriti heterogenu grupu, s idealno ne više od 1-2 težih pacijenata i 4-6 manje teških pacijenata. Homogena grupa karakterno teško poremećenih pacijenata može pogoršati regresiju u grupi – njihovi primitivni zahtjevi postavljaju ogromne zahtjeve na terapeuta, stvarajući jake kontratransferne reakcije (15). U psihijatrijskim institucijama nedvojbeno susrećemo pacijente koji su bolesniji i karakterno teži u odnosu na neka druga mjesta na kojima osobe traže terapiju. Neurotske strukture osobnosti su rjeđe, češće prevladavaju tzv. teški pacijenti: narcističkih, psihotičnih i *borderline* osobnosti (16). S obzirom na prisutne nezrele obrambene mehanizme (cijepanje, projekcije, projektivne identifikacije, negacije..) potreban je i adekvatan, prilagođen pristup terapeuta: u grupi će morati pristupati više na podržavajući način umjesto konfrontirajući. Stvaranje terapeutskog saveza (privrženosti) će imati prioritet nad grupnoanalitičkom tehnikom (19).

authorities about the conditions of their group work (13).

In order to achieve a better therapeutic outcome, it is important to assess and select patients adequately. Failure to recognize insufficient introspection capacity or tolerance of frustration or of a patient's hostility that cannot be contained in therapy, can result in negative therapeutic interaction and failure to achieve therapeutic goals (14). It is, therefore, desirable to create a heterogeneous group, ideally with no more than 1-2 difficult patients and 4-6 less difficult patients. A homogenous group of severely disturbed patients can worsen regression in the group - their primitive demands place enormous demands on the therapist, creating strong countertransference reactions (15). In psychiatric institutions, we undoubtedly encounter patients who have more serious conditions and are characterologically more challenging than those seeking therapy in other places. Neurotic personality structures are less common, and difficult patients with, for example, narcissistic, psychotic and borderline personalities are more prevalent (16). Given the presence of immature defense mechanisms (splitting, projection, projective identification, denial, etc.), an adequate, adapted approach by the therapist is necessary: in such a group, the therapist will need to act in a more supportive rather than confrontational manner. Creating a therapeutic alliance (attachment) will take precedence over group analytic technique (19).

INSTITUCIJSKI TRANSFER ČLANOVA GRUPE

Transfer u psihoterapijskome procesu (shvaćen kao ponavljanje reakcija unutar nekog odnosa koji je neprimjeren u datome trenutku) može pogodovati njegovome pozitivnome ishodu i tada je on nositelj terapijskog procesa ili može poprimiti oblik otpora ili blokirati razvoj procesa (20). Način na koji pacijent reagira na terapeuta je dobar pokazatelj je li uspostavljen terapijski savez - ključni element ishoda psihoterapije. Savez se uspostavlja kada pacijent doživljava da mu terapeut pomaže te posebno kada osjeća da terapeut surađuje u ostvarenju zajedničkih terapijskih ciljeva (21).

Taj savez može biti teže uspostaviti, ako između pacijenta i terapeuta „stoje" i neki drugi odnosi, primjerice kada se terapija odvija u instituciji (psihijatrijskoj klinici). Sve je to važno i u razmatranju transfera prema instituciji (20): poznata je pojava, unutar psihijatrijskih institucija, da određeni pacijenti razviju odnos prema ustanovi koji je stabilan tijekom vremena i često idealiziran. Takvim je pacijentima sama institucija važnija za njihovu dobrobit nego neki drugi odnos s bilo kojim terapeutom (22). Ustanova i osoblje se doživljavaju kao snažni, idealizirani roditelji koji pružaju zaštitu koju pacijent priželjkuje. Takav pozitivan,

INSTITUTIONAL TRANSFERENCE OF GROUP MEMBERS

In the psychotherapeutic process, transference (understood as the repetition of reactions within a relationship that is inappropriate at a given moment) can either contribute to its positive outcome, where it becomes the driver of the therapeutic process, or it can take the form of resistance or block the process development (20). The manner in which a patient reacts to the therapist is a good indicator of whether a therapeutic alliance, a key element of the outcome of psychotherapy, has been established. The alliance is established when the patient perceives that the therapist is helping them and, especially, when the patient feels that the therapist is collaborating in achieving common therapeutic goals (21).

It can be more challenging to establish this alliance if there are other relationships "present" between the patient and the therapist, for example, when therapy takes place in an institution (psychiatric clinic). All of this is important when considering transference toward the institution (20): it is a known phenomenon in psychiatric institutions that certain patients develop a relationship with the institution that is stable over time and often idealized. To such patients, the institution itself is more important for their well-being than any other relationship with any therapist (22). The institution and its staff are seen as powerful, idealized parents providing the protec-

idealizirajući transfer (kako ga opisuje Kohut) potiče pasivno, ovisničko ponašanje pojedinca koji čeka trenutak da moćno osoblje započne svoje magično liječenje. Odnos prema osoblju je simbiotički: pacijent ne može zadržati dobar osjećaj o sebi bez odnosa stapanja s idealiziranim objektom. Separacija izaziva osjećaj bezvrijednosti, depresije ili, suprotno, osjećaj grandioznosti. Separacija od čitave terapijske zajednice može biti jako teška, ovisno o tome koliki jaz pojedinac osjeća između relativno sigurne i tople zajednice i prijetećeg, hladnog i neprijateljskog vanjskog svijeta (20). Dok su još u tretmanu, pacijenti s pozitivnim transferom prema ustanovi se često ritualno pridržavaju termina, imaju ovisnički odnos s terapeutom (čije individualne karakteristike nisu bitne), teže tome da sve stvari ostanu iste i privrženi su instituciji u kojoj terapeut radi. Reider je ove fenomene prepoznao među pacijentima koji su bili u tretmanu kod više psihoterapeuta unutar iste ustanove i smatrao ih je transferom prema instituciji (22).

Drugi je oblik institucijskog transfera negativan, kada je pacijentova reakcija prema određenom osoblju ili prema svim članovima grupe ista, nediferencirana. Primjerice, pacijent reagira prema bolnici, osoblju ili grupi kao da su prijeteći ili neprijateljski kao cjelina, umjesto da takva ponašanja prepotion the patient desires. This positive, idealized transference (as described by Kohut) encourages passive, dependent behavior in individuals who wait for the powerful staff to perform their magical healing. The relationship with the staff is symbiotic: the patient cannot maintain a good self-image without merging with the idealized object. Separation can trigger feelings of worthlessness, depression, or, conversely, grandiosity. Separation from the entire therapeutic community can be very challenging, depending on the size of the gap that the individual feels between the relatively safe and warm community and the threatening, cold and hostile external world (20). While still in treatment, patients with positive transference to the institution often ritually adhere to appointments, have a dependent relationship with the therapist (whose individual characteristics are not important), tend to keep everything the same, and are loyal to the institution where the therapist works. Reider recognized these phenomena among patients who had been treated by multiple psychotherapists within the same institution, and considered them a transference toward the institution (22).

Another form of institutional transference is a negative one, when a patient's reaction to specific staff members or to all group members is undifferentiated. For example, the patient reacts to the hospital, staff or the group as if they were threatening or hostile as a whole, instead

zna u tek određenim osobama (izrazi poput „oni su svi bezobrazni"). Dok god pacijent doživljava osoblje ili terapijske grupe kao masu ili jedan objekt, to predstavlja repeticiju ranih, dijadnih objektnih odnosa. Strah od gubitka identiteta i autonomije se može razviti dok god član grupe ne pronađe jedno ili više sigurnih „mjesta" (*holds*) u grupi (20).

Ako unutar bolnice postoji situacija terapijskog tima, u kojem jedan terapeut (psihijatar) propisuje lijekove dok drugi terapeut provodi psihoterapiju, važno je predvidjeti i nadvladati moguće probleme. U pacijentu može doći do *splittinga* tj. podjele, pri čemu će jednog terapeuta idealizirati, a drugoga ocrniti. Terapeuta koji liječi farmakoterapijom može doživjeti kao onog koji požuruje pacijenta, bez da ga pozorno sluša (kao što to čini psihoterapeut) ili ga pak može idealizirati kao onog koji je zaista zainteresiran olakšati njegove simptome, za razliku od psihoterapeuta kojeg simptomi „ne zanimaju", dok pacijent i dalje pati. Važno je da oba terapeuta pritom razumiju koncepte transfera i kontratransfera (23). Ako je došlo do prijenosa pacijenta s jednog terapeuta na drugog unutar iste institucije, taj proces, smatraju Pumpian-Mindlin i Scher, donosi dodatne moguće teškoće u transferu i kontratransferu: stvaranje triangulacije između pacijenta i dva terapeuta, separacijskih problema

of recognizing such behaviors in specific individuals (expressions like "they are all rude"). As long as the patient experiences the staff or therapeutic groups as a mass or a single object, this represents a repetition of early, dyadic object relations. A fear of losing identity and autonomy can develop until the group member finds one or more secure "holds" within the group (20).

If there is a therapeutic team within the hospital in which one therapist (psychiatrist) prescribes medication while another therapist conducts psychotherapy, it is essential to anticipate and overcome potential problems. The patient may experience splitting, where they idealize one therapist while devaluing the other. The therapist who provides pharmacotherapy may be seen as rushing the patient without attentively listening (like the psychotherapist does) or they can idealize them as the one who is really interested in alleviating their symptoms, unlike the psychotherapist who "does not care" about the symptoms while the patient continues to suffer. It is thereby crucial that both therapists understand the concepts of transference and countertransference (23). If a patient has been transferred from one therapist to another within the same institution, this process, as viewed by Pumpian-Mindlin and Scher, can cause additional difficulties in transference and countertransference: creation of triangulation between the patient and two therapists, separation problems regarding the first therapist

kod prvog terapeuta i pacijenta te – kod oba terapeuta - anksioznost zbog mogućeg pomnog ispitivanja njihovih terapijskih vještina (22).

INSTITUCIJSKI TRANSFER I KONTRATRANSFER TERAPEUTA

Bion i Ezriel su prepoznali kako terapeut u grupi relativno brzo bude „usisan u određenu ulogu", sukladno prirodi grupne regresije. Ovo je ekvivalent terminu „komplementaran kontratransfer" ili „odzivnost na ulogu" (24). Kontratransfer, shvaćen kao osjećaji i ponašanja terapeuta izazvani transferom (20), smatra se jednim od najkorisnijih alata analitičara, no istodobno može biti i izvor teškoća u radu grupe. Mnoge kontratransferne fantazije povezane su s transfernim fantazijama: primjerice, pacijenti koji se nadaju da će naći savršenog spasitelja u psihoterapeutu pa se suoče s činjenicom da se to neće ostvariti zbog profesionalnih granica terapijskog odnosa, mogu iz svog očaja na terapeuta prenijeti osjećaj da je hladno i bezosjećajno biće koje uskraćuje njihove transferne potrebe (21). Međutim, članovi grupe rano oblikuju svoj dojam o voditelju-terapeutu, ne samo temeljem vlastitih ranih iskustava i odnosa s autoritetima, već i temeljem terapeutovog načina bivanja u grupi (4).

and the patient, and for both therapists, anxiety due to potential scrutiny of their therapeutic skills (22).

INSTITUTIONAL TRANSFERENCE AND COUNTERTRANSFERENCE IN THERAPISTS

Bion and Ezriel recognized that the therapist is relatively quickly "drawn into a role" in the group, in line with the nature of group regression. This is equivalent to the term "complementary countertransference" or "role responsiveness" (24). Countertransference, understood as the therapist's feelings and behaviors triggered by transference (20), is considered to be one of the most useful tools for analysts, but can also be a source of difficulties when it comes to group work. Many countertransference fantasies are connected with transference fantasies. For example, patients who hope that the psychotherapist will be their perfect savior, but are then faced with the fact that this will not happen due to the professional boundaries of the therapeutic relationship, may transfer onto the therapist their feelings toward them as being cold and unfeeling, withholding their transference needs (21). However, group members quickly form their impressions of the group conductor-therapist, not only based on their own early experiences and relationships with authorities, but also based on the manner in which the therapist "exists" in the group (4).

Veća je vjerojatnost da će mladi terapeuti, bojeći se spontanosti i prirodnosti svojih odgovora, biti pretjerano rigidni i formalni te mogu pogrešno tumačiti granice (21). Kada takav terapeut vodi grupu unutar institucije u kojoj vladaju neke druge (blaže ili ne-analitičke) granice i pravila, u pokušaju zaštite grupnoanalitičkog *settinga* grupe, njegova rigidnost može biti dodatno naglašena te stvoriti ili učvrstiti postojeći otpor grupe. Granice pak treba shvatiti relativno pomičnima na način da svaki odnos terapeut-pacijent postupno stvara okvire koji su njima jedinstvene, što se odnosi i na grupe (21).

Dodatan primjer transfera koji proizlazi iz realne percepcije terapeuta je situacija kada terapeut, iz određenih nesigurnosti, opreza ili straha od toga da bude autentičan, nije dovoljno aktivan ili jasan u grupi, već je tih, distanciran i skamenjenog izraza lica. Pacijenti će ga tada doživjeti rezerviranim i kao osobu s kojom će teško stupiti u emocionalni odnos (4, 21). Također, napredak grupe može otežati terapeut koji ima potrebu za savršenošću jer se, između ostaloga, teško ostvaruje detronizacija: bojeći se pogreške, voditelj važe svoje riječi toliko oprezno i s članovima komunicira toliko promišljeno da žrtvuje svaku spontanost te grupa postaje beživotna. Pored toga, terapeut koji nastoji zadržati svemoćnu, distanciranu ulogu, grupi poručuje da što god

There is a higher probability that young therapists, fearing the spontaneity and naturalness of their responses, may be overly rigid and formal and may misinterpret boundaries (21). When such a therapist leads a group within an institution with different (milder or non-analytic) boundaries and rules, in the attempt to protect the group analytic setting, their rigidity can be further emphasized and can create or reinforce the group's existing resistance. Boundaries should be understood as relatively flexible in the sense that each therapist-patient relationship gradually creates its unique framework, which also applies to groups (21).

Another example of transference that arises from the real perception of a therapist is when the therapist, due to certain insecurities, caution or fear of being authentic, is not active or clear enough in the group, but is rather silent, distant and has a frozen expression. Patients will then perceive the therapist as reserved and as someone with whom it will be difficult to establish an emotional connection (4, 21). Moreover, group progress can be hindered by a therapist who has a need for perfection because in this situation, among other things, it is difficult to achieve dethronement: fearing mistakes, the conductor speaks so cautiously and communicates with the members so thoughtfully that they sacrifice all spontaneity and the group becomes lifeless. In addition, a therapist who tries to maintain an all-powerful, distant role commu-

učinila, grupa ga ne može ozlijediti ili dotaknuti. Takav stav ima kontraproduktivan učinak na način da učvršćuje osjećaj interpersonalne impotencije kod članova grupe, što naravno koči razvoj autonomne grupe (7). Ovakva ponašanja i karakteristike su za očekivati u većoj mjeri kod neiskusnih terapeuta te je Foulkes već rano primijetio kako je terapeut početnik sklon utjecati na grupu na način da ona odražava njegove unutarnje konflikte (9).

Kada se navedena ponašanja i karakteristike (neiskusnog) terapeuta ugrade u još širi kontekst organizacijske (institucijske) dinamike, uviđamo koliko kompleksnijom postaje i dinamika terapijske grupe: pozicija terapeuta unutar organizacije, način na koji se on uklapa u njen sustav i kako na njega utječe organizacijska dinamika, postaje dijelom načina vođenja grupe (9). Pritom, osjećaji terapeuta prema instituciji, njegova unutarnja previranja i način na koji se postavlja prema autoritetima u instituciji dio su njegovog institucijskog transfera koji itekako utječe na grupu jer će članovi „ubrati" njegova (ne)svjesna razmišljanja i osjećaje (institucijski transfer), osobito ona koja se odnose na status i značenje grupe, kao i sigurnost i kontinuitet. S obzirom na to da se voditeljev transfer na grupi ne izražava otvoreno, fantazije članova grupe mogu dodatno iskriviti ono što voditelj doživljava u sebi (9).

nicates to the group that no matter what they do, the group cannot hurt or touch them. Such an attitude has a counterproductive effect in that it reinforces the group members' sense of interpersonal impotence, which, of course, hinders the development of an autonomous group (7). Such behaviors and characteristics are more likely to be found in less experienced therapists, and Foulkes noticed early on that a novice therapist tends to influence the group in such manner that the group reflects their inner conflicts (9).

When these behaviors and characteristics of (inexperienced) therapists are placed in a broader context of organizational (institutional) dynamics, we see how much more complex the dynamics of the therapy group becomes: the therapist's position within the organization, how they fit into its system and how organizational dynamics affects them, become part of the manner in which they lead the group (9). Furthermore, the therapist's feelings toward the institution, their inner turmoil and the manner in which they relate to authorities within the institution are part of their institutional transference, which significantly affects the group because group members will "take on" their (un)conscious thoughts and feelings (institutional transference), especially those related to the group's status and meaning, as well as safety and continuity. Since the conductor's transference is not meant to be expressed openly in the group, the group members' fantasies can further distort

Primjer institucijskog transfera je kada terapeut prima pacijente koji su već bili u terapiji kod drugog terapeuta pa se kod njega pojavljuju nesigurnosti i pitanja, poput treba li se ponašati sukladno onome što pretpostavlja da je bio efikasan tretman prethodnih terapeuta. Terapeut može početi negirati svoju realnu važnost za pacijente, može se bojati biti „svoj" i osjećati strah da će izgubiti terapijski savez te se brinuti o tome kako će pacijenti reagirati na njegov pristup (22). Nesigurnost i sumnja terapeuta u samoga sebe može voditi ka nesigurnosti u grupi: grupa može osjetiti njegovu slabost, što može izazvati situaciju da se neki članovi grupe počnu nadmetati za moć ili pokušaju preuzeti voditeljevu ulogu. Krajnji rezultat je fragmentacija grupe i *dropoutovi,* tj. nesudjelovanje na grupi (4). Posebno se strah i nesigurnost u način vođenja terapije može pojavljivati kod (manje iskusnih) terapeuta u grupama u kojima je prisutan veći broj teških pacijenata, a činjenica je da u institucijama prevladavaju teži pacijenti te je -za uspjeh terapije - pored odgovornosti pred samim sobom, prisutan i osjećaj odgovornosti prema instituciji (25).

Dodatan element u terapiji koja se odvija u instituciji, može biti i institucijski kontratransfer kojeg shvaćamo kao reakciju terapeuta na institucionalni transfer pacijenta (22). Najbolje ga možemo prikazati na primjeru kada

what the conductor experiences within themselves (9).

An example of institutional transference is when a therapist receives patients who have already been in therapy with other therapists, and then has insecurities and questions about whether they should behave in line with what they assume was the effective treatment of previous therapists. The therapist may start denying their own real importance to patients, fearing to be authentic, fearing that they will lose their therapeutic alliance, and feeling anxious about how patients will react to their approach (22). The therapist's insecurity and self-doubt can lead to insecurity within the group: the group may sense their weakness, which can lead to some members competing for power or trying to take on the conductor's role. The final result is group fragmentation and dropouts, i.e. non-participation in the group (4). Fear and uncertainty about the way in which the therapy is conducted can occur especially in (less experienced) therapists in groups with a higher number of severely ill patients, and the fact is that we find more severely ill patients within institutions, so for the therapy to be successful, in addition to responsibility toward oneself, the therapist also has a sense of responsibility toward the institution (25).

Another element in therapy conducted within an institution can be institutional countertransference, which we recognize as the therapist's reaction to the patient's institutional transference (22). It is best

terapeut osjeća (odnosno uočava) da je pacijent snažno privržen instituciji na način da instituciju doživljava kao izvor terapijske moći te da nijedna intervencija terapeuta ne može utjecati na pacijenta. Institucionalni kontratransfer zamagljuje terapeutovu percepciju pacijenta kada ga navodi da pacijenta vidi kao statičnog. Tada dolazi do propuštanja prilika za psihološku promjenu što može dovesti do toga da se i pacijent i terapeut osjećaju beznadnima kada je u pitanju proces liječenja (22).

ZAKLJUČAK

Terapeuti će, na Nitsunovo pitanje o vrsti *settinga* u kojem se najbolje testira snaga grupnoanalitičke psihoterapije, zauzeti različite strane. Možda svaki terapeut, u konačnici, „dobije" *setting* koji mu je potreban za njegovu izgradnju, kao što i u životu svatko nailazi na različite okolnosti s kojima je dobro da se suoči ili ih prihvati.

Tema vođenja grupe u institucionalnom okruženju je važna za hrvatski kontekst grupnoanalitičke terapije, a možda je premalo dotaknuta. Stoga je i cilj ovog rada bio pridonijeti promišljanju o ovom važnom elementu *settinga* i podsjetiti na važnost pomno razrađene i provedene pripremne faze stvaranja grupe, osobito kada su u pitanju tera-

illustrated in the situation when the therapist feels (or observes) that the patient is strongly attached to the institution in a way that the institution is perceived as the source of therapeutic power, and that no intervention made by the therapist can affect the patient. Institutional countertransference clouds the therapist's perception of the patient by making them perceive the patient as static. This leads to missed opportunities for psychological change, which can result in both the patient and the therapist feeling hopeless about the treatment process (22).

CONCLUSION

Therapists will take different sides in response to Nitsun's question regarding the type of setting that best evaluates the power of group analytic psychotherapy. Perhaps each therapist ultimately "gets" the setting they need for their own development, just as in life everyone encounters different circumstances they need to face or accept.

The topic of conducting a group in an institutional environment is important in the Croatian context of group analytic therapy, and has perhaps been insufficiently addressed. Therefore, the aim of this paper was to contribute to the reflection on this important element of the setting and to emphasize the importance of a well-elaborated and implemented preparatory phase of group formation, especially when it comes to novice ther-

peuti početnici odnosno edukanti grupnoanalitičke terapije. Svakako se uloga supervizije pokazuje esencijalnom u osvještavanju i proradi institucijskog transfera pacijenata, ali i institucijskog transfera i kontratransfera terapeuta, kako bi grupa napredovala prema svome cilju: grupi kao cjelini. Svakako bi bilo dobro temu elaborirati unutar formacije budućih grupnih analitičara.

apists or trainees in group analytic therapy. Certainly, the role of supervision is essential in raising awareness about and processing of the patients' institutional transference, as well as the therapist's institutional transference and countertransference, in order to help the group progress toward its goal: the group as a whole. It would certainly be good to elaborate this topic as part of the training of future group analysts.

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