RECITE MI, KOJIM JEZIKOM TREBAM GOVORITI?

TELL ME, WHAT LANGUAGE SHOULD I SPEAK?

Goran Tošić, Gorana Bolić

SAŽETAK/*ABSTRACT*

Psihosomatski je poremećaj vrlo kompleksno područje i u etiološkom i u terapijskom smislu. Psihosomatska bolest u kombinaciji sa somatizacijskim poremećajem može biti zakomplicirana aleksitimijom koja još više pacijenta udaljuje od vlastitih emocionalnih stanja. Grupna je analiza jedan od mogućih terapijskih pristupa jer nudi mogućnost rada na emocionalnim interpersonalnim odnosima koji povratno djeluju na tjelesno stanje. Ipak, u slučaju aktivacije „antigrupe", kao i problematičnih kontatransfernih situacija, terapijski napori tek djelomično uspijevaju.

/ Psychosomatic disorders are a very complex area, both in the etiological and therapeutic sense. A psychosomatic disease in combination with a somatization disorder may be complicated by alexithymia, which further distances the patient from their own emotional states. Group analysis is one of the possible therapeutic approaches since it provides the opportunity to work on emotional interpersonal relationships which have a reciprocal effect on the physical condition. However, in case of "anti-group" activation, as well as in problematic countertransference situations, therapeutic efforts are only partially successful.

KLJUČNE RIJEČI / *KEY WORDS*

psihosomatski poremećaj / *psychosomatic disorder*, aleksitimija / *alexithymia*, grupna analiza / *group analysis*, kontratransfer / *countertransference*, antigrupa / *anti-group*

Goran Tošić, dr. med., psihijatar, psihoterapeut, grupni analitičar, edukator iz grupne analize
Gorana Bolić, dr. med., psihijatrica, psihoterapeutkinja, grupna analitičarka, edukatorica iz grupne analize
***/ Goran Tošić**, MD, psychiatrist, psychotherapist, group analyst, group analysis educator*
***/ Gorana Bolić**, MD, psychiatrist, psychotherapist, group analyst, group analysis educator*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/psihei.2024.192

UVOD

Um i tijelo su isprepleteni (1,2). Emocionalna kontrola ima svoje anatomske temelje (3,4). U tumačenju psihosomatskih poremećaja važni su teorija stresa (5-7) i rani odnosi dojenčeta i njegovatelja (8-12). Istraživači interpersonalne neurobiologije donose integraciju različitih znanstvenih smjerova i upućuju na to da se od početka života prefrontalni korteks (kasnije zadužen za emocionalnu kontrolu) razvija ovisno o interpersonalnom iskustvu dojenčeta i majke (13-16), koje daje temelj za kasniju otpornost osobe na stresne situacije, što se u našeg pacijenta nije dogodilo. Kod psihosomatskih bolesti česta je i pojava aleksitimije (17-24) koja negativno utječe na liječenje. U slučaju našeg pacijenta to je dodatno otežavalo razvoj terapijskoga procesa. To upućuje na veliku važnost rada s pacijentovim emocionalnim interakcijama. Što je pacijent bliži svojim emocionalnim doživljajima, veća je mogućnost terapijskog napretka, tj. poboljšanja i stabilizacije tjelesnoga stanja. Terapijski pristupi psihosomatskim poremećajima mogu biti individualni (25-35) i grupni (36-43). U grupnom *settingu* psihosomatski pacijent može grupu dovesti u stanja „antigrupe", što je naziv koji je skovao Morris Nitsun (Nitsun M 2015) za destruktivne procese u grupi koji prijete njezinoj terapijskoj učinkovitosti, što se dogodilo

INTRODUCTION

The mind and the body are intertwined (1, 2). Emotional control has its anatomical foundations (3, 4). Stress theory (5-7) and the early relationships between an infant and its caregiver (8-12) are important aspects in interpreting psychosomatic disorders. Interpersonal neurobiology researchers bring about an integration of various scientific approaches and emphasize that from the very beginning of life the prefrontal cortex (which is later in charge of emotional control) develops depending on the interpersonal experiences of the infant and its mother (13 - 16), thus providing a foundation for the individual's later resilience to stressful situations, which did not occur in our patient. The occurrence of alexithymia (17-24), which has a negative effect on treatment, is common in psychosomatic diseases. As for our patient, this represented an additional difficulty for the development of the therapeutic process. It is an indication of the great importance of dealing with the patient's emotional interactions. The closer a patient is to their emotional experiences, the greater is the potential for their therapeutic progress, i.e. for the improvement and stabilization of their physical condition. Therapeutic approaches to psychosomatic disorders can be individual (25-35) and group (36-43). In a group setting, a psychosomatic patient can lead the group into an "anti-group" condition, a term coined by Morris Nitsun (Nitsun M, 2015) referring to destructive processes

i s grupom čiji je naš pacijent bio član (44).

U ovom prikazu autori detaljno donose tijek rada grupe, a u raspravi se osvrću na Lukine obrane, na stupanj razvoja transfernih odnosa s članovima grupe, na intervencije članova grupe, na intervencije voditelja grupe, kao i na kontratransferne probleme.

KLINIČKI PRIKAZ

Pacijent Luka, 46 godina, koji je imao problema s kroničnim proljevima, glavoboljom i raznim somatskim teškoćama, kao i s prepoznavanjem i verbalizacijom svojih emocija, išao je godinu dana na individualnu psihoterapiju kod prvog psihoterapeuta, a zatim je krenuo na grupnu analizu tijekom 18 mjeseci.

Luka je rođen na selu kao najmlađe od petero djece. Sestra, kao najstarija, bila je 10 godina starija od njega, a braća su bila starija 3 i više godina. Najstariji je brat poginuo u prometnoj nesreći kad je Luka imao 17 godina. Teško je doživio bratovu smrt. Majka je bila kućanica, o njoj daje oskudne informacije, bila mu je dobra, nikad ga nije tukla. Sjeća se da ga je otac (o kojem se doznaje samo da je rudar i da je bio previše pasivan) triput istukao zbog, kako kaže, opravdanih razloga (paljenja sijena,

in a group which threaten its therapeutic efficacy, which also happened in the group that our patient was a member of (44).

In this case study, the authors provide a detailed overview of the group work, and in the discussion they refer to Luka's defenses, as well as the degree of development of his transference relationships with the group members, interventions of the group members, interventions of the group conductor, and problems in countertransference.

CLINICAL PRESENTATION

The patient, Luka, aged 46, who had issues with chronic diarrhea, headaches and various somatic difficulties, as well as with the recognition and verbalization of his emotions, spent a year in individual psychotherapy with his first psychotherapist and then started attending group analysis sessions over a period of 18 months.

Luka was born in a village as the youngest of five children. As the eldest sibling, his sister was 10 years his senior, and his brothers were three or more years older than him. His eldest brother died in a car accident when Luka was 17 years old. He had a hard time dealing with his brother's death. His mother was a housewife and he did not provide a lot of information about her other than that she was good and never hit him. He remembers that his father (of whom we only know

uništavanja trsova i sl.). U 2. godini života je „zamro", uspjeli su ga oživjeti, ne zna što je to točno bilo. U djetinjstvu je bio odgojen u katoličko-protestantskom duhu, što je značilo da je rad jedino mjerilo vrijednosti u životu. U selu je bilo puno djece i zajedničkih igara. S 15 godina odlazi u veliki grad, u srednju vojnu školu i pobolijeva, a rano odvajanje od obitelji ima svojih posljedica. U 26. godini, nakon mnogih frustracija, uspijeva izići iz vojske.

Teško je doživio majčinu smrt u svojoj 30. godini, a očevu smrt doživio je najteže jer mu je otac „umro na rukama", od tumora, kad je Luka imao 39 godina. Tada počinju njegove tegobe, nekoliko godina prije rata: mutnoća i pritisak u glavi. Domovinski je rat teško podnio, nije gledao TV. Nakon što mu je tijekom rata ubijen bratić i spaljena roditeljska kuća, počinju proljevi koji nemaju organskog uzroka. Luka je inženjer, oženjen, ima dvoje djece.

Grupa je bila vođena ambulantno, poluotvorenog tipa (neki su članovi zbog različitih razloga prekidali grupu, a drugi su bili uvođeni u grupu), grupa se sastajala dvaput tjedno. U grupi su bili pacijenti nepsihotične razine poteškoća (npr. opći anksiozni poremećaj, panični poremećaj sa štetnom uporabom alkohola, srednje teški depresivni poremećaj sa štetnom uporabom alkohola, somatoformni poremećaj, poremećaj

that he was a miner and was too passive) beat him three times for, as he recalls it, good reason (burning hay, destroying vines etc.). At the age of two he almost died and was brought back to life, but he does not know what exactly happened. As a child, he was brought up in a Catholic-Protestant environment, which meant that work was the only measure of value in life. There were many children in the village, and they played together a lot. At the age of 15 he moved to the big city to attend military high school, where he would frequently become ill, and the early separation from his family had its consequences. After a lot of frustration, he managed to leave the military at the age of 26.

He was devastated after his mother's death when he was 30 years old, but his father's death was the hardest because he "passed away in his arms" due to a tumor when Luka was 39. His problems started at that time, several years before the war: cloudiness and head pressure. He had a hard time during the Homeland War, he did not watch television. After his cousin was killed during the war and his parents' house was burned down, he started experiencing diarrhea without any organic cause. Luka is an engineer, he is married and has two children.

The group was managed as an outpatient therapy group of a semi-open type (due to various reasons, some members left the group, and others were introduced), and met two times a week. The group

prilagodbe s elementima graničnog i histrioničnog poremećaja ličnosti, bulimija s elementima narcističnog poremećaja ličnosti). U vremenu Lukina ulaska u grupu, u grupi su se nalazila četiri ženska i tri muška člana, a grupa je trajala mjesec dana. Neki su članovi, kao i Luka, imali prethodno psihoterapijsko iskustvo, bilo individualno bilo grupno. Četiri mjeseca prije Lukina napuštanja grupe u nju su uvedena dva mlađa člana (mnogo mlađa od ostalih članova grupe), muški i ženski član. Različita dob i različito terapijsko iskustvo stvaraju začetak neravnoteže u grupi, neravnoteže koja progredira i koja nakraju završava Lukinim napuštanjem grupe.

Početne seanse

U početnim seansama Luka detaljno govori o svojim tjelesnim problemima (ovdje se neće detaljno navoditi) koje ne povezuje sa svojim emocionalnim ili nagonskim stanjima. Detaljan prikaz simptoma može govoriti o opsesivnosti u smislu karakterne osobine, kao i o nedostatku drugih (emocionalnih) sadržaja. Luka daje i naznake odgojnih utjecaja u obitelji, kao i naznake svoje psihodinamike (potiskivanje agresije, narcizam, krivnja, trauma kao „okidač" za simptome). Emocionalno i nagonsko kao da je izolirano u zasebnom dijelu psihe koji Luka jednostavno ne

included patients with non-psychotic difficulties (e.g. generalized anxiety disorder, panic disorder with harmful alcohol use, moderately severe depressive disorder with harmful alcohol use, somatic symptom disorder, adjustment disorder with elements of borderline and histrionic personality disorder, bulimia with elements of narcissistic personality disorder). The group consisted of four male and three female members at the time when Luka joined, and had been meeting for a month. Similar to Luka, some members had previous experience with either individual or group psychotherapy. Four months before Luka left the group, two younger members were introduced (significantly younger than the other group members), one male and one female member. Differences in age and different therapeutic experience created the beginnings of imbalance in the group, an imbalance that progressed and ultimately ended in Luka leaving the group.

Initial sessions

During the initial sessions, Luka talks in detail about his physical issues (which will not be fully described here), which he does not associate with his emotional or impulsive states. A detailed description of one's symptoms could indicate obsessiveness in terms of a character trait, or a lack of other (emotional) content. Luka displays signs of educational family influences, as well as signs of his psychodynamics (suppressing aggres-

registrira. U istoj rečenici spominje jaku želju za plakanjem i proljeve, ali ne može percipirati proljev kao oblik plača, tj. ne može tjelesnu reakciju povezati s emocijom.

Seansa 1.

Luka: „ Problem mi je mutnoća u glavi, nekad je to pritisak u glavi, pa pritisak u prsima, kad stojim imam osjećaj kao da ću pasti, kao da se podloga miče ispod mene. Na bolovanju sam, ne mogu se koncentrirati na svoj posao."

Đurđica: „A kako je s obitelji?" Luka: „Nemam nikakvih problema."

Đurđica: „Kako je s roditeljima?"

Luka: „Od roditelja sam otišao prije mnogo godina, nisam vezan za njih. O problemima govorim sa suprugom, mogu joj reći apsolutno sve... ima još nešto, odgojen sam u katoličko-protestantskom duhu, što znači da je rad jedina vrijednost, odgajali su me da budem dobar, što je potpuno pogrešno jer tko je u današnjem svijetu dobar? Zato ja svoje sinove nastojim drukčije odgajati... Mislim da mene opterećuje krivnja."

Luka je u mladosti bio pripadnik bivše vojske (Jugoslavenske narodne armije) koja je u Domovinskom ratu postala agresorska. U društvu je tijekom rata vladao velik animozitet prema pripad-

sion, narcissism, guilt, trauma as a trigger for the symptoms). The emotional and impulsive seem to be isolated in a separate part of the psyche which Luka simply does not register. He mentions a strong urge to cry and his diarrhea in the same sentence, but cannot perceive the diarrhea as a form of crying, i.e. cannot connect the physical reaction with the emotion.

1st session

Luka: "My problem is the cloudiness in my head, sometimes it is in the form of head pressure, sometimes pressure in my chest, when I'm standing I feel like I am going to fall, as if the ground is moving under me. I am on sick leave, I can't concentrate on my work."

Đurđica: "How is your family situation?" Luka: "I don't have any problems."

Đurđica: "And your parents?"

Luka: "I left my parents many years ago, I have no attachment. I talk to my wife about my problems, I can tell her absolutely anything... There is one other thing, I was raised in a Catholic-Protestant environment, which means that work is the only value, I was raised to be good, which is absolutely wrong because, who is actually good nowadays? That is why I am trying to raise my sons differently... I think I am burdened by guilt."

When he was young, Luka was a member of the former army (the Yugoslav

nicima bivše vojske. Možda se i zbog toga Lukina krivnja jako pojačala i blokirala svu ljutnju i agresivnost jer Luka je govorio da se prije, kad je bio ljut, mogao izderati i bilo mu je dobro.

Seansa 3.

Luka: „Odmalena je bilo zahtjeva drugih prema meni, a onda sam i sâm sebi postavljao zahtjev da budem jedinstven, najbolji, jedini. Išao sam u srednju vojnu školu, što mi je ostalo u lošoj uspomeni, pa čak i danas sanjam o tim traumatskim situacijama. Poslije sam završio dva fakulteta. Tijekom rata imao sam jaku anksioznost, a zatim i jaku želju da plačem, ali nisam plakao, imao sam proljeve."

Naglašava da ne sanja krv i ubojstva, a na TV-u gleda sport i humoristične serije. Kaže da 90 % svojega vremena razmišlja o svojoj bolesti. Detaljno opisuje simptome i vrijeme njihova nastanka.

Seansa 14.

U grupi Dražen priča o svojoj agresivnosti.

Dražen (pita Luku): „Jeste li vi agresivni?"

Luka: „Ne, ja po prirodi nisam agresivan. Nisam baš u poziciji da budem agresivan: oženjen sam, imam djecu...

People's Army) which became the aggressor during the Homeland War. There was great animosity in the society towards former army members during the war. Perhaps this is the reason why Luka's guilt increased immensely and suppressed all the anger and aggression, because Luka said that he used to be able to shout when he was angry before, and he would feel better afterwards.

3rd session

Luka: "Ever since I was little, others expected me to be unique, the best, the only one, which I also reflected on myself. I attended military high school, which is a bad memory and I dream about those traumatic situations even these days. Later on, I graduated from two faculties. I suffered from great anxiety during the war, followed by a strong urge to cry, but I didn't cry and I had diarrhea."

He emphasizes that he does not dream about blood and murders, and only watches sports and sitcoms on television. He says that he spends 90% of his time thinking about his disease. He describes his symptoms and the time of their occurrence in detail.

14th session

Speaking to the group, Dražen talks about his aggression.

Dražen (asking Luka): "Are you aggressive?"

pa zamislite vi kako bi to bilo da ja ovakvim ručetinama tučem svoju djecu."

Ovdje se vidi Lukin nedostatak simbolizacije i fantazije jer Luka konkretizira: agresija može značiti samo to da on ručetinama tuče svoju djecu.

Seansa 15.

Luka: „Okidač za bolest mi je bio kad sam vidio svoju spaljenu kuću. Petnaest dana nakon toga su mi počeli simptomi. Ubili su mi bratića i spalili su mi kuću."

Sandra: „Vi, Luka, nikada ne iskazujete svoje osjećaje, vi sve to držite u sebi."

Luka: „Mene su cijeli život tako odgajali."

Sandra: „Vi sve držite u sebi: jednom ste pričali da se teško i s djecom na podu poigrate."

Luka: „Da, to je istina."

U ovoj seansi vidimo da teška trauma: ubijanje bratića i spaljivanje kuće razbija Lukinu obranu poricanja rata (negledanje TV-a, neinformiranje) pa se Luka mora suočiti s realnošću. On tu traumu ne može emocionalno proraditi i ne izražava nikakve osjećaje, ali se žestok emocionalan naboj ne može obuzdati, nego provaljuje u tjelesnim simptomima.

Luka: "No, I am not aggressive by nature. I am not really in a position to be aggressive: I am married, I have children... Can you imagine how it would be if I hit my children with these big arms of mine."

This is a visible display of Luka's lack of symbolization and fantasy, because he concretizes: aggression can only mean beating his children with his big arms.

15th session

Luka: "Seeing my burned house triggered the disease. My symptoms started 15 days after that. They killed my cousin and burned down my house."

Sandra: "Luka, you never express your feelings, you keep it all inside."

Luka: "I was brought up like that my whole life."

Sandra: "You keep it all in: you once talked about finding it difficult to play with your children on the floor."

Luka: "Yes, that is true."

We can see the severity of his trauma in this session: his cousin's death and his house being burned down destroyed Luka's defenses of denying the war (not watching television, not being informed), and Luka needs to face the reality. He cannot process this trauma emotionally and he does not express any feelings, but the strong emotional charge cannot be contained and is being manifested through physical symptoms.

Seansa 21.

U grupi se priča o snovima i sanjanju.

Dražen: „Snovi su unutarnji nesvjesni život sa željama i zabranama."

Toni se slaže s Draženom. Luka kaže da opće ne vjeruje u snove.

Terapeut: „Dražen i Toni vjeruju u snove kao izraz unutarnjeg života, a Luka vjeruje u razum i logiku."

Slijede dijelovi seansi u kojima se govori o međusobnim osjećajima, ljutnji i agresivnosti.

Seansa 51.

Luka: „Ja sam svoje osjećaje rijetko pokazivao. Prije sam mislio da nije dovoljno muški plakati, sada mislim drukčije, ali svejedno ne mogu zaplakati. Nekad osjećam takvu težinu i čini mi se da bi mi bilo mnogo lakše da se isplačem, ali suze ne idu na oči."

Dojam je da je u ovom se primjeru Luka na tren svjestan da ne može pokazati prave emocije i da ih ne zna verbalizirati. Nažalost, članovi grupe nisu daljnjim pitanjima pokušali navesti Luku da pokuša povezati tjelesni osjećaj s emocijama. Drugim riječima, između senzacije tjelesne težine i plakanja nedostaje osjećaj tuge. Terapeut je mogao pojasniti da u grupi možemo raditi na prepoznavanju osjećaja pa, ako se radi

21st session

The topic of dreams and dreaming is being discussed during the session.

Dražen: "Dreams are an inner unconscious life with desires and prohibitions."

Toni agrees with Dražen. Luka says that he does not believe in dreams at all.

Therapist: "Dražen and Toni believe that dreams are an expression of the inner life, but Luka believes in reason and logic."

The following are parts of the sessions in which mutual feelings, anger and aggression are discussed.

51st session

Luka: "I rarely showed my emotions. I used to think it was not manly enough to cry, now I feel differently, but still cannot cry. I sometimes feel such heaviness and it seems that it would be much easier if I could have a good cry, but I cannot make myself do it."

In this example it seems like, for a moment, Luka is aware that he is not capable of showing true emotions and does not know how to verbalize them. Unfortunately, group members did not ask additional questions to try and encourage Luka to connect his physical state with his emotions. In other words, a feeling of sadness is missing between the sensation of physical heaviness and crying. The therapist could have explained that in the group sessions we can work

o osjećaju tuge, lakše će se pojaviti i plač.

Poslije se u grupi govori o podjeli na tzv. muške i ženske poslove.

Luka: „Ja nikad nisam prao posuđe, a ne dam ni svojim sinovima da rade ženske poslove, ne dam im da brišu prašinu niti da peru posuđe."

Sandra: „Vi imate krute kalupe da je nešto ženski ili muški posao."

Valerija: „A što ste vi radili kad vam je žena bila bolesna."

Luka: „Bilo je, i to jednom... onda sam kuhao ručak prema njezinim uputama, ali je njoj dosadilo pa je ustala i sama ga dovršila."

Možda je u ovom primjeru (jer nije bilo reakcija u grupi) terapeut mogao intervenirati i pitati Luku kako se osjećao dok je bolesna supruga kuhala ručak da bi ga tako potaknuo na empatijski doživljaj drugog.

Seansa 53.

Luka priča kako se jedva suzdržao da ne udari liječnika u invalidskoj komisiji (radi stjecanja mirovine) koji mu je rekao da je tjelesno zdrav, a, ako je psihički bolestan, trebao bi se liječiti na psihijatriji, u bolnici. Još ga je i sin naljutio jer je kući došao kasnije nego što mu je on rekao, no uspio se suzdržati.

on recognizing our feelings, therefore it would be easier to cry when feelings of sadness arise.

The so-called male and female chores are discussed later during the session.

Luka: "I have never washed the dishes and I do not allow my sons to do female chores, I do not allow them to dust or do the dishes."

Sandra: "You have rigid stereotypes in terms of female or male chores."

Valerija: "And what did you do when your wife was ill?"

Luka: "That happened once... Then I made lunch according to her instructions, but she got bored and she got up and finished the lunch herself."

Perhaps in this example (since there were no reactions among group members) the therapist could have intervened and asked Luka how he felt while his ill wife was preparing lunch, in order to encourage empathy towards others.

53rd session

Luka talks about how he could barely keep himself from physically attacking the doctor at the invalidity commission (for retirement purposes) who told him that he is physically healthy, and if he is mentally ill he should be treated in a psychiatric facility. He was further angered by his son for coming home later than he told him, but he managed to control himself.

Luka: „Čim se tako naljutim, počne me hvatati vrtoglavica. Stalno sam umoran otkako sam obolio."

Ema priča o svojem ocu koji je bio grub i ona mu to jako zamjera.

Luka: „A zašto bi dobar otac morao biti nježan, ja sam muškarac, on je muškarac i tu nema mjesta nježnostima."

Ema: „A zašto muškarac ne bi bio nježan prema sinu?"

Luka: „Ja sam tako odgojen."

Ema: „Vi ste patrijarhalno odgojeni i zato se ljutite kad ja ovako govorim o svom ocu."

Luka: „Ne, uopće me ne ljutite, ali mi nije jasno kako postoji samo mržnja prema ocu. Moj je otac bio previše pasivan i to mi se nije sviđalo, ali ga nikad nisam mrzio."

Malo poslije u grupi se govori o ljutnji na voditelja.

Luka (voditelju): „Vi premalo pričate."

Ema: „Znači, to te ljuti kod doktora što je pasivan."

Luka: „Ljutnja je prejaka riječ. Doktor je za mene autoritet, on zna više od nas i mislim da bi nam trebao više govoriti."

Ovdje se Luka ne usudi ni ljutnju nazvati pravom imenom jer bi onda morao sam sebi priznati da je nešto osjetio

Luka: "As soon as I get this angry, I start feeling dizzy. I have been constantly tired since I became ill."

Ema talks about her father who was rough and she resents him for it.

Luka: "And why should a good father be gentle, I am a man, he is a man, there is no room for tenderness there."

Ema: "Why should a man not be gentle towards his own son?"

Luka: "This is how I was raised."

Ema: "Your upbringing was patriarchal and therefore you get angry when I speak about my father in this way."

Luka: "No, I don't get angry at all, but I don't understand how you only feel hatred towards your father. My father was too passive and I didn't like that, but I never hated him."

Anger towards the conductor was discussed later during the session.

Luka (to the conductor): "You don't talk enough."

Ema: "So you are angry at the doctor for being too passive."

Luka: "Anger is too strong of a word. To me, the doctor represents authority, he knows more than we do and I think he should talk to us more."

In this example, Luka does not even have the courage to call anger by its real name because he would have to confess to

i da u svijesti taj osjećaj može prihvatiti. Aleksitimija mu brani povezivanje. Možemo se pitati je li mu u razvoju to bio mehanizam obrane koji mu je smanjivao bol zbog roditeljske pasivnosti?

Seansa 56.

Valerija govori o majci kojoj su u bolnici otkrili da ima karcinom pankreasa. Otac je trebao ići u vojsku.

Valerija: „Sve ovo vrijeme bila sam u strahu i nikomu nisam pokazivala osjećaje." Počinje plakati, osjeća se iskrena tuga. Šutnja.

Terapeut (nakon nekog vremena): „Pitam se kako se grupa osjećala dok je Valerija govorila o majčinoj smrti."

Sandra: „Ja sam o sjećala strah, prošli tjedan imala sam smrtni slučaj u obitelji, o tome uopće ne mogu niti govoriti."

Luka: „Mene je to podsjetilo na smrt mojega oca koji mi je umro na rukama."

Terapeut (Luki): „Jeste li sada, dok je Valerija govorila, nešto osjećali?"

Luka: „Osjećao sam sažaljenje za Valeriju."

Seansa 63.

Luka govori o tome kako želi idealno društvo, bez agresije.

himself that he felt something and that he could consciously accept that feeling. Alexithymia prevents him from making the connection. We might inquire whether during his development this was a defense mechanism which relieved his pain caused by parental passivity.

56th session

Valerija talks about her mother who was diagnosed with pancreatic cancer at the hospital. Her father was supposed to go to the army.

Valerija: "I was afraid all this time and I didn't express my feelings to anyone." She starts to cry, sincere sorrow is evident. Silence.

Therapist (after some time): "I wonder how the group felt while Valerija talked about her mother's death."

Sandra: "I felt fear, a member of my family died last week and I am not able to talk about it at all."

Luka: "It reminded me of my father's death, he died in my arms."

Therapist (to Luka): "Did you feel anything now, while Valerija was speaking?"

Luka: "I felt sympathy for Valerija."

63rd session

Luka talks about how he wishes for an ideal society, without aggression.

Terapeut (Luki): „Slatko ste se nasmijali kad ste govorili o dječjim razbijenim glavama...“ Luka sliježe ramenima.

Terapeut se pitao koliko je daleko vrijeme kada će Luka moći povezati te dvije stvari. Luka želi društvo bez agresije, a zapravo želi samoga sebe bez agresije. Ne shvaća emocionalno pražnjenje agresije kroz smijeh na agresivne slike. Moglo se Luku konfrontirati s njegovom neobičnom reakcijom (smijeh kod priče o razbijenim dječjim glavama) i pokušati potaknuti radoznalost za podrijetlo toga smijeha.

Seansa 66.

U grupi se razgovara o ljutnji.

Luka: „Meni smeta i mala ljutnja, odmah mi se vrti u glavi. A prije, kad sam bio ljut, ja sam se izderao i bilo je dobro, a sad se ne mogu niti izderati, i to mi smeta.“

Terapeut: „Čini se da u grupi svi imaju ljutnju koju ne mogu iskazati, samo su posljedice kod svakog drukčije: kod Vinka su to tuga i variranje tlaka, kod Luke je to vrtoglavica, kod Sandre lupanje srca, a kod Tonija su to trnci u rukama.“

U grupi nije Luka jedini koji somatizira, nego i drugi članovi svoju ljutnju lakše iskazuju tjelesnim reakcijama nego kroz osjećaj. Terapeut je imao potrebu

Therapist (to Luka): “You laughed a little when you talked about children’s broken heads...” Luka shrugs.

The therapist wondered how long it would take for Luka to be able to connect these two aspects. Luka wishes for an aggression-free society, but he actually wishes for himself to be free from aggression. He does not understand the concept of emotional discharge of aggression through laughing at aggressive images. Luka could have been confronted with his unusual reaction (laughing at stories about children’s broken heads) and efforts could have been made to encourage inquiries as to the source of this laughter.

66th session

Anger is discussed during the session.

Luka: “I am bothered by even the smallest amount of anger, I get instantly dizzy. As opposed to before, when I would shout and everything was well, now I cannot shout and this bothers me.”

Therapist: “It seems that everyone in the group is experiencing anger that they cannot express, only the consequences are different for everyone: Vinko feels sadness and blood pressure oscillations, Luka feels dizziness, Sandra feels heart palpitations, while Toni feels tingling in his hands.”

Luka is not the only member of the group who somatizes, it is also easier to other group members to express their anger

to istaknuti svojom intervencijom i tako potaknuti cijelu grupu da radi sa svojim osjećajima.

Seansa 70.

Anita govori o svojoj bulimiji i povezuje to s osjećajem napuštenosti.

Luka: „Razmišljao sam o nama u grupi i mislim da imamo neke zajedničke probleme: to su strah i osjećaj manje vrijednosti, mislim da bismo trebali izbaciti iz sebe teške osjećaje kao što su mržnja, ljubomora, zavist. Treba se promijeniti, što je najteže."

Anita: „Što se te mržnje tiče, ja sam tijekom terapije vidjela koliko mrzim svoje roditelje. U početku mi je teško bilo vidjeti tu mržnju prema majci, pa sam to okretala na sebe i uništavala se hranom."

Luka (dok Anita priča o mržnji prema majci): „Moram izići" (izlazi iz sobe). Nastavlja Vedran o svađama u svojoj obitelji. Luka se vraća dok Vedran govori. Nakon što je Vedran završio nastaje šutnja. Terapeut (Luki): „Možete li, Luka, reći kako ste se osjećali onaj tren kad ste izišli van?"

Luka: „Ništa posebno, išao sam popiti vode jer me želudac boli od tableta koje sam danas popio." Terapeut: „Ustali ste dok je Anita govorila o mržnji prema roditeljima, kao da vam je lakše reći da

through physical reactions rather than through feelings. The therapist felt the need to emphasize this in his intervention and in this way encourage the entire group to work on their feelings.

70th session

Anita talks about her bulimia and associates it with the feeling of abandonment.

Luka: "I have been thinking about us as a group and I believe that we have some common issues: fear and feelings of inferiority, and I think that we should get rid of the hard feelings such as hatred, jealousy, envy. Change is necessary, which is the hardest part."

Anita: "As far as hatred goes, I realized through therapy just how much I hate my parents. It was hard for me to become aware of this hatred towards my mother at first, so I turned it on myself and punished myself through food."

Luka (while Anita is talking about the hatred towards her mother): "I need to go out." (exits the room). Vedran continues, talks about arguments in his family. Luka returns while Vedran is talking. After Vedran has finished, there is silence. Therapist (to Luka): "Luka, can you tell us how you felt in the moment when you left the room?"

Luka: "Nothing special, I went to get a drink of water because my stomach hurts from all the pills I have taken today." Therapist: "You got up while Anita was talking about her hatred towards her

ste ustali zbog tableta nego zbog osjećaja koji je Anita izazvala u vama svojom pričom."

Luka: „To nema veze."

Sandra (Aniti): „Mene ljuti kako ti možeš reći da te mama nije voljela i da ti nju mrziš, roditelji su ipak roditelji."

Luka (uznemiren): „Mislim da je mržnja prekrupna riječ... dok nisam krenuo na terapiju, ja nisam niti čuo da netko može mrziti svoje roditelje. Osim toga, i ja sam roditelj i to me kao roditelja pogađa: neki dan sam se posvađao sa sinom oko izlazaka i on mi je rekao da ja njega mrzim, a ja sam mu samo ograničio do kada može ostati vani."

Na početku seanse, kad Luka kaže da je razmišljao o članovima grupe, na trenutak se može učiniti kao da se kod Luke pojavljuju naznake uvida. Ipak, terapeut je mišljenja da Lukine riječi da bismo „trebali izbaciti iz sebe teške osjećaje kao što su mržnja, ljubomora, zavist" ne znače da bi te osjećaje trebalo prepoznati, izverbalizirati i pokazati, nego, prije, da bi ih trebalo odstraniti iz psihe tako da ti osjećaji u psihi uopće ne postoje. Možda je terapeut s tim trebao suočiti Luku?

Pri kraju seanse terapeut je propustio intervenciju da je Lukin sin ograničenje izlaska doživio kao uskratu ugode, što je za dijete jednako osjećaju da ga

parents, as if it is easier for you to say that you got up because of the pills rather than the feelings that emerged because of Anita's story."

Luka: "That has nothing to do with it."

Sandra (to Anita): "I get angry when you say that your mom didn't love you and you hate her, parents are still parents."

Luka (anxiously): "I think that the word hatred is too harsh...Until I started therapy, I had never heard of anyone being capable of hating their parents. Besides, I am a parent as well and it hurts me as a parent: the other day, I had a fight with my son about his outings and he told me that I hated him, while the only thing I did was limit his curfew."

At the beginning of the session, when Luka said that he had been thinking about the group members, it seemed for a moment that he was showing signs of insight. However, the therapist believes that Luka's words when he says that they "should get rid of the hard feelings such as hatred, jealousy, envy" do not mean that these feelings should be recognized, verbalized and shown, but rather that they should be removed from the psyche so that they do not exist in the psyche at all. Perhaps the therapist should have confronted Luka with these thoughts?

At the end of the session, the therapist missed the opportunity to intervene and explain that Luka's son perceived the limitation of curfew as a denial of comfort, which for a child equals the feeling of

roditelj manje voli, intervenciju u smislu: možda ste i vi, Luka, u djetinjstvu pokatkad imali slične osjećaje kao i vaš sin, a vaši su roditelji smatrali da čine nešto dobro za vas.

Seansa 73.

Anita (Luki): „Žao mi je što sam bila agresivna prema vama, ta je agresija zapravo usmjerena mojoj majci.

Luka priča kako je gledao u rječnik u vezi s definicijom mržnje i vidio da je bio u pravu.

Anita: „Zašto vam je uopće trebao rječnik?"

Marija (Luki): „Teško vam je bilo čuti o osjećaju mržnje prema roditeljima."

Luka (brani se): „Ja volim točno definirati riječi, lingvistika je moj hobi."

Terapeut: „Od osjećaja se možemo braniti i znanošću."

Luka: „Svi vi hoćete me ukalupiti."

Anita: „Pa vi jeste u kalupu."

Luka: „Za mene su mržnja i ljutnja različite stvari, mržnja je najgori osjećaj, najteže je ga se riješiti, ja sam samo jasno htio definirati stvari."

Anita: „Vaše čitanje koje ste spomenuli izgleda mi kao bijeg od sebe."

being less loved by their parent, the intervention being as follows: Perhaps you, Luka, also had similar feelings as your son did sometime in your childhood, and your parents believed that they were doing something good for you.

73rd session

Anita (to Luka): "I am sorry I was aggressive towards you, that aggression is actually aimed at my mother."

Luka says that he looked up the definition of hatred in the dictionary and realized he was right.

Anita: "Why did you need a dictionary anyway?"

Marija (to Luka): "It is hard for you to listen about feelings of hatred towards one's parents."

Luka (defensively): "I like to define words correctly, linguistics is a hobby of mine."

Therapist: "We can use science to defend ourselves from feelings as well."

Luka: "All of you want to put me in a box."

Anita: "You are in a box."

Luka: "Hatred and anger represent two different things for me, hatred is the worst feeling, the hardest to get rid of, and I only wanted to define things clearly."

Anita: "The reading you mentioned seems to me to be a way of escaping from yourself."

Luka: „Ne, to mene opušta, ja pročitam 90 stranica po satu."

Anita: „To je kao moja hrana, bijeg od sebe."

Vedran: „Ili kao moje pijenje."

Marija (Luki): „Vas su ti fakulteti i silno čitanje samo udaljili od vlastitih osjećaja."

Luka ima potrebu definirati „stvari", tj. emocije, ali ne i osjetiti ih jer osjećaji u njemu izazivaju neugodne tjelesne reakcije (vrtoglavicu itd.). Luka voli osjećaje definirati na distanciji, preko rječnika, dok osjećaje izazvane u grupi koji su aktualni i „vrući" – tvrdokorno negira. Zbog toga je onemogućen početan terapijski napor: označivanje stvarnih emocija i na taj način stvaranje elementarnih jedinica za izgradnju pravog selfa. Definiranjem osjećaja „na daljinu" preuzimaju se tuđe intelektualne definicije koje ostaju u Luki kao dio lažnog selfa. Racionalno kao da je postalo jedini orijentir selfa s obzirom na samog sebe i okolni svijet. Nema osjećajno-racionalne cjeline i sklada. Možda se na neki primjereni način sve ovo moglo reći i na sastanku grupe.

Seansa 77.

Anita se želi vratiti na prošlu seansu. Mislila je o tome kako se Luka uplašio

Luka: "No, it relaxes me, I can read 90 pages in an hour."

Anita: "It is like food in my case, an escape from myself."

Vedran: "Just like drinking for me."

Marija (to Luka): "All of the faculties and reading have only distanced you from your feelings."

Luka feels the need to define "things", i.e. emotions, but not to feel them because for him, feelings cause unpleasant physical reactions (dizziness etc.). Luka likes to define feelings from a distance, by means of a dictionary, while the feelings emerging within the group which are current and "burning" - he stubbornly negates. This disabled the initial therapeutic effort: to identify the real emotions and in that way create elementary units for the creation of the true self. By defining feelings "from a distance", he takes over the intellectual definitions of others, which remain in Luka as part of a false self. The rational seems to have become the only reference for the self in relation to oneself and the surrounding world. There is no emotional-rational unity or harmony. All of this could have, perhaps, been appropriately said during the session as well.

77th session

Anita wishes to address the previous session. She has been thinking about how Luka was scared by her feelings of sadness when she talked about leaving

njezina osjećaja tuge kad je govorila o odlasku iz kuće. Tu vidi koliko Luka ima problema s osjećajima kod drugih, a onda valjda još više sa svojim osjećajima.

Luka: „Osjetio sam brigu za Anitu da joj ne postane loše, pomislio sam da bi mogla dobiti živčani napadaj."

Anita: „Ali meni je taj osjećaj tuge bio dobar, zašto bih dobila napadaj?"

Luka: „Meni su osjećaji tuge povezani s neugodom."

Anita: „Mene to podsjeća na moj odnos s nećakinjom: povremeno osjećam preveliku brigu za nju, npr. da bi je mogao pregaziti auto ili slično. Ispod toga se može kriti samo agresija."

Luka: „Nije mi to jasno, mislim da se briga može osjećati samo za nekoga koga se voli."

U seansi se vidi da su Luki daleke neke psihološke finese kao što je razlika između brige i prevelike brige, što je i razumljivo jer su mu osjećaji općenito problematični.

Seansa 79.

Luka je razočaran terapijom, ide na nju već 3 godine (individualnu i grupnu) „a majmuni u Tvrtkovoj (liječnička komisija za mirovinu) tjeraju me na posao".

home. She can see in this example how Luka has issues with feelings in other people, and consequently, perhaps even more with his own feelings.

Luka: "I was worried for Anita, that she would feel ill, I thought that she could perhaps have a nervous breakdown."

Anita: "But for me, this feeling of sadness was good, why would I have a breakdown?"

Luka: "I associate the feelings of sadness with discomfort."

Anita: "It reminds me of my relationship with my niece: I sometimes feel too worried for her, for example, that she could get run over by a car or similar. Only aggression could hide under that."

Luka: "I don't understand this, I think that one can only worry about people they love."

It is clear in this session that Luka does not understand some psychological nuances such as the difference between worry and excessive worry, which is understandable because feelings, in general, represent a problem to him.

79th session

Luka is disappointed in therapy, he has been attending therapy for three years already (individual and group), and the "monkeys in Tvrtkova Street (medical commission for retirement) are forcing me to go to work."

Anita (Luki): „Niste se nimalo pokrenuli u odnosu prema svojim osjećajima."

Marija misli da je Luka prije uvijek sve s lakoćom rješavao, a sada ne može ubrzati svoje liječenje pa ga je to razočaralo.

Vedran smatra da Luka priča o sebi bez osjećaja i da Luka i Šime puno pametuju i koriste se stranim riječima. Anita: „Luka i Šime sve objašnjavaju racionalno, a obojica govore o sebi bez osjećaja. Ja sam se na prethodnoj terapiji stalno trudila govoriti s osjećajem, a, kad sam došla u grupu, onda sam osjetila da me Luka i Šime vuku natrag."

Luka: „Svi smo mi drugačiji i drukčije osjećamo, zašto bismo se oko toga trebali uzrujavati?"

Ovdje je izostao terapeutov komentar. Anita i Vedran daju odgovor Luki zašto se nije ništa pokrenulo u terapiji (zato što se nije pokrenuo s obzirom na svoje osjećaje). Oni osjećaju da ih „bezosjećajni" način komunikacije Luke i Šime vuku natrag u bolest i to ih uzrujava i plaši. Luka ne uočava njihovu dramatičnu situaciju i zdravorazumski i neempatijski se čudi zašto se Anita i Vedran uzrujavaju oko toga da su svi ljudi (tj. Šime i Luka) drukčiji. Terapeut je grupi trebao pojasniti emocionalnu situaciju svih članova grupe, tj. da blokada osjećaja Anitu i Vedrana vuče natrag u bolest, a Luku onemogućuje da uop-

Anita (to Luka): "You have not improved at all in terms of your feelings."

Marija believes that Luka used to solve everything easily before, and now he cannot make his healing process faster and he is disappointed.

Vedran thinks that Luka talks about himself without emotion, and that Luka and Šime patronize a lot and use foreign words. Anita: "Luka and Šime explain everything rationally, and they both talk about themselves without any emotions. In my previous therapy, I constantly made efforts to talk with feeling, but when I came to this group, I felt Luka and Šime pulling me back."

Luka: "We are all different and have different feelings, why should we be upset about that?"

A comment from the therapist was missing at this point. Anita and Vedran answer Luka's question as to why nothing has progressed during therapy (because he has not made any progress in relation to his feelings). They feel that Luka and Šime's "insensitive" way of communication is dragging them back into their illness and they are upset and frightened by this. Luka does not comprehend their dramatic situation and wonders in a common-sense and non-empathetic way as to why Anita and Vedran are upset about the fact that all people (i.e. Šime and Luka) are different. The therapist should have explained the emotional situation of all the group members

će započne sa svojom terapijom (prepoznavanja i usvajanja osjećaja i time početkom izgradnje prave osobnosti).

Seansa 81.

Razgovara se o međusobnim odnosima.

Luka: „Anita mene jako mrzi i to sve ide iz toga."

Vedran: „Kad sam došao na terapiju, imao sam jak osjećaj manje vrijednosti jer su se Šime i Luka koristili nekim stranim riječima, a ja sâm imam slabiji rječnik."

Luka (terapeutu, pomalo iritirano): „Želim od vas čuti zašto ste me prekinuli kad sam spontano reagirao prema Vedranu?"

Terapeut: „Vedran vam je pokušao reći jedan svoj osjećaj, a vi ste ga „uhvatili" za riječ da vas nije točno citirao. Na to se Vedran uvrijedio i izgubio je želju da vam dalje govori i tako se prekinula vaša komunikacija zbog vašeg inzistiranja na jednoj formalnoj stvari, tj. na obliku riječi."

Luka se smiruje, čini se da je zadovoljan objašnjenjem.

Terapeut je prije objašnjenja možda trebao Luku suočiti s osjećajem koji je trenutačno prisutan prema terapeutu (iritacija, ljutnja), a zatim objašnjavati Lukin odnos s Vedranom.

to the group, i.e. that blocking feelings is dragging Anita and Vedran back to their illness and is making Luka unable to start his therapeutic process to begin with (to recognize and accept feelings, and in this way start building his true personality).

81st session

The mutual relationships are discussed.

Luka: "Anita really hates me and it all starts from there."

Vedran: "When I came to therapy, I had a strong feeling of inferiority because Šime and Luka used some foreign words, and my vocabulary is not as broad."

Luka (to the therapist, somewhat irritated): "I want to hear from you as to why you interrupted me in my spontaneous reaction towards Vedran?"

Therapist: "Vedran tried to share some of his feelings with you and you insisted that he did not quote you correctly. Vedran was insulted by that and lost the will to keep talking to you, thus ending your communication because of your insistence on one formal thing, which is the word form."

Luka calms down, seems to be satisfied with the explanation.

Before explaining, maybe the therapist should have confronted Luka with the feelings he currently had towards the therapist (irritation, anger), and then

Seansa 84.

Govori se o Lukinu povratku na posao (na pola radnoga vremena). Anita i Marija daju mu podršku. Luka: „Bio sam ovisan i opijen poslom i problemi su počeli kad više nisam mogao raditi."

Anita: „To me podsjeća na moj problem s hranom jer, kad se ne prejedem, onda mi se pojavljuju simptomi. Čini mi se da i rad i hrana i lijekovi i alkohol odvlače čovjeka od vlastitih osjećaja."

Slijedi nastavak priče o raznim nepravdama koje dolaze od šefova, direktora, doktora.

Terapeut: „Ja sam se pitao jesam li i ja u ovoj grupi nepravedan prema vama?"

Luka: „Ja sam vam prije nekog sastanka grupe rekao što sam vam zamjerao i nakon toga neke su mi stvari bile jasnije."

Anita: „Mene baš zanima što vam je postalo jasnije."

Luka: „Pa to da su u grupi najbitniji osjećaji i vidio sam da su neki moji osjećaji nezreli."

Anita i Vedran mu odgovaraju: „To je jako dobro."

Luka kao da na trenutke ima uvida, ali bez daljnje prorade aleksitimija ponovno prevladava u njegovu načinu razmišljanja.

84th session

Luka's return to work (part-time) is discussed. Anita and Marija are being supportive. Luka: "I was addicted to work and intoxicated by it, and my problems began when I could no longer work."

Anita: "This reminds me of my problem with food, because my symptoms occur when I don't overeat. It seems that both work, food, medications and alcohol distract people from their own feelings."

More stories about the various injustices done by bosses, directors, doctors follow.

Therapist: "I was wondering whether I was unjust to you in this group as well?"

Luka: "A few sessions ago, I shared my resentments with you and some things were clearer after that session."

Anita: "I am very curious as to what became clearer to you."

Luka: "Well, the fact that feelings are most important during a session, and I have realized that some of my feelings are immature."

Anita and Vedran respond: "That is very good."

It seems that Luka has moments of insight, but without further processing, alexithymia in his way of thinking prevails again.

Seansa 91.

Na sastanku grupe govori se o nekoj emisiji na TV-u o posljedicama silovanja u obitelji.

Marija: „Vi ste, Luka, rekli da mi pretjerujemo, a i u toj se emisiji vidjelo da smo mi onakvi kakvi su nam roditelji i zašto bi onda bilo čudno da je sin lupio oca šakom u glavu."

Luka (uznemireno): „Lupio oca šakom u glavu, pa to nije normalno."

Anita: „Ali sve je to u nama."

Luka: „Ako bismo išli unatrag po Bibliji, po nasljeđu, došli bismo do Adama i Eve, dakle nije sve u nasljeđu, nisu nam sve to roditelji krivi."

Marija: „Ali bismo isto tako došli i do Kaina i Abela."

Luka: „Ima svašta... u onoj se emisiji spominjao i incest."

U seansi se moglo pokušati bolje definirati Lukin nemir, tj. potražiti osjećaj ispod tjelesnog nemira (je li to strah od sirove agresije, gubitka kontrole, psihoze?).

Seansa 92.

Luka je počeo raditi... na poslu su ga dočekali tako da su mu odmah rekli: tamo u kutu stoje strojevi koje nitko nije popravljao godinu dana.

91st session

The group discusses a TV program addressing the consequences of sexual violence in families.

Marija: "Luka, you said that we are exaggerating and that this program showed that we are the same as our parents, so why would it be weird that a son punched his father in the head."

Luka (anxiously): "He punched his father in the head, that is not normal."

Anita: "But that is all within us."

Luka: "If we were to go back to the Bible, per inheritance we would reach Adam and Eve, therefore not all is in one's inheritance, it is not all our parents' fault."

Marija: "But we would also reach Cain and Abel."

Luka: "There are lots of things... The program also mentioned incest."

Attempts could have been made to better define Luka's discomfort during the session, i.e. to search for the feeling underlying the physical discomfort (whether it was the fear of raw aggression, loss of control, psychosis?).

92nd session

Luka started working... They welcomed him at work with the following words: there are machines in that corner over there which nobody has repaired for a year.

Anita: „I što ste im rekli ?"

Luka: „Da se nikamo ne žure, nisam kao prije odmah potrčao da se to popravi." Grupa odobrava.

Slijede seanse sa zaoštravanjem razlika, Lukin odlazak.

Seansa 94.

U grupi se govori o odnosu između Marije i Vedrana.

Terapeut: „Pitam se kakvi su to odnosi u grupi kad se Vedran ne usudi pitati Mariju što joj je i kad se Mariji ne da Vedranu objašnjavati o čemu je riječ."

Luka: „Meni grupa znači više od nekih poznanika, ali manje od moje obitelji. Ja se ne mogu potpuno uživjeti u osjećaje drugih članova jer se bojim da ću se opteretiti njihovim problemima i da će mi biti još gore. To je ono što me koči u ovim odnosima."

(Ova je izjava važna jer opet potvrđuje jaku vezu osjećaja i straha jer osjećaji bude neugodne tjelesne simptome. Moglo bi se pokušati pridobiti Lukin suradljiv dio, dio koji se želi liječiti, objašnjavanjem da shvaćamo da osjećaji u njemu izazivaju strah i neugodu, ali da je grupa tu kao podrška i da nema drugog načina liječenja nego suočavanja s osjećajima koji se pojave u grupi i vani pa dakle i suočavanja sa strahom. Time

Anita: "What did you tell them?"

Luka: "That they should not hurry, I did not rush to repair them like I used to before." The group approves.

The following are sessions in which differences widened, Luka's departure

94th session

The group discusses the relationship between Marija and Vedran.

Therapist: "I wonder about the nature of relationships in the group if Vedran is afraid to ask Marija about her problem and if Marija does not feel like explaining to Vedran what it is about."

Luka: "To me, the group means more than some acquaintances, but less than my family. I cannot fully empathize with the feelings of other members because I am afraid of burdening myself with their problems and feeling even worse. That is what is holding me back in these relationships."

(This statement is important because it again confirms the strong connection between feelings and fear, because feelings cause unpleasant physical symptoms. An attempt could be made to persuade Luka's cooperative part, the part that wants to be treated, by explaining that we understand that emotions cause fear and discomfort in him, but that the group is here to support him and there is no other way of treatment other than to face the feelings emerging during the session

će postići dvije stvari: izgrađivati sebe i bolje empatijski razumjeti druge ljude.)

Marija: „I meni su članovi grupe još stranci i neke stvari o sebi ne mogu reći."

Vedran je imao noćnu moru koja ga je podsjetila na jedan događaj na početku faksa kada su bili pijani: on, njegov prijatelj i zajednička prijateljica. Svi zajedno su pred cimericom imali grupni seks u toj sobi. Napominje da on i prijatelj nisu imali tjelesni kontakt, ali su obojica imala seksualni odnos sa zajedničkom prijateljicom. A sve troje su istodobno imali i svoje stalne partnere. Njih dvojica su se nakon toga tom situacijom hvalili svojim prijateljima, a nakon toga je Vedran sanjao da mu dečko te prijateljice predbacuje i odbacuje ga, a ta ga prijateljica proganja automobilom.

Luka: „Napravili ste doista svinjariju što ste to pričali, a, što se tiče grupnog seksa, meni se to gadi, to rade životinje."

Marija: „Mladi ljudi eksperimentiraju, to je uobičajeno."

Anita: „Sve je to zbog osjećajne praznine koja se pokušava popuniti novcem, drogom, odjećom ili grupnim seksom."

Marija i Vedran se slažu.

Vedran ponavlja da nije imao ništa s tim prijateljem.

and outside it, and therefore to cope with the fear. This would achieve two things: building ourselves up and gaining a better emphatic understanding of others.)

Marija: "The group members are still strangers to me too, and I cannot share some things about myself."

Vedran had a nightmare that reminded him of an event at the beginning of his college studies when they were drunk: he, his friend and a girl they both were friends with. All of them had group sex in front of a roommate in that room. He notes that he and his male friend did not engage in any physical contact, but they both had sexual relations with the common friend. All the while, all three of them were in relationships of their own. The two men later bragged about the situation to their friends, after which Vedran dreamed that the common friend's boyfriend reproached him and rejected him, while the female friend chased him with her car.

Luka: "You made a real mess talking about it, and as far as the group sex goes, I am repulsed by that, that is what animals do."

Marija: "Young people experiment, it is common."

Anita: "This is all due to an emotional void that is trying to be filled with money, drugs, clothes or group sex."

Marija and Vedran agree.

Vedran repeats that he did not engage in anything with his male friend.

Luka: „Još i to (hvata se za glavu), da si još rekao da ste imali homoseksualni odnos, ja bih izišao van. Marija: „Zašto vas to tako jako pogađa?"

Luka: „Homoseksualnost je za mene bolest. Imam gađenje prema tome, to je protuprirodno i protuevolucijski."

Marija: „Ima ljudi koji žive na homoseksualni način, nije to ništa čudno."

Anita: „Časopisi su puni seksa i homoseksualnosti."

Luka: „Znam, ali sve to nije prirodno."

Vedran dalje govori o iskustvu seksualnog zlostavljanja u djetinjstvu.

Luka: „To je bio kriminalac, trebao si ga tužiti majci i trebalo ga je zatvoriti."

Vedran: „Nisam se usudio, bojao sam se da bi otac mogao ubiti tog čovjeka."

Luka: „Pa što ako bi ga ubio? Da netko mojim sinovima to napravi, ja bih ga isto tako ubio."

Nešto što je na početku izgledalo nemoguće, sada se ostvarilo: Luka je verbalizirao svoju agresiju. Možda se to moglo glasno izreći.

Seansa 95.

Luka priča kako se sjetio još nečega iz djetinjstva: gotovo nikad nije bio bolestan. A kad je s 15 godina došao

Luka: "Even worse (grabs his head), had you said that you had homosexual relations, I would have left the room." Marija: "Why does this bother you so much?"

Luka: "I consider homosexuality to be an illness. I feel repulsed by it, it is unnatural and anti-evolutionary."

Marija: "There are people who live a homosexual lifestyle, there is nothing weird about it."

Anita: "Magazines are filled with sex and homosexuality."

Luka: "I know, but none of it is natural."

Vedran continues by sharing his experience of being sexually abused as a child.

Luka: "That was a criminal, you should have told about it to your mother and he should have been put in jail."

Vedran: "I did not dare, I was afraid that my father would kill that man."

Luka: "So what if he had killed him? If somebody did that to my sons, I would kill him all the same."

Something that seemed impossible in the beginning was now realized: Luka verbalized his aggression. This could have, perhaps, been expressed out loud.

95th session

Luka talks about remembering something else from his childhood: he was almost never sick. All the while, when he

u Zagreb, svako malo je imao upale grla.

Anita: „Dok ste bili s roditeljima, bili ste zdravi, a, kad ste došli u Zagreb, odmah ste se razboljeli i morali ste potražiti druge roditelje, tj. doktore. Vidite li što to znači?"

Luka: „Pa vidim, ovisnost o roditeljima."

(Mogao se pohvaliti Lukin uvid u psihološko. Mogao se potražiti i osjećaj ispod općenite riječi „ovisnost", je li bilo usamljenosti, tuge, čežnje, plakanja?

Marija (Luki): „Je li vam bolje u posljednje vrijeme otkako radite?"

Luka: „Je, osjetno je bolje."

Marija: „Koliko vam je grupa u tome pomogla?"

Luka: „Ne znam, a i ne tiče me se, glavno je da je meni bolje, ravnodušan sam prema tom pitanju." Anita: „Onda ste ravnodušni i prema grupi."

Marija: „Ja mislim isto tako."

Luka: „Nisam ja to tako mislio..."

Marija, Anita i Vedran bili su povrijeđeni i razočarani time da Luka ne priznaje njihov veliki trud oko njegova boljitka i to su doživjeli kao agresiju prema sebi. Luka svoju agresiju kroz ravnodušnost nije prepoznao. Bio je kraj sastanka grupe i ta se situacija nije stigla proraditi.

came to Zagreb at the age of 15, he often had a sore throat.

Anita: "While you were with your parents you were healthy, and when you came to Zagreb you immediately fell ill and had to look for other parents, i.e. doctors. Do you see what that means?"

Luka: "Yes, I do, dependence on my parents."

(Luka's insight into the psychological aspect could have been praised. The feeling underlying the generic word "dependence" could have also been explored, was there loneliness, sadness, longing, crying?)

Marija (to Luka): "Do you feel better now, after you started working?"

Luka: "Yes, noticeably better."

Marija: "How much has the group helped you in this aspect?"

Luka: "I don't know and I don't care, as long as I feel better, I am indifferent about it." Anita: "Then you are indifferent to the group as well."

Marija: "I feel the same way."

Luka: "I didn't mean it like that..."

Marija, Anita and Vedran were hurt and disappointed by Luka not acknowledging their great effort when it comes to his well-being, and they perceived it as aggression towards themselves. Luka did not recognize his aggression being expressed through indifference. It was

Nije uobičajeno, no je li se na idućoj seansi, zbog važnosti za sve članove, ta situacija mogla opet vratiti i prodiskutirati o njoj, potražiti i Lukin osjećaj ispod izjave „nisam ja to tako mislio".

Seansa 97.

Vedran: „Htio bi reći još nešto u vezi s onom pričom o grupnom seksu s prijateljem."

Luka (upada): „Ma nisi s prijateljem imao seks."

Terapeut (Luki): „To kao da vas uznemiruje."

Luka: „Ma ne, to je, sigurno, lapsus jer Vedran je pričao da nije imao seks s tim prijateljem, nego s prijateljicom."

Anita: „Meni to uopće nije važno u cijeloj toj situaciji tko je s kim imao seks."

Luka: „Meni nikako nije svejedno, meni je to protuprirodno i nenormalno."

Anita: „Zašto bi to bilo tako strašno da je Vedran i imao neki kontakt s prijateljem. I sama po sebi vidim da mi imamo svakakvih želja, samo se bojimo što će okolina reći na te naše želje, a čak se bojimo to i sami sebi priznati."

Luka: „Ne razumijem to."

Anita priča o udanim ženama koje imaju želju prevariti svog muža, ali se

the end of the session and there was no time to process this situation.

That is not uncommon, but since it was important for all the members, this situation could have been readdressed and discussed in the next session, and Luka's feelings underlying the statement "I didn't mean it like that..." could have been explored.

97th session

Vedran: "I would like to say something else regarding the story about group sex with my friend."

Luka (interjects): "You did not have sex with your friend."

Therapist (to Luka): "This seems to upset you."

Luka: "Oh no, he probably misspoke because Vedran said that he did not have sex with his friend, only with the female friend."

Anita: "For me, who had sex with whom is not at all important in this situation."

Luka: "I am not indifferent at all, it is unnatural and not normal."

Anita: "Why would it be so terrible if Vedran did have some contact with his friend. I see it in myself that we have all kinds of desires, but we are just afraid of how our surroundings would react to these desires, and we are even afraid to admit them to ourselves."

to boje i samima sebi priznati. I sama se borila kao sada Luka protiv toga da vidi vlastite homoseksualne želje, ali je u terapiji došla i do toga.

Vedran kaže da se u jednome trenutku pobojao da će Luka o njemu pomisliti da je homoseksualac. Htio bi reći da ga ne uzbuđuju muškarci, ali ga zato uzbuđuje lezbijski odnos i isto tako mogućnost da on bude s dvjema ženama.

Anita misli da je glavni problem u tome da su njezina hrana ili Vedranov grupni seks ili Lukino gutanje knjiga, pokušaji ispunjivanja vlastite osjećajne praznine.

Luka: „Meni čitanje pomaže, ja sam se od pesimizma čitanjem opet vratio do optimizma."

Anita: „To vam je čitanje isto kao i kad na početku grupe niste mogli izdržati tišinu, a tišina u grupi je kao praznina pa ste vi morali početi pričati da biste ispunili tu prazninu. Zbog istog se razloga i ja silujem hranom samo da bih nadoknadila manjak osjećaja..."

Luka govori o situaciji kada je, dok je bio u vojsci, s jednom curom bio u hotelu 3 dana i nije dolazio na posao. Bio je kažnjen s mjesec dana zatvora.

Anita: „Sad sam vas mnogo toplije doživjela nego inače."

Luka: "I don't understand that."

Anita talks about married women who want to cheat on their husbands, but are afraid to even admit this to themselves. Just like Luka now, she herself has struggled against realizing her own homosexual desires, but she has reached that point during therapy.

Vedran says that he was afraid at one point that Luka would think he was homosexual. He would like to say that he is not attracted to men, but he is attracted to lesbian intercourse, as well as the possibility of being with two women.

Anita thinks that the main problem here is that her issues with food or Vedran's group sex or Luka's excessive reading, are attempts to fill their internal emotional voids.

Luka: "Reading helps me, reading has helped me overcome pessimism and go back to optimism"

Anita: "This reading of yours is the same as when in the initial sessions you could not stand silence, and silence during a session is like a void, so you had to start talking in order to fill that void. For the same reason, I stuff myself with food to compensate the lack of emotions..."

Luka talks about a situation when he was in the army and he spent three days in a hotel with a girl, without going to work. He was punished with a month in prison.

Luka: „Mene ljudi često pogrešno dožive, a to je valjda zbog mojeg oklopa. Već sam rekao da sam ja iznutra mekan."

Anita: „Da, ali to ne pokazujete" (dalje kroz smijeh koji prihvaća cijela grupa): „još ćete vi nama ispričati i o svojoj homoseksualnosti."

Luka: „Lagao bih kad bih to rekao, ja se jednostavno ne bi htio nametati nekim svojim pričama jer mislim da ću drugima biti naporan."

Seansa kreće s Lukinim velikim nemirom zbog vlastite potisnute homoseksualnosti pa se on projektivnom identifikacijom bori protiv Vedranove homoseksualnosti. Anita pokušava ublažiti Lukin nemir nudeći i vlastitu homoseksualnost u smislu nečega općeljudskog. Zatim vraća grupu na pitanje osjećajne praznine (treba li Aniti uzbuđenje u vezi s homoseksualnošću da „pokrije" vlastitu prazninu?). Luka „pravovjerno" nudi svoj odnos s djevojkom, što Anita toplo prihvaća. Sad i Luka, ohrabren, kaže da je iznutra „mekan". Anita kao da to jedva dočeka i želi još korak dalje (kroz šalu, jer je tako lakše prihvatiti) da će Luka na kraju ipak pričati o svojoj homoseksualnosti. Ipak, to je za Luku previše, otpor je prejak i on nudi svoju skromnost (kroz racionalizaciju), ne želi se nametati.

Anita: "My impression of you now is much warmer than usual."

Luka: "People often have a wrong impression of me, it is probably due to my defenses. I have already said that I am soft on the inside."

Anita: "Yes, but you don't show it (continues with laughter, which spreads around the group): you will end up telling us about your own homosexuality."

Luka: "I would be lying if I said that, I simply would not like to impose myself on others by telling stories because I think they will find me annoying."

The session starts with Luka's increasing distress due to his own repressed homosexuality, and he uses projective identification to fight against Vedran's homosexuality. Anita tries to calm Luka's nerves by offering her own homosexuality as something generally human. She then turns the group's focus back to the issue of emotional voids (does Anita need the thrill of homosexuality to "cover" her own void?). Luka responds by offering his "righteous" relationship with a girl, which Anita warmly welcomes. Feeling encouraged, Luka now says that he is "soft" on the inside. Anita is seemingly relieved and wants to take it a step further (jokingly, since it is easier to accept it that way) by saying that Luka will end up talking about his own homosexuality. However, this seems to be too much for Luka, his resistance is too strong and he offers his humility (by rationalizing), stating he does not want to impose.

Seansa 100.

Luka nije došao na prošla dva sastanka grupe i sad objašnjava zašto: jednom mu je bilo loše, a drugi put je bio u kupnji, misleći da će stići na sastanak, ali nije stigao.

Marija isto tako nije bila na sastanku grupe jer je bila je s bratom u drugom gradu.

Vedran se ljuti zbog tih nedolazaka misleći da se Marija i Luka dvoume glede dolazaka na sastanke.

Luka: „Nije istina da se ja dvoumim, predugo idem na grupu da bih si takvo što dopustio."

Anita: „Vi ste, Luka, dok je Vedran pričao o svom osjećaju, imali nekakav osmijeh na licu kao da ste uživali u tome što niste došli i što smo se mi loše osjećali... ja sam izgubila potrebu da vam bilo što kažem."

Luka (ljutito): „To uopće nije točno, ispada da sam ja neki sadist, ja sam se nasmiješio jer sam vidio da to što je Vedran rekao nije istina. Kako mi vi možete nametati takvo što."

Anita: „Ja sam izrazila svoj osjećaj."

Marija: „Istina je da sam se ja dvoumila hoću li doći na sastanak grupe i to je kod mene još uvijek prisutno."

Luka (Aniti): „Meni je već dosta te vaše ljutnje na mene, vidjeli smo već neko-

100th session

Luka missed the previous two sessions and is now explaining why: once he felt ill, and the other time he was out shopping and thought he would make it in time, but he did not.

Marija (who also missed the session) - was with her brother in another town.

Vedran is angry because of their absences and believes that Marija and Luka are having second thoughts about attending the sessions. Luka: "It is not true that I am having second thoughts, I have been attending these sessions for too long to allow myself something like that."

Anita: "Luka, while Vedran was talking about his feelings, you were smiling as if you were enjoying missing the session and making us feel bad... I no longer feel the need to tell you anything." Luka (angrily): "That is absolutely not true, it seems like I am some sort of a sadist because I smiled after realizing that what Vedran was saying was not true. How can you impose such a thing on me?"

Anita: "I expressed my feelings."

Marija: "It is true that I was having second thoughts whether or not to attend the session, and I still feel that way."

Luka (to Anita): "I am fed up with your anger towards me, we have already seen a couple of times that you are angry at me just as you are angry at your parents, while I have done nothing to harm you and I have had enough of your anger."

liko puta da se ljutite na mene kao na svoje roditelje, a ja vam nisam ništa skrivio i meni je te vaše ljutnje dosta."

Vedran: „Ja sam se pribojavao da će se to tako zaoštriti. Uvijek kad se Anita i Luka svađaju, ja se osjećam loše."

Anita (Vedranu): „Ti često misliš slično meni, ali, kad se trebaš uistinu suprotstaviti, onda ublažuješ situaciju i zato se ljutim na tebe. Ja otvoreno pokažem Luki da se ljutim, a ti za to nemaš hrabrosti."

Vedran: „Mislio sam da će se to tako zaoštriti, nisam mogao Luku gledati u oči kao što inače ne mogu gledati ljude u oči kad ih kritiziram."

Luka: „Mislim da je dobro da smo o tome razgovarali i čini mi se da Vedran i Anita vide samo sebe i kao da ne vide da su drugi ljudi drugačiji, da drukčije osjećaju, misle, ponašaju se i da se ne mogu ponašati po nekim njihovim kalupima."

(I ovdje se vidi Lukina projekcija, tj. njegov manjak mentalizacije, jer to je njegova psihološka pozicija: uglavnom je usmjeren sebi i teško može doživjeti različitost drugog.)

Malo poslije, Anita: „Sada vidim da sam i Mariju i Luku doživjela kao svoje roditelje jer, koliko god im dajem ljubavi i brige, oni mi ništa ne vraćaju i jednako su hladni i daleki."

Vedran: "I was afraid that things would escalate this way. I feel bad any time Anita and Luka argue."

Anita (to Vedran): "You often have similar opinions as I do, but when you really need to confront something, you alleviate the situation, which makes me angry at you because I openly tell Luka that I am angry, while you don't have the courage to do so." Vedran: "I thought it would escalate matters, I could not look Luka in the eye the same way I usually cannot look people in the eye when I criticize them."

Luka: "I think it is good that we have discussed this and it appears that Vedran and Anita see only themselves and do not seem to realize that other people are different, that they have different feelings, thoughts, behaviors, and that they cannot behave according to some of their expected stereotypes."

(Luka's projection is evident here as well, i.e. his lack of mentalization because this is his psychological position: he is mainly focused on himself and can hardly perceive the differences of others).

A little later, Anita says the following: "I can see now that I perceived Marija and Luka as my parents, because as much love and care as I give them, they give nothing in return and are equally cold and distant."

Marija: "I was in another town with my brother, I thought that my brother would understand me, but I realized that the two of us - are two different worlds." She feels

Marija: „Bila sam s bratom u drugom gradu, mislila sam da će me brat razumjeti, ali sam vidjela da smo nas dvoje – dva različita svijeta." Osjeća da je prazna, ne može osjetiti druge ljude, ne može prepoznati da je Aniti i Vedranu drago da je vide... o sebi misli da je bezvrijedna.

Luka: „Svatko u sebi ima neku vrijednost, samo je Marija mora prepoznati u sebi."

Ovdje Luka ne vidi da je i sam „zaslužan" za Marijin osjećaj da ne vrijedi jer ne priznaje doprinos grupe (pa dakle i Marije) svojem poboljšanju. Ovo je terapeut mogao iskoristiti i vratiti na 95. seansu u kojoj je Luka bio ravnodušan prema pomoći grupe i na taj način obezvrijedio i Marijin doprinos njegovu poboljšanju.

Izostanak s dviju seansi nakon razgovora o homoseksualnosti u 97. seansi možda je u vezi s Lukinim nemirom i bijegom u vezi s potisnutom homoseksualnošću.

Seansa 101.

Luka: „Shvatio sam da na mene djeluju infrazvučne frekvencije od 1 do 16 Hz jer sam bio kod jednog prijatelja koji je uključio neki aparat za koji mi je tek poslije rekao, a ja sam počeo osjećati sve svoje simptome: mutnoću u glavi, nagon na povraćanje, nestabilnost u nogama. U posljednje mi je vrijeme opet lošije."

empty, she cannot sense other people, cannot recognize that Anita and Vedran are glad to see her... She sees herself as worthless.

Luka: "Everyone has values, Marija only has to recognize it within herself."

Luka does not see here that it is also his "fault" that Marija feels worthless, because he does not recognize the group's contributions (including Marija's) to his improvement. The therapist could have used this and gone back to the 95th session, where Luka displayed indifference towards the help he receives from the group, in that way also devaluing Marija's contribution to his improvement.

His absence from two sessions after discussing homosexuality during the 97th session could also be associated with Luka's anxiety and escape when it comes to repressed homosexuality.

101st session

Luka: "I have realized that I am affected by infrasonic frequencies between 1 and 16 Hz, because I was at a friend's place where he had turned on a machine of which he only later informed me, and I started feeling all my symptoms: head cloudiness, urge to vomit, unsteadiness on feet. I have been feeling worse again lately."

Anita talks about her inability to sleep after the last session and her confrontation with Luka, and she would like to

Anita priča kako nakon prošle grupe i sukoba s Lukom nije mogla spavati, poželjela je vratiti se u individualnu terapiju. Razmišljala je i o tome koliko sebi ne smije dopustiti da se osjeća dobro. Uvijek kad bi se psihički počela osjećati bolje, pojavljivale su se svakakve tjelesne bolesti, problemi s jajnicima, jetrom, želudcem.

Anita: „Svakakve sam pretrage radila, a sve je to bilo psihički."

Luka razmišlja o tome da sebi podsvjesno ne dopušta da mu bude bolje, ali mu to baš nije jasno jer on u životu nikomu ništa loše nije napravio da bi zbog toga sada sebe krivio.

(Ovdje je na djelu poricanje nesvjesnoga fantazijskog dijela selfa i slabost simbolizacije, tj. konkretizacija krivnje: nekomu se mora nešto loše napraviti da bi zbog krivnje nastale različite tjelesne bolesti.)

U nastavku Marija potiče priču o samoubojstvu, prisjeća se rane majčine smrti.

Marija: „Nisam ni osjetila kakva je majka zapravo bila." Nije shvaćala da je majka zaista umrla. I, kad joj je bratić umro, stalno je mislila da će se on vratiti iz Amerike.

Marija: „Možda se ja zato teško i vežem za druge ljude jer se bojim da će oni umrijeti ili otići kad se ja za njih vežem."

go back to individual therapy. She has also been thinking about not allowing herself to feel good. Anytime she would start feeling mentally better, she would start experiencing all sorts of physical ailments, problems with her ovaries, liver, stomach.

Anita: "I have done many kinds of tests and it turns out everything was psychological."

Luka thinks about whether he is subconsciously not allowing himself to feel better, but it is not fully clear to him because he has never done anything wrong to anyone in his life, so has nothing to blame himself for.

(Denial of the unconscious fantasy part of the self is evident here, as well as a lack of symbolization, i.e. a concretization of guilt: one has to harm somebody in order to develop various physical ailments due to guilt.)

Continuing, Marija encourages a discussion about suicide, remembers her mother's early death.

Marija: "I didn't even get a sense of what my mother was actually like." She did not understand that her mother had actually died. Even when her cousin died, she kept thinking that he would return from America.

Marija: "Maybe that is why I have a hard time connecting with others, because I'm afraid they will die or leave when I get attached to them."

Luka: „Pa to je sasvim normalno, 99 % ljudi se boji da se veže zato da ne budu ostavljeni."

Anita: „Evo, Luka, na taj način vi prekidate svaki osjećaj u Mariji i u svima drugima."

Luka (ljuto): „Pa vi ste sad mene prekinuli."

Marija: „Ovaj put, Luka, niste u pravu, na ovakav mi način nećete pomoći."

Anita: „Što nas se tiču ti ljudi vani, koncentrirajte se tu, na Mariju."

Luka: „Ja mislim da se mi uopće ne razumijemo, mi govorimo dvama različitim jezicima."

Vedran: „Ja bih vas želio pomiriti (govori o smrti svoje majke), a vi ste, Luka, išli Mariji racionalno objašnjavati kako je to kod drugih ljudi."

Marija (Luki): „Na moj ste osjećaj reagirali intelektualnim tumačenjem, to vam je kao kad bi vam se sin ili kći požalili na probleme s dečkom, a vi biste joj rekli: ma nije ti to ništa, takve probleme imaju svi ljudi, a uopće ne biste vidjeli da bi sin ili kći bili potpuno izgubljeni."

Luka: „Pa ja ne znam govorim li turski, recite mi, kojim jezikom trebam govoriti: francuskim, talijanskim, engleskim, ali da to bude jedan jezik da se

Luka: "Well, that is completely normal, 99% of people are afraid of attachment for fear of being left alone."

Anita: "There you go, Luka, this is how you interrupt any feelings in Marija and in all of us."

Luka (angrily): "Well, you have just interrupted me."

Marija: "You are not in the right this time, Luka, you will not help me this way."

Anita: "Why would we care about the people out there, concentrate on the ones here, on Marija."

Luka: "I think we don't understand each other at all, we are speaking two different languages."

Vedran: "I would like to reconcile the two of you (he talks about his mother's death), but you, Luka, started to rationally explain to Marija what it is like with other people."

Marija (to Luka): "You reacted to my feelings with intellectual interpretations, it's as if your son or, maybe, daughter complained about having problems with her boyfriend, and you told her: that's nothing, everyone has these problems, without even realizing that your son or daughter is feeling completely lost."

Luka: "Well, I don't know if I'm speaking Turkish, tell me, what language should I speak: French, Italian, English, but make it one language so that we understand each other, because otherwise I'm leav-

razumijemo jer, u suprotnom, ja odlazim jer ovo više nije psihoterapija, ovo je psihička tortura."

(Mariji treba majčinska podrška. Luka nudi statistiku jer mu je to obrana od vlastitog manjka majčine ljubavi. Luka nabraja jezike koje poznaje, ali, nažalost, ne spominje i emocionalni jezik koji bi mu trebao biti najvažniji, ali mu je ostao dalek. On ne može Mariji ponuditi majčinski osjećaj jer ne zna što je to, a Marija se na to vrijeđa. Terapeut je mogao upozoriti grupu na temeljno istu emocionalnu situaciju i kod Marije i kod Luke: osnovni nedostatak majčine ljubavi. Možemo li tu ljubav dati jedni drugima u grupi?)

Kraća šutnja u grupi.

Anita: „Vi, Luka, zapravo ne možete osjetiti drugog čovjeka."

Luka: „A dajte vi meni recite što je to osjećajno, a što intelektualno."

Anita: „Ne znam ja te definicije."

Luka: „Ja mislim da između nas ne može biti komunikacije jer govorimo različitim jezicima."

Terapeut (Luki): „Čini mi se, Luka, kao što ste i sami pričali, da ste pročitali mnogo knjiga i puno toga razumjeli, ali sada u grupi kao da ste došli u situaciju koju ne razumijete, kao da ste pred nekim zidom, ta vas situacija jako

ing since this is no longer psychotherapy, this is psychological torture."

(Marija needs motherly support. Luka offers statistics because that is his defense against his own lack of motherly love. Luka lists languages he knows, but unfortunately, does not mention the emotional language which should be the most important to him, but which has remained distant. He cannot offer a motherly feeling to Marija, because he does not know what it is, and Marija is offended by it. The therapist could have made the group aware of the fundamentally same emotional situation both in Marija and in Luka: a basic lack of motherly love. Can we provide such love to each other in the group?)

The group stays silent for a little while.

Anita: "Luka, you are actually incapable of recognizing the feelings of others."

Luka: "Come on, you tell me what is emotional and what is intellectual."

Anita: "I don't know those definitions."

Luka: "I think that there cannot be communication between us because we speak different languages." Therapist (to Luka): "Luka, it seems, as you have already told, that you have read many books and have understood many things, but now in the group you seem to have encountered a situation that you don't understand and it feels like you are standing in front of a wall, and this situation frustrates and angers you, which is why you have threatened to leave the group."

frustrira i ljuti i zato ste grupi zaprijetili odlaskom."

Luka: „To je pogrešna interpretacija, mi govorimo različitim jezicima."

Ovdje je terapeut možda mogao ponuditi i ovakvu intervenciju: „Točno. Govorimo različitim jezicima. Kako dovesti u vezu ta dva jezika?"

Seansa 102.

Nema Luke.

Anita: „Je li se Luka javio?"

Terapeut: „Nije."

Anita: „Nakon zadnje seanse predbacivala sam si da sam možda pretjerala u svojim svađama s Lukom."

Vedran kaže da su mu osjećaji podijeljeni, s jedne strane osjeća dio krivnje što Luka nije došao, a sa druge strane mu je drago. Mariji je krivo što Luka nije došao, ali misli da se Luka ponio kao slabić, djetinjasto, uvrijedio se pa je otišao.

Marija: „Koliko sam se puta i ja uvrijedila pa ipak nisam otišla. Mislim da je on tvrdoglav i tvrd kao kamen i da se neće vratiti."

Vinko: „Ja isto tako mislim da se neće vratiti, on drži do svoje riječi. Mislim da nije bilo razloga da se uvrijedi. Meni je krivo što je otišao."

Luka: "That is a wrong interpretation, we speak different languages."

In this moment, perhaps the therapist could have made an intervention such as the following: "Exactly. We speak different languages. How do we connect these two languages?"

102nd session

Luka is not there.

Anita: "Has Luka been in contact?"

Therapist: "No."

Anita: "After the last session, I reproached myself for perhaps overreacting in my arguments with Luka."

Vedran says that he has mixed feelings, on the one hand he feels partly to blame because Luka is not there, while on the other hand he is glad. Marija feels bad because Luka is not there, but she thinks that Luka acted weak and was being childish, so he got offended and left.

Marija: "I got offended many times, yet I never left. I think that he is stubborn and hard as a rock, and that he will not come back."

Vinko: "I also think he will not be back, he keeps his word. I don't think he had any reason to get offended. I am sorry that he left."

Anita: "I recognized myself in Luka when I came to therapy, maybe that is why I

Anita: „U Luki sam prepoznavala samu sebe iz vremena kad sam došla na terapiju, možda me je Luka zbog toga toliko živcirao. Sada mi se čini kao da lakše govorim kada ga nema."

Vedran: „Ja sam često imao neke snove ili neke intimne situacije koje sam htio ispričati, ali sam se bojao kako bi Luka reagirao."

Anita: „Sve više osjećam zadovoljstvo što Luke nema jer kao da nas je kočio..."

RASPRAVA

Luka je seosko dijete, peto po redu, rođen nekoliko godina nakon 2. svjetskog rata, u siromašnom području Hrvatske, otac je bio rudar, majka kućanica, i vjerojatno je obitelj bila siromašna, no detalje ne znamo. Možda je majka morala puno raditi npr. oko životinja ili na polju i sl. i možda se o Luki brinula najstarija sestra koja pri Lukinu rođenju ima 10 godina. Je li Luka bio željeno dijete? Podsjetimo, Finsko epidemiološko istraživanje (29) ustanovilo je da su aleksitimične osobe češće bile neželjena djeca, da su rođena u obitelji s mnogo djece i da su češće rasle u seoskoj sredini.

Bez obzira na sve, pitanje je koliko je majka imala osjećajnog kapaciteta s petero djece i teškim životom na selu, gdje je „rad jedino mjerilo vrijednosti

was so annoyed by him. It seems easier to speak now that he is not here."

Vedran: "I often had dreams or intimate situations that I wanted to talk about, but I was afraid of how Luka would react."

Anita: "I feel more and more pleased that Luka isn't here, because it feels like he was holding us back..."

DISCUSSION

Luka was born in a village as the fifth child, several years after World War II, in a poor area of Croatia. His father was a miner, his mother was a housewife and the family was probably poor, but we do not know any details. His mother may have had to work hard e.g. with the animals or in the field etc., and Luka could have been taken care of by his eldest sister, who was 10 years old at the time Luka was born. Was Luka a wanted child? Notably, according to a Finnish epidemiological study (29), individuals with alexithymia were most commonly unwanted children, born in families with many children and more often raised in a rural environment.

Regardless, it is questionable whether a mother who had five children and led a hard rural life, where "work was the only measure of value in life", had the emotional capacity to build Luka's emotional self. As a matter of fact, Luka's mother was in late adolescence when the war began and she gave birth to her first child.

u životu", da izgrađuje Lukin osjećajni self. Zapravo, Lukina je majka bila na kraju adolescencije kada je započinjao rat i kada je rodila prvo dijete.

Novo dijete u obitelji često u starije djece budi regresivne osjećaje. Moguće je da su se i kasnije, u grupi, oživljavali ti rani bratsko-sestrinski osjećaji.

Luka odlazi u srednju vojnu školu u koju se u to vrijeme išlo kad siromašna obitelj ne bi mogla djetetu priuštiti nešto drugo. Ni ta sredina, sigurno, nije bila osjećajno stimulativna. Sve „karte" su se stavile na školovanje, intelekt, završavanje dvaju fakulteta (jedan nije bio dovoljan).

Gledano psihodinamički, osnovni odnos s majkom bio je slab, temelji su bili nestabilni kao i tlo za koje je Luka osjećao da se miče ispod njega. Promatrajući cijeli Lukin život, mogli bismo reći da su ga obilježili teški rastanci. Stalne separacije nagrizale su psihičku homeostazu (u početku u smislu nedostatka vanjskog regulatora, a poslije je to bilo pitanje kvalitetnih unutarnjih reprezentacija iz ranog odnosa s majkom) sve dok kompenzatorne snage (kao da je i simbiotski odnos sa suprugom bio insuficijentan) više nisu mogle izdržati pa je došlo do regresa i aktivacije psihosomatskih mehanizama (možda i kao zadnja crta obrane od psihotičnoga sloma) (50). Možda je i u grupi prijetnja separacijom (odbacivanjem) od grupe, u završnoj fazi Lukina

Bringing a new child into a family often causes regressive feelings in older children. It is possible that even later, in the group, these early sibling emotions were awakened.

Luka left for military high school, which is where poor families sent their children when they could not afford anything else. Such surroundings could not have been emotionally stimulating either. Everything relied on his education, intellect, graduating from two faculties (one was not enough).

From a psychodynamic point of view, his basic relationship with his mother was weak, its foundations were unstable, just like the ground that Luka felt was moving under him. Upon reviewing Luka's entire life, we could say that it was marked by difficult separations. The constant separations eroded his mental homeostasis (in the beginning in the form of a missing external regulator, and later it was a question of quality inner representations stemming from his early relationship with his mother) until the compensatory forces (seems as though the symbiotic relationship with his wife was insufficient) could no longer hold, leading to regression and psychosomatic mechanism activation (maybe as the last line of defense before a psychotic breakdown) (50). Perhaps the threat of separation (rejection) by the group as well, in the final stage of Luka's attendance, was too difficult for Luka, so he stopped attending therapy. Had Luka endured this frustration (and, had the therapist helped him

dolaženja u grupu, bila preteška za Luku pa je prekinuo dolaženje na terapiju. Da je Luka izdržao tu frustraciju (i da mu je terapeut u tome pomogao), možda bi mogao nakon uvida započeti proradu i povezivati „ovdje i sada" s „tamo i nekada", tj. s teškim životnim separacijama.

Osim toga, čini se da je važna situacija kod Luke doživljaj bilo kojih emocija (a najviše ljutnje) kao unutarnjega lošeg objekta koji izaziva neugodu i da ona stvara tjelesne simptome i izaziva strah od „živčanog napadaja". Luka se bojao uživljavanja u osjećaje drugih ljudi jer bi tako osjećaji drugih postali njegovi. Još je teže podnosio nagonsko (agresiju, homoseksualnost) i imao je potrebu izići iz grupe kad bi se o tome govorilo (npr. o agresivnosti prema roditeljima). To je u vezi s Lukinom jakom krivnjom koja je možda potencirana i socijalnom situacijom (velika agresija društva prema bivšoj vojsci koja je postala agresorska, a čiji je pripadnik bio i Luka u svojoj mladosti). Bilo kakva ljutnja ili agresija kao da bi značila da je i on dio agresorske vojske.

S vremenom se jasnije pokazuju nezrelost interpersonalnih odnosa i infantilni egoizam: 90 % svoga vremena razmišlja o svojoj bolesti, ne tiče ga se je li mu grupa pomogla, glavno da je njemu bolje.

Aleksitimija je u Luke možda pojačana (vjerojatno ne izazvana) traumatskim

in that respect), he may have reached insight and started processing and connecting the "here and now" with "there and then", i.e. the difficult separations in life.

Furthermore, it seems that an important aspect in Luka is his perception of any emotion (especially anger) as an internal bad object that causes discomfort, creates physical symptoms and evokes fear of a "nervous breakdown". Luka was afraid of experiencing the emotions of others because in that way they would become his own. He had an even harder time dealing with the impulsive aspects (aggression, homosexuality) and felt the need to leave the group any time these matters were discussed (e.g. aggression towards parents). This relates to Luka's strong sense of guilt, which is perhaps aggravated by the social situation (great aggression of the society aimed at the former army which became the aggressor, and whose member Luka was as a young man). It seems that any type of anger or aggression would mean that he too was part of the aggressor army.

The immaturity of interpersonal relationships and infantile egoism became clearer over time: he spends 90% of his time thinking about his illness and does not care if the group helped him or not, as long as he feels better.

Luka's alexithymia could have been increased (probably not caused) by traumatic separations in later life (war

separacijama u kasnijem životu (ratne traume), jer kod Luke djeluje kao da je cjeloživotna. Zanimljiva je Lukina potreba za lingvistikom kao hobijem, kao možda nesvjesni pokušaj samoliječenja, tj. označivanja emocionalnog, spajanja emocionalnog s verbalnim.

Aleksitimiji su vjerojatno pripomogli i odnosi u obitelji jer su Luku cijeli život odgajali tako da ne pokazuje osjećaje.

Luka je imao neke načine obrane koje su svojstvene aleksitimičnim pacijentima:

- izostajanje (u prvoj polovini terapije nije došao na 23 seanse, zbog čega nedostaje temeljni uvjet za započinjanje odnosa)
- nerazumijevanje *feedbacka* (Anita nudi Luki tumačenje da prevelika briga skriva agresiju, a Luka to ne povezuje sa svojom prevelikom brigom za Anitu da bi Anita zbog tuge mogla dobiti živčani slom)
- opsesivnost (detaljno i dugotrajno nabrajanje svojih simptoma)
- formalizam (ljuti se da ga nisu točno citirali, važnija mu je gramatika nego emocionalni odnos)
- nedostatak simbolizacije (kad se naljuti, hvata ga vrtoglavica ili neki drugi tjelesni simptom, dominira konkretizacija, nije mu jasno zašto bi se osjećao krivim kad nikomu ništa loše nije napravio – ovime poriče fantazijsko nesvjesno)

traumas), because it appears to have been lifelong in his case. Luka's need for linguistics as a hobby is interesting, perhaps it is an unconscious attempt of self-treatment, i.e. marking the emotional aspects, connecting the emotional with the verbal.

Alexithymia was probably intensified by the family dynamics as well, because throughout his childhood Luka was raised not to show his feelings.

Luka had some defenses typical of alexithymic patients:

- absences (in the first half of the therapy sessions, he missed 23 sessions, which is why he was missing the basic prerequisite for creating a relationship),
- misunderstanding of feedback (Anita explains to Luka that excessive worry masks aggression, and Luka does not associate this with his excessive worry for Anita, that Anita could experience a nervous breakdown due to her sadness),
- obsession (detailed and long-term listing of his symptoms),
- formalism (anger about being misquoted, places grammar above emotional relationships),
- lack of symbolization (experiences dizziness or another physical symptom when he gets angry, he is dominated by concretization, does not understand why he should feel guilty when he has not harmed anyone - thus denying unconscious fantasy),

- blokada empatije (nerazumijevanje povrijeđenosti članova grupe kad je rekao da je ravnodušan prema tome je li mu grupa pomogla)
- blokada fantazijskog života (nedostatak snova).

Luka nije bio lišen ni brojnih tzv. neurotskih obrana kao što su:

- intelektualizacija (intelektualni stil komunikacije, uporaba stranih riječi, navođenje statistike umjesto emocionalnog *feedbacka*, traženje definicije emocija u rječniku)
- racionalizacija (objašnjava da „nije u poziciji biti agresivan", ne želi govoriti o svojoj mekoći jer kao da se ne želi nametati)
- negacija (kad ga Dražen pita je li agresivan, Luka kaže: ne, ja po prirodi nisam agresivan, pri konfrontaciji s ljutnjom kaže: ne, uopće me ne ljuti... ljutnja je prejaka riječ, pri konfrontaciji s mržnjom: to nema veze, mržnja je prejaka riječ, pri konfrontacije s ravnodušnošću prema grupi: nisam ja to tako mislio, pri konfrontaciji s uznemirenošću zbog homoseksualnog: ma ne...),
- reaktivna formacija (ljutnju na Anitu koja ga oštro konfrontira osjeća kao brigu da joj ne postane loše, da ne dobije živčani napadaj)
- potiskivanje (nagonskog, npr. agresivnosti, homoseksualnosti).

- empathy block (failure to understand why group members are hurt when he expressed indifference towards the group helping him with his condition),
- fantasy life block (lack of dreams)

Luka was also not without numerous so-called neurotic defenses, such as:

- intellectualization (intellectual communication style, use of foreign words, stating statistics instead of providing emotional feedback, searching for the definition of emotions in the dictionary),
- rationalization (explains that he is "not in a position to be aggressive", does not want to talk about his softer side because he does not want to impose),
- negation (when Dražen asks him whether he is aggressive, Luka says: No, I am not aggressive by nature, when confronted with anger, he responds with: No, I do not get angry at all... Anger is too strong of a word, when confronted with hatred: That has nothing to do with it, the word hatred is too harsh, when confronted with indifference towards the group, he responds with: I didn't mean it like that, when confronted with anxiety in terms of homosexuality: Oh, no...),
- reactive formation (perceives anger towards Anita who fiercely confronts him as worry that she would become ill, have a nervous breakdown),
- suppression (of impulses, i.e. aggression, homosexuality)

Luka se branio i narcističnom superiornošću (superiorni smiješak kada je mislio da sugovornik nije u pravu). Moguće je da je Luka potiho, u sebi, omalovažavao druge članove grupe koji mu nisu mogli intelektualno parirati i od kojih kao da nije niti očekivao pomoć jer je pomoć očekivao od doktora koji „zna više od nas".

Postoji određena psihotična nijansa u Lukinoj unutarnjoj situaciji: prethodno uvjerenje da se emocionalni život može objasniti fizikalnim zakonima, kao i završna izjava o otkriću uzroka svojih problema – neka vrsta rezonancije s infrazvučnim frekvencijama, dakle rezonancija s neživim, fizikalnim pojavama. Nije daleko od toga ni Lukina potreba da osjećajno i nagonsko izbaci iz svojeg selfa u kojemu bi onda ostao samo racionalni dio.

Transferni odnos prema terapeutu bio je slabo primjetan. Pokatkad se Luka ljutio na terapeuta zato što malo govori i malo objašnjava.

Transferni odnos prema članovima grupe bio je različit. Prema pacijentima koji su mu bili slični transfer je bio pozitivan. Luka je u njima prepoznavao neke svoje obrambene aspekte (intelektualizacija, racionalizacija). Prema drugim članovima koji su ga jače konfrontirali, transfer je polako postajao sve negativniji, Luka se osjećao pomalo progonjen od mlađih članova (kao da

Luka also defended himself with narcissistic superiority (superior smile when he thought his interlocutor was in the wrong). It is possible that Luka quietly, on the inside, belittled the other group members who could not match him intellectually, and it seems as though he did not expect help from them because he expected the doctor who "knows more than we do" to help him.

There is a certain psychotic nuance in Luka's internal condition: his previous belief that the emotional life can be explained through the laws of physics, as well as his final statement about discovering the cause of his problems - some sort of resonance with infrasonic frequencies, therefore resonance with inanimate physical phenomena. Luka's need to expel the emotional and impulsive aspects from his self, in which only the rational part would remain, is not far from that either.

The transference relationship with the therapist was barely noticeable. Luka was sometimes angry at the therapist because he talked little and provided few explanations.

His transference relationship with the group members varied. With the patients similar to him, transference was positive. Luka recognized some of his own defensive aspects in them (intellectualization, rationalization). Towards the members who confronted him more often, transference slowly became increasingly negative, and Luka felt somewhat rejected by

je prijetnja lošeg *attachmenta* postala prejaka) do razine odluke o prekidu dolaženja u grupu.

Možemo se pitati je li u igri bio i Lukin kompetitivni odnos sa starijom braćom (novo dijete u obitelji ne dočekuje se uvijek s oduševljenjem). Možda su se probudile stare, agresijom nabijene situacije, u kojima se Luka, kao najmlađi, osjećao i najslabiji.

Kontratransferno je Luka iritirao neke članove grupe kojima je osjećajnost bila bitna i za koje je Luka bio gotovo izvorna kopija njihovih osjećajno hladnih roditelja. Luka je iritirao i voditelja koji je nastojao taj svoj dio kontrolirati.

TERAPIJSKE INTERVENCIJE GRUPE

Grupa je konfrontirala Luku:

- idealnom slikom o sebi (Sandra: „Luka, kad govori o sebi, uvijek kaže da nema nikakvih problema." Gordana: „To je istina, uvijek kaže da mu je sve idealno." Luka(meškolji se na stolici): „Ma nije sve idealno, to ne može nigdje tako biti, imam i ja problema, ali to su beznačajne sitnice.")
- preopćenitim govorenjem (Luka: „Ne znam kako je nastala moja bolest, evo mogu reći da me je pogodio rat i da sam se razočarao u demokraciju i humanost." Gordana: „To mi zvuči

the younger members (as if the threat of bad attachment became too strong), up until reaching the point of making the decision to leave the group.

We could wonder whether this was related to a competitive relationship with his older brothers (the new child in the family is not always warmly greeted). Perhaps old, aggression-filled situations emerged in which Luka, as the youngest sibling, also felt as the weakest.

From a countertransference point of view, Luka irritated some group members which viewed emotionality as essential, and to which Luka represented an almost original copy of their emotionally distant parents. Luka irritated the conductor as well, who tried to control that part of himself.

THERAPEUTIC INTERVENTIONS BY THE GROUP

The group confronted Luka with the following:

- the idealized picture he had of himself (Sandra: "When he speaks of himself, Luka always says he has no problems." Gordana: "That is true, he always says everything is ideal." Luka (fidgeting in his chair): "Oh, not everything is ideal, that cannot ever happen, I also have problems, but they are insignificant little things.")
- speaking too generally (Luka: "I don't know how my illness started, I could

previše općenito." Luka: „Pa dobro, pogodilo me to što su mi opljačkali i zapalili kuću i ubili bratića." Gordana: „To je već nešto, to razumijem.")

- strahom i bijegom od osjećaja (Terapeut /Luki/: „Kako ste se vi osjećali kad ste vidjeli svoju spaljenu kuću?" Luka: „Osjećao sam veliki bijes i razočaranje, ali sam se odmah okrenuo i otišao susjedu." Gordana: „Vi ste pobjegli od svojih osjećaja.")
- nepokazivanjem osjećaja (Ema / Luki/: „Vi ste jako zatvoreni, uopće ne govorite o svojim osjećajima, vi tako možete još 20 godina dolaziti a da se ništa u vama ne promijeni." Luka: „Pa, kad ja nemam o čemu pričati, moj život je jako jednostavan.")
- potiskivanjem agresije (Anita: „Vi ste, Luka, dok je Vedran pričao o svom osjećaju, imali nekakav osmijeh na licu kao da ste uživali što niste došli i što smo se mi loše osjećali... ja sam izgubila potrebu da vam bilo što kažem.")
- pretjeranom intelektualizacijom (Marija /Luki/: „Na moj ste osjećaj reagirali intelektualnim tumačenjem, to vam je kao kad bi vam se sin ili kći požalili na probleme s dečkom, a vi biste joj rekli: ma nije ti to ništa, takve probleme imaju svi ljudi, a uopće ne biste vidjeli da bi sin ili kći bili potpuno izgubljeni.")
- nedostatkom simbolizacije (Gordana: „Vi ste pobjegli od svojih osjeća-

say that I was impacted by the war and that I was disappointed in democracy and humanity." Gordana: "That sounds too general to me." Luka: "Well fine, I was hurt when my house was robbed and burned and my cousin was killed." Gordana: "That is something, I can understand that.")

- fear and escaping his emotions (Therapist (to Luka): "How did you feel when you saw your house burned down?" Luka: "I felt a lot of rage and disappointment, but I immediately turned around and went to my neighbor." Gordana: "You escaped your feelings.")
- not expressing his feelings (Ema (to Luka): "You are very closed off, you don't speak about your feelings at all, and this way you can keep coming here for 20 years and nothing in you will change." Luka: "Well, that's because I have nothing to talk about, my life is very simple.")
- suppressing his aggression (Anita: "Luka, while Vedran was talking about his feelings, you were smiling as if you were enjoying missing the session and making us feel bad... I no longer feel the need to tell you anything.")
- excessive intellectualization (Marija (to Luka): "You reacted to my feelings with intellectual interpretations, it's as if your son or, maybe, daughter complained about having problems with her boyfriend, and you told her: that's nothing, everyone has these problems, without even realizing that your son or daughter is feeling completely lost.")

ja. Ja sam bila toliko ljuta da sam tog trenutka mogla nekog zadaviti." Luka: „Ne, zašto bih ja nekog davio?" Gordana: „Ma mislim metaforično.")

- neprihvaćanjem svojega ženskog dijela (Anita priča o udanim ženama koje imaju želju prevariti svog muža, ali se to boje i samima sebi priznati. I sama se borila, kao sada Luka, protiv toga da vidi vlastite homoseksualne želje, ali je u terapiji došla i do toga.)
- frustracijom zbog nemogućnosti kontrole terapije i utjecaja na njenu „brzinu" i učinkovitost (Marija misli da je Luka prije uvijek sve s lakoćom rješavao, a sada ne može ubrzati svoje liječenje pa ga je to razočaralo.)
- ispunjivanjem unutarnje praznine pročitanim (a neproživljenim) tekstom ili pretjeranim radom (Anita misli da je glavni problem u tome da su njezina hrana ili Vedranov grupni seks ili Lukino gutanje knjiga pokušaji ispunjivanja vlastite osjećajne praznine)
- strogim zabranama u vezi sa seksualnošću (promiskuitetom, homoseksualnošću) (Luka: „Još i to /hvata se za glavu/, da si još rekao da ste imali homoseksualni odnos, ja bih izišao van." Marija: „Zašto vas to tako jako pogađa?" Luka: „Homoseksualnost je za mene bolest. Imam gađenje prema tome, to je protu-

- lack of symbolization (Gordana: "You escaped your feelings. I was so angry I could have strangled someone at that moment." Luka: "No, why would I strangle anyone?" Gordana: "I was speaking metaphorically.")
- not accepting his feminine side (Anita- talks about married women who wish to cheat on their husbands, but are afraid and do not want to admit it even to themselves. Just like Luka now, she herself has struggled against realizing her own homosexual desires, but she has reached that point during therapy.)
- frustration due to the inability to control the therapy and affect its "speed" and efficiency (Marija believes that Luka used to solve everything easily before, and now he cannot make his healing process faster and he is disappointed.)
- filling his internal void by reading (but not living) texts and working too much (Anita thinks that the main problem here is that her issues with food or Vedran's group sex or Luka's excessive reading, are attempts to fill their internal emotional voids.)
- strict prohibitions in relation to sexuality (promiscuity, homosexuality) (Luka: "Even worse (grabs his head), had you said that you had homosexual relations, I would have left the room." Marija: "Why does this bother you so much?" Luka: "I consider homosexuality to be an illness. I feel repulsed by it, it is unnatural and

prirodno i protuevolucijski." Marija: „Ima ljudi koji žive na homoseksualni način, nije to ništa čudno."

- ravnodušnošću prema članovima grupe, (Marija /Luki/: „Je li vama bolje u posljednje vrijeme otkako radite?" Luka: „Da, osjetno je bolje." Marija: „Koliko vam je grupa u tome pomogla?" Luka: „Ne znam a i ne tiče me se, glavno je da je meni bolje, ravnodušan sam prema tom pitanju." Anita: „Onda ste ravnodušni i prema grupi." Marija: „Ja mislim isto tako."
- otporom zbog izostajanja (Vedran se ljuti zbog tih /Lukinih i Marijinih/ nedolazaka i misli da se Marija i Luka dvoume hoće li ili neće dolaziti na sastanke grupe)

Možemo reći da je grupa konfrontirala Luku s otporima (izostajanje, općenito govorenje, nepokazivanje osjećaja, bijeg od osjećaja, čuvanje idealne slike o sebi), s nekim slabostima ega (nedostatak simbolizacije, osjećajna praznina, potreba za kontrolom), s jakim unutarnjim zabranama (superego) i bijegom od nagonskog, kao i s lažnim selfom.

VODITELJEVE TERAPIJSKE INTERVENCIJE

Voditelj je pokušavao fokusirati Luku na osjećaje ovdje i sada, kao i tamo i tada. Konfrontirao ga je s nevjerovanti-evolutionary." Marija: "There are people who live a homosexual lifestyle, there is nothing weird about it.")

- indifference towards group members, (Marija (to Luka): "Do you feel better now, after you started working?" Luka: "Yes, noticeably better." Marija: "How much has the group helped you in this aspect?" Luka: "I don't know and I don't care, as long as I feel better, I am indifferent about it." Anita: "Then you are indifferent to the group as well." Marija: "I feel the same way.")
- resistance because of absences (Vedran is angry because of their (Luka and Marija's) absences and believes that Marija and Luka are having second thoughts about attending the sessions.)

We could say that the group has confronted Luka about the resistance (absences, general talk, not showing feelings, escaping his feelings, maintaining an ideal image of himself), some Ego weaknesses (lack of symbolization, emotional void, need for control), strong internal prohibitions (super ego) and escape from the impulsive, as well as about his false self.

THERAPEUTIC INTERVENTIONS BY THE CONDUCTOR

The conductor tried to make Luka focus on his own emotions in the here and now, as well as there and then. He confronted him with his non-belief in fantasy life (dreams), disharmony between feelings

njem u fantazijski život (snovi), s neskladom osjećaja i mimike, kao i osjećaja i verbalnog sadržaja, s opsesivnim obranama, s *acting outom* kao zamjenom za osjećaj, s obranom od osjećaja putem znanosti, s načinom prekidanja komunikacije, s uljepšanom slikom o sebi, sa strahom od homoseksualnog, s bitnim nerazumijevanjem osjećajnog jezika grupe.

Je li voditelj mogao još nekako terapijski djelovati? Možda se nije morao „školski" ograničiti samo na kratke intervencije i konfrontacije. Jer, Luka nije jednostavni pacijent i zahtijevao je tehniku prilagođenu njemu. Možda je terapeut trebao više inzistirati na imenovanju, tj. označivanju emocija koje su se u Luki pojavljivale jer je trebalo doći do temeljnih emocionalnih građevnih elemenata za stvaranje pravog selfa (i tako pokušati barem dijelom nadoknaditi ono što Lukina majka najvjerojatnije nije napravila kad je trebalo), trebao je ponavljano tumačiti nužnost suočavanja s osjećajima koje izazivaju strah i tjelesnu neugodu, davati pri tome svoju podršku i podršku grupe, mogao je malo više objašnjavati i tumačiti Lukine osjećajne odnose s drugim članovima grupe, tj. kakve osjećaje Luka svojim reakcijama izaziva u drugim članovima i tako poticati mentalizaciju i empatiju, mogao je više inzistirati na povezivanju tjelesnih stanja s emocijama po-

and mimics, as well as feelings and verbal content, with obsessive defenses, acting out as a substitute for feelings, defending himself from feelings by using science, his ways of interrupting communication, his idealized self-image, fear of homosexuality, fundamental misunderstanding of the group's emotional language.

Could the conductor have made other therapeutic interventions? Maybe he did not have to act "by the book" by limiting his actions only to short interventions and confrontations. This is because Luka is not a simple patient, and he required a working technique specifically adjusted to him. Perhaps the therapist should have insisted more on naming, i.e. pointing out the emotions which Luka was experiencing, because the basic emotional constituents required for building a true self should have been reached (in this way at least attempting to partially make up for the actions Luka's mother did not make when she should have), he should have repeatedly interpreted the necessity of facing the feelings that cause fear and physical discomfort, all the while providing his support and group's support, he could have provided more explanations and interpretations of Luka's emotional relationships with the other group members, i.e. the feelings that Luka's reactions caused in the other group members, in this way encouraging mentalization and empathy, he could have insisted more on associating the physical conditions with the emotions thus connecting the body and the psyche, he could have encouraged the processing, i.e. connection of the here

vezujući tako tijelo i psihu, mogao je više poticati proradu, tj. povezivanje ovdje i sada s tamo i nekada. Mogao je također uvijek konfrontirati Luku s njegovim karakternim otporom kojim se najčešće koristio, tj. s negacijom uz podsjećanje na situacije prijašnjih negacija i uz stalno isticanje da je na taj način Luka destruktivan prema sebi jer ne dopušta da se u njemu počnu razvijati osjećaji. Možda terapeut nije trebao biti toliko pasivan kao i Lukin otac s kojim kao da se Luka nije mogao identificirati, koji kao da je (poput majke) bio psihički odsutan, pa je Luka morao razviti hipermaskulinitet zbog nesigurnoga muškog identiteta. Terapeut je mogao otvorenije pokazivati svoje osjećaje, pa i kontratransferne (ako bi bili terapijski adekvatni) i tako davati Luki mogućnost za identifikaciju i doživljaj da se osjećaja ne treba toliko bojati.

Mišljenja smo da je mladi terapeut bio nedovoljno iskusan za tako kompleksan zadatak i bilo mu je lakše pustiti da grupa radi pritisak na Luku dok Luka na kraju nije otišao.

Neke kontratransferne dileme

Terapeut se pitao je li uvijek mogao, u kontratransferu, iskontrolirati iritaciju koju je Luka izazivao svojim racionalizacijama i negacijama, je li mogao

and now with there and then to a greater extent. He could have also always confronted Luka with the characteristic resistance he most often used, i.e. negation accompanied by reminding others about the situations from previous negations, also by constantly emphasizing that in that manner Luka is being destructive towards himself because he does not allow himself to start developing feelings. Perhaps the therapist should not have been as passive as Luka's father, with whom Luka seemed unable to identify, who (like his mother) appeared to be mentally absent so Luka had to develop hypermasculinity due to his insecure male identity. The therapist could have been more open in showing his feelings, even in countertransference (if they would be therapeutically adequate), in this way providing Luka with the opportunity to identify and experience the fact that he does not have to be so afraid of feelings.

We are of the opinion that the young therapist was insufficiently experienced for such a complex task, and it was easier for him to let the group pressure Luka until he finally left.

Some countertransference dilemmas

The therapist wondered whether he could have always, through countertransference, controlled the irritation which Luka caused by his rationalizations and negations, whether he could have recognized the projective identification of some members earlier and dealt

ranije prepoznati projektivnu identifikaciju nekih članova i to otvoriti navrijeme. Je li mogao prepoznati svoju projektivnu identifikaciju? Je li se i terapeut poput (možda) Lukine majke našao u situaciji neiskusne majke s puno djece, od kojih su neka djeca možda zrcalila staru neprorađenu terapeutovu unutarnju situaciju? U jednom razdoblju grupe terapeut je morao birati između mlađih članova, vrlo zainteresiranih za rad na sebi i za promjenu, s jedne strane, i nekih starijih članova, sklonih tvrdokornim oblicima otpora, s druge strane. Prešutno je terapeut stao na stranu mlađih članova i nije ublaživao njihove oštre konfrontacije prema Luki i manje prema drugim starijim članovima grupe.

Terapeut kroz svoj kontratransfer nije mogao dobiti uvid u Lukina osjećajno-tjelesna zbivanja. Jedan od razloga mogao bi biti „razrijeđeni" transfer prema terapeutu u grupi tako da transferni pritisak na terapeuta možda nije dovoljno jak da izazove neku intenzivniju osjećajnu reakciju kod terapeuta.

Neki pozitivni pomaci

Poznato je da se aleksitimični pacijenti teško emocionalno vežu za druge ljude. Od 101 seanse u razdoblju od 18 mjeseci Luka je bio na njih 75, a to je 67,5 %. U prvih 55 seansi došao je na

with it in time. Could he have recognized his own projective identification? Did the therapist, (maybe) just like Luka's mother, find himself in a situation resembling an inexperienced mother with many children, some of which may have mirrored the therapist's old unprocessed internal situation? In one period during the group sessions, the therapist could have made a choice between the younger members, very interested in working on themselves and changing their ways on the one hand, and some older members who were prone to the stubborn forms of resistance on the other hand. He quietly sided with the younger members and did not mitigate their sharp confrontations towards Luka, as well as the lesser ones towards other older group members.

Through his countertransference, the therapist could not gain insight into Luka's emotional-physical experiences. One of the reasons for this could be the "diluted" group transference towards the therapist, so that the transference pressure on the therapist was possibly not strong enough to cause a more intense emotional reaction in the therapist.

Some positive developments

It is well known that patients with alexithymia have difficulties creating emotional connections with others. Out of a total of 101 sessions in a period of 18 months, Luka attended 75 sessions, which amounts to 67.5%. In the first 55 sessions, he attended 32 sessions, and would on average continuously attend 4

32 seanse, prosječno bi dolazio kontinuirano na 4 seanse pa ne bi došao na sljedeće dvije. Na preostalih 56 seansi došao 43 puta, a najveći kontinuitet mu je bio 13 seansi u nizu. To bi upućivalo na, ipak, neki oblik veće vezanosti za grupu u drugom dijelu terapije.

Luka je dobio neke uvide (agresivni potencijal u sebi), počeo je preispitivati odnose sa svojom djecom, kao i neke svoje tvrde stavove u vezi s muško-ženskim poslovima (identifikacija). Uspio se i vratiti na posao, na pola radnog vremena.

Napravio je pomak od nemogućnosti tugovanja nakon brojnih separacija do osjećaja sažaljenja za Valeriju dok ona priča majčinoj o smrti, u 56. seansi.

Napravio je promjenu od poricanja ljutnje prema voditelju zbog njegove pasivnosti, u 53. seansi, do otvorenog iritiranog zahtjeva terapeutu da objasni svoju intervenciju, u 81. seansi i do otvorene ljutnje na Anitu u 100. seansi zbog njene konfrontacije.

I Lukin Superego je omekšao, što se vidi kad u 92. seansi govori kako se vratio na posao i kako „nije odmah potrčao" da obavi posao kako je to prije radio. Također je mogao verbalizirati da se jedva suzdržao da ne udari liječnika na komisiji, kao i to da bi ubio pedofila koji bi zlostavljao njegovu djecu.

sessions, skipping the following two. Out of the remaining 56 sessions, he attended 43 times, attending up to 13 sessions in a row. This would, therefore, point to some form of a stronger connection with the group in the second part of the sessions.

Luka gained some insights (potential for aggression in himself), started analyzing the relationship he has with his children, as well as some of his stubborn attitudes relating to the male-female chores (identification). He managed to go back to work, working part time.

He improved from the inability to grieve after numerous separations, to feeling sympathy for Valerija while she talked about her mother's death during the 56th session.

He experienced change, from denying his anger towards the conductor due to his passivity at the 53rd session, to an openly irritated demand towards the therapist to explain his intervention at the 81st session, and clear anger towards Anita during the 100th session because of her confrontation.

Luka's superego became milder as well, which was evident during the 92nd session when he talked about returning to work and "not rushing" to get the work done as he used to before. He was also able to verbalize barely restraining himself from physically attacking the doctor during his commission, as well as being able to kill a pedophile if they molested his children.

GRUPA KAO POMOĆ, ALI I FRUSTRACIJA – „ANTIGRUPA"

Nitsun (Nitsun M 2015) skovao je naziv „antigrupa" za destruktivne procese u grupi koji prijete njezinu funkcioniranju. To mogu biti: nepovjerenje, narcističke povrede, doživljaj grupe kao frustrirajuće i odbacujuće, agresivne konfrontacije, agresivne projekcije, *acting out*, projektivna identifikacija, regresija. Kada u grupi dominiraju antigrupna stanja, voditelj bi morao biti aktivniji, ali u tim fazama grupe njegov kontratranfer može biti intenzivniji i teži za kontrolu tako da njegova integrirajuća funkcija može biti oslabljena. Antigrupa, osim svojega destruktivnog aspekta, ima i svoj, u dijalektičkom smislu, poticajni aspekt u smislu poticanja, provokacije i narušavanja psihodinamičkog mrtvila u pretjerano kohezivnoj grupi. Voditelj bi trebao pomagati tom finom balansu između progresivnih i regresivnih stanja u grupi (44).

Drugim riječima, fini balans između antigrupe i progrupe može biti narušen u smjeru destruktivnih karakteristika antigrupe, a posljedica toga može biti ispadanje člana iz grupe.

Nedostatak uživljavanja u situaciju drugih i manjak empatije grupa je teško doživjela kada je u 95. seansi Luka rekao da mu je osjetno bolje, ali da ga

THE GROUP AS HELP, BUT ALSO A FRUSTRATION – THE "ANTI-GROUP"

Nitsun (Nitsun M, 2015) coined the term "anti-group", referring to destructive processes within a group which threaten its function. These can include the following: mistrust, narcissistic injuries, perception of the group as frustrating and rejecting, aggressive confrontations, aggressive projections, acting out, projective identification, regression. When anti-group states dominate within a group the conductor should be more active, however in these group phases his countertransference can be more intense and harder to control, therefore weakening his integrative function. In addition to its destructive aspect, from an academic point of view, the anti-group has its own encouraging aspect in the sense that it encourages, provokes and disrupts the psychodynamic stagnation in an overly cohesive group. The conductor should assist this fine balance between progressive and regressive states in the group (44).

In other words, the fine balance between an anti-group and pro-group can be disturbed leaning towards the destructive characteristics of the anti-group, and this could result in an exclusion of a member from the group.

The lack of immersion in the situations of others and lack of empathy were difficult for the group when during the 95th session Luka said that he was feeling a

se ne tiče koliko mu je grupa u tome pomogla jer da je prema tome ravnodušan. Anita i Marija konfrontiraju ga i s ravnodušnošću prema grupi i Luka tek tada, ali kasno, shvaća što je zapravo rekao. U 101. seansi pokušava popraviti situaciju dajući podršku Mariji da je vrijedna kao osoba, samo što to ona mora u sebi prepoznati.

U smislu osjećajnosti Luki nije bilo lako u grupi. Tijekom 18 mjeseci terapije grupa je Luku suočavala s bijegom od svojih osjećaja, nekim njegovim rigidnostima, predrasudama, patrijarhalnim stavovima, s njegovom frustracijom zbog jezika koji ne razumije. Neki su članovi doživljavali kao svoje hladne, bezosjećajne, egoističke roditelje pa su transferno imali negativne doživljaje prema Luki, a neki su se kroz projektivnu identifikaciju, boreći se sa Lukom, borili sa svojim nezrelim dijelovima.

Zbog toga se kod Luke grupa nije mogla transformirati u unutarnju umirujuću strukturu koja je Luki, čini se, nedostajala od početka života i zbog čega su i emocije ostale na razini tjelesne reakcije.

ZAKLJUČAK

Grupna se analiza primjenjuje za terapiju širokog spektra psihičkih

lot better and that he did not care how much the group helped him in that respect, because he was indifferent towards that. Anita and Marija confront him with regard to his indifference towards the group as well, and it is only then that Luka realizes what he actually said, but it was already too late. During the 101st session he tries to mend the situation by supporting Marija, stating that she is worthy as a person and needs to recognize it within herself.

Luka had a hard time in the group in terms of sensibility. During the 18 months of therapy, the group confronted Luka with his attempts to escape his feelings, some of his rigidities, prejudice, patriarchal attitudes, and his frustration due to a language he did not understand. Some members perceived him as their cold, insensitive, egotistical parents, and therefore transferred their negative perceptions towards Luka, while some used projective identification and, in fighting with Luka, they fought their own immature traits.

For this reason, in Luka's case the group could not transform into an inner calming structure which, as it seems, Luka had been missing ever since he was born, and due to which his emotions remained at the level of a physical reaction.

CONCLUSION

Group analysis is used to treat a wide range of mental health problems (43).

teškoća (43). Terapija pacijenata sa psihosomatskim teškoćama kod nekih se grupnih analitičara doživljava sa skepsom (26,34,45,46). U prikazu pacijenta sa psihosomatskim/somatizacijskim teškoćama koje su još pojačane aleksitimijom dojam je da su osjećaji doživljavani kao konkretni unutarnji loši objekti (47-52), na ranoj razvojnoj razini na kojoj se emocije ne mogu diferencirati od neugodnih tjelesnih senzacija (53) i gdje je osnovni cilj njihova evakuacija (izbacivanje) iz selfa preko projekcije ili eksternalizacije. U ovom kliničkom prikazu vide se neki pozitivni pomaci, koji nisu temeljni, ali opravdavaju terapijski trud u ovih „teških" pacijenata. Važna je uloga terapeuta u finom balansiranju progrupnih i antigrupnih zbivanja.

Bilo bi vrlo povoljno da terapeut što više razriješi svoja preverbalna (i sva druga) problematična stanja, kao i da ima dovoljno životnog i terapijskog iskustva tako da po potrebi može primijeniti modificiranu tehniku prilagođenu pacijentu.

Ne možemo zaboraviti ni brojne anatomske i funkcionalne promjene u CNS-u (do koje mjere plastičnost mozga može nadomjestiti propušteno?) koje, sigurno, ne pridonose terapijskom uspjehu kod ovih pacijenata i koje potiču skepsu brojnih terapeuta.

Some group analysts are skeptical towards the treatment of patients with psychosomatic disorders (26, 34, 45, 46). In case studies of patients with psychosomatic/somatization difficulties which are further intensified by alexithymia, the impression is that feelings are perceived as concrete bad internal objects (47-52), at an early developmental level where emotions cannot be differentiated from unpleasant physical sensations (53) and where the main objective is to evacuate (expel) them from the self by means of projection or externalization. Some positive developments are evident in this case study, which are not essential, but do justify the therapeutic effort in these "difficult" patients. The role of the therapist is important when it comes to maintaining the fine balance of pro-group and anti-group developments.

It would be very beneficial for the therapist to resolve their own preverbal (and all other) problematic states to the greatest extent possible, as well as to have enough life and therapy experience so that they could apply a modified technique adjusted to the patient, if this were necessary.

We must also not forget the numerous anatomic and functional changes in the CNS (to what extent can brain plasticity replace what has been missed?) which surely do not contribute to the therapeutic success in these patients, and which encourage skepticism among numerous therapists.

Završni Lukin vapaj: recite mi, kojim jezikom trebam govoriti, bila je i terapeutova enigma: kao što je Luki ostao (uglavnom) nedostupan jezik osjećaja u grupi, tako je i terapeutu ostao (uglavnom) nedostupan jezik Lukina tjelesno-osjećajnog stanja. I zato je ostalo pitanje: kako somatsko transformirati u osjećajno i fantazijsko u situaciji kada se u kontratransferu često osjeća iritacija, ali ne i simbiotski, tj. fuzijski (majčinski) doživljaj pacijentovih tjelesno-osjećajnih stanja, doživljaj koji bi s pomoću terapeutove simbolizacije možda mogao dovesti i do pacijentovih emocionalnih i fantazijskih unutarnjih situacija.

Luka's final cry: tell me, what language should I speak, was an enigma to the therapist as well: just as the emotional language of the group remained (mostly) out of reach to Luka, the language of Luka's physical-emotional state remained (mostly) out of reach to the therapist. The question, therefore, remains: how can we transform the somatic into the emotional and fantastical in a situation where irritation is often experienced in countertransference, but there is no symbiotic, i.e. fusion (maternal) experience of the patient's physical-emotional states, which is a sensation that could, through the therapist's symbolization, lead to the emotional and fantasy-related internal states of the patient.

LITERATURA/*REFERENCES*

1. Tošić G.,Bolić G. Psihosomatski poremećaj, 1. dio – Znanstveni temelji novijih pogleda na psihosomatske poremećaje i aleksitimiju. Terapijski pristupi psihosomatskim poremećajima. Psihoterapija,2024, Rad u recenziji.
2. Pessoa L. On the relationship between emotion and cognition. Perspectives. 2008 March; 9: 148-158.
3. Kostović I. i suradnici. Anatomija čovjeka. Središnji živčani sustav. Zagreb: Birotehnika,1987.
4. Judaš M,Kostović I. Temelji neuroznanosti. Zagreb: Medicinska dokumentacija 1997.
5. Gregurek R,Braš M. Povijest psihosomatske medicine. Medix. 2009 July;15(83):92-95.
6. Zannas AS,West EA. Epigenetics and the Regulation of Stress Vulnerability and Resilience. Neuroscience. 2014 Dec; 264:157-70.
7. Lupien SJ, Mc Ewen BS,Gunnar MR, Heim C. Effect of stress throughout the lifespan on the brain,behavior and cognition. Nature Reviews Neuroscience. 2009 Apr; 10(6):434-445.
8. Field TM. Infant Gaze and Heart Rate During Face-to Face Interactions. Infant Behaviour and Development. 1981 March; 4:307-315.
9. Hofer MA. Hidden Regulatory Process in Early Social Relationships. In: Bateson PPG et al(eds). Social Behavour. New York:Plenum Press,1978.
10. Bermond B, Vorst HCM,Moormann P. Cognitive neuropsychology of alexithimia:Implications for personality typology. Cognitive neuropsychiatry. 2006 May;11(3): 332-360.
11. Beebe B.,Steele M. How does microanalysis of mother-infant communications inform maternal sensitivity and infant attachment? Attachment and Human Development. 2013 Aug;15(5-6): 583-602.

12. Hofer MA. Relationships as Regulators: A Psychobiologic Perspective on Bereavement. Psychosomatic Medicine. 1984 May-Jun; 46(3):183-197.
13. Siegel DJ. Toward an Interpersonal Neurobiology of the Developing Mind: Attachment Relationships, „Mindsight" and Neural Integration. Infant Mental Health Journal(internet) 2001; 22(1-2):67-94. https://doi.org/10.1002/1097-0355(200101/04)22:1<67::AID-IMHJ3>3.0.CO;2-G
14. Schore AN. Vulnerability in Psychosomatiy Disease. In: Schore AN. Affect Regulation and the Origin of the Self. The Neurobiology of Emotional Development. San Diego:Routledge Class Edition, 2016.
15. Schore JR, Schore AN. Modern Attachment Theory:The Central Role of Affect Regulation in Development and treatment. Clin Soc Work Journal. 2007 Sept; 36(1): 9-20.
16. Schore AN. Affect Regulation and the Origin of the Self. New York,London: Routledge,2016.
17. Gaggero G, Bonassi A, Dellantonio S et all. A Scientometric Review of Alexithimia: Mapping Thematic ad Disciplinary Shifts in Half a Century of Research. Frontiers in Psychiatry. 2020 Dec; 11:1-17.
18. Taylor GJ,Bogby RM. The Alexithimia Personality Dimension. In: Thomas A Widiger ed. The Oxford Handbook of Personality Disorders. Oxford:Oxford University Press,2015.
19. Taylor GJ Psychoanalysis and Psychosomatic: A New Synthesis. J of the American Academy of Psychoanalysis. 1992 Summer; 20(2): 251-275.
20. Taylor GJ,Bagby RM. New trends in alexithimia research. Psychother. Psychosom. 2004 Feb; 73:68-77.
21. Moriguchi Y.,Komaki G. Neuroimaging studies of alexithymia:physical,affective and social perspectives. BioPsychoSocial Medicine. 2013 March;7(8):1-12.
22. Taylor GJ: Recent developments in alexithymia theory and research. Can J Psychiatry 2000 March, 45:134–142
23. Taylor GJ. Alexithimia: Concept, Measurment and Implications for Treatment. Am J Psychiatry.1984 Jun; 141(6):725-732.
24. Joukamaa M,Kokkonen P,Veujola J, Laksy K, et all. Social Situation of Expectant Mothers and Alexithimia 31 Years Later in Their Offsprings: A Prospective Study. Psychosomatic Medicine, 2003 Mar-Apr; 65:307-312.
25. Taylor GJ, Bagby RM. Psychoanalysis and Empirical Research: The Example of Alexithimia. J Am Psychoanal Assoc. 2013 Feb;61(1):99-133.
26. Nemiah JC, Sifneos PE. Psychosomatic Illness: A Problem in Communication. Psychother. Psychosom. 1970 May;18: 154-160.
27. M de M Uzan. Psychodynamic Mechanisma in Psychosomatic Symptom Formation. Psychother. Psychosom.1974 Jun; 23:103-110.
28. Taylor GJ. Alexithimia and the Counter-Transference. Psychother. Psychosom. 1977 Dec;28:141-147.
29. Mc Dougall J. Alexithimia: a Psychoanalytic Viewpoint. Psychother. Psychosom.1981(1982) Sept; 13-18: 81-90.
30. Mc Dougall J. Primitive Communication and the Use of Countertransference. Contemporary Psychoanalysis. 1978 Apr;14(2): 173-209.
31. Ruesch J.The infantile personality. The core problem of psychosomatic medicine. Psychosom.Med. 1948 May-Jun;10(3):134-144.
32. Krystal H. Alexithimia and Psychotherapy. Am J of Psychotherapy. 1979 Jan; 33(1):17-31.
33. Stephanos S. The object relations of the psychosomatic patient. Br J med Psychol. 1975 Sept; 48: 257-266.

34. Sifneos P. Psychotherapies for Psychosomatic and Alexithimic Patients. Psychother. Psychosom. 1983 Dec;40: 66-73.
35. Bucci W. Emotional Communication in the Case of Antonio. Psychoanalytic Inquiry(internet) 2018;38(7): 518-529. https://doi.org/10.1080/07351690.2018.1504581
36. Rad M, Ruppell A. Combined Inpatient and Outpatient Group Psychotherapy: A Therapeutic Model for Psychosomatics. Psychother. Psychosom.(internet)1975; 26:237243. https://doi.org10.1159/000286935.
37. Ford Ch, Long KD. Group Psychotherapy of Somatizing Patients. Psychother. Psychosom.(internet)1977; 28:294-304. https://doi.org10.1159/000287075
38. Apfel-Savitz R,Silverman D, Bennett MI. Group Psychotherapy of Patients with Somatic Illness and Alexithimia. Psychother. Psychosom.(internet)1977;28(1-4):323-9. https://doi.org10.1159/000287078.
39. Roberts JP. The Problems of Group Psychotherapy for Psychosomatic Patients Psychother. Psychosom.(internet)1977;28(1-4):305-15. https://doi.org10.1159/000287076.
40. Brown DG. The Psychosoma and the Group Group Analysis. 1985 Aug;18(2): 93-101.
41. Cividini Stranić E. The Psychosomatic Patient in Group Analysis. Group Analysis. 1987 Dec;20(4): 309-318.
42. Spitzer C,Siebel-Jurges U, Barnow S, Grabe HJ, Freyberger HJ. Alexithimia and interpersonal problems. Psychother.Psychosom. 2005 Jun; 74:240-246.
43. Yalom ID, Leszch M. The Theory and Practice of Group Psychotherapy.6th Edition.New York:Basic Books, 2020.
44. Nitsun M. The Anti-Group: Destructive Forces in the Group and their Creative Potential. London and New York: Routledge, 2015.
45. Sifneos P. A reconsideration of Psychodynamic Mechanisms in Psychosomatiy Symptom Formation in View of Recent Clinical Observations. Psychother. Psychosom. (internet)1974;24(2):151-5. https://doi.org10.1159/000286692.
46. Sifneos P. Problems of Psychotherapy of Patients with Alexithimic Characteristic and Physical Disease. Psychother. Psychosom.(internet) 1975;26(2):65-70. https://doi.org10.1159/000286912.
47. Klein M (1952). Bilješke o nekim shizoidnim mehanizmima. In Klein M. Zavist i zahvalnost. Zagreb; Naprijed,1983.
48. Klein M. Neki teoretski zaključci o emocionalnom životu malog djeteta. In Klein M. Zavist i zahvalnost. Zagreb; Naprijed,1983.
49. Fairbairn W.R. Potiskivanje i povratak loših objekata(s posebnim osvrtom na „ratne neuroze")(1943). U: Fairbairn WR. Psihoanalitičke studije ličnosti. Zagreb:Naprijed, 1982.
50. Fairbairn W.R. Objektni odnosi i dinamička struktura. U: Fairbairn WR. Psihoanalitičke studije ličnosti. Zagreb:Naprijed, 1982.
51. Sandler J. On Internal Object Relations. Journal of the Am. Psychoanalytic Association(internet) 1990;38(4):859-80. https://doi.org10.1177/000306519003800401.
52. Williams P. Incorporation of an invasive object. Int.J Psychoanal. 2004 Dec; 85:1333-48.
53. Terasawa Y.,Oba K. ,Motomura Y et all. Paradoxical somatic information processing for interoception and anxiety in alexithymia. European Journal of Neuroscience. 2021Dec; 54(11): 8052-8068.