

MARICA I IVICA – SLOJEVITOST ADIPOZNOSTI

/ GRETEL AND HANSEL – THE COMPLEXITY OF ADIPOSITY

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SAŽETAK/ABSTRACT

Ovaj rad, kroz prikaz dvaju bolesnika, istražuje slojevitost pretilosti iz perspektive psihoanalize, pridonoseći dubljem razumijevanju psiholoških aspekata koji pridonose ovom kompleksnom fenomenu. Kroz prizmu psihoanalitičkih teorija fokusiramo se na dublje uzroke pretilosti istražujući: emocionalne traume, obrambene mehanizme i simbolička obilježja koja su povezana s prekomjernim unosom hrane.

Također istražujemo kako psihoanalitički koncepti poput projekcije, potiskivanja i identifikacije mogu oblikovati individualan odnos prema tijelu i hrani. Psihoanaliza pruža uvid u načine na koje se pojedinci koriste hranom kao sredstvom samozadovoljstva ili kao zamjenom za druge neispunjene potrebe.

Kroz analizu simboličkih aspekata pretilosti, proučavamo kako tijelo postaje prostor izražavanja duboko ukorijenjenih emocionalnih sukoba. Ovaj rad naglašava važnost psihoanalitičkog i psihoterapijskog pristupa u multidisciplinarnom pristupu liječenju adipoznosti, nudeći dublje razumijevanje i ciljane intervencije na emocionalnoj razini.

/ Through a presentation of two cases, this paper explores the complexity of obesity from a psychoanalytic perspective, contributing to a deeper understanding of the psychological aspects that contribute to this complex phenomenon. Through the prism of psychoanalytic theories, we will focus on the deeper causes of obesity by exploring emotional traumas, defense mechanisms, and symbolic features that are associated with excessive food intake.

We will also explore how psychoanalytic concepts such as projection, repression and identification can shape an individual's relationship towards their body and food. Psychoanalysis provides insight into the ways in which individuals use food as a means of self-gratification or as a substitute for other unmet needs.

Through an analysis of symbolic aspects of obesity, we will study how the body becomes a space for expressing deep-seated emotional conflicts. This paper emphasizes the importance of psychoanalytic and psychotherapeutic approaches in a multidisciplinary approach to treating adiposity, offering a deeper understanding and targeted interventions at the emotional level.

KLJUČNE RIJEČI / KEYWORDS

adipoznost/pretilost / *adiposity/obesity*, psihoanaliza / *psychoanalysis*, psihosomatika / *psychosomatics*

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UVOD

„Jedno oko vidi, drugo osjeti.“

Paul Klee, umjetnik

Tijekom posljednjih desetljeća, pojavnost pretilosti (indeks tjelesne mase veći od 30 kg/m²) i prekomjerne težine (25 ≤ BMI < 30 kg/m²) u općoj populaciji brzo raste i postaje zdravstveni problem epidemijskih razmjera (1). Pretilost je u posljednjoj reviziji Međunarodne klasifikacije bolesti (MKB-11) (2) definirana kao kronična kompleksna i multifaktorska bolest koja je karakterizirana prekomjernim nakupljanjem masnih tkiva u tijelu s posljedičnim štetnim učinkom na zdravlje. Treba istaknuti da se pretilost ne ubraja u poremećaje hranjenja, već je kao bolest svrstana u skupinu endokrinih bolesti, bolesti prehrane i metabolizma. Međutim, poremećaji hranjenja kao što su poremećaj prejedanja i sindrom noćnog jedenja mogu pridonijeti poja-

INTRODUCTION

“One eye sees, the other feels.”

Paul Klee, artist

Over the past decades, the incidence of obesity (body mass index above 30 kg/m²) and overweight (25 ≤ BMI < 30 kg/m²) in the general population has been increasing rapidly and it is becoming a health problem of epidemic proportions (1). In the latest revision of the International Classification of Diseases (ICD-11) (2), obesity is defined as a chronic, complex, and multifactorial disease characterized by excessive accumulation of adipose tissue in the body, with consequent adverse health effects. It should be noted that obesity is not an eating disorder, but is classified as a disease in the group of endocrine, nutritional or metabolic diseases. However, eating disorders such as binge eating disorder and night eating syndrome can contribute to the occurrence of obesity. Obesity is a complex disease caused by genetic predisposition, numerous psychosocial factors,



vi pretilosti. Pretilost je složena bolest koja je uvjetovana genetskom predispozicijom, brojnim psihosocijalnim čimbenicima i čimbenicima okruženja koji promiču pretilost pojedinaca ili populacije. U nekim podskupinama osoba koje su pretile mogu se identificirati pojedinačni glavni etiološki čimbenici kao što su lijekovi, bolesti, nepokretnost, iatrogeni postupci, monogena bolest/genetski sindrom (2). Istraživanja upućuju na međusobnu povezanost i složen mehanizam djelovanja višestrukih čimbenika pretilosti kao što su genetski čimbenici (polimorfizam gena, genetske mutacije, promjene u ekspresiji gena), epigenetski, tjelesna neaktivnost i sjedilačko ponašanje, pretjeran unos kalorija, socioekonomski status, medicinska stanja i lijekovi, nedovoljnost spavanja, psihosocijalni stresori i niz drugih čimbenika (3-8).

Istraživanja također pokazuju kako psihopatološki čimbenici pridonose razvoju i održavanju stanja pretilosti, kao i dvosmjernu prirodu odnosa pretilosti i psihopatologije (9). Francesco Weiss i suradnici (9) navode da pretilost pokazuje isprepletene patogenetske puteve, uključujući trajnu inflamaciju, endokrine poremećaje i metaboličku dishomeostazu, koji utječu i nadovezuju se jedni na druge bivajući istodobno i mogući uzrok i posljedicu. Navedene organske promjene odražavaju se na mozak izazivajući smanjenje neurogeneze i struk-

and environmental factors that promote obesity in individuals or populations. In some subgroups of obese individuals, single main etiological factors can be identified, such as medications, diseases, immobility, iatrogenic procedures, monogenic disease/genetic syndrome (2). Research points to interconnectedness and complex action mechanisms of multiple factors of obesity, including genetic factors (gene polymorphisms, genetic mutations, changes in gene expression), epigenetic factors, physical inactivity and sedentary behavior, excessive calorie intake, socioeconomic status, medical conditions and medications, sleep deprivation, psychosocial stressors, and numerous other factors (3-8).

Studies also show that psychopathological factors contribute to the development and maintenance of obesity, as well as the bidirectional nature of the relationship between obesity and psychopathology (9). Francesco Weiss et al. (9) state that obesity presents intertwined pathogenetic pathways, including persistent inflammation, endocrine disorders and metabolic dyshomeostasis, which influence and build on each other, at the same time being both a possible cause and a consequence. These organic changes are reflected in the brain, causing a decrease in neurogenesis and structural changes, especially in critical areas such as the hypothalamus, hippocampus and prefrontal cortex, which can partly explain why obesity predis-

turne promjene, posebno u kritičnim područjima kao što su hipotalamus, hipokampus i prefrontalni korteks, kojim se djelomično mogu objasniti zašto pretilost predisponira razvoj mentalnih poremećaja i moguće razumijevanje povezanosti pretilosti s regulacijom emocija i kognitivnih funkcija (10, 11). Pretilost i prekomjernu tjelesnu težinu prati širok spektar zdravstvenih problema i psihosocijalnih teškoća. Somatske bolesti povezane s pretilošću kao što su *diabetes mellitus*, hipertenzija, kardiovaskularne i druge bolesti koje uključujemo u psihosomatske poremećaje, gdje su stres i psihosocijalni čimbenici važni u njihovu nastanku ili pogoršanju. U pogledu povezanosti pretilosti i mentalnih poremećaja navodi se da je najviše dokaza o dvosmjernoj vezi pretilosti i depresije uz uočenu jaču povezanost u žena, te da određena razina povezanosti postoji s anksioznim poremećajima i poremećajima hranjenja i da je upotreba alkohola faktor rizika za pretilost (12). Osim navedenog, pretilost je povezana s društvenom stigmom pojedinaca koji su pretili i s njom povezanim psihičkim teškoćama kao što su smanjeno samopoštovanje, iskrivljena percepcija tijela, nezadovoljstvo vlastitim tjelesnim izgledom, negativno samopoimanje, osjećaj izoliranosti, tjeskobe, povećanje vulnerabilnosti za depresiju i anksiozne poremećaje, te sklonost prema razvoju neprilagođenog ponašanja u prehrani

poses individuals to the development of mental disorders, and can provide possible understanding of the connection between obesity and the regulation of emotions and cognitive functions (10, 11). Obesity and excess body weight are accompanied by a wide range of health problems and psychosocial difficulties. Stress and psychosocial factors play an important role in the occurrence or exacerbation of somatic diseases associated with obesity, such as diabetes mellitus, hypertension, cardiovascular and other diseases considered to be part of psychosomatic disorders. Regarding the association between obesity and mental disorders, it is stated that most evidence exists for a bidirectional relationship between obesity and depression, with stronger association observed in women, while there is also a certain level of association with anxiety disorders and eating disorders, and alcohol use is a risk factor for obesity (12). In addition to the above, obesity is associated with the social stigma of individuals who are obese, and its associated psychological difficulties such as reduced self-esteem, distorted body perception, dissatisfaction with one's own physical appearance, negative self-concept, feelings of isolation, anxiety, increased vulnerability to depression and anxiety disorders, and a tendency to develop maladaptive eating behaviors ranging from compulsive overeating to extreme dietary restrictions (13, 14). Obesity is the result of an energy imbalance caused by the individual's behavior which creates



od kompulzivnog prejedanja do ekstremnih prehrambenih ograničenja (13, 14). Pretilost je rezultat energijske neravnoteže uvjetovane ponašanjem pojedinca koje stvara tu neravnotežu. Složena interakcije bioloških, psiholoških, socioloških i okolišnih čimbenika oblikuje ovakvo ponašanje ljudi. Psihološki čimbenici imaju važnu ulogu u razvoju pretilosti, međutim, nije dovoljno poznato kako oni rezultiraju pretilošću. Mehanizmi regulacije unosa hrane osjetljivi su na utjecaje okoline. Razvoju pretilosti također pridonose kulturološki, obiteljski i psihodinamski čimbenici (15).

U ovom ćemo radu kroz prizmu psihodinamičkih teorija pokušati prikazati moguće dublje uzroke pretilosti, istražujući emocionalne traume, obrambene mehanizme i simbolička obilježja koja su povezana s prekomjernim unosom hrane.

PSIHODINAMSKO RAZUMIJEVANJE PRETILOSTI

Prema Slochower (16), psihodinamička teorija pretilosti jedan je od najstarijih i najkontroverznijih modela u kojemu je prejedanje primarni odgovor na anksioznost uzrokovanu nesvjesnim sukobom koji može privremeno ublažiti afektivni distres. Inicijalno su psihoanalitičari pretilost povezivali sa smetnjama u oralnoj fazi razvoja. U osnovi

this imbalance. A complex interaction of biological, psychological, sociological and environmental factors shapes this behavior. Psychological factors play a significant role in the development of obesity, however there is not enough information on how they result in obesity. The mechanisms of food intake regulation are sensitive to environmental influences. Cultural, family and psychodynamic factors also contribute to the development of obesity (15).

In this paper, through the prism of psychodynamic theories, we will attempt to present the possible deeper causes of obesity, by exploring emotional trauma, defense mechanisms, and symbolic features associated with excessive food intake.

PSYCHODYNAMIC UNDERSTANDING OF OBESITY

According to Slochower (16), the psychodynamic theory of obesity is one of the oldest and most controversial models in which overeating is a primary response to the anxiety caused by an unconscious conflict that can temporarily relieve affective distress. Psychoanalysts initially associated obesity with disturbances in the oral phase of development. The basis of this hypothesis was S. Freud's concept that the oral erogenous zone promotes sexual pleasure independent of the need for food (17). Fixations on the oral phase of development due to excessive or in-

ove hipoteze bio je koncept S. Freuda da oralna erotogena zona promiče seksualno zadovoljstvo neovisno o potrebi za hranom (17). Fiksacije za oralnu fazu razvoja zbog prevelike ili nedovoljne gratifikacije mogu u stresnim stanjima voditi prema oralnom ponašanju, a kao primjeri ovakvog ponašanja navode se prejedanje, pušenje, sisanje palca, pije-nje i druge slične oralne aktivnosti. S vremenom je koncept oralne gratifika-cije proširen na dojenačko kinestetičko, vizualno, slušno i afektivno iskustvo s majkom tijekom najranije faze razvoja. Budući da je hranjenje središnja aktiv-nost dojenačke dobi, svaka komponenta odnosa majka – dojenče može biti povezana s hranom i jedenjem (18).

U najranijoj fazi razvoja, oralnoj fazi, dijete stvara vezu s vanjskim svijetom preko senzorijskog područja usta (19). Hranjenje znači preživljavanje, a u toj razvojnoj dobi svako je hranjenje ve-zano za neku vrstu odnosa bez obzira na njegovu kvantitetu i kvalitetu. Ipak, dijete tada nije u mogućnosti stvoriti odnos s osobom, nego sa simbolima i funkcijama. Stvari se odigravaju na vrlo jednostavnoj konkretnoj razini. Oralna regija i uzimanje hrane omo-gućuju preživljavanje, osjećanje zado-voljstva zbog zadovoljenih potreba i na kraju osjećaj gratifikacije. Obično je majka prva i najvažnija osoba koja ima važnu ulogu u ovom razdoblju. Ako se oralna faza ne odigrava u dovoljno do-

sufficient gratification can lead to oral behavior in stressful situations, while examples of such behavior include over-eating, smoking, thumb sucking, drink-ing and other similar oral activities. Over time, the concept of oral gratification was extended to include the infant's kin-esthetic, visual, auditory and affective experience with the mother during the earliest stages of development. Since feeding is the central activity of infancy, every component of the mother-infant relationship can be linked to food and eating (18).

In the earliest stage of development, the oral stage, the child creates a connec-tion with the outside world through the sensorium of the mouth (19). Feeding means survival, and at this stage of de-velopment, every feeding is associated with some kind of relationship, regard-less of its quantity and quality. However, the child is not yet able to create a rela-tionship with a person, but rather with symbols and functions. Things happen at a very simple concrete level. The oral region and food intake enable survival, a feeling of satisfaction due to satisfied needs, and ultimately a feeling of grati-fication. The mother is usually the first and most important person who plays a significant role in this period. In the event that the oral stage does not take place in good enough conditions, e.g. due to a lack of an adequate relationship, the child may experience the following: emotional hunger, emptiness, feelings of threat, anxiety, sadness, which are



brim uvjetima, npr. nebivanjem dovoljno dobrog odnosa, u djeteta se mogu pojaviti: emocionalna glad, praznina, osjećaji ugroženosti, uznemirenosti i tuge, koji su umirivani, umanjivani i otklanjani uzimanjem hrane. Hrana počinje biti vezana za rješavanje problema, siguran odnos, osjećanja zadovoljstva i gratifikacije (20). Kada uzimanje hrane postaje osnovni model reagiranja na različite emocionalne i životne situacije, pojavljuje se rizik od pretilosti.

Ljudi imaju sklonost stvaranju jakih veza s njima važnim osobama, što omogućuje da se objasne osobna uznemirenost i distres, kao što su tjeskoba, napatost, nemir, ljutnja, očaj, depresija, kada ne mogu ostvariti povezanost zbog separacije ili gubitka. Bowlby (21) ističe određena ponašanja u djece kao što su: sisanje, ljuljanje, praćenje, smješkanje, plakanje radi ostvarivanja kontakta i reagiranja važne osobe, najčešće majke. Majka, svojom prisutnošću, pravilnim očitavanjem i odgovorom na djetetove znakove stvara sigurnu vezu, što će zauzvrat u dojenčeta, djeteta i odrasle osobe stvoriti osjećanje i doživljaj svijeta kao pozitivnog i sigurnog mjesta.

Privrženost i objektni odnosi

Prema teoriji privrženosti (*attachment*) (21), prvi dojenčev kontakt sa svijetom i sa sobom jest preko majke, što privrženosti primarnom objektu daje krucijal-

soothed, reduced and eliminated by eating. Food starts to be associated with problem solving, secure relationships, feelings of satisfaction and gratification (20). When eating becomes the main model of responding to various emotional and life situations, the risk of obesity arises.

People tend to form strong bonds with individuals important to them, which helps explain personal distress and distress such as anxiety, tension, restlessness, anger, despair, depression when they cannot achieve a connection due to separation or loss. Bowlby (21) highlights certain behaviors in children such as sucking, rocking, following, smiling, crying with the aim of achieving contact and provoking a reaction in a significant person, who is most often the mother. The mother, with her presence, correct interpretation and response to the child's signs, creates a secure bond, which in turn will create a feeling and experience of the world as a positive and safe place in the infant, child, and adult.

Attachment and object relations

According to attachment theory (21), the infant's first contact with the world and with itself is through the mother, which means attachment to the primary object is of crucial importance. Communication is initially preverbal and achieved through the skin - by touch, orally, through the feeding organs, by projective identification, by gaze, by voice.

nu važnost. U početku je komunikacija preverbalna i ona se zbiva preko kože – dodir, oralno, preko organa za hranjenje, projektivnom identifikacijom, pogledom, glasom. Majka komunicira s djetetom o njegovu psihološkom stanju s pomoću empatije i projektivne identifikacije, dok dijete majku upoznaje iz „središta nje“ od prvog dana tako što sluša njeno disanje, govor, otkucaje srca, crijevnu peristaltiku. Dijete razumije neki drugi jezik. Možemo reći da u samom početku svog postojanja dijete ima više informacija o majci nego majka o djetetu, ali treba majku jer nema razvijenu sposobnost mentalizacije.

Separacije su sastavni dio života i one svojom kvalitetom i kvantitetom mogu biti optimalan frustrirajući čimbenik koji potiče na razvoj do traumatskog iskustva koje uzrokuje patologiju. Prema S. Freudu (22), faza separacije počinje od šestoga mjeseca i traje do druge godine. Tada se dijete češće budi, traži majku i doji. Pored primarnog objekta u procesu separacije i nošenja sa separacijskim osjećanjima značajnu ulogu igra i okruženje. Separacijska osjećanja jesu osjećanja vezana za pitanje života i smrti. Donald Winnicott (23) daje dva detaljna opisa psihičkoga stanja djeteta pri separaciji od majke: kada majka ode na porođaj, dijete prolazi posebno stanje. U tom stanju ima granica do koje je majka živa, a nakon te granice nastupa smrt. Između ovih dviju točaka

The mother communicates with the child about its psychological condition through empathy and projective identification, while from the first day the child gets to know the mother from “her center” by listening to her breathing, speech, heartbeat and intestinal peristalsis. The child understands some other language. We can say that in the very beginning of its existence, the child has more information about the mother than the mother has about the child, but it needs the mother because it has not yet developed the ability to mentalize.

Separations are an integral part of life and, in their quality and quantity, they can range from an optimally frustrating factor that stimulates development to a traumatic experience that causes pathology. According to S. Freud (22), the separation phase begins from the sixth month and lasts until the second year. This is when the child wakes up more often, seeks out the mother and requires breastfeeding. In addition to the primary object, the environment also plays a significant role in the process of separation and coping with separation feelings. Separation feelings are feelings related to the issue of life and death. Donald Winnicott (23) provides two detailed descriptions of the psychological state of a child when separated from the mother: when the mother goes into labor, the child goes through a special state. In this state, there is a limit until which the mother is alive, and after that limit, death occurs. Between these two points



postoji dragocjen trenutak ljutnje. On se brzo gubi ili se nikada ne doživi jer uvijek nosi potencijal i strah od nasilja (24). To znači biti mrtav. Tko je umro: majka ili dijete? Oba odgovora mogu biti točna. Dijete može biti mrtvo zbog majčine odsutnosti jer ona ga svojim pogledom, doživljajem, reagiranjem i zrcaljenjem čini da se osjeća živim. S druge strane, dijete je mrtvo jer i ono ne reagira na sebe, na svoje potrebe, na svoju bol. Strah od vlastite ljutnje tjera ga da odustaje od reakcije. Fantazira da bi mogao svojom ljutnjom oštetiti, povrijediti ili uništiti majku. Krhko sjedinjenje životnosti i destruktivnosti točka je u kojoj se dodiruju ili razdvajaju živ i mrtav – mjesto dragocjene ljutnje. Mrtav znači gubitak djetetove životnosti koju bi dobio u trenutku vlastite ljutnje. Subjektivna je trenutak kada dijete svoju ljutnju izjednačuje s nasiljem i ne doživljava je kao vlastito osjećanje. Dijete to doživljava kao nevidljivu silu koja ga okupira i nad kojom nema kontrolu. Odustajanjem od ljutnje smanjuje se rizik od uništenja majke, što ga vodi prema uništenju sebe (25). Veza s majkom veza je sa životom i zato je majka djetetu važnija od njega samog. Drugi su primjer djetetova stanja zbog ranih trauma uzrokovanih izgubljenom ili neadekvatnom privrženosti. Tjeskoba koja potječe iz ovih ranih trauma opisuje se kao „uništenje“, „potpun slom“, „beskrajno padanje“, „nemogućnost komuniciranja i stoga potpuna izolira-

there is a precious moment of anger. It is quickly lost or never experienced because it always carries the potential and fear of violence (24). This means being dead. Who died: the mother or the child? Both answers can be correct. The child can be dead due to the mother's absence because she makes it feel alive with her gaze, experience, reaction, and mirroring. On the other hand, the child is dead because it does not react to itself, to its needs, to its pain. The fear of its own anger makes it give up reacting. It fantasizes that it could damage, hurt, or destroy the mother with its anger. The fragile union of vitality and destructiveness is the point where the living and the dead touch or separate – the place of precious anger. Dead means the loss of the child's vitality, which it would have gained in the moment of its own anger. It is a subjective moment when the child equates its anger with violence and does not experience it as its own feeling. The child experiences it as an invisible force that occupies it and over which it has no control. Giving up anger reduces the risk of destroying the mother, which leads to self-destruction (25). The connection with the mother is the connection with life, and therefore the mother is more important to the child than itself. The other example shows the states of a child with early traumas due to lost or inadequate attachment. The anxiety that stems from these early traumas is described as "destruction", "complete breakdown", "endless falling", "inability to communicate and therefore complete isolation",

nost“, „nepovezanost sa svojim tijelom“ i „izgubljenost u prostoru“ (26).

S gledišta self psihologije pojam primarni objekt zamijenjen je pojmom self objekt i on je složen od idealizirajućeg i zrcalnog objekta. Heinz Kohut (27) govori da zrcalni self objekt odgovara na dječji urođeni osjećaj energičnosti, veličine i savršenosti, a idealizirana roditeljska slika treba zadovoljavati potrebu za smirenošću, nepogrešivošću i svemoći s kojom će se dijete spojiti. U formiranju jezgre selfa treba se stvoriti ravnoteža između talenata i vještina koji su u skladu s ambicijama i idealima. Ta ravnoteža treba osigurati self objekt. Dijete u početku treba self objekt radi kohezivnosti sebe. Tada self objekat nije ni subjekt ni objekt, nego funkcija koja je višestruka. Prisutnost je self objekta nužna radi rađanja selfa. Self psihologija slaže se s teorijom objektnih odnosa da je bolja i loša majka nego nikakva, jer ona svojom prisutnošću omogućuje da se rodi slika o sebi. Self objekti su objekti koji se upotrebljavaju u službi selfa ili se doživljavaju kao dio selfa. Dijete u druge ulaže svoje narcističke katekse i onda ih doživljava kao self objekte. Kasnije treba objekt radi objektne ljubavi u razvoju selfa. Treba nam netko tko će nas očarati da bi nas znao kroz optimalne frustracije razočarati i na kraju dopustiti separaciju radi završavanja procesa formiranja selfa (27).

“disconnection with one's own body” and “lost in space” (26).

From the perspective of self psychology, the term primary object is replaced with the term selfobject, and it is composed of an idealizing and a mirror object. Heinz Kohut (27) observed that the mirror selfobject responds to the child's innate sense of energy, greatness and perfection, and the idealized parental image should satisfy the need for calmness, infallibility and omnipotence with which the child will connect. In the formation of the nucleus of the self, a balance should be created between talents and skills that are in accordance with ambitions and ideals. This balance should be ensured by the selfobject. The child initially needs a selfobject for the cohesiveness of the self. Then the selfobject is neither a subject nor an object, but a multiple function. The presence of a selfobject is necessary for the birth of the self. Self psychology is consistent with the theory of object relations in that even a bad mother is better than none at all, because her presence allows the birth of an image of the self. Selfobjects are objects that are used in the service of the self or are perceived as part of the self. The child invests its narcissistic cathexis in others and then experiences them as selfobjects. It later needs the object for object love in the development of the self. We need someone who will enchant us so that they can disappoint us through optimal frustrations, and ultimately allow separation in order to complete the process of self formation (27).



Psihodinamika adipoznosti

U realnosti se separacije od majke stalno događaju, no u granicama za koje dijete ima kapacitete da ih amortizira. Ima situacija kada majka nije prisutna ili je nedostupna djetetu fizički i/ili psihološki tijekom duljeg razdoblja kao primjerice zbog dislociranosti majke ili djeteta uzrokovane bolešću ili socioekonomskom situacijom ili kada majka ima specifične psihičke poremećaje ili je okupirana drugim odnosima ili je nedovoljno usklađena sa svojom ulogom majke, čime je reducirana odnos majka – dijete, ili pak majčinom smrću. Također, reducirana odnos s primarnim objektom može nastupiti i zbog djetetova povlačenja iz odnosa. Ovdje možemo govoriti o povlačenju iz odnosa kao mehanizmu obrane, na primjer povlačenje djeteta kada na suprotnoj strani imamo intruzivno-anksioznu osobu s prelijevajućim intenzivnim sadržajem. Ovakva iskustva rezultiraju disregulacijom afekta i osjećajem psihosomatske dezintegracije, što može voditi prema sigurnoj disocijaciji djeteta. Disocijacija i dezintegracija očituju se u neutješnom plakanju, smanjenom kontaktu očima, izbjegavanje tješitelja i neuspjeh u napredovanju. S druge strane, kod nedovoljno stimuliranog selfa dijete gubi na vitalnosti da bi u konačnici moglo doći do njezina potpunog nedostatka. Djeca doživljavaju sebe kao dosadne i apatične, a tako ih i drugi doživljavaju. Kada je

Psychodynamics of adiposity

In reality, separations from the mother occur constantly, however, they occur within the limits of the child's capacity to absorb them. There are situations when the mother is not present or is unavailable to the child physically and/or psychologically for a longer period of time, such as dislocation of the mother or child due to an illness or socioeconomic situation, or when the mother has a specific psychological disorder, or is occupied with other relationships, or is insufficiently coordinated with her role as a mother which reduces the mother-child relationship, or in case of the mother's death. Additionally, a reduced relationship with the primary object can occur due to the child's withdrawal from the relationship. Here we can talk about withdrawal from the relationship as a defense mechanism, for example, the child's withdrawal when on the opposite side we have an intrusive anxious person with overflowing intense content. Such experiences result in affect dysregulation and a feeling of psychosomatic disintegration, which can lead to a certain dissociation of the child. Dissociation and disintegration are manifested in inconsolable crying, reduced eye contact, avoidance of comforters, and failure to progress. On the other hand, with an insufficiently stimulated self, the child loses vitality which may eventually lead to a complete lack of it. Children experience themselves as dull and apathetic, and others experience them as

dijete kronično frustrirajući onespособljeno da nađe potrebnu emocionalnu konekciju s primarnim objektom, ono može tražiti utjehu i spas od nepodnošljive anksioznosti kroz sisanje palca, dudanje dudu ili zahtjevom za hranom. Ovakvi samoregulirajući mehanizmi mogu postati ukorijenjeni i utisnuti znakovi komfora, utjehe i brige o sebi, tj. zamjena za odnos s ljudskim bićem i majčinskom brigom. Ovaj proces može u budućnosti voditi razvoju poremećaja u prehrani. Ellen Pearlman (26) navodi kako intenzivno fokusiranje ovakvih pacijenata na jesti ili ne jesti, koliko kilograma imaju, postaje zamjenska struktura za neadekvatnu ili prekinutu regulacijsku funkciju koju daje rana privrženost s primarnim objektom.

Hranu i njezinu relaciju sa psihičkim aparatom možemo povezati sljedećim „putevima“, a adipoznost je ili neželjeni efekt ili željeni cilj.

- Ako frustracija dovoljno dugo traje i nadilazi djetetove kumulacijske kapacitete ili kapacitete za amortizaciju, onda se u djeteta počinju razvijati maladaptacijski mehanizmi. Tako postoji slučaj adipoznosti koji je uzrokovan time jer hrana služi kao prijelazni objekt i metafora je za majku (28).
- Kod nedovoljnih ili neadekvatnih odnosa s primarnim objektom hrana služi kao zamjena za odnose, gdje je libido okrenut prema hrani.

such. When a child is chronically frustrated and unable to find the necessary emotional connection with the primary object, it may seek comfort and escape from unbearable anxiety through thumb sucking, pacifier sucking, or demanding food. These self-regulatory mechanisms can become ingrained and imprinted signs of comfort, solace and self-care, i.e. a substitute for a relationship with a human being and maternal care. This process can lead to the development of eating disorders in the future. Ellen Pearlman (26) states that the intense focus of these patients on eating or not eating, and on how much they weigh, becomes a substitute structure for the inadequate or interrupted regulatory function provided by early attachment to the primary object.

We can connect food and its association with the psychological apparatus by the following “pathways”, and adiposity is either an unwanted effect or a desired goal:

- If frustration lasts long enough and exceeds the child’s accumulation capacities or capacities for amortization, the child begins to develop maladaptation mechanisms. Thus, we have a case of adiposity which is caused by using food as a transitional object and represents a metaphor for the mother (28).
- In the case of insufficient or inadequate relationships with the primary object, food is used as a substitute for relationships where the libido is directed towards food.



- Kod slučaja da primarni objekt neadekvatno obavlja svoju funkciju dijete ima poteškoće s imenovanjem svojih potreba, emocija i kanaliziranjem agresije. Smanjenje napetosti zbog potisnute agresije reducira se konzumiranjem hrane kidanjem, trganjem, žvakanjem.
- Kada dijete nije dobilo dovoljno ispunjavajućeg sadržaja s obzirom na primarni objekt, hrana se rabi kao kompenzacija za kvalitetniji psihološki sadržaj sa svrhom ispunjavanja praznine.
- Adipoznost asocira na snagu i veličinu, zbog čega služi kao mehanizam obrane. Tako se u slučaju fizičkog zlostavljanja i uznemirivanja debljim pokušava zastrašiti predator.
- Kada su zlostavljanja i uznemirivanja seksualnog tipa, debljina dovodi do deformacije izgleda, zbog čega zlostavljač može izgubiti interes za žrtvu.
- Katkada su previranja unutrašnja i pacijent nije uspio riješiti previranja vezana za vlastitu seksualnost. Pretilost služi kao mehanizam obrane koji otklanja neugodnost.
- In the event that the primary object performs its function inadequately, the child has difficulties naming its needs, emotions and channeling aggression. The reduction of tension due to suppressed aggression is achieved by consuming food through cutting, tearing and chewing.
- When the child did not receive enough fulfilling content in the relationship with the primary object, food is used as compensation for higher quality psychological content with the aim of filling the void.
- Adiposity is associated with strength and size, which is why it is used as a defense mechanism. Therefore, in case of physical abuse and harassment, there is an attempt to intimidate the predator by obesity.
- When the abuse and harassment are of a sexual nature, obesity leads to appearance deformation, which can cause the abuser to lose interest in the victim.
- Sometimes the turmoil is internal and the patient has not managed to resolve the turmoil related to their own sexuality. Obesity serves as a defense mechanism which removes the embarrassment.

Neuroznanstveni pogled

Mark Solms (29) govori o sustavu potrage, koji je dugo bio poznat kao sustav nagrađivanja, kao o sustavu koji u cijelosti zauzima prostor naše men-

Neuroscientific view

Mark Solms (29) addresses the search system, which has long been known as the reward system, as a system that completely occupies the space of our

talne ekonomije. Sustav potrage dio je mezokortikalnog – mezolimbičnog dopaminskog sustava koji se povezuje s pojmovima „radoznalost“, „zanimanje“, „očekivanje“. Taj sustav osigurava uzbuđenost i energiju koje aktiviraju naš interes prema svijetu oko nas i stvara osjećanje da će se nešto „dobro“ dogoditi ako istražujemo okolinu ili se uputimo u interakciju s objektima. Sustav potrage usko je vezan za potragu za hranom i uključuje njušenje, dodirivanje i oralno istraživanje. Intenzivno se aktivira tijekom seksualnog uzbuđenja ili drugih apetitivnih stanja (glad, žeđ) koje je S. Freud nazivao libidom ili nagonom.

Prva komunikacija i djetetova veza s vanjskim svijetom obavlja se dodirivanjem, glasom, međusobnim gledanjem, facijalnom ekspresijom „majke“ i dojenčeta. Allen Schore (30) raspravlja kako kroz međusobno gledanje i facijalnu ekspresiju ostvaruje se kontakt desne polutke velikog mozga majke s desnom hemisferom velikog mozga u dojenčetu, što facilitira dojenčetu sposobnost da regulira i procesira vlastito emocionalno stanje. Ovaj proces regulira oslobađanje neurohormona u dojenčetu mozgu ne samo kao odgovor na stresne stimuluse nego i kao poticaj koji dovodi do razvoja strukture djetetova mozga. Ljudski cerebralni korteks dobiva konačnu formu nakon rođenja i u tome vrlo važnu ulogu imaju poticaji iz okoline. Količina prote-

mental economy. The search system is part of the mesocortical-mesolimbic dopamine system which is associated with the concepts of “curiosity”, “interest”, “expectation”. This system provides excitement and energy that activate our interest in the world around us and create the feeling that something “good” will happen if we explore the environment or interact with objects. The search system is closely related to the search for food and includes smelling, touching and oral exploration. It is intensively activated during sexual arousal or in other appetitive states (hunger, thirst) which S. Freud referred to as libido or drive.

The first communication and connection of the child with the outside world takes place through touch, voice, mutual gaze, and facial expressions of the “mother” and the infant. Allen Schore (30) discusses how mutual gaze and facial expression create contact between the right hemisphere of the mother’s brain and the right hemisphere of the infant’s brain, which facilitates the infant’s ability to regulate and process its own emotional state. This process regulates the release of neurohormones in the infant’s brain not only in response to stressful stimuli, but also as a stimulus that leads to the development of the infant’s brain structures. The human cerebral cortex takes its final form after birth, and environmental influences play a very important role in this aspect. The amount of protein in postnatal brain development is directly correlated with the environment in



ina kod postnatalnog razvoja mozga u direktnoj je korelaciji s okolinom iz najranijega razvojnog razdoblja. Ovim je povezan utjecaj socioekonomskih uvjeta na razvoj ličnosti. Sociovizualna interakcija duboko utječe na to hoće li dojenče postati dijete i odrasla osoba preplavljena unutrašnjim ili vanjskim stimulusima, psihološki vulnerabilna ili netko tko lakše prolazi kroz život s osnovnim osjećanjem povjerenja i sigurnosti u vezama (31).

Neuroznanstvenost dokazuje kako su hrana i njezino uzimanje povezani s osjećanjem gratifikacije preko sistema potrage. Majka u ranome razvojnem razdoblju ima aktivnu ulogu u hranjenju djeteta pa se s vremenom razvija asocijacijski sustav koji povezuje majku i hranu, hranu i osjećanje ugone koje se stvara pri aktu hranjenja. Kada kulturološki aspekti daju svoj doprinos, hrana i jelo su niz simbola i način komunikacije koji govore o majci, ljubavi, brizi, ugodi, blagostanju. Rezultat je da u djeteta često uzimanje hrane nije potaknuto otklanjanjem gladi nego stvaranjem osjećaja ugone i nagrade.

PSIHOTERAPIJA OSOBA S ADIPOZNOŠĆU

Posljednjih desetljeća razvili su se različiti tretmani za regulaciju tjelesne težine, uključujući dijetetičke interven-

the earliest developmental period. This relates to the influence of socioeconomic conditions on personality development. Socio-visual interaction profoundly influences whether the infant will become a child and adult overwhelmed by internal or external stimuli, psychologically vulnerable, or someone who easily goes through life with a basic sense of trust and security in relationships (31).

Neuroscience demonstrates that food and food intake are associated with feelings of gratification through the search system. The mother plays an active role in feeding the child in the early developmental period, so over time an association system develops that connects the mother with food, and food with the feeling of pleasure which is created during the act of feeding. With the contribution of cultural aspects, food and eating represent a whole series of symbols and a way of communication that speaks of the mother, love, care, comfort, well-being. The result is that in a child, eating is often not encouraged with the aim of eliminating hunger, but rather to create a feeling of comfort and reward.

PSYCHOTHERAPY FOR INDIVIDUALS WITH ADIPOSITY

In recent decades, various treatments for weight regulation have been developed, including dietary interventions, nutrition education, exercise, self-help groups, medications and surgical interventions.

cije, edukaciju u prehrani, tjelovježbe, grupe samopomoći, lijekove i kirurške intervencije. Od psiholoških pristupa navodi se da je kognitivno-bihevioralni tretman (KBT) preferirani tretman koji je fokusiran na ponašanje i kogniciju. Također se navodi učinkovitost interpersonalne psihoterapije (IPT) za pretila osobe koje imaju interpersonalnih problema. Psihoterapije sa psihodinamičkim ili psihoanalitičkim pristupom promatraju se kao alternativne intervencije za pacijente u kojih prethodni postupci nisu dali zadovoljavajući učinak (32).

Psihološka istraživanja liječenja pretilosti u najvećem su broju slučajeva kratkotrajna, uz neadekvatno praćenje, i temeljena su na kognitivno-bihevioralnim i visokostrukturiranim, manualiziranim tretmanima (33). Nedovoljno je istraživanjima o učinkovitosti individualne ili grupne psihodinamske psihoterapije u liječenju pretilosti, iako, prema Fran Weiss (32), ovaj modalitet, posebno grupni, ima znatnog potencijala za populaciju osoba s pretilošću. Douglas H. Ingram (34) navodi da se psihoanalitički tretman osoba s pretilošću u svojoj biti ne razlikuje od psihoanalize drugih čiji je cilj pomoći osobi da živi potpunije i uspješnije. Uklanjanjem kompulzivnih stavova i povezanog ponašanja kroz empatijsko istraživanje nesvjesnog, osoba se pojavljuje s progresivnom autentičnošću. Psihoanalitički psihoterapijski tretman stavlja

Among psychological approaches, cognitive behavioral therapy (CBT) is the preferred treatment, focusing on behavior and cognition. Interpersonal psychotherapy (IPT) has also been reported as effective for obese people experiencing interpersonal problems. Psychotherapies with a psychodynamic or psychoanalytic approach are considered as alternative interventions for patients whose previous treatments did not yield satisfactory results (32).

Psychological studies on obesity treatment are mostly short-term, with inadequate follow-up, and are based on cognitive-behavioral and highly structured, manualized treatments (33). There are insufficient studies on the effectiveness of individual or group psychodynamic psychotherapy in the treatment of obesity, although, according to Fran Weiss (32), this modality, especially group psychotherapy, has significant potential for the treatment of obese individuals. Douglas H. Ingram (34) states that psychoanalytic treatment of obese individuals is essentially no different from general psychoanalysis, which aims to help the individual live a fuller and more successful life. By eliminating compulsive attitudes and related behaviors through empathic exploration of the unconscious, the individual emerges with progressive authenticity. Psychoanalytic psychotherapy treatment puts emphasis on the exploration of the entire personality. Furthermore, for Ingram (34), psychoanalytic treatment is not indicated for obesity



naglasak na istraživanje cjelokupne ličnosti. Nadalje, za Ingram (34), psihoanalitički tretman nije indiciran za pretilost nekomplikiranu neurotičnim distorzijama. U prisutnosti interpersonalnih problema i osobne neefikasnosti, psihoanaliza ima stvarnu korist.

Pacijenti koji imaju poteškoće s jelom poznati su kao ekstremno teški za liječenje. Glavni je razlog njihov golem strah od stvaranja privrženosti, uključujući i terapijsku privrženost. Opesija za hranom čini se da ih štiti od beskrajnog područja terora i uništenja, područja koje potječe iz rane dječje traume (26). Svrha terapije nije samo odsutnost simptoma, tj. kontrola nad jedenjem i stabilizacija tjelesne težine, nego otvoriti mogućnost stvaranja intimnih ljudskih odnosa, što nosi mogućnost zadovoljstva i frustracije.

Separacija, bila stvarna ili doživljena, najveći su izazov u terapiji i osjećaji koja se bude na ovaj događaj razjašnjavaju nesporazume i gubitke u ranim odnosima. Terapeuti tada mogu biti intenzivno frustrirani, suočeni s osjećanjem gubitka ili nevažnošću u njihovoj namjeri da se povežu s pacijentom. U takvim trenucima terapeut može osjetiti sve čega se pacijent boji da će osjetiti u odnosu koji dopusti da traje: šok, uništenje, frustraciju, bijes, razočaranje, čak i da će mu puknuti srce. Ovo se najčešće događa nakon stanke za godišnji odmor (26).

uncomplicated by neurotic distortions. In the presence of interpersonal problems and personal ineffectiveness, psychoanalysis yields real benefits.

Patients with eating disorders are known to be extremely difficult to treat. The main reason is their enormous fear of forming attachments, including therapeutic attachments. The obsession with food seems to protect them from an endless realm of terror and destruction, a realm that stems from early childhood trauma (26). The goal of therapy is not only the absence of symptoms, i.e. controlled eating and stabilization of body weight, but also to open up the possibility of creating intimate human relationships, which brings about the possibility of satisfaction and frustration.

Separation, whether real or experienced, represents the greatest challenge in therapy and the feelings that arise from this event clarify the misunderstandings and losses in early relationships. Therapists can then be intensely frustrated, faced with a sense of loss or insignificance in their intention to connect with the patient. In such moments, the therapist can feel everything that the patient fears of experiencing in a relationship if they allow it to last: shock, destruction, frustration, anger, disappointment, even heartbreak. In most cases, this happens after a vacation break (26).

According to Pearlman (26), these patients most often behave according to the "out of sight, out of mind" model, i.e.

Prema Pearlman (26), ovakvi se pacijenti najčešće ponašaju po modelu „daleko od oka, daleko od srca“, tj. odnosi se odigravaju na konkretnoj razini. Sadržaj seanse ili terapeutovo tumačenje pacijent često zaboravi do iduće seanse tako da proces ne može teći.

Terapija s pacijentima koji imaju poteškoće s prehranom mora biti postupna, strpljiva i pažljivo uvremenjena imajući na umu neusklađenost odnosa s primarnim objektom. Pacijentu trebamo pomoći da stvori novo korektivno iskustvo, ali i da osvijesti poremećene stavove zasnovane na ranom odnosu koji rezultiraju poremećenim, nedovoljnim ili prekinutim odnosima u sadašnjosti. Osvješčivanje rane traume samo je pola posla, a druga je polovica stvaranje korektivnog iskustva.

PRIKAZ BOLESNIKA

Marica i Ivica

Ivica kao i Marica, dolaze u terapiju kada počinje jenjavati pritisak uzrokovan pandemijom bolesti COVID-19. Iako se u njihovoj terapiji ne spominje COVID-19, ono čemu sam svjedočila u prethodnom razdoblju, u radu s drugim pacijentima, jest reaktivacija sjećanja na rat u Bosni i Hercegovini, strah od separacije, usamljenost, socijalna izoliranost. Odnosi s drugim ljudima bili su

their relationships take place on a concrete level. The patient often forgets the content of the session or the therapist's interpretations before the next session, so the process cannot proceed.

Therapy with patients who experience difficulties eating must be gradual, patient and carefully timed, keeping in mind the mismatch in the relationship with the primary object. We need to help the patient to create a new corrective experience, but also to become aware of the disturbed attitudes based on early relationships that result in disturbed, insufficient, or disrupted relationships in the present. Becoming aware of the early trauma is only half of the work, the other half is creating a corrective experience.

CASE REPORTS

Gretel and Hansel

Both Hansel and Gretel came to therapy when the pressure caused by the COVID-19 pandemic began to subside. Although there was no mention of COVID-19 in their therapy, what I witnessed in the previous period, when working with other patients, was the reactivation of memories of the war in Bosnia and Herzegovina, fear of separation, loneliness, social isolation. Relationships with other people were transformed into virtual relationships. For almost two years, we were intensively warned that close contact with another



transformirani na odnose virtualnim putem. Gotovo dvije godine intenzivno smo upozoravani da je bliski kontakt s drugim čovjekom velik rizik od bolesti i potencijalna smrt. Unutar pola godine, od početka njihove terapije, započinje agresija Rusije na Ukrajinu i inflacija koja nastavlja hraniti sjećanja na rat u Bosni i Hercegovini. Uvjerena sam da su navedeni događaji dovoljno pobudili Ivičine i Maričine tegobe da se jave i započnu vlastite psihoterapije.

Marica se javila u terapiju, zbog depresije, u rujnu 2021 godine. Živi u Njemačkoj i terapija se održava jedanput na tjedan, *online*. Na profilnoj *viber* slici je nasmijana, lijepa, našminkana djevojka. Marica je tada imala 29 godina. Studentica je druge godine stomatološkog fakulteta, nakon što je prije toga odustala od studija medicine. Od kuće je otišla sa 16 godina, povremeno se vraćala. Bila je vrlo dobra učenica koja je učila za peticu, ali godinama ima poteškoće u vezi s tim kako da počne učiti. U trenutku dolaska u terapiju socijalno je povučena, bezvoljna, neraspoložena, smanjene funkcionalnosti kada je u pitanju edukativni razvoj. O hrani i o odnosu prema njoj vrlo se malo govorilo tako da se samo zna kako je Marica imala ljubav prema nutritivno manje kvalitetnoj hrani koja je donosila osjećanje ugone. Ponekad radi i dva posla jer joj je jako važno da je novčano osigurana. Sa stidom je govorila o odlukama i osje-

person meant a high risk of illness and potential death. Within half a year, from the beginning of their therapy, Russia's aggression against Ukraine and inflation began and continued to feed memories of the war in Bosnia and Herzegovina. I am convinced that these events aroused Hansel's and Gretel's troubles enough for them to come forward and start their psychotherapy.

Gretel began therapy for depression in September 2021. She lives in Germany and therapy takes place once a week, online. Her Viber profile picture shows a smiling, beautiful, made-up girl. Gretel was 29 years old at the time. She was a second-year student at the Faculty of Dentistry, after previously dropping out of medical school. She left home at the age of 16, and would occasionally return. She was a very good student who studied for the top grade, but for years she had difficulty starting to study. At the time of her arrival in therapy, she was socially withdrawn, listless, moody, with reduced functionality when it came to educational development. Very little was said about food and her relationship with it, it is only known that Gretel had a love for nutritionally inferior food that brought a feeling of comfort. Sometimes she would work two jobs because it is very important to her to be financially secure. She spoke with shame about decisions and feelings that came from selfishness and greed. She has a hard time spending money, so she would often save. Her parents were in Zenica at the beginning of

ćajima koji su dolazili iz sebičnosti i pohlepe. Vrlo joj je teško kad mora trošiti novac pa je često štedila. Roditelji su na početku rata bili u Zenici. Majka je bila u poodmaklom stadiju trudnoće kada ju je suprug, Maričin otac, poslao u manji grad k njezinoj majci. Otac je prvo donio odluku da u Njemačku ode sam, a trudnu suprugu ostavi, ali se na putu predomislio i otišao po Maričinu majku. Marica se rađa nakon dolaska u Njemačku. Roditelji su živjeli u disfunkcionalnom braku. Otac je kontrolirao sve, ali mu je najveći fokus bio novac, kao i Marici. Bio je nasilan i sklon vezama s drugim ženama. Gadilo joj se kada bi svjedočila očevim požudnim pogledima prema drugim ženama. Nameće mi se ideja kako su i novac, kao i žene sa kojima ulazi u odnos, bili dokaz njegove muške potencije. Mislila je da debljinom stvara okolnosti u kojima je sigurna od vlastita oca. Otac je stalno inzistirao na tome da ona izgubi tjelesnu kilažu. Nju i sestru vagao bi jednom mjesečno. Marica je operirala grudi zbog estetskih razloga, a operaciju su platili roditelji. U jednom navratu govori da je bila u duljoj emotivnoj vezi s Nijemcem, ali se veza „ugasila“. U vezi je bila seksualno aktivna, dok, s druge strane, otac misli kako je ona morala platiti da bi netko imao seks s njom. Otac je protjeran iz Njemačke zbog seksualnog uznemiravanja i drugih malverzacija. Majka inače radi kao medicinska sestra, iako

the war. Her mother was in the advanced stage of pregnancy when her husband, Gretel's father, sent her to a smaller town to live with her mother. The father initially decided to go to Germany alone, leaving his pregnant wife behind, but on the way he changed his mind and went back to take Gretel's mother with him. Gretel was born upon their arrival to Germany. Her parents lived in a dysfunctional marriage. Her father controlled everything, but his biggest focus was money, just like Gretel's. He was violent and tended to form relationships with other women. She was disgusted when she witnessed her father's lustful glances at other women. The idea that both money and women he had relationships with represented proof of his male potency came to mind. She thought that by being fat, she was creating circumstances in which she was safe from her own father. Her father constantly insisted that she lose weight. He would weigh her and her sister once a month. Gretel had breast surgery for aesthetic reasons, and the surgery was paid for by her parents. On one occasion, she said that she was in a long emotional relationship with a German, but the relationship "burnt out". In the relationship, she was sexually active, while on the other hand her father thought that she would have to pay for someone to have relations with her. The father was expelled from Germany for sexual harassment and other malfeasance. Her mother works as a nurse even though it is not her primary occupation. Gretel's mother is a depressed woman



joj to nije primarno zanimanje. Maričina je majka potištena žena koja se lako uznemiri i prepadne, posebno kada je u pitanju Maričin otac, pa joj tada Marica daje podršku, sigurnost i rješava probleme. Majka, okupirana drugim odnosom, kontinuirano je bila obasipana uvredama i devalvacijom od supruga, što je rezultiralo povlačenjem iz uloge majke i u konačnici zamjene uloga s Maricom. Roditelji su bili u procesu razvoda kada je pacijentica došla u terapiju. Razvod je tekao uz dosta straha, prijetnji i borbe za materijalna sredstva. Pri jednom susretu u ordinaciji, zbog kojeg je Marica ciljano došla u Sarajevo, mogla sam vidjeti da je Marica nižeg rasta, oko 160 cm, 110 kg težine, krupnih lijepih očiju i prekrasna osmijeha. Moje prvo iznenađenje Maričinih izgledom bilo je na prvom susretu preko *online* veze, a drugi put kada sam je vidjela u svojoj ordinaciji. Svaki put je iznenađenje bilo zbog njezinih dimenzija. Pri *online* susretu, Marica je bila mnogo adipoznija nego sam je zamišljala, a na susretu u ordinaciji Marica je bila kudikamo niža od njene slike koju sam držala u glavi. Prije početka psihoterapije hitno je operirala kralježnicu zbog diskus hernije koja je uzrokovala neurološke ispade. U tijeku terapije imala je još dvije operacije kralježnice u kratkom roku. Ozbiljna je, pojačane napetosti, smanjene spontanosti pri kontaktu. Osnovno je raspoloženje sniženo i prevladavaju ljutnja, pojačana

who is easily upset and frightened, especially when it comes to Gretel's father, so Gretel provides her with support, security, and solves her problems. The mother, occupied by another relationship, was continuously showered with insults and devaluation by her husband, which resulted in her withdrawing from the role of mother and ultimately switching roles with Gretel. Her parents were in the process of divorcing when the patient came to therapy. The divorce involved a lot of fear, threats and struggle for material resources. During one meeting in the office, for which Gretel purposefully came to Sarajevo, I could see that she was shorter, about 160 cm in height, weighing 110 kg, with big beautiful eyes and a beautiful smile. My first surprise with Gretel's appearance was at the first meeting online, while the second time was when I saw her in my office. Each time the surprise was because of her dimensions. At the online meetings, Gretel was far more adipose than I imagined her to be, and at the meeting in the office, Gretel was far shorter than the image of her that I had in my head. Before starting psychotherapy, she had emergency spinal surgery due to a herniated disc that caused neurological disorders. In the course of therapy, she had two more spinal surgeries in a short period of time. She was serious, with increased tension and reduced spontaneity in contact. The basic mood was lower and dominated by anger, an increased need for sleep and food, a decreased libido, as well as a reduced threshold of tolerance for frus-

potreba za snom i jelom, libido je snižen, kao i prag tolerancije na frustracije. Nema simptoma psihotičnosti, pojačano je sumnjičava prema ljudima, ali ima sposobnost uvida. Niskog je samopouzdanja, misli da je ljudima dosadna i da je neprimjetna. Ima uzak krug prijatelja kako zbog poteškoće da se opusti i stvori povjerenje prema njima, tako i zbog osjećaja da je neprimjetna i dosadna. U terapiji poštuje pravila i *setting*, pri čemu jasno izražava svoje mogućnosti i potrebe. Plaćanje se obavlja jednom u dva mjeseca: mjesec za koji je u dugu i pretplata za idući mjesec. U kontratransferu se stvara osjećaj brige, okupirano sti prema pacijentici s ugodom u radu. U terapijskom je odnosu prisutan osjećaj poštovanja, brige i poštivanja druge strane, ali i distanciranost.

U početnoj fazi terapije pacijentica budi osjećaj da joj primarno treba psihijatar, a ne psihoterapeut. Bojim se bilo kakve intervencije jer imam osjećaj da bi svaka pogreška mogla narušiti fragilan odnos. *Online* sesije pridonose osjećanju fragilnosti jer bi i pucanje internetske veze mogao biti „okidač“ za odustajanje od terapije. Potreba za terapijom i odnosom bila je očita, ali i potreba „odustati i ne biti tu“, u terapijskom odnosu. S jedne strane, kao da je bila gladna dobrih odnosa i emocija, a, s druge, kao da je bila pretrpana lošim odnosima i osjećajima. U tom odnosu kao da je poručivala

tration. There were no symptoms of psychosis, she was increasingly suspicious of people, but had the ability of insight. She had low self-esteem, thought she was boring and inconspicuous to others. She had a narrow circle of friends, both because of the difficulty in relaxing and building trust with them, and because of the feeling that she was inconspicuous and boring. In therapy, she respected the rules and setting, clearly expressing her capabilities and needs. Payments were made once every two months: the month for which she was due for payment and a prepayment for the following month. In countertransference, a feeling of care and concern for the patient was created, along with enjoyment during work. In the therapeutic relationship, feelings of respect, care, and appreciation for the other party were present, but a feeling of distance was created as well.

In the initial phase of therapy, the feeling was that the patient primarily needed a psychiatrist, not a psychotherapist. I feared any intervention because I felt that any mistake could damage the fragile relationship. Online sessions contributed to the feeling of fragility because even a broken internet connection could be a trigger for giving up therapy. The need for therapy and a relationship was obvious, but so was the need for giving up and not being there in the therapeutic relationship. On the one hand, it was as if she was starving for good relationships and emotions, while on the other hand, it was as if she was overwhelmed with



„trebam više dobre hrane, ali ne mogu odustati i od loše“. Sesije se održavaju redovito, čini mi se da su joj na prvo-mjestu prioriteta. Marica živi sa sestrom koja je započela novu emotivnu vezu. Smeta joj prisutnost sestrina momka. Odlazi na posao i u seanse uglavnom donosi dinamiku odnosa sa sestrom. Tijekom vremena kroz terapijske susrete početna bojazan koju sam osjećala gubila je na intenzitetu. U tom razdoblju osjećala sam neku prazninu, tupost i besperspektivnost. Prepoznala sam u sebi Maričine osjećaje. Ključno je strpljenje, i u ovom odnosu s Maricom trebalo je imati dosta kapaciteta za strpljivost. U psihoterapiji se držim principa da ne odustajem od odnosa sve dok pacijenti žele da ga imaju. Jedan dan je Marica odlučila da pokuša učiti, tj. odlučila je boriti se. To je bio prijelomni trenutak. Terapije postaju življe, strah manji, radost susreta veća. Zajedno prolazimo kroz dvije iznenadne operacije leđa i neuspjeh polaganja „velikog“ ispita koji je preduvjet za nastavak studija. Nikada nije pala u apatiju u kakvoj je bila na početku terapije. S vremenom rastu ambicije, hrabrost da izađe iz zone komfora, želja za odnosima, kao i zahvalnost za naš odnos. U isto vrijeme smanjuje se okupiranost leđima i briga o njima kao i briga o novcu. Trenutačno je na raspustu nakon što je uspješno završila treću godinu stomatologije. Jasno

bad relationships and feelings. In that relationship, it was as if she was saying “I need more good food, but I can’t give up on the bad.” The sessions were conducted regularly, and it seemed to me that they were her top priority. Gretel lives with her sister, who had started a new emotional relationship. Gretel was bothered by the presence of her sister’s boyfriend. She would go to work and would mostly bring the dynamics of her relationship with her sister to the sessions. Over time, through therapeutic encounters, the initial apprehension I felt lost its intensity. During that period, I felt a certain emptiness, dullness and hopelessness. I recognized Gretel’s feelings in myself. Patience is key, and in this relationship with Gretel, I needed to have a lot of capacity for patience. In psychotherapy, I adhere to the principle of not giving up on a relationship as long as the patients want to maintain it. One day, Gretel decided to try to learn, i.e. she decided to fight. That was a turning point. The therapies became livelier, there was less fear and a greater joy in encounters. Together, we went through two unexpected back surgeries and failure to pass the “big” exam, which was a prerequisite for continuing her studies. She never fell into the apathy she was in at the beginning of therapy. Over time, ambitions grew, as did the courage to step out of her comfort zone, as well as a desire for relationships, and gratitude for our relationship. At the same time, preoccupation with her back and concern for it, as well as concern for money, decreased. She is currently on vacation after successfully completing her

verbalizira želje da svaki dan izlazi i druži se.

Ivica dolazi mjesec dana nakon Marice. Ima 41 godinu i vrlo je ugledan, uspješan odvjetnik. Razlog su javljanja poteškoće s debljinom i nemogućnost ostvarenja emotivne veze, a želi ženu i djecu. Roditelji su živjeli u zajednici s očevim roditeljima do nekoliko godina prije rata. Ipak ni tada kada se s roditeljima i bratom preselio na Grbavicu, nije promijenio osnovnu školu, nego je odlazio u staru, a nakon toga bi išao k baki i djedu sa kojima su živjeli. Zbog rata obitelj je morala izbjеći s Grbavice u travnju 1992. (početak okupacije Sarajeva) i ponovno se vraćaju u zajednicu u kojoj su ranije živjeli, što Ivicu raduje jer, kako navodi, „Nikada nije volio Grbavicu“. Roditelji su visokoobrazovani. Opisuje ih kao one koji su na usluzi svojoj djeci, ali neinteresantni i neinspirativni. S njima se nema što i o čemu razgovarati, iako su oni bili jako zainteresirani za njegov društveni i ljubavni život. Ivica se ne sjeća da je ikada bio blizak s roditeljima niti da je ikada dijelio sa njima svoje doživljaje i događaje. Ipak više voli biti kod njih nego u vlastitu domu. Kada je Ivica imao tri godine, majčina se mama teško razboljela. Mama je vodila brigu o baki do njene smrti. Ivičin otac tada je radio u Libiji, a Ivica i njegova mama su živjeli u zajednici s očevim roditeljima. Nakon toga Ivica počinje separaciju od-

third year of dentistry. She clearly verbalizes her desire to go out and socialize every day.

Hansel arrived a month after Gretel. He is 41 years old and a very respected, successful lawyer. The reason for his arrival are his weight problems and the inability to achieve an emotional relationship, and he wants to have a wife and children. His parents lived together with his father's parents until a few years before the war. However, even when he moved to Grbavica with his parents and brother, he did not transfer to a new primary school, but went to his old one, and after that he would go to his grandparents with whom they used to live. Due to the war, the family had to flee Grbavica in April 1992 (the beginning of the occupation of Sarajevo) and they returned to the community where they had previously lived, which made Hansel happy because, as he says, "he never liked Grbavica". His parents are highly educated. He describes them as being at the service of their children, but uninteresting and uninspiring. He has nothing to talk about with them, even though they are very interested in his social and love life. Hansel does not remember ever being close to his parents or ever sharing his experiences and events with them. However, he prefers being with them to being in his own home. When Hansel was three years old, his mother's mother became seriously ill. His mother took care of his grandmother until she died. Hansel's father was working in Libya at the time, and Hansel and his mother lived with his father's parents.



laskom u vrtić. Kada je imao 4 godine, majka je ostala trudna sa bratom. Kao dijete u više je navrata upisivan u vrtić, ali ga nikada nije prihvatio i zavolio, pa su brigu o njemu preuzeli očevi roditelji. To je vrijeme provodio u posjetima rodbini i slušanju priča odraslih ljudi „sretan što ne mora da spava po danu i da jede kuhani kupus“. Ne sjeća se konflikta između roditeljskih parova, ali zna da je uvijek trčao baki i djedu ako bi roditelji inzistirali na nečemu u odgoju ili prehrani.

Tijekom djetinjstva bavio se stolnim tenisom koji je zauzeo većinu sjećanja iz ratnog razdoblja. Lako mu je išlo učenje do fakulteta. Otac je inzistirao na tome da Ivica ide na inženjerske fakultete, što ih je kod Ivice automatski diskvalificiralo. Pravni je fakultet upisao zato što je upis na studij režije bio svake druge godine, a režija mu je bila prvi izbor. Pet godina mlađem bratu dijagnosticirana je paranoidna shizofrenija kada je imao 17 godina. Brat je oduvijek bio vrlo zahtjevan i sklon „ispravljanju nepravde“, što bi nerijetko završavalo konfliktima i bratovim optužbama upućenima Ivici jer se Ivica „nije htio miješati“. Ivica je osjećao stid zbog bratova ponašanja, a nerijetko se ljutio na brata jer mu je komplicirao život. Ljutio se i na roditelje jer su brata upisali na stolni tenis koji je Ivica ranije počeo trenirati. Čini mi se da je Ivica mamu i tatu ostavio bratu,

After that, Hansel's separation began when he started going to kindergarten. When he was 4 years old, his mother became pregnant with his brother. As a child, he was enrolled in kindergarten on several occasions, but he never accepted it or grew to love it, so his father's parents took over caring for him. He spent that time visiting relatives and listening to adults' stories, "happy that he didn't have to sleep during the day and eat boiled cabbage." He does not remember any conflict between parents, but he knows that he always ran to his grandparents if his parents insisted on something in his upbringing or diet.

During his childhood, he played table tennis, which took up most of his memories from the war period. He had an easy time studying until college. His father insisted that Hansel go to engineering colleges, which automatically disqualified them to Hansel. He enrolled into law school because admission to the directing program was every other year, and directing was his first choice. His brother, five years younger, was diagnosed with paranoid schizophrenia when he was 17. His brother had always been very demanding and prone to "righting wrongs", which often ended in conflicts and his brother's accusations against Hansel because Hansel "didn't want to get involved". Hansel felt ashamed of his brother's behavior, and often got angry with his brother because he complicated his life. He was also angry with his parents because they enrolled his brother in table tennis lessons, which Hansel had started training

a sebi uzeo baku i djeda kao zamjenski roditeljski par.

U više navrata koristio se raznim metodama sa svrhom mršavljenja i uključivao u to niz profesionalaca. Imao je treninge za reguliranje tjelesne težine, na koje je nerado odlazio. Bezvoljno je radio to što je trener tražio od njega, ali se nikada nije glasno pobunio, nego bi stidljivo sugerirao kako neće moći napraviti vježbe onako kako to trener traži. Trener se ljutio i na kraju se učestalost viđanja smanjila i potpuno prekinula. U primjeni ovih različitih metoda u početku bi postizao značajne rezultate, potom bi došlo do razdoblja zastoja, nakon čega bi uslijedio nekontrolirano brz rast tjelesne težine, na primjer i po 30 kg.

Ivica je navodio da mu je njegova težina bila opravdanje da ga ne zovu na druženja. Govorio je „s ovoliko kila ne mogu na skijanje, ne mogu voziti bicikl, nećeš me pozvati na večeru ako si mi prijatelj koji mi želi dobro“. „Kilaža me je štitila i od seksualnih odnosa.“ Ivica se jako bojao pogriješiti, učenje na greškama stvaralo mu je nelagodu.

Ivica je visok oko 170 cm, tjelesne težine 135 kg, lijepoga mladolikog lica i sijede kose. Pojačane napetosti, vrlo suspregnut u odnosu, ali ne izaziva osjećaj neugode u kontratransferu. Negira ikakve tegobe, samo često osjeti

first. It seems to me that Hansel left his mom and dad to his brother, and took his grandparents as substitute parents.

On multiple occasions, he used various methods with the goal of losing weight and involved a whole range of professionals. He had training sessions to regulate his body weight, which he was reluctant to go to. He half-heartedly did what the trainer asked of him and he never protested loudly, but would shyly suggest that he would not be able to do the exercises to the extent that the trainer asked. The trainer got angry and eventually the frequency of seeing him decreased and ended completely. In the application of these different methods, he would initially achieve significant results, then there would be a period of stagnation, which would be followed by an uncontrollably rapid increase in body weight, for example by up to 30 kg.

Hansel stated that his weight was an excuse for not being invited to social gatherings. He would say: "With this much weight, I can't go skiing, I can't ride a bike, you won't invite me to dinner if you're a friend who wants me well." "My weight also protected me from sexual relations." Hansel was very afraid of making mistakes, and learning from mistakes made him uncomfortable.

Hansel is about 170 cm tall, weighs 135 kg, has a beautiful youthful face and grey hair. He is increasingly tense, very inhibited in communication, but does not cause any discomfort in countertrans-



iznenadnu potrebu za snom koju „liječi“ čokoladom. Čokoladu je volio. Navodio je osjećaj zadovoljstva, topline i ljubavi dok bi jeo. U odnosima s ljudima nepovjerljiv je i boji se opustiti „da ne bi otkrio neku poslovnu tajnu, zbog čega bi klijent mogao ispaštati“. Nikada nije bio nešto jako društven niti je imao potrebu za izlascima. Premda je, s jedne strane, vrlo uspješan odvjetnik, ipak je, s druge strane vrlo neiskusna u odnosima, bili oni prijateljski, seksualni, ljubavni. Nikada nije imao dugu emotivnu vezu. Sklon je racionalizaciji i bježanju u posao. Od osjećanja dominira krivica. Boji se konfliktnih situacija i bježi iz njih. Lako se razočarava u odnosima i tada se povlači bez mogućnosti reparacije. Ivica je u terapiji uvijek bio jako smiren, racionalan, odmjeran, veseo. Njegova uviđanja, koja nisu bila vezana za odnose, bila su zrela. Kada bi govorio o odnosima, uvijek bi zauzimao poziciju krivca i nekompetentnog, čak i defektnog. Neugodne osjećaje i prejedanje nije povezivao. Jedenje ga je uvijek asociralo na zadovoljstvo, sreću i gratifikaciju. Jeo bi brzo, okolina je imala asocijaciju na malo dijete koje uživa dok jede. Ivica bi posebno neukrotivu potrebu za hranom osjetio kada bi konzumirao alkohol. Negativne je osjećaje malokad detektirao i donosio u terapiji. Nisam ga mogla doživjeti kao osobu koja se ljuti, osim kada je riječ bila o bratu. Tada bih imala dojam

ference. He denies any problems except that he often feels a sudden need for sleep, which he “treats” with chocolate. He loves chocolate. He stated that he felt pleasure, warmth, and love while eating it. He was distrustful in relationships with people and was afraid to relax “for fear of revealing some business secret that could cause a client to suffer.” He was never very sociable nor did he feel a need to go out. While on the one hand he is a very successful lawyer, on the other hand he is very inexperienced in relationships, whether they are friendly, sexual or romantic. He has never had a long emotional relationship. He tends to rationalize and escape to work. His feelings are dominated by guilt. He is afraid of conflict situations and runs away from them. He is easily disappointed in relationships and then withdraws without the possibility of reparation. In therapy, Hansel was always very calm, rational, measured and cheerful. His insights, which were not related to relationships, were mature. When he talked about relationships, he would always take the position of the guilty and incompetent side, even defective. He did not associate unpleasant feelings with overeating. He always associated eating with pleasure, happiness and gratification. He would eat quickly, and his surroundings would associate him with a small child who enjoys eating. Hansel would especially feel an uncontrollable need for food when he consumed alcohol. He rarely detected and brought negative feelings into therapy. I could not perceive him as

da je iziritiran, ali nakratko, a onda bi nastupilo emotivno distanciranje i za-hladnjenje. Na terapije dolazi redovito, osim kada mora otići na poslovni put. Povremeno sam imala dojam da je emotivno zaostao i da to kompenzira znanjem, ljubaznošću. Bilo je trenutaka kada sam ga doživjela kao afektivno hladnog. Vrlo sam oprezna s intervencijama. Čini mi se da bi na povredu odreagirao stidom, zatvaranjem, bivanjem još neko vrijeme u terapiji i odlazak bez uspjeha baš kao s trenerima.

Ivica je poteškoće s tjelesnom težinom počeo imati upisom na fakultet, dok je Marica, kako se sjeća, oduvijek imala višak kilograma. Ivica završavanjem srednje škole i upisom na pravni fakultet prekida trenirati i stolni tenis. Događa se niz separacija, s jedne strane od drugova iz srednje škole – koji uglavnom vrijeme provode na fakultetu i nalaze nova društva, a s druge strane od profesora iz gimnazije koje opisuje kao tople, posvećene, obrazovane i prema njima osjeća veliko divljenje, ljubav i poštovanje. Ivica u tom razdoblju prvi put dobiva na tjelesnoj težini oko 10 kg. Sjeća se da je bio jako razočaran jer su u to vrijeme na pravnom fakultetu zaredali česti skandali (korupcija, seksualno uznemirivanje studentica, zlouporaba moći, svađe između nastavnog kadra, fizički obračuni između nastavnog kadra i studenata pa bi reagirala policija i hitna

a person who gets angry except when it came to his brother. Then I would have the impression that he was irritated, but quite briefly, and then there would be emotional distancing and cooling down. He would attend therapy regularly, except when required to go on a business trip. At times I had the impression that he was emotionally behind and that he was compensating for that with knowledge and kindness. There were moments when I perceived him as affectively cold. I am very careful with interventions. It seems to me that he would react to hurt with shame, closure, staying in therapy for a while longer and leaving without success, just like with his trainers.

Hansel started having problems with his weight when he enrolled into college, while Gretel, as she remembers, had always been overweight. When Hansel graduated from high school and started law school, he stopped practicing table tennis. There was a series of separations, on the one hand from his high school friends – who mostly spent their time at college and found new friends, and on the other hand from his high school teachers, whom he described as warm, dedicated, educated, and for whom he felt great admiration, love and respect. During that period, Hansel gained about 10 kg in weight for the first time. He remembers that he was very disappointed because at that time there were frequent scandals at law school (corruption, sexual harassment of female students, abuse of power, arguments between teaching staff, physical fights between teaching



pomoć). „Sve je bilo suprotno od onoga što je bilo u srednjoj školi. Ti profesori su bili kompletni, brižni, topli, usklađenog ponašanja, visokog obrazovanja i vještine da materiju približe učeniku.“ Socijalno se izolira. Ne sjeća se da se prejedao, ali se udebljao. Očeva majka umire kada je bio na drugoj godini studija. „Sigurno sam bio depresivan.“ Prijelomni je trenutak bio kada je „otkrio“ novine. Počinje intenzivno čitati različite tjedne novine. Čini mi se da su pojedini autori tjednih novina postali autoriteti i zamjenske roditeljske figure. Uskoro počinje honorarno pisati za novine, potom dobiva stalno radno mjesto kao novinar. U isto vrijeme počinje polagati ispite na fakultetu. „Kada sam počeo pisati i raditi, onda sam se izvukao.“ Nakon završetka studija otac mu nalazi posao u jednoj odvjetničkoj kancelariji i vrši pritisak na Ivicu da napusti posao novinara. Njegovi drugovi iz srednje škole napuštaju Bosnu i Hercegovinu, a on svoje vrijeme provodi radeći i družeći se, uglavnom, s drugim odvjetnicima.

Na terapiju Ivica dolazi dvaput tjedno. Napetost mu se očitava kroz smijeh. Nedostaje spontanost i u početku vrlo skromno daje podatke o sebi. Uglavnom se osjećam kao da mi je dodijeljena uloga mističnog bića koje ima čarobne moći i da se sada te moći testiraju. Čini mi se da je isti intenzitet moje i Ivičine napetosti. Postavlja

staff and students, which led to police and ambulance interventions). „Everything was the opposite of what it was like in high school. Those professors were complete, caring, warm, well-adjusted, highly educated and skilled in bringing the subject matter closer to the student“. He became socially isolated. He does not remember overeating, but he gained weight. His father's mother died when he was in his second year of study. „I must have been depressed“. The turning point was when he „discovered“ newspapers. He began to read various weekly newspapers intensively. It seems to me that some of the authors of the weekly newspapers became authorities and surrogate parental figures. He soon began writing for newspapers as a freelancer, and then got a permanent job as a journalist. At the same time, he began taking exams at the university. „When I started writing and working, that's when I got out of it.“ After finishing his studies, his father found him a job in a law firm and put pressure on Hansel to quit his job as a journalist. His high school friends left Bosnia and Herzegovina, and he spent his time working and socializing, mostly with other lawyers.

Hansel comes to therapy twice a week. His tension is evident in his laughter. He lacks spontaneity and at first, he provides very little information about himself. I mostly feel as if I have been assigned the role of a mystical being with magical powers and that these powers are now being tested. It seems to me that the intensity of my tension and Hansel's is the

pitanja i traži od mene da pričam baš kao da traži od majke da ga nahrani i ispuni prazninu. Redovito dolazi na zakazane seanse. Iako su seanse s Ivicom vrlo zahtjevne, doživljam ga dragim, pametnim, vrijednim, toplim, ali se na trenutke afektivno se čini hladan i odsutan. Prati me strepnja da nešto ne uočavam s obzirom na bratovu psihijatrijsku dijagnozu. Promjene se događaju. Male su, ali upućuju na postojanje terapijskoga procesa i daju nadu. Postupno jača terapijska privrženost. Tjelesna težina u malom rasponu varira u smislu da opadne, pa se vrati. Moglo bi se reći da je stabilna. Ivica izbjegava vaganje. Nema nikakve treninge, dijete. Prije tri mjeseca na seansi primijetim da pacijent iznenađeno sporije govori, oči mu se sklapaju, čini mi se da želi zaspati. Neugodno mi je iskazati svoja zapažanja jer ga ne želim narcistički povrijediti. Pretpostavljam da je i njemu neugodno. Ipak odlučujem otvoriti ovu temu. Ranije je, onako usput, spominjao da mu se ponekad spava tijekom dana i da tada uzima čokoladu i pije kavu da bi mogao nastaviti obavljati svoje obveze. Išao je na ispitivanja u Zagreb, gdje mu je dijagnosticirana noćna apneja. Preporučeno je aparat za pojačan dotok kisika, ali i dalje je imao problem s iznenadnim napadajima sna, zbog čega se stidio jer su se znali dogoditi i za vrijeme sastanaka. Problem su mu bile i vožnje

same. He asks questions and asks me to talk, just as if he were asking his mother to feed him and fill the void. He attends the scheduled sessions regularly. Even though the sessions with Hansel are very demanding, I find him to be kind, smart, hardworking and warm, but at times he seems affectively cold and absent. I am worried that I am not noticing something, given his brother's psychiatric diagnosis. Changes start to happen. They are small, but they indicate the existence of a therapeutic process and give me hope. Therapeutic attachment gradually strengthens. His body weight fluctuates in a small range, in the sense that it drops and then returns. One could say that it is stable. Hansel avoids weighing himself. He does not engage in any training or diets. Three months ago, during a session, I noticed that the patient suddenly started speaking more slowly, his eyes were closing, it seemed to me that he wanted to fall asleep. I was uncomfortable sharing my observations because I did not want to narcissistically hurt him. I assumed that he was uncomfortable too. I still decided to open up this topic. Earlier, he had casually mentioned that he sometimes feels sleepy during the day and that he then eats chocolate and drinks coffee so that he could continue to do his duties. He underwent some tests in Zagreb where he was diagnosed with sleep apnea. An oxygen machine was recommended, but he still had a problem with sudden attacks of sleep, which he was ashamed of because they could happen even during meetings. Driving was also



pa je izbjegavao voziti, uzimajući profesionalnog vozača, avion ili ne bi išao na dalek put. Klinička je slika odgovarala narkolepsiji. Po dogovoru prije 10 dana uključuje se antidepresiv. Na idućem susretu navodi da su poteškoće s iznenadnom pospanošću reducirane, a smanjio se i apetit. U terapiji je življi, ambiciozniji i želi da se bavimo kvalitetom njegova života... Radujem se što su mu lijekovi vratili dostojanstvo, ali strahujem da će sada naš odnos biti više kemijski, umjetan, magičan... da bi se mogli vratiti korak natrag u psihoterapijskom odnosu.

RASPRAVA

Ivica i Marica, priča koju su opisali braća Grimm, a nastala je u vrijeme velike gladi, tijekom vremena dobila je različite preinake. U svakom obliku majka je ili odsutna zbog smrti ili neostvarenoga majčinskog odnosa sa svojom djecom zbog majčina patološkog narcizma. U slučaju da je majka umrla, u odnos se uključuje zamjenski lik, maćeha koja ima ulogu negativnog objekta koji radi vlastita interesa žrtvuje djecu. Otac nema kapacitet da amortizira, popravi i odigra ulogu dobrog objekta, što rezultira izolacijom djece u šumi i nastanka osjećaja gladi koji možemo vidjeti da se događa i na konkretnoj i na emotivnoj razi-

a problem for him, so he avoided driving, and would hire a professional driver, take an airplane or would not go on long trips. The clinical picture was consistent with narcolepsy. Per agreement, 10 days ago, an antidepressant was introduced. At the next meeting, he stated that the difficulties with sudden drowsiness were reduced, and his appetite decreased. During therapy, he is more lively, more ambitious, and wants us to address the quality of his life... I am glad that the medications have restored his dignity, but I fear that now our relationship will be more chemical, artificial, magical... that we could experience a step back in the psychotherapeutic relationship.

DISCUSSION

Hansel and Gretel, the story told by the Brothers Grimm, was created during a time of great famine, and has undergone various changes over time. In each form, the mother is absent, either due to death or due to having an unrealized maternal relationship with her children because of her pathological narcissism. In the storyline where the mother has died, a substitute character is included in the relationship, the stepmother, who plays the role of a negative object who sacrifices the children for her own interests. The father does not have the capacity to amortize, repair, and play the role of a good object, which results in the children's isolation in the forest and the emergence of a feeling of hunger that we can see happening on

ni. Zbog nezadovoljenja potrebe za hranom/majkom, odnosom s dobrim objektom, djeca lutaju sa svrhom zadovoljavanja osnovnih potreba. Tu se stvara rizik koji ih dovodi u zamku zle vještice. Hrana, kao i emocionalna toplina koju vještica glumi u ulozi starice, biva mamac i djeca uistinu upadaju u zamku. Vještica pokazuje svoju autentičnu narav i želi da proždere/uništi Ivicu, ali dobar odnos s Maricom nahranjen ljubavlju, lojalnošću i brigom omogućuje spasenje i sretan kraj koji se ogleda u obnovljenom odnosu s ocem s obiljem hrane i pozitivnih emocija.

U prikazanim kliničkim slučajevima postoji izoliranost. Ivičina je majka okupirana prvo dinamikom obiteljske zajednice, potom negom bolesne majke, trudnoćom drugim djetetom, dok je otac fizički bio odsutan. Kod Marice izoliranost je bila zbog zastrašujućeg i ugrožavajućeg odnosa s ocem u kojemu je majka i sama prestrašena i poništena od oca. U obama slučajevima postoji nepovjerenje u odnose i hrana služi kao zamjena za objekte. Kod Marice odnos s hranom ne ugrožava kao odnosi u obitelji, ali ljuti oca. Odnos s hranom stvara kod Marice osjećanje kontrole, a kod Ivice hrana popunjava praznine. I Ivica i Marica osjećaju zadovoljstvo i gratifikaciju tijekom konzumiranja hrane. Kod oboje debljina je mehanizam obrane.

both a concrete and an emotional level. Due to the unsatisfied need for food/mother, a relationship with a good object, the children wander in order to satisfy their basic needs. This creates the risk that leads them into the trap of the evil witch. The food, as well as the emotional warmth that the witch plays out while pretending to be an old woman, becomes bait and the children do indeed fall into the trap. The witch shows her authentic nature and wants to devour/destroy Hansel, but a good relationship with Gretel, nourished by love, loyalty and care, allows for their salvation and a happy ending which is reflected in a renewed relationship with their father, and an abundance of food and positive emotions.

Isolation is evident in the clinical cases presented. Hansel's mother is occupied first with the dynamics of the family community, then with caring for her sick mother, and then with her pregnancy with the second child, while the father was physically absent. In Gretel, the isolation was caused by a frightening and threatening relationship with her father, where the mother herself was frightened and annulled by her father. In both cases, there is distrust in relationships and food is used as a substitute for objects. In Gretel's case, the relationship with food is not threatening like the relationships in her family, but it angers her father. The relationship with food creates a sense of control in Gretel, while for Hansel, food fills the inner void. Both Hansel and Gretel feel pleasure and gratification when they eat. For both of them, obesity is a defense mechanism.



Psihoterapijski rad s Ivicom obojen je osjećajem neizvjesnosti u vezi s uspjehom, kao i težine i napora u radu. I kod Ivice i kod Marice prisutan je osjećaj topline u odnosu s terapeutom i kontinuiranost u odnosu sada već tijekom duljeg vremena, što hrani nadu da bi moglo doći do uspjeha u terapiji. Tijekom psihoterapije došli su do uvida u vlastite nesigurnosti kada su u pitanju odnosi, nepovjerenje u druge ljude i problem stvaranja odnosa s njima. Uviđaju da je odnos s hranom zamjena za odnos s ljudima. Imam dojam da u terapiju dolaze sa zadovoljstvom i da je prisutan osjećaj privrženosti.

ZAKLJUČAK

Psihoanaliza jasno navodi korelaciju neugodnih osjećaja, ambivalentnosti i seksualne inhibicije s promjenama u tjelesnoj težini. Osjećaji razočaranja, gubitka i nedostatka zadovoljstva prisutni su tijekom cijelog života u svakog od nas, ali u pojedinim pacijenata glavni su uzročnik prejedanja. Prejedanja i promjene u tjelesnoj težini govore o previranjima na emotivnoj razini. Analitičari su utvrdili da teorija privrženosti daje dosta objašnjenja kada je u pitanju adipoznost. Nerijetko devijantne obrasce u prehrani njeguju i okolina i dijete kao način da se prevlada strah od separacije ili neugode zbog uskraćivanja i nezadovoljavanja djetetovih potreba, ali

Psychotherapeutic work with Hansel is characterized by a feeling of uncertainty about the success, difficulty, and effort in the work. Both Hansel and Gretel display a feeling of warmth in their relationship with the therapist, and continuity in the relationship for a long time now, which nourishes the hope that success in therapy could be achieved. During psychotherapy, they gained insight into their own insecurities when it comes to relationships, distrust in other people and the problem of forming relationships with them. They realize that the relationship with food is a substitute for relationships with people. My impression is that they attend therapy with pleasure and that a feeling of attachment is present.

CONCLUSION

Psychoanalysis clearly states the correlation of unpleasant feelings, ambivalence, and sexual inhibition with changes in body weight. Feelings of disappointment, loss and lack of satisfaction are present throughout life in each of us, but in some patients, they are the main cause of overeating. Overeating and changes in body weight are evidence of turmoil on an emotional level. Analysts have found that attachment theory provides a lot of explanation when it comes to adiposity. Deviant eating patterns are often nurtured by both the environment and the child as a way to overcome the fear of separation or discomfort due to deprivation and failure to satisfy the child's needs, but also

i zbog gratifikacije. Psihopatološki problemi koji mogu biti „okidač“ ili uzročnik adipoznosti u svakoj fazi života, a svoj korijen mogu imati u svakoj fazi psihodinamskog razvoja. Otklanjanje simptoma, osvješćivanje i stvaranje novoga korektivnog iskustva nešto je što psihoterapiju čini učinkovitom, ali dugotrajnom i mukotrpnom s nizom teških prepreka unutar pacijenta.

for the purpose of gratification. Psychopathological problems which can be a trigger or cause of adiposity at any stage of life, can have their roots in any stage of psychodynamic development. The removal of symptoms, raising awareness, and creating a new corrective experience is something that makes psychotherapy effective, but also long-term and arduous, with a series of difficult obstacles that need to be tackled within the patient.

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