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GRUPNA PSIHODINAMIČKA PSIHOTERAPIJA U LIJEČENJU GRANIČNOG POREMEĆAJA OSOBNOSTI

/ PSYCHODYNAMIC GROUP PSYCHOTHERAPY IN THE TREATMENT OF BORDERLINE PERSONALITY DISORDER

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SAŽETAK/*ABSTRACT*

Granični poremećaj osobnosti karakteriziran je pervazivnim simptomima nestabilnosti u međuljudskim odnosima, *self-imageu* i afektu, uz impulzivnost i znatne probleme s identitetom. Socijalno ponašanje tih bolesnika nestabilno je, kaotično i kontradiktorno.

Liječenje graničnog poremećaja osobnosti predstavlja terapijski izazov budući da navedena obilježja osobnosti tih bolesnika znatno utječu na odnos prema psihoterapeutu kao i na odnose u grupnom *settingu*. U vrijeme kada su postavljeni dijagnostički kriteriji za granični poremećaj smatralo se da je riječ o poremećaju koji je neizlječiv. U međuvremenu je došlo do promjene u konceptu, stajalištima i psihoterapijskom pristupu. Istraživanja evaluacije psihoterapijskih postupaka za taj poremećaj dokazala su učinkovitost mnogih od njih. Među njima je i grupna psihodinamička psihoterapija. U odnosu na klasični psihoanalitički pristup u radu s tim bolesnicima danas se preferira veći angažman psihoterapeuta, ohrabrivanje, validacija i savjetovanje, tj. potiče se intersubjektivnost i *enactment*, osobito na početku liječenja kad je anksioznost preplavljujuća i postoji opasnost od preranog prekida terapije. Nakon što se postigne kohezija u grupi i razvije grupni matriks dolaze u obzir ekspresivne ili interpretativne intervencije. Budući da je riječ o bolesnicima koji psihoterapeuta ne ostavljaju indiferentnim te mogu pobuditi snažne kontratransferne odgovore, potrebna je redovita supervizija.

Cilj ovog rada jest teoretsko razmatranje i razumijevanje uloge grupne psihodinamičke psihoterapije u liječenju graničnog poremećaja osobnosti.

/ Borderline personality disorder (BPD) is characterized by pervasive symptoms of instability in interpersonal relations, self-image, and affect, accompanied by impulsive behavior and major identity issues. Social behavior of such patients is unstable, chaotic, and contradictory.

The treatment of BPD is a challenge from the therapeutic point of view since the patient personality traits mentioned above affect the relationship with both the psychotherapist and the group, if treated in such setting. At the time when the diagnostic criteria were being set, BPD was considered to be an incurable disorder. In the meantime, there have been changes made to the concept of BPD, to the attitudes toward it, as well as to the therapeutic approach. Evaluations of psychotherapeutic methods showed that many were effective, including group psychodynamic psychotherapy, for BPD treatment. In contrast to the classical psychoana-

lytic approach, greater psychotherapist involvement is advised, as well as encouragement, validation, and counseling. The BPD patients are being motivated to use intersubjectivity and enactment, especially in the initial sessions when anxiety can be overwhelming and there is a risk of premature termination of the therapy. After the group cohesion has been achieved and the group matrix developed, expressive or interpretative interventions can be employed. Due to the risk of strong countertransference, regular supervision must be practiced.

The aim of this paper is to present some theoretical considerations and deepen the understanding of the role of psychodynamic group psychotherapy in the treatment of BPD patients.

KLJUČNE RIJEČI / KEYWORDS

granični poremećaj osobnosti / *borderline personality disorder*, grupna psihoterapija / *group therapy*, psihodinamika / *psychodynamic*, liječenje / *treatment*

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TO LINK TO THIS ARTICLE:

UVOD

Kriterije za dijagnozu graničnog poremećaja osobnosti postavili su Grinker i suradnici prije oko pedeset godina. Kao osnovna obilježja tog poremećaja navode „stabilnost u njegovoj nestabilnosti“, kroničnost i neizlječivost (1).

INTRODUCTION

The criteria for borderline personality disorder diagnosis were set by Grinker et al. some 50 years ago. They said the basic characteristics of borderline personality disorder were “stability in its instability”, chronicity, and incurability (1) Much has changed since with regard to the concept

Od tada do danas koncept i pristup tretmanu osoba s graničnim poremećajem osobnosti umnogome su se promijeniili (2).

Znatan doprinos psihodinamičkom razumijevanje graničnih poremećaja dugujemo Ottu Kernbergu (1967.) koji je definirao graničnu razinu funkcioniranja kao organizaciju osobnosti između neurotske i psihotične organizacije. Kernberg opisuje granični poremećaj osobnosti kao poremećaj u integraciji *selfa* uzrokovan nedostatnom integracijom *self*-reprezentacija i objektnih reprezentacija uz kontradiktorne osjećaje ljubavi i mržnje. Zbog toga pacijentov subjektivni život ostaje kaotičan, praćen znatnim problemima s identitetom uz nesposobnost da integrira percepcije važnih drugih, iz čega proizlazi diskontinuirano, kaotično i kontradiktorno socijalno ponašanje (3).

Slično Kernbergu, Bateman i Fonagy tvrde da je emocionalna nestabilnost kod graničnih poremećaja osobnosti sekundarna u odnosu na nestabilno unutarnje stanje. Oni tvrde i da postoji deficit ili inhibicija sposobnosti za mentalizaciju što vodi nestabilnosti vlastitog osjećaja *selfa* (4).

Sa psihodinamičkog stajališta granični poremećaj osobnosti odlikuju problemi *selfa* (5), poteškoće u učinkovitosti ega i primitivne obrane, čime se tumače

of borderline personality disorder and treatment of the patients (2).

Significant contributions to the psychodynamic understanding of borderline personality disorder are owed to Otto Kernberg (1967), who defined the marginal level of functioning as the personality organized between neurotic organization on the one hand, and psychotic organization, on the other. Kernberg describes borderline personality disorder as a disruption in self-organization, caused by insufficient integration of self-representations and object-representations along with contradictory feelings of love and hate. Because of that, patient's subjective life remains chaotic, filled with significant identity issues along with the inability to integrate the perceptions of significant others. Therefore, the above results in a discontinuous, chaotic, and contradictory social behavior (3).

Similar to Kernberg, Bateman and Fonagy also assert the emotional instability in borderline personality disorder patients as secondary to the unstable inner status. Also, they contend there is a deficit or inhibition of the mentalization capability, which leads to the unstable feeling of one's own self (4).

From the psychodynamic point of view, borderline personality disorder is characterized by issues with self (5), difficulties with ego efficacy, and presence of primitive defense mechanisms, which are used to interpret the issues in main-

problemi u održavanju granica i problemi u interpersonalnim odnosima. Izraženo je agresivno ponašanje i sklonost *acting-out* ponašanju. Najčešći su obrambeni mehanizmi projektivna idealizacija i projektivna identifikacija, omnipotentna kontrola i derealizacija (6, 7). Osim toga, kod tih poremećaja prisutna je i psihopatologija zasnovana na primitivnim obranama kao *splitting*, projektivna identifikacija, difuzija identiteta i pogrješke u testiranju realnosti te iskrivljen osjećaj o sebi i drugima uz naglašen strah od napuštanja (8).

Važno mjesto u razumijevanju i psihoterapiji osoba s graničnim poremećajem osobnosti imaju teorije *attachmenta* (9), zatim fenomeni kao što su mentalizacija i zrcaljenje. Mentalizacija je sposobnost da se na implicitnom i eksplicitnom planu doživi vlastiti *self* i druge. Drugim riječima, mentalizacija je proces kojim interpretiramo vlastite postupke i postupke drugih i dajemo im smisao. Taj proces temelji se na mislima, osjećajima, vjerovanjima i željama. Mentalizacija se zasniva na sigurnom *attachmentu*. *Attachment* nastaje na temelju zrcaljenja vlastitog emocionalnog stanja putem refleksije emocionalno investirane osobe (majka ili druga osoba koja njeguje). Zrcaljenje može biti ometano velikim brojem čimbenika među kojima treba istaknuti traumatsko iskustvo što može rezultirati dubokom dezorganizacijom

taining boundaries and interpersonal relationships. Aggressive behavior and proclivity for "acting-out" behavior are prominent in borderline personality disorder patients. The most used defense mechanisms are projective idealization and projective identification, omnipotent control, and derealization (6, 7). In these disorders, psychopathology based on primitive defenses, such as "splitting", projective identification, identity diffusion, defect in reality testing, distorted feelings about self and others accompanied by strong fear of being abandoned, is also present. (8).

Attachment theories are also important for understanding and designing the therapy for patients with borderline personality disorder (9), as well as mentalization and mirroring. Mentalization is the ability to experience one's own self and that of others both implicitly and explicitly. In other words, mentalization is a process through which we interpret our actions, as well as those of others, and give them meaning. This process is based on thoughts, desires, feelings, and beliefs. Mentalization is based on safe attachment. Attachment is formed on the basis of mirroring of one's own emotional state using reflections of an emotionally invested person (mother or some other caretaker). Mirroring can be distorted by a number of factors, notably by a traumatic experience, which can result in a deep disorganization of the self. The result is a constant need for projective identification with the goal of re-ex-

selfa. Posljedica je stalna potreba za projektivnom identifikacijom s ciljem reeksternalizacije stranog, destruktivnog *selfa* (10, 11).

Uzevši u obzir spomenute teorijske koncepte, može se reći da je u osoba s graničnim poremećajem osobnosti glavni problem u bliskim interpersonalnim relacijama, što je bitno za uspostavu odgovarajućeg terapijskog saveza u psihoterapijskom tretmanu i stvaranja kohezije u grupnoj psihoterapiji.

Upravo zbog navedenih obilježja psihoterapija graničnog poremećaja osobnosti izazov je i u individualnom i u grupnom *settingu*. Bolesnik s graničnim poremećajem osobnosti u neurotskoj grupi opisuje se pojmom „težak pacijent" u grupi.

Terapijski savez s bolesnikom važno je uspostaviti već za vrijeme pripreme za grupu, (6) jer on je ključni prediktor ishoda tretmana za granične poremećaje osobnosti. Pritom treba paziti na psihoterapijski pristup i trajanje psihoterapije (12). Općenito, analitički tretman ima za cilj rad na nesvjesnim procesima fokusirajući se na konflikte, objektne odnose, *self* i/ili interaktivne procese (Gabbard, 2005.; de Wolf, 2002.) (8, 13). Treba imati na umu da je grupna situacija izvor anksioznosti visokog stupnja zbog straha od gubitka granica, zbog zrcaljenja putem čla-

ternalization of the foreign, destructive self (10, 11).

Taking the above-mentioned theoretical concepts in consideration, it can be concluded that the main issue with borderline personality disorder persons lies in interpersonal relations, which is crucial in establishing an adequate therapeutic alliance in a psychotherapeutic treatment and in the creation of cohesion in a group psychotherapeutic setting.

Due to the above-mentioned traits, borderline personality disorder presents a challenge in both individualistic and group approach. A patient with borderline personality disorder in a neurotic group is often described as "difficult" by the group.

It is important to establish a therapeutic alliance with the patient as early as possible, at the group preparation step, (6) because that step is the key predictor of the end result of the borderline personality disorder treatment. The therapeutic approach and the duration of the therapy must be taken into consideration (12). Generally speaking, the goal of the analytical treatment is to work on the unconscious processes with focus on conflicts, object relations, self and/or interactive processes (Gabbard, 2005; de Wolf, 2002) (8, 13). Bear in mind that group setting generates a high degree of anxiety due to the fear of losing one's limits, mirroring using others, ambivalent relationships with group members, and the group as

va grupe, zbog ambivalentnog odnosa s članovima grupe, ali i grupe u cjelini. Granični bolesnik nastoji ublažiti tjeskobu uz kontrolu drugih nastojeći na taj način održati kontrolu nad svojim unutarnjim svijetom (6, 7).

Ulazak u grupu može rezultirati pojačanom agresivnošću i konfliktima s obzirom na to da u grupnoj situaciji članovi grupe ulaze u različite oblike interpersonalnih odnosa. Nova situacija može reaktivirati neželjena iskustva otprije. Ti bolesnici često u anamnezi imaju iskustvo (npr. u vlastitoj obitelji) žrtvenog janjeta ili odbacivanja, zbog čega je prihvaćanje od grupe i uključivanje u grupu važno za njihov daljnji razvoj (14).

UČINKOVITOST PSIHOTERAPIJSKOG PRISTUPA I INTERVENCIJA

Kernberg je pokazao da se bolesnici s graničnim poremećajem osobnosti mogu uspješno liječiti psihoanalitičkom psihoterapijom, uz rad na transferu (15, 16, 17). Ta psihoterapija pokazala se učinkovitijom u odnosu na neke druge oblike terapije i pomaže u području ublaživanja simptoma graničnog poremećaja, organizacije osobnosti i psihosocijalnog funkcioniranja te je superiorna u smanjenju suicidalnosti i potrebe za hospitalizacijom (17).

a whole. Borderline personality disorder patients try to assuage the anxiety using the control of the others and thus maintaining the control over their own internal world (6, 7).

Joining a group can provoke aggressiveness and conflict because group members engage in different forms of interpersonal relationships within the group. The newly formed situation can trigger unwanted past experiences. Such patients often have a history (in their own family, for example) of being the scapegoat or of being rejected. Therefore, being accepted by the group and engaging with the group presents a significant milestone for their further treatment (14).

EFFICACY OF THE PSYCHOTHERAPEUTIC APPROACH AND INTERVENTIONS

Kernberg has shown that patients with borderline personality disorder can be treated successfully using psychoanalytic psychotherapy, by working on transference (15, 16, 17). The same therapy has proven more efficient than some other forms of therapy and helps in the domain of reduction the symptomatology of the borderline disorder, organization of personality, and psychosocial functioning. It is greatly efficient in suicidality reduction and in the reduction of need for hospitalization (17).

Kernberg navodi da se stanje bolesnika s graničnim poremećajem osobnosti pogorša u nestrukturiranim oblicima psihoterapije te da je strategije klasične psihoanalize i psihoanalitičke psihoterapije potrebno modificirati u smislu veće aktivnosti psihoterapeuta, stavljanja fokusa na odnos bolesnik – terapeut te na situaciju „ovdje i sada" (18).

Velik broj istraživanja koja se bave evaluacijom psihoterapijskih metoda u liječenju graničnog poremećaja osobnosti potvrdio je da su psihoterapije usmjerene na transfer ili one koje sadržavaju elemente transfera učinkovitije. Leppaenen i suradnici (2016.) dokazali su učinkovitost shema psihoterapije. Schema psihoterapija je integrativni oblik psihoterapije i uključuje kognitivno-bihevioralnu psihoterapiju, psihodinamičku psihoterapiju, teoriju *attachmenta* i geštalt-psihoterapiju (19, 20, 21). Na transfer fokusirana psihoterapija (*Transference-focused psychotherapy*) također se pokazala učinkovitijom u odnosu na tretman vođen od strane iskusnih socijalnih psihoterapeuta. Ta psihoterapija bila je učinkovitija u području simptoma, psihosocijalnog funkcioniranja i organizacije osobnosti i djelovala je na smanjenje suicidalnosti i broja hospitalizacija (17, 22, 23, 24). Metaanaliza učinkovitosti različitih psihoterapijskih tehnika pokazala je učinkovitost velikog broja psihoterapija, ali najsolidniji učinak pokazale su dijalek-

Kernberg states that borderline patients grow worse when treated by unstructured forms of therapy, and that the strategy of the classical psychoanalysis and psychoanalytical psychotherapy should be modified in the direction of greater psychotherapist engagement, putting the focus on the patient-psychotherapist relation, and the "here-and-now" situation (18).

A number of research studies into the evaluation of psychotherapeutic methods in the treatment of borderline personality disorder have confirmed that the therapies directed to transference, or those therapies that contain elements of transference, are more efficient. Leppaenen et al. (2016) have proven the efficacy of the schema therapy. Schema therapy is an integrative form of therapy that includes cognitive-behavioral therapy, psychodynamic psychotherapy, attachment theory, and gestalt therapy (19, 20, 21). Transference-focused psychotherapy has also been shown as more effective than treatment led by experienced social psychotherapists. This type of therapy has been more efficient in the domain of symptoms, psychosocial functioning, and personality organization and effective in terms of suicidality reduction and decreased number of hospitalization cases (17, 22, 23, 24). Efficacy meta-analysis of different therapy techniques has demonstrated the efficacy of a number of therapies, but dialectic behavioral therapy (DBT) and psycho-

tička biheviоralna psihoterapija (DBT) i psihodinamičke psihoterapije (25, 26).

U tom obliku psihoterapije podjednako je važan odnos bolesnik – psihoterapeut kao i interpretacija tog odnosa. Učinkovita interpretacija transfera može biti ključna za jačanje psihoterapijskog saveza. Broj interpretacija manje je važan u odnosu na vrijeme interpretacije (27). Ako psihoterapeut ili grupa ne odgovaraju empatijski na osjećajne potrebe tih bolesnika, oni će se osjetiti izdanima i izgubljenima i u tom stanju branit će se povlačenjem ili agresijom (28).

Grupna psihoterapija graničnog poremećaja osobnosti

U psihodinamičkoj grupnoj psihoterapiji s teškim bolesnikom važno je imati u fokusu i grupu kao cjelinu i individualne sudionike. Kad se grupa tretira kao cjelina narcistične povrede koje doživljavaju pojedinci u grupi mogu kulminirati negativnim ishodom grupne psihoterapije. Alford (1995.) kritizira isključiv pristup grupi kao cjelini (Bion i Ezriel) s obzirom na to da u tom slučaju nije moguće izbjeći frustracije i narcistične povrede što može omesti pozitivan ishod grupne psihoterapije (29).

Suportivni oblici grupne psihoterapije koji naglašavaju ohrabrenje, validaciju i savjetovanje, u liječenju graničnog

dynamic therapies were found to be the most effective (25, 26).

In this form of psychotherapy, the patient-psychotherapist relationship and the interpretation of that relationship are equally important. Efficient interpretation of transference can be crucial for the strengthening of therapeutic alliance. The number of interpretations is of lesser importance to the timing of the interpretation (27). If the psychotherapist or the group do not provide emotional feedback to the emotional needs of the patients, they will feel betrayed and lost, and they will defend by either withdrawal or aggression (28).

Group psychotherapy for borderline patients

In psychodynamic group therapy with difficult patients, it is important to pay attention to both, the group as a whole and to the individual participants. When the group is treated as a whole, narcissistic injuries suffered by individual patients can culminate in a negative outcome of the therapy. Alford (1995) criticizes the exclusory approach to the group as a whole (Bion and Ezriel) because it precludes avoidance of frustration and narcissistic injuries, which can endanger the positive outcome of the therapy (29).

Supportive forms of group psychotherapy that focus on encouragement, validation, and counseling seem to be

poremećaja pokazali su se učinkovitijima u odnosu na ekspresivne ili interpretativne varijante s naglaskom na interpretaciji, konfrontaciji i klarifikaciji. Primjenom prvih bilo je manje preranih prekida tretmana. Od spomenutih psihoterapijskih intervencija klarifikacija se pokazala kao metoda koja najbolje validira unutarnju bol, a najmanje je devastirajuća za fragilni ego bolesnika te pomaže bolesniku da nauči izravnije izražavati svoje želje i potrebe. To je zato što bolesnici s graničnim poremećajem osobnosti teško podnose frustracije, imaju slabu toleranciju na anksioznost kao i probleme u kontroli impulsa te manji kapacitet za testiranje stvarnosti i mentalizaciju (16, 30, 31, 32, 33). No u onih koji imaju taj kapacitet tehnike orijentirane prema unutra (*insight-oriented*) mogu dovesti do znatnog poboljšanja. Dakle, intervencije trebaju biti fleksibilne i prilagođene snazi odnosno slabosti bolesnika kao i fazi liječenja. Pritom je potreban empatičan psihoterapeut koji je u stanju ublažiti tjeskobu (56) te prema potrebi prilagoditi okvir i načela psihoterapije (34). Istraživanja su pokazala da je dugotrajna psihodinamička grupna psihoterapija u ambulantnom *settingu* učinkovita za poremećaje osobnosti (35, 36, 37) te kao nastavak dnevnog bolničkog liječenja ili nastavak bolničkog liječenja za te poremećaje osobnosti (38, 39).

more efficient in treating borderline personality disorder than expressive or interpretative approaches with focus on interpretation, confrontation, and clarification. The application of the former resulted in less premature terminations. Of the mentioned psychotherapeutic interventions, clarification has proved to be the method that validates the inner pain the best, while being the least devastating to the fragile ego of the patient. Also, it helps patients to learn to express their desires and needs more directly. The results are such due to the fact that borderline personality disorder patients do not tackle frustration easily, have weak tolerance for anxiety as well as impulse control issues, and lesser capacity for testing the reality and mentalization (16, 30, 31, 32, 33). However, in those with that capacity, the insight-oriented techniques can lead to significant improvement. Therefore, interventions should be flexible and adjusted to the level of the patient's mental fortitude and the stage of treatment. An emphatic psychotherapist capable of assuaging the anxiety (56) should participate and, according to the situation, adjust the frame and the principles of the therapy (34). Research has shown that long-term psychodynamic group psychotherapy in an ambulatory setting is efficient for personality disorders (35, 36, 37), as well as a continued outpatient clinic or a continued hospital treatment for these personality disorders (38, 39).

MANIFESTACIJE OBRANA I OTPORA TIJEKOM LIJEČENJA U GRUPI

Bolesnici koji prihvate psihoterapiju očekuju pomoć u oslobađanju od unutarnjih konflikata, psihološke boli i distresa koji narušava njihovu sposobnost da budu na miru sa sobom i drugima. Cilj je rada grupe da ona postane više od zbroja njezinih dijelova, tj. da postane funkcionalna jedinica i sigurno mjesto za rješavanje dvojbi svakog člana grupe (Nitsun, 1991.; Yalom & Lesczc, 2005.) (6).

Od sudjelovanja u radu grupe granični bolesnik ima očekivanja, no sudjelovanje u grupi, kao što je spomenuto, istodobno predstavlja i opasnost.

Grupna dinamika od trenutka ulaska u grupu provocira stalno prisutnu težnju da se izbjegne i grupu i njezine granice. Konstantna težnja za napuštanjem grupe pojavljuje se u bolesnika koji se osjećaju nelagodno, bolno, izrazito tjeskobno i nisu u stanju prevladati te osjećaje. Ponekad takva težnja ima za cilj testiranje granica i nesvjesnu želju za postizanjem narcističke gratifikacije od članova grupe, posebno voditelja grupe. To osobito vrijedi za bolesnike koji su doživljavali deprivaciju u svojim primarnim obiteljima i za koje sam ulazak u grupu, gdje su prisiljeni dijeliti voditelja s drugim članovima, predstavlja svojevrsnu narcističku povredu zbog čega će

MANIFESTATIONS OF DEFENSES AND RESISTANCE DURING GROUP THERAPY

Patients that accept psychotherapy expect being helped in relieving inner conflicts, psychological pain, and distress that impedes their capability to be at peace with themselves and others. The goal of the group is to become more than the sum of its parts, meaning, to become a functional unit and a safe place for resolving dilemmas for every member of the group (Nitsun, 1991; Yalom & Lesczc, 2005) (6).

Borderline patients have expectations from participation in a group, however, and as mentioned above, this participation also represents a danger.

Group dynamic provokes the ever-present desire to avoid both the group and its boundaries from the moment the patients join in. The constant need for leaving the group appears in patients who feel uncomfortable, in pain, anxious, and who are not capable of overcoming those feelings. Sometimes, that need has the goal of testing the boundaries and is indicative of an unconscious desire to achieve narcissistic gratification from the group members, especially the group conductor. It is especially true for the patients who have experienced deprivation in their primary families and for whom the very act of joining the group, where they are forced to share the conductor with others, represents a sort of narcissistic injury because of which they see

grupni *setting* doživjeti kao nedovoljno dobro mjesto za zadovoljenje „dječjih" potreba. Sile koje djeluju da se napusti naoko sigurno i podupiruće mjesto kao što je grupni *setting* usmjerene su na izbjegavanje grupe koja može biti zastrašujuće, prijeteće, destruktivno, proganjajuće ili preplavljujuće mjesto ili pak stupica koju nije lako napustiti, odnosno gdje se može biti zatočen, kontroliran, neispunjen, paraliziran, u strahu od anihilacije (40, 41). Granični bolesnik u grupu donosi svoja iskustva i konflikte iz prošlosti, kako je obrazložio French (1952): „Konflikti u sadašnjosti (fokalni konflikt) predstavljaju ponovno proživljavanje 'nuklearnih' konflikata iz ranog razvoja. Nuklearni konflikti zasnivaju se na potrebi za hranjenjem i potrebi za izražavanjem ljutnje i predstavljaju 'uznemirujuće motive' koji mogu biti u suprotnosti s čimbenicima u stvarnosti (42). „S ciljem ublaživanja straha ili krivnje motivirano je ponašanje kojim se nastoji privući pažnju, pronaći zamjenskog skrbnika ili se bira povlačenje uz određena uvjerenja o sebi i drugima te tome prilagodi životni stil (9). Tako i granični bolesnici u psihoterapijskoj situaciji mijenjaju fenomenologiju ovisno o tome kako se osjećaju. Ako se osjećaju poduprto, mogu biti suradljivi i manifestirati simptome iz kruga depresivnih, a u slučaju da se osjećaju odbačeno, mogu izražavati ljutnju i samodestruktivno ponašanje, dok u

the group setting as a deficient place for satisfying "childlike" needs. The forces that drive a person to leave what appears to be a safe and supportive place, such as a group setting, are directed at avoiding the group that may potentially be a frightening, threatening, destructive, haunting or overwhelming place or a trap that is not easy to leave – in other words, a place where one can be entrapped, controlled, unfulfilled, paralyzed, and in fear of being annihilated (40, 41). Borderline patients bring their experiences and conflicts from the past to the group, as French (1952) put it: conflicts in the present (focal conflicts) represent re-experiencing of the "nuclear" conflicts of the early development. Nuclear conflicts are based on the need to feed and the need to express anger, they represent "disturbing motives" that could be contradictory to the factors in reality (42). With the goal of reducing the fear or guilt, patients are motivated to behave in a way to try to attract attention, find a replacement caretaker, or they choose to retreat with certain beliefs about themselves and others to which they try to adjust their lifestyle (9). Borderline patients in a therapeutic situation change phenomenology based on how they feel. If they feel supported, they can be cooperative and manifest depressive symptoms. In case they feel rejected, they can express anger and self-destructive behavior. In case of feeling lonely, the dominant behavior is impulsiveness and, in some cases, short psychotic experiences (15). Symptoms are a product of a chronic intense inter-

slučaju osjećaja usamljenosti dominira impulzivnost, a u nekim slučajevima i kratka psihotična iskustva (15). Simptomi proizlaze iz intenzivne unutarnje kronične boli proizišle iz osjećaja da nisu dobili ili su izgubili ljubav emocionalno važne osobe i pokušaja da se ta bol istodobno izrazi i prikrije (16).

Limitiran kapacitet graničnih bolesnika za razvoj pozitivnih odnosa s drugima utječe i na odnose u psihoterapijskom *settingu* (43). U grupnoj situaciji njihov afekt i iskrivljena percepcija znatno utječu na psihoterapijski proces i jako iscrpljuju grupne resurse (7). Grupa se stoga može doživljavati slabom i nekompetentnom te u takvoj situaciji (prema Bionu) teži ovisnosti o psihoterapeutu ili nekom od članova grupe (44). Strah od separacije i strah od vezivanja prisutni istodobno razlog su za tipične obrane (*splitting*, projektivna identifikacija, obezvrjeđivanje) ili bijeg. Ako granični bolesnik prevlada separacijsku anksioznost, može biti stabilizirajući čimbenik za grupu, jer ulaže napor da zadrži važne objekte za sebe (7). Bolesnik s graničnim poremećajem osobnosti može primjenjivati projektivnu identifikaciju u situacijama koje su emocionalno nepodnošljive. Naprimjer ulazak novog člana u grupu, kad u grupi dominira agresija i povišeni tonovi, jer se članovi ljute na ulazak novog člana ili uzastopni izostanak člana kao i na voditelja koji je

nal pain that itself is a product of a feeling that they have not received or have lost love of an emotionally important person and they attempt to both show and hide that pain at the same time (16).

The limited capacity for developing positive relations with others in borderline patients affects relations in the therapeutic setting as well (43). In a group situation, their affect and their distorted perception influence significantly the therapeutic process and deplete the group's resources (7). It can cause the group to feel weak and incompetent. In such a situation, the group (according to Bion) leans towards being dependent on the psychotherapist or some of the group members (44). The fear of separation and the fear of bonding present simultaneously are the reason for the typical defenses (splitting, projective identification, belittlement) or escape. If borderline patients overcome separation anxiety, they can be a stabilizing factor for the group because they work to keep important objects for themselves (7). Patients with borderline personality disorder can use projective identification in situations that are emotionally intolerable. For example: a new member joining the group, when aggression and high tensions dominate in the group, because members are angry at the entry of the new member, or a member missing a session more than once in a row, and the psychotherapist who allowed it (45). They will then try to, in a nonverbal way (46) and according to the principles

to dopustio (45). Tada će na neverbalni način (46), po principu patološke primarne komunikacije, pokušati privući voditeljevu pozornost, odnosno kontrolu nad njim s ciljem sprječavanja ponavljanja traumatskog iskustva iz prošlosti (često osjećaja napuštenosti). Trauma tijekom razvoja generira strah koji ometa *attachment*, a u odrasloj dobi generira još više tjeskobe čime se intenzivira potreba za utjehom (10, 11). Kad se u grupi odigrava situacija koja pobuđuje iskustva proizišla iz traume, bolesnik može u drugima vidjeti aspekte važnih objekata iz vlastitog života (zrcaljenje). Situacija je još složenija ako se dogodi dvostruko zrcaljenje (6). Zrcaljenje i dvostruko zrcaljenje u grupi situacije su koje mogu voditi drugoj Bionovoj postavci „borba ili bijeg", kad članovi grupe pribjegavaju otvorenom neprijateljstvu ili povlačenju (47, 48).

Strah od intimizacije i asimilacije u grupi osobito kad je u pitanju granični bolesnik golem je. Njihov limitirani kapacitet za razvoj pozitivnih odnosa s drugima utječe na odnose u terapijskom *settingu*. Ako je distres u interpersonalnim odnosima naglašen, slabiji je odaziv na seanse. Neki od razloga su kohezija grupe kao i oblik tretmana (suportivni ili interpretativni) (28). Kad govorimo o graničnim slučajevima u grupi, pokazalo se da je manji broj preranih prekida tretmana kod suportivnih oblika psihoterapije koje naglašavaju ohrabrenje, validaciju

of pathological primal communication, gain the conductor's attention, gain the control over the conductor with the goal of prevention of traumatic experience from the past (often feeling of being abandoned) repeating itself. Trauma during development generates fear that interferes with attachment; in adults, it generates even more anxiety, which in turn creates a more intense need for consolation (10, 11). When a situation in a group is such, it elicits trauma-related experiences, patients can see aspects of significant objects from their own lives in others (mirroring). The situation is even more complex if a double mirroring happens (6). Mirroring and double mirroring in the group are the type of situations that can lead to the second Bion's assertion: fight or flight when members of the group are openly inimical, or retreat (47, 48).

The fear of intimization and assimilation in a group is tremendous, and especially so when borderline patients are involved. Their limited capacity for development of positive relations with others impacts relations in a therapeutic setting. If the distress in interpersonal relations is strong, the session attendance drops. Some of the reasons for that are group cohesion and form of treatment (supportive or interpretative) (28). When speaking about borderline cases in a group, there is a smaller number of premature terminations in supportive forms of psychotherapy that emphasizes encouragement, validation, and counseling

i savjetovanje u odnosu na ekspresivne ili interpretativne varijante psihodinamičke psihoterapije, s obzirom na to da bolesnici s graničnim poremećajem osobnosti teško podnose frustracije, imaju slabu toleranciju za anksioznost kao i probleme u kontroli impulsa te manji kapacitet za testiranje realnosti i mentalizaciju (16). Apsentizam je jedan od načina kako grupa može izbjegavati intimizaciju, tj. funkcioniranje po principu radne grupe prema Bionu. Apsentizam je u osnovi narušavanje okvira. Pitanje okvira za granične bolesnike od velikog je značenja, jer okvir stvara osjećaj sigurnosti unutar psihoterapijskog okruženja što omogućuje reaktivaciju internaliziranih problema u odnosima. Sigurnost i stabilnost psihoterapijskog *settinga* omogućuje bolesniku da počne razmišljati o odnosu s drugima „ovdje i sada", u svjetlu internaliziranih iskustava (4). Grupa može dugo ostati na „klackalici ambivalencije" velikih amplituda: s jedne strane potreba za približavanjem uz istodobni strah od bliskosti (40, 49, 50). Za prevladavanje prepreka na putu ozdravljenja važna je uloga psihoterapeuta i supervizora (51).

ULOGA TERAPEUTA

Duboka je nesvjesna želja pacijenta da bude transformiran iz emocionalno bolesne, teške pozicije, u neku drugu

in relation to expressive or interpretative variations of psychodynamic psychotherapy since borderline personality disorder patients have low tolerance for frustrations and anxiety, issues with impulse control, and lessened capacity for reality testing and mentalization (16). Absenteeism is one of the ways group can avoid intimization, meaning, functioning according to the principle of a work group according to Bion. Absenteeism is, basically, a disruption of a frame. The frame question is of great importance to borderline patients because frames create a feeling of security within therapeutic surroundings, which enables reactivation of internalized relationship issues. The safety and stability of the therapeutic setting enables the patients to start thinking about their relations with others "here-and-now", in light of internalizing experiences (4). A group can stay on the "ambivalence seesaw" of great amplitude for a long time: the need to come closer on the one hand, while fearing intimacy at the same time on the other (40, 49, 50). To overcome the obstacles on the way to recovery, the role of psychotherapists and supervisors are important (51).

THE ROLE OF THE PSYCHOTHERAPIST

Deep is the unconscious desire of the patients to be transformed from an emotionally ill person in a difficult position to a different one where they would feel

u kojoj bi se bolje osjećao i u kojoj bi njegov self oživio. Christopher Bollas kaže da psihoanalitičar za pacijente predstavlja transformirajući objekt. U grupnoj analizi to su i grupni analitičar i grupa (52).

Izostanak uspjeha u psihoterapiji graničnih bolesnika često se pripisivao njihovoj „opasnoj" motivaciji pa su u literaturi opisivani kao „teški, nestalni, egocentrični, neodgovorni" ili pak „tvrdoglavi i samovoljni" (Houck, 1972.) što nije pridonosilo empatijskom razumijevanju od strane psihoterapeuta (15, 30).

S aspekta klasične psihoanalize koja u prvi plan stavlja unutarnji svijet bolesnikovih objekata uloga psihoterapeuta prilično je jasno definirana. Psihoterapeut bi trebao biti neutralan i anoniman. Udaljenost, hladnoća, rigidnost i emocionalno nereagiranje psihoanalitičara mogu uzrokovati vrlo snažnu idealizaciju. Scortecci i Arrigoni zastupaju tezu da se sa slabo strukturiranim osobama ne smije biti osobito rigidno profesionalan, da treba primijeniti ljudskiji pristup, biti sposoban priznati i pokoju vlastitu slabost kako bi se takvim pacijentima lakše približilo (53).

Nove spoznaje i nove teorije i škole dovele su do promjena u shvaćanju uloge psihoterapeuta, u Europi zaslugom britanske škole objektnih odnosa (54, 55,

better and where their self would come alive. Christopher Bollas says that analyst represents a transforming object for the patients. In group analysis, that same thing is represented by the group analyst and the group (52).

Lack of success in therapy of borderline patients is often ascribed to their "dangerous" motivation, so they are often described as "difficult, inconsistent, egocentric, irresponsible" or "stubborn and self-willed" (Houck, 1972), which did not contribute to emphatic understanding of the patients by the psychotherapists (15, 30).

From the aspect of the classical analysis that puts the inner world of the patient's objects in the foreground, the role of the psychotherapist is clearly defined. The psychotherapist should be neutral and anonymous. Distance, coldness, rigidity, and lack of emotional reactions of the psychoanalyst can cause strong idealization. Scortecci and Arrigoni are proponents of the thesis that the psychotherapists should not be too rigidly professional with weakly structured persons, that they should employ more humane approach, to be able to admit to a few of their own weaknesses in order to come closer to such patients (53).

New insights, theories, and schools have brought change in understanding the role of the psychotherapist. In Europe, thanks to the British school of object relations (54, 55, 56, 57, 58, 59), on American ground, influenced by Sullivan's inter-

56, 57, 58, 59), a na Američkom tlu, pod utjecajem Sullivanove struje interpersonalista (60), Kohutove struje psihologije *selfa* (5) i Renikove struje intersubjektivista (61, 62). Tako se posljednjih desetljeća govori o teoriji intersubjektivnosti koja umjesto pojma nagona kao središnjeg motivacijskog elementa u psihičkom događanju u prvi plan stavlja pojam odnosa. Uloga psihoterapeuta time je postala kompleksnija, bogatija i aktivnija. Taj se proces ne oslanja samo na uvid (*insight*) i spoznaju, što je karakteristično za rad s događajima u prošlosti, nego i na izgradnju novih odnosa i njihova značenja u sadašnjosti. Spomenut ćemo i *enactment* koji predstavlja nesvjesnu, simboličnu repeticiju rane traume u terapijskom odnosu. *Enactment* između psihoterapeuta i bolesnika konceptualiziran je i kao transferno-kontratransferna koluzija (63). Nasuprot distanciranoj neutralnosti i anonimnosti psihoanalitičara, sve se više zagovara veća angažiranost i osobna emotivna prisutnost *two person psychology* (53).

Kernberg (1977.) rasvjetljuje negativne reakcije psihoterapeuta kroz nesvjesni osjećaj krivnje u bolesnika koja proizlazi iz potrebe da se uništi primljeno od terapeuta zbog nesvjesne zavisti kao i kroz potrebu da se uništi terapeut kao dobar objekt zbog težnje za identifikacijom sa sadističkim objektom (15). Narcizam u osobnosti prisutan kod

personalists (60), Kohut's psychology of self (5), and Renik's intersubjectivists (61, 62). The theory of intersubjectivity puts the relation in the foreground, instead of instinct, as the central motivational element in a mental event. The role of the psychotherapist has become more complex, richer, and more active. That process is not based solely on insight and realization, which is characteristic for work with the events in the past, but on building new relationships and their meaning in the present. We will mention enactment, which represents unconscious, symbolic repetition of an early trauma in a therapeutic relationship. Enactment between the psychotherapist and the patient is also conceptualized as transference/countertransference collusion (63). Contrary to the distanced neutrality and anonymity of the psychoanalyst, there is more and more advocacy for greater engagement and personal emotional presence – two-person psychology (53).

Kernberg (1977) explains the negative reactions of the psychotherapists by an unconscious feeling of guilt in the patients. The guilt arises from the need to destroy that which is received from the psychotherapists due to an unconscious feeling of envy as well as the need to destroy the psychotherapist as a good object because of the urge to identify with a sadistic object (15). Narcissism present in the personality of borderline disorder persons (64) is a trait because of which these patients often refuse and destroy

graničnih poremećaja (64) osobina je zbog koje ti bolesnici često odbijaju i uništavaju sve dobro (razumijevanje i bliskost) što im grupa ili grupni analitičar ponude, iako za tim dobrim istodobno iznimno žude. To je paradoks koji je konstantan u psihoterapijama teških pacijenata (65).

Voditelj može pomoći u procesu zrcaljenja što je važan grupni fenomen (grupa kao dvorana sa zrcalima prema Foulksu u kojoj se članovi suočavaju s različitim aspektima sebe samih i svojih života) (66). Na taj način može se pomoći integraciji obezvrijeđenog i idealiziranog *selfa*, prihvaćanju drugih kao i poboljšanju integriteta i odnosa. Voditelj mora pomoći grupi da stvori tzv. grupno gnijezdo na način da postupno smanjuje broj intervencija kako bi moć predao grupi. To je delikatan i nezahvalan proces pri čemu terapeut može biti percipiran kao preslab da vodi ili pak kao stranac u grupi. Voditelj treba imati na umu da treba pomoći grupi da nauči biti grupa (Eisold, 2005.; Foukes, 1964.) (24) te notirati poremećaje u odnosima i pomoći da se transformiraju u funkcionalnije oblike interakcija (67).

Voditeljeva subjektivnost nosi dio odgovornosti za grupni proces zajedno s odgovornošću članova grupe. Svjesno i nesvjesno voditelja može utjecati na razvoj grupnog procesa. Članovi grupe

everything good (understanding and closeness) the group or the group analyst can provide them with, even though they yearn for it greatly at the same time. It is an ever-present paradox in therapies with difficult patients (65).

The conductor can help in the mirroring process, which is an important group phenomenon (a group as a hall of mirrors according to Foulks in which the members face different aspects of themselves and their lives) (66). This way, psychotherapists can help the integration of the belittled and idealized self, acceptance of others, and improvement of integrity and relations. The conductor must help the group create so-called group nest in a manner that gradually reduces the number of interventions in order to empower the group. It is a delicate and thankless process during which the psychotherapist can be perceived as too weak to lead or as a stranger in the group. The conductor has to have in mind how to help the group be a group (Eisold, 2005; Foukes, 1964) (24), and to take note of the disorders in relations and help their transformation into more functional forms of interaction (67).

The conductor's subjectivity bears a part of the responsibility for the group process along with the responsibility of the group members. The conscious and the unconscious of the conductor can influence the development of the group process. Members of the group seek a certain degree of responsiveness to the conductor's part with the goal of building safe attachment

traže određeni stupanj responzivnosti na voditeljev dio s ciljem da izgrade sigurne *attachment*-odnose. Percepcija subjektivnog stanja voditelja od strane članova grupe osobito je važna u situacijama kad je napetost u grupi znatna. Emocionalni odgovor voditelja nesvjesno signalizira (nizom znakova poznatih preverbalnom *selfu*) značenje situacije za pojedinca i za grupu u cjelini. Voditeljeve intervencije nisu uvijek učinkovite. Naprimjer, kada ono što je izgovoreno nije u skladu s neverbalnim pa je u pitanju autentičnost sadržaja. Međutim, voditelj bi trebao biti dovoljno responzivan kako bi umanjio strah od ponavljanja traume (68).

VAŽNOST RAZMATRANJA KONTRATRANSFERA I SUPERVIZIJA

Budući da granični poremećaji osobnosti psihoterapeuta ne ostavljaju indiferentnim, treba imati na umu i kontratransferne probleme u radu s tim bolesnicima. Stoga supervizija ima važnu ulogu u psihodinamičkim psihoterapijama.

Voditelj ima delikatan zadatak da slijedi i objašnjava zamršenu intimnu shemu grupnog procesa a da pri tom nije član grupe. Ako nije svjestan svojih strahova i očekivanja koje donosi njegova uloga, može postati izgubljen

relations. The perception of the subjective state of the conductor by the group members is of constant importance for the group, especially in situations where tension is heightened. The emotional response of the conductor unconsciously signalizes (through a number of signs known to the preverbal self) the meaning of the situation for the individual, which has a significant effect on the meaning of the situation to the group. The conductor's interventions are not always efficient; in cases when what is being said is not congruous with the nonverbal, the authenticity of the substance is in question. The conductor should be sufficiently responsive to diminish the fear from the repeated trauma (68).

THE IMPORTANCE OF COUNTERTRANSFERENCE AND SUPERVISION

Since borderline personality disorders do not leave the psychotherapist indifferent, it is important to consider countertransference problems, which underlines the importance of supervision in psychodynamic therapies.

The conductor has a delicate task of following and clarifying the tangled intimate scheme of the group process, while not being a member of the group at the same time. If the conductor is not conscious of his own fears and of the expectations his role brings, he can become lost in the group or limit himself.

unutar grupe ili će se pokušati „ukalupiti" na neki način. Ponekad može postati smetnja u procesu iako je tamo da bi rasvijetlio situaciju.

Zrcala prošlosti mogu zbuniti voditelja u sadašnjoj situaciji. Voditelji koji su svjesni da grupna zrcala reflektiraju i njih mogu biti proaktivni u zaštiti sebe samih od *burnouta* (Maslach, 1982.) ili psihološke vulnerabilnosti. U tom slučaju voditelj neće biti u stanju odgovarajuće intervenirati, tražit će brigu za sebe i socijalnu potporu (Sowa i May, 1994.). Rad na prepoznavanju kontratransfera pomoći će voditelju da se suoči s konfliktom i uključi u vlastitu psihoterapiju (Corey, Corey, Callanan, 2003.), napusti grupu koju vodi i uključi u vlastitu psihoterapijsku grupu te da izabere aktivnosti koje će mu biti od koristi u stabilizaciji stanja (Hansen 1996.; Matthews, 1998.) (47, 69).

Patologija graničnog bolesnika izazov je i izvor frustracije zbog nemogućnosti psihoterapeuta da ostvari željene ciljeve. Ta frustracija u psihoterapeutu može pobuditi snažnu želju da spasi tog bolesnika, čak i da modificira zadanu proceduru i granice psihoterapijske situacije.

U terapiji graničnih bolesnika neminovno se pojavljuju poremećaji u transferu i kontratransferu. Psihoterapeuti se teško nose s agresivnim ispadima,

Sometimes, the conductor can become an obstacle in the process even though he is there to help clarify the situation.

The mirrors of the past can confuse the conductor in the present situation. Conductors who are aware of the fact that group mirrors reflect them too can be proactive in protecting themselves from burnout (Maslach, 1982) or psychological vulnerability. In that case, the conductor will not be capable of an adequate intervention, he will seek care and social support for himself (Sowa & May, 1994). Working on detecting countertransference will help the conductor to face the conflict and engage in his own therapy (Corey, Corey, & Callanan, 2003), abandon the group he is leading and engage in his own therapy group to choose activities useful for stabilizing the situation (Hansen 1996; Matthews, 1998) (47, 69).

The pathology of the borderline patients is a challenge and a source of frustrations because of the inability of the psychotherapist to achieve desired goals. This frustration in the psychotherapist can give rise to a strong desire to save the patient, even to the point of modifying the set procedures and limits of the therapeutic situation.

In the borderline patient therapy, transference and countertransference disorders will inevitably occur. Psychotherapists have a difficult time with outbursts of aggression, acting-out, absences, massive regression, painful feeling that can cause diminished engagement of the

acting-out ponašanjem, izostancima, masivnom regresijom, bolnim afektom što može uzrokovati da se psihoterapeuti prestanu angažirati ili odbijaju bolesnika (53).

Kod voditelja se može pojaviti i transfer prema članovima grupe kao *self*-objektima uz narcistične tendencije za fuzijom sa *self*-objektima. Želja voditelja za fuzijom s grupom kao dijelom inhibira nezavisan razvoj članova grupe. U ovom slučaju, supervizijom, voditelju treba pomoći da se oslobodi svojih narcističnih potreba kako bi dao više slobode sebi i članovima grupe (27).

Prema teoriji intersubjektivnosti psihoterapeut je angažiran u širem smislu: svojom osobnošću, svojom pričom, svojim iskustvima i svojim unutarnjim svijetom, tj. svojom subjektivnošću (53).

Uzevši u obzir prethodno navedeno, važna je kontinuirana supervizija voditelja grupe.

Foulks smatra da grupa reflektira osobnost voditelja. Zato je važan način na koji voditelj drži na umu grupu, članove grupe kao i osobno značenje njihova iskustva. Valja razumjeti voditeljev kontratransfer ne samo kao odgovor na grupu nego i kao odgovor na grupni proces (68).

Ako granični bolesnik ne prepoznaje vlastite osjećaje spram autoriteta, to

psychotherapist or psychotherapists refusing treating patients (53).

Conductors can develop transference towards the group members as self-objects accompanied by narcissistic tendencies for fusion with self-objects. The conductor's desire to fuse with the group inhibits independent development of the group members. In this case, through supervision, the conductor must be helped to overcome his own narcissistic needs in order to give more freedom to himself and to the group members (27)

According to the intersubjectivity theory, the psychotherapist engages in a broader sense: through his personality, his story, his experiences and his inner world – his subjectivity (53).

Taking the above-mentioned into consideration, regular supervision of the group conductor is important.

Foulks believes the group reflects the conductor's personality. Therefore, the way the conductor perceives the group, the members of the group, and the personal meaning of their experience are all important. The conductor's countertransference must be taken into account not merely as a response to the group, but as a response to the group process (68).

If borderline patients do not recognize their own feelings towards authority, that too can be disruptive for the group cohesion. In order to avoid such situations, Bion suggests observing the group as a whole without replying to any individual

može biti disruptivno za grupnu koheziju. Kako bi se izbjegle takve situacije, Bion predlaže promatranje grupe kao cjeline bez odgovora pojedinačnom članu. Kad nema izravan odnos s pojedinačnim članom, „Bionov" voditelj je točka u kojoj nestaju problemi s autoritetom pojedinca (66). Smatra da će pojedinci u grupi svoju nesvjesnu ogorčenost proraditi s drugim članovima. Neki voditelji ignoriraju Biona i dopuštaju transfer s pojedinim članom unatoč potencijalno bolnom kontratransferu; kad je to u interesu člana grupe ili grupe u cjelini (66). Teško je s članovima koji zrcale svoja prijašnja neugodna iskustva, a kad je riječ o kontratransferu voditelja, voditelj može izabrati da svoj ne otkrije. Međutim, ako terapeut dopusti zrcaljenje članova u sebi i vlastito zrcaljenje u članovima, to može biti produktivno iskustvo u grupi kao „dvorani zrcala" (Foulkes, 1964. (55); Yalom i Lesczc, 2005.) (6).

Kad govorimo o graničnom bolesniku i kontratransfernom odgovoru, valja spomenuti dualni aspekt traume. U radu s traumatiziranim osobama kontratransferni odgovor može biti osjećaj bespomoćnosti, odnosno osjećaj bijesa i ljutnje. U ulozi svjedoka psihoterapeut se nalazi u konfliktu između žrtve i počinitelja. Suosjećanje sa žrtvom može biti krajnje bolno, a osjećaji koji se odnose na počinitelje mogu izazivati osjećaj užasa i predstavljati izazov za psi-

member. Direct relations with an individual eliminated, Bion's conductor is the point in which an individual's problems with authority disappear (66). He asserts that the individuals in the group will have to work on their unconscious bitterness with other members. Some conductors ignore Bion and allow transference with an individual despite a potentially painful countertransference; when such a thing is in the interest of a group member or the group as a whole (66). The situation becomes difficult when group members mirror their previous bad experiences, but when countertransference is the concern, the conductor may choose not to reveal his. However, if the psychotherapist allows the mirroring of the group members in himself and allows his own mirroring in others, that can be a productive experience in the group as a "hall of mirrors" (Foulkes, 1964. (55); Yalom & Lesczc, 2005.) (6).

When we are speaking about borderline patients and countertransference response, we must mention the dual aspect of trauma. In work with traumatized persons, the countertransferential response can be a feeling of helplessness on the one hand, or anger on the other. In the role of a witness, the psychotherapist is in conflict between the victim and the perpetrator. Sympathizing with the victim can be utterly painful, while the feelings that pertain to the perpetrators can provoke feelings of horror and represent a challenge to the psychotherapist's role of a helper (8, 22). Patients

hoterapeutovu ulogu pomagača (8, 22). Bolesnici s graničnim poremećajem osobnosti imaju iskustvo rane traume, s čime je povezan i narcizam u osobnosti tih bolesnika. Narcistička osobnost oblikuje se u ranim traumatičnim odnosima kad je selfobjekt realno izgubljen ili kad roditeljski selfobjekti nisu bili empatični pa je zbog toga dijete izgubilo samopouzdanje u odnosu sa selfobjektom kao neodvojivim dijelom sebe, a u nastavku života nije došlo do razvijanja odnosa s drugim dovoljno dobrim selfobjektom (65). U radu s graničnim bolesnikom u terapijskoj situaciji može doći do agresivnog agiranja bolesnika. Psihoterapeut se jednako kao i bolesnik može osjećati konfuzno i uznemireno iako je nužan u ulozi selfobjekta od kojeg dolazi potrebna narcistična ljubav da zaštiti oštećen bazični *self* i ego funkcije. I psihoterapeut i pacijent pokušat će izbjeći povredu i bolno iskustvo. Sve dok psihoterapeut jednostavno „simpatizira" traumatiziranog pacijenta, ne videći njegovu potrebu za osvetom ili nadoknadom, podupire distorziju bolesnikova identiteta kao i viđenje bolesnika kao žrtve te onemogućuje napredak u terapiji (70, 71). Kontratransferna zbivanja trebala bi biti most za korisnu interpretaciju transfera koji vodi do nesvjesnih konflikata i fantazija te način putem kojeg će bolesnik iskoristiti psihoterapeuta za ponovno odigravanje arhajskih

with borderline personality disorder have an experience of an early trauma, and therewith associated narcissism as a personality trait. Narcissistic personality is shaped in the early traumatic relations when the self-object is lost or when the parental self-objects have not been emphatic, which led to the child losing self-confidence in relation to the self-object as an inseparable part of self, while not reaching the development of relations with another sufficiently good self-object later in life (65). Working with a borderline patient in a therapeutic situation can lead to the patient behaving aggressively. The psychotherapist may, just as easily as the patient, feel confused or disturbed even though he is essential in the role of a self-object from which emanates the needy narcissistic love to protect the damaged basic self and ego-functions. Both the psychotherapist and the patient will try to avoid injuries and painful experiences. As long as the psychotherapist simply sympathizes with the traumatized patient, anticipating his need for revenge or compensation, he is supporting the distortion of the patient's identity as well as the perception of the patient as a victim and thus hindering the therapeutic progress (70, 71). The countertransference events should be conduits for useful transference interpretations that lead to unconscious conflicts and fantasies, and the means which the patient will employ to use the psychotherapist for the re-enactment of archaic object scenarios (72). The group uses uncon-

objektnih scenarija (72). Grupa putem nesvjesnih identifikacijskih procesa polako upija i uči od voditelja i članova grupe važnost odnosa i poštovanje osjećaja drugih osoba. Kad bi u voditelju prevladavao ponos zbog napretka pacijenta ili grupe i kad bi taj ponos bio dominantniji od poštovanja psihoterapijskih uspjeha, to bi bilo vrlo štetno. To je jedno od najvažnijih kontratransfernih pitanja jer implicitno govori i o voditeljevoj empatijskoj i kontejnirajućoj sposobnosti i o kvaliteti njegova narcizma, o njegovoj sposobnosti za objektnu ljubav i o stvarnoj profesionalnoj vrijednosti. Voditelj se treba u grupi ponašati i osjećati u skladu s rečenim, a to će pacijenti nesvjesno osjetiti i grupa će se nakon mnogo vremena sve više identificirati s voditeljevim načinom i biti onakva kakvu on zaslužuje (43).

ZAKLJUČAK

Struktura osobnosti bolesnika s graničnim poremećajem osobnosti fragilna je, s obzirom na to da je riječ o strukturi s oštećenim *selfom* i nezrelim obranama. Zbog toga svaka modifikacija *selfa* tijekom psihoterapijskog procesa može biti praćena strahom od dezintegracije. Iz stoga proizlaze otpori i ponašanje tijekom psihoterapije.

Iako grupni proces i zbivanja u grupi mogu biti u funkciji liječenja i od

scious identification processes to slowly learn from the conductor and the group members about the importance of relations and how to respect the feelings of others. If the feelings of pride in the conductor due to the progress of a patient or a group is greater than the respect for the therapeutic success, that can be damaging for the therapy. It is one of the most important countertransference issues because it implicitly speaks of the conductor's emphatic and containing capabilities, of the quality of the conductor's narcissism, of his capability for object love, and of his actual professional values. The conductor should, in the context of a group, behave and feel in accordance to what he says. The patients will unconsciously feel that and the group will gradually identify more and more with the conductor's conduct and they will act the way he deserves (43).

CONCLUSION

The personality structure of patients with borderline personality disorder is fragile, given it is a structure based on a damaged self and immature defenses. Because of that, every modification of the self during the therapeutic process can be accompanied by the fear of disintegration. The behaviors and resistances during the therapy arise therefrom.

Even though the group process and the events taking place in the group can be healing and essential for the stabilization

presudnog značenja za stabilizaciju psihičkog stanja graničnog bolesnika, ulazak u grupu i pritisak da se integrira *self* drugih i asimilira u grupu te zrcali u drugima budi visok stupanj anksioznosti što za bolesnika s graničnim poremećajem može biti nepodnošljivo.

Različiti aspekti interpersonalnog funkcioniranja bolesnika mogu utjecati na sudjelovanje na seansama s obzirom na to da granični bolesnici imaju limitiran kapacitet za razvoj pozitivnih odnosa s drugima. Ako je distres u interpersonalnim odnosima naglašeniji od drugih simptoma, slabiji je i odaziv na seanse.

Klinička iskustva kao i istraživanja (kontrolirana i naturalistička) pokazuju učinkovitost različitih psihoterapijskih pristupa u liječenju graničnog poremećaja osobnosti. Psihodinamički pristup, kao i na transfer usmjerena terapija u vrhu je te ljestvice.

Kernberg smatra da su suportivni oblici psihoterapije poželjni i od koristi u početku liječenja kad je tjeskoba velika, a ekspresivne i interpretativne elemente treba iskoristiti u subsekventnoj fazi kad bolesnik stekne osjećaj sigurnosti.

Neke dobrobiti grupne psihodinamičke psihoterapije jesu: poboljšanje *splitinga* unutar objektnih reprezentacija, poboljšanje koherentnosti identiteta, balans u interpersonalnim odnosima bez preplavljivanja agresivnim afektom,

of a borderline patient's mental state, the act of joining a group and the pressure to integrate the self of the others and be assimilated into the group, as well as be mirrored in others, arouses a high degree of anxiety, which can be intolerable.

Different aspects of interpersonal functioning of the patient can influence the session participation since borderline patients have a limited capacity to develop positive relations with others. If the distress in the interpersonal relations is emphasized more than other symptoms, the participation rate drops.

Clinical experiences as well as research (controlled and naturalistic) demonstrate the efficacy of different therapeutic approaches in treating borderline personality disorder. Psychodynamic approach, as well as transference-focused therapy, is at the top of the list.

Kernberg asserts that the supportive forms of therapy are more desirable and more useful in the initial phases of the treatment, when the feeling of anxiety is still strong, while the expressive and interpretative elements should be employed in the subsequent phases, when the patient develops a sense of security.

Some benefits of the group psychodynamic psychotherapy are: improved splitting within object representations, improved identity coherence, balance in interpersonal relations without being overwhelmed by feelings of aggression, increased capacity for closeness along

porast kapaciteta za bliskost uz smanjenje samodestruktivnog ponašanja i u cijelosti poboljšanje u funkcioniranju.

Uspjehu pridonosi i sve što je važno u terapijskom radu općenito, a to su obilježja psihoterapeuta od kojeg se očekuje dobro držanje granica, potpora i empatija kao i odgovarajući angažman tijekom seanse. To je važno kako bi se članovima grupe pomoglo da prevladaju otpore, stvore koheziju i postignu stupanj radne grupe, prema Bionu. Tek kad grupa kao cjelina postane dovoljno dobar objekt, postići će se željeni ciljevi, tj. bolje funkcioniranje u svakodnevnom životu kao i bolje prihvaćanje sebe.

with reduction in self-destructive behavior, and improved functioning in general.

Contributory factors to a successful outcome are all that is usually important in therapy work: the characteristics of the psychotherapist who is expected to uphold the limits, to provide support and empathy as well as adequate engagement during the session. The above-mentioned is important in order to aid the group members to overcome resistances, to create cohesion and to achieve the level of a work group, according to Bion. Only then when the group as a whole has become a good enough object, the desired goals will be achieved, meaning, better functioning in everyday life and better acceptance of oneself.

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