

ZRCALJENJE I TERAPIJSKI PROCES

Rončević-Gržeta, Ika

Source / Izvornik: **Psihoterapija, 2022, 36, 86 - 121**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

<https://doi.org/10.24869/psihei.2022.86>

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:184:726326>

Rights / Prava: [Attribution 4.0 International](#)/[Imenovanje 4.0 međunarodna](#)

Download date / Datum preuzimanja: **2024-09-12**



Repository / Repozitorij:

[Repository of the University of Rijeka, Faculty of Medicine - FMRI Repository](#)



ZRCALJENJE I TERAPIJSKI PROCES

/ MIRRORING AND THE THERAPEUTIC PROCES

Ika Rončević-Gržeta

SAŽETAK/SUMMARY

Ovaj rad refleksija je na tekst pod naslovom „Psychosis Neurosis”. Ovaj tekst je svom terapeutu, u vidu e-pošte napisao, za mene anonimnog pacijenta. Čitajući spomenuti tekst asocijacije su me vodile u smjeru patologije selfa, odnosno zastoja u razvoju zbog nezadovoljenih self-objekt potreba. Budući da, osim pacijentova teksta, nije bilo dostupnih drugih podataka o pacijentu, sa sigurnošću se ne može tvrditi, već samo pretpostavljati o pacijentu, njegovoj dijagnozi, uzroci-ma njegova stanja ili tijeka i ishoda terapije. Budući da me pacijentov tekst asocijativno vodio u područje self-psihologije, u ovom radu posvetila sam se zrcaljenju, pitanju narcizma i narcističnih poremećaja ličnosti, pitanju selfa, self-objekt potreba te terapijskim mogućnostima narcističnih poremećaja s posebnim osvrtom na inačice transfera i važnost empatije. Spomenuti su i psihijatrijski poremećaji koji često dolaze u komorbiditetu s narcističnim poremećajima.

/ This paper is a commentary on the Psychosis Neurosis story written by a patient to his therapist in an email form. The clues in the text have led me towards the pathology of the self, i.e. towards the developmental arrest due to the unsatisfied self-object needs. Since no additional information was available about the patient, save for the email, we can only speculate about the patient's diagnosis, the causes of his state, and the course and outcome of his therapy sessions. Due to the fact of me being led, associatively, towards self-psychology, in this work I focused on mirroring, narcissism and narcissistic personality disorders, the self, self-object needs, and therapeutic options for narcissistic personality disorders with special attention paid to the versions of transfer and the importance of empathy. I also mentioned some psychiatric disorders that often appear in comorbidity with narcissistic disorders.

KLJUČNE RIJEČI / KEYWORDS

narcizam / narcissism, narcistički poremećaji ličnosti / narcissistic personality disorder, self / self, self-objekt potrebe / self-object needs, self-psihologija / self-psychology, zrcaljenje / mirroring

Ika Rončević-Gržeta, psihijatar, psihoterapeut, grupni analitičar, edukator, KBC Rijeka, Klinika za psihijatriju, ikaroncevic@gmail.com
/ Ika Rončević-Gržeta, psychiatrist, psychotherapist, group analyst, educator, KBC Rijeka, Psychiatric Clinic, ikaroncevic@gmail.com

UVOD

Promišljanja o narcizmu, patologiji selfa i zrcaljenju u ovom radu temelje se na refleksijama na tekst koji je pod naslovom „Psychosis Neurosis“ napisao jedan pacijent svom psihoterapeutu. Pacijent je tijekom 11 godina bio uključen u terapiju. Nakon završetka terapije nastavio je pisati svom terapeutu putem e-pošte. Da bi bilo moguće koristiti ovaj tekst, pacijent je prihvatio da njegovo pismo bude poticaj za razmišljanje članovima grupe autora, o stručnim temama, temeljem njihovih vlastitih asocijacija na njegov tekst. Za nas je pacijent anonim i imamo ograničene informacije o njemu i onome što se događalo u terapiji. Svaki od autora imao je vlastiti doživljaj teksta, samim time i vlastiti doživljaj pacijenta, a iz tog doživljaja proizišla je i tema na koju pišemo. Moja asocijacija na tekst odnosi se na fenomen zrcaljenja i njegov utjecaj na razvoj selfa kao i njegovu ulogu u terapijskom procesu.

Može se reći da se i ovaj rad temelji na zrcaljenju. Pacijent i njegova želja za potvrdom kroz zrcaljenje okupila je ovu grupu koja predstavlja višestruka ogledala. Kroz ovaj rad zrcaliti ćemo neke aspekte anonimnog pacijenta putem vlastitog doživljaja teksta koji nam je stavio na raspolaganje, zrcaliti ćemo jedni druge u ovoj radnoj grupi, a zrcaljenje će se nastaviti i izvan ove grupe, putem čitatelja.

INTRODUCTION

The reflections on narcissism, pathology of the self, and mirroring in this paper are based on the *Psychosis Neurosis* story, written by a patient to his therapist. The patient was in therapy for 11 years and he continued to write to his therapist via email even after the therapy ended. The patient agreed that his letter be a source of mental stimulation and pondering about scientific medical topics to this group of authors. To us, the patient remains anonymous and we have only limited information about him and what happened during his therapy. Each of the authors experienced the text and the patient in their own way and the topic we write about was a product of that experience. My association to the text was the mirroring phenomenon, its impact on the development of the self and its role in the therapeutic process.

It can be said this work is based on mirroring. The patient and his desire for approval via mirroring gathered this group that represents multiple mirrors. Through this paper, we will mirror some of the aspects of the anonymous patient via our own personal experience of the text put at our disposal, we will mirror each other in this work group, and the mirroring will continue even outside the group, through the reader.



ZRCALJENJE

Zrcala i fenomen zrcaljenja često se pojavljuju u književnim, filozofskim i psihoanalitičkim tekstovima. Pojava zrcala u terapijskoj literaturi govori u prilog tome da zrcaljenje ima važnu ulogu u terapijskim odnosima (1, 2, 3). Kohut je iskoristio mit o Narcisu i njegovoj opsjednutosti vlastitim odrazom u vodi kako bi definirao poremećaj osobnosti koji se može razviti kada roditelj ne odražava djetetov značaj. Pines u svojoj raspravi o Narcisu i Perzeju ističe kako zrcala mogu biti ili zamke ili alati u varljivom odnosu u kojem vidimo i doživljavamo sebe kroz druge (4, 5, 6).

U interpersonalnim odnosima, u procesu zrcaljenja, događa se automatska imitacija. Automatska imitacija podrazumijeva da se promatranjem određene radnje nevoljno izvodi topografski slična radnja (7). Ljudi pokazuju snažnu automatsku imitaciju, naročito, kada promatraju pokrete ruku, stopala i usta (8).

Fenomen zrcaljenja pojavljuje se od najranije dobi i ima krucijalnu ulogu u razvoju selfa. Možemo reći da su emocije i ponašanje gotovo svakog pojedinca obilježeni traženjem adekvatnog zrcala, zrcaljenjem i doživljavanjem vlastitog odraza u zrcalu. Zrcaljenje se bazira na genetskim postavkama pojedinca kao i na socijalnim interakcijama i iskustvima i učenju u tim interakcijama (1).

MIRRORING

Mirrors and the mirroring phenomenon appear often in literary, philosophical, and psychoanalytic writings. The presence of mirrors in therapeutic literature speaks of the importance of mirroring in therapeutic relations (1, 2, 3). Kohut used the myth of Narcissus and his obsession with his own reflection in the water to define the personality disorder that can develop when a parent does not acknowledge a child's importance. Pines, in his discussion on Narcissus and Perseus, points out that mirrors can be either traps or tools in the fickle relation in which we see and experience ourselves through others (4, 5, 6).

In interpersonal relation, in the mirroring process, automatic imitation takes place, which means that by observing a certain action, one involuntarily performs a topographically similar action (7). Humans demonstrate a strong automatic imitation, especially so when they observe motions of hands, feet, and mouth (8).

The mirroring phenomenon begins in the earliest age and has a crucial role in the development of the self. We can say that the emotions and the behavior of each individual are marked by the seeking of an adequate mirror, by mirroring, and by experiencing their own reflection in the mirror. Mirroring is based on the individual's genetics, social interactions and experiences, and the learning from those interactions (1).

Zadnjih 30-ak godina sve više je istraživanja vezanih za zrcalne neurone.

In the past 30 years, there has been more and more research on mirror neurons.

ZRCALNI NEURONI

Zrcalni neuroni otkriveni su prije 30 godina u mozgu majmuna (9), a potom je dokazano da su prisutni i u ljudskom mozgu (10). Zrcalni neuroni ne aktiviraju se samo kada životinja izvodi neku radnju, kao što je hvatanje objekta, već i kada životinja pasivno promatra sličnu radnju koju izvodi drugi agent (11).

U novije vrijeme nalazimo radove koji govore o neonatalnoj imitaciji, odnosno sposobnosti novorođenčadi da odgovori na postupke drugih u prva četiri tjedna života. Drži se da zrcalni neuroni predstavljaju bazičnu konstrukciju za ove interakcije rano u životu (12, 13). Prema hipotezi zrcalnih neurona, promatrane radnje shvaćaju se kao vlastiti akcijski programi. Ovaj sustav opažanja omogućuje pojedincima da razumiju tuđe radnje kao da ih izvode sami (12, 14, 15, 16). Majke sudjeluju u složenoj, emocionalnoj, dvosmjernoj razmjeni licem u lice sa svojom novorođenčadi (17, 18). Također, i novorođenčad pokazuje zamjetan broj izraza lica i gesta kada je u kontaktu licem u lice. To uključuje različite izraze emocija na licu, pokrete usana i jezika i aktivno oblikovanje usta, koji nisu jasno povezani s unutar-njim, 'biološkim' porivima (19). Novoro-

MIRROR NEURONS

Mirror neurons were discovered 30 years ago in a brain of a monkey (9). Subsequently, it was proved they are present in human brain too (10). Mirror neurons activate when an animal performs a certain action, like catching an object, but they also activate when an animal passively observes a similar action performed by another agent (11).

In more recent time, we find papers that speak of neonatal imitation – the ability of a child to respond to the actions of others within his first 4 weeks of life. It is said the mirror neurons represent the basic construction for these types of interaction in early life (12, 13). According to the mirror neurons hypothesis, the observed actions are seen as one's own action programs. This system of detection allows individuals to understand the actions of others as if they were performed themselves (12, 14, 15, 16). Mothers participate in the complex, emotional, two-way exchange face-to-face with their newborns (17, 18), who also demonstrate a number of facial expressions and gestures during face-to-face contact. That includes different facial expressions of emotions, the motions of lips and active shaping of mouth that are not clearly connected to the inner, "biological" urges (19). Newborns are capable of imita-



đenčad je sposobna za oponašanje, jer posjeduje osjetljive zrcalne neurone i neke druge sposobnosti koje se oslanjaju na zrcalne neuronske krugove (npr. doseganje–hvatanje, prepoznavanje emocija) (20, 21). U vrijeme budnosti novorođenčadi majke biraju društveno angažiranje u odnosu s njima, gestama, grimasama ili glasom, ali i oponašajući njegove izraze lica i glas. Slična interakcija viđa se i kod rezus makakija i gelada pavijana (22). Mnogi istraživači tvrde da neonatalna imitacija predviđa kasniji društveni i kognitivni razvoj (20, 23). Prema teoriji zrcalnih neurona, čini se da smo od rođenja opremljeni alati-ma koji omogućavaju zrcaljenje. Isto govori u prilog važnosti ovoga fenomena u socijalnim interakcijama.

Možemo reći da je pacijent, autor teksta „Psychosis Neurosis“ imao potrebu za zrcaljenjem poput onog Kohutovog „sjaj u majčinu oku“. Terapeut je pozitivno reagirao na pacijenta. Moguće da je osjetio njegovu iskonsku potrebu za potvrdom da „jest“ te je bio u stanju prevladati kontratransferne odgovore. Bio je u stanju sadržati njegovo odbijanje, iako se ponekad činilo da njegovo strpljenje ima granice. Međutim, isto je znao pokazati kroz humor – primjericice prijatna da će mu napisati nalaz da je zdrav. Rekla bih da je terapeut bio u stanju empatizirati s pacijentovom patnjom, zbog čega pacijent ostaje u terapiji. Poznato je da je narcističnog

tion because they possess the sensitive mirror neurons and some other abilities that rely on the mirror neuron circuits (e.g. reaching for – catching, recognizing emotions) (20, 21). When newborns are awake, mothers choose to socially engage with them using gestures, grimaces or voice, and by imitating their facial expressions and voice. Similar interaction can be observed in rhesus macaques and geladas (22). Many researchers claim neonatal imitation predicts the subsequent social and cognitive development (20, 23). According to the mirror neurons theory, we are equipped with tools that enable mirroring since birth, which also speaks of the importance of this phenomenon in social interactions.

We can say the patient, the author of Psychosis Neurosis, had a need for mirroring like the Kohut's "gleam in the mother's eye". The therapist had a positive reaction to the patient. It is possible he felt the primordial need for approval, that "he is", and that he was capable of overcoming the counter-transference responses. He was able to contain his rejection, even though sometimes it seemed his patience has its limits. However, he could display the same via humor – for example, the threat that he will write a report that he is healthy. I would say the therapist was able to empathize with the patient's suffering, which is the reason why the patient continued with the therapy. It is known that a narcissistic patient is hard to keep in therapy since they seek a "perfect" therapist.

pacijenta teško zadržati u terapiji budući da traga za „idealnim“ terapeutom.

Za adekvatan proces zrcaljenja tijekom rasta i razvoja kao i u terapijskoj situaciji važan je kapacitet za empatiju. Kohut je naglašavao ulogu empatije tijekom razvoja jedinke, ali i tijekom terapijskog procesa. Smatrao je da se korijeni psihopatoloških simptoma temelje na pogreškama u empatskoj interakciji roditelja i djeteta tijekom razvoja. Nije smatrao da self-objekt mora biti savršen, ali je držao važnim da se self-objekt potrebe zadovolje na dovoljno dobar način. Dovoljno dobro znači da su djetetove narcistične potrebe većinu vremena adekvatno zadovoljene, a u slučaju kada je skrbnik neuspješan da je sposoban empatijski se uskladiti s osjećajem povrijeđenosti, priznati bol nanesenu djetetu i reparirati se zajedno s djetetom. Kohut je smatrao da su razočaranja u odnosu dijete-njegovatelj potrebna kako bi djeca bila poticana na razvoj samoumirujućih regulatornih funkcija, s time da razočaranja trebaju biti unutar granica onoga što je podnošljivo za dijete, kako ne bi došlo do zastoja u razvoju selfa (24, 25).

Self-objekt i self-objektni odnosi

Koncept self-objekta smatra se jednim od Kohutovih središnjih doprinosa psihoanalizi. Prema Kohutu self-objekti su temeljne potrebe neophodne za emoci-

The capacity for empathy is very important for an adequate mirroring process during growth and development, as well as in a therapeutic situation. Kohut accentuated the role of empathy during the individual's development, and during the therapeutic process. He was of the opinion that the roots of the psychopathological symptoms are based on mistakes in emphatic interaction between parents and child during child's development. He did not think the self-object has to be perfect, but he thought it important that the self-object needs have to be satisfied in a good enough way. In this context, "good enough" means that the child's narcissistic needs are adequately met most of the time, and in the case of caretaker's failure to emphatically match the feeling of hurt, to admit the pain inflicted upon the child and to recuperate together with the child. Kohut considered the disappointments in the child-caretaker relationship as necessary to motivate the child to develop the self-calming regulatory functions, the disappointments being within limits the child can bear, as not to stun or slow down the development of the self (24, 25).

Self-object and self-object relations

The concept of self-object is considered as one of Kohut's crucial contributions to psychoanalysis. According to him, self-objects are basic needs essential for emotional survival in the same way oxygen is for the physical (1, 26). The



onalni opstanak na isti način na koji je kisik potreban za fizički opstanak (1, 26). Značenje self-objekt ima svoje specifičnosti u odnosu na psihoanalitički koncept preedipalnog objekta, parcijalnog objekta i objekta koji zadovoljava potrebe (*pre-oedipal object*, *part object*, and *need-satisfying object*), dok neki teoretičari smatraju da je koncept self-objekta sinonim odnosno novi izraz za netom spomenute psihoanalitičke koncepte. Prema Anni Freud (1952) objekt koji zadovoljava potrebe (*need-satisfying object*) dio je anaklitičkog odnosa, baziranog na urgenciji djetetovih potreba i njihovu zadovoljenju. U ovom slučaju promatramo odnos između djeteta i njegovatelja, za razliku od self-objekta kad promatramo djetetovo iskustvo i promjene djetetova mentalnog stanja u odnosu s njegovateljem. Njegovatelj predstavlja self-objekt i upravo o njemu, a ne o nagonskim potrebama, ovisi djetetovo stanje selfa. Self-objekte je najbolje konceptualizirati kao funkcije (kao što su zrcaljenje, potvrđivanje, umirivanje, idealiziranje i afirmiranje), a ne stvarne osobe (27). *U slučaju pacijenta čiji tekst je pred nama, empatski kapacitet njegovog terapeuta pomogao mu je da „bude“ (postoji), kroz upravo spomenute funkcije self-objekta.*

Razvoj self-objekta odvija se u kontinuiranom dijadnom odnosu u koji je uključeno dijete i svaka ona osoba koja mu pomaže održati self strukturu i daje

meaning of self-object has its particularities in relation to the psychoanalytical concept of a pre-Oedipal object, a part object, and a need-satisfying object, while some theorists consider the concept of self-object as a synonym for the aforementioned psychoanalytical concepts. According to Anna Freud (1952), the need-satisfying object is a part of anaclitic relations, based on the urgency of a child's needs and meeting them. In this case, we observe the child-caretaker relation, unlike the self-object where we observe the child's experience and the changes in the child's mental state in relation with the caretaker. The caretaker represents a self-object and the child's self-state is dependent on him, not on the instinctual needs. Self-objects are best conceptualized as functions (like mirroring, approval, calming, idealization, affirmation), and not actual persons (27). In the case of the patient whose text is before us, the emphatic capacity of his therapist helped him "to be" (to exists) through the self-object functions just mentioned.

The development of the self-object takes place in a continued dyadic relationship, which includes the child and every other person that helps him retain the self-structure and gives him a sense of security, cohesion, and stability. We speak of self-objects because the child is still unaware of the fact the necessary functions are performed by persons who are not a part of him. The child will learn these functions only at

osjećaj sigurnosti, kohezije i stabilnosti. Govorimo o self-objektima, jer dijete još uvijek nije svjesno da potrebne funkcije osiguravaju osobe koje nisu dio njega. Dijete će ove funkcije savladati tek kasnije kada one budu inkorporirane u njegov vlastiti self (24, 25, 28). Ukoliko određene potrebe nisu zadovoljene na empatičan način može se javiti zastoj u razvoju i osnova za patološki narcizam. Prema Kohutu postoje tri razloga za izostanak roditeljske empatije: 1) loša podudarnost između djeteta i roditelja; 2) kada roditelj nije u mogućnosti reagirati na djetetove potrebe i adekvatno njegovati dijete; u pozadini čega mogu biti sekundarna fizička ili psihička ograničenja; 3) dijete ima neobično velike self-objekt potrebe (28). U slučaju izostanka empatskog pristupa pacijentu može se javiti sram. Sram se pojavljuje kad pojedinac doživljava da je u središtu pažnje i procjene socijalne okoline koja nije dobronamjerna ni empatska već kritična i emocionalno hladna. Često se obezvređivanjem jednog detalja obezvređuje self u cijelosti s osjećajem potpunog nestajanja vlastite vrijednosti (29, 30, 31).

Kohut je vjerovao da je psihološka veza s majčinom figurom prisutna od rođenja, što je u suprotnosti s autističnom fazom, a bliže konceptu simbiotske faze Margareth Mahler. Kohutovo naglašavanje cjeloživotne potrebe za odgovarajućim self-objektima sugerira da je psihološka odvojenost mit. Umjesto

a later stage, when they are incorporated in his own self (24, 25, 28). If certain needs are not satisfied in an emphatic way, an arrest in development and a basis for pathological narcissism may appear. According to Kohut, there are three reasons for the lack of parental empathy: 1) a poor fit between the child and parents; 2) where a parent cannot react to the child's needs and give him the appropriate care; the reasons for this could be secondary to physical or mental limitations; 3) the child has unusually great self-object needs (28). In the case of lack of the emphatic approach, the patient can experience shame. Shame appears when the individual finds himself at the center of attention and is assessed by others in a way that is not well-intentioned nor emphatic, but critical and emotionally cold. It is common that demeaning one detail leads to the demeaning of the self in its entirety, accompanied by the feeling of complete disintegration of one's own worth (29, 30, 31).

Kohut believed the psychological connection with the mother figure is present since birth, which is in contradiction with the autistic phase, and closer to Margaret Mahler's concept of symbiotic phase. Kohut's emphasis on the lifelong need for suitable self-objects suggests that the psychological separation is a myth. Instead of the concept of leaving the undifferentiated autistic state, the child is, in fact, born with the capacity, meaning developmental need, to connect



koncepta napuštanja nediferenciranog autističnog stanja, dijete je, zapravo, rođeno s kapacitetom odnosno razvojnom potrebom za povezivanjem s primarnim njegovateljem. Ovisnost o self-objektima se ne smanjuje tijekom života već se kvaliteta self-objekata koji su potrebni selfu kreće od arhaičnog prema zrelijem i prikladnijem (1, 24, 25, 26).

Self

U self-psihologiji, self se smatra središtem psihološkog svemira pojedinca.

Ako se nije razvio zdrav osjećaj selfa, zadržava se potreba za oslanjanjem na Druge (self-objekte).

Prema teoretičarima self-psihologije, self je srž samopoštovanja i osjećaja biti voljen i cjelovit, što je ključno za iskustvo osjećaja kontinuiteta tijekom vremena. Na ovaj način, narcizam ne predstavlja patologiju, već ključnu ulogu za osjećaj selfa i cjelovitog funkcioniranja u životu (24, 25). Prema ovim teoretičarima, Edipov kompleks smatra se sekundarnim, a psihopatološki simptomi temelje se na nedostacima u strukturi selfa. Većina oblika patološkog ponašanja - uključujući perverzije, prejedanje, seksualni promiskuitet i zlouporabu droga - smatraju se naporima da se obnovi ili održi kohezivni osjećaj selfa pod prijetnjom fragmentacije. Strah od fragmentacije selfa postaje temeljni strah koji dovodi do

with his primary caretaker. The dependency on self-objects does not diminish over the course of life, but the quality of the self-objects the self requires moves from archaic to more mature and suitable (1, 24, 25, 26).

Self

In self-psychology, the self is considered to be the center of the psychological universe of the individual.

Failure to develop a healthy sense of the self leads to retention of the need to rely on others (self-objects).

According to self-psychology theorists, the self is the essence of self-respect and the feeling of being loved and whole, which is crucial for the experience of the feeling of continuity as time passes. In this way, narcissism does not represent pathology, but a key role for the feeling of the self and holistic functioning in life (24, 25). To these theorists, the Oedipus complex is secondary, and psychopathological symptoms are based on the flaws in the structure of self. Most forms of pathological behavior – including perversions, overeating, sexual promiscuity, and drug abuse – are considered efforts to rebuild or retain the cohesive sense of self threatened by fragmentation. The fear of fragmentation of the self becomes a fundamental fear leading to urgent attempts to restore the harmony of the self via pathological behavior.

hitnih pokušaja vraćanja harmonije selfa kroz patološka ponašanja. U tom svjetlu minimizira se uloga nagona i obrana, a agresija se promatra kao sekundarna reakcija na neuspjehe self-objekta, a ne kao instinktivni nagon primarne ili urođene prirode (1, 26).

Stern, slično kao Kohut, stavlja naglasak na odnos selfa i objekta. Za razliku od Melanie Klein, minimizira ulogu fantazija, smatrajući da dojenče primarno doživljava stvarnost i povezuje se sa stvarnom prisutnošću majke, čiji odgovori osiguravaju adekvatan razvoj. Stern smatra da pitanja kao privrženost, povjerenje i sigurnost nadilaze specifičnost faze i predstavljaju pitanja za cijeli život. Opisao je pet osjećaja selfa. Smatrao ih je različitim područjima self-iskustva, a ne fazama koje blijede s pojavom sljedeće faze (17).

Osvrnemo li se na našeg pacijenta čiji tekst je pred nama saznajemo da je doživio prvu paničnu ataku kada je pao snijeg, kasnije su panične atake bile učestale. Panične atake simboliziraju esencijalni strah, strah od smrti. U ovom slučaju strah od fragmentacije selfa. Saznaje se da je naš pacijent bio u zatvoru, što pobuđuje sumnju da je postojala sklonost kriminogenom ponašanju, što može biti pokušaj izbjegavanja osjećaja fragmentacije selfa kroz patološko ponašanje. Navedene pretpostavke upućuju na promišljanja o fragilnom selfu kod ovog pacijenta.

In light of that, the role of instincts and defenses is minimized, aggression is viewed as a secondary reaction to the failures of self-objects, not as an instinctive urge or primary or inborn nature (1, 26).

Stern, like Kohut, emphasizes the relation of the self and the object. Unlike Melanie Klein, he minimizes the role of fantasies, being of the opinion the baby primarily experiences the reality and connects with the actual presence of the mother, whose responses ensure an adequate development. Stern considers the matters such as attachment, trust and security are above the particularities of the phase and represent something relevant for the entire lifetime. He described five states of the self. He thought them to be different areas of self-experience, and not phases that fade with the emergence of the next one (17).

If we go back to our patient whose text we have in front of us, we learn that he experienced his first panic attack during a snowfall. Later, the panic attacks were frequent. They symbolize the essential fear, the fear of death. In this case, the fear of fragmentation of the self. It is revealed the patient was in prison, which rouses suspicion there was a proclivity for criminogenic behavior, which can be an attempt to avoid the feeling of the fragmentation of the self through pathological behavior. The abovementioned assumptions lead to ponderings on the fragile self in this patient.



Također, stječe se dojam da je kod ovog pacijenta prisutan strah od bliskosti s terapeutom ili bolje rečeno strah od negativnog zrcaljenja. Npr. „...rekla je da imam poremećaj osobnosti... Nisam bija zadovoljan objašnjenjem... A možda nisan ni tija čuti šta stručno misli o meni“ ili „...nikad nisan pita koja to dija-gnoza „ne treba plaćat“. Koji put je bolje ne znat“. Pacijent je u potrazi za dobrim self-objektom i u riziku da self-objekt neće odgovoriti na njegove potrebe.

Od dobrog self-objekta očekuje bezu-vjetno prihvaćanje pa odbija lijekove i grupnu terapiju. „Jedanput me pitala oću li neke tablete. Ja san joj pristojno zahvalija i odbija ponudu. Nudila mi je i odlaske na grupnu... Tu san joj isto zahvalija“ i želi zadržati dobar self-objekt („Bilo mi je napetije upit nešto njenog znanja...“). Terapijska situacija i terapijski odnos su oaza sigurnosti za pacijenta. Svaki susret s terapeutom izvan terapijskog setinga predstavlja prijatnju i strah od negativnog zrcalje-nja što je za pacijenta prijatnja dekom-poziciji krhke kohezije. Navedeno se očituje kroz opis susreta s terapeutom u Trgovačkom centru Getro.

Bipolarni/tripolarni self i self-objekt potrebe (narcistične potrebe)

Kohutova opažanja dovela su ga do postuliranja teorije dvostruke osi koja

Also, we get the impression that this pa-tient does not have the fear of being close with the therapist, or the fear of negative mirroring, in other words. For example: “... she said I had a personality disorder... I was never happy with the explanation... Or maybe I didn’t even want to hear her professional opinion about me...” or “... I never asked about the “payment not re-quired” kind of diagnosis. Sometimes it is better not to know.” The patient seeks a good self-object, but he’s also risking that the self-object won’t respond to his needs. He expects unconditional accep-tance from the self-object, so he refuses medication and group therapy. “This one time, she asked me if I wanted some pills. I thanked her and turned down her offer. She offered to admit me to a group ther-apy... I thanked her and refused that too.” He wants to keep the good self-object (“I found it more interesting to soak up some of her knowledge...”). The therapeu-tic situation and the therapeutic relation represent an oasis of security for the pa-tient. Every encounter with the therapist outside of the therapeutic setting is per-ceived as a threat and the fear of negative mirroring – to the patient that is a threat of decomposition of the frail cohesion. This can be seen in the paragraph where he describes his encounter with the ther-apist in Getro store.

Bipolar/tripolar self and the self-object needs (narcissistic needs)

Kohut’s observations caused him to postulate the double axis theory, which

uzima u obzir narcističke potrebe i ljubav prema objektu. Kohut je podržavao ideju da se narcistične potrebe nikada ne prerastu, već traju tijekom života, paralelno s potrebama za objektnom ljubavi. Narcistične potrebe smatrao je ključnim za osjećaj osobne sreće i ispunjenja ističući da je, osim nagona poput seksualnosti i agresije, potreba za samopoštovanjem od središnje važnosti u organizaciji psihe (1, 24, 25, 26).

Ističe da Freudov model progresije od primarnog narcizma do objektno ljubavi kao očekivanja u normalnom procesu sazrijevanja sadrži moralizirajući, pejorativni ton prema narcizmu. Prema gore spomenutom modelu razvoj selfa počinje kao skup fragmenata koji postupno postižu kohezivnost ako su djetetove razvojne potrebe, u skladu s fazom razvoja, praćene majčinom empatijom. U ovom procesu moguća su dva scenarija zbog čega Kohut govori o bipolarnom selfu. U prvom scenariju savršenstvo pripada djetetovu grandioznom selfu. U ovom slučaju ključnu ulogu ima zrcalni transfer. Prema Kohutu, prva self-objekt potreba je **zrcaljenje**. To je iskustvo u kojem skrbnik prepoznaje djetetove sposobnosti i talente i potvrđuje djetetov osjećaj snage, tj. zadovoljava djetetove zdrave egzibicionističke potrebe. Tijekom normalnog razvoja, grandiozni self evoluirao u zdrave ambicije. Njegova funkcija je regulacija samopouzdanja, uživanja u

considers the narcissistic needs and love for the object. Kohut supported the idea that the narcissistic needs are never outgrown, but remain during lifetime, parallel to the needs for the object love. He considered the narcissistic needs as key for the feeling of personal happiness and fulfillment, pointing out that, apart from the instincts like sexuality and aggression, the need for self-respect is of central significance in the organization of the psyche (1, 24, 25, 26).

He also points out that Freud's model of progression from the primary narcissism to the object love as an expectation in a normal process of maturation takes a moralizing, pejorative tone towards narcissism. According to the abovementioned model, the development of the self begins as a set of fragments that gradually achieve cohesion if the child's developmental needs, congruent to the development phase, are accompanied by the mother's empathy. In this process, there are two possible scenarios, which is why Kohut speaks of the bipolar self. In the first scenario, the perfection belongs to the child's grandiose self. In this case, the mirror transference plays the key role. According to Kohut, the first self-object need is **mirroring**. That is the experience where the caretaker recognizes the child's abilities and talents and also affirms the child's feeling of strength, meaning he satisfies the child's exhibitionistic needs. During normal development, the grandiose self evolves into healthy ambitions. Its function is



tjelesnim i mentalnim aktivnostima i težnja ka ciljevima i svrsi (1, 24, 25, 26). Do poremećaja ovih funkcija doći će u slučaju da je zrcaljenje grandioznog selfa unutar zrcalnog self-objekt-matriksa nedostavno (27). U drugom scenariju savršenstvo pripada idealiziranom roditeljskom imagu. Ovdje ključnu ulogu ima idealizirajući transfer. U skladu s Kohutovom teorijom, druga self-objekt potreba je **idealizacija**. Djeci je potreban netko kome se mogu diviti i koga bi idealizirali i od koga će steći uvjerenja, vrijednosti, težnje i snagu. Primjerice, ako se dijete plaši spavati u mraku, tražit će utjehu od majke. Majka suosjeća s djetetovim strahovima i tješi ga. Na taj način dijete će se osjećati manje ugroženo, jer osjeća moć koju ima roditelj. Postupnom transformacijom arhaičnog roditeljskog imaga kroz idealizirani self-objekt matriks kreira se drugi pol bipolarnog selfa čija je funkcije samo-smirivanje, samo-tješnje, regulacija nagona i kapacitet za entuzijazam i predanost idealima (1, 24, 25, 26). U slučaju kada je idealizirani self-objekt nedostupan može doći do poremećaja spomenutih funkcija (27). Pred kraj života 1981., Kohut je konceptualizirao treće područje potreba self-objekta, koje je nazvao blizanaštvom ili alter egom. Potječući iz djetetove želje da se stopi s majčinskom figurom, ova dimenzija potreba self-objekta pojavljuje se u obliku želje ili potrebe da bude toč-

to regulate the self-confidence, to enjoy the physical and mental activities and to aspire to goals and purpose (1, 24, 25, 26). Insufficient mirroring of the grandiose self within the mirroring self-object matrix will lead to a disorder in these functions (27). In the second scenario, the perfection belongs to the idealized parental image. The key role in this case is played by the idealizing transference. In accordance with the Kohut's theory, the second self-object need is **idealization**. Children need somebody they can admire and who they can idolize, from who they can gain beliefs, values, aspirations and strength. For example, a child frightened of sleeping in the dark will seek consolation with the mother. The mother has compassion for the child's fears and comforts him. In that way, the child feels less threatened, because he feels the same power the parent possesses. By gradual transformation of the archaic parental image via an idealized self-object matrix, the second pole of the bipolar self is formed, whose function is the one of self-calming, self-comforting, regulation of the urges, the capacity for enthusiasm and the commitment to the ideals (1, 24, 25, 26). The cases where the idealized self-object is not accessible can lead to a disorder in the functions just mentioned (27). Towards the end of his life, in 1981, Kohut conceptualized a third area of self-object's needs which he called twinship or alter ego. Stemming from the child's needs to meld with the mother figure, this dimension of needs of the self-object appears in the form of de-

no poput objekta. Primjerice, djevojčica koja pokušava nahraniti svoju lutku dok je njezina majka zauzeta dojenjem mlađeg brata ili sestre. Stoga je Kohutov bipolarni self postao tripolarni self. Kao rezultat ovog proširenja teorije, Kohut je uočio da se svi oblici psihopatologije mogu pratiti do poremećaja u odnosima selfa i self-objekta u djetinjstvu (1, 24, 25, 26). Kada izostane podrška ili je ona nedostatna u alter-egu ili blizanačkom self-objekt matriksu javit će se manjkavost po pitanju empatije, kreativnosti, mudrosti, humora ili prihvatanja prolaznosti (27).

Urođene sposobnosti i talenti zajedno s iskustvom u procesu zrcaljenja temelj su za neke od mentalnih funkcija poput empatije, kreativnosti, humora, mudrosti ili prihvatanja prolaznosti.

Navedene deformacije u razvoju selfa značajno će utjecati na interpersonalne odnose pogođenih pojedinaca. S ciljem regulacije samopouzdanja i osjećaja vlastite vrijednosti ovi pacijenti permanentno traže empatski „feedback“ koji nije doživljen tijekom razvoja (27).

Ako se vratimo pacijentu na čiji Esej se referiramo možemo sumnjati da je kod njega došlo do zastoja u razvoju zbog nezadovoljenih self-objekt potreba. Moguće je da su posrijedi poteškoće u odnosu sa idealiziranim self-objektom. Zbog toga naš pacijent možda nije

sire or need to be exactly like the object. For example, a girl trying to feed her doll while her mother is busy breastfeeding a younger brother or a sister. Thus, Kohut's bipolar self becomes a tripolar self. As a result of this expansion of the theory, Kohut noticed that all forms of psychopathology can be traced to a disorder in the relations between the self and the self-object in childhood (1, 24, 25, 26). The lack of support or insufficient support by the alter ego or the twinship self-object matrix will lead to absent or diminished empathy, creativity, wisdom, humor or the acceptance of transience (27).

The inborn abilities and talents coupled with the experience in the process of mirroring present the basis for some of the mental functions, like empathy, creativity, humor, wisdom or the acceptance of transience.

The mentioned deformations in the development of the self bear a significant impact on the interpersonal relations of the afflicted individuals. The patients seek emphatic feedback they did not experience while growing up, all with the goal of regulating self-confidence and feeling of their own worth (27).

Going back to the patient and the story he wrote, we can speculate that he experienced an arrest in the development due to unsatisfied self-object needs. It is possible he is having difficulties in the relation with the idealized self-object, which could be the reason why he did not experience the sense of security in



iskusio osjećaj sigurnosti u odnosu s moćnim roditeljem na čemu se temelji panični strah, ali i teškoće u kontroli nagona u smislu rizičnih aktivnosti odnosno kriminogenog ponašanja.

Temeljem Kohutove teorije bipolarnog/tripolarnog selfa jasno je da će zastoj u razvoju selfa rezultirati nizom kliničkih manifestacija u čijoj genezi je self patologija. Budući da se radi o zastoju koji se temelji na neadekvatnom zadovoljavanju self-objekt potreba odnosno narcističkih potreba u nastavku će biti riječi o narcističkim poremećajima.

Narcizam i narcistički poremećaji

Grandioznost, nedostatak empatije za druge, privilegije, pretjerana potreba za pažnjom i prenapuhan osjećaj vlastite važnosti pojmovi su koji se često koriste za opisivanje narcističnih osobnosti. Povijesno u psihoanalizi i u današnjem društvu, narcizam ima negativnu konotaciju; obično se patologizira i smatra „abnormalnim“ i „nezdravim“. Iako narcizam ima svoje negativne strane, ima i neprikosnovene vrijednosti (24).

Suprotno Freudovom mišljenju da je narcisoidnost patološka, Kohut je vidio narcisoidnost odnosno ljubav prema sebi ključnim momentom razvoja (24).

Kada se dogodi neuspjeh s ranim self-objektima takvi pacijenti u odrasloj dobi stalno tragaju za gratifikacijom od

relation with the power-wielding parents his fear is based on, and the difficulties in controlling the urges in terms of risky activities, meaning criminogenic behavior.

On the basis of Kohut's bipolar/tripolar theory of self, it is clear that an arrest in the development of the self will result in a string of clinical manifestations at the core of which is self-pathology. Since it is an arrest based on inadequate fulfilment of the self-object needs, meaning narcissistic needs, we will talk about narcissistic disorders next.

Narcissism and narcissistic disorders

Grandiosity, lack of empathy for others, privileges, excessive need for attention and bloated sense of own importance are important terms often used to describe narcissistic personalities. Historically speaking, in psychoanalysis and in the society, narcissism has a negative connotation; it is usually pathologized and considered as “abnormal” and “unhealthy”. Although narcissism has its negative sides, it undeniably has some value too (24).

Contrary to the Freud's statement that narcissism is pathological, Kohut sees it, or love for one's own self, as a key moment in the development process (24).

Patients who fail with early self-objects seek gratification from others as adults. Due to the fear of re-experiencing the

drugih. Zbog straha od ponovnog neuspjeha i razočaranja izbjegavaju kontakte prezentirajući se kao superiorni i oholi, što je odraz straha od ponovnog neuspjeha u susretu sa self-objektom. Iz toga proizlazi i preosjetljivost na kritiku ili odbijanje (32, 33). *Tako i naš pacijent, u strahu od fragmentacije selfa, u slučaju neuspjeha sa self-objektom tj. terapeutom dugo vremena terapeuta drži na distanci uz oholo, možemo reći i latentno agresivno ponašanje. Dugo vremena izbjegava priznati da mu se terapeut sviđa, u strahu od razočaranja.*

Narcistički poremećaj osobnosti (NPO) spada u dijagnoze čiji su dijagnostički kriteriji definirani među zadnjima kada su u pitanju poremećaji osobnosti. Ovaj poremećaj češće je prisutan kod muškaraca nego kod žena. Osim genetskih čimbenika uzroci ovih poremećaja su i okolinski čimbenici, kao primjerice izostanak adekvatnog „feedback-a“, inkonzistentna roditeljska skrb kao i emocionalno zlostavljanje tijekom djetinjstva (1, 24, 25).

Glavna obilježja NPO su grandioznost, potreba za divljenjem i manjak empatije. Najčešće se prema van ponašaju superiorno, obezvređujući i prezirući druge, a ponekad će njihov stav biti pokroviteljski. Također, ove osobe su bez adekvatnog empatskog kapaciteta za druge. Teško podnose kritiku i odbacivanje, pa se i kod najmanjeg propusta mogu osjećati manje vrijednima. U

failure and disappointment, they avoid contact while presenting themselves as superior and arrogant, which is the reflection of the fear of repeating the failure in the encounter with the self-object. Oversensitivity to criticism or rejection has the same provenance (32, 33). So is the patient, the author of the story, in the state of fear of fragmentation of self, in case of failure with the self-object, the therapist, holds the therapist at distance accompanied by an arrogant, latent aggressive behavior, we could say. Fearing disappointment, he avoids confessing his liking for the therapist for a long time.

Narcissistic personality disorder (NPD) falls into the category of diagnoses whose diagnostic criteria were defined among the last ones when it comes to personality disorders. This disorder is more common in men than in women. Apart from the genetic factors, the causes of these disorders are environmental too – like lack of adequate feedback, inconsistent parental care, or emotional abuse during childhood (1, 24, 25).

The main traits of NDP are grandiosity, the need to be admired, and the lack of empathy. Most commonly, the patients behave in a superior manner, demeaning and despising others, and sometimes they behave patronizingly. These patients lack adequate empathic capacity for others. They do not take criticism and rejection easily, so even a smallest mistake can make them feel less worthy. In an attempt to reestablish



nastojanju da ponovo dostignu osjećaj jedinstva u sebi mogu manifestirati niz psihopatoloških simptoma, uključujući suicidalno ponašanje (28, 34). Otto Kernberg (Kernberg, 2012) u tretmanu graničnih bolesnika uočava slična obilježja te primjećuje da neki bolesnici ne mogu prihvatiti pomoć od terapeuta i nude svoju pseudo-dovoljnost kako bi uljepšali sliku o sebi. Neki bolesnici rivaliziraju s terapeutom, neki imaju potrebu za onipotentnom kontrolom terapeuta kroz idealizaciju ili obezvređivanje. Moguć je i narcistički bijes, repetitivno suicidalno ponašanje ili trijumf kada su u stanju šokirati terapeuta (35, 36). Sve navedeno značajno utječe na njihove odnose s drugima (28). Zbog navedenog, pacijenti s narcističkim poremećajem osobnosti mogu u povijesti imati više neuspješnih veza koje uglavnom završe radi razočaranja, jer u odnosu nisu dobili željenu gratifikaciju koje su propustili zadovoljiti njihovi self-objekti (32, 33).

Čini se da pacijent iz ovog primjera, u odnosu sa svojim terapeutom, uspješno mijenja svoje self-objekt potrebe. Njegove riječi odražavaju njegovo oduševljenje činjenicom da može biti bilo kakav i da ne mora biti savršen da bi bio prihvaćen. „A u psihijatra moš doć u šporkoj majici, raščupan, musav i nikakav. Neće ti nitko prigovoriti na šta slišiš ili da si nepristojan.“ U odnosu s terapeutom prepoznaje dobar

the feeling of unity, they can manifest a number psychopathological symptoms, including suicidal behavior (28, 34). Otto Kernberg (Kernberg, 2012) noticed similar traits in the treatment of borderline patients – they cannot accept the aid from the therapist and they offer their pseudo-sufficiency in order to embellish their image. Some patients develop rivalry with the therapist, some have the need for an omnipotent control over the therapist via idealization or demeaning. Other possible behaviors are narcissistic rage, repetitive suicidal behavior, or triumph when they are capable of shocking the therapist (35, 36). Everything of the above impacts their relations to others (28) due to which the NPD patients can have a history of failed relationships that mostly ended due to disappointment because they did not receive the desired gratification their self-objects failed to fulfill (32, 33).

It seems the patient from the example, in the relation with his therapist, successfully changes his self-object needs. His words reflect his enthusiasm about the fact that he can be any way he wants and that he doesn't have to be perfect to be accepted. "You can come to a psychotherapist in a dirty shirt, with messy hair, food on your face, looking awful. Nobody will complain or think you are being rude." In his relation with the therapist, he recognizes a good self-object, but due to the fear of failure he is very careful and he spends a lot of time verifying the therapist. The patient behaves

self-objekt, ali zbog straha od neuspjeha biva vrlo oprezan i terapeut je puno vremena na provjeri. Pri tome se pacijent ponaša superiorno i bahato (čita novine, ne pozdravlja...) Strah da neće biti prihvaćen i da će ponovo doživjeti razočaranje manifestira kroz ovakvo ponašanje. „Ja sam u njoj vidija sistem“ Dakle, iz straha i opreza drži distancu.

Kada je pacijent stekao povjerenje i uvjerio se da je njegov terapeut dobar self-objekt („želi upit nešto njezina znanja“), želi „upit“ samog terapeuta (internalizirati dobar objekt), povezuje se s terapeutom. Odbija napustiti terapeuta pa odbija ponuđeno liječenje u grupi, odbija lijekove, bira isključivo dobar self-objekt.

Narcistički poremećaj osobnosti ili narcističke crte ličnosti često dolaze u komorbiditetu s drugim psihijatrijskim poremećajima. Ovi pacijenti nisu u stanju zadržati osjećaj samokohezije pa može doći do fragmentacije selfa. Osjećaj fragmentacije selfa može se iskusiti u kontinuumu od blage tjeskobe ili distresa do pravih napada panike, slično kao kod našeg pacijenta. Osim paničnih napada česti su poremećaji raspoloženja, drugi anksiozni poremećaji, bolesti ovisnosti, granični poremećaj osobnosti (1, 26, 28). Ovi pacijenti često budu preplavljeni i strahom od smrti (37). *Svoje pismo terapeutu pacijent upravo započinje opisom napada panike u vrijeme kada je pao snijeg u Splitu. Snijeg po-*

haughtily and as if he were superior (he reads the papers, does not greet the therapist...). The fear of rejection and reliving the failure is manifested via this type of behavior. “To me, she represented the system”. So, out of fear and caution he holds distance.

Once the patient began to trust the therapist and was convinced the therapist was a good self-object (he wants to soak up some of the knowledge), he wants to “soak up” the therapist herself (internalize a good object), he connects with the therapist. He refuses to abandon the therapist so he refuses group therapy, medications, and chooses the good self-object exclusively.

NPD or narcissistic personality traits are often found as comorbidities with other psychiatric disorders. These patients are unable to retain the feeling of self-cohesion so the fragmentation of the self can occur. This feeling can be experienced in a continuum – from a mild anxiety to full blown panic attacks, like with the patient we referred to. Apart from panic attacks, other common occurrences are mood disorders, other anxiety disorders, illnesses related to addictions, borderline personality disorder (1, 26, 28). These patients are often overwhelmed with the fear of death (37). *His letter to the therapist begins with him describing the panic attack during a snowfall in Split. The snow covers the colors and shapes and may reflect the void and the cold as a symbolic reflection of the patient’s inner world.*



krije boje i oblike i može odražavati ništavilo i hladnoću kao simboličan odraz unutrašnjeg svijeta pacijenta.

Heinz Kohut i Ernest Wolf (1978.) smatraju da može doći do razvoja više poremećaja osobnosti kada nisu zadovoljene narcističke potrebe. Kod djece koja rastu u odnosu sa skrbnikom koji odbija ili kritizira ili ima nerealna očekivanja može zaostati potreba za adekvatnim zrcaljenjem. Takve osobe Kohut i Wolf nazivaju **osobama gladnim ogledala (*mirror-hungry personality*)**. Odrasli sa **žudnjom za idealima (*ideal-hungry personality*)**, prema Kohutu i Wolfu, traže druge kojima se mogu diviti zbog njihovog prestiža, moći ili moralnog statusa. Skloni su se vezati za osobu kojoj se dive sve dok ih ta osoba ne razočara. Kohut i Wolf primijetili su da pojedinci s **alter-ego osobnošću (*alter-ego personality*)** obično trebaju druge kako bi se prilagodili njihovom izgledu, uvjerenjima i mišljenjima. Ovaj osjećaj usklađenosti ili sličnosti potvrđuje postojanje i stvarnost selfa i stvara osjećaj pripadnosti. Međutim, kada se osoba željna blizanaštva susreće s neslaganjem ili razlikama u odnosu na drugu osobu, mogla bi se osjećati otuđeno i potaknuta napustiti vezu u potrazi za nekim drugim tko će joj pružiti taj osjećaj sličnosti. **Osobe željne spajanja (*merger-hungry personalities*)**, prema Kohutu i Wolfu, često osjećaju potrebu kontrolirati druge. Neki imaju poteškoća s granicama i razlikovanjem vlasti-

Heinz Kohut and Ernest Wolf (1978) think more than one personality disorder can develop when narcissistic needs are not met. In children who are growing up in relation with the caretaker who rejects them or criticizes them or has unrealistic expectations, the need for adequate mirroring can be delayed. Kohut and Wolf call that **mirror-hungry personality**. Adults with **ideal-hungry personalities**, according to the Kohut and Wolf, seek others they can admire for their prestige, power or moral status. They are prone to tie to persons whom they admire until that person disappoints them. Kohut and Wolf noticed that individuals with **alter-ego personalities** usually need others in order to adjust to their looks, beliefs and opinions. This feeling of kinship confirms the existence and the reality of the self and creates a feeling of belonging. However, when a person seeking twinship meets disagreement or differences in relation to the other person, they can feel alienated and motivated to abandon the relationship in quest for somebody else who will offer that feeling of kinship. **Merger-hungry personalities** have a need to control others. Some have difficulties with boundaries and with differentiation their own thoughts, feelings and desires from those of others; they are prone to experience other persons as a part of their own self. Merger-hungry personalities seek a constant presence of another person for reasons of security and the feeling of wholeness. Contrary

tih misli, osjećaja i želja od tuđih; skloni su doživljavati drugu osobu kao dio vlastitog ja. Pojedinci željni spajanja često traže stalnu prisutnost druge osobe radi sigurnosti i osjećaja cjelovitosti. Nasuprot tome, osobe **koje izbjegavaju kontakt (contact-shunning personalities)** izbjegavaju društveni kontakt unatoč intenzivnoj potrebi za povezivanjem s drugim ljudima. Strahuju da će ih drugi odbaciti zbog intenziteta njihove potrebe za vezom. Kao rezultat toga, često izbjegavaju društveni kontakt kako bi se zaštitili od boli ovog zamišljenog, mogućeg odbijanja. Istodobno se često boje da će ih veza s drugima ugušiti, što će rezultirati gubitkom osjećaja selfa. Zbog toga se povlače u izolaciju (24, 25).

Za pacijenta čiji tekst je pred nama nema podataka o njegovom razvoju niti podataka o ranim odnosima. Iz podataka dostupnih u njegovu tekstu može se zaključiti da je imao dva braka, ali detalje vezane za te odnose ne donosi osim da njegova druga žena „voli sve organizirati i planirati, a on ide za njom i nastoji ne smetati“. Opisuje kupovinu sa suprugom u Getrou – kao dijete koje je izgubilo mamu (fragilan self). Čini se da njegovo oholo superiorno ponašanje prema terapeutu govori o potrebi za kontrolom i moći, držeći terapeuta u podređenom položaju. Na sljedeći način opisuje svoje ponašanje prema terapeutu: ...u prvih šest mjeseci bi samo ušla i sija. Ni jedanput joj nisan reka ni „Dobar dan“, ni „Ej“, ni ništa. Iako je žena bila

to them, **(contact-shunning personalities)** avoid social contact despite the intense need to connect with other people. They fear rejection due to their need for connection. As a result, they often avoid social contact in order to protect themselves from the pain of this imagined, possible rejection. At the same time, they are often afraid the relationship with others will suffocate them, which would result in the loss of the feeling of the self. That is way they retreat to isolation (24, 25).

For the patient, author of the text, there is no data about his development nor about his early relations. From the data available in the text, it can be concluded he had two marriages, but presents no details save for his “second wife likes to organize and plan everything and he follows her and tries not to get in the way”. He describes a shopping trip with his wife to Getro shopping center – like a child who lost his mom (fragile self). It seems his arrogant superior behavior towards the therapist speaks of the need for control and power, keeping the therapist in a submissive position. He describes his behavior towards the therapist in the following way: “... in the first six months I’d just go in and sit down. I didn’t say “good afternoon” even once, nor “hey”, I didn’t say anything at all. The woman was totally fine to me, but I didn’t let her know that. Also, I was rude sometimes.” He did not respond to her questions. “–What do you do for living? –I can’t tell you that. –Ok. What did you



skroz OK, ja joj to ničin nisan dava do znanja, a zna san biti i nepristojan." Također, nije odgovarao niti na njezina pitanja: - Čime se bavite? – Ne mogu Van to reć. – Dobro. Što ste radili danas? -Ne mogu Van ni to reć. Dakle, pacijent ima potrebu za moći, ima potrebu za divljenjem, dok istodobno ne pokazuje empatiju prema terapeutu, ne brine kako se terapeut osjeća kad je ne pozdravlja i kad ne odgovara na njezina pitanja. Iza toga skriva se osjećaj nesigurnosti, strah od odbacivanja u novom odnosu, s terapeutom. Navedeno ponašanje ide u prilog narcističkom poremećaju ličnosti ili narcističkim crtama u ličnosti.

U klasičnoj Freudovoj psihoanalizi narcističke poremećaje smatralo se nepodobnim za analizu, jer su nesposobni za stvaranje privrženosti, a bez čega nisu u stanju graditi „transferni odnos“. Danas se takvi stavovi značajno mijenjaju (24, 25).

Terapija narcističkih poremećaja u duhu self-psihologije

U skladu s teorijom koju podržava self-psihologija cilj analize uključuje razumijevanje pacijentovih potreba i njihovo djelomično zadovoljenje tijekom tretmana. Izgradnja psihičke strukture i popravljjanje vlastitih nedostataka smatra se važnijim od rješavanja konflikta.

Kohut smatra da je zadatak psihoterapeuta osigurati pacijentu „korektivno

do today? –I can't tell you that too." So, the patient has a need for power, for being admired, while at the same time he displays no empathy for the therapist, does not care how she feels when he doesn't greet her and when he ignores her questions. Behind all that lies the feeling of insecurity, the fear of rejection in the new relation, the one with the therapist. The behavior described above speaks of NPD or narcissistic personality traits.

In the classical Freud's psychoanalysis, narcissistic disorders were seen as unfit for analysis because they were incapable of creating attachment, without which a "transference relation" cannot be built. Today those stances are significantly different (24, 25).

Narcissistic disorder therapy in the spirit of self-psychology

In accordance with the theory supported by self-psychology, the goal of analysis includes understanding the patient's needs and partial fulfilment thereof during the treatment. Building the psychic structure and repairing one's own flaws are deemed as more important than resolving a conflict.

Kohut is of the opinion that the psychotherapist's task is to ensure the patient's "corrective emotional experience" via empathic attunement. Empathy enables the appearance of narcissistic transferences (mirror, idealizing twinship)

emocionalno iskustvo“ kroz empatsko usklađivanje (*attunement*). Empatija omogućava pojavu narcističnih transfere (zrcalni transfer, idealizirajući transfer i blizanački transfer) čija zadaća je restauracija specifičnih pukotina unutar selfa. Ako potrebe za ovim transfernim odnosima nisu zadovoljene nije moguć razvoj zdravog osjećaja selfa. Radi se o procesu u kojem terapeut postaje unutarnji self-objekt umjesto „unutarnjeg dobrog roditelja“ (28, 38).

Self-psihologija pruža konceptualni okvir za analitičare koji zagovaraju empatiju za pacijentove narcističke potrebe. Razvoj kohezivnog osjećaja selfa sam po sebi može biti legitiman cilj psihoanalitičkog tretmana, bez obzira na sposobnost pacijenta za ljubav prema objektu (1, 26).

Kritičari self-psihologije smatraju da je self-psihologija ništa više od supportive psihoterapije te da daje previše podrške narcističnim bolesnicima koji izbjegavaju bilo kakav vid odgovornosti za svoje ponašanje i konfliktne odnose s okolinom. Zagovornici self-psihologije tvrde da je self-psihologija oblik psihoanalitičke psihoterapije, a empatija ključan element, ravan interpretacijama, kada su po srijedi trajne promjene. Bez empatije, pacijent čiji self je pre slab, može jako patiti i neće imati koristi od terapije. Osim toga, narcistični pacijenti imaju tako fragmentiran self da ne bi bili u stanju podnijeti interpre-

whose task is to restore the specific cracks within the self. Failure to satisfy the needs for these transference relations will render the development of a healthy feeling of self impossible. In this process, the therapist becomes the inner self-object instead of the “inner good parent” (28, 38).

Self-psychology offers a conceptual frame for analysts who advocate empathy for the patient's narcissistic needs. The development of the cohesive sense of self can be in and of itself a legitimate goal of a psychoanalytic treatment, no matter the capability of the patient for love for the object (1, 26).

The critics of self-psychology consider it as hardly anything more than supportive psychotherapy that gives too much support to the narcissistic patients who shirk any form of responsibility for their behavior and their conflicting relations with the environment. Proponents of self-psychology claim that self-psychology is a form of psychoanalytic psychotherapy with empathy as a key element, equal to interpretations when permanent changes are in question. Without empathy, the patient whose self is not strong enough can suffer greatly and will not profit from the therapy. Besides, narcissistic patients have the self fragmented to such a degree where they would not be able to withstand the interpretation early in therapy. Empathy helps for the therapeutic alliance. The goal of the therapy is to help the patient



taciju rano u terapiji. Empatija pomaže i formiranju terapijskog saveza. Cilj terapije je pomoći pacijentu da inkorporira funkcije self-objekta koje mu nedostaju i koje je prethodno propustio ugraditi u svoju unutarnju psihičku strukturu. Kako bi se ovo postiglo, zadaća terapeuta je da može osjetiti ono što je i pacijent osjetio u određenoj situaciji („privremeno boravište“) (27, 39). U konačnici, pacijent je u stanju ispuniti razvojne praznine obradom pozitivnih iskustva koja se događaju između njega i terapeuta kroz **transmutirajuću internalizaciju**. Kako terapija napreduje, empatija pomaže pacijentu, koji sada vjeruje terapeutu, kao dobrom self-objektu, vidjeti što mu to terapeut nudi putem zrcaljenja idealiziranog self-objekta. Pacijent je sada u stanju propitivati se o vlastitoj percepciji situacije. Kada se to jednom dogodi, pacijent je u stanju otkriti potisnute konflikte i razvojne potrebe te tolerirati interpretacije fokusirane na potisnute potrebe. (28, 40)

Doprinos self-psihologije psihoanalizi sastoji se u činjenici da narcizam ima manje pejorativan prizvuk, da primjena empatije može pridonijeti poboljšanju tretmana narcističnih bolesnika, da self-psihologija jasno rasvjetljava značenje self-objekta te naglašava terapeutov doprinos u terapiji, a time i ideju intersubjektivnosti. Intersubjektivnost je međuigra između subjektivnog iskustva i terapeuta i pacijenta i njihove reakcije jedan na drugog (28, 41).

incorporate the self-object functions he is lacking and which he failed to build into his inner psychic structure in the past. In order to achieve this, it is the therapist's task to feel what the patient felt in a given situation (“the temporary indwelling“) (27, 39).

In the end, the patient is capable of fulfilling the developmental voids by processing the positive experiences that happen between him and the therapist via **transmuting internalization**. As the therapy advances, empathy helps the patient, who now trusts the therapist, as a good self-object, and is ready to see what the therapist has to offer through mirroring the idealized self-object. The patient is now capable to question himself on his own perception of the situation. Once that happens, the patient is capable to reveal the repressed conflicts and developmental needs and to tolerate the interpretations focused on the repressed needs (28, 40).

Self-psychology's contribution to psychoanalysis lies in the fact that narcissism has less pejorative sound to it, in application of empathy to bettering the treatment of narcissistic patients, in self-psychology clearly revealing the meaning of the self-object and emphasizes the therapist's part in therapy and the idea of intersubjectivity. Intersubjectivity is an interplay between a personal experience, the therapist, the patient, and their reaction to each other (28, 41).

Zrcalni transfer

Općenito govoreći, transfer se odnosi na osjećaje koje pacijent ima prema analitičaru (42). Pacijentov transfer u terapijskoj situaciji najbliži je oblicima odnosa iz prošlosti (42). Transfer je primarno rezultat nastojanja pacijenta da ostvari svoje želje, a terapijski uspjeh prvenstveno proizlazi iz ponovnog proživljavanja tih želja unutar transfernog odnosa. Dakle, uspjeh u terapiji određen je nečim što već postoji u pacijentu plus doživljaj novog iskustva s analitičarem, prema kome su pacijentove želje i usmjerene (43).

Kohut govori o različitim vrstama transfera koje povezuje s razvojnim potrebama selfa. Radi se o zrcalnom transferu, idealizirajućem transferu, stapajućem (*merging transference*) i blizanačkom transferu. U terapiji s narcističnim bolesnicima najčešće se pojavljuju zrcalni transfer i idealizirajući transfer te će o njima biti nešto više rečeno, dok će ostali oblici transfera biti spomenuti (37). Proučavajući zrcalni transfer Kohut je primijetio da se radi o ponašanju narcističnog bolesnika koje uključuje očajničku potrebu za odobravanjem od strane analitičara, slično kao što dijete agira kako bi uhvatilo „sjaj u majčinom oku“ kao odraz radosti zbog djetetova postojanja i njegovih aktivnosti (doživljaj „grandioznog egzibicionističkog selfa“). Slično se očekuje od terapeuta u terapijskoj situaciji. (1, 26)

Mirror transference

Broadly speaking, transference refers to the feelings a patient has for his analyst (42). The patient's transference in a therapeutic situation is closest to the forms of relations from the past (42). Transference is primarily a result of the patient's striving to fulfill his desires and the therapeutic success comes from reliving those desires within a transference relation. So, success in therapy is determined by something that already exists in the patient plus the impression of the new experience with the analyst, towards whom the patient's desires are directed (43).

Kohut speaks of different transference types which he connects to the developmental needs of the self: the mirror transference, idealizing transference, merging transference, and twinship transference. In therapy with narcissistic patients, the most common is the mirror transference and the idealizing transference so we will discuss them in more detail, while other forms will be only mentioned (37). Studying the mirror transference, Kohut observed it is about the narcissistic patient's behavior which includes a desperate need for approval by the therapist, similar to a child's attempt to catch "the gleam in mother's eye" as a reflection of joy for the child's existence and his activities (the experience of "grandiose exhibitionist self"). Similar is expected of the therapist in a therapeutic situation (1, 26).



Zrcalni prijenos je pokušaj remobilizacije grandioznog selfa. Njegov izraz je: „Savršen sam i trebam te da mi to potvrdiš.“ Generalno, pa tako ni u terapijskoj situaciji idealno zrcaljenje nije moguće postići, pa samim time ni remobilizaciju „grandioznog egzibicionističkog selfa“. Dovoljno dobra okolina pomoći će da ne dođe do razaranja selfa. Kada je vrlo arhaičan, zrcalni transfer može lako dovesti do osjećaja dosade, napetosti i nestrpljenja kod analitičara, dok ovaj vid transfera još nije prepoznat. Prema Kohutu, zrcalni transfer može se javiti u tri oblika, ovisno o stupnju regresije i prirodne točke fiksacije. Fuzijski transfer („Fusion transference“) je najarhaičniji vid i odnosi se na primarni odnos identiteta, pri čemu je Drugi dio selfa u potpunosti. U terapijskom procesu ovo možemo vidjeti u odnosu u kojem se terapeuta smatra onipotentnim ili tiranskim te je doživljen kao ekstenzija selfa. U blizanačkom ili alter ego transferu odnosu Drugi je doživljen poput selfa. Putem zrcalnog transfera terapeut ima ulogu zadovoljiti pacijentove potrebe. Ako pacijent osjeća da je shvaćen doživjet će osjećaj blagostanja povezan s restoracijom narcizma (37, 44).

Zrcalni transfer javlja se kada je analitičar iskusan u ispunjavanju funkcija koje uspostavljaju strukturu selfa (*structure-building*), funkcija koje pacijent još uvijek ne može izvoditi sam (27). Slično kao kada roditelj pokaže odu-

The mirror transference is an attempt to remobilize the grandiose self. Its motto is: "I am perfect and I need you to confirm it." Generally speaking, the ideal mirroring is not possible to achieve and thus it is not possible to achieve the remobilization of the "grandiose exhibitionistic self". A good enough environment will help the self not be destroyed. While still undetected, a very archaic mirror transference can easily lead to a sense of boredom, tension, and impatience in the analyst. According to Kohut, the mirror transference can manifest in three different forms, depending on the degree of regression and the nature of the fixation point. Fusion transference is the most archaic form and refers to the primary relation of the identity, where the Other part of the self is complete. In the therapeutic process, we can see this in the relation in which the therapist is considered to be omnipotent or tyrannical and is seen as an extension of the self. In twinship or alter ego transference, the Other is experienced as the self. The therapist's role is to satisfy the patient's needs via the mirror transference. If the patient feels he is being understood, he will experience the feeling of well-being connected to the restoration of narcissism (37, 44).

The mirror transference appears when an analyst is experienced in the fulfillment of the self structure-building functions, the functions the patient still cannot perform by himself (27). It is a similar situation to the one where par-

ševljenje djetetom i prenese mu osjećaj vrijednosti i poštovanja, narcistični pacijent treba terapeuta kako bi dobio zrcaljenje koje nikada nije iskusio i kako bi izgradio strukturalni dio selfa. Izostanak povratne informacije pacijent može doživjeti kao da je izostala pohvala te se zbog toga može osjećati bezvrijedno i nevažno (28). Ako terapeut intervenira neempatično, nenamjerno ponavlja ranije slično iskustvo uzrokujući povredu selfa. Navedeno može rezultirati porastom anksioznosti s privremenom fragmentacijom kohezije transfera (*chohesion of the transference*). U slučaju kada je frustracija visokog stupnja može se javiti narcistički bijes. Kohut smatra da se narcistički bijes pojavljuje deflacijom arhaične grandioznosti ili zbog traumatskog razočaranja u idealiziranu figuru. Narcistički bijes može pobuditi intenzivne nasilne ili destruktivne odgovore. U terapijskom procesu, radi se o reaktivnoj agresiji koja može biti prisutna sve dok je self ozbiljno vulnerabilan i sklon fragmentaciji (28).

Idealizirajući transfer

Druga glavna vrsta potrebe za prijenosom, prema Kohutu, je potreba za idealizacijom. Kohut je vjerovao da se ovaj oblik prijenosa temelji na potrebi da je značajni Drugi (obično roditelj) moćan i savršen. Dijete stječe iskustvo s moćnim saveznikom koji je u stanju nositi se s vanjskim svijetom na sigu-

ents show how thrilled they are by the child and transfer the feelings of worth and respect to the child. The narcissistic patient needs a therapist to gain the mirroring which he never experienced in order to build a structural piece of the self. The lack of feedback can be seen as a lack of praise, so the patient can feel worthless and unimportant (28). If the therapist reacts unemphatically, the therapist involuntarily repeats a previous, similar, experience causing harm to the self. This can result in increased anxiety accompanied by a temporary fragmentation of the transference cohesion. A frustration of a high degree can cause narcissistic rage. Kohut opines that narcissistic rage appears due to the archaic grandiosity being deflated or due to a traumatic disappointment in an idealized figure. Narcissistic rage can stir intense violent or destructive responses. In the therapeutic process, it manifests as reactive aggression which can remain present as long as the self is seriously vulnerable and prone to fragmentation (28).

Idealizing transference

The second main type of need for transference, according to Kohut, is the need for idealization. Kohut believed this form of transference is based on the need that the significant Other (usually a parent) is powerful and perfect. The child gains experience with this powerfully ally who is capable of tackling the outside world in



ran način. Ovo iskustvo internalizira se u unutarnje povjerenje, kroz proces „transformirajuće internalizacije“ (42).

U idealizirajućem transferu pacijent gleda na analitičara kao na savršenog i sveznajućeg roditelja koji zadovoljava sve njegove potrebe. Pacijent može pokazati malo interesa za uvid ili razumijevanje u takvim slučajevima jer je njegova primarna želja uživati u reflektiranoj slavi idealiziranog analitičara (1, 26).

Idealizirajući transfer je onaj koji se uspostavlja a) zbog arhaičnih idealizirajućih potreba, pri čemu se analitičar doživljava kao izvor moći i snage, koji će u svojoj beskrajnoj mudrosti uvijek biti tu da osigura pacijentov osjećaj sigurnosti i savršenstva; ili (b) kao onaj u kojem pacijent vidi sebe stopljenog s analitičarevom mudrošću i sveznanjem temeljem čega se osjeća jedinstvenim i posebnim, baš kao što doživljava i analitičara. Idealizirajući transfer pruža osjećaj sigurnosti koji dopušta istraživanje bolnih infantilnih afekata i sukoba povezanih s njima. U osnovi, analitičarevo empatijsko razumijevanje u pozadini, zapravo, predstavlja analitičarevo „savršenstvo“ i suštinski je aspekt transfera. Međutim, može se cijeniti samo kada pacijent doživi neočekivano i veliko razočaranje u analitičarevo idealizirano savršenstvo. Disrupcija idealizirajućeg transfera može imati različite oblike. Kada izazove reakciju narcističkog bijesa,

a safe manner. This experience is internalized to inner trust, via the process of “transforming internalization” (42).

In the idealizing transference, the patient looks upon the analyst as the perfect and omniscient parent who satisfies his every need. The patient can show little interest for insight or understanding in such cases since his primary need is to enjoy the reflected glory of the idealized analyst (1, 26).

The idealizing transference is established: a) due to the archaic needs for idealization, where the analyst is seen as a source of power and strength, who will in his infinite wisdom always be here to ensure the patient's feeling of safety and perfection; or b) as a transference where the patient sees himself as merged with the analyst's wisdom and omniscience which makes him feel unique and special, just the way he himself sees the analyst. The idealizing transference offers a sense of security and allows the exploration of painful infantile emotions and the conflicts linked to them. At its essence, the analyst's emphatic understanding that takes place in the background is what represents the analyst's “perfection” and is the core aspect of the transference. However, it can only be appreciated when the patient experiences the unexpected great disappointment in the analyst's idealized perfection. The disruption of the idealizing transference can take different forms. When it causes the reaction of narcissistic rage, wheth-

bilo da se bijes izražava otvoreno ili u vidu oholog povlačenja, može dovesti do oživljavanja iskustva iz djetinjstva u kojem su traumatska razočaranja u savršenstvo roditelja doživljena kao namjerna nastojanja da se povrijedi dijete. Okrivljivanje analitičara za disrupciju često predstavlja pokušaj prevladavanja osjećaja ranjivosti, koji je ovom disrupcijom razotkriven (27, 37).

Merging transfer

Treći prijenos o kojem Kohut govori je djetetova potreba za spajanjem. On govori o tome da dijete mora biti u stanju stopiti se s roditeljem, da se osjeća sigurno i zaštićeno uz osjećaj pouzdanosti u drugoga. Ovo iskustvo „spajanja“ vrlo je rana potreba za stapanjem s moćnom i utješnom idealiziranom roditeljskom figurom koja štiti bebu od pretjerane stimulacije. Ovaj oblik transfera u terapijskoj situaciji pojavljuje se kao potreba za spajanjem odnosno povezivanjem s terapeutom. Pacijent ulaže napor kako bi osigurao osjećaj pripadanja terapeutu (42).

Blizanački transfer

Četvrti prijenos o kojem Kohut govori je potreba za blizanaštvom. Drugim riječima, potreba pacijenta da bude u prisustvu nekoga tko mu je sličan, kako bi znao da nije sam na svijetu. Tijekom rasta i razvoja radi se o fazi u kojoj

er the rage is displayed openly or in the form of arrogant retreat, it can revive a childhood experience where the traumatic disappointments in the parental perfection were seen as deliberate attempts to hurt the child. Blaming the analyst for the disruption often represents an attempt to overcome the feeling of vulnerability which is discovered this way (27, 37).

Merging transference

The third type of transference Kohut discusses is the child's need for merging by stating that the child needs to be able to merge with the parents in order to feel safe and protected, and to feel the child trusts them. This "merging" experience is a very early need for melding with a powerful and comforting parental figure that protects the baby from overstimulation. This type of transference occurs in therapy as a need for merging or connecting with the therapist. The patient exerts effort to ensure the sense of belonging to the therapist (42).

Twinship transference

The fourth type Kohut mentions is the need for twinship. In other words, the need of the patient to be in the presence of someone like himself, in order to know he is not all alone in the world. During growth and development, it is a phase were a child, usually between four and six years of age, feels similarity and



dijete, obično između četvrte i šeste godine, osjeća sličnost i istovjetnost s roditeljem, obično istog spola. Djeca u ovoj dobi ponekad mogu zamišljati imaginarne prijatelje ili životinje koji su njihovi istomišljenici (1). Međutim, Kohut kasnije sugerira da bi potreba za blizanaštvom mogla imati vlastitu razvojnu liniju koja se proteže kroz cijeli život. U terapijskoj situaciji pacijent će tražiti poveznicu između sebe i terapeuta kako bi se osjećao čim sličniji terapeutu (42).

Suparnički transfer (*Adversarial Transference*)

Posljednja transferna potreba koju je potrebno ovdje spomenuti je suparnički transfer. To je potreba za definiranjem sebe samog. Može se promatrati kroz borbu s drugima i traženje podrške od strane drugoga s ciljem da se bude prihvaćen sa svojim različitostima. Ernest Wolf, Kohutov kolega i suradnik, opisao je dva dodatna self-objekt transfera. Suparnički self-objekta transfer funkcionira tako da pruži iskustvo dobronamjernom, ali suprotstavljenom silom, dok istodobno dopušta potvrdu djelomične autonomije, kroz aktivno protivljenje. Učinkovit self-objekt transfer osigurava iskustvo efikasnog utjecaja na Drugog, na način da kod Drugog provocira potrebne funkcije self-objekta (42).

identicalness with a parent, usually the one of the same sex. Children at this age can sometimes have imaginary friends or animals that share their opinions (1). However, Kohut later suggests the need for twinship could have its own developmental timeline that spans the lifetime. In a therapeutic situation, the patient will seek a link between him and the therapist in order to feel more similar to the therapist (42).

Adversarial Transference

The last transference need that we have to mention here is the adversarial transference. It is a need to define oneself. It can be viewed through the lens of fighting with others and seeking support from the others with the goal of being accepted with all the differences one has. Ernest Wolf, Kohut's colleague and collaborator, described two additional self-object transferences. The adversarial self-object transference works like this: it offers an experience with a well-meaning, but opposing force while at the same time allowing the affirmation of partial autonomy via active opposition. An efficient self-object transference enables the experience of efficiently influencing Others, in a way where it provokes the necessary self-object functions in the Other (42).

Self-object transference

Recognizing the self-object transference helps us understand the meaning of the

Self-objekt transfer

Prepoznavanje self-objekt transfera pomaže nam shvatiti značenje koncepta self-objekta ne samo kao razvojnog već i kliničkog čimbenika.

Tako u kliničkoj situaciji pacijent koristi analitičara za određene, interno nedostupne funkcije. Analitičar se u svojstvu self-objekta doživljava kao dio selfa. Način ponašanja, ton glasa, izbor riječi imaju značajan utjecaj u relacijama. Zadaća analitičara je shvatiti značenje koje njegov način, postupci i verbalna komunikacija imaju na pacijenta, a ne na njegovu sadašnjost ili realitet. Ovdje se empatija kao način opservacije povezuje s prepoznavanjem self-objekt transfera. Prorada ovog transfera dovela bi do transformacije arhaičnog narcizma u zrelije oblike, prije nego izravno u objektnu ljubav. Ovo empirijsko opažanje postulira, također, postojanje odvojenih linija razvoja (iako ne neovisnih) za narcizam i ljubav prema objektu (27).

Self-objekt transfer u radu s narcističnim pacijentom prisutan je kada se jave self-objekt potrebe. Kako bi se zaštitio od mogućeg ponovnog proživljavanja propusta od strane self-objekta u terapiji pacijent koristi obrane kao projekcija, poricanje i iskrivljenje, što su nezrele obrane (45). Kroz manifestacije self-objekt transfera, analitičar može razlučiti kako ga pacijent doživljava u

self-object concept as a developmental and clinical factor.

So in a clinical situation, the patient uses the analyst for certain internally unavailable functions. The analysts, in the capacity of a self-object, is perceived as a part of the self. The behavior, the tone of voice, the choice of words all have a significant impact in relations. The analyst's task is to understand the meaning his actions and verbal communication have to the patient, and not to his present or reality. In this context, empathy as a mean of observation is linked with the recognizing of the self-object transference. The processing of this transference would lead to the transformation of the archaic narcissism into more mature forms sooner than directly to objective love. This empirical observation postulates the existence of separate (although not independent) developmental lines for narcissism and love for the object (27).

The self-object transference is present in work with narcissistic patients when self-objects of need make appearance. In order to protect himself from a potential re-experience of the self-object failings in therapy, the patient uses defenses like projection, denial, and distortion, which are immature defenses (45). Through the manifestations of the self-object transference, the analyst can tell in what way the patient sees him in the analytical process and what he needs and seeks from him. The self-object, or better said the experience of the self-object, brings



analitičkom procesu i što traži i treba od njega. Self-objekt ili, bolje rečeno, iskustvo self-objekta dovodi vanjski svijet u unutarnji svijet te daje mogućnost analitičaru da razumije kako pacijent doživljava taj vanjski svijet (27).

U slučaju našeg pacijenta terapeut je prepoznao da samo dobar self-objekt može promijeniti unutarnji svijet ovoga pacijenta. S druge strane pacijent je prihvatio terapiju („Rekla mi je da dolazim jedanput sedmično, pa sam tako i dolazim”) i ostao u terapiji, jer je osjetio da ga terapeut prihvaća od prvog susreta. U ovom tekstu koji je nastao puno kasnije pacijent gratificira svog terapeuta što nije bio u stanju verbalizirati na početku terapije, iako je to vjerojatno osjećao. U vezi s tim piše: „U jako kratko vreme mi je razbila sve predrasude o plavušama. ...ona je pogodila čime će se baviti. Nisan je mogla zamisliti da ista drugo radi.”

U tretmanu narcističnog pacijenta valja imati na umu mogućnost pojave negativnog kontratransfera koji može interferirati s empatijom. Bez empatije, ton terapije neće dopustiti pacijentovu punu elaboraciju njegovih self-objektnih potreba. Unatoč izazovima u radu s ovim pacijentima, postoji i gratifikacija (28). Najvažnija gratifikacija u ovom slučaju je što pacijent postiže značajne promjene koje ostaju trajno. Jasno je da je ovaj pacijent postigao osjećaj jedinstva unutar sebe (ne mora biti savršen...) što mu nudi mogućnost da bude u miru sa

the outside world to the inner world and offers to the analyst the possibility to understand the way the patient experiences the outside world (27).

In the case of the patient we refer to, the therapist recognized that only a good self-object can change the inner world of this patient. On the other hand, the patient accepted the therapy (“She told me to come once a week, and I did so”) and remained in therapy because he felt he was accepted by the therapist since their first meeting. In this text which was created much later, the patient gratifies his therapist, which he was unable to do at the beginning of the therapy even though he probably felt that way. He writes: “In a very short time, she broke all the stereotypes about blondes... she chose her job well. I couldn’t imagine her doing anything else.”

In the treatment of narcissistic patients, it pays to bear in mind the possibility of the negative countertransference emerging, which can interfere with empathy. Without empathy, the tone of the therapy will not allow the patient full elaborate on his self-object needs. Despite the challenges in work with this type of patients, there is also gratification (28). *The most important gratification in this case is the patient achieving permanent significant changes. It is clear that this patient achieved a sense of wholeness within himself (he doesn’t have to be perfect), which gives him an opportunity to be at peace with himself.* The countertransference in work with

samim sobom. Naime, kontratransfer u radu s narcističnim pacijentima može biti negativan, svedjedo, terapeutov zadatak je pomoći pacijentu da izgradi rešetku temeljenu na self-objekt iskustvu koje će trajati i nakon završetka terapije (28) što je u ovom primjeru postignuto.

Empatija u terapijskom procesu

Introspektivno-empatijski način promatranja i slušanja ima važno mjesto u self-psihologiji. Na empatiji bazirano slušanje/promatranje daje nam najizravniji pristup pacijentovim subjektivnim iskustvima i složenim motivima za njihovu konstrukciju. Ova perspektiva slušanja osvjetljava one aspekte pacijentova unutarnjeg života koji su nedostupni njegovoj ili njezinoj svijesti zbog poricanja ili potiskivanja. U introspektivno-empatijskom modu promatranja, analitičar je kontinuirano usredotočen na iskustveni self (*experiencing self*) (27).

Robert Stolorow i njegovi kolege preuzeli su Kohutov naglasak na empatiji i smatraju da je psihoanalitički rad ograničen na aspekte pacijentovog iskustva koji su dostupni empatiji i introspekciji. Oni naglašavaju prirodu intersubjektivnog polja koje su stvorili analitičar i pacijent, a ekstratransferne informacije vide kao manje važne za analitički proces (46). Kohut je vidio empatiju kao kliničku metodu za razumijevanje nedostataka uzrokovanih neuspjehom self-objekta i

narcissistic patient can, in fact, be negative. Nevertheless, it is the therapist's task to help the patient build the grate based on the self-object experience that will last even after the therapy's ended (28), which was indeed achieved in this example.

Empathy in the therapeutic process

The introspective-emphatical way of observation and listening holds an important spot in self-psychology. Empathy-based listening/observation gives us the most direct access to the patient's subjective experiences and the complex motives for their construction. This perspective of listening shines a light on the aspects of the patient's inner life which are not available to his or her awareness due to denial or repression. In the introspective-emphatical mode of observation, the analyst is continually focus on the experiencing self (27).

Robert Stolorow and his colleagues took the Kohut's emphasis of empathy and gave opinion that the psychoanalytical work is limited to those aspects of the patient's experience which are available to empathy and introspection. They accentuate the nature of the intersubjective field created by the analyst and the patient, and perceive the extra-transferential information as less important to the analytical process (46). Kohut saw empathy as a clinical method for understanding the flaws caused by the failures



za popravljane pukotina koje su oni proizveli. Smatrao da je empatija sama po sebi terapijska i da terapija ponovno pokreće zaostali razvoj. Kroz terapeutovo empatijsko ugađanje, stvara se iskustvo self-objekta, internaliziraju se iskustva self-objekta i s vremenom razvijaju vlastiti unutarnji izvori samopoštovanja, samopouzdanja, vitalnosti i ambicija. Na ovaj način, narcisoidnost, iako ima svoje opasnosti, ima svoje vrijednosti jer je narcizam u biti samoljublje neophodno da bi se ljudi osjećali voljeno, samopouzdana i cjelovito te za njihovo cjelokupno funkcioniranje u životu (24, 25).

ZAKLJUČAK

Zrcaljenje je važan proces u dijadnom odnosu majka-dijete tijekom rasta i razvoja kao osnova za razvoj kohezije selfa. U ovom procesu važnu ulogu ima empatija. Empatičan roditelj bit će responsivan u skladu s djetetovim potrebama, što će biti praćeno pozitivnim emocionalnim iskustvom. Na taj način bit će zadovoljene djetetove narcistične potrebe. Pogreške u zrcaljenju tijekom razvoja mogu voditi i razvoju anksioznih ili depresivnih poremećaja, bolesti ovisnosti ili poremećaja ličnosti. Narcistički poremećaj ličnosti jedan je od onih koji predstavljaju izazov u terapiji. Introspektivno-empatijski pristup prema principima self-psihologije pomaže sačuvati fragilan self i daje mogućnost

of the self-object and for fixing the cracks they caused. He considered empathy as therapeutic in and of itself, and that the therapy reignites the delayed or arrested development. The therapist indulging the patient creates a self-object experience, internalizes the self-object experiences and, over the course of time, develops one's own inner sources of self-respect, self-confidence, vitality and ambitions. This way narcissism, even though it poses its own dangers, represents something valuable, a form of self-love indispensable for feeling loved, self-confident, whole, and for proper functioning in life in general (24, 25).

CONCLUSION

Mirroring is an important process in the dyad mother-child relation during growth and development as a basis for the development of cohesion of the self. In this process, empathy plays an important role. An emphatic parent will be responsive to and in accordance with the child's needs, which will result in a positive emotional experience, and the child's narcissistic needs will be fulfilled. Mistakes in mirroring during development may lead to the development of anxiety or depressive disorders, addiction related illnesses or personality disorders. Narcissistic personality disorder is one of those that present a challenge in therapy. The introspective-emphatical approach according to the principles of self-psychology helps to retain the fragile

za internalizaciju dobrog self-objekta. Temeljem teksta anonimnog pacijenta „Psychosis Neurosis“, možemo samo pretpostavljati o pacijentovu životu i terapijskom procesu. Međutim, čini se da je pacijent imao puno sreće da je empatičan terapeut prepoznao, baš kao što dovoljno dobra majka prepozna pacijentovu potrebu. Pretpostavljam da je upravo zbog toga pacijent ostao u terapiji te se doima, da je kroz odnos s dobrim self-objektom postigao trajne promjene u svojoj ličnosti kao i u funkcioniranju.

self and offers an opportunity to internalize the good self-object. From the data in the text *Psychosis Neurosis* written by an anonymous patient, we can only make assumptions about the patient's life and his therapeutic process. However, it seems the patient was very lucky to have a therapist who recognized his needs, just like a good mother recognizes her child's needs. I assume it was due to the patient staying in therapy and appears to have achieved permanent changes in his personality and his functioning via his relation with a good self-object.

LITERATURA/REFERENCES

1. Kohut H. Analiza sebstva. Zagreb: Naprijed, 1990.
2. Weinberg H, Toder M. The Hall of Mirrors in Small, Large and Virtual Groups. *Group Analysis*. 2004;37(4):492–507. <https://doi.org/10.1177/0533316404047782>
3. Nitsun M. The Organizational Mirror: A Group-Analytic Approach to Organizational Consultancy, Part I – Theory. *Group Analysis*. 1998;31(3):245–267. <https://doi.org/10.1177/0533316498313002>;
4. Pines M. Reflections on mirroring. In: *Circular reflections-Selected Papers on Group Analysis and Psychoanalysis*. London: Jessica Kingsley, 1998.
5. Ridley S. A Question of Identity: Mirrors as a Tool for Self-Reflection. *Journal of Creativity in Mental Health*. 2015;10(2):130-48.
6. Gormley L. Through the Looking Glass: The Facilitation of Mirroring in Group Process. *The Journal for specialists in group work*. 2008;33(3):207-220. <https://doi.org/10.1080/01933920802205038>
7. Brass M, Bekkering H, Prinz W. Movement observation affects movement execution in a simple response task. *Acta Psychol (Amst)*. 2001;106(1-2):3-22. doi: 10.1016/s0001-6918(00)00024-x. PMID: 11256338.
8. Heyes C. Automatic imitation. *Psychological Bulletin*. 2011;137(3):463–483. <https://doi.org/10.1037/a0022288>).
9. Gallese V, Fadiga L, Fogassi L, Rizzolatti G. Action recognition in the premotor cortex. *Brain*. 1996;119(2):593-609. doi: 10.1093/brain/119.2.593. PMID: 8800951.
10. Molenberghs P, Cunnington R, Mattingley JB. Brain regions with mirror properties: a meta-analysis of 125 human fMRI studies. *Neurosci Biobehav Rev*. 2012;36(1):341-9. doi: 10.1016/j.neubiorev.2011.07.004. Epub 2011 Jul 18. PMID: 21782846.
11. Cook R, Bird G, Catmur C, Press C, Heyes C. Mirror neurons: from origin to function. *Behavioral and Brain Sciences*. 2014;37(2):177-192. doi: 10.1017/S0140525X13000903



12. Simpson EA, Fox AN, Tramacerea A, Ferrara FP. Neonatal imitation and an epigenetic account of mirror neuron development *Behav Brain Sci.* 2014;37(2):220. doi:10.1017/S0140525X13002495.
13. Ferrari PF, Vanderwert RE, Paukner A, Bower S, Suomi SJ, Fox NA. Distinct EEG amplitude suppression to facial gestures as evidence for a mirror mechanism in newborn monkeys. *Journal of Cognitive Neuroscience.* 2012;24:1165–72. 10.1162/jocn_a_00198 [PubMed: 22288390]
14. Iacoboni M, Woods RP, Brass M, Bekkering H, Mazziotta JC, Rizzolatti G. Cortical mechanisms of human imitation. *Science.* 1999;286:2526–2528. (doi:10.1126/science.286.5449.2526)
15. Buccino G, Vogt S, Ritzl A, Fink GR, Zilles K, Freund HJ, Rizzolatti G. Neural circuits underlying imitation learning of hand actions: an event-related fMRI study. *Neuron.* 2004;42: 323–334. (doi:10.1016/S0896-6273(04)00181-3)
16. Jackson PL, Meltzoff AN, Decety J. Neural circuits involved in imitation and perspective-taking. *Neuroimage.* 2006;31:429–439. (doi:10.1016/j.neuroimage.2005.11.026)
17. Stern DN: *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology.* Basic Books, New York, 1985.
18. Trevarthen C, Aitken KJ. Infant intersubjectivity: Research, theory, and clinical applications. *The Journal of Child Psychology and Psychiatry and Allied Disciplines.* 2001;42(1):3-48.
19. Trevarthen C. Communication and cooperation in early infancy: a description of primary intersubjectivity. In *Before speech* (ed. Bullowa M). Cambridge, UK: Cambridge University Press; 1979; 21–347.
20. Maratos O. Neonatal, early and later imitation: same order phenomena? In *The development of sensory, motor and cognitive capacities in early infancy: from perception to cognition* (eds F Simion, G Butterworth), pp. 145–160. Hove, UK: Psychology Press Ltd.; 1998.
21. Feldman R, Eidelman AI. Maternal postpartum behavior and the emergence of infant–mother and infant–father synchrony in preterm and full-term infants: the role of neonatal vagal tone. *Dev.Psychobiol.* 2007;49:290–302. (doi:10.1002/dev.20220)
22. Ferrari PF, Paukner A, Ionica C, Suomi SJ. Reciprocal face-to-face communication between rhesus macaque mothers and their newborn infants. *Curr. Biol.* 2009;19:1768–1772. (doi:10.1016/j.cub.2009.08.055)
23. Meltzoff AN, Moore MK. Newborn infants imitate adult facial gestures. *Child Dev.* 1983;54:702–709. (doi:10.2307/1130058)
24. Arble E, Barnett D. *An Analysis Of Self: The Development And Assessment Of A Measure Of Selfobject Needs.* Dissertation. 2014. <https://doi.org/10.1080/00223891.2016.1278379>
25. Kohut H, Wolf ES. *The Disorders of the Self and their Treatment: An Outline.* *The International Journal of Psychoanalysis.* 1978;59(4):413-25.
26. Gabbard GO. *Psychodynamic Psychiatry in Clinical Practice.* Fifth Edition. Washington-London: American Psychiatric Publishing, 2014.
27. Ornstein PH, Ornstein A. The function of theory in psychoanalysis: a self psychological perspective. *Psychoanalytic Quarterly.* 2003;72:157-82
28. McLean, J. Psychotherapy with a narcissistic patient using Kohut's self psychology model. *Psychiatry.* 2007;4(10):40-47.
29. Bilić V. Sram u psihoterapiji bolesnika izloženim brzim vanjskim promjenama. U: Marčinko D, Rudan V i sur. *Psihoanalitički modeli komunikacije u vremenu brzih promjena.* Zagreb: Medicinska naklada, 2016; 65-91.
30. Bilić V. „Nisam dovoljno savršen“ Krivnja i sram. U : Marčinko D, Rudan V.Narcistični poremećaj ličnosti. Zagreb: Medicinska naklada, 2013;83-101.

31. Bilić V. Sram i poremećaji ličnosti. U: Marčinko D, Jakovljević M, Rudan V i sur. Poremećaji ličnosti. Zagreb: Medicinska naklada, 2015;88-103.
32. Muslin HL. Empathy in the self/selfobject dyad. *Hillside J Clin Psychiatry*. 1984;6(2):271-84. PMID: 6526376.
33. Muslin MD, Hyman L. Heinz Kohut: Beyond the pleasure principle: Contributions to psychoanalysis. In: Reppen J (ed). *Beyond Freud: A Study of Modern Psychoanalytic Theorists*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.; 1985;203-29.
34. Eagle M: The concepts of need and wish in self psychology. *Psychoanal Psychol* 7:71, 1990.
35. Kernberg OF: *Borderline Conditions and Pathological Narcissism*. Aronson, New York, 1975.
36. Kernberg OF. The Almost Untreatable Narcissistic Patient. U: Kerberg OF. *The Inseparable Nature of Love and Aggression*. Arlington: American Psychiatric Publishing, 2012.
37. Baker HS, Baker MN. Heinz Kohut's self psychology: An overview. *The American Journal of Psychiatry*. 1987;144(1):1-9.
38. Finlay L. *Relational integrative psychotherapy: Engaging process and theory in practice*. John Wiley & Sons, 2015.
39. Bienenfeld D. *Psychodynamic Theory for Clinicians*. Philadelphia, PA: Lippincott Williams & Wilkins, 2006;143-50.
40. Treurniet N. On the relation between the concepts of self and ego in Kohut's psychology of the self. *Int J Psychoanal*. 1980; 61(3):325-33. PMID: 7440072.
41. Roughton R, Dunn J. Relational perspective, interpersonal psychoanalysis, social constructivism, and intersubjectivity. In: Tasman A, Kay J, Lieberman J (eds). *Psychiatry, Second Edition*. West Sussex, England: John Wiley & Sons, Ltd., 2003:482-5.
42. Wolf E. The search for confirmation: Technical aspects of mirroring. *Psychoanalytic Inquiry*, 1985;5(2):271-282, DOI: 10.1080/07351698509533589
43. Gill MM: *Psychoanalysis in Transition: A Personal View*. Analytic Press, Hillsdale, NJ, 1994.
44. Oppenheimer A. *Kohut et la psychologie du self*. Presses universitaires de France, Paris, 1996. <https://wellcomecollection.org/works/t9tutehy>
45. Sadock B, Sadock V. *Kaplan and Sadock's Synopsis of Psychiatry*. Philadelphia, PA: Lippincott Williams & Wilkins, 2003:207.
46. Trop JL, Stolorow RD. Therapeutic empathy: An intersubjective perspective. In Bohart AC, Greenberg LS. (Eds.), *Empathy reconsidered: New directions in psychotherapy (1997)* (pp. 279-291). American Psychological Association. <https://doi.org/10.1037/10226-012>