

O GOVORU TIJELA I IZRAZIMA LICA U GRUPI

/ ON BODY LANGUAGE AND FACIAL EXPRESSIONS IN THE GROUP

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SAŽETAK/SUMMARY

Komunikacija je mnogo više od izgovorene riječi same po sebi. Svako ponašanje koje možemo zamijetiti, čak i izostanak akcije ima potencijal da ga druga osoba interpretira i pripiše mu određeno značenje. U psihoterapijskom procesu, kao i u svim međuljudskim komunikacijama, osim verbalne komunikacije i neverbalna je stalno prisutna. Pacijenti i terapeuti ne moraju biti svjesni vlastite osjetljivosti na neverbalne poruke koje tijelo odašilje. Prelazak s analitičkog kauča na grupni *setting* omogućio je povratak tijela u psihoterapiju. Jedna bitna razlika između grupa i dijada jest veća dostupnost govora tijela i izraza lica u komunikaciji nego što bi to slučaj u individualnoj situaciji na kauču. Govor tijela u psihoterapiji često se previđa. U članku se podsjeća na važnost govora tijela i izraza lica koji privlače sve veću pozornost u modernoj psihoterapiji. Prikazane su i vinjete iz grupnih seansi koje prikazuju govor tijela i izraze lica u interakciji u grupi.

/ Communication is much more than a spoken word. Any behavior we can observe, even the absence of action, has the potential for another person to interpret it and attribute a certain meaning to it. In psychotherapeutic process, as in any interpersonal communication, besides verbal, non-verbal communication is constantly present. Patients and therapists may not be aware of their own sensitivity to nonverbal messages that body language conveys. The transition from the analytical couch to group setting enabled the body to return into psychotherapy. One significant difference between groups and dyads is in increased availability of body language and facial expressions in communication than it is case in an individual situation on the couch. We often overlook body language in psychotherapy. The article reminds of importance of body language and facial expressions, which attract increasing attention in modern psychotherapy. Vignettes from group sessions showing body language and facial expressions interacting in the group are also presented.

KLJUČNE RIJEČI / KEY WORDS

govor tijela / *body language*, izrazi lica / *facial expressions*, neverbalna komunikacija / *nonverbal communication*, grupa / *group*, psihoterapija / *psychotherapy*

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I riječ tijelom postade i nastani se među nama.

(Iv 1,14)

"And the word became flesh, and dwelt among us."

(Jn 1:14)

UVOD

Riječ je utjelovljena ne samo u religijskom nego i u psihološkom smislu. Iako se to utjelovljenje čini dalekim i nerazumljivim, to ne znači da nije stvarno. Još manje znači da ne utječe na naše odnose i naše živote. Zapostavljen i zaboravljen jezik tijela, koji često ne razumijemo, nastanjen je među nama.

„Ne možemo ne komunicirati“, prvi je i najpoznatiji od ukupno pet aksioma komunikacije Paula Watzlavicka. Osobe koje su svjesne jedna druge neprestano komuniciraju (1). To znači da je komunikacija mnogo više od izgovorene riječi. Svako ponašanje koje možemo zamijetiti, čak i izostanak akcije ima potencijal da ga druga osoba interpretira i pripiše mu određeno značenje. Ili kako bi to rekao Sigmund H. Foulkes: „U terapijskoj situaciji svi fenomeni smatraju se komunikacijom. Sve što može biti zamijećeno, može biti komunikacija.“ (2)

U psihoterapijskom procesu, kao i u svim međuljudskim komunikacijama, osim verbalne komunikacije stalno je prisutna i neverbalna. Poznato je da pacijenti teže kontroliraju izražavanje svojih poriva i mehanizama obrane na razini

INTRODUCTION

The word is incarnated not only in a religious, but also in a psychological sense. Although this incarnation seems distant and incomprehensible, it does not mean that it is not real. Even more, it does not mean that it does not affect our relationships and our lives. The neglected and forgotten body language, we often do not understand, dwell among us.

“One cannot not communicate” is the first and most famous of the five axioms of communication by Paul Watzlavick. People who are aware of each other are constantly communicating (1). This means that communication is much more than a spoken word itself. Any behavior we can observe, even the absence of action has the potential for another person to interpret it and attribute a certain meaning to it. Or as Sigmund H. Foulkes would put it: “In a therapeutic situation, all phenomena are considered communication. Anything that can be noticed can be communication.” (2)

In the psychotherapeutic process, as in any interpersonal communication, besides verbal, non-verbal communication is constantly present. It is known that patients find it more difficult to control expressions of their impulses and defense mechanisms at the level



tjelesnih reakcija nego na razini govora. U takvim i sličnim situacijama, kada je verbalizacija spriječena, neverbalna komunikacija dobiva svoje psihodinamičko značenje te praktičnu i kliničku vrijednost (3). No neverbalna komunikacija u psihoterapiji odraslih često se previdi. A pacijent i terapeut neprestano komuniciraju izrazima lica, fizičkim gestama, vokalnim ritmovima, stankama i tišinom kao i mnogo suptilnijim gestama kao što su šuštanje odjeće ili promjena pozicije (4). Analiza interakcija terapeuta i pacijenta kao i majke i djeteta otkriva da je način na koji se one međusobno *autoreguliraju* važan pokazatelj načina na koji oni komuniciraju. Mikroanaliza pokreta može se iskoristiti da bi se razumjelo koliko pacijenti i terapeuti mogu biti osjetljivi na neverbalne poruke a da toga nisu ni svjesni (5).

Najočitiji je pokazatelj da su osobe u problemu njihova komunikacija. Kad su god ranjivi, ljudi komuniciraju neusklađeno. Tada njihovi verbalni i njihovi neverbalni kanali prenose različite poruke (6).

Istraživači u području komunikacija ispitivali su ulogu neverbalne komunikacije u odnosu na verbalnu komunikaciju. Tako Albert Mehrabian ističe da kad postoji nekonzistentnost između stajališta koja se izražavaju verbalno i posturalno, posturalna komponenta u određivanju točnog značenja treba dominirati (7). Ray Birdwhistell procje-

of bodily reactions than at the level of speech. In such and similar situations, when verbalization is prevented, nonverbal communications acquire their psychodynamic meaning as well as practical and clinical value (3). But, nonverbal communication in adult psychotherapy is often overlooked although patient and therapist constantly communicate by facial expressions and physical gestures, vocal rhythm, pauses, silence, and much more subtle gestures, such as rustling clothes or changing position (4). An analysis of the interactions between therapist and patient as well as mother and child reveals that the way they self-regulate each other is an important indicator of how they communicate. Microanalysis of motions can be used to understand how sensitive patients and therapists can be to nonverbal messages without even being aware of it (5).

The most obvious indicator that people are in trouble is their communication. Whenever people are vulnerable, their communication is disharmonious. Their verbal and nonverbal channels transmit different messages (6).

Researchers in the field of communication examined the role of nonverbal in relation to verbal communication. Albert Mehrabian points out that, when there is inconsistency between attitudes communicated verbally and posturally, in determining the exact meaning the postural component should dominate (7).

njuje da „riječi ne nose više od 30 do 35 posto socijalnog značenja konverzacije ili interakcije“ (8). I drugi iznose slične procjene da se 60 do 65 posto interpersonalne komunikacije prenosi putem neverbalnog ponašanja (9).

Allan Schore smatra da iako se nalazimo usred pomaka paradigme s kognitivnog, verbalnog, lijevog mozga na desno lateralizirani „emocionalni mozak“ i njegove jedinstvene, neverbalne komunikacijske funkcije, u psihološkim znanostima i u području mentalnog zdravlja još je uvijek prisutna pristranost konceptualizacije uma kao isključivo svjesnog, lijevog uma. Navodi da i u razvojnom i u terapijskom kontekstu desna hemisfera šalje i prima neverbalne vizualno-facijalne, slušno-prozodijske i taktilno-gestualne nesvjesne limbičko-autonomne poruke među pojedincima. Pozivajući se na Jordana Pricea i Roberta Grossmarka, zaključuje da glavni mehanizam terapijskog djelovanja nisu kognitivni uvid ni verbalne interpretacije, nego neverbalni emocionalni i relacijski mehanizmi i implicitna interaktivna afektivna regulacija (10).

NEVERBALNA KOMUNIKACIJA U GRUPI

Foulkes je vjerovao da je *proces komunikacije* najvažniji i ima ključnu ulogu u dinamici terapijskih grupa. Isticao je:

Ray Birdwhistell estimates that “words carry no more than 30 to 35 percent of the social meaning of a conversation or interaction” (8). Others similarly estimate that 60 to 65 percent of interpersonal communication is transmitted through nonverbal behavior (9).

Allan Schore believes that although we are in the midst of a paradigm shift from the cognitive, verbal, left brain to the right-lateralized “emotional brain” and its unique, nonverbal communication functions, there still exist in the field of psychological sciences and mental health a bias for conceptualizing “the mind” solely as the conscious, left mind. He states that in both developmental and therapeutic contexts, the right hemisphere sends and receives nonverbal visual-facial, auditory-prosodic, and tactile-gestural unconscious limbic-autonomous communications between individuals. Referring to Jordan Price and Robert Grossmark, he underlines the view that the main mechanism of therapeutic action is not cognitive insight nor verbal interpretations, but nonverbal emotional and relational mechanisms and implicit, interactive affective regulation (10).

NON-VERBAL COMMUNICATION IN A GROUP

Foulkes believed that communication is the process of central importance and has a key position in the dynamics of therapeutic groups. He pointed out:



„Kako ja to vidim, pritisak simptoma i patnje ojačava potrebu za komunikacijom, za odnosima s drugima, što je osnovno ljudskim bićima. Ta je potreba jedna od najjačih sila koja okuplja i održava na okupu članove grupe kao takve (2).“ Foulkes je u nekoliko navrata u svojim tekstovima jasno iznio ideju o integraciji tijela i uma (11).

Općenito se može reći da se u grupnom psihoterapijskom procesu očituje veliko bogatstvo neverbalne komunikacije (3). Bitna je razlika između grupa i dijada povećana dostupnost neverbalne komunikacije. Tradicionalno se kroz verbalnu komunikaciju misli, osjećaja, fantazija, sjećanja, snova i prepričavanje događaja ulazilo u analitički tretman. U dijadi je to primarno iz jednog izvora, pacijenta, iako se određenim informacijama pristupa i interakcijom između terapeuta i pacijenta. Materijal koji pojedinac prezentira je, naravno, važan i u grupi, ali grupni format znatno pojačava i obogaćuje pristup neverbalnom ponašanju i upućuje na neverbalne čimbenike na koje takvo ponašanje ukazuje. Uz to odgovor članova (ili izostanak odgovora) u interakciji osigurava neverbalni materijal koji može biti prepoznat i istražen odmah nakon što se realizira (12).

U grupnoj situaciji i članovi i terapeut znatno su aktivniji, usmjereniji su na

“As I see it, the pressure of symptoms and suffering strengthens the need for communication, for relationships with others, which is basic for human beings. This need is one of the strongest forces that bring together and maintains the members of the group as such (2)”. Several times in his writings, Foulkes clearly expressed the idea of body-mind integration (11).

It can be generally said that a great wealth of nonverbal communication is manifested in the group psychotherapeutic process (3). One significant difference between groups and dyads is the increased availability of nonverbal communication. Traditionally, verbal communication of thoughts, feelings, fantasies, memories, dreams, and retelling of events, were used to enter analytic treatment. In dyads, this is primarily from a single source, the patient, although certain information is also accessed through interaction between therapist and patient. The material presented by the patient is also important in the group, but the group format significantly enhances and enriches the approach to nonverbal behavior and refers to nonverbal factors that such behavior indicates. In addition, members responses (or lack of response) provides nonverbal material, which can be recognized and explored immediately after it is played out (12).

In a group situation both members and the therapist are much more active, more

ovdje i sada, na trenutačnu situaciju, interakciju i odnose nego što bi to bio slučaj u individualnoj situaciji na kauču. Grupna situacija jest socijalna situacija i medij kontakta u interakciji je njezinih članova; njezina dinamika funkcionira unutar zajedničkog matriksa tih međuljudskih situacija (1).

Voditelj ne samo da osjeća scenu na empatičan način nego je i promatrač. On promatra članove grupe, njihove izraze lica, kretnje tijela i govor; sjede li napeto, ukočeno ili su opušteni i mirni, govore li tiho ili glasno, uglas ili pojedinačno. Obraća pozornost na znakove uzbuđenja ili anksioznosti, kao što su znojenje, crvenilo ruku koje se tresu, a prije svega sluša sadržaj govora, rečenice i riječi te kako su one emocionalno obojene (13).

I članovi grupe pozvani su da obrate pozornost na ponašanje drugih i da komentiraju stil i način međusobnog komuniciranja što je slobodnije moguće. Članovi mogu reagirati znatno spontanije od analitičkog terapeuta koji je ograničen zahtjevima neutralnosti i objektivnosti. Članovi grupe mogu ukazati i na ponašanje koje se ponavlja – uključujući i neverbalno – koje je gotovo uvijek izvan svijesti, a služi bitnoj obrambenoj i često patološkoj funkciji koja je intrinzična karakteristikom obranama i utvrđenoj patologiji karaktera (12).

focused on here and now, on a current situation, on interaction, relationships, than would be the case in an individual situation on the couch. A group situation is a social situation and the medium of contact lies in the interaction of its members; its dynamics function within a common matrix of these interpersonal situations (1).

The conductor not only feels the scene in an empathetic way but he is also an observer. He observes the members of the group, their facial expressions, body movements and speech; whether they sit tense, stiff, or are relaxed and calm, whether they speak quietly or loudly, all together or individually. He pays attention to signs of excitement or anxiety, such as sweating, redness of the hands that shake and in the first place listens to the content of speech, sentences and words, and how they are emotionally colored (13).

Group members are also invited to pay attention to each other's behavior and to comment on the style and manner of communicating with each other, as freely as possible. Members can react much more spontaneously than an analytical therapist who is limited by the requirements of neutrality and objectivity. Group members may also point to repetitive behaviors – including nonverbal ones – that are almost always unconscious and serve an important defensive and often pathological function that is intrinsic to character defenses and established character pathology (12).



PRIKAZ GRUPE I VINJETE

Grupa se pokazala kao izvrstan medij za promatranje neverbalnog u komunikaciji. Praktički od prve seanse neusklađenost verbalnog i neverbalnog može se jasno vidjeti. Često je to osobito uočljivo na prvim seansama u fazi formiranja grupe dok se članovi još ne poznaju dovoljno i nisu sigurni da komuniciraju autentično. Tijekom prve seanse moje grupe jedan je član po govoru tijela i načinu komunikacije, iako to nije spomenuo, ostavljao dojam da više neće doći u grupu. Bio je jasno upoznat s pravilima i dogovoreno je da će doći na najmanje dvanaest seansi. Tijekom te prve seanse dvije članice su „komunicirale pogledima“ što su na kraju seanse i rekle. Daljnjim vođenjem grupe sve sam se češće uvjeravao kako ono što je izgovoreno ovisi o načinu na koji je izrečeno, kako se prešućivanje manifestira kroz govor tijela, a kako prikriivanje. To se osobito isticalo kad sam iz pripremnih razgovora kao voditelj znao neke činjenice o kojima članovi ne govore u grupi. Tako sam jasno mogao promatrati i povezivati promjene u neverbalnom načinu komuniciranja za koje bih prije mogao samo nagađati uzroke. U situacijama kada su se te činjenice prešućivale ili iskrivljeno prezentirale jasno se mogla pratiti promjena u neverbalnoj komunikaciji. Radeći u grupi s pojačanim osvrtom na neverbalnu komunikaciju,

GROUP AND VIGNETTE VIEW

The group proved to be an excellent medium for observing nonverbal communication. Practically from the first session, the mismatch of verbal and nonverbal can be clearly observed. This is practically noticeable from the first sessions in the group forming phase. Members then do not know each other well enough and do not have the certainty to communicate authentically. During the first session of my group, one member gave the impression by body language and manner of communication, although he did not mention it, that he would not come to the group again. He was clearly familiar with the rules and it was agreed that he would attend at least 12 sessions. Also during that first session, the two members “communicated with their eyes” what they said at the end of the session. Conducting the group I witnessed the fact that what was said depended on the way it was said. As well as what was unsaid or what was hidden. This was especially obvious in cases where I, as the conductor, knew some facts, from the individual interviews, that the members do not mention in the group. So I could clearly observe and understand the changes in nonverbal communication otherwise I could only guess the causes. In situations where these facts were concealed or distorted, a change in nonverbal communication could be clearly observed. Working in a group with an increased focus on nonverbal communication, help me become

počeo sam i sam osvještivati neke neverbalne signale. Vrlo često bili su vrlo suptilni i zaključke nisam mogao odmah donositi sa sigurnošću. Međutim uz rad grupe često su se pokazivali točnima. Budući da se u edukaciji uglavnom usredotočujemo na govor i riječi, smatram važnim istaknuti neverbalnu komunikaciju i pisati o tome.

U cilju ispravnog razumijevanja i tumačenja neverbalne komunikacije (to se odnosi i na verbalnu komunikaciju) važno je upozoriti da se signali i znakovi ne mogu tumačiti izvan konteksta. Neverbalni znakovi ne mogu se interpretirati u vakuumu. Neverbalno ponašanje mora se interpretirati u skladu s kontekstom (9). Točnije rečeno, pojedini neverbalni znakovi promatraju se kao elementi većeg skupa signala i analiziraju se kao skup u kojem tek tada svaki dio dobiva jasno značenje. Razdvajanje koje je učinjeno u prikazu vinjeta ima didaktičke svrhe, što ne znači da se pojedini signali (i verbalni i neverbalni) u praktičnom radu trebaju ili mogu promatrati odvojeno jedni od drugih.

Kratak prikaz članova grupe

Grupa je ušla u četvrtu godinu rada (180. seansa). Trenutačno ima pet članova. Tijekom formiranja broj članova uglavnom je bio oko pet, neko vrijeme bilo je šest odnosno sedam članova. Neki članovi zadržali su se kratko.

aware of some nonverbal signals. Very often they were very subtle and I could not draw conclusions immediately or with certainty. However, through the work of the group, conclusions often proved to be accurate. Since in education we mainly focus on speech and words, I find it important to point out nonverbal communications and write about it.

In order to properly understand and interpret nonverbal communication, it is important to warn that signals and signs cannot be interpreted out of context (actually the same applies to verbal communication). Nonverbal cues cannot be interpreted in a vacuum. Nonverbal behavior must be interpreted in context (9). More precisely, we look at a single nonverbal sign as part of a large set of signals and analyze them as a set. Only then each part does gain a clear meaning. The separation made in the display of vignettes is for didactic purposes, which does not mean that individual signals (both verbal and non-verbal) in practical work should or can be viewed separately from each other.

A short presentation of group members

The group entered the fourth year (180th session). It currently has five members. Number of members was mostly around five. Periodically there were six and seven members. Some members stayed



Opisat ću trenutačne članove grupe i one starije koji su imali bitnu ulogu u neverbalnoj komunikaciji prikazanoj u vinjetama.

Sabrin – 31 godina, apsolvant ekonomije. Živi s roditeljima. Nikad nije imao djevojku. Razlog su dolaska na terapiju napadaji panike koje je od početka povezivao s alergijskim reakcijama. Izražene opsesivne crte osobnosti. U grupi je proveo točno šest mjeseci koliko mu je rečeno da je minimum kako bi se priključio grupi. Uvijek je dolazio prvi i redovito pohađao grupnu terapiju.

Merisa – 36 godina, profesorica. Prvi je put došla zbog napadaja panike i somatskih tegoba. Početak tegoba povezuje s izvanmaterničnom trudnoćom i hitnim kirurškim zahvatom, a zatim s očevom smrću. U početku je bila fokusirana na somatske tegobe. Tijekom rada u grupi uspješno je naučila psihologizirati. Postupno je počela otkrivati bračne probleme i nesporazume. U braku je bila šest godina bez djece. Narcistički strukturirana. Jako vezana za oca, čija je bila ljubimica. Često je kasnila na seanse ili nije dolazila (ponekad i bez javljanja).

Nadir – 36 godina, mehaničar. Prvi je put došao zbog ovisnosti o lijekovima za spavanje nakon što je supruga otkrila da ih zloupotrebljava. Početak tegoba povezuje s noćnim smjenama i stvaranjem navike. Nerazriješena Edi-

short. I will present current members of the group and some older members, not currently in the group but had a significant role in presented vignettes.

Sabrin - 31, a graduate student of economics. He lives with parents. Never had a girlfriend. The reason for joining the group is panic attacks, which he associated with allergic reactions. Presents obsessive personality traits. He spent exactly six months in the group as he was told it was the minimum required to join the group. He always came first and regularly to sessions.

Merisa - 36, a teacher. She joined the group for panic attacks and somatization problems. She connects the beginning of the problem with an ectopic pregnancy and emergency surgery, and with her father's death. Initially focused on somatic ailments. While working in a group, she successfully learns to psychologize. Gradually reveals marital problems and misunderstandings in marriage. She has been married for 6 years without children. Narcissistically structured. Strongly attached to her father; she was his favorite. She was often late for sessions or absent (sometimes without annunciation).

Nadir - 36, a mechanic. He started therapy after his wife discovered that he is abusing sleeping pills. The onset of problems he associated with night shifts he used to work earlier. Unresolved Oedipal situation. He is often in conflict with employers and often leaves his

palna situacija. Često u konfliktima s poslodavcima i zbog toga često mijenja poslove. U početku je na preglede dolazio u pratnji oca. Oženjen, nema djece. Povremeno to ističe kao bitan problem, ali ne često. Bračni odnosi neiskreni iako ih predstavlja drugačije. Ovisnost krije od supruge.

Enida – 38 godina, kemijski tehničar, nezaposlena. Prvi je puta došla zbog velikog broja somatskih tegoba. Više je puta liječena u internoj i neurološkoj klinici. Postavljene su joj mnogobrojne dijagnoze (ICV, M. Parkinson, multipla skleroza, epilepsija, hepatitis, hipertireoza) od kojih je „uspješno izliječena“ tijekom seansa u grupi. Histerična struktura s jasnim problemom u seksualnoj sferi. Odrasla uz oca alkoholičara. Tijekom pohađanja grupe iznosi bračne probleme.

Juso – 36 godina, mehaničar. Tegobe su se pojavile nakon suprugine trudnoće i rođenja djeteta. Dugo je u braku bio bez djece. Terapiju je započeo nakon više napadaja panike. Tijekom pohađanja grupe iznosi smetnje u braku, ali sam ih ne prepoznaje.

Lejla – 34 godine, medicinski tehničar. Kao razlog za dolazak na terapiju navodi želju da bolje upozna sebe. Neudana, nije u vezi, nikad nije imala ozbiljnu vezu. Zaposlila se izvan svojega rodnoga grada kako bi se udaljila od oca kojeg opisu-

je job because of that. In the beginning, he used to come to the sessions accompanied by his father. Married, no children. He occasionally points this as a significant problem. Marital relationships are insincere even though he presents them differently. He hides addiction from his wife.

Enida –38, a chemical technician, unemployed. She applied for therapy primarily due to a series of somatic complaints. Hospitalized several times at the Clinic of Internal Medicine and Neurology. She was diagnosed with a list of disorders (stroke, m. Parkinson, multiple sclerosis, epilepsy, hepatitis, hyperthyroidism) from which she was “successfully cured” during her stay in the group. Hysterically structured with a clear problem in the sexual sphere. She grew up with an alcoholic father. During her stay in the group, she presents marital problems.

Juso - 36, a mechanic. The problems arose after the wife's pregnancy and the birth of a child. He was married without children for many years. He started therapy after a series of panic attacks. During his stay in the group, he mentions problems in the marriage, but he does not recognize them.

Lejla - 34, a medical technician. She presents the desire to get to know herself better as the reason to start therapy. Single, no relationship, never had a serious relationship. She found a job outside her hometown to distance herself from her



je kao rigidnog. Iako mu je bila miljenica, previše ju je kontrolirao. Narcistički strukturirana, redovito kasni na seanse.

Amir – 41 godina, nastavnik njemačkoga jezika. Na terapiju dolazi zbog depresivnih simptoma. Prethodno je imao ovisničke sklonosti, još uvijek povremeno ekscesivno konzumira alkohol. Prije ove kratko je pohađao drugu grupu koju je napustio. Tijekom seansa ističe bračne probleme i nesporazume sa suprugom.

Sunčica – 51 godina, službenica. Došla je na pregled nakon očeve smrti. Ima nejasne simptome. U komunikaciji je izražena generalizacija i intelektualizacija, često do razine nerazumijevanja suštine govora. O godinama ne govori. Na pitanje o godinama naljuti se i pita jući je li to bitno. Fizički aktivna s ciljem održavanja fizičke kondicije i mladolikog izgleda. Neudana, nije u vezi.

Kenan – 35 godina, apsolvent ekonomije. Već je nekoliko godina apsolvent i nikako ne uspijeva završiti fakultet. Došao je zbog napadaja panike. Živi s roditeljima. Nema ozbiljnu vezu iako navodi da je prije imao stabilne veze. Anksiozan.

Govor tijela

U ovom članku termin „govor tijela“ neće uključivati izraze lica, to je obrađeno posebno.

father whom she describes as rigid. She describes him as too controlling, even though she is his favorite. Narcissistically structured. Regularly late for sessions.

Amir - 41, a German language teacher. He started therapy because of depressive symptoms. Previously had addictive tendencies, he still occasionally consumes alcohol excessively. He had a brief experience in one group he left. He points out marital problems and misunderstandings with his wife.

Sunčica - 51, a clerk. She applied for treatment after her father's death. Presents vague symptomatology. In communication, generalizations and intellectualizations are expressed to the extent that it is often difficult to understand the essence of speech. She doesn't talk about age. When asked for years, he gets angry and justifies it by whether it matters. Physically active with the goal to maintain physical condition and youthful appearance. Single.

Kenan - 35, a graduate student of economics. He has been a senior for several years and never manages to finish college. He called because of panic attacks. He lives with his parents. He has no serious relationship, although he states that he had previously stable relationships. Anxious.

Body language

In this article, term body language does not include facial expressions. It is

Dinamika grupe otvara teme, odnose ili situacije na koje tijelo reagira u skladu s njihovim unutarnjim doživljajem. Članovi grupe primjećuju te reakcije, često na njih ukazuju ili ih sami interpretiraju. Članovi koji najviše tjelesno reagiraju često najviše i negiraju važnost govora tijela i ne prihvaćaju komentare drugih.

Vinjeta 1. – Kako članovi grupe obraćaju pozornost na govor tijela

Sunčica, koja je u grupi relativno nova, ima problem s otvaranjem. To manifestira i promjenom položaja tijela. Često drži ruke savijene u laktovima ispred tijela i pognuta je prema naprijed, ponekad je laktovima naslonjena na koljena. Kosa joj pada naprijed na grudi i zaklanja dio lica. Na današnjoj seansi sjedi uspravnije i kose zabačene na leđa. Takvo držanje tijela ponuka Amir, starijega člana grupe, da joj ukaže na to. On iznosi usporedbu koju je vrlo slikovita i primjenjiva na više komunikacijskih interakcija. Osobito se to može primijetiti kod novih članova grupa koji zauzimaju obrambeno stajalište.

Sunčica: Govori o tome kako se ne uklapa u društvo i kako je društvo odbacuje i ne prihvaća.

Amir komentira: „Sunčica se u grupi otvara kvadratnom progresijom u odnosu na to koliko je na početku malo govorila o sebi. Sada govori mnogo više.“

presented separately. Group dynamics open topics, relationships, or situations to which the body reacts according to inner interpretation. Group members notice, often point to, and interpret these reactions. Often the member who reacts physically the most also denies the importance of body language the most and reject comments made by others.

Vignette 1. – How group members pay attention to body language

Sunčica, a relatively new member in the group, has difficulties opening up. This is manifested by a change in body position. Often bent arms at the elbows in front of the body and leaned forward, sometimes resting the elbows on the knees. Her hair falls forward on her chest and obscures part of her face. In today's session, she sits more upright and her hair is thrown back. Such posture prompted Amir, a senior member of the group, to point it out to her. He provides one very pictorial comparison, this is often noticeable with new group members.

Sunčica: talks about how she does not fit into society and how society rejects and push her out.

Amir comments: Sunčica opens up in the group with a "square progression", comparing to how little she said about herself at the beginning. Now she says a lot more.

He thinks she gained trust in the group.



On misli da je ona stekla povjerenje u grupu.

Ostali članovi pitaju je što misli o grupi.

Sunčica: „Još je rano govoriti o tome.“ I dok to govori savija se iz sjedećeg položaja na stolici prema naprijed.

Amir je to primijetio i rekao: „Promijenila si položaj tijela. Maloprije si bila otvorenog stava, sjedila si uspravno i otvoreno, a kad su od tebe zatražili da kažeš što osjećaš prema njima, skupila si se, stavila si laktove na koljena i nagnula se prema naprijed. Podsjećam me na anemonu koja u vodi lijepo pusti pipke koji se razlete po vodi i lijepo lepršaju, a čim joj pokušaš prići, ona se zatvori.“

Reakcija Sunčice i grimasa na licu pokazuju da joj je neugodno.

Ja (obraćam se Sunčici): „Maloprije ste govorili da vas društvo odbacuje, a kad su vam u grupi rekli da vas grupa prihvata, vi ste se nekako distancirali.“

Sunčica: „Malo je vremena prošlo da bih mogla govoriti o tome.“ I ponovo zauzima zatvoren stav tijela s prekrivenim nogama, uvučenim ramenima i laktovima na koljenima.

Nastavlja se voditi razgovor oko toga.

Sunčica se u početku pravda: „Bojim se da će me netko povrijediti jer sam u prošlosti bila povrijeđena.“

Other members ask her what she thinks of the group.

Sunčica: It's too early to talk about it. As she says this, she's bent forward.

Amir notices this change and says: You have changed your body position. You had an open posture, you were sitting upright and open, and when they asked you to say how you felt about them, you shrank yourself, put your elbows on your knees, and bent forward. You remind me of the plant "Anemone" which nicely releases tentacles in the water that scatter on the water and flutter nicely. But as soon as you try to touch it, it closes.

Sunčica's reaction and the grimace on her face say she's uncomfortable.

Me (addressing Sunčica): You just said that society rejects you, and when they told you that group accepts you, you somehow distanced yourself.

Sunčica: It's been a short time in the group, so I could not talk about it. She takes a closed posture again now with legs crossed, shoulders tucked in, and elbows on her knees.

Further conversation goes about that.

Sunčica initially justifies herself: I am afraid that someone will hurt me because I used to be hurt.

Others invite her to "let go of those tentacles" a little bit. They say that they perceive her as someone who can give.

Ostali je pozivaju da malo „pusti te pipke“ i govore kako je oni doživljavaju kao nekoga tko se može otvoriti.

U jednom trenutku Amir ponovo pri-mjećuje kako je promijenila položaj tijela, kako se otvorila i ispravila te za-bacila kosu i kaže: „Sada prihvaćaš ovo što ti govorimo.“

Vinjeta 2. – Manifestacija transfera u govoru tijela

Nije samo tumačenje pojedinih verbalnih poruka ispunjeno transfernim značenjem. Nesvjesne transferne relacije manifestiraju se i u govoru tijela. U sljedećem primjeru pacijent s neriješenim edipskim relacijama to manifestira svojim stavom prema voditelju.

Nadir govori o tome kako je imao težak dan i kako ga je poslovođa kritizirao te se osjećao uvrijeđenim: „Bio sam ljut i razmišljao sam da ga prebijem, pa nek' ostanem bez posla. Htio sam ga pozvati da izađemo iz radionice da se potučemo.“

Ja: „Sjećam se, Nadire, onoga što ste nam prethodno govorili, o tome kako vas je otac kritizirao i nikad nije bio zadovoljan onime što radite.“

Nadir: „Jesam. Što god bih učinio, uvijek mu je nešto nedostajalo. Nikad nije bio zadovoljan.“

Ja: „Možemo li to povezati s ovom situacijom?“

At one point Amir noticed again how she changed her body position, she opened up and sat up and tossed her hair back. He says: "Now you accept what we are telling you".

Vignette 2. – A manifestation of transfers in body language.

Unconscious transfer relations are manifested not only in verbal messages, but also through body language. In the following example, a patient with unresolved Oedipal relationships manifests this with his attitude toward the conductor.

Nadir talks about the hard day at work and how his manager criticized him. He felt offended: I was angry and I was thinking of beating him up, so let me lose my job. I wanted to invite him out of the workshop and fight with him there.

Me: I remember Nadir what you told us earlier about how your father criticized you and was never satisfied with what you were doing.

Nadir: I did. He used to find something missing no matter how I did it. He was never satisfied.

Me: can we connect that to this situation?

Nadir talks about the anger he feels when he is criticized and what he perceives as humiliation.

Then I ask Nadir how he perceives the group leader and reacts to my remarks.



Nadir govori o tom svojem bijesu koji osjeti kad misli da ga kritiziraju i o tome što doživljava kao poniženje. Zatim pitam Nadira: „Kako doživljava te voditelja grupe i kako reagirate na moje primjedbe?“

Merisa se obraća Nadiru: „Ja se sjećam prije dvije seanse kako si bio na rubu da nešto učiniš. Bojala sam se da ćeš nasrnuti na doktora. Imao si jednak položaj tijela kao i sada, nagnut prema naprijed s izbačenim ramenima, spreman za akciju.“

I Merisa i Nadir sjećaju se tih situacija i tih detalja.

Merisa: „Imala sam osjećaj da si bio vrlo blizu da napadneš doktora. Bila sam se uplašila.“

Nadir to ne opovrgava, samo kaže: „Ne bih ja našeg doktora.“

Nakon povezivanja takve Nadirove reakcije s odnosom s ocem on se opušta. Ispravlja se i naslanja na stolicu te zauzima opušteniji stav.

Merisa to primjećuje i kaže: „Sada drugačije sjediš. Promijenio si položaj tijela i držanje.“

Vinjeta 3. – Iskorištavanje tijela za stjecanje posebnog statusa u grupi

I u psihoanalizi i u grupnoj analizi histerična pacijentica govorom tijela

Merisa addresses Nadir: I remember two sessions ago when you were “on the verge of doing something”. I was afraid that you would attack the “doctor”. You had the same body position as you do now “leaning forward with your shoulders outstretched, ready for action”.

Both Merisa and Nadir remember those situations and those details.

Merisa: I had a feeling you were very close to attacking the doctor. I was scared.

Nadir does not refute that, he just says: I would not, not our doctor.

After linking Nadir’s reaction to his relationship with his father, he seems to relax. He straightens up and leans back in his chair and takes a more relaxed attitude.

Merisa notices this and says: “you are sitting differently now. You changed your body position and posture”.

Vignette 3. – Using the body to obtain a special status in the group

In both psychoanalysis and group analysis, the hysterical patient shows her need for attention and significance through body language. It is hard to be recognized and understood.

Enida, after listing a number of her somatic ailments, states that, despite them, she wanted to come to the group. She then points out that, because of pain, she will have to stand up from time to time.

pokazuje svoju potrebu za pažnjom i isticanjem, naravno, izbjegavajući da se to prepozna i shvati.

Enida, nakon što iznese brojne somatske tegobe, navodi da je unatoč njima željela doći na grupu. Zatim ističe da će zbog bolova morati povremeno stajati i dok to govori, ustaje. Zatim prisutne pita slažu li se s time. Svi se slažu.

Dok Enida stoji iza stolice, Kenan komentira: „Evo, sada nas gleda kao učiteljica.“

Ja: „Kako drugi doživljavaju to što Enida stoji?“

Lejla: „Imam dojam kao da nas gleda svisoka.“

U jednom trenutku Juso kaže: „Mi smo sitni za nju.“ Ugledavši njezin „ljutit“ pogled, opravdava se: „Šalim se.“

Zatim na sljedećoj seansi:

U jednom trenutku dok su razgovarali Enida ustaje i stoji iza stolice.

Komentira: „Moram ustati, bole me leđa.“

Juso (obraćajući se ostalim članovima): „Gleda nas svisoka.“

Vinjeta 4. – Reakcije tijela kada je tema neugodna za člana grupe

Histerična pacijentica tijelom reagira prilikom otvaranja za nju neprihvatlji-

Saying that, she is standing up. Then asks the group if they agree with that. Everyone does.

While Enida stands behind the chair, Kenan comments, “She is now watching us as a teacher”.

Me: How do others experience that Enida is standing?

Lejla: I have the impression that she is watching us from above.

At one point, Juso says, “We are trifles for her”. Seeing her “angry look”, he justifies himself: “I’m kidding”.

Then in the next session:

At one point while they were talking, Enida stands up and stands behind a chair.

She commented: I have to stand up, my back hurts.

Juso (addressing the other members): “She looks at us from above”.

Vignette 4. – Body reactions when the topic is uncomfortable for a group member

The hysterical patient has body reactions when tackling unacceptable topics or after confrontations. Group members notice and comment on that.

The group talks about Enida’s marriage and her relationship with her husband. She fidgeted in her chair the whole time, letting everyone know she was in pain.



vih tema ili nakon konfrontacija. Članovi grupe to primjećuju i komentiraju.

U grupi se govori o Enidinu bračnom životu i odnosu s mužem. Ona se cijelo vrijeme vrpolji na stolici stavlajući svima do znanja da ima bolove. Neko-liko puta ustaje naglašenim kretnjama i držanjem pokazujući kako je bole leđa i noge i kako se ne osjeća dobro.

Lejla je to primijetila i prokomentirala: „Kao da ti je zasmatalo to što smo ti rekli. Eto i zacrvenjela se.“

Enida se brani i nalazi opravdanja: „Mene stvarno boli.“

Enida (obraćajući se grupi putem voditelja): „Boli me i glava i zuji mi.“

Ja: „U redu.“

Enida se smije i kao da se čudi kako sam bez dubljeg komentara.

Lejla: „I ti, kao i Juso, opet ne govoriš ništa o sebi.“

Kenan: „Opet imam osjećaj da želiš o nečemu govoriti, ali to ne činiš.“

Vinjeta 5. – Reakcije tijela na konfrontaciju

Kenan i Juso govore o seksu. Dok se o tome govori, Enida nekoliko puta ustaje „zbog bolova u leđima“. Pitaju je što ona misli o tome. Blago je zadirkuju.

Several times she stood up with exaggerated movements and posture presenting her back and legs hurt and she was not feeling well.

Lejla noticed that and commented: As if you were bothered by what we told you. There you blushed now.

Enida defends herself and finds excuses: it “really” hurts.

Enida (addressing the group through the leader): I have a headache and buzzing in my ears.

Me: OK.

Enida laughs and seems surprised that I am without a deeper comment.

Lejla: Like Juso, again you haven’t said anything about yourself.

Kenan: I have a feeling again that you want to talk about something but you don’t say anything.

Vignette 5. – Body reactions to confrontation

Kenan and Juso talk about sex. While this is being talked about, Enida stands up several times “because of back pain”.

They ask her what she thinks about it, mildly teasing her.

Enida looks lost and as if she doesn’t know what are they talking about, she asks: About what?

Enida izgleda kao izgubljena i kao da ne zna o čemu pričaju te pita: „O čemu?“

Lejla: „Ništa nam ne govoriš o mužu.“

Enida se u tom trenutku hvata za nogu kao da joj je noga otkazala i da je boli, malo se zacrvnjela i uozbiljila.

Juso: „O svemu. Možeš reći sviđa li ti se seks s mužem.“

Lejla: „Ne može tako, vidite da se uznemiri kad se o tome govori. Ali imam ja jedno pitanje koje me zanima, je li on taj o kojem si maštala?“

Kratko je zavladała tišina.

Enida: Misli da su joj se više sviđale osobine njezina bivšeg dečka, ali da je u posljednje vrijeme vrlo zadovoljna i boji se da se to ne poremeti u obitelji. O tome ćemo drugi put, nemamo sad vremena.

Šale se na taj račun i na njezino žaljenje na bolove ili nedostatak vremena kad god započne neka za nju neugodna ili „škakljiva“ tema. Enida (i uz „bolove“) izgleda kao da joj šale odgovaraju i smije se s njima.

Izrazi lica

Oko trećeg mjeseca života ljudski kontakti na neki način uvijek uključuju skeniranje lica. Na taj način lice postaje jedan od prvih, a time i najvažnijih ko-

Leila: You don't tell us anything about your husband.

At that moment, Enida grabs her leg as if her leg has given out and hurts, she blushes a little and becomes serious.

Juso: About everything. You could tell us if you like sex with your husband.

Lejla: This isn't ok, you see she's upset when it comes to that. But I have one question that interests me, is he the one you dreamed of?

There was a brief silence.

Enida explains that she thinks she liked the qualities of her ex-boyfriend more. But she has been very happy lately and is afraid to disturb it. We will discuss that next time as we don't have any more time now.

They joke about that and about her complaints about pain or lack of time whenever there is an unpleasant or "ticklish" topic for her.

Enida (despite the "pain") seems to like their jokes and laughs with them.

Facial expressions

Beginning around the third month of life, human contacts always involve a facial scanning. A face becomes one of the first and thus the most important communication tools. In that period, we may observe a specific reaction of a child to the so-called pre-object or gestalt consisting of the forehead, eyes, and root of the nose



munikacijskih alata. Tada se u djeteta uočava specifična reakcija na tzv. pre-objekt ili geštalt koji se sastoji od čela, očiju i korijena nosa bilo koje osobe koja se približava djetetu. Približavanje tog geštalta izaziva ugodu, a udaljavanje izaziva neugodu. U tom razdoblju pojavljuje se i prvi smiješak koji se zbog svoje važnosti i naziva prvim organizatorom psihe. Tim smiješkom dijete komunicira s okolinom. Naravno, ta je cjelokupna komunikacija neverbalna. Od tada do kraja života lice zadržava tu važnu ulogu u našoj komunikaciji.

Arthur Burton tvrdi da razgovor teče putem lica. Lice koje se ponaša kao „predstavnik“ cjelokupne osobnosti te prvo postaje voljeno ili omraženo. Kontakt s klijentom uspostavlja se putem očiju i lica. Mi smo (u psihoterapiji) ignorirali njegova neverbalna svojstva. On ističe da je lice važan aspekt *selfa* i da smo skloni ignorirati ga u psihoterapiji. Vrhunac iskustva čituje se u licu. Lice može biti kraljevski put do terapijskog rasta (14).

Ne prati samo terapeut izraz lica pacijenta nego i pacijenti prate izraz lica terapeuta. Osim toga, u grupi sudionici prate izraze lica drugih članova grupe. Analiziraju ga i interpretiraju. Naravno, oni ne percipiraju „čisto“, nego pod utjecajem transfera osjećaja. Cilj je da to prepoznaju i istaknu u grupi. Na taj način izraz lica predstavlja put prema

of any person approaching the child. The approach of that gestalt causes pleasure and its moving away causes discomfort. During this period, the first smile appears, which is, due to its significance, called the first organizer of the psyche. With this smile, the child communicates with the environment. Of course, the overall communication is nonverbal. From then on, throughout life, the face retains this important role in our communication.

Arthur Burton claims the conversation takes place through faces. A face acts as the representative of the total personality and is first to be loved or hated. A contact with the client is established through the eyes and through the face. We have (in psychotherapy) ignored its nonverbal properties. He points out that the face is an important aspect of the self and that we tend to ignore it in psychotherapy. The peak experience is mirrored in the face! The face may be the royal road to therapeutic growth (14).

Not only does the therapist observe patient's facial expressions used, but also patients use the therapist facial expressions. In the group, in addition, participants follow the facial expressions of other group members. They analyze and interpret them. Of course, their perception is influenced by transfer. The goal is to recognize this and express it in the group. In this way, a facial expression represents a road to recognizing unconscious content. The appearance and movements of the face mirror our inner psychic organization.

prepoznavanju nesvjesnih sadržaja. U izgledu i kretnjama lica odražava se naša unutarnja psihička organizacija.

Ton facijalne ekspresije ponekad klijentima govori više o onome što terapeut zapravo kaže riječima (14). Isto tako, ton facijalne ekspresije članova grupe govori više drugim članovima o onome što oni izgovaraju riječima.

Vinjeta 6. – Nesvjesne poruke

Od početka rada grupe članovima je jasno da osim verbalnog komuniciraju i neverbalno. Najvažniju ulogu na početku obično imaju oči. U pokušaju smirivanja anksioznosti promatraju druge članove. Prepoznajući one s kojima imaju slične vrijednosti, stvaraju odnos koji ih brani od anksioznosti. Ulogu komunikacije pogledom jasno opisuju riječi na kraju prve grupne seanse te im nije potreban komentar.

Lejla i Dušanka često tijekom grupe gledaju jedna prema drugoj i smješkaju se. Na kraju seanse svi članovi govore o svojem doživljaju grupe. Lejla i Dušanka govore da su se „zblížile“. „Valjda smo se razumjele očima.“

Vinjeta 7. – Izraz lica kao dopuna verbalnoj komunikaciji

Neverbalno dopunjuje naše riječi i daje različito značenje pojedinim informacijama koje iznosimo. Na taj način isti-

The therapist's facial expression sometimes means more to clients than what the therapist actually says (14). Likewise, the tone of facial expression of group members means more to other members than what they says in words.

Vignette 6. – Unconscious messages

From the very beginning of the group's work, it is clear to the members that in addition to verbal, they also communicate non-verbally. The eyes usually play the most important role in the beginning. In an attempt to calm the anxiety, they observe other members. By recognizing those with whom they have similar values, they create a relationship that protects them from anxiety. The role of eye communication is clearly described by the words at the end of the first group session and they do not need comment.

Lejla and Dušanka often look at each other during the group and smile. At the end of the session, all members talk about their experience of the group. Lejla and Dušanka say that they "became closer", "I guess we understand each other through our eyes".

Vignette 7. – Facial expression as a complement to verbal communication

Nonverbal behavior complements our what we are saying and changes the meanings of particular information we present.



če ono što se možda riječima nije htjelo istaknuti. Tako se otvaraju dodatna „kraljevska vrata“ u nesvjesno i mogućnost za prepoznavanje neosviještenih i potisnutih sadržaja.

Juso: „Promijenili su mi datum godišnjega i ići ću tek 23. kolovoza, ali uspio sam dva vikenda ići na Konjuh. Jednom sa ženom, drugi put bez nje.“

Lejla (smije se i pita): „Kakav je to bio osmijeh kad si rekao da si išao bez žene? Kada ti je bilo bolje?“

Juso (također uz osmijeh, pravda se): „Bilo mi je dobro i kad sam išao s njom.“

Ovoga puta osmijeh je drugačiji, kao da je uhvaćen na djelu ali nije uplašen. Čini se kao da mu je zanimljivo, čak i da mu je drago zbog toga i kao da se pita kako je moguće da se to vidi.

Vinjeta 8. – Transferno reagiranje na izraze lica članova grupe

Jasno je da pacijenti ne percipiraju „čisto“, nego pod utjecajem transfera osjećaja. Cilj je da oni to prepoznaju, a onda i kažu u grupi. Na taj način izraz lica predstavlja put prema prepoznavanju nesvjesnih sadržaja.

Enidi smeta kako je Juso gleda i to mu kaže.

Juso se pravda: „To je bilo na početku. I stvarno ne znam zašto si ti u meni izazivala takvu reakciju.“

In this way, it highlights what we may not have intended to express in words. This opens an additional “royal door” to the unconscious and the ability to recognize unconscious and repressed content.

Juso: They changed my holidays date and I won't go until August 23rd. But I managed to go to Konjuh for two weekends. First time with my wife, and the second time without her.

Lejla (laughs and asks): “hat is that smile when you said you went without your wife? Was it then better for you?”

Juso (with a smile, he justifies himself): I was fine when I went with her.

This time the smile is different, as if caught in the act but not scared. He seems to find it interesting, even glad about it. As if he's wondering how it is possible they can see it.

Vignette 8. – Transfer reaction to facial expressions of group members

It is clear that patients perception is under the influence of transfer feelings. The goal for participants is to recognize it and then to say it to the group. In this way, facial expression represents a road to recognizing unconscious content.

Enida is bothered with how Juso looks at her and she tells him so.

Juso justifies himself: That was in the beginning. And I really don't know why you provoked such a reaction in me.

Enida je pitala za tetu na koju ga ona podsjeća, a koju je Juso u prošlosti spominjao.

Juso: „Tvoje oči izgledaju mi strašno.“

Uključuje se Lejla i pita: „Juso, kakve oči ima tvoja supruga?“

Juso malo začuđeno primjećuje: „Iste su boje kao i Enidine.“

Ostao je zagledan i zamišljen. Nije dalje komentirao.

RASPRAVA

Iako je psihoanaliza počela kao metoda slobodnih asocijacija i uglavnom se oslanjala na verbalnu komunikaciju, od početka je ukazivano na važnost neverbalne komunikacije. Na samom početku i sam Sigmund Freud prepoznao je važnost neverbalne komunikacije. Rekao je: „Onaj tko ima oči da vidi i uši da čuje može se uvjeriti da nema smrtnika koji je sposoban sakriti tajnu. Ako su mu usta nijema, on brblja vrhovima prstiju, izdaja curi iz svake njegove pore.“ (15). Alfred Adler savjetovao je svojim studentima da „začepe uši i samo prate“. Adler je želio reći da nam ekspresija osobe, njezin stav, motorička harmonija udova i ostalo mogu reći više o čovjekovoj suštini nego same riječi (16).

Zar nije Freud bio taj koji je izjavio da ne može podnijeti da bolesnik bulji u

Enida asks about the aunt she reminds him of, the aunt Juso mentioned earlier.

Juso: Those eyes of yours sort of scare me.

Lejla joins in and asks: Juso, what kind of eyes does your wife have?

Juso remarks a little surprised: They are the same color as Enida's.

Then he stops and remains staring and pensive. He had no further comments.

DISCUSSION

Although psychoanalysis began as a method of free association and mainly relied on verbal communication, the importance of nonverbal communication was highlighted from the beginning. Sigmund Freud himself, at the very beginning, recognized the importance of nonverbal communication. Thus he says: “He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his fingertips; betrayal oozes out of him at every pore.” (15). Alfred Adler advised his students to “close their ears and only observe.” Adler wanted to say that a person’s expression, posture, motor harmony of the limbs, and so on can tell us more about the person’s essence than the spoken words (16).

Also, was it not Freud who reported that he couldn’t bear the patient staring at him eight hours a day and finally intro-



njega osam sati na dan te na kraju razvio kauč kao psihoanalitičku tehniku (14)! Na taj način izgubljen je velik dio neverbalnih poruka, osobito govora tijela i izraza lica. A toliko je toga u psihoterapiji neverbalnog. Foulkesov smjeli prelazak iz psihoanalitičara u grupnog analitičara koji sjedi u krugu sa svojim pacijentima presudna je tranzicija koja nije dovoljno cijenjena u grupnoj analizi (11). Ta promjena omogućila je povratak tijela i neverbalnog u psihoterapiju. Je li bilo slučajno što je Foulkes to prvi put učinio tek 1940. godine, godinu dana nakon Freudove smrti (11)?

A zatim je Foulkes „otac“ umro od srčanog udara, i to za vrijeme vođenja grupne sesije. Šok zbog njegove smrti izazvao je osjećaj traume kod naraštaja grupnih analitičara. Bracha Hadar uznemirenost u grupnoj analizi povezanoj s tijelom povezuje s tim povijesnim događajem (17). Jer što može biti tjelesno prisutnije od tijela voditelja grupe koji mrtav leži na podu? Ta je trauma u osnovnom matriksu grupne analize (...) imala za posljedicu to da je tijelo zapostavljeno kao tema o kojoj se dugo nije moglo govoriti (11).

Unatoč tome što je tijelo bilo zapostavljeno, grupa je ipak praktično omogućila da se tijelo na velika vrata vrati u psihoterapiju. Krug je i uzet kao forma u kojoj bi svi članovi grupe mogli u jednakoj mjeri vidjeti druge i u jednakoj mjeri biti

duced the couch as a psychoanalytic technique (14)? In this way, many of the nonverbal messages, especially body language and facial expressions, are lost. But so much in psychotherapy is nonverbal. Foulkes, who was first a psychoanalyst, courageous transition to became a group analyst who sits in a circle with his patients is a crucial transition, not sufficiently appreciated in group analysis (11). This change enabled the return of the body and nonverbal to psychotherapy. Was it just a coincidence that Foulkes made this move only in 1940, the year after Freud's death (11)?

And then “father” Foulkes's died of a heart attack in the middle of session with his group. The shock of his death caused a sense of trauma in generations of group analysts to come. Bracha Hadar associates body-related anxiety in group analysis with this historical event (17). For what could be more bodily present than the body of a conductor lying dead on the floor? This trauma in the fundamental matrix of group analysis (...) resulted in the body left neglected for a long time as a topic that could not be talked about (11).

Despite the fact that the body was neglected, the group practically made it possible for us to return the body to psychotherapy at the big door. The circle was also taken as a form in which all members of the group could see others equally and be equally exposed to seeing others. And, as we pointed out at the beginning, we cannot not to communicate. While

izloženi viđenju drugih. A kao što smo istaknuli na početku, ne možemo ne komunicirati. Sjedeći u krugu, pokreti našeg tijela, izraz lica i pogled imaju značenje koje nije verbalno oblikovano. Ruke, noge, trup, glava, lice – pričaju svojim jezikom. Članovi grupe otvoreno komentiraju govor tijela, pripisuju mu određeno značenje i suočavaju se s njim. Iako je pripisano značenje često transferno obojeno, takav otvoren način komuniciranja pojedincu omogućuje da bez ugrožavanja postupno upoznaje vlastitu karakternu strukturu i prepoznaje nesvjesne obrane i počne ih rješavati. Ako su osobnost, karakter i devijacija oblikovani odnosom pojedinca s drugima, onda se ona i mijenja u odnosu s drugima. Grupa omogućuje takvu vrstu korektivnog iskustva, a velik dio toga zapravo je neverbalno iskustvo.

U grupnoanalitičkoj grupi u najširem smislu manifestni sadržaj komunikacije odnosi se prema latentnom sadržaju komunikacije na sličan način kao što se manifestni san odnosi prema latentnim mislima sna (2). Razrađujući tu Foulkesovu usporedbu, neverbalne znakove možemo usporediti s tzv. Freudovskim omaškama, a njihovu važnost u grupi s važnošću omaški u psihoanalizi. I u omaškama i u neverbalnim signalima, koje je teže držati pod kontrolom nego riječi, nesvjesno izbija na površinu i lakše izbjegava našu cenzuru. Na taj način nesvjesno

sitting in a circle, the movements of our body, the expression of our face, the gaze, they all have a meaning that is not verbally shaped. The arms, legs, torso, head, face - they speak their language. Group members openly comment others' body language, attach a certain meaning to it, and confront them with it. Although the ascribed meaning is often influenced by transfer, it opens a way for communication that allows the individual, without being compromised, to gradually get to know his own character structure, to recognize unconscious defenses, and to start solving them. If individual personality, character, and deviation are shaped in relationship with others, then it also changes in relationship with others. The group provides this kind of corrective experience and much of it is actually a nonverbal experience.

In the group-analytical group, the manifest content of communication, broadly speaking, relates to the latent content of this communication in a similar way as the manifest dream relates to the latent dream thoughts (2). Further elaborating this Foulkes comparison, we can compare the non-verbal signs with the so-called Freudian omissions and relate its significance in the group with the significance of omissions in psychoanalysis. Both in omissions and in nonverbal signals, which are harder to keep under control than words, the unconscious comes to the surface and more easily avoids our censorship. In this way, the unconscious often complements, shapes, or, in some



često dopunjuje, oblikuje ili, u nekim slučajevima, potpuno mijenja značenje misli koja je izrečena verbalno.

Opće je poznato da neverbalno ponašanje odražava osjećaje kojih osoba još nije svjesna. Terapeut promatranjem i upućivanjem grupe da prati neverbalno ponašanje može ubrzati proces samoistraživanja (18). George F. Mahl kaže da se neke od najvažnijih interakcija između pacijenata i terapeuta događaju putem neverbalnih kanala i da se iskusni, vješti kliničari nesvjesno, ako ne i svjesno, vode tjelesnim ponašanjem pacijenta (19). Govor tijela oslikava našu unutarnju subjektivnost.

Iako se često u socijalnim interakcijama nauči glumiti, treba imati na umu da je pravi *self* prepoznavanje autentičnog stanja. Autentičnost je praćena autentičnom motorikom. Rezultat toga je iskrenost. Kada postoji nesklad između verbalne i neverbalne komunikacije, pojavljuje se „dvostruka veza“. Tada cjelokupna komunikacija biva narušena.

Autentičnost se stvara u interakciji s drugima. Prepoznavanje da komunikacija nije autentična preduvjet je za njezino eventualno odbacivanje (20). Ono što je karakteristično i očito u grupnoj terapiji jest da članovi grupe sami prepoznaju tu narušenu komunikaciju i iznose je. Tako se u grupi uči da stvarno bude autentično. Iskustveno se doživi da osoba bez ugrožavanja i opasnosti

cases, completely changes the meaning of the thought expressed verbally.

It is certainly common knowledge that nonverbal behavior expresses feelings that a person is still unaware of. The therapist can speed up the process of self-research by observing and instructing the group to monitor nonverbal behavior (18). George F. Mahl suggests that some of the most significant interactions between patients and therapists occur through nonverbal channels and that experienced, skilled clinicians are unconsciously, if not even consciously, guided by the patient's physical behavior (19). Body language reflects our inner subjectivity.

Although we learn to and often do play act in social interactions, we should have in mind that the real self is the recognition of the authentic state. Authenticity is accompanied by authentic motorics. The result of that is honesty. When there is a discrepancy between verbal and nonverbal communication, a “double-bind connection” occurs. Then all communication is disrupted.

One creates authenticity in interaction with others. Recognizing that communication is inauthentic is a prerequisite for its eventual rejection (20). What is characteristic and obvious in group therapy is that the members of the group themselves recognize impaired communication and bring it out in the open. In this way, the group learns to be truly authentic. It can be experienced that a person

može biti autentična. U tom procesu lažni *self* gubi svrhu i osoba može biti „stvarna“ i utemeljitelj stvarnog *selfa*.

Komunikacija se uči u susretima s drugim ljudima, edukacijom i vježbom. Autentična komunikacija uči se u sigurnom okruženju. Kako bi to omogućila, grupa mora biti siguran medij, odnosno „dovoljno sigurna“. Ako se ne osjećaju sigurno, članovi neće moći demonstrirati pravi *self*. U nesigurnoj sredini nastaviti će pokazivati nekonfliktne sadržaje ili elemente lažnog *selfa*. A kad komunikacija nije autentična, ne može biti ni terapijska (20).

Složimo li se s činjenicom da se grupni odnosi temelje na obiteljskoj grupi i prihvatimo sklonost psihičkog aparata ponovnom doživljavanju onoga što je prethodno bilo doživljeno (repeticija kompulzije) – grupa predstavlja medij koji omogućuje da pojedinac prošlost proživi u sadašnjosti, ali sada u sigurnom okruženju. Ponavljajući u grupi neprilagođene obrasce preuzete iz obitelji, osoba kreira situacije koje s vremenom nauči prepoznavati, a zatim i mijenjati. To ponavljanje prethodno doživljenoga ne može se povezati samo s riječima, nego se manifestira i govorom tijela, općenito neverbalnom komunikacijom. Učeći prepoznati te pojave i razumijevajući njihovo značenje, stare nezrele obrane mogu biti napuštene. Tako član grupe ima priliku prepoznati svoje stare obrasce ponašanja i naučiti nove, zreli-

can be authentic without threats and dangers. In that process, the false self loses its purpose and the person can be the “real” and the foundation of the real self.

Communication is learned through encounters with other people, through education, and through exercise. Authentic communication is learned in a safe environment. To enable this, the group must be a safe medium, actually “safe enough”. If members do not feel safe, they will not be able to demonstrate true self. They will continue to show non-conflicting content or elements of a fake self in an insecure environment. When communication is not authentic, it cannot be therapeutic in itself (20).

If we agree with the understanding that group relations are based on a family group and accept the tendency of the psychic apparatus to re-experience what was previously experienced (repetition compulsion) - the group is a medium that allows an individual to live the past in the present - this time in a safe environment. By repeating the unadaptive patterns learned in the family, the person in the group creates situations that he/she can recognize over time and then change. This repetition of the previously experienced cannot be tied only to words. It is also manifested through body language and generally nonverbal communication. By learning to recognize these phenomena and understanding their meaning, old immature defenses can be abandoned. In this way, the group member has the opportunity to recognize their old patterns



je i prilagođenije. Terapijski proces „od simptoma do konflikta“ može se razumjeti u terminima rastućeg kapaciteta za komuniciranje (2). U tom procesu ne smijemo zanemariti ogroman kapacitet za neverbalno komuniciranje.

of behavior and learn new, more mature and adapted ones. The “symptom-to-conflict” therapeutic process can be understood in terms of growing communication capacity (2). In this process, we must not neglect the enormous capacity for nonverbal communication.

UMJESTO ZAKLJUČKA

Implikacija Watzlavickova principa da ‘ne možemo ne komunicirati’ na grupnu analizu treba biti to da je verbalna komunikacija kao specifična forma prijenosa svjesnih informacija suštinski kompletirana nesvjesnim informacijama koje se prenose govorom tijela. Zbog toga je nužno klijente učiniti svjesnima smisla i važnosti takvih signala i informacija koje oni stalno odašilju i primaju od svojih socijalnih partnera. Trebali bi, ‘naprimjer’ biti sposobni naučiti da postanu osjetljivi ne samo na izgovorene riječi nego i na cijelo ljudsko tijelo koje ima funkciju univerzalnog prijenosnika informacija.

Michael Titze (16)

INSTEAD OF CONCLUSION

The implication of Watzlavick’s principle that “one cannot not communicate” for group analysis has to be that verbal communication as a specific form of transmitting conscious information is essentially completed by the unconscious information, which is carried by body language. Consequently, it is necessary to make clients aware of the meaning and importance of such signals and information they constantly transmit and receive from their social partners. For example, they should be able to learn to become sensitive not only for the spoken word, but also for the whole human body, in its function as a universal transmitter of information. ”

Michael Titze (16)

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